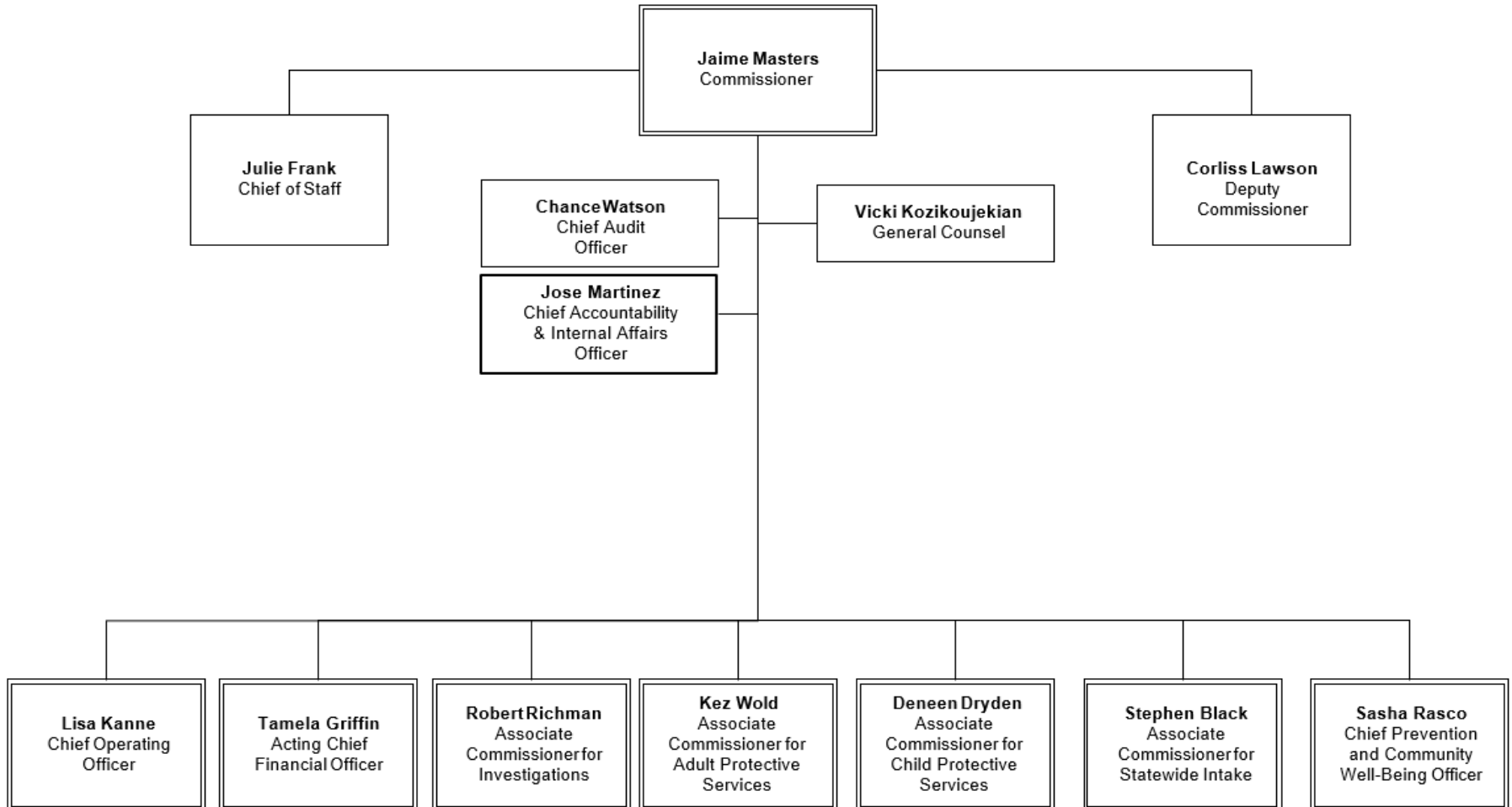




Texas Department of
Family and Protective Services

Presentation to the Senate Special Committee
on Child Protective Services

Commissioner Jaime Masters, MS, MFT
May 3, 2022



Oversight Provisions

Title IV-E:

Federal Payments for Foster Care, Prevention, and Permanency, 42 United States Code Annotated Section 670 et seq.

Foster Care Maintenance Payments, Adoption Assistance, and Child & Family Services (general provisions), 45 Code of Federal Regulations Part 1355

Foster Care Maintenance Payments, Adoption Assistance, and Child & Family Services (requirements applicable to Title IV-E), 45 Code of Federal Regulations Part 1356

State Statutes:

Foster Care, Texas Family Code Section 264.101 et seq.

Community-Based Care, Texas Family Code Section 264.168

Texas Human Resources Code Section 40.002

Texas Human Resources Code Section 40.040

Community-Based Care

Community-Based Care, Texas Family Code Section 264.151 et seq.

Rate Setting / Cost Reporting / Rate Modernization

Special Provision, Section 32, 86th Texas Legislature

Special Provision, Section 26, 87th Texas Legislature (Regular)

Texas Human Resources Code Section 40.058(i)



TEXAS
Department of Family
and Protective Services

SB 11 (85R) & SB 1896 (87R) Implementation Community-Based Care



Initially passed in Senate Bill (SB) 11 (85th Regular Session, 2017) and also as part of SB 1896 (87th Regular Session, 2021), community-based care is a redesign of the foster care system to:

Change the way services are procured:

A Single-Source Continuum Contractor (SSCC) is responsible for full continuum of care in a catchment area.

Change the way we contract:

From efforts-based contracts to performance-based contracts, applying financial incentives and remedies for the time children spend in paid care.

Change the way we pay for services:

From multiple services rates to a single blended foster care rate.



SB 11 (85R) – Community-Based Care

Section	Summary
Section 18	<p>Created Community-Based Care Subchapter and provided direction to contract with community-based non-profits or local governmental entities to provide the continuum of child welfare services.</p> <p>Statutory goals as stated in Texas Family Code 264.151:</p> <ul style="list-style-type: none">• The safety of children in placements;• The placement of children in each child’s home community;• The provision of services to children in the least restrictive environment possible and, if possible, in a family home environment;• Minimal placement changes for children;• The maintenance of contact between children and their families and other important persons;• The placement of children with siblings;• The provision of services that respect each child’s culture;• The preparation of children and youth in foster care for adulthood;• The provision of opportunities, experiences, and activities for children and youth in foster care that are available to children and youth who are not in foster care;• The participation by children and youth in making decisions relating to their own lives;• The reunification of children with the biological parents of the children when possible;• The promotion of the placement of children with relative or kinship caregivers if reunification is not possible.
Section 22	Requires SSCC to conduct comprehensive assessment once every 90 days for a contractor that provides therapeutic foster care services to a child. Ongoing.



SB 11 (85R) – Additional Provisions

Section	Summary
Sections 1, 7	Adds “forcing or coercing a child to enter into a marriage” to the definition of child abuse. Policy updated.
Sections 2, 3	Requires guardian ad litem and attorney ad litem to ascertain that youth 16+ receive documents such as a birth certificate and a social security card. No updates to DFPS policy required.
Section 4	Requires DFPS to provide Health, Social, Educational, and Genetic History (HSEGH) report to each Child Placing Agency (CPA) and SSCC. Policy updated.
Section 5	Entitles a prospective adoptive parent to examine HSEGH report. Policy updated.
Section 6	DFPS must include in the HSEGH report that the birth mother consumed alcohol during pregnancy. Policy updated.
Section 8	Requires DFPS to collect and monitor data regarding repeating reports of abuse or neglect involving the same child in different households, different alleged perpetrators in the same household, or same perpetrator in different households. Completed.
Section 9	Adds allegations of exploitation in facilities to be investigated by Child Care Investigations (CCI). Completed.
Section 10	Clarifies that DFPS is responsible for investigations in child care facilities and Health and Human Services Commission (HHSC) is responsible for licensing. Policy updated.



SB 11 (85R) – Additional Provisions cont.

Section	Summary
Section 11	Requires TJJD to investigate abuse, exploitation, and neglect at their facilities. Policy updated.
Section 12	Requires automatic dismissal of a Suit Affecting Parental Child Relationship (SAPCR) be dismissed after one year, with a six-month extension for extraordinary circumstances. Policy updated.
Section 13	Prohibits parties to a suit from extending the deadlines set by the court by agreement. No updates to DFPS policy required.
Section 14	Requires DFPS and SSCCs to notify STAR Health of a child placement change within 24 hours and requires STAR Health to notify the primary physician. Policy updated.
Section 15	Requires a child removed as a result of sexual assault or has a chronic medical condition to receive a medical exam within three business days after the child is removed. Policy updated to require all children removed to receive a medical exam within three business days.
Section 16	Requires DFPS to conduct a Foster Parent Recruitment Study. Submitted and published to the DFPS public website on September 1, 2019.
Section 17	Requires DFPS to annually develop a Foster Care Capacity Needs Assessment. The last report was submitted and published to the DFPS public website on November 23, 2021.



SB 11 (85R) – Additional Provisions cont.

Section	Summary
Section 19	Grants for Faith-based Community Collaborative Programs. Administered by the Office of the Governor. No updates to DFPS policy required.
Section 20	Requires DFPS to collaborate with an institution of higher education to determine the effectiveness of Prevention and Early Intervention (PEI) services. Completed.
Section 21	Add requirements to the PEI Strategic Plan. Last report submitted and published on DFPS public website in September 1, 2021.
Section 23	Functions of HHSC and DFPS: <ul style="list-style-type: none">• Transfers Adult Protective Services (APS) provider investigations and child-care licensing and regulatory functions to HHSC.• Child-Care Investigations remain at DFPS.• DFPS and HHSC perform the functions outlined in this section. Completed.
Section 24	STAR Health Screening Requirement for Enrollee Under STAR Health Program HHSC and STAR Health MCO. No updates to DFPS policy required.
Section 25	STAR Health Program: Notification of Placement Change. HHSC and STAR Health MCO. No updates to DFPS policy required.



SB 11 (85R) – Additional Provisions cont.

Section	Summary
Section 26	Requires DFPS to: <ul style="list-style-type: none">• Review its records retention policy;• Create the case management services vendor quality oversight and assurance division;• Create the Office of Data Analytics;• Adopt the definitions of abuse, neglect, exploitation for CCI investigations; and• Provide ongoing Child Care Regulatory (CCR) Minimum Standards training to CCI investigators. Policies updated.
Section 27	Requires DFPS to include incentives and penalties to residential contracts. Completed.
Section 28	Requires HHSC and DFPS to develop performance quality metrics for Family-Based Safety Services (FBSS) and post-adoption services. Policy updated.
Sections 29, 31, 32	Repeals references to DFPS Child Care Licensing (CCL) definitions. Policy updated.
Section 30	Requires a Child Placing Agency (CPA) to ensure that children in DFPS conservatorship receive a complete Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening. Policy updated.



SB 1896 (87R) – Community-Based Care

Section	Summary
Section 5	Requires OCBCT to submit quarterly Foster Care Capacity Needs Plan. OCBCT - Ongoing.
Section 6	Defines of Community-Based Care. OCBCT - Complete.
Section 7	Requires majority of SSCC board members to reside in Texas. OCBCT - Complete.
Section 8	Allows an SSCC to apply to DFPS for a waiver from any statutory and regulatory requirement. Ongoing.
Section 9	Clarifies OCBCT role defining community-based catchment areas. OCBCT - Ongoing.
Section 10	SSCCs may implement its own procedures to execute DFPS' statutory duties. OCBCT and DFPS continue to work with the SSCCs to identify polices that will be different and those that will remain consistent across regions, depending on its specific practice models. Ongoing.
Section 11	Requires the Data Access and Governance Council to develop protocols for the access, management, and security of data. OCBCT - Complete.
Section 12	Creates Joint Legislative Committee on CBC Transition. Members of the committee named. Senate: Kolkhorst, Powell, Schwertner / House: Frank, Nobel, Rose
Section 34	Requires the Governor to appoint the Office of Community-Based Care Transition Director. Complete.



SB 1896 (87R) – Additional Provisions

Section	Summary
Section 1	Requires the court to verify a kinship placement was offered the opportunity to become verified by a licensed placement agency to qualify for permanency care assistance before entering a final order. Policy updated.
Section 2	Allows SSCC employees to supervise children in CWOP status. Change in practice implemented and policy revision to support practice is underway.
Section 3	Prohibits DFPS from allowing a child to stay overnight in a DFPS office. Ongoing. Lessens employment restrictions to allow single parents to participate in treatment foster care, expands eligible population to include children age 10 years old and older, and requires a transition plan from treatment foster care be developed within 30 days. Policy updated.
Section 4	Mentors for Foster Children. Internal and external stakeholders are meeting to draft the report regarding the feasibility of a volunteer mentor program. Due December 31, 2022.
Section 13	Requires HHSC to annually evaluate the use of benefits under the STAR Health Program. No updates to DFPS policy required.
Section 14	Deletes requirements for child specific contracts for CWOP to be reported to the Office of the Comptroller through the vendor reporting system. Policy updated.
Section 15	For certain procurements, DFPS is considered a health and human services agency. Complete.



SB 1896 (87R) – Additional Provisions cont.

Section	Summary
Section 16	Requires DFPS to eliminate paper files by September 2023. IT is working with CPS to prioritize business needs. APS, CPI, CCI/RCCI in compliance.
Section 17	State Auditor Review of Contracts. Complete.
Section 18	Qualified Residential Treatment Program (QRTP) Pilot <ul style="list-style-type: none">On April 1, 2022, DFPS published an open enrollment opportunity for licensed GRO's to become contracted QRTP Providers.
Section 19	CLASS Access for DFPS staff. DFPS staff have access to CLASS and HHSC staff have access to IMPACT.
Sections 20, 23, 28	Requires HHSC to adopt a model suicide prevention, intervention, and post-prevention policy. No updates to DFPS policy required.
Section 21	Identifying At Risk Providers <ul style="list-style-type: none">The DFPS Data and Analytics team created a Residential Foster Care Risk Tool which generates a risk score for residential foster care operations based primarily related to child safety.



SB 1896 (87R) – Additional Provisions cont.

Section	Summary
Section 22	Prohibits disciplinary actions on a facility that makes substantial efforts to hire a qualified administrator. No updates to DFPS policy required.
Section 24:	Requires DFPS to a strategic plan improving education outcomes for children in a GRO. Data sharing template between the Texas Education Agency (TEA) and DFPS was created April 2022.
Sections 25, 32	Allows HHSC to issue Provisional Child Care Licenses. No updates to DFPS policy required.
Section 27	Requires HHSC, in collaboration with DFPS, to review Centers for Medicare and Medicaid Services' Integrated Care for Kids Model. No updates to DFPS policy required.
Section 29	Requires DFPS to review options of conducting independent reviews of investigations of licensed residential child care facilities, and independent appeals for determinations for those investigations. Administrative Review of RCC Facilities. CCI will move their interval review team to the Office of Accountability and Internal Affairs by May 30, 2022.
Section 30	Requires DFPS to conduct a study to extend Permanency Care Assistance. In progress. Report due on December 31, 2022.
Section 31	Transition FBSS to evidence-based programs. <ul style="list-style-type: none">• Waiting for information from the pilots in HB 3041 (87R) and the study in SB 910 (87R) to help inform available options for transitioning FBSS to evidence-based programs.



SB 1896 (87R) – Additional Provisions cont.

Section	Summary
Section 33	<p data-bbox="330 358 852 394">Maximizing Federal Chaffee Funds</p> <ul data-bbox="330 404 1818 925" style="list-style-type: none"><li data-bbox="330 404 1818 482">• DFPS contracted with the Texas Alliance of Child and Family Services and Monarch Family Services to roll-out funding for current and former foster youth aged 18-27.<li data-bbox="330 492 1818 571">• Utilizing Preparation for Adult Living (PAL) Aftercare Case Management contractors to roll out funding to out-of-care young adults aged 18-21.<li data-bbox="330 581 1818 659">• Rolling out a job training and internship program with transition centers in Regions 7 and 10. This may include MOUs with the Texas Workforce Commission.<li data-bbox="330 669 1818 748">• Work with Texas State University to establish a paid internship and leadership development program.<li data-bbox="330 758 1818 836">• DFPS met with Children’s Health Reese-Jones Clinic in Dallas, to discuss possible supports and programs targeting foster youth mental and physical health needs.<li data-bbox="330 846 1818 925">• DFPS instructed Transition Support Contractors to provide \$750 Pandemic Relief Payments to young adults enrolled in Post-Transition Support Services.



Section 18 of SB 1896 (87th Regular Session, 2021) directed DFPS to develop a pilot program for qualified residential treatment providers.

Qualified Residential Treatment Program (QRTP):

A ***time-limited clinical intervention***, which includes placement into and service delivery by qualified ***accredited*** residential facilities with highly trained, experienced and qualified staff to meet the needs of children with ***complex mental, emotional, and behavioral health needs***.

- **April 1, 2022** - DFPS published an Open Enrollment Opportunity for licensed General Residential Operations to become contracted QRTP Providers.
- **July 1, 2022** - The anticipated date to serve the first DFPS youth in a QRTP.

Accreditation Grants: An RFA procurement to extend a limited number of accreditation grants to existing licensed and in-process operations is expected to be published in the Summer 2022 with awards being made in the Fall 2022.



Section 21 of SB 1896 (87th Regular Session, 2021) directed DFPS to develop a residential foster care risk assessment tool.

Residential Foster Care Risk Tool

Uses ***administrative data*** from DFPS and HHSC Licensing to assess risk of our residential foster care network. The model includes ***cumulative data for a 12-month look back*** to determine risk scores based on 13 indicators, then assigns operations into four risk categories: Low-Risk, Moderate-Risk, Moderate to High-Risk, and High-Risk.

- Includes operations that are licensed by Residential Child-Care Licensing (RCCL) that have a contract with DFPS or an SSCC.
- Separate models are generated for General Residential Operations (GROs) and Child Placing Agencies (CPAs).
- Data is shared on a monthly basis with Residential Childcare Contracts, Placement Team, Residential Childcare Investigations, and HHSC Residential Childcare Licensing.



Stage 1*

- SSCC is responsible for ensuring full continuum of paid foster care services, as well as Preparation for Adult Living (PAL) life skills training and purchased adoption services.

Stage 2*

- Includes Stage 1 services; and
- extends responsibility to include provision of all substitute care services (kinship, reunification, etc.), ICPC (Interstate Placements), as well as responsibility for all case management services (establishing the permanency goal for the family, face-to-face visits with children and families, permanency/case planning activities, court activities, kinship caregiver support, etc.).

Stage 3*

- Includes Stage 1 and 2 services; and
- SSCC is held financially accountable through the use of incentives and remedies for the timely achievement of permanency for served children beginning 18-months after case management services transferred.

**** Entry into each stage is subject to a review of readiness by OCBCT and DFPS.***

Community-Based Care: General Appropriations Act

Below is a listing of budget riders related to CBC and implementation:

Rider	Rider Title	Rider Description
15	Community-Based Care	DFPS must report select performance measures twice annually to the Legislature. Rider requires that DFPS compare the performance of the SSCCs.
24	Rate Listing and Limitation	List the blended rates and exceptional rates allowed for each CBC area that is funded for roll out (or continuation) during the FY 2022-2023 biennium.
27	Limitations: Community-Based Care Payments	Lists the funding allotted for CBC, including direct delivery staff.
36	Community-Based Care Oversight Staff	Designates the CBC oversight staff included in the funds appropriated.
38	Aligning Oversight of Foster Care Providers and Foster Families	Requires DFPS and HHSC to align foster care oversight functions, including improving alignment with CBC implementation.
46	Random Moment Time Study	Requires DFPS to submit the results of the RMTS to the Legislature.
47	Community-Based Care Stage III Incentives and Payments	Gives DFPS the authority to make the financial incentive payments and collect remedies in Stage III of CBC.
51	Community-Based Care Capacity	Provides funds for CBC capacity building payments.
Special Provision 26	Reimbursement Rates and Methodology; Reporting Requirements: Legacy Foster Care, Community Based Care Services, and Other Child Services	New reimbursement rate methodology for foster care, CBC, and other child services.



DFPS and OCBCT have worked to clearly delineate the duties of staff that develop, procure, and provide oversight for community-based care and facilitate implementation, and those duties required to remain with DFPS regarding compliance with federal and state law.

- The Department of Family and Protective Services (DFPS) is the state agency solely responsible for administering the federal Title IV-E foster care program. (*Tex. Human Res. Code § 40.002*). Every child in the Texas foster care system is under the conservatorship of DFPS.
- The Office of Community-Based Care Transition (OCBCT) is responsible for implementation of community-based care. OCBCT is a “state agency independent of but administratively attached” to DFPS. (*Tex. Fam. Code § 264.172*).

Texas Family Code 264.172 outlines ten (10) specific areas with which the OCBCT is charged:

- (1) assess catchment areas in this state where community-based care services may be implemented;
- (2) develop a plan for implementing community-based care in each catchment area in this state, including the order in which community-based care will be implemented in each catchment area and a timeline for implementation;
- (3) evaluate community-based care providers;
- (4) contract, on behalf of the department, with community-based care providers to provide services in each catchment area in this state;
- (5) measure contract performance of community-based care providers;
- (6) provide contract oversight of community-based care providers;
- (7) report outcomes of community-based care providers;
- (8) identify the employees and other resources to be transferred to the community-based care provider to provide the necessary implementation, case management, operational, and administrative functions and outline the methodology for determining the employees and resources to be transferred;
- (9) create a risk-sharing funding model that strategically and explicitly balances financial risk between this state and the community-based care provider and mitigates the financial effects of significant unforeseen changes in the community-based care provider's duties or the population of the region it serves; and
- (10) require the annual review and adjustment of the funding based on updated cost and finance methodologies, including changes in policy, foster care rates, and regional service usage.

Collaboration between DFPS and OCBCT has been necessary to implement certain sections as required by federal and state statute.



Community-Based Care: Roles and Responsibilities

DFPS maintains a critical role in supporting the work of OCBCT, as well as having both a collaborative and at times independent role, in furthering and maintaining community-based care.

These key actions heavily involve DFPS supports through:

- Contract Administration Managers (CAMs) ensure each SSCC implements the CBC model in compliance with applicable state and federal rules and regulations, monitors the quality of SSCC contract performance, and address performance issues through appropriate contract actions.
- Case Management Oversight (CMO) staff, as required by Title IV-E, provide direct training and technical assistance, and ensure placement and other actions meet federal requirements.

DFPS provides administrative support to OCBCT for budget, forecasting, legal, personnel, information technology and data supports.

DFPS Foster Care Litigation Compliance Team works directly with SSCCs on all matters relating to the federal foster care injunction regarding compliance on all issues covered by Court's remedial orders.



Community-Based Care: Collaboration

DFPS and OCBCT collaborated to define roles and responsibilities to support community-based care within the parameters of federal and state oversight requirements.

- OCBCT staff develop, procure, and facilitate implementation. To perform this task, OCBCT engages in outreach to support SSCCs, establishes partnership with communities, and streamlines processes.
- DFPS staff provide oversight of the community-based care areas to ensure the safety, permanency, and well-being of each youth in foster care in accordance with the terms of the DFPS contract.
- DFPS and OCBCT developed a reporting and information sharing process. DFPS contract staff communicate ongoing enforcement actions with the OCBCT for performance evaluation in accordance with SB 1896.

DFPS and OCBCT identified supports for simultaneous roll outs and an expedited CBC timeline.

- OCBCT reorganized staff structure to expedite implementation and streamline processes.
 - DFPS and OCBCT are in the process of developing Legislative Appropriations Request (LAR) to include additional program support (FTEs) to further accelerate the rollout of community-based care for the FY 24-25 biennium.
-



Community-Based Care: Interoperability

With existing resources, DFPS implemented projects beginning in 2014 to support foster care redesign and interoperability, including:

- Established a Data Access Standards and Governance Council in 2018;
- Implemented one-way daily information exchange for automated service authorizations and reconciliation files;
- Implemented one-way monthly information exchange for payment request processing;
- Improved system architecture to exchange data with SSCCs and external parties;
- Improve flow of information from IMPACT to the DFPS Data Warehouse to facilitate reporting for SSCCs;
- Implemented bi-directional information exchange for the Child Referral Acknowledgement and Short Common Application Approval workflows; and
- Enhancements to the IMPACT system to support Interoperability.

DFPS and OCBCT are working with SSCC Providers to develop a plan for additional interoperability needs for the FY24-FY25 biennium. DFPS and OCBCT will use this collaboration to inform a future LAR Exceptional Item request.



The Quality and Cost of Child Welfare Placement Services

Tamela Griffin
Acting Chief Financial Officer



DFPS or a SSCC provides substitute care when a child cannot remain safely in their home.

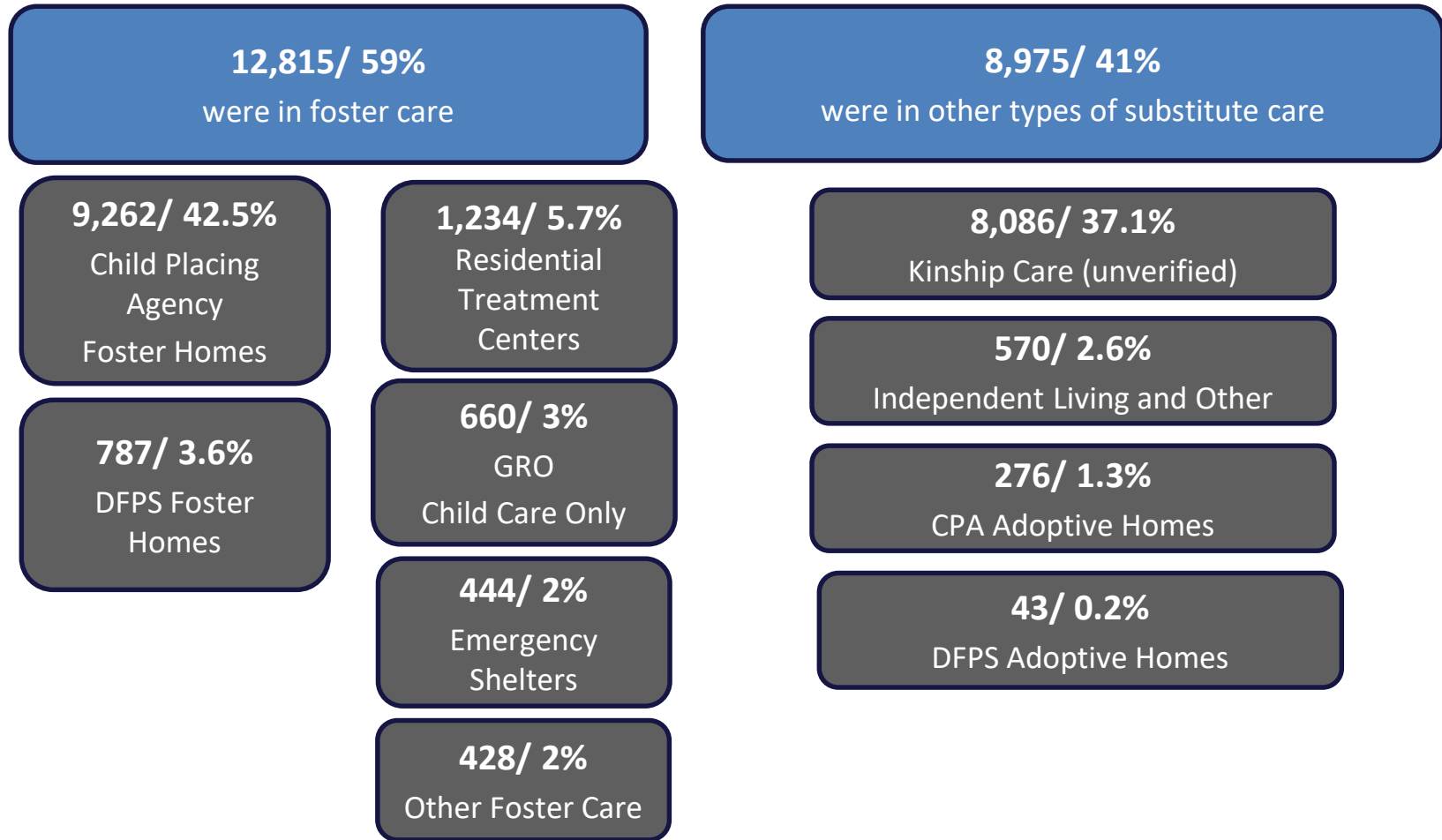
Substitute care consists of a full range of services provided to ensure safety, well being, and permanency of a child in the conservatorship of DFPS or a young adult in extended foster care:

- Case management services
- Kinship services
- Residential care services
- Placement services
- Services to parents, caregivers, or prospective adoptive parents
- Adoption Services
- Transitional Living Services
- Other supportive services



DFPS: Census of Children in Care

Of the 21,790 children in care (ages 0-17) at the end of March 2022 Statewide:





Procuring and Contracting for Residential Child Care Services

DFPS uses three (3) main types of procurement/contracts to secure paid foster care for children in substitute care:

1. **Open Enrollment for 24-hour residential childcare services** whereby DFPS enters into direct contractual agreements with individual providers offering Child Placing Agency/Foster Home services, GRO-Basic Child Care services, Emergency Shelter Services, Residential Treatment Services, and most recently a pilot for Qualified Residential Treatment Programs.
2. **Competitive Procurement for a Single Source Continuum Contractor (SSCC)** as a part of Community-Based Care, the SSCC is responsible for establishing a network that includes a full continuum of foster care services designed to meet the needs of children and youth from the CBC area.
3. **Child Specific Contract Agreements** which are individual agreements between a provider and DFPS when a child's needs exceed what is available within the standard continuum of care.



Assessing a Child's Service Need

A child is assessed to determine a service level that identifies the level of need and care required in the legacy system. DFPS Residential Contractors are authorized by contract to provide varying levels of service. The service levels are:

- **Basic Service Level** – supportive setting, preferably in a family, that provides routine guidance and care.
- **Moderate Service Level** – structured, supportive setting, preferably in a family that provides more than routine guidance and supervision.
- **Specialized Service Level** – a treatment setting, preferably with a family, in which caregivers have specialized training to provide therapeutic, or medical support and interventions.
- **Intense Service Level** – a high level of structure, preferably in a family, to limit the child's access to environments as necessary to protect the child. Caregivers have specialized training to provide intense therapeutic supports.
- **Intense Plus Service Level** – the highest degree of structure. Services and treatment at the Intense Plus Level must be provided in a therapeutic residential setting by caregivers with specialized training.



Paying for Residential Child Care Services

- HHSC is responsible under statute for collecting cost reports and developing the rates for paid foster care.
- These rates are currently tied to each service level described on the previous slide, along with unique rates for services like Emergency Shelters, Treatment Family Foster Care, Temporary Emergency Placements, and Intensive Psychiatric Transition Programs.
- The rates established by HHSC are used as the foundation for determining the Blended Rate as a part of Community-Based Care.



24-Hour Residential Child Care Rates

Service Level	Type of Care	Rate per Day
Basic	Child Placing Agency	\$49.54
	Foster Family	\$27.07
	General Residential Operation (Excluding Emergency Shelters)	\$45.19
Moderate	Child Placing Agency	\$87.36
	Foster Family	\$47.37
	General Residential Operation (Excluding Emergency Shelters)	\$108.18
Specialized	Child Placing Agency	\$110.10
	Foster Family	\$57.86
	General Residential Operation (Excluding Emergency Shelters)	\$197.69
Intense	Child Placing Agency	\$186.42
	Foster Family	\$92.43
	General Residential Operation (Excluding Emergency Shelters)	\$277.37
Intense Plus	General Residential Operation (RTC)	\$400.72
Other	Emergency Shelter	\$137.30
	Intensive Psychiatric Transition Program (IPTP)	\$374.33
	Treatment Foster Family Care	\$277.37



Supervised Independent Living (SIL)

Service Level	Type of Care	Rate per Day
Host Home Setting	Young Adult Only	\$35.21
	Young Adult plus 1 child	\$47.29
	Enhanced Case Management	\$47.54
Non- College Dorm Setting	Young Adult Only	\$45.17
	Young Adult plus 1 child	\$57.25
	Enhanced Case Management	\$47.54
College Dorm Setting	Young Adult Only	\$43.56
	Young Adult Plus 1 child	\$51.82
Apartment or Shared Housing Setting	Young Adult Only	\$45.17
	Young Adult plus 1 child	\$57.25
	Enhanced Case Management	\$47.54



Foster Care Rates for Community-Based Care

- Under CBC, the SSCC contractor is paid a single blended foster care rate. This allows the SSCC the flexibility to manage foster care payments within their network of service providers.
- Similar to the legacy system, the SSCC may have a child with needs that far exceed what is available in the standard foster care continuum. DFPS pays an exceptional care rate akin to a child specific contract for these children. Exceptional care also includes a 50/50 cost share.

Catchment Area	Type of Care	Rate Per Day
Metroplex West (3b)	Paid Foster Care	\$88.04
Big Country / Texoma (2)	Paid Foster Care	\$85.72
Panhandle (1)	Paid Foster Care	\$83.05
Southcentral / Hill Country (8b)	Paid Foster Care	\$83.05
Statewide Exceptional Care Rate	Paid Foster Care	\$458.92



Capacity-Related Grants

- During the 87th Regular Session (2021), the Legislature appropriated \$32.9M to increase capacity in CBC areas, and in the second Special Session, appropriated another \$20M for capacity-related grants that must be spent in compliance with requirements outlined in Special Provision 26 related to Foster Care Rate Modernization.
- As of March 2021, DFPS had paid out \$13.1M to the SSCCs in the capacity grant funding.

Catchment	November 2021	December 2021	March 2022
Panhandle (1)	\$ 2,117,127.00	\$ 705,850.14	\$ 705,850.14
Big Country / Texoma (2)	\$ 2,092,769.50	\$ 697,729.35	\$ 697,729.35
Metroplex West (3B)	\$ 2,641,458.50	\$ 880,662.26	\$ 880,662.26
Hill Country / South Central (8B)	\$ 1,012,318.50	\$ 337,506.99	\$ 337,506.99

- SSCC’s have a variety of capacity building efforts underway. Examples include enhancing support services to caregivers, creating a Stabilization and Assessment Center, new emergency bed contracts, and RFPs for residential services.
- DFPS is in the process of finalizing a competitive procurement to increase quality capacity, which is anticipated to be posted in late Spring/early Summer, with contracts executed in early Fall.



Capacity Funding: Temporary Supplemental Payments

In addition to funds to support capacity-related grants, during the second Special Session, the 87th Legislature (2021) appropriated additional funding to support capacity growth and stabilization. The \$72.1M is allocated through 11.5% increases in the daily payment for all children with service needs that are moderate and above in both the legacy and CBC systems.

FY 2022 CBC Supplemental Payments for Providers

Rate	Panhandle (1)	Big Country / Texoma (2)	Metroplex West (3B)	Southcentral / Hill Country (8B)
Current Blended Rate	\$83.05	\$85.72	\$88.04	\$83.05
Supplemental Add-On	\$6.11	\$6.31	\$6.48	\$6.22
Total Payment	\$89.16	\$92.03	\$94.52	\$89.27



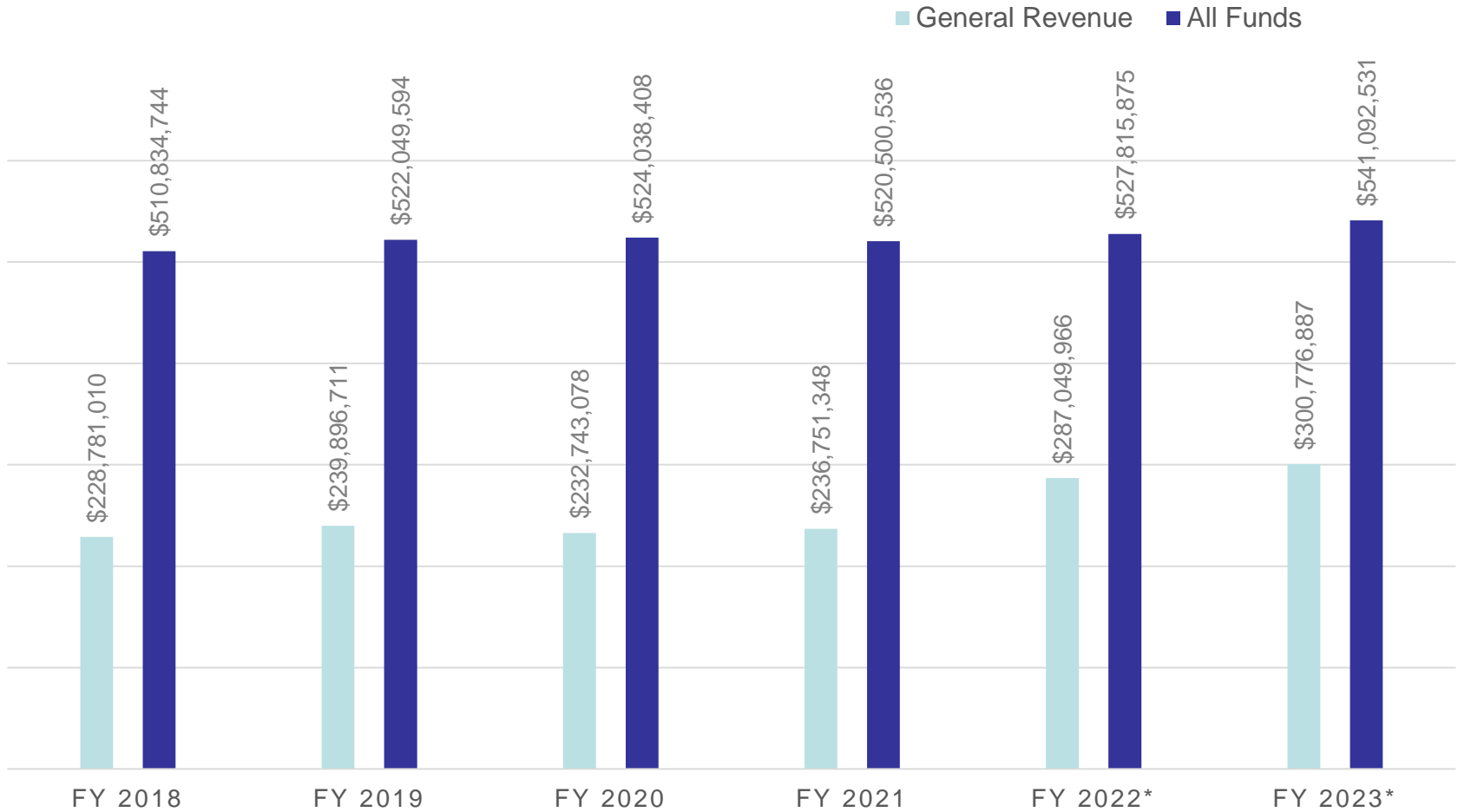
Capacity Funding: Temporary Supplemental Payments

FY 2022 Legacy Supplemental Payments for Providers

Provider Type	Current Legacy Rates	Supplemental Add-On	Total Payment
CPA - Basic	\$49.54	N/A	\$49.54
CPA - Moderate	\$87.36	\$10.05	\$97.41
CPA - Specialized	\$110.10	\$12.66	\$122.76
CPA - Intense	\$186.42	\$21.44	\$207.86
CPA - Treatment Foster Care	\$277.37	\$31.90	\$309.27
GRO/RTC - Basic	\$45.19	N/A	\$45.19
GRO/RTC - Moderate	\$108.18	\$12.44	\$120.62
GRO/RTC - Specialized	\$197.69	\$22.73	\$220.42
GRO/RTC - Intense	\$277.37	\$31.90	\$309.27
GRO/RTC - Intense Plus	\$400.72	\$46.08	\$446.80
Intensive Psychiatric Program	\$374.33	\$43.05	\$417.38
Emergency Shelter	\$137.30	\$15.79	\$153.09
TEP	\$400.72	\$46.08	\$446.80



Foster Care Payments

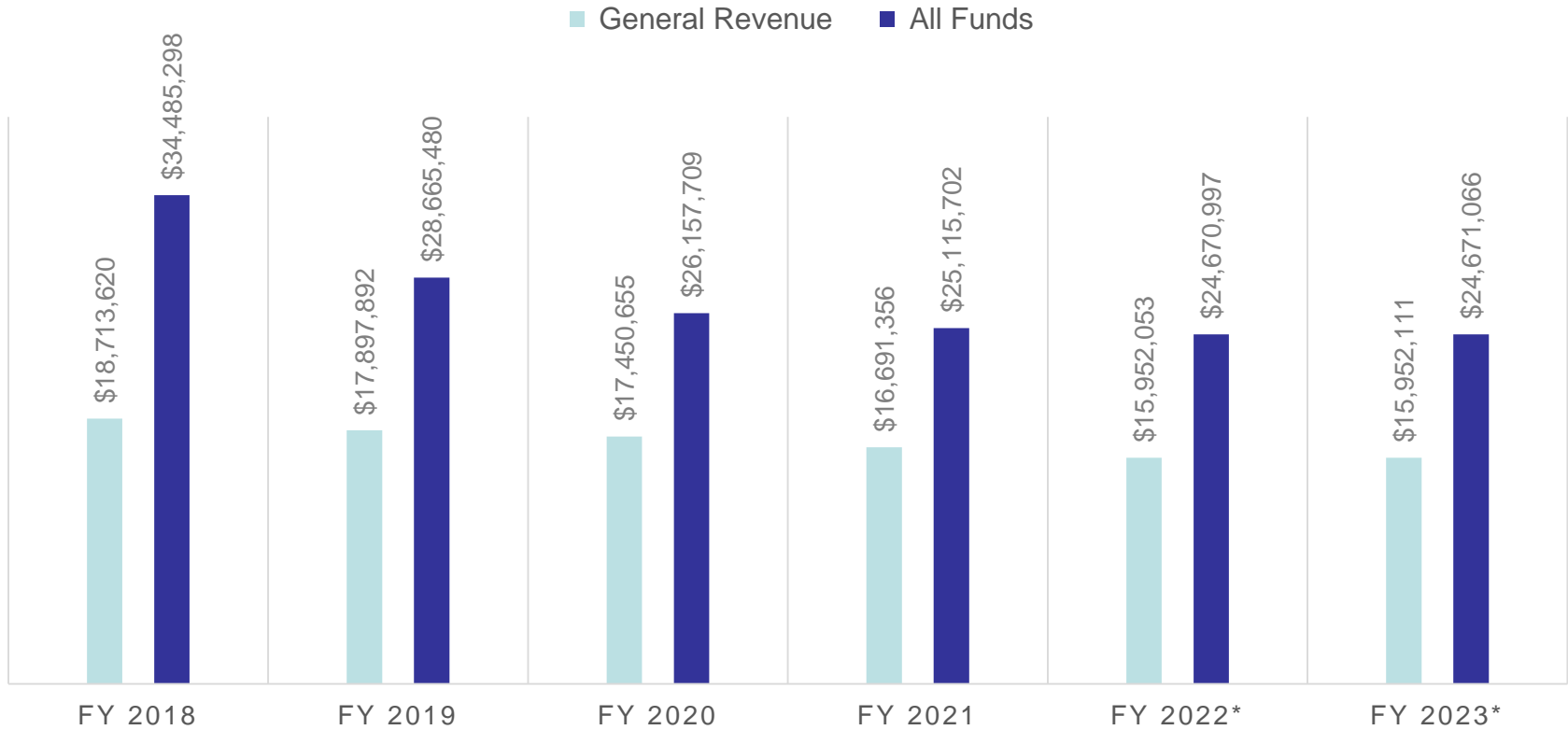


*FY 22/23 Projected



Relative and Other Caregiver (RODC) Payments

KINSHIP CAREGIVER PAYMENTS
\$11.55 PER DAY PER CHILD IS PAID TO ELIGIBLE UNVERIFIED KINSHIP CAREGIVER WHO MEET INCOME AND OTHER ELIGIBILITY CRITERIA

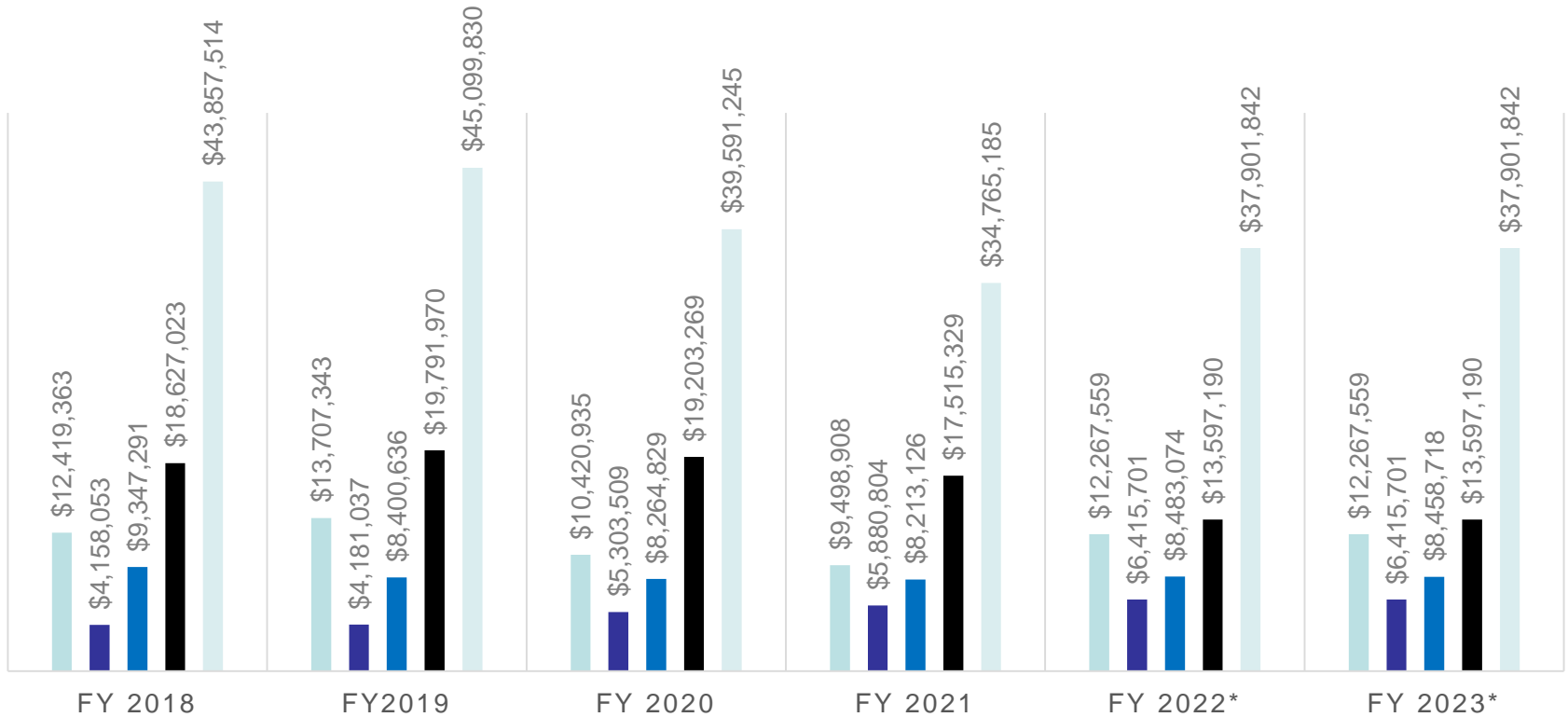


*FY 22/23 Projected



Purchased Client Services Expenditures

- B.1.4 Adoption Services
- B.1.5 Post Adoption/Post Permanency
- B.1.6 Preparation for Adult Living
- B.1.7 Substance Abuse Services
- B.1.8 Other CPS Purchased Services



*FY 22/23 Projected



Community-Based Care Funding: Legacy System Funds Transferred to SSCC's

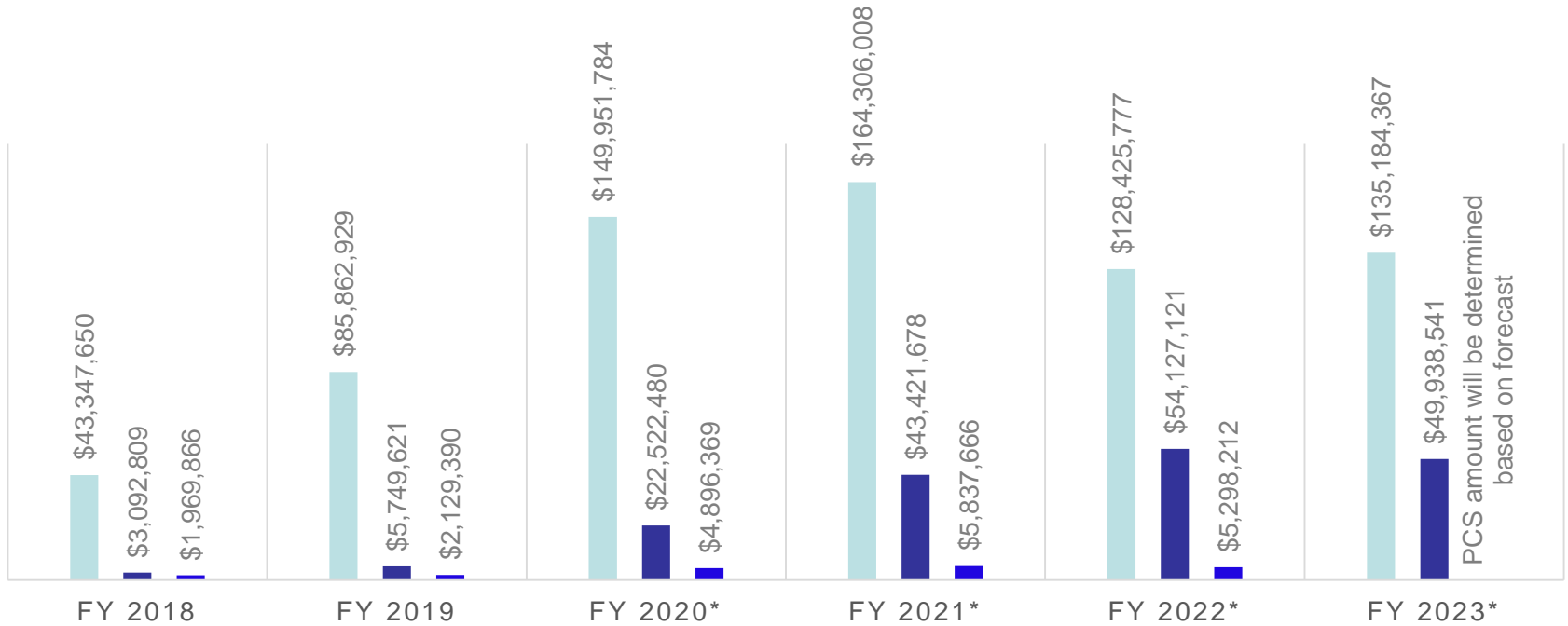
Strategy	Type of Funding	Summary	Methodology
B.1.1	Resource Transfer Stage I	Ongoing annual cost paid to the SSCC for performing tasks and functions performed by DFPS staff in the legacy system.	Proportion of total appropriation by Stage and projected percentage of children in care.
B.1.1	Resource Transfer Stage II		
B.1.4	Adoption Purchased Services (Stages I & II)	Supports adoption process for children served by the SSCC as a part of CBC	Same fee schedule as is paid in legacy system per adoptive placement.
B.1.6	Preparation for Adult Living Services (Stages I & II)	Services to eligible youth to support successful transition into adulthood.	Proportion of appropriation allocated to life skills training based on eligible population.
B.1.7	Substance Abuse Services (Stage II)	Funds substance use drug and alcohol testing and therapy.	Proportion of appropriation allocated to Conservatorship based on child population in Stage II.
B.1.8	Quality & Utilization Management (Stages I & II)	Supports monitoring to ensure children are receiving the services appropriate to their assessed needs.	Proportion of appropriation allocated for Utilization Management services based on children in paid foster care.
B.1.8	Other Purchased Client Services (Stage II)	Services to support permanency such as evaluation and treatment, caregiver training, etc.	Proportion of appropriation allocated to Conservatorship based on child population in Stage II.
B.1.9	Foster Care- Blended Rate (Stage I&II)	Reimbursement for foster care for children served by the SSCC in the given CBC area.	Unique to each area and based on projected case mix of population.
	Foster Care- Exceptional Care Rate (Stage I&II)	Reimbursement for services for children whose needs far exceed what can be met through use of the blended rate.	Statewide rate based on state's use of child specific contracts, includes a 50/50 cost share.



Community-Based Care Funding: Legacy System Funds Transferred to SSCCs

FOSTER CARE, RESOURCE TRANSFER & PURCHASED CLIENT SERVICES PAYMENTS *FY 22/23 PROJECTED (REFLECTS 8A RETURNED TO LEGACY)

■ Foster Care ■ Resource Transfer ■ Purchased Client Services



*FY 22/23 Projected



Community-Based Care Funding: Additional Funding to SSCC's

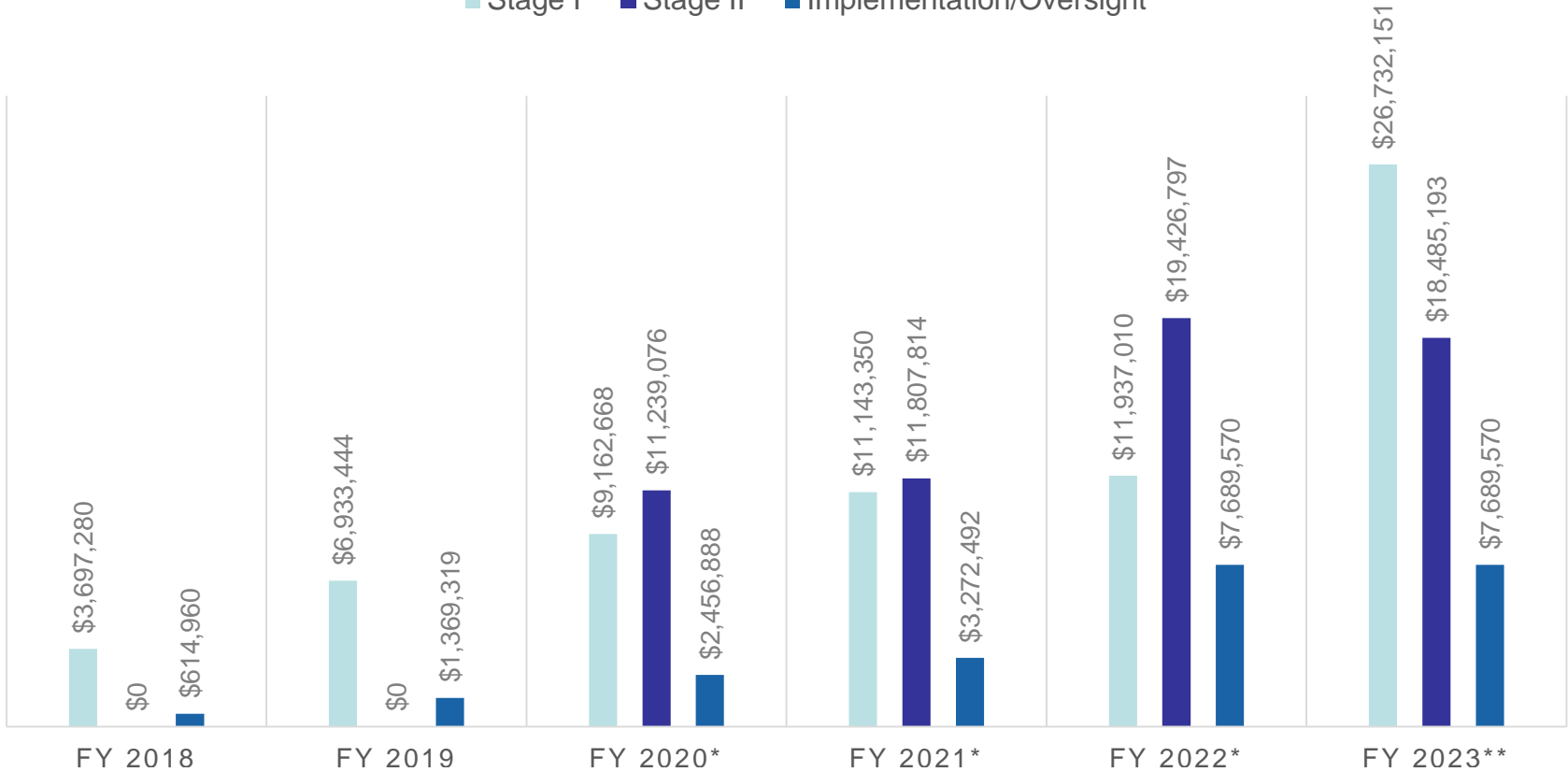
Strategy	Type of Funding	Summary	Methodology
B.1.1	Start-Up Stage I	One-time payment for readiness activities such as local protocol development and workforce development and training; software purchases; and office leases.	\$997,000 per SSCC as informed by an external analysis of start-up costs.
B.1.1	Start-Up Stage II		Methodology developed through an external analysis.
B.1.1	Additional Resource Transfer (Stage II)	Additional amount appropriated by Texas Legislature for enhanced case management services.	Twenty-five percent of the initial Stage II resources transfer amount.
B.1.1	Child and Adolescent Needs and Strengths Assessment (CANS) (Stages I&II)	Supports case planning for children receiving therapeutic services.	Proportion of appropriation allocated for CANS services based on projected number of assessments needed.
B.1.1	Network Support Payment (Stage I)	Supports new costs to the system for capacity/network development and oversight, community engagement and IT systems requirements.	\$1900 per child FTE per year in Stage I placement settings
B.1.9	Network Support Payment (Stage II)		\$1900 per child FTE per year in Stage II placement settings



Community-Based Care Funding: Additional Funding to SSCCs

STAGE I, STAGE II & IMPLEMENTATION/OVERSIGHT *NETWORK SUPPORT/START UP/CANS/ADD RT/STAFF

■ Stage I ■ Stage II ■ Implementation/Oversight



*FY 22/23 Projected



Foster Care Rate Modernization: Background

- With very little modification, the current Service Level System and resulting methodology for establishing foster care rates has been in existence since 1988.
- The 86th Texas Legislature (2019), directed through Special Provision 32 of the GAA that HHSC, in consultation with DFPS, evaluate the existing rate methodology to determine if an alternative methodology would increase provider capacity, incentivize quality improvements, and maximize the use of federal funds.
- HHSC partnered with the Public Consulting Group to complete a rate study, which found that the established foster care rates did not clearly align to the cost of care, and recommended improvements that would result in a new methodology for determining foster care rates.



Foster Care Rate Modernization: Sp. Prov. 26, 87th Legislative Session (2021)

The 87th Texas Legislature (2021) considered the findings and recommendations outlined in the HHSC Foster Care Rate Methodology Report, and directed through Special Provision 26 of the GAA, DFPS, with the assistance of HHSC, to develop an alternative reimbursement methodology proposal for consideration by the 88th Legislature (2023). This effort is known as Foster Care Rate Modernization.

Goal:

The goal of Foster Care Rate Modernization is to improve outcomes for children, youth, and young adults through the establishment of a well-defined service continuum that meets the needs of the foster care population and recognizes and compensates the caregiver for delivering high-quality services.

Objectives:

- Determine what kind of services are needed, and clearly define each of the needed service models.
 - Establish a new rate methodology that better aligns the cost of care with service provision and incentivizes improved child outcomes.
-

Foster Care Rate Modernization: General Approach

- Conduct a thorough review of Texas-specific child-level and needs assessment data to determine what services are needed to improve capacity and address gaps in the foster care continuum.
- Identify minimum standards, statutory, and court requirements that are inherent in the different types of primary packages and service add-ons.
- Conduct national research and engage with stakeholders to identify and validate best practices and build out models in a manner that allows for identification and capture of reasonable and necessary expenses under a new rate methodology.



Foster Care Rate Modernization: Stakeholder Engagement and Validation

- DFPS has partnered with the Texas Institute for Child & Family Wellbeing (TXICFW) in the Rate Modernization effort.
- Information from several focus groups in the late summer, and workshops with foster parents, providers, child advocates, and trade associations as well as a comprehensive provider survey in January and February was used to inform development of the new foster care continuum primary packages and service add-ons.
- DFPS and HHSC are working together to develop rate methodology to support these new services.



Current and Foster Care Rate Modernization Systems

	Current System**	Foster Care Rate Modernization Systems			
Children Served	All children, youth, and young adults in paid foster care Placements	All children, youth, and young adults in paid foster care Placements			
Placement Array	<ul style="list-style-type: none"> • Foster Home • GRO-Basic Child Care Services <ul style="list-style-type: none"> • Emergency Shelter • GRO Treatment Services • Residential Treatment Centers • Supervised Independent Living (SIL) 	Foster Family Care (Home-based Community Services)	GRO- Tier I (Facility-based Treatment Services)	GRO- Tier II (Sub-Facility-based Acute/Stabilization Services)	Supervised Independent Living Services
		7 Primary Packages & 5 Service Add-Ons	9 Primary Packages	6 Primary Packages	Same as current continuum of SIL array
Contracting Method*	<ul style="list-style-type: none"> • Providers respond to an open enrollment solicitation and are awarded a contract based on license-type and service level requirements 	<ul style="list-style-type: none"> • Defined procurement for each service package, provider must have specific programming and structure to support unique service population. Requires providers to specialize in type(s) of service(s) provided 			
Assessment/Services*	<ul style="list-style-type: none"> • Children are assessed and determined to have one of five service levels (Basic, Moderate, Specialized, Intense, & Intense Plus). The child is matched to a provider in the service array that has been approved to offer services congruent to the child's service level 	<ul style="list-style-type: none"> • Comprehensive assessment*** that identifies the child's individual service needs and helps direct the child to providers specializing in identified services. 			
Payment Method	<ul style="list-style-type: none"> • Daily provider payment is tied to child's authorized and providers billing service level 	<ul style="list-style-type: none"> • Daily provider rate tied to the specific service delivered. 			
<p>*Some exceptions include Treatment Foster Family Care, Emergency Shelters, SIL, some SSCC, and child-specific contracted placements ** SSCC providers are paid a blended rate based on the various service levels/types of placements and may contract with providers differently under CBC ***Process and tool development will occur in next stage of project.</p>					



Foster Care Rate Modernization: How Does It Work

BASIC CONCEPT FOR NEW SERVICE PACKAGES



The CANS (or other assessment tool) will inform a child's Primary Setting.



The child will be assigned to **ONLY** one Primary Setting.
If the assessment tool indicates more than one setting as equally appropriate, then the setting with the highest rate will be selected and if needed, availability of beds by setting may also be reviewed.

FOSTER FAMILY CARE
Primary Settings

- Basic Foster Family Care
- Short-Term Assessment & Stabilization Services
- Complex Medical Needs
- Treatment Foster Family Care
- IDD & Autism
- Sexual Aggression/Sex Offender
- Mental & Behavioral Health

Add-Ons (Support Services):

- Transition
- Pregnant & Parenting Youth
- Human Trafficking
- Substance Use
- Kinship Care

GRO TIER I
Primary Settings

- Basic Child Care Operation
- Emergency Assessment & Stabilization Care
- Complex Medical Needs
- IDD & Autism
- Sexual Aggression/Sex Offender
- Mental & Behavioral Health
- Pregnant & Parenting Youth
- Human Trafficking
- Substance Use

*This package of settings is designed to provide services to support community transition.
Add-ons are not an option for this package.*

GRO TIER II
Primary Settings

- Aggression & Defiance
- Complex Medical Needs
- Complex Mental Health
- Sexual Aggression & Behaviors
- Human Trafficking
- Substance Use

*This package of settings is designed to provide services to youth with the highest acuity of needs.
Add-ons are not an option for this package.*



CHILD'S PACKAGE



Foster Care Rate Modernization: On-going Work and Next Steps

DFPS is working with the Texas Institute for Child and Family Wellbeing on implementation planning to support the new service continuum. Implementation will require extensive changes to numerous systems including:

- All foster care (DFPS and SSCC) contracts;
- IMPACT system;
- Method for projecting services (using the assessment tool);
- Policy;
- Rules; and
- Training.

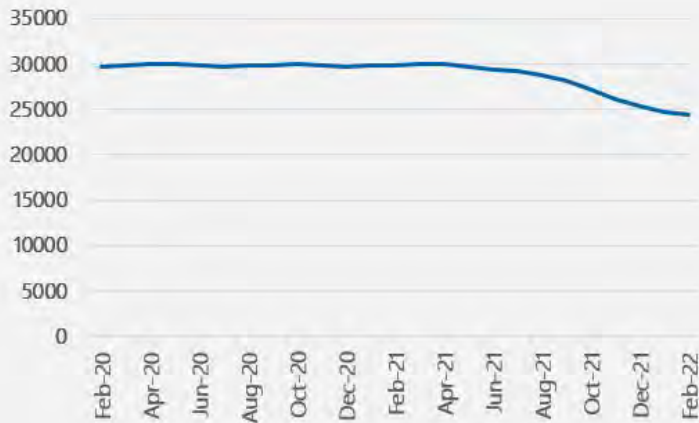
Additional work in the Spring and early Summer will be largely focus on the following:

- Selecting/developing an assessment tool(s) and utilization management process that can support the new service continuum and methodology.
 - Establishing rate methodology to support Community-Based Care.
 - Establishing a proposed periodicity schedule for methodology review.
 - Evaluation efforts to ensure maximization of federal funds.
 - Method for projecting services (using the assessment tool);
 - Policy; and
 - Training.
-

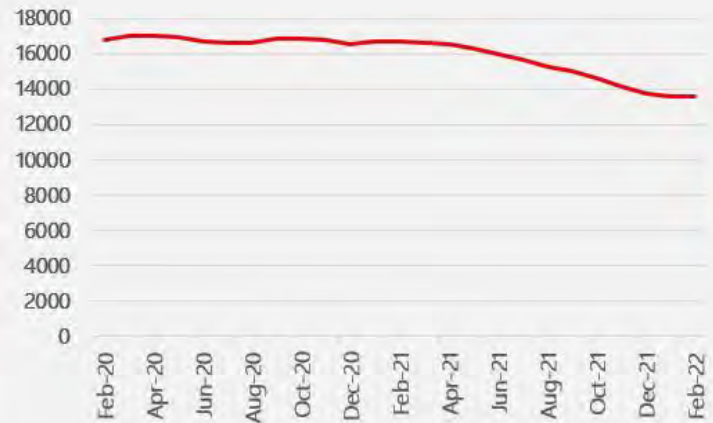


Decrease in CVS/Foster Care Census

Conservatorship Census



Foster Care Census

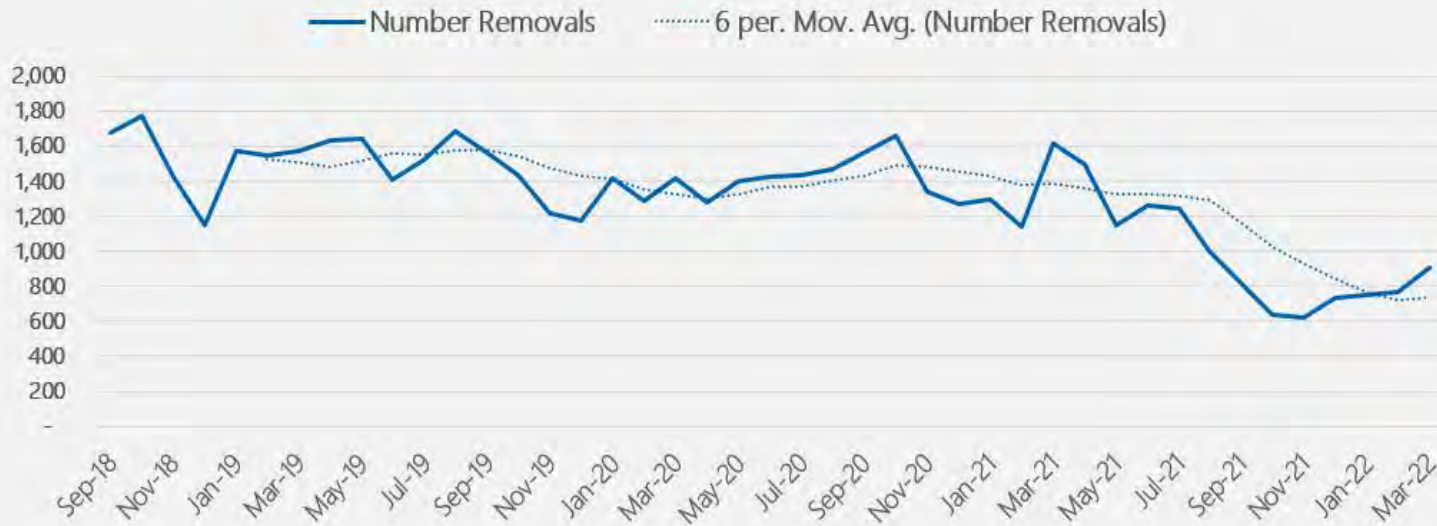


FY22 DATA IS PROVISIONAL

Data Sources: PP_03, SA_19



Removals since FY19



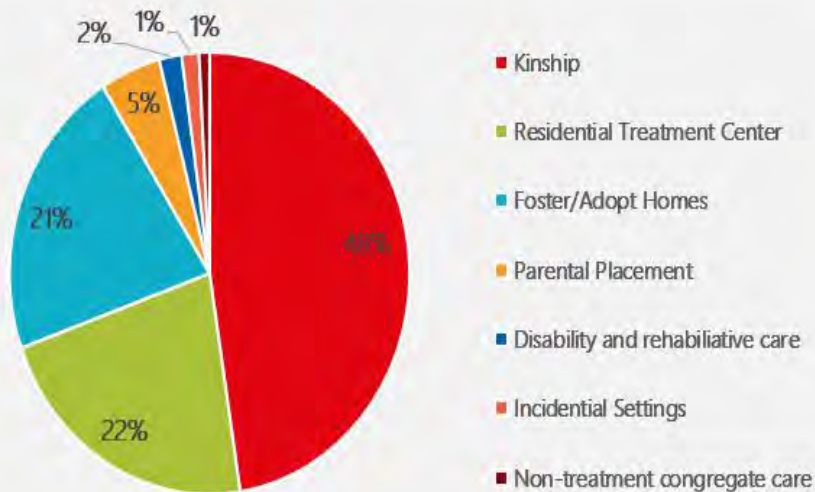
FY22 DATA IS PROVISIONAL

Data Sources: sa_19

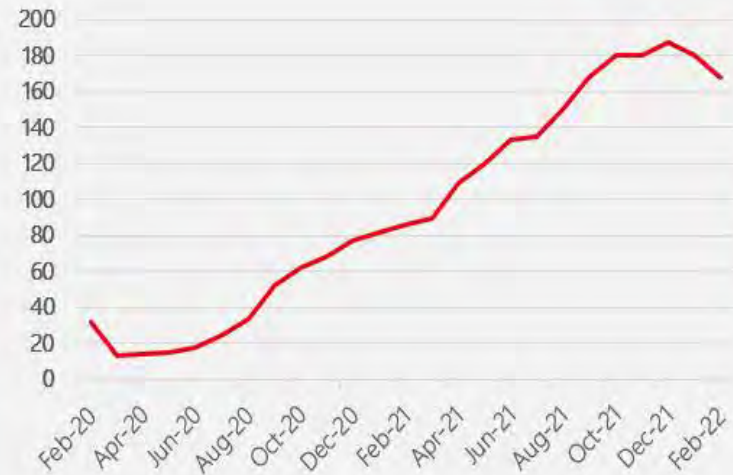


Forecast: Out of State Placements

Out of State Placement Settings



Children OOS in RTC settings

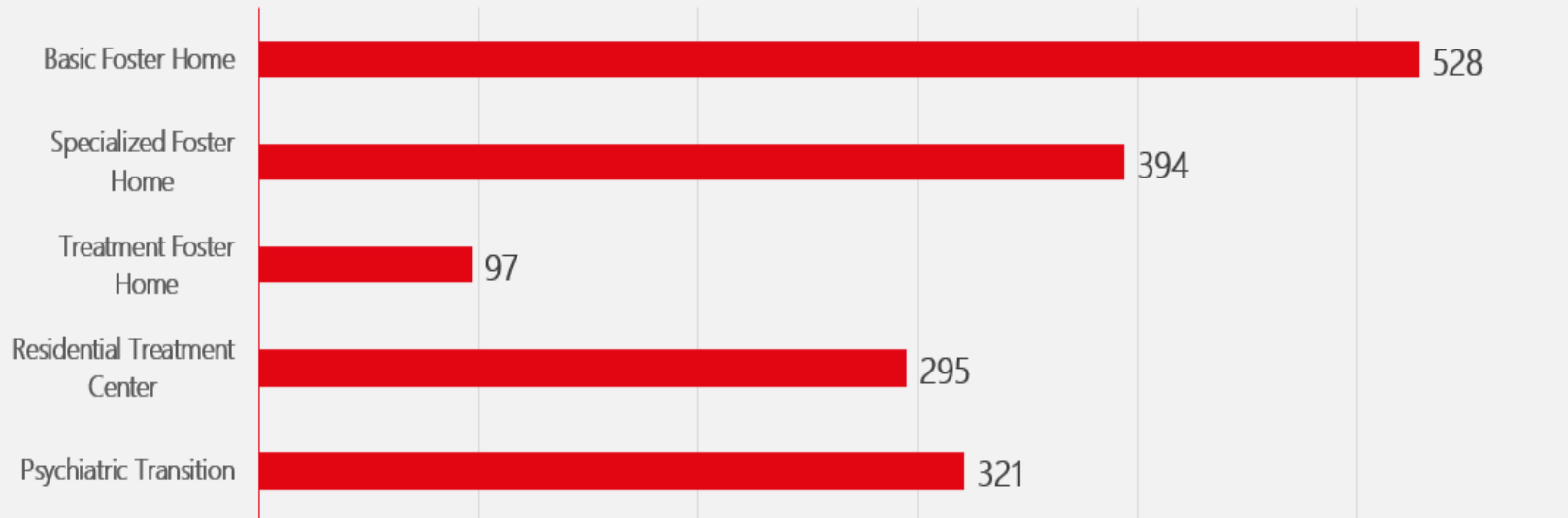


FY22 DATA IS PROVISIONAL

Data Sources: PP_26 as of 3.28.22, sa_27



Current Foster Care Needs (as of start of the FY22)



Does not include
SSCC areas

https://databook.dfps.state.tx.us/views/FosterCareNeedsAssessment/Story?:embed=y&.isGuestRedirectFromVizportal=y&.display_count=n&.showAppBanner=false&.origin=viz_share_link&.showVizHome=n



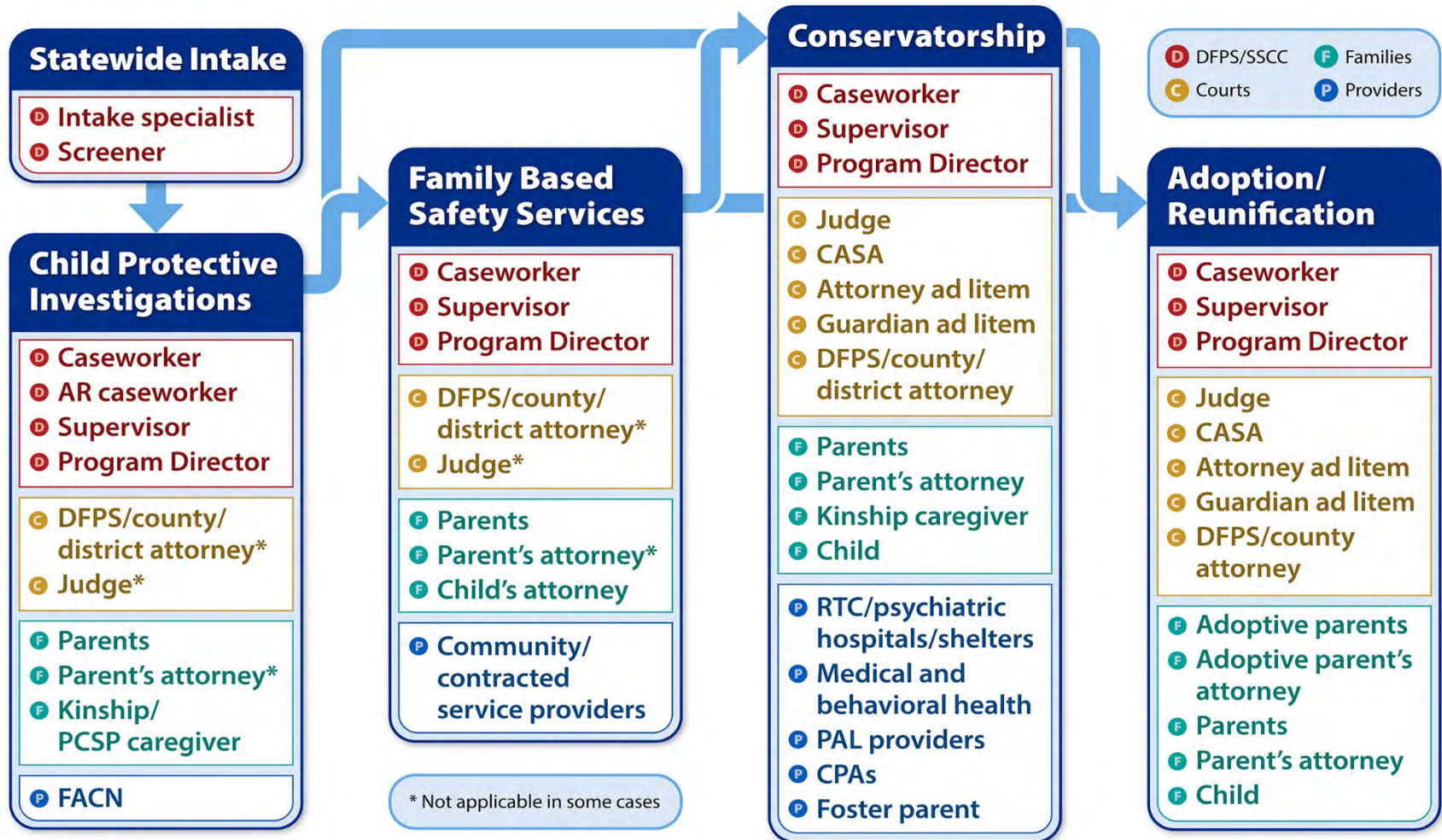
Texas Department of Family and Protective Services

Appendices

1. Child Welfare Decision Makers
 2. DFPS Child Census Data
 3. Child Outcomes
 4. CPS Turnover Rates
 5. INV Turnover Rate
 6. Turnover Rate by Stage of Service
 7. Average Daily Caseload
 8. CPI Face-to-Face Rate
 9. Heightened Monitoring
 10. Incentives and Remedies
 11. Children Without Placement Data
-



Appendix: Child Welfare Decision Makers





Appendix: Child Census Data

Populations Involved in Various Stages of Service

FY16 - FY22 YTD

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Kids in DFPS Legal Responsibility (Last day of FY)	30,540	31,776	32,797	31,408	29,818	28,753	21,790
Children in FBSS Services (Last day of FY)	34,656	31,858	26,490	25,156	26,655	11,496	10,233
Families in FBSS Services (Last day of FY)	12,262	11,568	9,736	9,444	10,218	4,385	3,851
Opened CPI INV and AR Stages	n/a	240,182	248,433	244,900	227,313	256,972	167,683
Opened RCI Investigation	2,372	2,539	1,924	2,272	3,334	4,774	1,976
Opened DCI Investigation	2,408	2,489	2,195	1,984	1,610	1,795	901



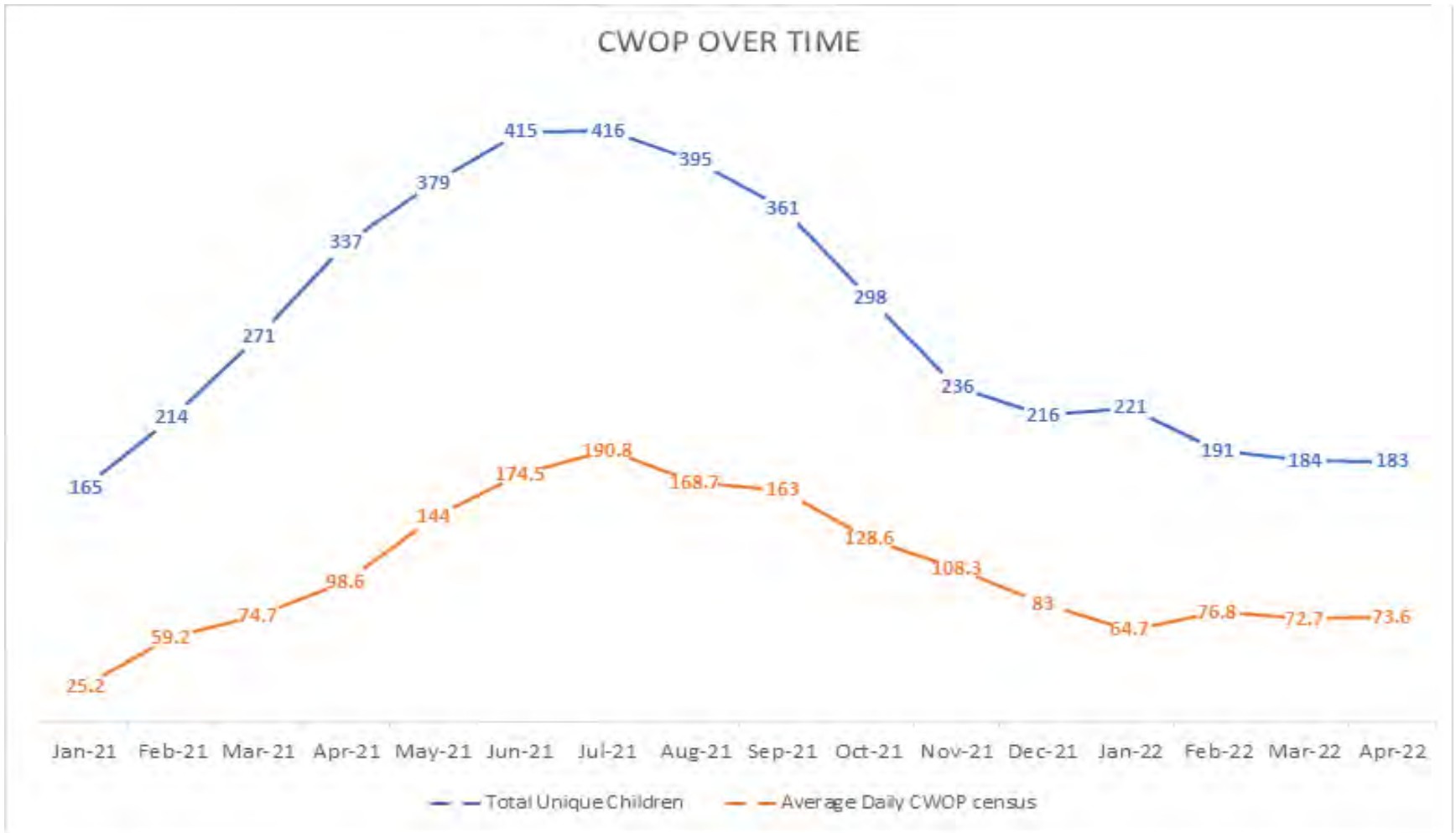
Appendix: Child Outcomes

Conservatorship Outcomes							
FY16-FY22 YTD							
	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Avg Placements for Children in Foster Care	3.1	3.1	3	3	3.1	3.1	3.4
Relative Placements	43%	45%	46%	45%	43%	44%	44%
Sibling Groups Placed Together	65%	64%	65%	67%	66%	64%	63%
Children Placed in County	40%	39%	38%	38%	39%	37%	35%

Permanency Outcome Measures							
FY 2016 - FY 2022 YTD							
	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Adoption w/in 12 months of TPR	54%	56%	56%	58%	58%	53%	54%
Avg Months to Permanency	20.7	19.8	19.1	19.3	19.9	20.6	21.0
Permanency for Children in Care 2+ yrs	32%	34%	34%	34%	35%	33%	36%
12 month recidivism (INV)	7%	6%	5%	5%	4%	4%	n/a
12 month recidivism (FBSS)	11%	12%	12%	10%	10%	11%	n/a
12 month recidivism (CVS)	20%	21%	20%	21%	21%	22%	n/a



Appendix: Children Without Placement

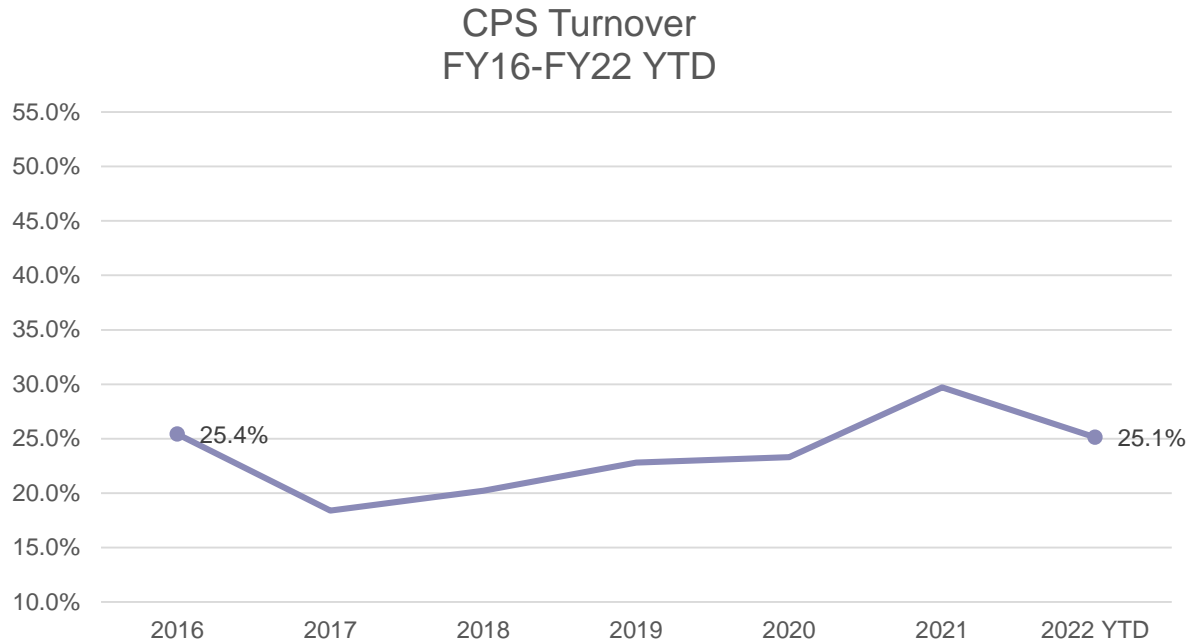


*as of April 27, 2022



Appendix: CPS Turnover Rate

CPS – All Worker Turnover							
FY2016 - FY 2022 YTD							
	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022 YTD</u>
CPS - All Workers	25.4%	18.4%	20.2%	17.3%	20.7%	21.2%	25.1%

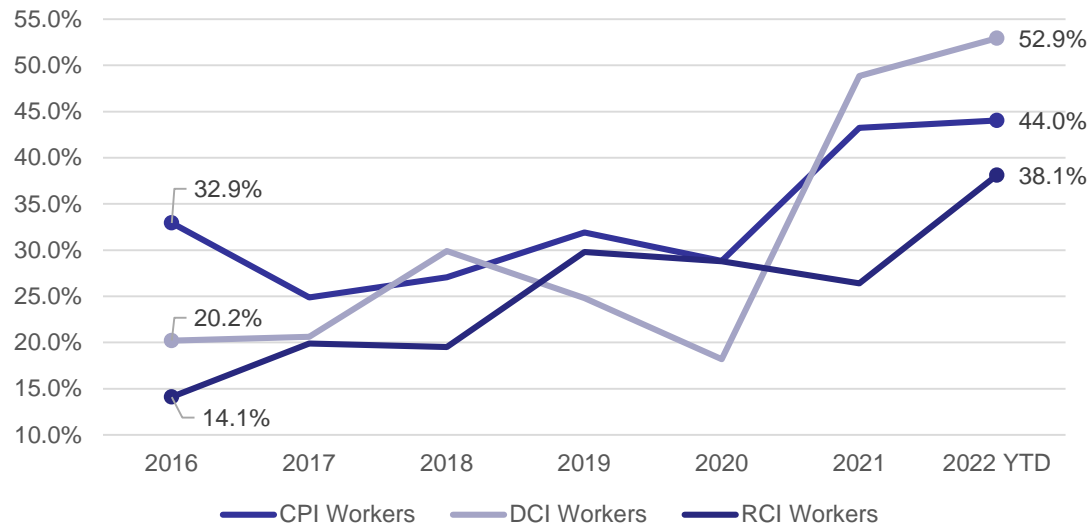




Appendix: Investigations Turnover Rate

Investigations Turnover by Stage of Service							
FY2016 - FY 2022 YTD							
INV	2016	2017	2018	2019	2020	2021	2022 YTD
CPI Workers	32.9%	24.9%	27.1%	31.9%	28.8%	43.2%	44.0%
DCI Workers	20.2%	20.6%	29.9%	24.8%	18.2%	48.9%	52.9%
RCI Workers	14.1%	19.9%	19.5%	29.8%	28.8%	26.4%	38.1%

Investigations Turnover (CPI, DCI, RCI)
FY16-FY22 YTD

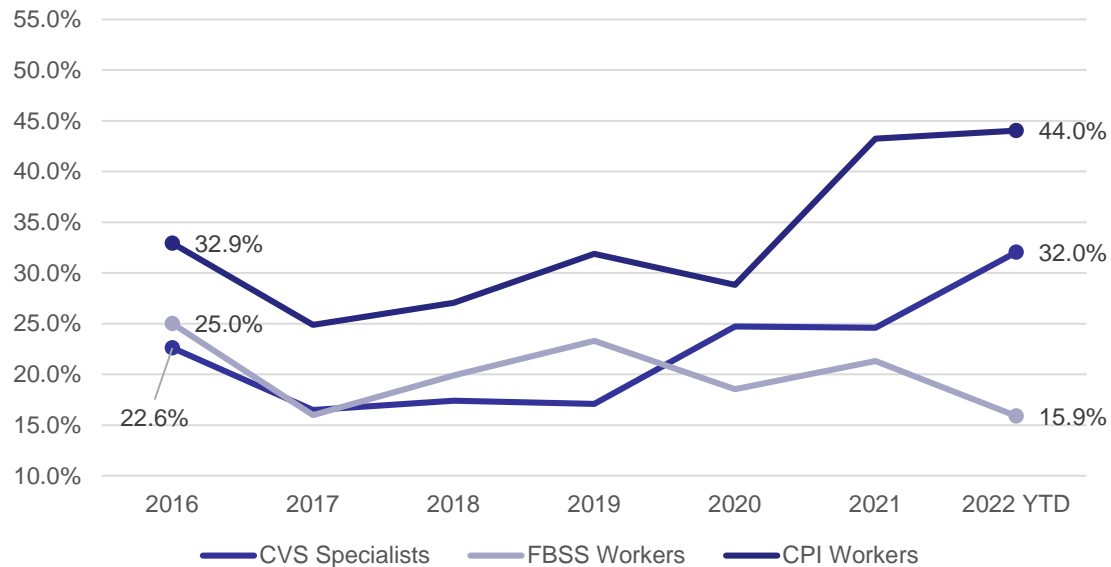




Appendix: Turnover Rate by Stage of Service

Turnover by Stage of Service							
FY2016 - FY 2022 YTD							
	2016	2017	2018	2019	2020	2021	2022 YTD
CVS Specialists	22.6%	16.5%	17.4%	17.1%	24.7%	24.6%	32.0%
FBSS Workers	25.0%	16.0%	19.9%	23.3%	18.6%	21.3%	15.9%
CPI Workers	32.9%	24.9%	27.1%	31.9%	28.8%	43.2%	44.0%

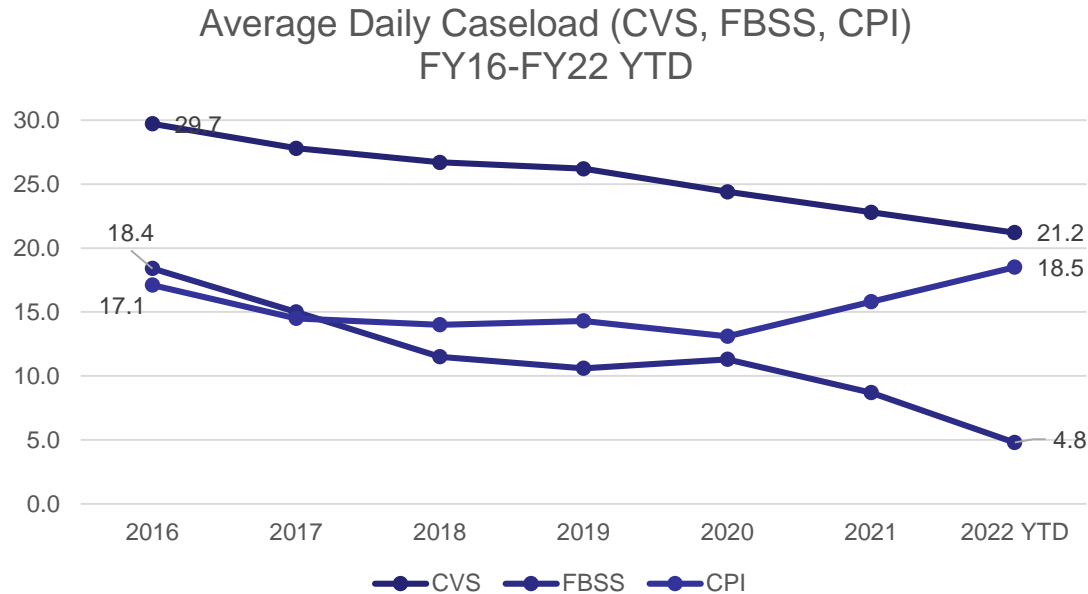
Turnover by Stage of Service (CVS, FBSS, CPI)
FY16-FY22 YTD





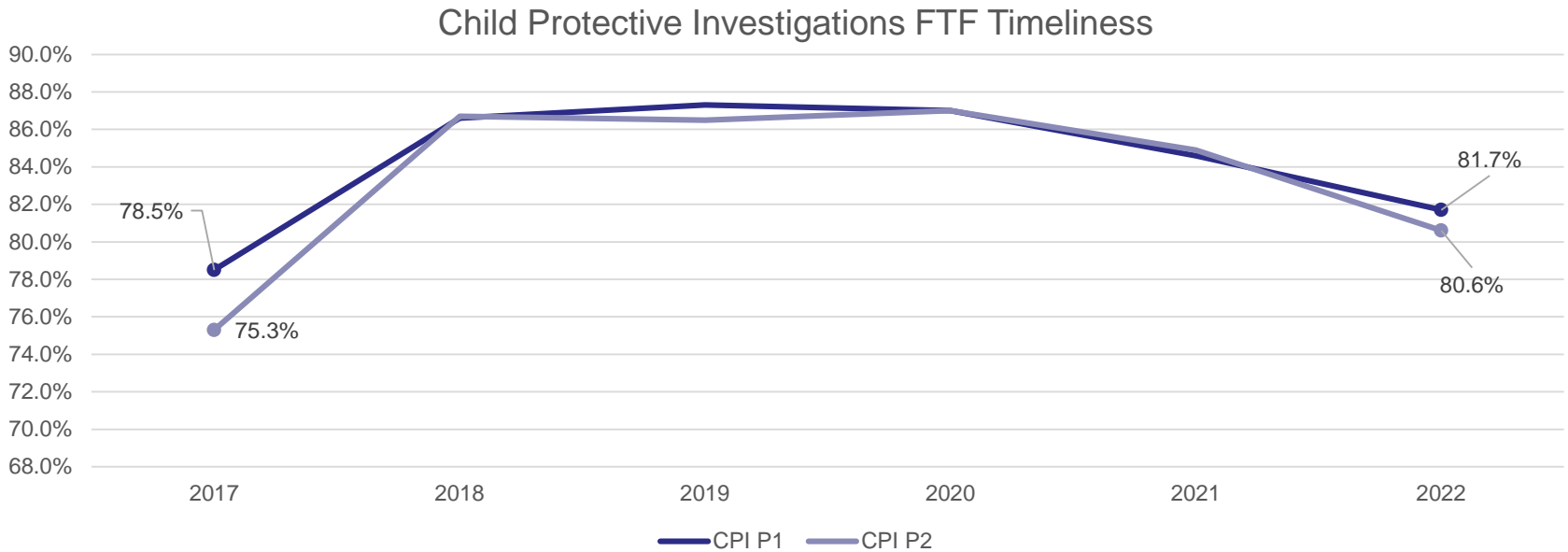
Appendix: Average Daily Caseload

Average Daily Caseload (CVS, FBSS, CPI, DCI, RCI)							
FY16-FY22 YTD							
	2016	2017	2018	2019	2020	2021	2022 YTD
CVS	29.7	27.8	26.7	26.2	24.4	22.8	21.2
FBSS	18.4	15.0	11.5	10.6	11.3	8.7	4.8
CPI	17.1	14.5	14.0	14.3	13.1	15.8	18.5
DCI	n/a	n/a	11.4	12.3	8.2	7.1	9.2
RCI	n/a	n/a	13.5	13.6	15.6	10.8	5.3





CPI Face to Face Timeliness							
FY16-FY22 YTD							
	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
CPI P1	n/a	78.5%	86.6%	87.3%	87.0%	84.6%	81.7%
CPI P2	n/a	75.3%	86.7%	86.5%	87.0%	84.9%	80.6%



Appendix: Heightened Monitoring

Heightened Monitoring is a court order directing DFPS and HHSC to address a pattern of deficiencies and/or concerns relating to residential child care operations, including General Residential Operations and Child Placing Agencies, that serve youth in the PMC of DFPS.

The process includes looking at each operation's contract violations, minimum standards deficiencies, and confirmed abuse and neglect allegations for the last five (5) calendar years.

Steps in identifying the pattern:

- Each agency shall review data for the rate of contract and standards violations, including confirmed findings of abuse and neglect, for the last five years. The rate is calculated using the number of violations divided by the operation's capacity multiplied by 10 (*Number of contract or standards violations/capacity X 10*).
 - For each of the last five years, compare the operation's rate of violations to the combined rate of violations for all operations of similar size (small, medium, or large) and service type (basic general residential operation, residential treatment center, child placing agency, and independent foster family and group homes).
 - If the operation's rate of violations rated medium, medium-high, or high is above the combined rate of violations rated medium, medium-high, or high for operations of similar size and service type for three of the last five years, then there is a pattern of violations.
 - Each agency shall inform the other of all operations identified as having a pattern of deficiencies.
-