
S.B. 758 Foster Care Capacity-Building Progress Report

A Report from

**The Texas Department of Family and
Protective Services**

January 2012

Introduction

S.B. 758, 80th Legislature, Regular Session, 2007, by Senator Jane Nelson and Representative Patrick Rose was developed as the continuation of the Texas Department of Family and Protective Services' (DFPS) Reform that began with the passage of S.B. 6 by the 79th Legislature. A central part of this Reform was to increase the ability of DFPS to provide a safe, nurturing placement to every child in foster care.

The Child Protective Services (CPS) Improvement Plan, as outlined in S.B. 758 Section 51 Subdivision (8) Subsection (b), must include expanding the quality and capacity of placements, both substitute and adoptive, in local communities through the procurement of a statewide needs assessment and through implementation of recommendations for expanding and improving provider capabilities. Subsection (c) of S.B. 758 further directs DFPS to ensure that the recommendations for expanding and improving provider capabilities include:

- Provisions for start-up funding for providers to build necessary capacity in the state;
- Partnerships with community leaders to identify local resources to support building capacity; and
- The development of pilot projects to procure regional capacity development.

Each year, DFPS is directed to prepare a progress report that details activities to implement the recommendations. The report must include regional data regarding the number of children in state conservatorship who are placed in their home region separated into classifications based on service levels. This is the fourth report to be submitted.

DFPS Foster Care Capacity-building Efforts

In the S.B. 758 Foster Care Capacity-building progress reports submitted in 2008, 2009, and 2010, DFPS provided information on a variety of efforts to better understand and address barriers to providing quality foster care placements for children in their home communities. Efforts that DFPS began to implement immediately included improvements to the contracted foster care placement vacancy database that aids in matching children and youth with foster homes, and changes in the DFPS foster and adoption verification process that decreased the wait time before a family is ready to accept a child into their home. In 2008, in accordance with the requirements of S.B. 758, DFPS procured a needs analysis and plan that compared existing placement quality and capacity to the specific needs of the current and projected substitute care population. The resulting DFPS Statewide Placement Quality and Capacity Strategic Plan suggested alternatives and solutions to address the gaps and needs in the substitute care system. The resulting analysis and strategic plan were submitted as part of the 2009 S.B. 758 Progress Report. The text of this goal and objectives are attached as an Addendum.

DFPS continues to make progress in achieving the objectives of the strategic plan. Beginning in January 2010, DFPS initiated the "Improving Child/Youth Placement Outcomes: A System Redesign" project, with the goal of improving outcomes for

children and families by creating sustainable placement resources in communities that will meet the service needs of children in foster care using the least restrictive placement settings. This effort is commonly referred to as "Foster Care Redesign." This report outlines the work by DFPS and its stakeholders over the last year on the Foster Care Redesign effort. The report also addresses the continued work of DFPS to provide quality health care to foster children and promote placements that maintain children's and youth's cultural, faith and social connections.

Improving Child/Youth Placement Outcomes: A System Redesign (Foster Care Redesign)

Beginning in January 2010, DFPS joined other child welfare stakeholders in a united effort to develop recommendations for a redesigned foster care system that addresses problems with the current system, supports improved outcomes for children, youth, and families, and provides increased opportunities for collaboration and partnership in serving children, youth, and families.

As required by federal regulations, under any system design DFPS will remain responsible for proper operation of the foster care system. However, the redesign does intend increased latitude for providers in making placement decisions to meet the needs of children and in the planning and coordination of services for families and children. Resources commensurate with tasks transferred will be transferred to the provider known as the "Single Source Continuum Contractor" (SSCC).

Stakeholder Involvement

Children, youth, and families rely on many different stakeholders to meet their safety, permanency, and well-being needs. In order to properly address these needs, the development of redesigned foster care model was based on input and recommendations from over 3,000 stakeholders.

The Public Private Partnership (PPP), a group composed of twenty-six individuals representing various stakeholder groups served as the guiding body in the development of recommendations for a redesigned foster care system. The PPP includes foster youth alumni, members of the judiciary, foster care providers, child and family advocates, provider associations, a DFPS Advisory Council member, and DFPS staff. There is additional discussion of the work of the PPP below, in the section entitled *Public Private Partnership*.

Stakeholders participated in presentations, focus groups, meetings, and surveys. Also, they responded to a Request for Information (RFI) and a draft Request for Proposal (RFP) to provide input into the new foster care model. In May 2010, a stakeholder survey designed to assist in the identification of barriers within the current foster care system was conducted. Six hundred twenty-two stakeholders from ninety-four Texas counties responded to the survey. Respondents represented various individuals and disciplines within the child welfare community.

From July 21, 2010, through August 19, 2010, the RFI was posted on the *Electronic State Business Daily*. The purpose of the RFI was to gather input for a redesigned foster care system and implementation strategies. A link to the RFI was posted on the

DFPS Redesign webpage and notice was sent to all DFPS licensed residential child care and regional purchase of service providers. A total of 22 responses were made to the RFI.

Recommendations

In December 2010, members of the PPP reached consensus on recommendations for a redesigned foster care system that will result in better outcomes for children, youth, and families; increase accountability; enhance opportunities for partnership and collaboration; and improve the availability, quality, and coordination of services in communities.

Eight quality indicators serve as a foundation for the development of a redesigned foster care system that will improve permanency outcomes for children and youth. As specified in related legislation, the individual needs of a child are paramount; not all indicators are appropriate for every child. The quality indicators include:

- First and foremost, children are safe in their placements;
- Children are placed in their home communities;
- Children are appropriately served in the least restrictive environment, which supports minimal moves for the child;
- Connections to family and other individuals that are important to the child are maintained;
- Children are placed with siblings;
- Services respect the child's culture;
- To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences, and activities similar to those experienced by their non-foster care peers; and,
- Children and youth are provided opportunities to participate in decisions that impact their lives.

In addition to the quality indicators, the PPP recommended changes to the methods in which DFPS procures, contracts, and pays for residential child-care services and outlined a streamlined approach to service coordination and delivery, which supports improved safety, permanency, and well-being outcomes for children and youth in foster care. The PPP made those recommendations within the following parameters:

- Transfer of DFPS resources commensurate with transferred tasks;
- Staged implementation and an evaluation of early implementation sites showing positive results prior to expanding roll-out;
- Increased provider authority/participation in making placements that meet the needs of children;
- Increased collaboration and cooperation between DFPS and stakeholders;
- Provider authority/ability to impact outcomes for which they are held accountable; and,
- Maintaining, at a minimum, current foster care funding levels.

Implementation

DFPS considered the recommendations of the PPP and endorsed the outlined redesign model and implementation plan through the formal release of the Foster Care

Redesign Report. S.B. 218 and H.B. 1, Rider 25 passed by the 82nd Legislature, support the Redesign project and call on DFPS to proceed with implementation of the new model in accordance with the Foster Care Redesign Report.

In August 2011, DFPS released a Request for Proposal (RFP) in order to procure for SSCC services in two designated geographic catchment areas in the state. The RFP closed on November 1, 2011 and DFPS is currently in the process of evaluating responses received. DFPS anticipates awarding the first two SSCC contracts between January 1, 2012, and April 1, 2012.

Public Private Partnership

The Texas Public-Private Partnership (PPP) is a collaborative coalition of leaders from the private and public sectors, judges, and advocates. The mission of the PPP is to inform the DFPS Commissioner about methodologies for achieving sustainable permanent placements for youth in care. The PPP represents a significant change in the way DFPS works with providers and meets the requirements of S.B. 758 and objectives of the strategic plan.

While the PPP was in existence prior to the beginning of the project, the Redesign initiative became its focus beginning in January 2010. As briefly discussed earlier, the PPP was named as the guiding body for the Foster Care Redesign effort by the DFPS Commissioner and was charged with developing recommendations to improve outcomes for children and youth in foster care. The PPP was asked specifically to make recommendations that help to ensure children are placed close to home in the least restrictive settings with siblings, and experience a minimum number of moves.

As mentioned above, the PPP includes a varied group of 26 stakeholders that represent youth alumni, the judiciary, child advocates, providers, members of foster care association, foster care advocates, and DFPS leadership staff. This group began Redesign work in January 2010 and except for February and October, met every month during the year.

In addition to the monthly meetings, numerous workgroups, which included non-PPP stakeholders met to address specific topics and issues. The PPP considered input from many groups and individuals and some PPP members made presentations to, and solicited input from, stakeholders or constituent groups with whom they were affiliated. Members often spoke with their peers/constituents about the Redesign process and indicated that while they might not personally share a particular viewpoint, they wanted to ensure the PPP heard differing views in order to endorse a product that Texas stakeholders universally could support.

During PPP meetings members reviewed Texas specific data, researched the Redesign efforts of other states, and were able to discuss and explore issues that negatively impact children and youth in foster care. The PPP also considered other stakeholder input that was collected from various presentations, meetings, surveys, public forums, a Request for Information (RFI), and the DFPS public website mailbox.

Common themes emerged, resulting in consensus around design and implementation recommendations that were endorsed by all members of the PPP. Those recommendations were memorialized in a letter from the Public Private Partnership to the DFPS Commissioner on December 13, 2010, which served as the basis for the DFPS Foster Care Redesign Report.

Due to Texas procurement law, DFPS has had to limit the participation of the PPP in the development of the RFP and in subsequent work related to the procurement of the initial SSCC contracts. DFPS intends to resume the work of this group once the SSCC contracts have been executed in the initial catchment areas.

Texas Adoption Resource Exchange

The Texas Adoption Resource Exchange (TARE) web-site (AdoptChildren.org) is a DFPS recruitment tool for prospective foster and adoptive homes. The TARE web-site's most prominent and unique feature is its photo-listing of Texas children awaiting adoption, including children's photos, profiles, and videos. During Fiscal Year 2011 modifications to TARE made it more streamlined, user-friendly, and informative to families. The enhancements to TARE became available on August 28, 2011 and included the following:

- Families interested in adopting children from the Texas child welfare system are now able to create a TARE log-in account and family profile allowing them to save their adoption preferences, receive notifications regarding children they have inquired about, upload a family photo, and view the status of each inquiry submitted each time they log-in to the TARE system.
- The TARE system automatically requests a copy of the family's home screening from the family worker at registration. Once received, the home screening can be attached securely to the family's profile to allow the family to be considered for children.
- As the family inquires about a child or sibling group, the system automatically shows the family how well their family preferences match with the needs of the child using a percent value.
- Based on the match percentage, if the family is not considered a close fit for the child or sibling group they will receive an immediate notification and be allowed to enter comments if they disagree with the match results and want their inquiry submitted. If the family is considered a close fit, based on the match percentage, they receive an immediate notification that their inquiry was submitted.
- Families are provided with the contact information for the TARE Coordinator assigned to any child or sibling group in order to obtain further information.
- Families can bookmark a child's profile for easy access the next time they log in to TARE.
- Families can view the information packet, dates of information meetings in their area, basic requirements, and other information useful to help them begin the process of becoming approved to adopt.
- Child-Placing Agencies and other recruitment entities can create an agency account to access information about Texas children awaiting adoption.

By redesigning the TARE system, DFPS hopes to increase positive customer relations, increase the system's user friendliness and responsiveness to families, while creating a new and progressive matching system for waiting children.

The Residential Child-Care Contracts (RCC) DFPS/Provider Performance Measures Workgroup

The DFPS Residential Contracts division established a co-facilitated, DFPS and provider workgroup in early 2009 to develop and implement contract performance measures related to residential service provider responsibilities that impact the safety, permanency, and well-being of children in care. The performance measures align with the Child and Family Services Review (CFSR) measures and DFPS' statewide strategic plan for placement. The workgroup initially met in 2009 to organize and to discuss measures for the fiscal year 2010 residential contract. They continued to meet during the following two years to develop a new measure for the fiscal year 2011 contract and six new measures for the fiscal year 2012 contract, three of which require contractors to self-report data to DFPS via the Performance Management Evaluation Tool (PMET). The group continues to meet at least quarterly with a goal of revising and developing meaningful measures for fiscal year 2013 and beyond. Provider members of this workgroup were also available as a resource to the Foster Care Redesign project team as they identified quality indicators for the new foster care model.

Partnership Systems with Residential Child Care Licensing, Residential Contracts, and CPS

DFPS has worked internally to identify opportunities for increased communication and coordination among its regulatory, contracting and program functions related to residential child care provider development and oversight. In fiscal year 2010, DFPS developed a crosswalk of application requirements for residential child care licensing, residential child care contracts and the third-party service level monitor. A joint presentation of these requirements was piloted at licensing inquiry meetings in the Austin and San Antonio areas to help prospective providers understand the processes and timeframes associated with obtaining both a child care license and contract from DFPS to provide residential child care services. The pilot proved successful and was then expanded to include the Corpus Christi area. Based on the successful expansion, the process was implemented statewide in January 2011.

Fostering Connections

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 promotes finding permanent homes (permanency) for children and youth. The Act emphasizes adoption and care by relatives, and transition services for young adults who have aged out of care. One result was the start of the Permanency Care Assistance (PCA) program in FY 2011. This is a new option for youth who would otherwise grow up in foster care because going home or being adopted are not viable options.

The Fostering Connections initiative was developed in response to federal and supporting state legislation. A federal act, *Fostering Connections to Success and*

Increasing Adoptions Act of 2008 (H.R. 6893/PL 110-351), signed into law October 7, 2008, significantly overhauls the federal child welfare structure. This is a fundamental shift in child welfare that recognizes that:

- Foster care is not a viable long-term solution;
- Adoption is not an option for everyone;
- Increased focus on relatives; and,
- Older children in foster care need help.

The federal legislation authorized an assistance program to provide financial support to relative caregivers who take permanent legal responsibility for a child who cannot be reunited with his or her parents and for whom adoption is not an appropriate permanency option. In order to qualify for the program, relative caregivers must, among other requirements, become verified as foster parents, care for the child as foster parents for at least six months, negotiate an agreement before receiving legal custody, and then go to court and receive legal custody. DFPS received state support in the 81st Texas legislative session, with the passage of S.B. 2080 and H.B. 1151, to implement PCA. The Texas Legislature also approved extending PCA benefits up to a person's 21st birthday if the PCA agreement was signed after a CPS youth turns 16. Rules were adopted in March 2010, and the policy became effective September 1, 2010. The maximum amounts and process for negotiating the monthly PCA payment are identical to the amount and process for negotiating the adoption assistance payment in Texas.

As of December 31, 2011, there were 339 children who exited to permanency through the kinship family receiving legal custody (permanent managing conservatorship or PMC) with the support of monthly PCA benefits.

Disproportionality

DFPS is engaged in a variety of efforts to address the disproportionality of African American children in the child welfare system. These efforts support foster care capacity building in their similar commitment to keeping siblings together and maintaining connections for children. The very nature of disproportionality work is family-focused, recognizing the importance of culture, community, family, kin, sibling relationships, and the impact other systems have on children involved with CPS.

Texas is at the forefront of efforts to eliminate disparities in its system and remediate associated issues. DFPS has:

- Enhanced leadership development and training for management and service delivery staff through the implementation of Knowing Who You Are and Undoing Institutional Racism workshops, which are designed to help attendees gain a greater awareness of the importance of understanding culture, family traditions, and institutional racism;
- Developed collaborative relationships with community partners, stakeholders, parents, and youth; and,
- Targeted more efforts towards initiatives, such as the Permanency Care Assistance program, that focus on family strengths and permanency for youth and children who would otherwise grow up in the child welfare system and age out without any connection to a caring adult.

Texas has become a national leader in addressing disproportionality through leadership development, community partnerships, cultural training, and developing more sensitive and safety-centered practices. DFPS seeks to equitably serve families and youth in all stages of service by utilizing initiatives to reduce the number of children in foster care and the disparate outcomes experienced in the system. Texas legislation and practices in this arena are being duplicated by other child welfare systems seeking solutions to disproportionality. These practices include:

- Family Group Conferencing - an innovative approach to engage families in planning for their children when they have come to the attention of CPS;
- Faith-based Initiative - dedicated to finding more foster and adoptive homes for African American children;
- Kinship Care Initiative - involves the commitment of relatives and trusted friends, who have a relationship with the child by providing safety and stability in their homes for children when they cannot live with their birth parents;
- Diligent Recruitment Grant - the recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in foster care;
- Permanency Care Assistance - a paid guardianship subsidy to support permanent placement of children with relatives and trusted friends when adoption is not possible; and,
- Foster Care Redesign - restructuring how CPS administers foster care, which will emphasize supportive, community-based services for children, and families in Texas.

In September 2010 the Texas Health and Human Services Commission (HHSC) formed the new Center for Elimination of Disproportionality and Disparities. The Center serves as a leader in addressing the systemic factors and identifying practice improvements that address the disproportionate representation and disparate outcomes for children, their families, and other vulnerable citizens within Texas Health and Human Services systems.

The 82nd Legislature passed S.B. 501 establishing the Interagency Council for Addressing Disproportionality. The Council will examine issues and make recommendations relating to the disproportionality in the juvenile justice, child welfare, health, and mental health systems and the disproportionality of the delivery of certain services in the education system. The bill calls for the Council to be led by the Center for the Elimination of Disproportionality and Disparities at HHSC. DFPS is one of several agencies represented on the Council. The Council held its first meeting November 30, 2011.

In an effort to centralize the disproportionality work in Texas, CPS regional disproportionality specialists were transferred to HHSC effective January 2, 2012. These specialists will continue to expand the disproportionality work in CPS to all health and human services agencies. They will remain an integral part of the work in DFPS and remain a source of information and expertise for DFPS staff.

Medical Services

STAR Health

STAR Health is the comprehensive statewide system designed to meet the medical, dental, vision, and behavioral health needs of children in foster care, kinship care, the DFPS extended care program, or live independently. By contracting with a single Medicaid managed care organization, HHSC and DFPS can better track a child's care and better account for the results of that care. STAR Health began enrolling patients in April 2008.

Recognizing the success of the model, the 82nd Texas Legislature codifies the current STAR Health model in H.B. 3531. The bill requires HHSC to implement a system under which HHSC will use Medicaid prescription drug data to monitor the prescribing of psychotropic drugs for children who are in DFPS conservatorship and enrolled in STAR Health. The monitoring system must include a medical review of a psychotropic medication prescription, as appropriate.

One of the chief goals of STAR Health is to create a "medical home" for each child in foster care, which means a seamless system of accessible, coordinated, comprehensive, and continuous healthcare services. STAR Health will provide DFPS children medical and vision care, prescription drug, behavioral health, and dental services. Every child has a primary doctor or provider to coordinate care and a web-based Health Passport to keep track of his/her Medicaid services. At a minimum, each passport contains:

- The child's name, birth date, address of record and Medicaid ID number.
- Name and address of each of the child's physicians and health care providers.
- A record, based on Medicaid claims, of each visit to a physician or other healthcare provider, including routine checkups.
- A record of immunizations.
- Identification of the child's known health problems.
- Information on all filled prescriptions.

The Health Passport travels with the child in each placement and even after leaving DFPS care and puts more information at the fingertips of the doctors treating DFPS children.

Psychotropic Medications

As a part of the on-going effort to improve health care for children in conservatorship, DFPS employs a Medical Director, nine CPS Regional Nurse Consultants, seven CPS Well-being Specialists, two Medical Services Program Specialists and a Division Administrator for Medical Services. The roles and duties associated with these positions support the enhanced well-being of children in the Texas child welfare system.

The DFPS Medical Director has organized a Psychotropic Medication Monitoring Group with representatives from DFPS, the Health and Human Services Commission

(HHSC), the Department of State Health Services (DSHS), UT Austin Department of Pharmacy, and STAR Health (Superior Healthplan Network and Cenpatico Behavioral Health). This committee reviews monthly monitoring conducted by STAR Health and the HHSC annual report on psychotropic utilization. It also oversees the biennial review of the Psychotropic Medication Utilization Parameters for children in foster care, the publication of any revisions, and sponsorship of any conferences on the topic. The parameters address the appropriate use of psychotropic medications, and do not provide recommendations about which specific drugs doctors should provide. The preferred drug list of medications potentially prescribed for foster children is the same as for all other Medicaid recipients.

STAR Health conducts a review of the psychotropic medication regimens of children to ensure the medication practices are in compliance with the parameters. This review is referred to as a Psychotropic Medication Utilization Review (PMUR). The PMUR is triggered by one of the following events and is based on the criteria indicating the need for further review as identified in the parameters:

- Health Screenings conducted by Service Managers who identify medication regimens outside the parameters;
- Automated pharmacy claims screening using the pharmacy claims information from Health First and run monthly to identify children who have medication regimens, which may fall outside the parameters;
- Outside requests from CPS nurse consultants, caseworkers, Court Appointed Special Advocates (CASAs), foster parents, attorneys, residential child care providers, and others; and,
- Court requests.

A preliminary screening of identified cases in which psychotropic medication regimens appear to be outside Parameters is conducted by STAR Health Service Managers who are clinicians. The information is reviewed by a STAR Health Medical Director and forwarded to a child psychiatry consultant for a formal review and peer to peer consultation to the prescribing physician as indicated.

Another important change to note in Texas Medicaid that will affect children in foster care is a new prior authorization requirement for prescriptions to very young children. Effective June 14, 2011, Texas Medicaid began to require a prior authorization before an antipsychotic medication may be prescribed to a child under age three years for both foster care and non-foster care populations.

With the implementation of STAR Health and the Psychotropic Medication Utilization Parameters, DFPS has seen the utilization of psychotropic medication in the foster care population drop considerably - from 29.9 percent in fiscal year 2004 to 19.3 percent in fiscal year 2011 - for children prescribed psychotropic medications for 60 days or more. This decrease represents a 35 percent reduction in usage since 2004. DFPS is committed to working with our partners to ensure that children in foster care receive quality health care that best meets their needs.

Conclusion

In 2004, Governor Rick Perry issued an Executive Order which resulted in the major reform of the Texas CPS system. The 79th Texas Legislature responded swiftly, passing landmark legislation (S.B. 6). The 80th Legislature continued the Reform of CPS with the passage of S.B. 758. The positive impact of S.B. 758 and other relevant legislation includes:

- An increase in CPS staff and caseload reductions;
- An increase in the number of children receiving Family Based Safety Services;
- An increase in adoptions;
- An increase in the number of placements of children with relatives;
- A reduction in the utilization of psychotropic medications in foster children; and,
- An increase of paid foster care rates, which further strengthens the system of care.

The sweeping reforms of both the 79th and 80th Legislatures yielded marked improvements in services to children and families. In the 81st Legislative Session, state leaders continued to vigorously support earlier improvements and also directed more targeted resources, such as an increase of 116 Family Based Safety Services staff and the enactment of a paid relative guardianship program to facilitate moving foster children into permanent homes. The 82nd Legislature took the reform efforts in a new direction with the authorization of a redesigned foster care model. With the award in 2012 of the first contracts for the redesigned foster care model, the department continues its efforts to enhance placement capacity and improve outcomes for the children in the care of DFPS.

Appendix

S.B. 758 directed that the progress report must include regional data separated into classifications based on service levels regarding the number of children in state conservatorship who are placed outside their home region (referred to as “legal region” in Table 1). Table 1 (below) shows that children across all service levels are placed outside their regions of conservatorship. Some regions are better able to maintain children with basic, moderate, and specialized service levels in their home regions. Other regions struggle to place children close to home, especially at the moderate, specialized, and intense service levels. These regional trends are consistent with those identified in the 2010 report.



Placements made out of a child's home region sometimes occur when the department cannot secure needed capacity within a region. This is especially true for children with higher service levels needing more specialized services, such as residential treatment, that cannot be located within the child's home region. Of the 1,514 children placed in residential treatment as of September 2011, 38.5 percent were placed in their home region.

Other times, out of region placements can provide the best placement option for children in substitute care. For example, DFPS has dedicated more resources to locating and supporting kinship placement in recent years, resulting in an increase in kinship placements. Of the 28,678 children in substitute care as of September 2011, 8,422 (29.37%) of placements were in kinship homes, both within and outside of children's home regions. This compares to 21.5% of children in substitute care living in kinship placements at the end of March 2005.

Table 1. Substitute Care Placements by Legal Region and Authorized Service Level, March 31, 2011

Legal Region/ Region of Origination	Basic Service Level Placements	Basic Service Level Placements Out of Region	Basic Service Level Placements In Region	Moderate Service Level Placements	Moderate Service Level Placements Out of Region	Moderate Service Level Placements In Region	Specialized Service Level Placements	Specialized Service Level Placements Out of Region	Specialized Service Level Placements In Region
1	879	100	779	264	69	195	186	118	68
2	492	135	357	120	70	50	95	68	27
3	3355	265	3090	664	101	563	469	166	303
4	819	198	621	203	118	85	138	89	49
5	566	99	467	95	47	48	73	43	30
6	3376	379	2997	807	97	710	588	125	463
7	1702	255	1447	364	71	293	340	145	195
8	2382	262	2120	557	89	468	388	103	285
9	467	174	293	149	101	48	99	84	15
10	233	13	220	85	12	73	77	28	49
11	1295	125	1170	284	52	232	205	114	91
Unknown	824	739	85	512	471	41	382	362	20
Total	16390	2744	13646	4104	1298	2806	3040	1445	1595

Legal Region/ Region of Origination	Intense Service Level Placements	Intense Service Level Placements Out of Region	Intense Service Level Placements In Region	Intensive Service Level Placements	Intensive Service Level Placements Out of Region	Intensive Service Level Placements In Region	Unknown Service Level Placements	Unknown Service Level Out of Region	Unknown Service Level Placements In Region
1	17	11	6	1	1	0	203	8	195
2	4	4	0	0	0	0	106	10	96
3	58	32	26	2	2	0	212	12	200
4	12	8	4	0	0	0	170	18	152
5	5	5	0	0	0	0	43	5	38
6	51	17	34	6	5	1	1676	91	1585
7	46	30	16	1	1	0	542	69	473
8	55	14	41	0	0	0	981	35	946
9	14	14	0	0	0	0	170	23	147
10	3	2	1	0	0	0	87	3	84
11	15	12	3	3	3	0	279	17	262
Unknown	60	60	0	1	1	0	25	25	0
Total	340	209	131	14	13	1	4494	316	4178

Addendum

Note: The DFPS Statewide Placement Quality and Capacity Strategic Plan was developed in association with the Moving Foster Care Forward project. The DFPS Statewide Placement Quality and Capacity Strategic Plan is included in this document for reference purposes. However, the DFPS Statewide Placement Quality and Capacity Strategic Plan has been formally incorporated in the DFPS effort to redesign the foster care system.

DFPS Statewide Placement Quality and Capacity Strategic Plan Goal and Objectives

Fiscal Years 2010-2014

The implementation of this Plan is at all times contingent upon availability of funding, legislative mandates, HHSC Directives, and DFPS Directives.

Goal

Statewide Placement Quality and Capacity will be strengthened to meet the needs of children and youth in foster care.

Objective 1

DFPS will increase its ability to meet the needs of children and youth in substitute care by providing continuity of care in placements, which are the least restrictive and most appropriate for the child or youth.

Strategy 1.1. Advocate for the development of an efficient and effective rate structure and rate methodology.

Strategy 1.2. Define and implement an effective utilization review process.

Strategy 1.3. Develop and implement a performance based system to include incentives relative to outputs and outcomes.

Objective 2

Promote best practices and innovations in purchased service delivery.

Strategy 2.1. Establish partnerships and collaborative efforts among service providers to ensure continuity of care for a child or youth while receiving needed services.

Strategy 2.2. Pilot innovative case management strategies based on available resources.

Objective 3

Establish effective business and regulatory relationships with providers and stakeholders to share and strengthen accountability of outcomes by promoting internal coordination, program efficiencies, and communication practices.

Strategy 3.1. Develop partnership systems with Residential Child Care Licensing, Residential Contracts, Youth for Tomorrow and CPS teams.

Strategy 3.2. Develop a system that evaluates outcome-based performance for contractors related to health, safety and wellbeing of children and youth in substitute care.

Strategy 3.3. Operational capacity will be evaluated.

Objective 4

Adequate health services will be available to meet the physical health and behavioral health needs of children and youth in state conservatorship.

Strategy 4.1. Consult with HHSC to determine DFPS role in and Enterprise approach to address Objective 4.

Strategy 4.2. DFPS will increase its ability to meet the behavioral health service needs of children and youth in conservatorship.

Strategy 4.3. Health resources are easily accessible to meet the needs of children and youth in state conservatorship.

Objective 5

Outcomes of safety, permanency, and well being will not be disparate for children and youth regardless of race, ethnicity, or geographical location.

Strategy 5.1. Provide placements that maintain children's and youth's cultural, faith, and social connections.

Strategy 5.2. All children and youth will be provided safe and appropriate care.