



Foster Care Capacity Needs Plan

**As Required by
S. B. 1896, Section 5, 87th
Legislature, Regular
Session, 2021**

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Commission Services
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Executive Summary

This plan is submitted pursuant to Section 5 of Senate Bill (S.B.) 1896, 87th Legislature, Regular Session, 2021, which directed the Health and Human Services Commission (HHSC) to collaborate with the Department of Family and Protective Services (DFPS) and each single source continuum contractor (SSCC) in this state to develop a plan to increase the placement capacity in each catchment area. A workgroup consisting of DFPS state office and regional staff, the current SSCCs [Our Community Our Kids (OCOK), 2INgage, Saint Francis Ministries, and Belong], Office of Community-Based Care Transition, and HHSC met during the interim to discuss the development of this plan.

Dedicated professionals at DFPS and the Community-Based Care (CBC) SSCCs are working to bolster the system's capacity. They are collaborating with local partners to implement multiple strategies to understand capacity needs and provide solutions that may be implemented to effect change. Some of these efforts include working with local communities to provide more support services for children and youth, improving safety and stability for children, workforce training so that staff are capable and ready to perform job duties, and working to add new placements or "beds" to ensure the full continuum of foster care placements and services.

Although increasing the placements available through contracting for new capacity is a key to increasing capacity, there are also many placements that are currently not available to foster children for a variety of reasons - from low provider rates to a lack of adequate staffing to an inability to provide the intensive services children currently entering care may require. Therefore, DFPS and SSCCs are seeking to not only expand contracted beds, but also to provide additional supports and stability to providers to bring beds that are currently "offline" back into service. Using appropriations from the 87th Legislature to innovate and find solutions for increasing capacity, both DFPS and the SSCCs are employing strategies to strengthen the local child welfare networks, support foster care families, and add capacity to the local placement array. This *Foster Care Capacity Needs Plan* incorporates those SSCC efforts to improve the capacity of child welfare staff, traditional DFPS strategic plans developed with local community stakeholders, and recent recruitment methods to contract with new and existing providers to add new beds. The DFPS/SSCC vision of a successful foster care system with sufficient placement capacity includes keeping more children in kinship care, increasing stability in the existing provider network, building an adequate placement array, ensuring providers and foster care families have a clear understanding of their responsibilities under the state's regulatory standards and contracting requirements, functioning communication between all persons responsible for a child in care, and adequate payment to providers and foster care workforce staff for services rendered.

To complement and support these efforts, the workgroup submits the following recommendations in support of adding placement capacity.

1. Finish the DFPS transformation to Community-Based Care. Establish dates within the fiscal year 2024-25 and fiscal year 2026-27 biennia for transitioning the remaining DFPS regions to the CBC model. Operating as a bifurcated system of DFPS legacy foster care and Community-Based Care is inevitable as the state transitions to CBC. However, prolonged implementation of CBC has created uncertainty among providers and efforts should be made to accelerate this transition as much as possible while ensuring safety and continuity of care for all children in foster care.
2. Employ a one-year statewide and region-specific marketing campaign to providers to promote contracting opportunities for needed placements in specific geographic areas or multi-county areas, followed by a sustained maintenance effort.
3. Fund targeted SSCC Capacity Building for two more years to continue to develop new and responsive plans to build capacity. Developing new ideas and approaches to create or expand capacity requires resources. Given the current placement challenges in Texas, the increasing acuity of youth entering care, and the need for quality programs-not just beds, having flexible funding dedicated to building capacity adds tremendous opportunity for continued growth. SSCCs have data identifying the needs of youth in their catchment areas. They know what additional capacity is needed and have the flexibility and tools to continue to build this capacity.
4. Emphasize kinship care to reduce the need for foster care capacity. This can be accomplished by further financially incentivizing kinship caregivers to levels closer to that of verified (licensed) foster parents and providing access to daycare funds.

Introduction

When a child is removed from an unsafe home environment due to abuse or neglect, a placement is needed that can provide care to the child while the child is in the conservatorship of DFPS. This placement could be with relatives, a foster care home, an emergency shelter, or a general residential operation, which could include a residential treatment center. Each child in the temporary or permanent managing conservatorship of the state needs an appropriate placement in a setting that serves the specific needs of the child and provides all necessary supports and services while the child and their caseworker work towards reunification with family or another permanency outcome. There is currently a shortage of sufficient placements to meet the needs of all children in the Texas foster care system. This is due to many factors, including loss of more intensive placement settings in the past several years, an inability of some existing foster care providers to serve the highest-needs children, and an unprecedented workforce shortage facing foster care providers that has resulted in available capacity going unused. Additionally, available placements are not proportionally distributed across the state.

Though high-level data are often used to generalize the needs of children in foster care, in reality, each child has a unique set of circumstances and needs. The type, location, and number of placements needed each day changes due to the number of children coming in and out of care and the progress or regression of the particular child. These factors impact the suitability of a child's placement and needed services. Therefore, while it is possible to describe high-level trends across the state, it is important to note that each region/catchment area has different needs and utilizes varying strategies to address gaps in the continuum of care and barriers to contracting for required services or placements.

In Texas, DFPS and the SSCCs are charged with contracting for foster care capacity. They are continuously engaging with both new and existing providers to contract for new beds to add to their placement array. This is accomplished by working with community stakeholders, soliciting feedback from local providers, and creating open enrollment contracting opportunities to recruit new providers. The state's successful partnership with contracted providers is based on each party understanding and communicating the needs of each area and the true capacity of each provider to serve and care for a particular group of children or a specific child. Further, success is based on the ability to recruit and support foster care placements that meet the needs of children in the foster care system.

Background

Foster Care

When a child needs protection from abuse or neglect in his or her own home and is removed from that environment, a court of law can give the State of Texas temporary or permanent legal custody (also called temporary or permanent managing conservatorship) of the child or sibling group. Foster care consists of a full range of services provided to ensure the safety, permanency, health, and well-being of a child in the conservatorship of DFPS or a young adult in extended foster care while DFPS or the SSCC is working to achieve permanency.

Federal and state laws require that a child must be placed in the least restrictive, most family-like environment available that is able to meet the child's individual needs. Therefore, DFPS and the SSCCs first seek to place the child or sibling group with relatives (persons related to the child by consanguinity or affinity) or fictive kin (adult that has a longstanding and significant relationship with the child). If that is not possible, the child must be placed in another safe setting, most often a foster home or general residential operation.

Other substitute care placements provide varying levels of care in home settings or in group care settings, and are obtained through a network of contracted providers (in the DFPS and SSCC system) that have a variety of placement services to support the varied needs of the children. Many providers contract with both systems.

The majority of children not placed with relatives or fictive kin live in foster homes with families they are not related to rather than in group care (also called congregate care). For children with complex behavioral or emotional needs who require a higher level of care (programming and support), residential treatment centers (RTCs, a type of general residential operation regulated by HHSC) provide a placement with the goal of stabilization and enabling the child to return to a home setting. When there is not sufficient capacity in foster homes and RTCs, other congregate care placement types such as emergency shelters are used temporarily until a more suitable placement can be found.

When a child initially enters foster care, DFPS and its residential contractors use a variety of assessments to determine the child's needs and identify a suitable placement. Although assessments serve a broader function important for case planning overall,

assessments are also critical in making placement choices.¹ A complete list of Authorized Service Levels is found in Appendix C.

Two Child Welfare Systems

The state's child welfare system currently includes both DFPS traditional (or "legacy") foster care and Community-Based Care (CBC), depending on the region of the state. Beginning over two decades ago, foster care shifted from a service primarily managed by DFPS to one in which approximately 94 percent is contracted with private providers.

Foster Care Redesign (FCR) evolved as a result of the comprehensive reform of DFPS authorized by S.B. 758, 80th Legislature, Regular Session, 2007. In January 2010, DFPS charged a preexisting workgroup, the Public Private Partnership, to work with stakeholders to develop recommendation for the redesigned foster care system. The vision was a community-based, shared-decision making model that relied on collaboration between the agency's Child Protective Services (CPS) division and contracted providers to keep children in their home communities, close to family, and within their sibling groups. This was the beginning of the process to expand the role of the community in serving foster children, which eventually led to the development of Community-Based Care.

Transition to Community-Based Care

S.B. 11, 85th Legislature, Regular Session, 2017² created the Community-Based Care Model based upon the foundation of the FCR model. Under the CBC Model, DFPS purchases case management and substitute care services from the SSCC for children, youth and young adults who are in DFPS conservatorship, or who are receiving services through the extended foster care program. This includes providing placement services, capacity/network development, community engagement, and the coordination and delivery of a network of services to children in foster care and their families under a SSCC. Substitute care includes all foster care, relative/kinship care, family reunification, and adoption services. The geographic boundaries of these designated service areas are called catchment areas.

S.B. 1896, 87th Legislature, Regular Session, 2021, established a new state agency, the Office of Community-Based Care Transition (OCBCT), which is administratively attached to DFPS. To ensure CBC success, DFPS and OCBCT delineated the duties of staff that develop, procure, and provide oversight for CBC and facilitate implementation, and those duties required to remain with DFPS regarding compliance with federal and state law.

¹[Placement Process Resource Guide](#)

²[S.B. 11 85th Legislature Regular Session 2017](#)

- DFPS is the state agency solely responsible for administering the federal Title IV-E foster care program.³ Every child in the Texas foster care system is under the conservatorship of DFPS.
- OCBCT is responsible for implementation of Community-Based Care. OCBCT is a “state agency independent of but administratively attached” to DFPS.⁴

Community-Based Care Structure

CBC provides an alternative to DFPS foster care by giving local communities the flexibility to draw on local strengths and resources and find innovative contracting strategies to meet the unique and individual needs of children and their families. Under a performance-based contract agreement, a SSCC provides a network of services, foster homes, general residential operations and other living arrangements, case management, and, when appropriate, kinship and reunification services for each child and family within a designated catchment area. Under the CBC model, traditional responsibilities of DFPS are transitioned to the SSCC in a given catchment area in three stages.⁵

- In Stage I, the SSCC is responsible for ensuring the full continuum of paid foster care placements and other services for children in the state’s legal conservatorship. SSCCs also support adoption recruitment, matching, and home studies.
- In Stage II, the SSCC expands services to include unverified relative or "kinship" placements, services to parents, and the SSCC has sole responsibility for the legal case management function.
- In Stage III, the SSCC is awarded with financial incentives and disincentives for permanency outcomes and additional performance measures for child safety and well-being.

CBC Providers

Saint Francis Community Services (Panhandle, formerly DFPS Region 1) - In June 2019, Saint Francis Ministries was granted the CBC contract for the Panhandle catchment. Saint Francis Ministries is a child and family services ministry serving more than 11,000 individuals in Texas and other states. The Panhandle is now in Stage II and providing case management, kinship, and reunification services.

2INgage (Big Country and Texoma, formerly DFPS Region 2) - In May 2018, 2INgage was granted the CBC contract for the Big Country and Texoma catchment.

³Texas Human Resources Code §40.002

⁴Texas Family Code §264.172

⁵[2022-09-30 Rider 15 Report](#)

2INGage was formed from two experienced community, nonprofit organizations – Texas Family Initiative and New Horizons. Texas Family Initiative, founded in 1965, is a multi-state child welfare organization, with behavioral health and administrative support in five states. New Horizons was founded in 1971 as a residential treatment center for boys on 150 acres in Goldthwaite, Texas. Big Country and Texoma is now in Stage II.

Our Community Our Kids (OCOK) (Metroplex West, formerly DFPS Region 3B) –
In January 2014, OCOK was awarded the Metroplex West SSCC contract. OCOK is a division of ACH Child and Family Services based in Fort Worth. Metroplex West is in Stage II.

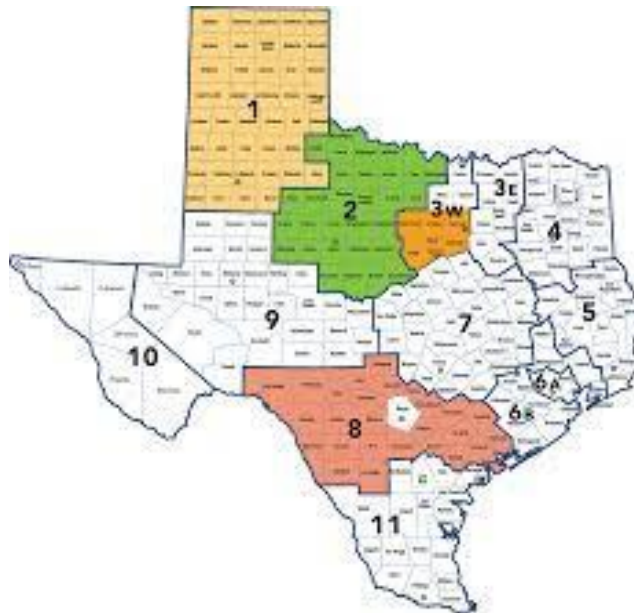
Belong (South Central Texas and the Hill Country, formerly DFPS Region 8B) –
In April 2021, Belong, a division of SJRC Texas, was awarded a contract to serve as the CBC provider for South Central Texas and the Hill Country catchment. South Central Texas and the Hill Country launched State II as of October 1, 2022.

Today's System

The original geographic location of each child in the conservatorship of the state determines whether DFPS or a SSCC is responsible for placement and care of that child. Approximately 75 percent of the children under the state's conservatorship receive care through the traditional DFPS system and about 25 percent through the SSCCs. While both systems must comply with state and federal laws regarding child safety, the SSCCs have greater contracting flexibility to recruit and retain providers.

The Texas map (below) shows the DFPS regions (no color) and the SSCC catchment areas (color) with their respective catchment area or region numbers. Some larger regions have been divided into two or three portions.

Figure A. DFPS Regions and SSCC Catchments



As of 2022, there are 11 regions managed by DFPS and four catchment areas that have expanded to CBC with contracted SSCCs. The OCBCT and DFPS received bids for three additional catchment areas (Metroplex East [Region 3A], Piney Woods [Region 4], and Deep East [Region 5]) and are currently in contract negotiations with the bidders to expand CBC to these catchment areas. The goal is to move all of the DFPS regions to CBC. The current timeline for the rest of the DFPS regions to complete the transition to CBC (under SSCC contract) is anticipated by 2029.⁶

According to DFPS and OCBCT, it is important to recognize the impacts of transitioning from the DFPS model to the CBC model on a region, and to ensure that adequate time is allowed for this transition. The DFPS Rider 15 Report⁷ (September 2022) details DFPS's assessment of the support needed and time required to ensure a successful launch of a new SSCC contractor. The report states:

Time is needed to operationalize programs and innovations. DFPS and OCBCT purposefully established Stage II as a "hold harmless" period for permanency outcomes that could earn a financial incentive, incentives and remedies not taking hold until 18 months of implementation in Stage II as required in statute. The agency anticipated that the systemic change of shifting services from the state government to private community-based providers would require a transitional learning period as contracted providers developed operational and workforce capacity. During the transition, DFPS, OCBCT and SSCC partners work together to minimize client disruption and enact oversight processes to identify and address issues.

⁶[2021-12-31 CBC Implementation Plan](#)

⁷[2022-09-30 Rider 15 Report](#)

DFPS and OCBCT host multiple implementation calls and coordination meetings with SSCCs to address issues and challenges and provide support. In addition, Regional DFPS Case Management Oversight and Technical Assistance staff perform case reads to oversee critical case activity during early implementation and offer technical assistance. DFPS and OCBCT recognize that some slow-down in case activity and documentation may temporarily occur with workforce changes and the potential for a more significant proportion of the workforce made up of new hires early on, dependent on the ability to attract and retain DFPS staff. This stabilizing period is needed as SSCCs devote resources to improving outcomes.

At the same time, if too long of a gap exists between notification of a transition date and the actual transition, capacity building efforts may languish as providers are unsure how their business model may need to change under the new CBC contractor or if their contract will be continued after the transition has occurred. Therefore, it is desirable to ensure that the transition of regions to the CBC model provides time for transitional activities, but includes an aggressive timeline of milestones that are transparent to all stakeholders involved in the transition, including current and possible future providers.

S.B. 1896 Placement Capacity Assessment

As previously noted, federal and state law requires that a child removed from his or her home must be placed in the least restrictive, most family-like environment that is able to meet the child’s needs. To ensure that all children in foster care are placed in a safe and appropriate environment, DFPS uses multiple data sources to create an assessment of what types of placements are needed in each region. The [Foster Care Needs Assessment](#) is accessible (on the DFPS website) to current and prospective providers to inform their decisions regarding contracting opportunities to expand capacity in a particular area of the state.

For the purposes of this report several key data points are provided, specifically: the total number of children in care, the placements for those children, the number of placements needed if all children are placed in the most appropriate setting that is based on the child’s needs, as well as the number of licensed operations that may be able to serve these children. Due to multiple data sources (from DFPS, the SSCCs, and HHSC) the time period used for this information is based on the first half of the fiscal year 2022. DFPS and the SSCCs provided information to create a hybrid version of the DFPS Foster Care Needs Assessment, shown below by region and preferred bed type.

From September 2021 to February 2022, on average, there were 23,503 children in DFPS conservatorship, 15,245 of whom were in foster care placements and 8,298 were placed with a kinship caregiver. This DFPS/SSCC needs assessment analysis indicates that 2,373 additional placements are needed across the state.

**Placement Needs Assessment by DFPS Regions and SSCC Catchment Area
(As of September - February fiscal year 2022)**

TYPE	1	2	3B	3C	3A	4	5	6A	6B	7	8A	8B	9	10	11	Total
Basic Foster Home	0	75	0	0	4	93	85	0	0	70	247	54	63	16	64	771
Specialized Foster Home	13	50	0	0	27	91	37	0	0	70	38	13	60	28	45	472
Treatment Foster Family Care	47	15	30	32	6	25	13	35	18	69	50	12	11	6	29	398
Residential Treatment Center	5	30	24	24	18	54	17	0	5	0	62	39	22	12	42	354

TYPE	1	2	3B	3C	3A	4	5	6A	6B	7	8A	8B	9	10	11	Total
Psychiatric Transition	16	0	0	34	4	22	17	69	31	49	61	14	24	14	23	378
All Types	81	170	54	90	59	285	169	104	54	258	458	132	180	76	203	2,373

HHSC Child Care Regulation Licensed Capacity Analysis

To understand the feasibility of working with current providers to use more existing capacity as licensed HHSC placements, the HHSC Office of Data, Analytics, and Performance and Child Care Regulation (CCR) staff reviewed data regarding all residential child care facilities licensed by HHSC. They examined the licensure type and cross-referenced that information with the DFPS Foster Care Needs Assessment.

The analysis (a point in time view) indicates that there were 25,888 licensed beds of these types on the last day of February 2022. The total number of foster home beds was 22,738 and the number of RTCs beds was 3,150. It should be noted that many of the providers licensed for these placements also serve children who are not in the foster care system, including those with private payor sources and those involved in the juvenile justice system. Some providers may explicitly *not* serve children in the foster system. Additionally, stakeholders have noted that a licensed placement may not be online due to a variety of factors, such as workforce shortages, low payment rates, or inability to provide the level of care needed by certain children. Solving some of these systemic challenges, explored more in-depth later in this report, could help bring more of these beds online and reduce the 2,373 outstanding placements identified in the DFPS/SSCC Foster Care Needs Assessment.

Per this analysis there are licensed facilities with placement capacity not in use. Therefore, it may be beneficial to understand why these beds are not in use in addition to pursuing additional contracts.

Background on Needed Bed Types

In this report, living arrangement categories include non-relative foster homes, general residential operations (GROs) basic child care, emergency shelters, and residential treatment centers (RTCs). All other contracted and non-contracted/unpaid placements are excluded. Placements in verified kinship or relative foster homes are excluded.

The DFPS Foster Care Needs Assessment lists placement needs by “DFPS Bed Types”, terminology that does not exactly align directly to terminology in HHSC rules that define the operation types CCR regulates.

Basic Foster Home (Regulated by CCR)

Basic Foster Home is a type of placement defined by DFPS as serving children that have been determined to not have significant mental or behavioral issues, may be developmentally on target, demonstrate age-appropriate behaviors, and need basic nurturing and supervision from an adult caregiver. Care in a home setting by foster parents where the child or youth's needs do not require the same level of intensive support and services required in specialized foster care.

All foster family homes CCR regulates are able to provide basic foster care as defined by DFPS.

Specialized Foster Home (Regulated by CCR)

Specialized Foster Home is a type of placement defined by DFPS as a home setting by foster parents with specialized training to care for a wide variety of children and youth who have complex emotional, behavioral, or social issues or medical needs.

For CCR regulatory purposes, this DFPS bed type is a foster family home that is verified by a child-placing agency (CPA) to offer Treatment Services for Emotional Disorders, Pervasive Development Disorders, Intellectual Disability Disorder, or Primary Medical Needs. These foster homes are also verified to provide basic foster care.

Treatment Foster Family Care (Regulated by CCR)

Treatment Foster Family Care is a type of placement defined by DFPS as a time-limited program designed to provide innovative, multi-disciplinary treatment services to a child in highly structured foster family home environment. The target population for Treatment Foster Family Care (TFFC) is children with very high level needs and complex trauma history requiring treatment services. The goal of TFFC is to stabilize children at risk of placement in a congregate care setting or psychiatric hospital who experience emotional, behavioral, and/or mental health difficulties. TFFC promotes successful transitions to less restrictive placements upon completion of the program. This is a program for children 17 years and younger.

For CCR regulatory purposes, this DFPS bed type is the same type of foster family home that is verified for the DFPS bed type of "Specialized Foster Home". However, DFPS contractual requirements, not HHSC regulatory requirements, determine if the home meets this classification.

Residential Treatment Center (Regulated by CCR)

A residential treatment center (RTC) is a type of General Residential Operation (GRO) that CCR licenses which provides treatment services to children with emotional disorders. RTCs provide intensive help for children or youth with serious emotional and behavioral

problems. While receiving residential treatment services, children temporarily live in a facility where trained staff can supervise and monitor them. Some RTCs may be licensed to serve children that require other types of treatment services in addition to treatment services for emotional disorders.

Psychiatric Transition Program (May be regulated by CCR)

Psychiatric transition programs are defined by DFPS as those that provide a continuum of residential child care services to address the needs of children and adolescents for whom there is no appropriate 24-hour residential child care treatment program, and who demonstrate a need for highly structured stabilization, support, and treatment. A psychiatric transition program provides a discharge from hospitalization to a less restrictive setting or an alternative to a psychiatric setting, to ensure stabilization and/or clinical improvement. The treatment model includes an individualized treatment plan; medication management; evidence-based individual and group therapy; a structured, therapeutic environment; and educational services.

CCR does not regulate a facility type that directly aligns with this DFPS bed type. Some of these beds may be in one of the types of HHSC-regulated facilities listed above and others may be in settings regulated by other entities.

Additional Data Analyses of Children in DFPS Conservatorship

DFPS performed two additional analyses for this report, using the same time period as the aforementioned DFPS/SSCC Foster Care Needs Assessment (September 2021 – February 2022).

- Children in substitute care by living arrangement
- Children in foster care placed in their home county

The table below shows the average number of children in DFPS conservatorship by subregion and living arrangement during the first half of fiscal year 2022.

DFPS Sub - regions	DFPS Foster Homes	Private CPA Homes	GRO	Residential Treatment	Emergency (Shelter Services)	Other Foster Care⁸	Other Substitute Care⁹	Grand Total
01	17	608	129	102	39	20	527	1,442
02	18	527	60	73	9	20	523	1,228
03B	19	876	75	164	14	32	424	1,604
03C	159	1,060	20	122	27	50	1,018	2,456
03A	27	245	4	22	8	8	212	526
04	117	606	29	90	23	29	733	1,626
05	166	350	12	33	10	23	443	1,036
06A	28	1,081	20	97	26	75	797	2,124
06B	14	535	12	60	24	26	494	1,164
07A	113	754	56	138	28	42	1,178	2,307
07B	41	491	30	70	16	23	755	1,425
08A	21	1,125	84	147	113	58	1,155	2,703
08B	21	410	53	71	19	17	402	994
09	32	239	24	40	16	16	446	812
10	53	120	5	17	14	11	151	371
11A	27	385	11	50	32	20	486	1,011

⁸Other Foster Care includes Home and Community-based Services (HCS) homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs), state and psychiatric hospitals, treatment centers, Texas Youth Commission facilities and other juvenile detention, jail, and other such living arrangements

⁹Other Substitute Care includes non-licensed kinship homes, adoptive homes, independent living, and unauthorized

DFPS Sub - regions	DFPS Foster Homes	Private CPA Homes	GRO	Residential Treatment	Emergency (Shelter Services)	Other Foster Care8	Other Substitute Care9	Grand Total
11B	9	325	4	18	23	10	285	676
Grand Total	881	9,737	628	1,314	437	478	10,029	23,503

Source: Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022.

[Texas State DFPS Monthly Data](#)

The table below shows the average number and percentage of children in foster care in their home county during the first half of fiscal year 2022.

DFPS Subregions	Average Monthly Foster Children from Subregion	Average Monthly Foster Children Placed in Home County	Percent Placed in Home County
1	921	246	26.8%
2	703	174	24.8%
3B	1,174	474	40.4%
3C	1,430	541	37.8%
3A	313	81	25.9%
4	888	144	16.2%
5	593	122	20.6%
6A	1,338	815	60.9%
6B	659	141	21.4%
7A	1,127	302	26.8%
7B	672	159	23.6%
8A	1,511	917	60.7%
8B	592	103	17.4%
9	364	56	15.2%
10	219	130	59.4%
11A	525	148	28.2%
11B	389	195	50.1%

Source: Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022
[Texas State DFPS Monthly Data](#)

Statewide Capacity Efforts, Opportunities, and Challenges

Ensuring that foster care capacity is sufficient to meet the needs of children is a fundamental responsibility for DFPS as well as a longstanding DFPS business plan priority.¹⁰ The CPS Business Plan for fiscal years 2023-24¹¹ outlines the current action plan to “increase foster care capacity to ensure that children in all levels of care have a safe, home-like setting and/or a setting that can meet their therapeutic needs”. The plan includes the multiple action items:

1. Explore increasing capacity of independent living programs that offer more structure and support for youth who do not qualify for the traditional Supervised Independent Living (SIL) foster care placements.
2. CPS regional directors will continue partnering with their local providers to create annual strategic plans to increase placement capacity based on the DFPS Annual Foster Care Needs Assessment.
3. Further explore implementation of the Qualified Residential Treatment Program (QRTP) model in Texas.
4. Expand the Treatment Family Foster Care (TFFC) program statewide.
5. Explore the implementation of inpatient psychiatric stabilization programs for youth with complex mental health needs.
6. Continue outreach to licensed residential child care providers to ensure a full continuum of foster care capacity regardless of the child’s needs.

DFPS employs a variety of strategies to achieve these goals, such as holding annual regional strategic capacity building meetings to formulate a regional Capacity Strategic Plan with local stakeholders including current and prospective contractors. DFPS uses the region-specific Foster Care Needs Assessment data, coupled with “on the ground” information, to address local capacity needs by identifying and expanding successful strategies, while changing or discontinuing those that are not working. In addition, DFPS is focusing on both capacity building and capacity stabilization (new and existing capacity). Capacity stabilization includes increasing communication, oversight, and support to residential providers, limiting the service levels a new residential provider can accept for placement until a period of success and stability is demonstrated with children who have lower levels of treatment needs, increasing monitoring and tracking progress

¹⁰Texas Family Code §264.1261(b)

¹¹[2022-09-31 CPS Business Plan FY23-24](#)

of new providers and addressing concerns as they arise, ensuring new providers take a staggered admissions approach (in other words, they do not take too many kids too quickly) when they first open, and not placing children with complex needs in operations on their initial licensing permit. DFPS Residential Child Care Contracts also utilizes new application specialists for new providers that specialize in working with new contractors.

In a similar fashion, the SSCC providers, per required CBC contract provisions, (Chapter 264.155 (a)(4), Texas Family Code) must maintain a diverse network of service capacity options. The SSCCs are pursuing opportunities to expand available capacity in order to ensure positive outcomes for children in their catchment areas and to meet their contractual obligations. To address the placement capacity challenges in the CBC catchment areas, the CBC providers (four SSCCs) created the *SSCC Building Capacity Initiatives Plan*¹² (November 2021) involving short-term and long-term strategies to establish quality capacity, provide safety and stability for children, and advance the goals of CBC in improving outcomes for children. The broad goal of the plan is to create a system where children can be placed in licensed, least restrictive, and stable settings as close to home as possible. Aptly described in the capacity plan "The goal of child welfare services for all children is 'permanency' and all services should be focused on returning children to a safe and stable family setting as quickly as possible. The path to accomplishing permanency varies widely for different children; therefore, a successful capacity building effort involves a variety of services, placement options, and strategies to engage and support long term permanency."

The *SSCC Building Capacity Initiatives Plan* includes six joint projects, with a region-specific approach for the four CBC catchment areas. The projects include:

1. Create new capacity for higher-needs adolescents,
2. Engage top national programs in serving youth with complex needs,
3. Find specialized consultation and support for providers,
4. Implement a recruitment blitz for foster parents in SSCC regions,
5. Support the expansion of kinship and reunification services, and
6. Define the importance of a stable workforce in capacity building.

Initially, the SSCC's Building Capacity Initiatives Plan priority was preventing the occurrence of children without a placement (CWOP). Once this issue receded for the SSCCs, the focus shifted toward developing more local, less restrictive, and longer term licensed capacity.

¹²Building Capacity for Children and Families: A Community-Based Care Approach (November 2021)

To add treatment beds, the SSCC providers work independently to offer region-specific contracts, collectively to create contracting opportunities to fulfill specific needs for the CBC network, and on capacity building initiatives to add more placement beds. The SSCCs have been successful on several short-term project goals. However, it is important to mention that their capacity plan consists of long-term initiatives with extended timelines.

The following statewide initiatives are examples of some of the efforts being pursued by DFPS and/or the SSCCs to strengthen local child welfare networks, support foster care families, and add beds to the local placement array. The end goal for both DFPS and the SSCCs is to support and expand local networks of providers. Their efforts are complementary and provide an opportunity for the child welfare system to benefit from both the SSCC innovations and successes, as well as proven strategies in DFPS regions. These efforts support and supplement the region/catchment specific-plans, which are explained in the next portion of this report.

Kinship and Reunification Services Expansion

Improving kinship and reunification services and reducing recidivism for children in care is not only in the best interest of children, but will free up existing placements by reducing the need for non-relative foster care. The most common placement is with a kinship caregiver who is not a verified foster parent. Statewide, around 44 percent of children in substitute care were placed with kinship caregivers as of August 31, 2021.¹³ Due to its integral role in placement array, both DFPS and the SSCCs continuously work to increase kinship placement.

To improve their work on this effort, the SSCCs included kinship care as a key objective and a project in their November 2021 Building Capacity Plan. This project seeks to gain expertise that supports best practices; shares learning, research, and practical solutions; and promotes stakeholder support for kinship work. Each SSCC created an individualized plan of action to expand Kinship and Reunification services within each catchment area. A Second Chance, Inc. (ASCI) was hired to provide assessments and technical support for the SSCCs kinship programs. ASCI conducted assessments for the four SSCCs and issued its observations. In September 2022, the consultation services began. The SSCCs anticipate that it may be some time before the enhancements to kinship programs have the intended outcome of increasing the use of kinship placements.

In addition, DFPS is collaborating with interested CPAs for Kinship Treatment Foster Care (KTFC) in Texas. This model, which very closely replicates TFFC, will provide additional supports for children with treatment needs that are transitioning into a highly structured

¹³[Rider 49 Capacity Study Nov 2022](#)

relative or fictive kinship home. To qualify, kinship caregivers must complete the verification process through a CPA and complete additional training to meet the needs of the child coming into their home.

Foster Parent Recruitment

As an ongoing effort to recruit and retain foster care families, DFPS regional offices and the SSCCs partner with their contracted CPAs to conduct individual and collaborative recruitment events via community festivals and other events to raise awareness of the need for foster families. According to the DFPS report¹⁴ *Aligning Oversight of Foster Care Providers and Foster Families*, “DFPS continues to recognize that diligent recruitment of foster and adoptive homes must generate foster and adoptive families that meet the demographic characteristics of children in care.” The DFPS regions employ continuous outreach strategies to add foster and adoptive families in local communities. One long-standing recruitment practice is sponsoring information meetings. Meeting information is found on the DFPS website.¹⁵ In addition, regional CPS staff provide information at the quarterly provider meetings regarding local capacity needs.

Beginning January 2022, the SSCCs partnered with Texas Alliance of Child and Family Services (TACFS) and Daley Solutions to develop and employ the “Foster Care Recruitment Blitz” effort. This collaboration uses several media strategies to drive recruitment, including the fostertx.org website, which can register potential families, refer them to the appropriate SSCC provider network, and is able to track the referral status. This effort includes sharing resources and collaborating to aggressively recruit, verify, and retain foster families in each specific geographic areas for each SSCC. The recruitment blitz generated 195 leads in its first month with 14 percent of those families who showed interest in being a foster parent completing the orientation.¹⁶ To improve this recruitment effort, the SSCCs refined the campaign to increase the number of families that may be interested.

In addition to recruiting new foster parents, both DFPS and SSCCs are also working with CPAs to understand the barriers to bringing existing foster home capacity back “online” in situations where a foster home is verified but does not currently have any children in their care. This includes determining the source of reluctance some foster parents may have to accept placements of children with higher medical or behavioral health needs and what additional supports may address that reluctance.

¹⁴[Aligning Oversight of Foster Care Providers and Foster Families, August 2022](#)

¹⁵[TX DFPS Adoption and Foster Care Information](#)

¹⁶[2022-09-01 Rider 57 Report on Foster Care Capacity Improvement](#)

Workforce Stability Initiative

The SSCC Building Capacity Initiative to increase the stability of the SSCC workforce was led by 2INGage and OCOK. This effort included a process for identifying essential skills and competencies necessary for permanency specialists and supervisors, a credentialing process, training, and an exam. This work was completed in partnership with the Florida Certification Board to bring a proven model to Texas. This effort has resulted in 2INGage and OCOK launching a new professional certification for child welfare supervisors. The first cohort of 51 supervisors are currently undergoing 40 hours of training, four hours of field observation, a case file review, and must pass an exam before earning the “Certified Child Welfare Supervisor” credential. The first exam is scheduled for March 2023. 2INGage and OCOK will be the first SSCCs to mandate the child welfare supervisor credential for their employees. This implementation is part of a larger effort to credential all Texas child welfare supervisors in the CBC model.

This project was created because a stable permanency workforce supports effective use of capacity by moving children quickly to permanency, advocating for less restrictive care settings, and promoting continuity of care. The correlation between a stable workforce and effective use of capacity is a critical part of capacity building.

Provider Support Initiative

A key SSCC initiative this biennium is to preserve and expand the system’s capacity by supporting and stabilizing the existing provider networks. This includes understanding the need and the development of support services for providers who may experience challenges with licensing compliance, contract compliance, and/or therapeutic enhancements. This project was designed to offer expertise to providers to minimize placement disruptions and understand how to better support providers considering the intake and care of children with complex needs.

In spring 2022, the SSCCs partnered with TACFS to perform a mixed-method assessment of SSCC network providers. The survey identified key areas where providers are experiencing challenges and gathered feedback from providers to support them in building and maintaining capacity. Based on the provider survey feedback and recommendations, the SSCCs are developing new strategies. Some initiatives include peer-to-peer support groups for agencies on, or at risk of, compliance issues; a mobile “SWAT team” of leaders to be deployed to providers in need of targeted support; developing guidance on navigating regulatory processes; and core supports to address areas where improvement trends are identified.

The specialized assistance program for providers began in November 2022 when the SSCCs assembled the team of experienced child welfare professionals.

Contracted Beds for Individuals with Higher Needs

Both DFPS and the SSCCs are continuously working to contract for additional capacity for youth with higher levels of needs. During fiscal year 2022, DFPS developed several open enrollment opportunities in order to expand TFFC, QRTPs, and created opportunities to dispense grant funding. Also during fiscal year 2022, the SSCCs developed and released Requests for Proposal (RFP) for new or expanded services needed, including: residential treatment, sex-offender treatment, and stabilization and assessment programs. These contracting opportunities were marketed to recruit providers with the capacity needed to be able to start or expand programs. The three RFPs for residential services received 12 proposals in response. SSCCs chose Vision Quest and Southwest Key to build facilities for higher-needs youth. Vision Quest proposed creating a treatment facility in the Fort Worth area for youth classified as sexually aggressive. Southwest Key proposed opening a 16-bed residential treatment program in the Dallas-Fort Worth area. Ultimately, neither Vision Quest or Southwest Key could locate a property with an affordable price point with the appropriate size and zoning.¹⁷

Below is additional detail about some of the contracting opportunities DFPS and the SSCCs have pursued recently to expand placement capacity for high needs children.

Treatment Family Foster Care Contract

TFFC placements are used to help stabilize children at risk of placement in a RTC setting or psychiatric hospital have emotional, behavioral, or mental health needs. This is a time-limited program designed to provide innovative, multi-disciplinary treatment services to a child in highly structured family home environment. TFFC promotes successful transitions to less restrictive placements upon completion of the program.

Currently, there are only three CPAs contracted to provide TFFC services to DFPS and the SSCCs, for a total of 106 TFFC homes and 89 children and youth in the TFFC program. Therefore, an acute need exists across Texas for more highly qualified services in TFFC homes for children with complex needs. In an effort to expand placement capacity, in July 2022, DFPS issued an Open Enrollment Opportunity for HHSC-licensed CPAs to enter into contracts with DFPS to provide TFFC Residential Child Care (RCC) Services for children in its managing conservatorship in DFPS regions across Texas. Several providers have expressed an interest in expanding their service model to provide TFFC and some are in the application process to do so. It is anticipated that the TFFC

¹⁷[Rider 57 Report on Foster Care Capacity Improvement](#)

program will double its capacity by the end of 2023 as new contracts are awarded and the current TFFC providers expand to other areas of the state.

Qualified Residential Treatment Program Contract

Both DFPS and the SSCCs are working to add QRTP placements, which is a treatment model included in the federal Family First Prevention Services Act of 2018. A QRTP is a child care facility that provides a trauma-informed model of care designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances.¹⁸

The model requires these providers to be accredited, be licensed by HHSC as a GRO, and provide time-limited clinical intervention and treatment services to children and youth with the most complex emotional, mental, and behavioral health needs¹⁹ by providing 24/7 nursing and clinical staff, increased supervision ratios and a minimum of six months of aftercare support.

DFPS published an Open Enrollment Opportunity for HHSC-licensed GROs to apply to become contracted QRTP providers on April 1, 2022. There were initially no viable inquires therefore, it was amended and reposted.

The SSCC Saint Francis Ministries successfully procured a provider to bring a QRTP to the Texas Panhandle. This model, based on work in Kansas, creates greater access to a higher level of care for youth with immediate mental and behavioral health needs. Two newly renovated facilities, Sagebrush House and Sunflower House, will provide 21 additional QRTP beds in Lubbock during fiscal year 2023.

Psychiatric Transition Program Contract

A new program, the Psychiatric Transition Program in a RTC setting, offers a short-term mental health treatment and placement option for children in DFPS conservatorship with acute, intensive psychiatric needs at the time of release from a psychiatric hospitalization or as an alternative to a psychiatric hospitalization. The purpose is to provide enriched services and supports to stabilize children and youth and promote successful transitions to less restrictive environments. DFPS has a current open enrollment opportunity for HHSC-licensed GROs to provide Intensive Psychiatric Transition Program (IPTP) Residential Child Care Services for children in DFPS managing conservatorship.

¹⁸[Medicaid federal-policy-guidance/downloads/faq101921](https://www.medicare.gov/medicaid-policy-guidance/downloads/faq101921)

¹⁹[DFPS Child Protection/Foster Care/QRTP](#)

Although contracting for additional capacity is an essential element of all DFPS and SSCC long-term plans to build and maintain capacity, it should be noted that contracted capacity is not always equivalent to available capacity when some of the underlying issues discussed above are not addressed. For instance, many providers who currently contract with DFPS and SSCCs report that they have unused capacity because they cannot retain enough qualified staff to care for the number of children they are licensed to care for.

Foster Care Rate Modernization

Foster Care Rate Modernization (FCRM) is the effort currently underway to define the foster care service continuum and develop the methodology that goes into calculating the cost of foster care.²⁰ The goal is to define the needed services, purchase those services, and then reimburse providers based on individual service packages (as opposed to using the current child leveling system). As part of a multi-session effort, the 87th Legislature directed DFPS to develop an alternative reimbursement methodology proposal for consideration by the 88th Legislature with the assistance of HHSC.²¹ The alternative reimbursement methodology proposal for the 24-hour RCC program, including DFPS foster care and CBC rates, will be based on specific deliverables outlined under the 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, Special Provisions Relating to All HHS Agencies, Section 26).

HHSC, in collaboration with DFPS, has worked diligently to make progress on this effort. The agencies began work on FCRM in June 2021. DFPS created a draft of the new foster care service array for the new service packages in January 2022 and has since worked to refine the new service packages in order for HHSC to develop the methodology for preliminary DFPS rates. Work has also been ongoing with the OCBCT to develop the new CBC rate. The agencies engaged external stakeholders to help inform the project and validate assumptions, as well as educate them on the project. Provided that there are no delays, HHSC will target submission of the required legislative report in spring 2023.²²

If the FCRM effort is funded, DFPS anticipates positive impacts including a decrease in the number of incidents of children without placement, fewer out-of-state placements, and transition of basic and moderate children/youth to foster homes (from a more restrictive setting) because the foster homes should have better resources to address the child's needs.

²⁰[Texas DFPS Doing Business](#)

²¹[foster-care-rate-modernization-progress-report-2](#)

²²[foster-care-rate-modernization-progress-report-2](#)

Challenges to Adding Placement Capacity

In recent years, the Texas child welfare system has been subject to many changes and pressures that have contributed to a reduction in the number of licensed providers and available beds. The DFPS Rider 57(e) Foster Care Capacity Improvement Report describes how capacity building difficulties have been amplified and exacerbated by the COVID-19 pandemic, continuing to adjust to enhanced oversight due to the *M.D. v Abbott* lawsuit, and an ongoing shortage of qualified employees.²³

Although the number of children entering care has declined in recent years (for example, at the beginning of fiscal year 2020 there were 16,693 in foster care; by the end of fiscal year 2022 the number declined to 12,923), the percentage of these children with high behavioral health needs and challenging behaviors has continued to increase, requiring more therapeutic treatment beds.²⁴

At the same time that children with high level of need for intensive behavioral health support are entering care, Texas' mental health professionals shortage continues. More than 80 percent of Texas counties are designated as Health Professional Shortage Areas, as well as Mental Health Professional Shortage Areas.²⁵ Shortages in the health care workforce can result in long waits for service or reduced levels of service. Access is an even greater challenge in rural or remote areas which have fewer medical and behavioral health providers who are able to regularly serve the community. Therefore, when a child in foster care living in rural Texas needs a psychiatrist or psychologist, or doctor with a particular specialty, the child often must travel long distances or move away from home for services. These shortages result in contracted providers not having the supports necessary to meet children's needs and, therefore, not having beds available for placement.

These trends are not new, and many of the same issues were identified in the 2015 report, *Meeting the Needs of High Needs Children in the Texas Child Welfare System*²⁶ (The Stephen Group). According to the DFPS Rider 49 Capacity Report, losses in treatment beds are greater than gains resulting in a continued and increasing deficit in beds. "Currently, Texas is meeting less than one percent of local demand for Treatment Family Foster Care (TFFC) beds and Psychiatric Transition beds in all regions across the state. Both TFFC and Qualified Residential Treatment Centers (QRTC) are relatively new programs and are in open enrollment. Until providers contract with DFPS to offer QRTC

²³[2022-09-01 Rider 57 Report on Foster Care Capacity Improvement](#)

²⁴[2022-11-01 Rider 49 CPS Capacity Study Report](#)

²⁵kff.org/mental-health-care-health-professional-shortage-area

²⁶[2015-12-03 Stephen Group High Needs Assessment](#)

to meet demand for Psychiatric Transition beds, there will continue to be a deficit of placements available to fully support youth with severe mental health needs.”²⁷

Recruiting and retaining a qualified workforce in the child welfare field has always been challenging. The COVID-19 pandemic exacerbated workforce shortages across almost all sectors of the state’s business industries. Keenly impacted were health and human services delivery systems on all levels (state agencies, providers, and local organizations), including the child welfare system in Texas and across the country. In August 2022, the U.S. Chamber of Commerce noted that 3.4 million workers were missing from the workforce, specifically women. By extension, the industries that employ many women (education, health care, and social welfare) have seen the largest negative impacts. Workforce shortages have resulted in many residential providers having unused capacity due to their inability to staff their beds at acceptable ratios. Turnover and instability of the workforce also impedes therapeutic progress as children have to continually adjust to new staff.

²⁷[2021-09-14-DFPS CWOP Report](#)

Panhandle (Region 1) – SSCC Saint Francis Ministries

The Panhandle (formerly DFPS Region 1) is located in the Texas Panhandle and includes 41 counties. It is considered a rural part of Texas, with two major cities – Amarillo and Lubbock. Saint Francis Ministries contracts with 159 providers and 190 programs in its network.

From September 2021 to February 2022, on average there were 1,441 children in DFPS conservatorship in the Panhandle. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Panhandle (Region 1) – Average Monthly Number of Children and Living Arrangement²⁸

Living Arrangement	Total Children
DFPS Foster Home	17
CPA Foster Home	608
Emergency Shelter	39
General Residential Operation	129
Residential Treatment Center	102
Other Foster Care	20
Other Substitute Care	527
Total	1,442

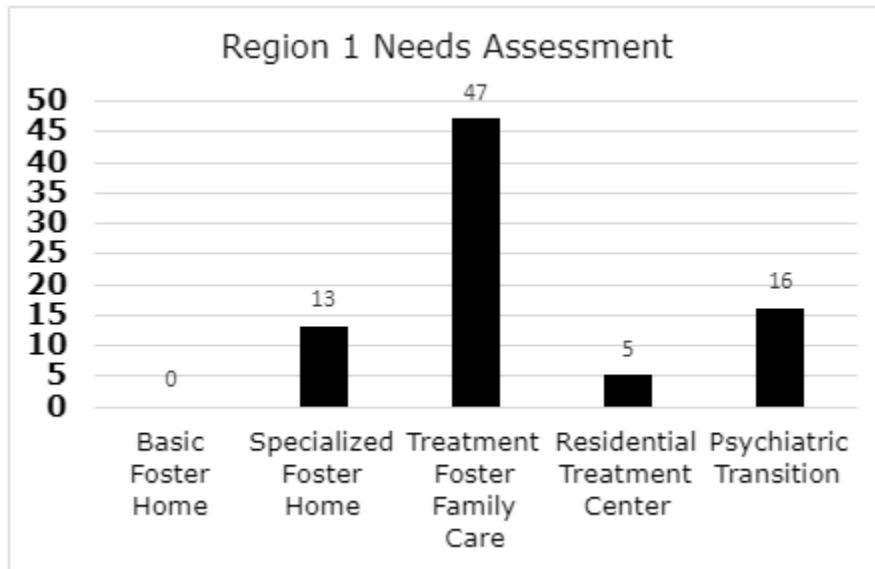
Of these 1,441 children, on average 921 were foster children with 66.4 percent placed within Region 1. For this same time period, the average monthly number of foster children placed in their home county was 246 (26.8 percent).²⁹

The chart below shows the Saint Francis Ministries’ number of additional beds of each type³⁰ that are needed to serve children in foster care from Panhandle (Region 1). Saint Francis Ministries works to add foster care homes for children with basic/moderate needs and contracts with providers for placements for specialized care.

²⁸DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

²⁹DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

³⁰Saint Francis Ministries created an equivalent version of the DFPS foster care needs assessment



Saint Francis Ministries identified multiple priorities to grow capacity, including: supporting Treatment Foster Care Providers by providing grants to support enhancement of program services; supporting kinship by continuing funding for kinship licensing support; and developing the provider network and caregiver supports so they can provide stability to children and their families.

1. Saint Francis Ministries continues to focus on improving kinship services and keeping sibling groups together. Saint Francis worked with its partner agencies to create a fund designated for the support of kinship licensing. This funding supports families to acquire necessary items that are current challenges in licensing kinship homes. These items may include and are not limited to the following compliance items: window air-conditioners, beds, and fixtures required by code.
2. A key goal for Saint Francis Ministries in fiscal year 2022 was to increase residential capacity. In October 2021, Region 1 was lacking over 120 residential treatment beds with 50 percent split between males and females. This population included victims of sex-trafficking, children identified as child sexual aggressors, and in general, children needing the secured setting due to the closure of a large facility. Therefore, Saint Francis pursued multiple efforts, including building an Intense Residential Treatment Program, that will meet QRTP criteria, with 24 beds in Lubbock. It is scheduled to open in fiscal year 2023. Saint Francis also partnered with Vision Quest for 16 male beds in Hale Center, Texas, and Fostering Life Youth Ranch, in Levelland, Texas with 16 beds. Saint Francis continues to partner with Fostering Life Youth Ranch for an additional upcoming 16 beds in fiscal year 2023.
3. Another key initiative is continuing to support the region's four Treatment Foster Care (TFC) contracts, while continuing to grow capacity to increase the number of

children remaining in their home communities, creating permanency options, and transitioning children back to their families. This model works with our contracted agencies, their foster parents, and the children in foster care to help stabilize the children and ensure they receive adequate care.

4. Saint Francis Ministries prioritized developing the provider network with the goal of strengthening confidence in working with children with increased challenges, while ensuring they have the skills to work through healing. Saint Francis is working with its partner network to identify areas of training, development, and evidenced-based practices that ensure the safety and wellbeing of children. This will create the necessary skill set to ensure that Saint Francis preserves and creates new capacity that is equipped to care for the Panhandle children.
5. With the goal of improving caregiver retention and recruitment, Saint Francis Ministries created a fund to support staffing incentives for partner agencies, foster parent events, and building necessary resources (e.g., daycare and child care, extracurricular and educational needs, and respite). This is targeting current challenges faced by the region's partner network, such as constant turnover with foster parents and staffing challenges. This strategy will directly correlate to preserving current capacity and stabilizing workforce needs that have reduced capacity in the Panhandle communities.

To further this effort, the media blitz "It Takes Everything" for all 41 counties was initiated to increase the number of families providing kinship support, as well as retain and recruit local partners. Additionally, the campaign highlights the importance of children staying in their communities, while building plans for capacity growth in the Panhandle region.

Big Country & Texoma (Region 2) – SSCC 2INgage

Big Country & Texoma (formerly DFPS Region 2) is located in north Texas and is divided into two distinct communities. The Texoma Community borders the Red River and encompasses 13 counties, includes Wichita Falls. The Big Country community includes 17 rural counties around Abilene, Texas. 2INgage currently contracts with 156 providers for services within their network.

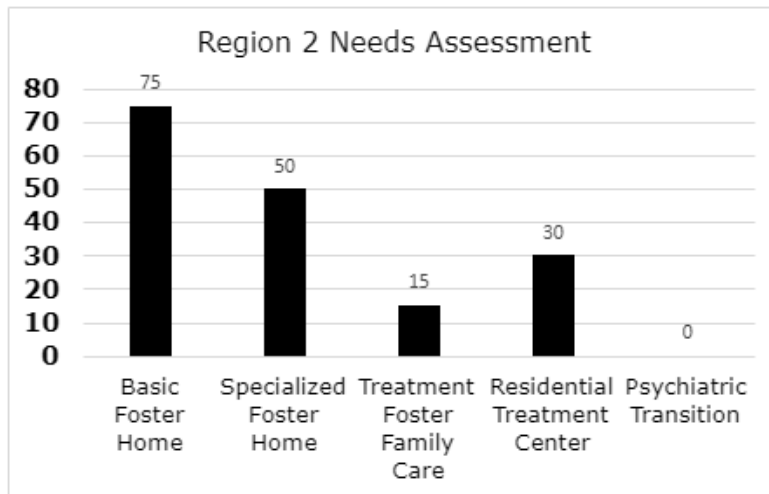
From September 2021 to February 2022, on average there were there were 1,228 children in DFPS conservatorship in Big Country & Texoma. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Big Country & Texoma (Region 2) – Average Monthly Number of Children and Living Arrangement³¹

Living Arrangement	Total Children
DFPS Foster Home	18
CPA Foster Home	527
Emergency Shelter	9
General Residential Operation	60
Residential Treatment Center	73
Other Foster Care	20
Other Substitute Care	523
Total	1,442

Of these 1,228 children, on average 703 were foster children with 65.1 percent placed within Region 2. For this same period the average monthly number of foster children placed in their home county was 174 (24.8 percent).³²

The chart below shows 2INGage placement needs assessment³³ for children in foster care for Region 2. 2INGage works to add foster homes for children with basic/moderate needs and contracts with providers for placements for specialized care.



2INGage continues to develop capacity for treatment foster family care to step-down children that are placed in residential treatment centers, and continues to develop in region homes to bring children back into their community.

³¹DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

³²DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

³³2INGage created an equivalent version of the DFPS foster care needs assessment

1. 2INGage will continue to work on making kinship placements and family reunification key priorities. Some of strategies include working to understand daycare needs throughout the region to increase the overall resources available to foster children, hosting a monthly Kinship 101 meeting for new families and assisting them through the licensing process, and locating additional resources for other steps of the process.
2. 2INGage's capacity efforts include creating additional emergency bed contracts with current and new providers to help ensure that children have placements in the Big Country & Texoma Region. To make this plan successful, 2INGage increased rates paid for emergency shelter placements and added performance incentives for network providers. Notably, there were no CWOP occurrences from April 30, 2021, through January 30, 2023.
3. A key goal is to provide infrastructure to support network providers to recruit and create 100 new beds for the 2INGage network. Some of the strategies include hosting a weekly Joint Information Meeting called "Foster Parenting 101" with the provider network. 2INGage hosts collaborative provider meetings (which include a recruitment subcommittee) that discuss performance goals, permanency, and recruitment efforts.
4. 2INGage is partnering with Texas Clinical Services for "Wrap Around and Step Down" a new support service to develop a discharge plan for youth stepping down from Treatment Foster Care and Residential Treatment to lower levels of care, or to permanency.
5. 2INGage has been working to engage providers to establish a RTC in the region, because most of the children in need of local treatment beds are placed out of region. In 2023, 2INGage is seeking to add 63 beds for therapeutic needs capacity increase.
 - A. 2INGage is partnering with Bridge to Hope, a newly licensed GRO provider, for 17 beds to target youth, 10 - 17 years old, with high needs. 2INGage provided capacity funding to train, hire, and to provide technical support.
 - B. Texas Family Initiative is developing a Professional Foster Care model that provides advanced training, heightened support, and compensation for foster parents. Enhanced training, support, and compensation will equip foster parents to provide trauma-informed care and services beyond traditional foster care that meet the complex needs of children in out of home care with a high level of behavioral, developmental, mental health, and other needs. Twenty beds are anticipated in 2023.
 - C. Blue Skies TXFI is opening a new Intensive Residential Treatment Center, with 26 beds in Wichita Falls in March 2023. The Blue Skies facility will serve youth

with complex needs. Blue Skies will be licensed as a GRO with multiple services.

Region 3A (Metroplex North West) – DFPS

Region 3A is a DFPS region located north of the Dallas/Fort Worth Metroplex. It includes Denton, Wise, and Cooke counties.

From September 2021 to February 2022, on average there were 526 children in DFPS conservatorship in this region. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 3A – Average Monthly Number of Children and Living Arrangement³⁴

Living Arrangement	Total Children
DFPS Foster Home	27
CPA Foster Home	245
Emergency Shelter	8
General Residential Operation	4
Residential Treatment Center	22
Other Foster Care	8
Other Substitute Care	212
Total	526

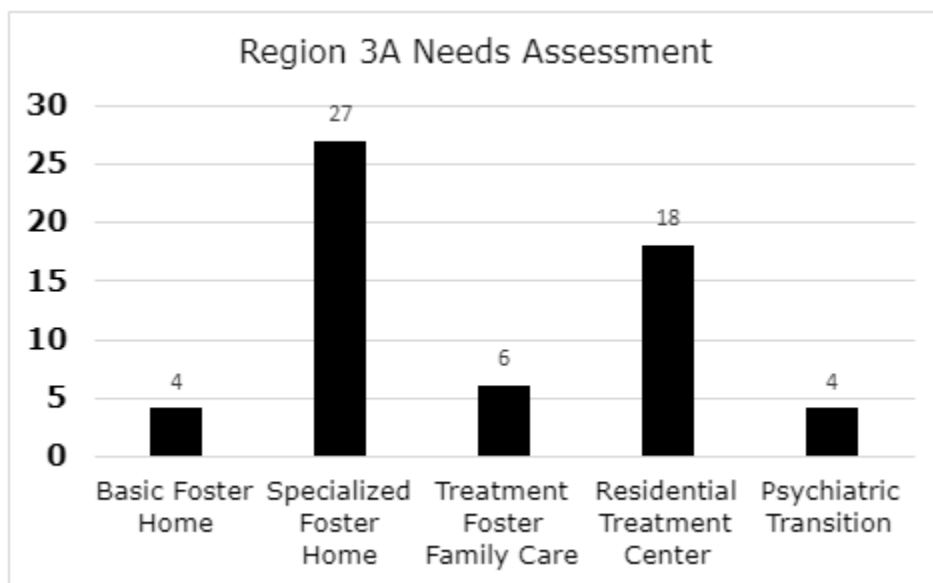
Of these 526 children, on average 313 were foster children with 82 percent placed within Region 3. For this same period the average monthly number of children in foster care placed in their home county was 81 (25.9 percent).³⁵

The chart below shows the DFPS foster care needs assessment³⁶ for children in foster care for Region 3A. DFPS regional staff work to add foster care homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

³⁴DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

³⁵DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

³⁶[DFPS Foster Care Needs Assessment](#)



Region 3 (both Region 3A and Region 3C) share multiple staff to perform various functions, including the needs assessment and community outreach. The staff and stakeholders identified the following initiatives to focus on for capacity improvements.³⁷

1. Regional staff seek to support children and youth transitioning between settings like paid foster care to kinship or other placements. They have multiple initiatives to strengthen the communication about the child and supports needed by the families.
2. Another key goal is to maintain sibling groups and build placement capacity for sibling groups. This is because children and youth must maintain a positive connection with their family and supports in the community for successful outcomes. There are multiple initiatives that support this goal.
3. Regional staff seek to add capacity for older youth to be placed closer to home and in a family like setting. This initiative includes clearly communicating the older youth's needs, discussing common misconceptions about older youth, and encouraging pre-placement visits.
4. Regional staff seek to identify the supports the caregivers need to be able to support the children in their care. This includes multiple initiatives that support cross-provider education, good communication, and information sharing about common issues, barriers, and possible solutions.
5. Regional staff keep the provider community informed of CPS regional capacity needs, specifically, for certain children needing placement and the opportunity for providers to share plans for growth in a collaborative environment.

³⁷[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

Metroplex West (Region 3B) – SSCC OCOK

Our Community Our Kids (OCOK) (formerly DFPS Region 3B) has contracted with DFPS for services to children in foster care since fiscal year 2015. Region 3B is comprised of Tarrant, Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell counties in DFPS Metroplex West. OCOK has contracted with 134 residential providers to offer 142 residential programs for Region 3B youth.

From September 2021 to February 2022, on average there were 1,604 children in DFPS conservatorship in Metroplex West. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Metroplex West (Region 3B) – Average Monthly Number of Children and Living Arrangement³⁸

Living Arrangement	Total Children
DFPS Foster Home	19
CPA Foster Home	876
Emergency Shelter	14
General Residential Operation	75
Residential Treatment Center	164
Other Foster Care	32
Other Substitute Care	424
Total	1,604

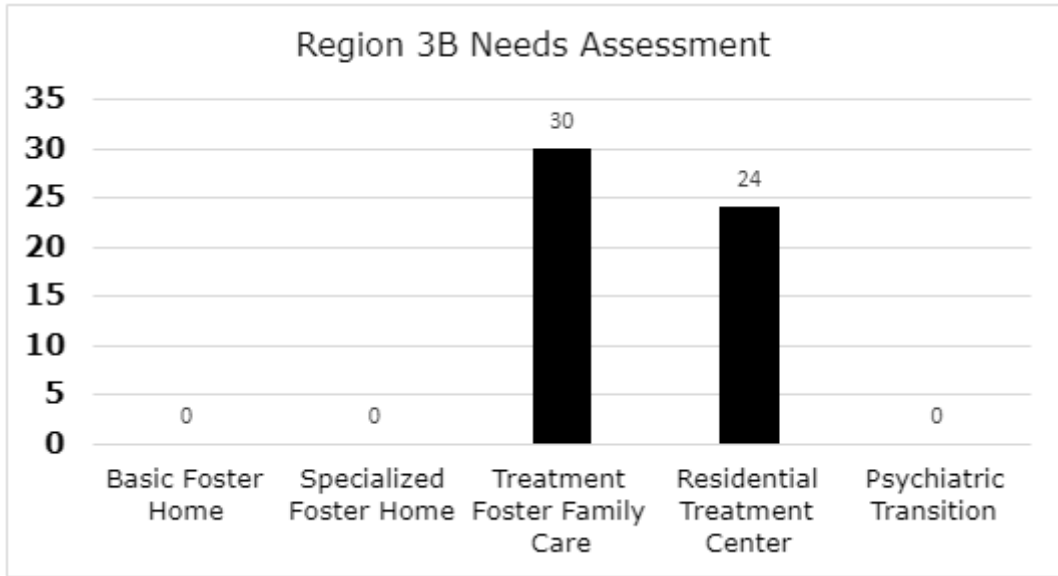
Of these 1,604 children, on average 1,174 were foster children with 92 percent placed within Region 3. For this same period the average monthly number of children in foster care placed in their home county was 474 (40.4 percent).³⁹

The chart below shows the OCOK placement needs assessment⁴⁰ for children in foster care for Metroplex West (Region 3B). OCOK works to add foster homes for children with basic/moderate needs and contracts with providers for placements for specialized care.

³⁸DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

³⁹DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁴⁰OCOK created an equivalent version of the DFPS foster care needs assessment



OCOK has multiple initiatives to build and maintain the capacity needed to meet the varied needs of Region 3B youth. Several of these efforts include expanding kinship services, workforce development, foster home recruitment, RTC Stepdown Family Finding, and additional capacity building.

1. A key goal to expand kinship and reunification services began in 2020 and was launched in 2021 through implementation of a comprehensive strategy designed for the Region. These efforts have resulted in a 70 percent increase in the number of children placed in a kinship home on day 60 of placement.
2. To stabilize the foster care workforce, OCOK is identifying essential skills and competencies needed for permanency specialists and supervisors. This work was done in partnership with the Florida Certification Board to bring a proven model to Texas. Training for new and existing supervisors is being conducted with a goal of advancing supervision of permanency staff by creating a certification for permanency supervisors. Specialized trainings for permanency supervisors on topics such as ethics, observation, and case review began in Fall 2022, and testing for certification will occur in March 2023.
3. OCOK remains focused on foster home recruitment with a heightened focus on therapeutic foster homes in several ways. Ongoing recruitment efforts include in-person events with local partners, gatherings with community stakeholders such as court appointed special advocates (CASA), and communication with other community supports to meet potential foster parent candidates. As referenced earlier, a focused social media recruitment campaign was also conducted in conjunction with other SSCCs and TACFS to identify more potential foster parent candidates.

4. OCOK staff is performing intensive family finding for children who are ready to successfully discharge from RTCs. This pilot began with the ACH RTC, with the plan to expand to the other RTCs in the CBC areas. Selected families participate in the ACH kinship connections program to become Trust-Based Relational Intervention (TBRI) trained and prepare their homes for the arrival of the children. This effort helps children move to less restrictive settings more quickly and improves utilization of RTC beds by making them more readily available to youth with the greatest need.
5. OCOK is seeking to add between 45 - 64 units for therapeutic needs capacity in 2023. These efforts include adding placement array capacity for a variety of needs, including youth involved in trafficking and youth who demonstrate sexual aggression.
 - A. Secure an Assessment Facility with 16 total units to target youth 13 – 17 years old with behavioral or mental health needs at levels that prevent placement in a traditional emergency shelter or foster home. Two existing cottages are under renovations with eight units by May 2023 and eight additional units by June 2024.
 - B. Expand Therapeutic Kinship Homes for 5 – 17 year olds using ongoing kinship strategies to provide more support and robust in-home services for families able to take youth with therapeutic needs. The goal is to add six to 10 units of service by August 2023. Between four and six of these units are expected for youth ages five to 12.
 - C. Rebuild therapeutic foster care placement capacity that was slowly built over five years and lost from September 2020 through January 2022 during statewide capacity challenges. The goal is to add 10 to 15 additional units by September 2023. Two to four of these units are expected to be for youth ages five to 12.
 - D. Expand RTC capacity by 15 to 25 units in existing RTCs by offering Provider Support Services to help sustain and expand quality services. Two units are planned for trafficking and two units for sexual aggression.
 - E. Expand GRO capacity for youth with therapeutic needs by six additional units of service through step-down services which help sustain progress and successes for youth when transitioning to a less restrictive setting. These placements also improve utilization of RTC capacity by helping youth step-down more quickly once improvement is demonstrated in an RTC program, thus shortening length of stays in RTCs, and creating capacity for more youth.

Region 3C (Metroplex East) – DFPS

Region 3C is the eastern half of the Dallas/Fort Worth Metroplex, with Dallas as the major city and nine surrounding counties. OCBCT and DFPS received a bid from their SSCC request for application (RFA) in Region 3E Metroplex East and are currently in contract negotiations with the bidder.

From September 2021 to February 2022, on average there were 2,456 children in DFPS conservatorship in this region. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 3C – Average Monthly Number of Children and Living Arrangement⁴¹

Living Arrangement	Total Children
DFPS Foster Home	159
CPA Foster Home	1,060
Emergency Shelter	27
General Residential Operation	20
Residential Treatment Center	122
Other Foster Care	50
Other Substitute Care	1,018
Total	2,456

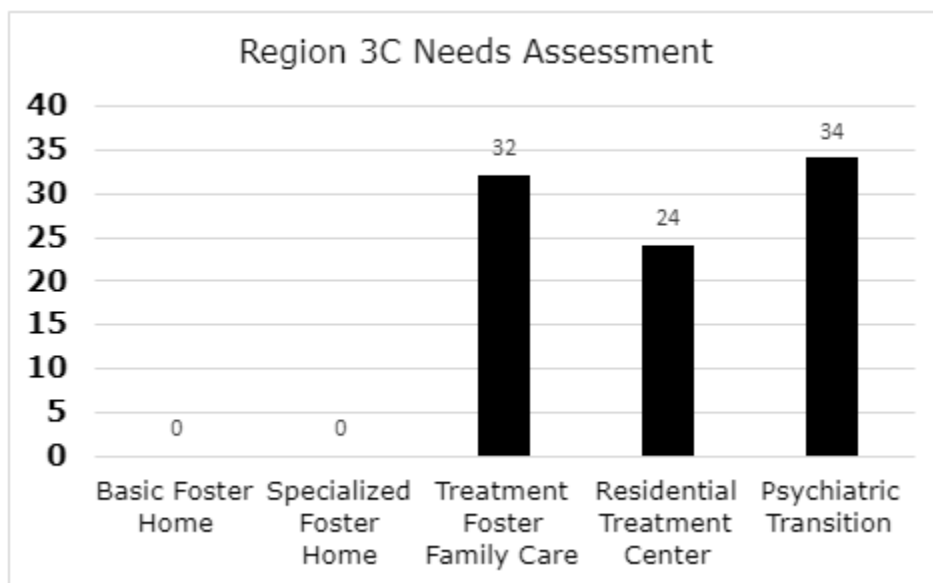
Of these 2,456 children, on average 1,430 were foster children with 79 percent placed within Region 3. For this same period the average monthly number of children in foster care placed in their home county was 541 (37.8 percent).⁴²

The chart below shows the DFPS foster care needs assessment for children in foster care for Region 3C.⁴³ DFPS regional staff work to add foster homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

⁴¹DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁴²DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁴³[DFPS Foster Care Needs Assessment](#)



The region’s current DFPS leadership, staff, and stakeholders confirmed the ongoing value of several regional goals to strengthen the stability of the current system (identical to Region 3A).⁴⁴

1. Regional staff seek to support children and youth transitioning between settings, like paid foster care to kinship or other placements. They have multiple initiatives to strengthen the communication about the child and supports needed by the families.
2. Another key goal is to maintain sibling groups and build placement capacity for sibling groups. This is because children and youth must maintain a positive connection with their family and supports in the community for successfully outcomes. There are multiple initiatives that support this goal.
3. Regional staff seek to add capacity for older youth that is closer to home and in a family like setting and ensure better utilization of existing placement capacity. This initiative includes clearly communicating the older youth’s needs; discussing common misconceptions about older youth, and encouraging pre-placement visits.
4. Regional staff seek to identify the supports the caregivers need to be able to support the children in their care. This includes multiple initiatives that support cross-provider education and information sharing about common issues, barriers, and possible solutions.
5. Regional staff will keep the provider community informed of CPS regional capacity needs, specifically, for certain children needing placement and the opportunity for providers to share plans for growth in a collaborative environment.

⁴⁴[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

Region 4 (Piney Woods) – DFPS

Region 4, consisting of 22 counties, is located in upper east Texas, and considered rural Texas. OCBCT and DFPS received a bid from their SSCC Request for Application (RFAs) in Region 4 Piney Woods and are currently in contract negotiations with the bidder. From September 2021 to February 2022, on average there were 1,626 children in DFPS conservatorship in this region.

The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 4 – Average Monthly Number of Children and Living Arrangement⁴⁵

Living Arrangement	Total Children
DFPS Foster Home	117
CPA Foster Home	606
Emergency Shelter	23
General Residential Operation	29
Residential Treatment Center	90
Other Foster Care	29
Other Substitute Care	733
Total	1,626

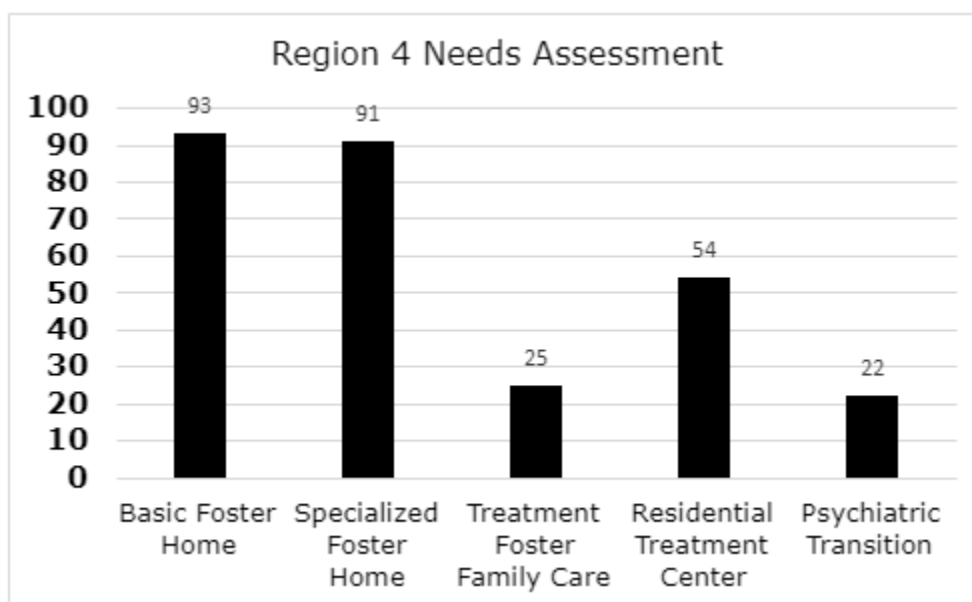
Of these 1,626 children, on average 888 were foster children with 55.8 percent placed within Region 4. For this same period the average monthly number of children in foster care placed in their home county was 144 (16.2 percent).⁴⁶

The chart below shows the DFPS foster care needs assessment⁴⁷ for children in foster care for Region 4. DFPS regional staff work to add foster homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

⁴⁵DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁴⁶DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁴⁷[DFPS Foster Care Needs Assessment](#)



The region's current DFPS leadership, staff, and stakeholders, for both region 4 and region 5, identified several ongoing goals to add new foster homes and strengthen the stability of the current foster families (i.e. current placement system).⁴⁸

1. A key goal is to add more foster home placements and emergency placements for children with basic and moderate service levels. Staff will leverage quarterly meetings to increase the awareness of foster care and adoption initiatives, share current foster parent experience and expertise to support families, and work with current and former foster families to use existing placements.
2. The second initiative is to support current and new foster families, specifically for those with children that are school age and teenagers. There are multiple initiatives that support this goal like creating foster care community collaborations and developing a network of support and information for families.
3. The last key goal is to increase the number of sibling groups placed together by a continuous effort to address barriers to reuniting siblings that have been separated and working with CPAs and their homes to accept sibling groups.

Region 5 (Deep East) – DFPS

Region 5 is located in lower East Texas. It is mainly a rural area of Texas, anchored by city of Beaumont. OCBCT and DFPS received a bid from their SSCC RFA in Region 5 Deep East and are currently in contract negotiations with the bidder. From September 2021 to

⁴⁸[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

February 2022, on average there were 1,036 children in DFPS conservatorship in this region.

The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 5 – Average Monthly Number of Children and Living Arrangement⁴⁹

Living Arrangement	Total Children
DFPS Foster Home	166
CPA Foster Home	350
Emergency Shelter	10
General Residential Operation	12
Residential Treatment Center	33
Other Foster Care	23
Other Substitute Care	433
Total	1,036

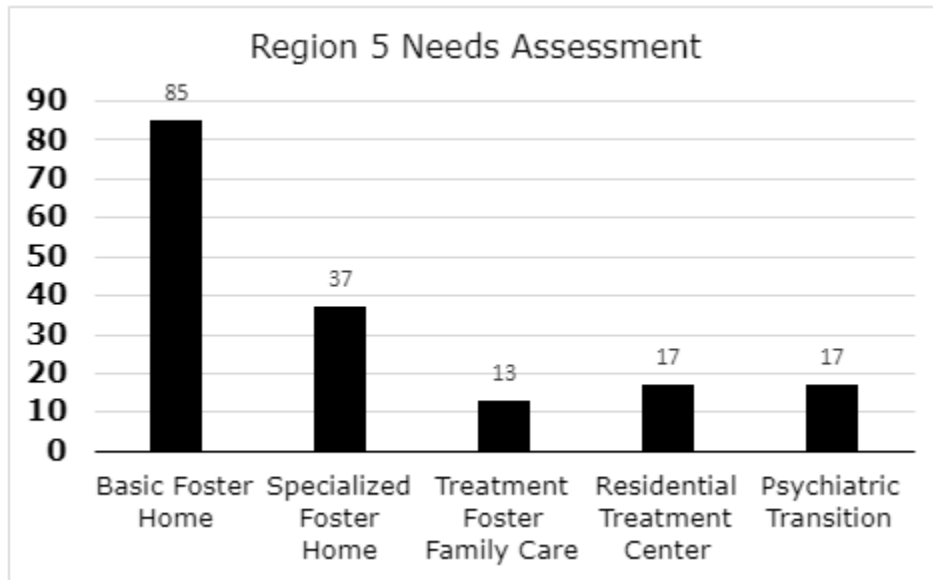
Of these 1,036 children, on average 593 were foster children with 54.1 percent placed within Region 5. For this same period the average monthly number of children in foster care placed in their home county was 122 (20.6 percent).⁵⁰

The chart below shows the DFPS foster care needs assessment⁵¹ for children in foster care for Region 5. DFPS regional staff work to add foster homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

⁴⁹DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁵⁰DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁵¹[DFPS Foster Care Needs Assessment](#)



The region’s current DFPS leadership, staff, and stakeholders, for both region 4 and region 5, identified several ongoing goals to add new foster homes and strengthen the stability of the current foster families.⁵²

1. A key goal is to add more foster home placements and emergency placements for children with basic and moderate service levels. Staff will leverage quarterly meetings to increase the awareness of foster care and adoption initiatives, share current foster parent experience and expertise to support families, and work with current and former foster families to use existing placements.
2. The second initiative is to support current and new foster families, specifically for those with children that are school age and teenagers. There are multiple initiatives that support this goal like providing foster family training and developing resource rooms or closets.
3. The last key goal is to increase the number of sibling groups placed together by a continuous effort to address barriers to reuniting siblings that have been separated and working with CPAs and their homes to accept sibling groups.

Region 6A (Harris County) – DFPS

DFPS Region 6A is the metropolitan area of Houston, Texas. This is the largest city in the state with ample placement types; however, there are barriers to adding new foster care beds and successfully utilizing existing capacity. From September 2021 to February 2022, on average there were 2,124 children in DFPS conservatorship in this region.

⁵²[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 6A – Average Monthly Number of Children and Living Arrangement⁵³

Living Arrangement	Total Children
DFPS Foster Home	28
CPA Foster Home	1,081
Emergency Shelter	26
General Residential Operation	20
Residential Treatment Center	97
Other Foster Care	75
Other Substitute Care	797
Total	2,124

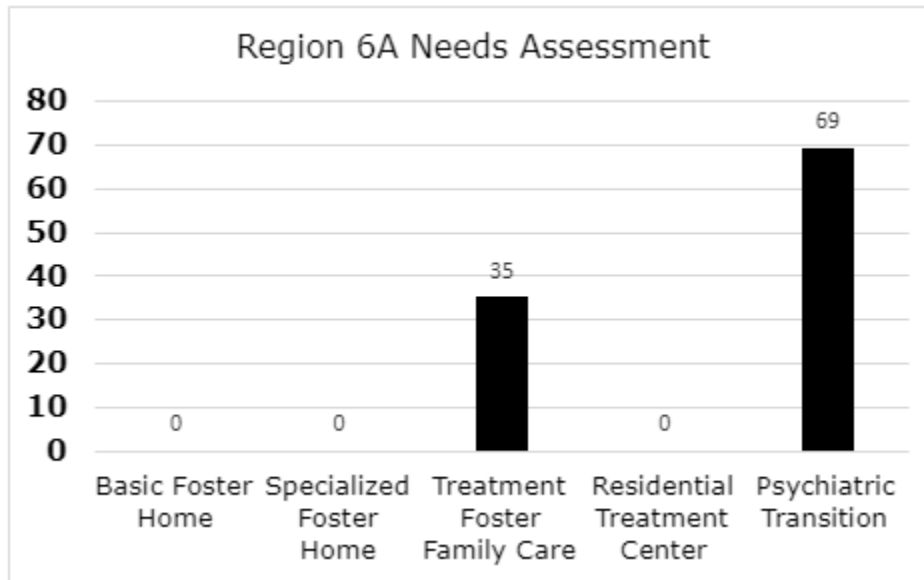
Of these 2,124 children, on average 1,338 were foster children with 60 percent placed within Region 6. For this same period the average monthly number of children in foster care placed in their home county was 815 (60.9 percent).⁵⁴

The chart below shows the DFPS foster care needs assessment⁵⁵ for children in foster care for Region 6A. DFPS regional staff serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

⁵³DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁵⁴DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁵⁵[DFPS Foster Care Needs Assessment](#)



Regional DFPS leadership, staff, and stakeholders, for both Region 6A and Region 6B, identified the following initiatives to strengthen current capacity.⁵⁶

1. Regional staff seek to add capacity for older youth age 14 and older with basic or moderate service levels and improve utilization of current placement by using the new DFPS General Placement Search (GPS), hosting collaborative meetings, and supporting provider peer support efforts and use of DFPS Data Book.
2. To increase the use of specialized, intense, and Treatment Family Foster Care Home capacity, staff will seek to employ strategies to improve the transition for child and youth that are moving from RTCs to less restrictive placements by improving communication, discussing discharge plans, and using the Capacity Think Tank to improve communication, and providing information to providers about TFFC. Another initiative includes local CPAs working with licensed homes that may be able to expand their service provision to include Specialized and Intense placements.
3. Another key goal is to increase the number of sibling groups placed together. This will occur by evaluating all separated siblings for potential reunification in the same home, increasing the number of sibling groups with all siblings placed together, and promoting the importance of frequent and on-going parent/child and sibling contact.

Region 6B (Bay Area/Montgomery) – DFPS

DFPS Region 6B is located in southeast Texas consisting of 12 counties surrounding Houston, Texas. While nearby or part of one of the state’s largest metropolitan areas

⁵⁶[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

with ample placement types, as mentioned, there are regional barriers to adding new foster care beds as well as successfully utilizing current bed capacity. From September 2021 to February 2022, on average there were 1,164 children in DFPS conservatorship in this region.

The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 6B – Average Monthly Number of Children and Living Arrangement⁵⁷

Living Arrangement	Total Children
DFPS Foster Home	14
CPA Foster Home	535
Emergency Shelter	24
General Residential Operation	12
Residential Treatment Center	60
Other Foster Care	26
Other Substitute Care	494
Total	1,164

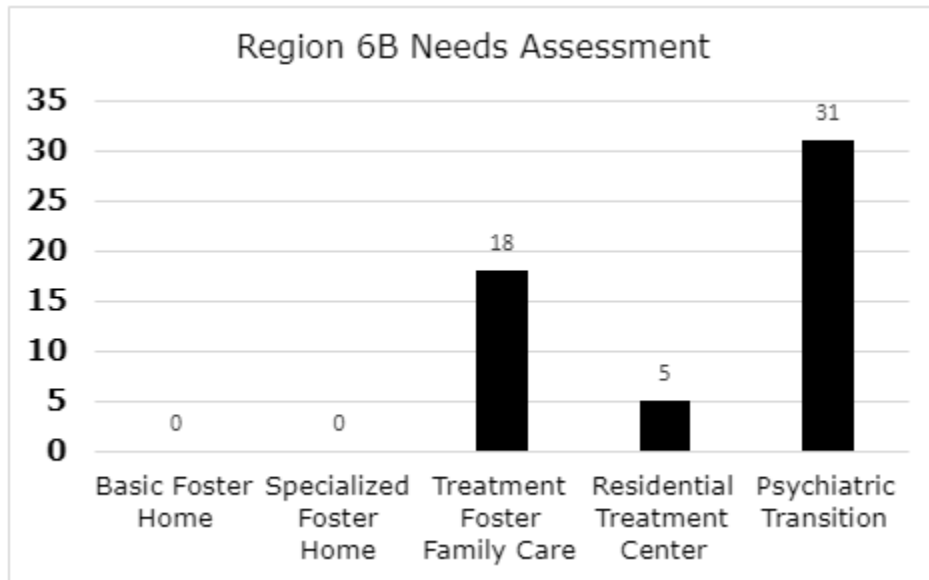
Of these 1,164 children, on average 659 were foster children with 57 percent placed within Region 6. For this same period the average monthly number of children in foster care placed in their home county was 141 (21.4 percent).⁵⁸

The chart below shows the DFPS foster care needs assessment⁵⁹ for children in foster care from Region 6B. DFPS regional staff serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

⁵⁷DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁵⁸DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁵⁹[DFPS Foster Care Needs Assessment](#)



As noted previously, Regional DFPS leadership, staff, and stakeholders, drafted a plan for both Region 6A and Region 6B, and identified the following initiatives to better utilize current capacity.⁶⁰

1. Regional staff seek to add capacity for older youth age 14 and older with basic or moderate service levels and improve utilization of current placement by using the DFPS General Placement Search (GPS), hosting collaborative meetings, and supporting provider peer support efforts and use of DFPS Data Book.
2. To increase the use of specialized, intense, and Treatment Family Foster Care Home capacity, staff will seek to employ strategies to improve the transition for child and youth that are moving from RTCs to less restrictive placements by improving communication, discussing discharge plans, using the Capacity Think Tank to improve communication, and providing information to providers about TFFC. Another initiative includes local CPAs working with licensed homes that may be able to expand their service provision to include Specialized and Intense placements.
3. Another key goal is to increase the number of sibling groups placed together. This will occur by evaluating all separated siblings for potential reunification in the same home, increasing the number of sibling groups with all siblings placed together, and promoting the importance of frequent and on-going parent/child and sibling contact.

⁶⁰[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

Region 7 (Central Texas/Waco/Capital Area) – DFPS

Region 7 is a DFPS region located in Central Texas and includes 30 counties. It is a mix of rural, urban, and suburban communities with the IH-35 corridor running north to south. This is a fast-growing part of Texas, with exponential growth in the capital city and small towns like Liberty Hill, Leander, Georgetown, Manor, Dripping Springs, and New Braunfels, creating a strain on resources and services.

From September 2021 to February 2022, on average there were 3,732 children in DFPS conservatorship in this region. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 7 – Average Monthly Number of Children and Living Arrangement⁶¹

Living Arrangement	Total Children
DFPS Foster Home	154
CPA Foster Home	1,245
Emergency Shelter	44
General Residential Operation	86
Residential Treatment Center	208
Other Foster Care	65
Other Substitute Care	1,933
Total	3,732

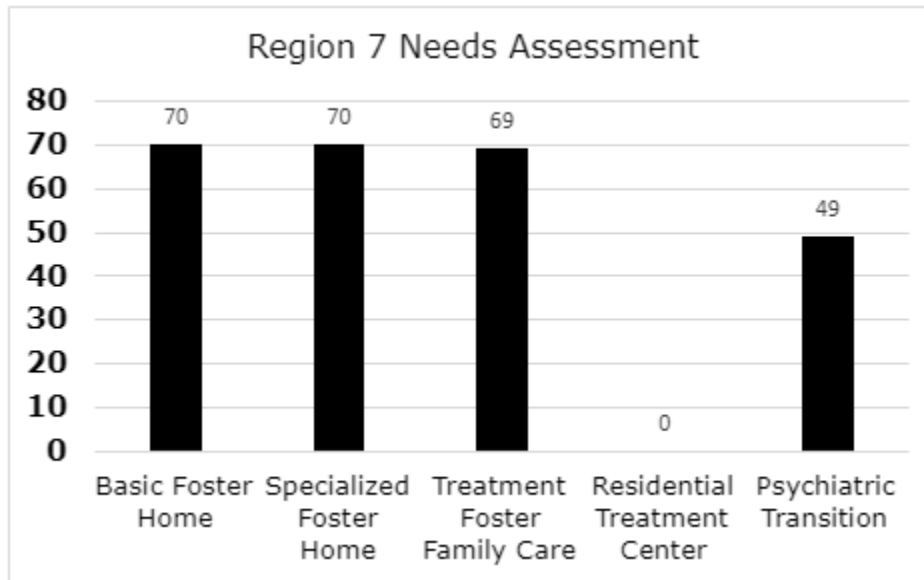
Of these 3,732 children, on average 1,799 were foster children with 69.6 percent placed within Region 7. For this same period the average monthly number of children in foster care placed in their home county was 461 (25.2 percent).⁶²

The chart below shows the DFPS foster care needs assessment⁶³ for children in foster care from Region 7. DFPS regional staff work to add foster homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

⁶¹DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁶²DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁶³[DFPS Foster Care Needs Assessment](#)



Regional DFPS leadership, staff, and stakeholders identified the following initiatives to strengthen current capacity for youth with increased needs.⁶⁴

1. A key goal is to assist families with youth who have specialized and intense needs by providing education so that CPA case managers are aware of the extensive services and complex case management services offered by Star Health Services and Local Mental Health Authority (LMHA) Resources supports and services. Once CPA case managers know about services they can share their knowledge with foster care families.
2. Another initiative is to increase the preparedness and number of foster care families that are willing to accept youth (who may have significant behavioral history, including an arrest history, untreated mental health concerns, substance abuse history, and/or significant traumatic experiences) moving from a residential treatment center to a less restrictive setting. This will be supported by creating a process to connect CPAs and RTCs to plan for child discharge, hosting information sessions with presenters who have experience with youth in different capacities (juvenile detention, hospitals, schools, and law enforcement), and ensuring that families receive sufficient support from their CPA and LMHA.
3. A key goal is to increase the number placements in families that are willing to accept and work with a youth and the extended family to safe and successful reunification. This will be accomplished via a media campaign.

⁶⁴[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

Region 8A (Bexar County) – DFPS

DFPS Region 8A is the metropolitan area of San Antonio and Bexar County. Once a frontier town, famously known for the Alamo, it is now the 7th largest city in the country. Like Houston, San Antonio is also geographically large with 498 square miles. In 2018, this region began the transition to CBC, but the contract was canceled in May 2021 and the region’s leadership was transferred back to DFPS. Therefore, this region is working to stabilize and rebuild the local network.

From September 2021 to February 2022, on average there were 2,703 children in DFPS conservatorship in this region. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 8A – Average Monthly Number of Children and Living Arrangement⁶⁵

Living Arrangement	Total Children
DFPS Foster Home	21
CPA Foster Home	1,125
Emergency Shelter	113
General Residential Operation	84
Residential Treatment Center	147
Other Foster Care	58
Other Substitute Care	1,155
Total	2,703

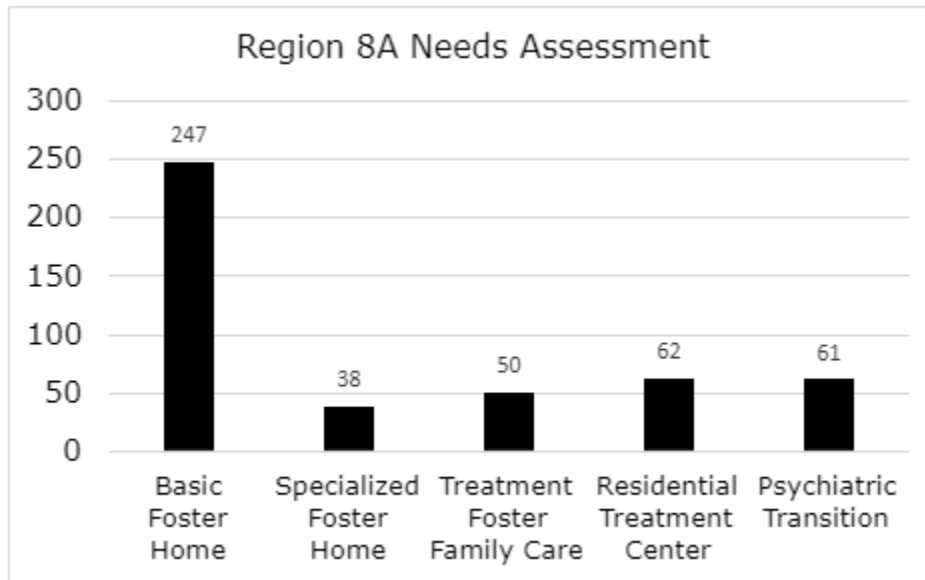
Of these 2,703 children, on average 1,511 were foster children with 86 percent placed within Region 8. For this same period the average monthly number of children in foster care placed in their home county was 917 (60.7 percent).⁶⁶

The chart below shows the DFPS foster care needs assessment⁶⁷ for children in foster care for Region 8A. DFPS regional staff work to add foster homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.

⁶⁵DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁶⁶DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁶⁷[DFPS Foster Care Needs Assessment](#)



The region’s current DFPS leadership, staff, and stakeholders identified several ongoing goals to add new foster homes, and increase kinship placements.⁶⁸

1. A key initiative is to create a collaborative focus on basic and moderate foster care placements using the quarterly provider meetings as a forum for discussion, partnering to support foster parents by hosting information sessions and recruitment meetings with CPAs and potential foster care families, and recruiting new foster care families.
2. Another goal is to increase the preparedness and number of foster care families that are willing to accept youth (who may have significant behavioral history, including an arrest history, untreated mental health concerns, substance abuse history, and/or significant traumatic experiences) moving from a residential treatment center to a less restrictive setting. Progress toward this goal will be achieved through target recruitment of experienced professionals to share pertinent information, trauma-informed caregiver training, and encouraging each CPA to create an internal support system for their foster care families.
3. An additional goal is to increase the number of placements with kinship caregivers because placing children with family members at the onset of a removal or at least within 60 days of a removal is extremely important to the children’s well-being. CPS staff has identified multiple action to pursue to increase placements into kinship caregiver homes.

⁶⁸[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

South Central & Hill Country (Region 8B) – SSCC Belong

The South Central & Hill Country (formerly DFPS Region 8B) area is comprised of 27 counties, surrounding but not including Bexar County. It is mainly rural but quickly growing in population. In March 2021, Belong was granted the CBC contract. Beginning October 2022, this region started Stage II. Belong has contracted with more than 130 providers and 180 programs in network.

From September 2021 to February 2022, on average there were 994 children in DFPS conservatorship in South Central & Hill Country. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

South Central & Hill Country (Region 8B) – Average Monthly Number of Children and Living Arrangement⁶⁹

Living Arrangement	Total Children
DFPS Foster Home	21
CPA Foster Home	410
Emergency Shelter	19
General Residential Operation	53
Residential Treatment Center	71
Other Foster Care	17
Other Substitute Care	402
Total	994

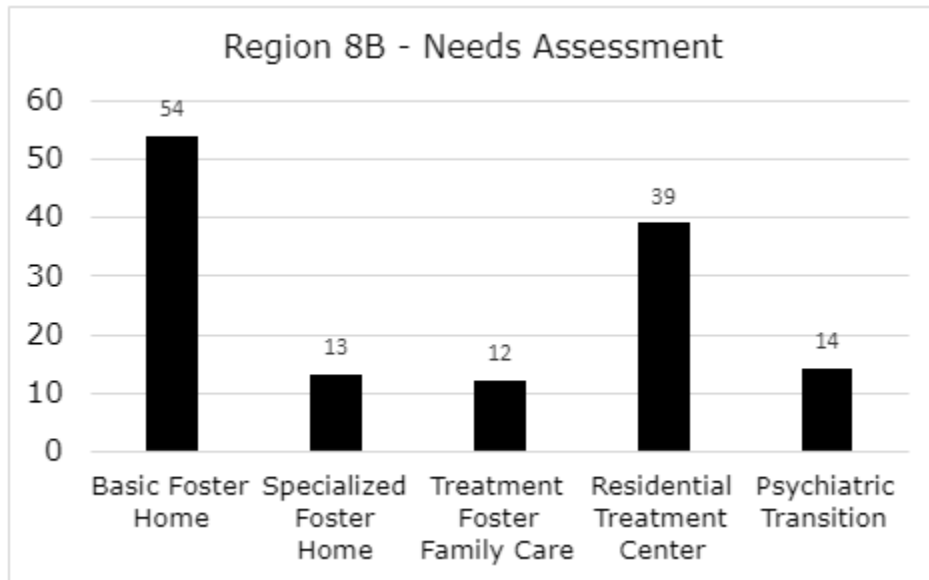
Of these 994 children, on average 592 were foster children with 73 percent placed within Region 8. For this same period the average monthly number of children in foster care placed in their home county was 103 (17.4 percent).⁷⁰

The chart below shows the Belong placement needs assessment⁷¹ for children in foster care for Region 8B. Belong works to add foster homes for children with basic/moderate needs and contracts with providers for placements for specialized care.

⁶⁹DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁷⁰DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁷¹Belong created an equivalent version of the DFPS foster care needs assessment



Belong is using multiple strategies to focus on specific needs in the local community, thereby enhancing all capacity-building efforts, specifically: supporting the provider network, mitigating placement disruption and eliminating the instances of children staying in unlicensed placements, and adding therapeutic placements with an array of services for higher needs children.

1. A key initiative is robust support for the Belong provider network by building and maintaining strong relationships with providers through every stage of service delivery, including start-up planning (if needed) and monitoring. These reliable working relationships create the opportunity for providers to be willing to shift their business model to meet the needs of the region.
2. Belong focuses on placement disruption mitigation and eliminating children staying in unlicensed placements. This occurs through weekly intake and placement staff meetings for every applicable child to ensure a solution with an individualized wraparound approach and use of community services to help preserve the placement. Belong has utilized services to preserve placements through their partnerships with their various providers, their exceptional care requests, mentor programs, and assistance with scheduling and transporting families to appointments.
3. Through a collaborative effort with Chosen, individualized support services are offered to families within the region resulting in placement stability for children. Some of the strategies include identifying and supporting kinship families as they become licensed; supporting and/or improving stabilization and/or permanency for kinship and foster care placements for children; and employing a team of therapists and dedicated treatment staff, to address the entire family system in a way that equips caregivers to assist their children.

4. A key goal is to strengthen existing capacity within the region for youth to remain closer to home while still receiving the needed therapeutic services. In partnership with Touchstone, Belong will aim to transition current capacity into 20 to 34 beds for therapeutic needs capacity increase in 2023. To accomplish this goal, Touchstone will implement two programs.
 - A. A Stabilization and Assessment Center (SAC) will expand the capacity available for high-needs children needing short-term residential, stabilization, and assessment services.
 - B. An Intense Residential Treatment Program (IRTP) will serve children whose mental health and behavior needs warrant longer term treatment services that cannot be provided in a less restrictive environment.

Region 9 (Permian/Concho) – DFPS

Region 9 is a DFPS region in rural West Texas. This area encompasses much of the Permian Basin oil and gas region, which adds particular strains to the local economy in competition for workforce and increased cost of living for certain expenses. It is anticipated that this region will transition soon to CBC. From September 2021 to February 2022, on average there were 812 children in DFPS conservatorship in this region.

The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

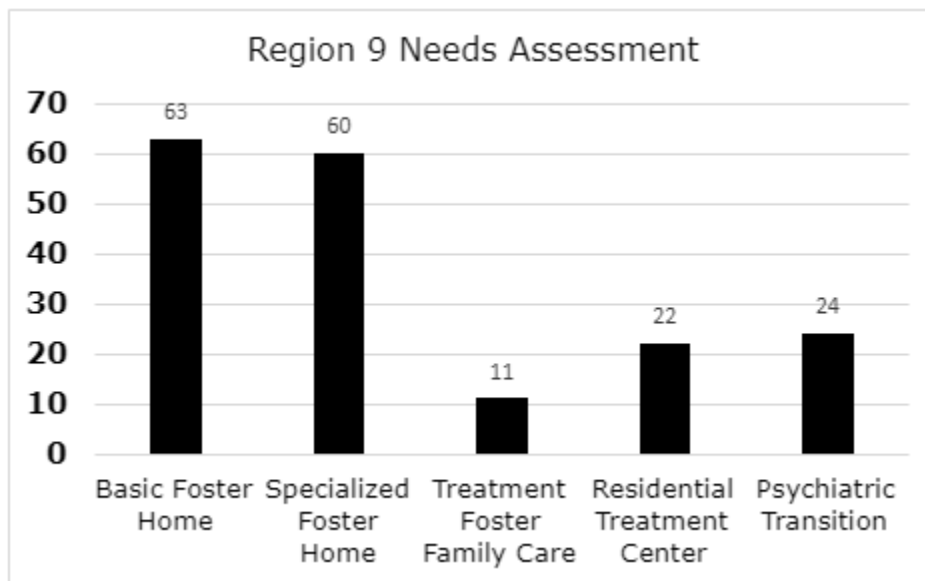
Region 9 – Average Monthly Number of Children and Living Arrangement⁷²

Living Arrangement	Total Children
DFPS Foster Home	32
CPA Foster Home	239
Emergency Shelter	16
General Residential Operation	24
Residential Treatment Center	40
Other Foster Care	16
Other Substitute Care	446
Total	812

⁷²DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

Of these 812 children, on average 364 were foster children with 38.6 percent placed within Region 9. For this same period the average monthly number of children in foster care placed in their home county was 56 (15.2 percent).⁷³

The chart below shows the DFPS foster care needs assessment⁷⁴ for children in foster care for Region 9. DFPS regional staff work to add foster homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.



The region's DFPS leadership (for both Region 9 and Region 10), staff, and stakeholders identified several ongoing goals to add new homes for foster care and adoption.⁷⁵

1. A key goal is to add more foster home placements for children under the age of 12 with basic and moderate service levels. Providers will seek to increase capacity by working with current licensed homes and recruiting newly licensed homes that are willing to accept children and teenagers and recruiting families to serve as short-term respite care for long-term foster care placement families.
2. Another initiative is to increase number of foster care families by working with CPAs and stakeholders to reach individuals who have an interest in fostering and adopting by expanding recruitment efforts. Some of these efforts include in-

⁷³DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁷⁴[DFPS Foster Care Needs Assessment](#)

⁷⁵[2022-11-01 SB11 FY23 CPS Capacity Building Plan.pdf](#)

person outreach events, hosting informational meetings in rural counties, and implementing a collaborative media campaign.

3. An essential goal is adding more foster care placements for teenagers. This initiative will be led by region-wide recruitment events and marketing strategies solely focusing on the homes specific for teenagers and matching legally free teenagers to adoptive homes.

Region 10 (El Paso) – DFPS

DFPS Region 10 is located in far West Texas and includes six counties. The major city is El Paso, located at the westernmost tip of Texas. The adjoining counties are considered rural Texas.

From September 2021 to February 2022, on average there were 373 children in DFPS conservatorship in this region. The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 10 – Average Monthly Number of Children and Living Arrangement⁷⁶

Living Arrangement	Total Children
DFPS Foster Home	53
CPA Foster Home	120
Emergency Shelter	14
General Residential Operation	5
Residential Treatment Center	17
Other Foster Care	11
Other Substitute Care	151
Total	371

Of these 373 children, on average 219 were foster children with 62.1 percent placed within Region 10. For this same period the average monthly number of children in foster care placed in their home county was 130 (15.2 percent).⁷⁷

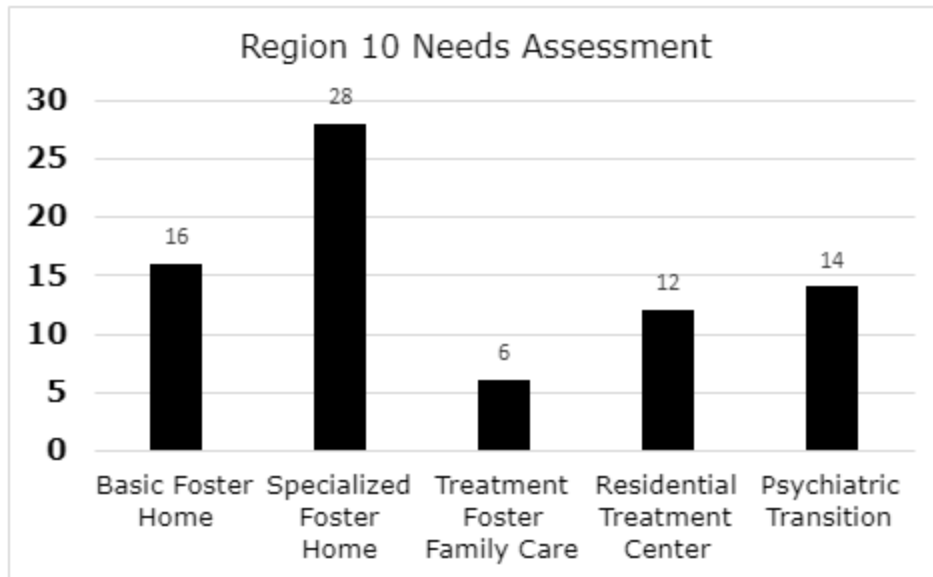
The chart below shows the DFPS foster care needs assessment⁷⁸ for children in foster care for Region 10. DFPS regional staff work to add foster homes for children with basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to

⁷⁶DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁷⁷DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁷⁸[DFPS Foster Care Needs Assessment](#)

contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.



The region’s DFPS leadership (both for Region 9 and Region 10), staff, and stakeholders identified several ongoing goals to add new foster homes for foster care and adoption by recruiting new foster care families and supporting the current foster care families.⁷⁹

1. A key objective is to increase the number of placements in the least restrictive setting for children under the age of 12 and for large sibling groups which begins with determining the census of least restrictive placement options in the area. Multiple strategies will be used to inform a region-wide recruitment plan.
2. Another key goal is developing a marketing strategy with a multiple-pronged recruitment effort. This includes working with the University of Texas at El Paso (UTEP) to develop a region-wide Foster Care recruitment campaign, partnership with the El Paso Child Crises Center for county recruitment efforts, and stakeholder collaboration for recruitment events and public service announcements.
3. An essential goal is adding more foster care placements for fostering and adopting teenagers. This initiative will include region-wide recruitment events, recruitment materials, and marketing strategies solely focusing on the homes specific for teenagers.
4. A key goal is to increase support to existing foster care families caring for youth with complex needs by identifying and addressing gaps to streamline swifter access to mental health care. This initiative includes UTEP surveying foster care

⁷⁹[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

families for better understanding of training needs which will give insight to the Child Welfare Training Collaborative regarding the needed training topics. Concurrently, barriers to access of mental health services in the community will be evaluated and addressed to streamline swifter access to mental health care by a partnership between DFPS and the Texas Systems of Care Governance Board Collaboration.

Region 11 (South Texas/Rio Grande Valley) – DFPS

DFPS Region 11 is a located in South Texas and includes 19 counties, running along the Mexican border and up the Gulf coast. This DFPS region has two large economic metropolitan centers (Laredo and Corpus Christi), several cities – Brownsville, Edinburg, McAllen - along with many rural counties. From September 2021 to February 2022, on average there were 1,687 children in DFPS conservatorship in this region.

The table below shows the number of all children in DFPS conservatorship (in substitute care and foster care) by their living arrangement.

Region 11 – Average Monthly Number of Children and Living Arrangement⁸⁰

Living Arrangement	Total Children
DFPS Foster Home	36
CPA Foster Home	710
Emergency Shelter	55
General Residential Operation	15
Residential Treatment Center	68
Other Foster Care	30
Other Substitute Care	771
Total	1,687

Of these 1,687 children, on average 457 were foster children with 75.2 percent placed within Region 11. For this same period the average monthly number of foster children placed in their home county was 171 (39.15 percent).⁸¹

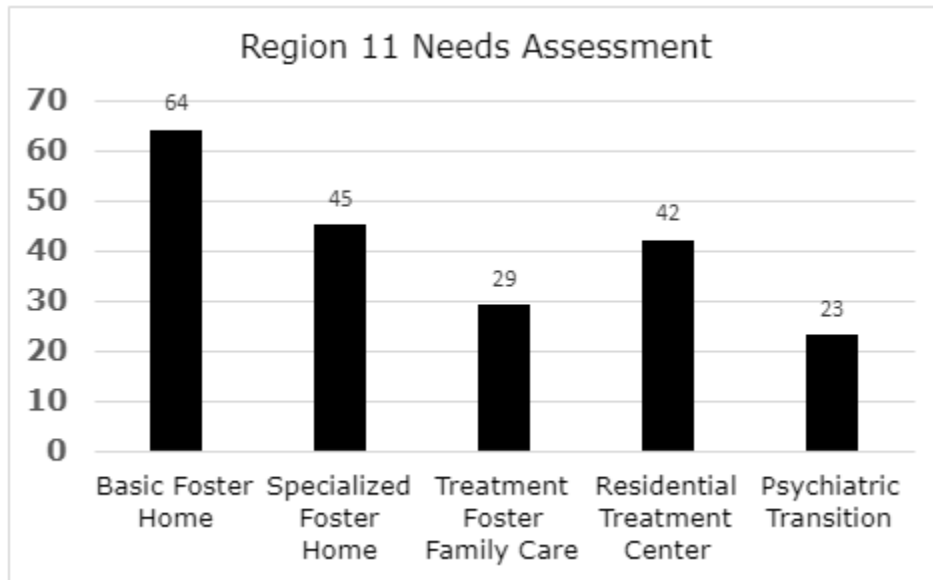
The chart below shows the DFPS foster care needs assessment⁸² for children in foster care for Region 11. DFPS regional staff work to add foster homes for children with

⁸⁰DFPS Public Monthly Data Files, sa_05s/rc, Sep 2021 - Feb 2022

⁸¹DFPS Public Monthly Data Files, sa_30rc, Sep 2021 - Feb 2022

⁸²[DFPS Foster Care Needs Assessment](#)

basic/moderate needs and serve as an information resource for providers interested in contracting with the state for all other types of placements. If a provider would like to contract with the state to provide any other type of placements, DFPS Purchased Client Services performs the functions related to contracting.



Region 11’s DFPS leadership, staff, and stakeholders identified several ongoing goals to add new foster homes for foster care and adoption, increase utilization of licensed capacity and add local treatment beds in the region’s capacity.⁸³

1. A key goal is to add more foster home placements for children of all ages with basic service and specialized levels. There are multiple initiatives, including collaboration to raise awareness in the community of needed foster care families, communication with prospective foster care parents, and efforts to increase support and strengthen capacity of existing foster care families by CPAs. Regional CPAs agree to continue working together to use multiple strategies to recruit new foster care families.
2. Another key goal is to increase the likelihood that a CPA/GRO will accept a child/youth, including a child without placement, when they have open beds and are able to meet the child’s needs. This initiative includes CPAs and GROs continuing to work with the Child Placing Unit (CPU) and CPS to provide all information and identifying available beds through the GPS system; organizing match meetings, preplacement visits, and virtual interviews with children; working with the DFPS clinical coordinator to address the child’s unmet mental health needs; and working to improve comfort level while interacting with HHSC Residential Child Care Regulation and Heightened Monitoring representatives.

⁸³[2022-11-01 SB11 FY23 CPS Capacity Building Plan](#)

3. Region 11 staff will continue to focus on placing children in safe kinship placements and offering maximum support. This initiative includes Child Protective Investigations and Family Based Safety Staff completing the preliminary kinship assessment, sharing experiences the successes of the Collaborative Family Engagement (CFE), and Faith Based Community providers using the CarePortal.
4. Another key goal is to increase the number of sibling groups placed together and to add foster homes that accept sibling groups. Strategies include CPAs focusing on larger capacity homes by providing extra attention and support to help maintain sibling bonding and capacity and DFPS use of the GPS system for evaluating all separated siblings for potential reunification in the same home, and increasing the number of sibling groups with all siblings placed together.
5. A key goal is an increase in residential treatment beds for teenagers and establishing psychiatric transition services for the region's children in foster care. Staff will continue to voice the need for residential treatment and psychiatric transition placements for children in Region 11 at stakeholder meetings and available to partner with local hospitals/psychiatric services and discuss the implementation of specialized programs to meet the needs of Region 11 youth.

Conclusion

Over the past two decades, foster care in Texas has shifted from a service primarily managed by the state to one in which approximately 94 percent is purchased through the private sector. Notwithstanding, even as services have shifted to the private sector, the state maintains temporary or permanent conservatorship of the children in foster care. Therefore, the state and contracted providers must work together to ensure that a child is in a safe foster care setting near their home, under the supervision of caring, committed, and well-trained individuals.

As the CBC transformation continues, the system continues to struggle to add more placements and improve capacity in all placement types. However, there are many ongoing and newly planned efforts to work toward additional bed capacity by both DFPS and the SSCCs. This work must continue to focus not just on contracting for new beds, but on fully utilizing existing capacity that has gone unused due to workforce shortages and other factors.

This *Foster Care Capacity Needs Plan* seeks to further the vision that children in all levels of care have a safe, home-like setting or placement, in the least restrictive environment, that can meet the child's therapeutic needs while working toward permanency. The plan builds on current efforts by DFPS and SSCCs to strengthen the system's capacity. Their efforts work toward stabilizing the current foster care system and improving outcomes for the children in the state's child welfare system.

Acronyms and Definitions

Acronym	Full Name
CBC	Community-Based Care
CPA	Child Placing Agency
CPS	Child Protective Services
CPU	Child Placing Unit
DFPS	Department of Family and Protective Services
ES	Emergency Shelters
FCRM	Foster Care Rate Modernization
FCR	Foster Care Redesign
GRO	General Residential Operation
H.B.	House Bill
HHSC	Health and Human Services Commission
OCBCT	Office of Community-Based Care Transition
QRTP	Qualified Residential Treatment Program
RFA	Request for Application
RFP	Request for Proposal
RTC	Residential Treatment Center
S.B.	Senate Bill
SSCC	Single Source Continuum Contractor
TFC	Treatment Foster Care
TFFC	Treatment Foster Family Care

Definitions

24-hour Residential Child Care Provider: 24-hour residential child care operations provide around-the-clock care for children 17 years or younger whose parents or guardians are temporarily or permanently unable to care for them. Residential child care includes GROs and CPAs.

Authorized Service Level (ASL): A Basic, Moderate, Specialized, Intense, or Intense-Plus service level determined by the third party contractor or, a Basic service level determined by the caseworker and supervisor. The authorized service level is based on information regarding the child's service needs.

Child Placing Agency (CPA): An agency that plans for the placement of or places a child in a child care facility, foster home verified by the CPA, or an adoptive home. A CPA works in partnership with a DFPS/CBC provider to train foster and adoptive parents and find homes for children. A CPA is licensed by HHSC.

Community-Based Care (CBC): Alternate way to provide services than traditional foster care because it gives local communities the flexibility to draw on local strengths and resources and find innovative ways to meet the unique and individual needs of children and their families. (Texas Family Code, Subchapter B-1, Chapter 264)

Continuum of Care: An array of least restrictive placement services that meet the needs of all children in the care of a contractor.

Foster Care: A subset of Substitute Care that includes all children living in a placement that provides 24-hour residential care for a child, in accordance with Chapter 42 of the Human Resources Code and related regulations. These placements include foster homes verified by a CPA, including kinship care where the caregiver has been verified; general residential operations (GRO), emergency shelters, and residential treatment centers (RTC) licensed or certified by HHSC; and juvenile facilities.

General Residential Operation (GRO): General Residential Operations provide 24-hour care for seven or more children 17 years or younger and may provide various treatment services, emergency care services, or therapeutic camps. GROs include RTCs.

Kinship care: A subset of Substitute Care that includes all children in DFPS custody who are living with a legal or blood relative or other individual who has a significant relationship with the child or the child's family known as "fictive kin."

Outcome: A measure that reflects or reveals change or impact.

Performance-Based Contract: A contract that ties payment, financial incentives, and financial remedies to performance. Additional performance measures may be included and used to make decisions to renew or terminate the contract.

Permanent Managing Conservatorship (PMC): When a court orders DFPS as PMC, it can be either with a child's parental rights terminated or parental rights intact. The rights and duties of DFPS are generally the same as with TMC.

Request for Proposal (RFP): A formal, advertised, competitive method of procurement (purchase of service) used by DFPS to solicit proposals from interested entities for the provision of services sought through the procurement, as specified in the RFP. An RFP includes statement of the criteria and factors that DFPS considers in evaluating and determining best value to the state and the relative importance of the criteria and factors.

Reunification: Child returns to the home of the parent from whom they were removed.

Single Source Continuum Contract/Contractor (SSCC): A provider that DFPS contracts with to provide the full continuum of care in a catchment area.

Substitute care: All children who are living in a DFPS out of home placement. It does not include children living in a return and monitor placement. Unless noted otherwise, it does include youth over 18 who are in extended foster care but are not in DFPS Custody.

Temporary Managing Conservatorship (TMC): When a court orders DFPS as TMC, DFPS can exercise specific rights including but not limited to the right to have physical possession of the child along with specific responsibilities including but not limited to the duty of care, control and protection of a child, the right to designate the primary residence of the child, and the right to make decisions concerning the child's health care and education.

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Appendix A. DFPS State Office and Regions

DFPS employs over 12,000 full-time equivalent staff at the state office and in the 11 regions within five major programs, including: Adult Protective Services, Child Protective Services, Child Protective Investigations, Prevention and Early Intervention, and the Statewide Intake Texas Abuse Hotline. The agency works with communities to promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation. This is accomplished through investigations, services and referrals, and prevention programs.

The CPS State Office divisions provide policy direction to and operational oversight of the frontline regional staff managing services for children and families while working to achieve permanency outcomes for children in DFPS legal custody.

Region 1

Regional Headquarters: Lubbock. Armstrong • Bailey • Briscoe • Carson • Castro • Childress • Cochran • Collingsworth • Crosby • Dallam • Deaf Smith • Dickens • Donley • Floyd • Garza • Gray • Hale • Hall • Hansford • Hartley • Hemphill • Hockley • Hutchinson • King • Lamb • Lipscomb • Lubbock • Lynn • Moore • Motley • Ochiltree • Oldham • Parmer • Potter • Randall • Roberts • Sherman • Swisher • Terry • Wheeler • Yoakum

Region 2

Regional Headquarters: Abilene. Archer • Baylor • Brown • Callahan • Clay • Coleman • Comanche • Cottle • Eastland • Fisher • Foard • Hardeman • Haskell • Jack • Jones • Kent • Knox • Mitchell • Montague • Nolan • Runnels • Scurry • Shackelford • Stephens • Stonewall • Taylor • Throckmorton • Wichita • Wilbarger • Young

Region 3

Regional Headquarters: Arlington. Collin • Cooke • Dallas • Denton • Ellis • Erath • Fannin • Grayson • Hood • Hunt • Johnson • Kaufman • Navarro • Palo Pinto • Parker • Rockwall • Somervell • Tarrant • Wise

3A – Cooke • Denton • Wise

3B – Erath • Hood • Johnson • Palo Pinto • Parker • Somervell • Tarrant

3C – Collin • Dallas • Ellis • Fannin • Grayson • Hunt • Kaufman • Navarro • Rockwall

Region 4

Regional Headquarters: Tyler. Anderson • Bowie • Camp • Cass • Cherokee • Delta • Franklin • Gregg • Harrison • Henderson • Hopkins • Lamar • Marion • Morris • Panola • Rains • Red River • Rusk • Smith • Titus • Upshur • Van Zandt • Wood

Region 5

Regional Headquarters: Beaumont. Angelina • Hardin • Houston • Jasper • Jefferson • Nacogdoches • Newton • Orange • Polk • Sabine • San Augustine • San Jacinto • Shelby • Trinity • Tyler

Region 6

Regional Headquarters: Houston. Austin • Brazoria • Chambers • Colorado • Fort Bend • Galveston • Harris • Liberty • Matagorda • Montgomery • Walker • Waller • Wharton

6A – Harris

6B – Austin • Brazoria • Chambers • Colorado • Fort Bend • Galveston • Liberty • Matagorda • Montgomery • Walker • Waller • Wharton

Region 7

Regional Headquarters: Austin. Bastrop • Bell • Blanco • Bosque • Brazos • Burleson • Burnet • Caldwell • Coryell • Falls • Fayette • Freestone • Grimes • Hamilton • Hays • Hill • Lampasas • Lee • Leon • Limestone • Llano • Madison • McLennan • Milam • Mills • Robertson • San Saba • Travis • Washington • Williamson

Region 8

Regional Headquarters: San Antonio. Atascosa • Bandera • Bexar • Calhoun • Comal • DeWitt • Dimmit • Edwards • Frio • Gillespie • Goliad • Gonzales • Guadalupe • Jackson • Karnes • Kendall • Kerr • Kinney • La Salle • Lavaca • Maverick • Medina • Real • Uvalde • Val Verde • Victoria • Wilson • Zavala

8A – Bexar

8B – Atascosa • Bandera • Calhoun • Comal • DeWitt • Dimmit • Edwards • Frio • Gillespie • Goliad • Gonzales • Guadalupe • Jackson • Karnes • Kendall • Kerr • Kinney • La Salle • Lavaca • Maverick • Medina • Real • Uvalde • Val Verde • Victoria • Wilson • Zavala

Region 9

Regional Headquarters: Abilene. Andrews • Borden • Coke • Concho • Crane • Crockett • Dawson • Ector • Gaines • Glasscock • Howard • Irion • Kimble • Loving • Martin •

Mason • McCulloch • Menard • Midland • Pecos • Reagan • Reeves • Schleicher • Sterling • Sutton • Terrell • Tom Green • Upton • Ward • Winkler

Region 10

Regional Headquarters: El Paso. Brewster • Culberson • El Paso • Hudspeth • Jeff Davis • Presidio

Region 11

Regional Headquarters: Edinburg. Aransas • Bee • Brooks • Cameron • Duval • Hidalgo • Jim Hogg • Jim Wells • Kenedy • Kleberg • Live Oak • McMullen • Nueces • Refugio

Appendix B. CBC Areas with SSCC Providers

Panhandle (previously known as Region 1)

Saint Francis Community Services (SFCS): Armstrong • Bailey • Briscoe • Carson • Castro • Childress • Cochran • Collingsworth • Crosby • Dallam • Deaf Smith • Dickens • Donley • Floyd • Garza • Gray • Hale • Hall • Hansford • Hartley • Hemphill • Hockley • Hutchinson • King • Lamb • Lipscomb • Lubbock* • Lynn • Moore • Motley • Ochiltree • Oldham • Parmer • Potter • Randall • Roberts • Sherman • Swisher • Terry • Wheeler • Yoakum

Big Country & Texoma (previously known as Region 2)

2INgage: Archer • Baylor • Brown • Callahan • Clay • Coleman • Comanche • Cottle • Eastland • Fisher • Foard • Hardeman • Haskell • Jack • Jones • Kent • Knox • Mitchell • Montague • Nolan • Runnels • Scurry • Shackelford • Stephens • Stonewall • Taylor* • Throckmorton • Wichita • Wilbarger • Young

Metroplex West (previously known as Region 3B)

Our Community Our Kids (OCOK): Erath • Hood • Johnson • Palo Pinto • Parker • Somervell • Tarrant

South Central & Hill Country (previously known as Region 8B)

Belong: Atascosa • Bandera • Calhoun • Comal • DeWitt • Dimmit • Edwards • Frio • Gillespie • Goliad • Gonzales • Guadalupe • Jackson • Karnes • Kendall • Kerr • Kinney • La Salle • Lavaca • Maverick • Medina • Real • Uvalde • Val Verde • Victoria • Wilson • Zavala

Appendix C. Service Levels⁸⁴

Basic Service Level

The Basic Service Level consists of a supportive setting, preferably in a family, that is designed to maintain or improve the child's functioning, including:

- Routine guidance and supervision to ensure the child's safety and sense of security;
- Affection, reassurance, and involvement in activities appropriate to the child's age and development to promote the child's well-being;
- Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Access to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals, on an as-needed basis, to help the child maintain functioning appropriate to the child's age and development.

Characteristics of a child who needs Basic Services

A child needing basic services is capable of responding to limit-setting or other interventions. The children needing basic services may include:

A child whose characteristics include one or more of the following:

- Transient difficulties and occasional misbehavior;
- Acting out in response to stress, but episodes of acting out are brief; and
- Behavior that is minimally disturbing to others, but the behavior is considered typical for the child's age and can be corrected.
- A child with intellectual or developmental disabilities whose characteristics include minor to moderate difficulties with conceptual, social, and practical adaptive skills.

⁸⁴[DFPS CPS Texas Service Levels Resource Guide](#)

Moderate Service Level

The Moderate Service Level consists of a structured supportive setting, preferably in a family, in which most activities are designed to improve the child's functioning including:

- More than routine guidance and supervision to ensure the child's safety and sense of security;
- Affection, reassurance, and involvement in structured activities appropriate to the child's age and development to promote the child's well-being;
- Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Access to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals to help the child attain or maintain functioning appropriate to the child's age and development.
- In addition to the description in the section above, a child with primary medical or habilitative needs may require intermittent interventions from a skilled caregiver who has demonstrated competence.

Characteristics of a child who needs Moderate Services

A child needing moderate services has problems in one or more areas of functioning. The children needing moderate services may include:

- A child whose characteristics include one or more of the following:
 - ▶ Frequent non-violent, anti-social acts;
 - ▶ Occasional physical aggression;
 - ▶ Minor self-injurious actions; and
 - ▶ Difficulties that present a moderate risk of harm to self or others.
- A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include one or more of the following:
 - ▶ Substance abuse to the extent or frequency that the child is at-risk of substantial problems; and
 - ▶ A historical diagnosis of substance abuse or dependency with a need for regular community support through groups or similar interventions.
- A child with intellectual or developmental disabilities whose characteristics include:

- ▶ Moderate to substantial difficulties with conceptual, social, and practical adaptive skills to include daily living and self-care; and
- ▶ Moderate impairment in communication, cognition, or expressions of affect.
- A child with primary medical or habilitative needs, whose characteristics include one or more of the following:
 - ▶ Occasional exacerbations or intermittent interventions in relation to the diagnosed medical condition;
 - ▶ Limited daily living and self-care skills;
 - ▶ Ambulatory with assistance; and
 - ▶ Daily access to on-call, skilled caregivers with demonstrated competence.

Specialized Service Level

The Specialized Service Level consists of a treatment setting, preferably in a family, in which caregivers have specialized training to provide therapeutic, habilitative, and medical support and interventions including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes close monitoring and increased limit setting;
- Affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
- Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Therapeutic, habilitative, and medical intervention and guidance that is regularly scheduled and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development.
- In addition to the description in the section above, a child with primary medical or habilitative needs may require regular interventions from a caregiver who has demonstrated competence.

Characteristics of a child that needs the Specialized Services

A child needing specialized services has severe problems in one or more areas of functioning. The children needing specialized services may include:

- A child whose characteristics include one or more of the following:
 - ▶ Unpredictable non-violent, anti-social acts;
 - ▶ Frequent or unpredictable physical aggression;
 - ▶ Being markedly withdrawn and isolated;
 - ▶ Major self-injurious actions to include recent suicide attempts; and
 - ▶ Difficulties that present a significant risk of harm to self or others.
- A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include one or more of the following:
 - ▶ Severe impairment because of the substance abuse; and
 - ▶ A primary diagnosis of substance abuse or dependency.
- A child with intellectual or developmental disabilities whose characteristics include one or more of the following:
 - ▶ Severely impaired conceptual, social, and practical adaptive skills to include daily living and self-care;
 - ▶ severe impairment in communication, cognition, or expressions of affect;
 - ▶ Lack of motivation or the inability to complete self-care activities or participate in social activities;
 - ▶ Inability to respond appropriately to an emergency; and
 - ▶ Multiple physical disabilities including sensory impairments.
- A child with primary medical or habilitative needs whose characteristics include one or more of the following:
 - ▶ Regular or frequent exacerbations or interventions in relation to the diagnosed medical condition;
 - ▶ Severely limited daily living and self-care skills;
 - ▶ Non-ambulatory or confined to a bed; and
 - ▶ Constant access to on-site, medically skilled caregivers with demonstrated competencies in the interventions needed by children in their care.

Intense Service Level

The Intense Service Level consists of a high degree of structure, preferably in a family, to limit the child's access to environments as necessary to protect the child. The caregivers have specialized training to provide intense therapeutic and habilitative supports and interventions with limited outside access, including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response.
- Affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
- Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child, to maintain a sense of identity and culture;
- Therapeutic, habilitative, and medical intervention and guidance that is frequently scheduled and professionally designed and supervised to help the child attain functioning more appropriate to the child's age and development; and
- Consistent and frequent attention, direction, and assistance to help the child attain stabilization and connect appropriately with the child's environment.
 - ▶ In addition to the supports and interventions listed in the section above:
 - ◇ Children with intellectual or developmental disabilities needs require professionally directed, designed, and monitored interventions to enhance mobility, communication, sensory, motor, and cognitive development, and self-help skills.
 - ◇ Children with primary medical or habilitative needs require frequent and consistent interventions. The child may be dependent on people or technology for accommodation and require interventions designed, monitored, or approved by an appropriately constituted interdisciplinary team.

Characteristics of a child that needs Intense Services

A child needing intense services has severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others. The children needing intense services may include:

- A child whose characteristics include one or more of the following:
 - ▶ Extreme physical aggression that causes harm;
 - ▶ Recurring major self-injurious actions to include serious suicide attempts;
 - ▶ Other difficulties that present a critical risk of harm to self or others; and
 - ▶ Severely impaired reality testing, communication skills, cognitive, affect, or personal hygiene.

- A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency in addition to being extremely aggressive or self-destructive to the point of causing harm.
- A child with intellectual or developmental disabilities whose characteristics include one or more of the following:
 - ▶ Impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others; and
 - ▶ A consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.
- A child with primary medical or habilitative needs that present an imminent and critical medical risk whose characteristics include one or more of the following:
 - ▶ Frequent acute exacerbations and chronic, intensive interventions in relation to the diagnosed medical condition;
 - ▶ Inability to perform daily living or self-care skills; and
 - ▶ 24-hour on-site, medical supervision to sustain life support.

Intense-Plus Service Level

The Intense-Plus Service Level is only available in Residential Treatment Centers and consists of a high degree of structure to support the child in his or her environment while intervening as necessary to protect the child. The caregivers have specialized training specific to the child's characteristics. The therapists on staff have professional licensure or graduate level education to provide therapeutic services, intense therapeutic supports and interventions, including:

- 24-hour supervision to ensure the child's safety and sense of security, including constant one-to-one monitoring during waking hours by an employee trained on the child's therapeutic interventions and able to provide immediate on site response.
- Participation in individual and group therapy sessions that are research-supported, reimbursable by Medicaid, and readily available in the community. These include but are not limited to specialized therapies such as Eye Movement Desensitization and Reprocessing Therapy, Applied Behavior Analysis (certified), Treatment for Anorexia/Bulimia/Eating Disorders, and others as appropriate.
- Use therapeutic programs that are documented as either well supported, supported, promising practice or evidence based and are appropriate to the child's

age and development to promote the child's well-being. Therapy must address trauma and the behaviors resulting in the need for Intense-Plus level of care.

- Contact, in a manner that is deemed in the best interest of the child, with siblings, family members, and other persons significant to the child in order to maintain a sense of identity and culture.
- Services to help the child learn or improve skills and functioning for daily living.
- Medical intervention and therapy that is structured daily, and professionally designed and supervised to help the child attain functioning more appropriate to the child's age and development and to address the behaviors resulting in the need for Intense-Plus services.
- Consistent and constant direction, intervention, and structured support to help the child attain stabilization and connect appropriately with the child's environment.
- Professionally directed, designed, and monitored interventions for a child with intellectual or developmental disabilities, to enhance mobility, communication, sensory, motor, cognitive development, behavioral and self-help skills.

Characteristics of a child that needs Intense-Plus Services

A child needing Intense-Plus services has severe problems in two or more areas of functioning that present an extreme, imminent, and critical danger of harm to self or others. The children needing intense-plus services may include:

- A child whose characteristics may include more than one of the following:
 - ▶ has extreme and reoccurring episodes of physical aggression that causes harm;
 - ▶ has extreme and reoccurring episodes of sexually aggressive behaviors;
 - ▶ has assaultive, homicidal, suicidal, recurring major self-injurious actions;
 - ▶ has chronic runaway behaviors;
 - ▶ has severely impaired reality testing, communication skills, and cognition.
- A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency or abuse in addition to being extremely aggressive or self-destructive to the point of causing harm.
- A child who has eating disorders causing concerns for health and well-being.

- A child with intellectual or developmental disabilities whose characteristics include one or more of the following:
 - ▶ impairments so extreme in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others;
 - ▶ a consistent inability or unwillingness to cooperate in self-care while requiring, constant one-to-one supervision for the safety of self or others;
 - ▶ actively psychotic and has acted out on the psychosis;
 - ▶ survivor of human or sex trafficking;
 - ▶ chronic criminal behaviors that result in current or recent involvement with the justice system; and
 - ▶ displayed animal cruelty in the last 90 days.

Appendix D. Rates

Current Rate Setting Process

H.B. 5, 85th Legislature, Regular Session, 2017, codified at Section 40.058, Human Resources Code,⁸⁵ requires the DFPS and HHSC to “enter into contracts for the provision of shared administrative services, including...rate setting.” In 2018, HHSC and DFPS agreed in a memorandum of understanding that the HHSC Provider Finance Department (Provider Finance) would on an ongoing basis “identify and recommend appropriate rate changes, if applicable, and send a notification to DFPS staff of the recommendations.” Pursuant to the memorandum, Provider Finance calculates and recommends reimbursement rates for DFPS’ 24-hour Residential Child Care (24-hour RCC) program and submits those recommendations to DFPS for their consideration.

DFPS currently reimburses providers through two payment models: the legacy system and Community-Based Care (CBC). Under the legacy system, DFPS pays 24-hour RCC providers a payment rate for each day of care provided. The rate depends on the placement setting type and the child’s assessed service level. HHSC uses provider cost reports to calculate rates for Child Placing Agencies (including a foster family passthrough); General Residential Operations/Residential Treatment Centers (GRO/RTCs); and Emergency Shelters (ES). For each setting, HHSC calculates a weighted mean/median rate. For CPAs and GRO/RTCs, HHSC applies a service level index that adjusts the rates based on the child’s service level. Rates for ES do not vary by service level. All calculated rates are adjusted upward by 7 percent to approximate the 60th percentile, consistent with other facility-based program rates. This results in the methodological rates. The final rates are set by the Legislature and are limited to available appropriations.

CBC pays blended rates intended to approximate what the state would have paid under the legacy system. HHSC calculates a statewide average blended rate using the current legacy rates and forecasted placement days. DFPS provides HHSC with projected days of care by Service Level, Placement Type, and Strata (based on age at entry and duration of care) for Legacy catchments. HHSC then develops average rates for each stratum based on the projected Legacy days while maintaining the overall statewide average. HHSC uses the statewide average rate for each stratum and projected number of placement days by strata for each CBC catchment area to develop a blended daily rate for each catchment area. Exceptional care days and payments are “carved out” of the blended rate and provide relief for some very high-cost cases.⁸⁶

⁸⁵[H.B. 5 85th Legislature Regular Session 2017](#)

⁸⁶[HHSC foster-care-rate-methodology-feb-2021](#)

Rate Modernization Project

The 86th Legislature directed HHSC, in consultation with DFPS, to evaluate the methodology for establishing foster care rates pursuant to the 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, Special Provisions Relating to All HHS Agencies, Section 32). Special Provision 32 required HHSC (in collaboration with DFPS) to determine whether there is an alternative rate methodology that would increase provider capacity capable of delivering appropriate and evidence-based services, incentivize quality improvements, and maximize the use of federal funds. HHSC was also directed to evaluate cost-reporting requirements to identify opportunities to streamline reporting and ensure necessary information is included to support any alternative foster care rate methodology. The provisions required that stakeholders have an opportunity to provide input on the alternative rate methodology. Finally, the provisions allowed HHSC to contract for the evaluation with a third party with demonstrated capacity to develop residential child care rates and risk-based contracting in child welfare settings.

In 2020, HHSC contracted with Public Consulting Group (PCG) to perform this evaluation. The PCG report (Dec 2020) noted the following areas for improvement: current rates do not clearly align to cost of care; current rate level system, whereby rates can fluctuate for children based on assessed service level, creates fiscal challenges; rate development process is primarily retrospective; the rate calculations mix retrospective costs with forecasted placements; and there is overreliance on fundraising to support contract requirements.

The 2022-23 General Appropriations Act, Senate Bill 1, Regular Session, 2021 (Article II, Special Provisions Relating to All HHS Agencies, Section 26) directed DFPS to develop an alternative reimbursement methodology proposal for the 88th Legislature with the HHSC assistance. HHSC did not complete all work on the legacy foster care system rates and the CBC model rates prior to the beginning of the 88th Legislative Session. HHSC will target submission of the required legislative report during the legislative session. HHSC's ability to meet this deadline is dependent on no further significant changes to DFPS's final service descriptions; DFPS and the OCBCT providing further guidance and decisions on the CBC methodology options; and HHSC and DFPS meeting deadlines for identified dependencies and key deliverables.⁸⁷

⁸⁷[HHSC foster-care-rate-modernization-progress-report-feb-2022](#)

Appendix E. Children in Substitute Care

Children in Substitute Care Placements by Living Arrangement– Categories by Legal Regions⁸⁸

Type - Description	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	State-wide
DPFS Foster Homes - Child Care Services	16	18	166	86	134	29	106	29	36	35	30	685
DFPS Foster Homes - Emotional Disorders	0	0	0	0	1	0	0	0	0	0	0	1
Developmental Disability	0	0	0	0	0	0	0	0	0	0	0	0
DFPS Foster Homes - Primary Medical Needs	0	0	0	0	0	0	0	0	0	0	0	0
Private CPA Homes - Child Care	389	315	853	289	157	669	794	945	130	35	291	4,867
Private CPA Homes - Emotional Disorder	153	172	1,047	222	138	705	257	298	65	81	360	3,498

⁸⁸Data time period: As of February 2022.

Data source: DFPS data warehouse. Foster Care columns indicate primary service indicated for child in the designated setting. Column headings changed in 2008 due to new licensing standards. New headings include: Child Care Services (formerly Basic), Emotional Disorder (formerly Therapeutic), Developmental Disability (formerly Habilitative), Perv Devl Disorder (Pervasive Development Disorder – new heading), GRO (General Residential Operation) Child Care Only.

Type - Description	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	State-wide
Private CPA Homes - Developmental Disability	1	0	6	2	0	0	5	1	0	1	6	22
Private CPA - Primary Medical Needs	13	12	27	8	8	30	20	27	5	3	9	162
Private CPA Homes - Pervasive Developmental Disorder	8	0	16	13	6	10	15	27	3	1	1	100
Private CPA Homes - Treatment Foster Care	0	0	24	3	5	7	12	13	5	6	18	93
General Residence Organization - Child Care Only	143	68	99	31	17	43	76	124	16	6	25	648
Residential Treatment Center	91	66	265	98	31	137	167	240	39	19	65	1,218
Emergency - Shelter Services	32	4	56	30	13	48	49	114	18	20	52	436
Other Foster Care	11	15	79	15	15	82	62	71	17	10	21	398
DPFS Adoptive Home	0	0	4	9	4	3	13	11	6	4	3	57

Type - Description	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	State-wide
Private Adoptive Home	14	22	56	19	10	68	37	22	22	3	25	298
Independent Living	2	0	1	0	1	0	4	9	0	0	0	17
Other Substantive Care	37	0	107	32	16	95	75	139	15	9	28	563
All Types	1,286	1,169	4,016	1,346	946	2,793	3,173	3,293	678	354	639	20,571

Table 1. Children in Substitute Care (February 2022) ⁸⁹

Entering Substitute Care	Total
Kinship Caregiver	44%
Non-Kinship Caregiver	56%

Table 2. Children in Non-Kinship Care (February 2022)

Type	Percent
Home Setting	N/A
Non-Kinship Foster Home	74%
Congregate Care Setting	N/A
Residential Treatment Center	10%
GRO-Basic Child Care	5%
Emergency Shelter	3%
Other Foster Care	7%

Table 3. Children in Non-Kinship Care (February 2022)

Type	Bed Category	Bed Type
Non-Kinship Foster Home	Non-treatment Beds	Basic Foster Care
Non-Kinship Foster Home	Non-treatment Beds	Specialized Foster Home
Non-Kinship Foster Home	Treatment Beds	Treatment Foster Family Care
Residential Treatment Center	Treatment Beds	Residential Treatment Center
Residential Treatment Center	Treatment Beds	Psychiatric Transition

⁸⁹Data time period: As of February 2022. Data source: DFPS data warehouse.