

# Texas Alliance of Child and Family Services Foster Care Rate Analysis and Recommendations 87<sup>th</sup> Legislature March 2021

# **Contents**

Summary	2
Current Capacity Needs	4
External Capacity Drivers	6
Quality Workforce to Support Capacity Needs	8
Update Rate Methodology	9
Capacity Building Strategies	10
Federal Funding Strategies	11
Annendix	13



#### **Summary**

The Texas Alliance of Child and Family Services (TACFS) is the network of community organizations that provide services to children, youth, and families involved, or at risk of being involved, with the child welfare system. Our members contract with the Department of Family and Protective Services (DFPS) to provide direct care to prevent neglect or abuse, heal trauma when abuse occurs, achieve permanency for children in care, and improve long-term outcomes for all children and youth in communities across Texas.

Investment is needed to support and work toward positive outcomes for children in foster care. For every child that enters foster care, around 20 percent are likely to have system reinvolvement within one year after exiting care. That number jumps to nearly 40 percent within five years. At every opportunity we have to interact with children and families across the continuum, there is an obligation to "get it right" the first time.

This proposal is reflective of the sense of urgency felt statewide, in the legacy and Community Based Care systems, to stabilize and grow capacity. The additional and compounding pressures on the system with COVID-19, federal foster care lawsuit, increasing costs and stressors, and, most recently, the winter storm and resulting utility outages have left foster care providers and the children, youth, and families they serve in need of additional support.

TACFS recommends full funding of foster care rates based on the rate schedule released by the Health and Human Services Commission in January 2021 for a total investment of an additional \$91,059,596 (\$72,043,307 in state funds) for the 2022/2023 biennium.

It is important to note that the data produced by the State to reflect the "full cost of care" is based on cost reports that are several years old and do not reflect any **cost-of-living adjustments** and other factors such as increased costs related to **COVID-19 and other external drivers** discussed in this report.

The investment into foster care directly impacts the **quality** and **capacity** of the services available to children, youth, and families. We believe this investment will better support the entire continuum of care and meet our state's most critical capacity needs.

- Build capacity for children with complex needs in therapeutic settings and foster homes.
- Increase rates to support foster homes and prevent disruptions.
- Support a high-quality direct care workforce.

# **Child Placing Agency (CPA) Rates** — Full funding \$59.9 million

Investment would support the many foster and kinship families that struggled through the pandemic with financial hardship and more. This investment would also support stabilizing children in foster homes, and building foster home capacity to support high needs kids in a less restrictive setting. This direction supports the federal Family First Prevention Services Act and the federal foster care lawsuit.

# **General Residential Settings** – Full funding \$31.2 million

Since the onset of the pandemic, Texas has lost more than 500 beds, many of them residential treatment beds. It is critical that the state continue to build and retain capacity for kids, particularly those with the highest needs. These short-term settings are meant to provide a high level of care for children with complex needs and step down into a less restrictive setting.



As the state continues to navigate out of the pandemic, we can better protect ourselves from future external stressors by continuing the work to **update the foster care rate methodology**. In addition, we can offset some of funding burden from the last year through the **maximization of recent federal funding designations** to better support children, youth, and families.



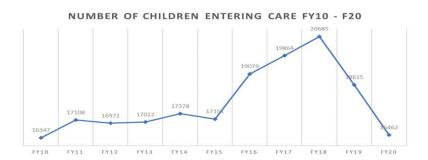
#### **Current Capacity Needs**

**Texas' system is struggling to grow and maintain vital capacity.** After a spike in new entries into foster care in 2018, that number of needed foster care placements has been declining, with a significant drop in 2020, likely due to the COVID-19 pandemic.

The data shows new entries to care have slowed over FY19 to FY21 (to date) when compared to FY16 to FY18.

Despite decreases of new entries into care, however, we have not seen decreases in demand for placements. In fact, the data also shows that the overall number of children in care has remained constant or increased slightly. This is due largely to two factors:

 Generally, when the number of new removals decreases, the level of acuity of those that are removed increases. Or,



those children that are removed are more likely to have experienced more serious trauma or have more complex needs. Building and maintaining this capacity to serve the higher needs is complex and difficult to maintain.

2. **Delays in permanency means that the capacity need remains**. 49 percent of kids removed in 2019 are still in care, and 17 percent from 2018. Kids staying in care longer means that any positive impact on slowing entries is offset by the ongoing needs of children who entered foster care in previous years.

Exit Type	Time in Care (months)					
	FY18	FY19	FY20			
Reunification	12.9	12.8	13.3			
Custody to Relatives	12.9	13.3	13.7			
Adoptions to Relatives	24.6	24.7	25.1			
Adoptions to Non-relatives	27.5	27.6	28			
Total Time to Permanency	17.4	17.7	18.2			

When combined with the increasing challenges and external pressures, organizations, case managers, direct care staff, and foster families are seeing a culmination of events that could become a perfect storm for a capacity crisis as evidenced by the number of children sleeping in offices.



## Child Placing Agency (CPA) Rates — Full funding \$59.9 million

- 1. **Foster Family Pass-through** Many foster families struggled through the pandemic due to financial hardship, changes in their work situation, becoming at-home teachers as well as parents, cost-of-living increases and many other issues. A rate increase will better support foster and kinship families as they care for Texas' kids during this difficult period.
- 2. **CPA Basic/Moderate -** Approximately 75-80% of the children in a foster home placement are either at a basic and moderate level of care. Keeping these children in a stable foster home and meeting their needs is critical for successful outcomes for each child and across the system.
- 3. **CPA -Specialized/Intense -** In order to support children with more complex needs in foster and kinship homes, Texas will need to invest in rates that can help recruit and retain high quality foster parents. This may include additional training to identify and support trauma-related behaviors, therapeutic care, and crisis intervention.
- 4. **Treatment Foster Care** Treatment Foster Care (TFC), is a short-term foster care placement with intensive wraparound services for children with complex needs in a home setting. TFC has shown success in discharging these children into less restrictive settings. However, it is still difficult to retain foster parents and maintain this much needed capacity. More support is needed for respite during and between placements.

# **Residential Group Settings** – Full funding (all settings), \$31.2 million

- 1. **Residential Treatment Center (RTC) Specialized/Intense -** It is critical that the state continue to build and retain capacity for kids, particularly those with the highest needs. Targeted rate increases for those with the highest needs will support these placements and continue to support those centers that seek to become accredited, hire clinical staff, informed training, and more.
- Emergency Shelters These facilities care for children of all levels of need, working in particular to support kids
  moving to kinship homes and sibling groups waiting on a family. Shelters are a short-term placement, but
  important to long-term sustainability of the system.



#### **External Capacity Drivers**

**COVID-19.** Since the onset of the COVID-19 pandemic, child welfare work became more complex and held a growing sense of urgency. Child-serving organizations had to re-evaluate how they serve children, families, and staff to protect everyone involved in the work. For an entire year, these organizations managed in this capacity while making the necessary investments to provide necessary equipment to ensure the safety and well-being of everyone in the organization. However, these investments were not budgeted in the fiscal year budget. Many organizations are struggling to continue to provide the same quality services with the onset of these expenses. TACFS estimates organizations are spending an additional \$20,000 -\$40,000 a month. These expenses are a result of some of the following needs:

- Major unanticipated staffing costs for schools closing and other workforce stressors.
- Technology needs for virtual visitation, telemedicine, and virtual schooling.
- Need for personal protective equipment for children, caregivers, and staff.

The following chart breaks down some of the expenses made during the beginning of the pandemic, when resources across the state were low and innovation to provide care was required:

#### Members Summary of COVID-19 Expenses

	 Mar-20			Apr-20			May-20	)	Jun-20		
	 Amount	%	_	Amount	%		Amount	%		Amount	%
Workforce Related Costs	\$ 475,604	54%	s	730,732	67%	s	593,852	72%	s	780,123	81%
Cleaning and PPESupplies	158,102	18%		129,915	12%		57,008	7%		75,887	8%
Basic Need Assistance Including Food	95,822	11%		104,801	10%		55,527	7%		22,764	2%
Educational Supplies	63,551	7%		49,341	5%		46,877	6%		11,350	1%
Technology and Connectivity Expenses	76,943	9%		51,248	5%		58,340	7%		43,262	4%
Other	12,147	1%		23,706	2%		10,836	1%		32,411	3%
Total	\$ 882,170	100%	s	1,089,742	100%	S	822,440	100%	s	965,798	100%
			_								
Monthly Average Expenditure	\$ 16,965		\$	23,186		\$	29,373		\$	45,990	

Chart C highlights that the major expense has gone to workforce related costs during the COVID-19 pandemic. Organizations are keeping their staff and children safe, but this means resources are being pulled away from treatment and direct care resources. This model of expenditure is not a sustainable model for child-serving organizations.

**Federal Foster Care Lawsuit.** In the implementation process of the decade long lawsuit, child-serving organizations are facing system changes that, although they provide transparent accountability, are forcing organizations to redirect resources into administration costs rather than investing into children and services. The lawsuit orders require increased scrutiny on violations, citations, and investigations and organizations are working diligently to stay in compliance. Additionally, there is significant concern that this will negatively impact the ability to place children with more complex needs and challenging behaviors such as running away, aggression, or self-harming. Texas has the unique opportunity to build public confidence in the child welfare system. However, in order to build public confidence, we must eliminate agency silos and duplicative oversight to provide clear oversight and invest resources in the lawsuit that will be directed toward the care and services of children and families.



**Family First Prevention Services Act (FFPSA).** This federal law goes into effect in the fall of 2021. The opportunity to draw down federal IV-E funds highlights the need for states to serve the most vulnerable children in residential settings while increasing the capacity for foster homes. Serving high needs children in family settings requires special foster families with a unique skillset, intense training, and ongoing support. In order for FFPSA to succeed, the state must provide a clear direction to develop high quality placements for children with complex needs.

**Increasing Costs:** With the developing changes in the child welfare environment to adopt new therapy and methods of care, and analyze and interpret new data, administration costs consistently increase year to year.

		1% Rate Increase	5% Rate Increase	5% CPA Retainage,
	Need to Fully	for all Programs	for all Programs	3% for Foster Parents
All Funds for Legacy and CBC	Fund Rates	and Services	and Services	3% for RTC,
Total 24-Hour RCC Foster Family and CPA	59,896,188	6,602,624	33,013,120	25,894,091
Total CPA Retainage, Legacy	24,531,011	2,022,220	10,111,100	10,111,100
Total Foster Family Pass Through, Legacy	15,020,843	2,361,783	11,808,915	7,085,349
Total Community Based Care (CBC)	20,344,334	2,218,621	11,093,105	8,697,642
RTC	11,328,222	2,504,322	12,521,610	7,512,966
24RCC Emergency Shelter	15,784,767	526,498	2,632,490	2,632,490
Intensive Psychiatric Transition Program (IPTP)	911,390	193,421	967,105	967,105
Temporary Emergency Placement (TEP)	1,407,654	63,490	317,450	317,450
Supervised Independent Living	1,731,375	52,814	264,070	264,070
All Funds Needed	91,059,596	9,943,169	49,715,845	37,588,172
% of Estimated Biennial Costs (Legacy and CBC)	8.93%	0.98%	4.88%	3.69%
Estimated Biennial Cost Legacy and CBC 2022-2023	\$ 1,019,564,396			

Additional cost breakdowns can be found at the end of this report.



#### **Quality Workforce to Support Capacity Needs**

"A well-trained, highly skilled, well-resourced and appropriately deployed workforce is foundational to a child welfare agency's ability to achieve best outcomes for the vulnerable children, youth, and families it serves." – Casey Family Programs

Just as with the DFPS Child Protective Services (CPS) workforce, an experienced, trained, and stable workforce at Child Placing Agencies (CPAs) and General Residential Operations (GROs) is associated with positive outcomes for children and families. Research shows a strong and tenured workforce is critical to high quality case decision-making and family engagement. Reduced turnover of child welfare staff also results in improved outcomes through:

- More frequent contacts with children and families.
- Reduced number of placements (linked to improved permanency outcomes for children).

Despite the utmost importance of the foster care direct care workforce, many CPAs and GROs lack the funding they need to develop and sustain a skilled workforce. The funding shortfall experienced by CPAs and GROs has a direct impact on their direct care staffing. The estimated amount of additional funding that was needed to fully fund the staffing component of the rate paid to CPAs and GROs for the FY2020–21 biennium was \$23.5 million in All Funds.

Incremental Cost to Fully Fund Staffing Component of CPA Rate, 2020-21 Biennium

Level of Care	Fully Funded Retainage Rate	Staffing Component of Fully Funded Retainage Rate	Increase over 2018-19 Rates	Incremental Cost to Fully Fund Staffing Component of Retainage Rate
Basic	\$23.00	\$16.10	7.48%	\$5,289,622
Moderate	\$40.94	\$28.65	7.48%	\$2,671,220
Specialized	\$55.05	\$38.53	7.48%	\$771,734
Intense	\$101.02	\$70.70	7.48%	\$101,207
Total				\$8,833,782

Incremental Cost to Fully Fund Staffing Component of GRO Rate, 2020-21 Biennium

Level of Care	Fully Funded Rate	Staffing Component of Fully Funded Rate	Increase over 2018-19 Rates	Incremental Cost to Fully Fund Staffing Component of Rate
Basic	\$48.57	\$35.72	7.48%	\$607,404
Moderate	\$142.82	\$105.04	38.62%	\$5,974,037
Specialized	\$212.36	\$156.19	7.42%	\$4,968,557
Intense	\$298.12	\$219.27	7.48%	\$3,110,586
Total				\$14,660,584



## **Update Rate Methodology**

The recently released Texas Health and Human Services Foster Care Rate Methodology Study conducted by the Public Consulting Group (PCG) offers a stark picture of an outdated funding structure. At a high level, the study says that:

- The current rates do not clearly align to cost of care.
- The current rate level system, whereby rates can fluctuate for children based on assessed service level, creates fiscal challenges.
- The rate development process is primarily retrospective.
- The rate calculations mix retrospective costs with forecasted placements.
- There is overreliance on fundraising to support contract requirements.

These strategies may take time, resources, and effort but will better position the foster care system for long-term stability. We have included an attachment breaking down the recommendations from PCG and highlighted some of those provisions below. Specifically, TACFS recommends these PCG-report featured provisions be implemented:

- 1. Develop program and service models, develop rates to align with these models. This would include related cost reports that capture the full costs of providing high quality care. See report sections related to Individualized Needs of Children (Legacy Rate System).
- 2. For any direct care staff costs considered in the development of associated rates, utilize current wage data/market information as opposed to outdated cost report information.
- 3. Immediately eliminate duplicative and unnecessary cost reporting requirements.
- 4. Update Community Based Care rates in accordance with the changes to legacy rates as described above and implement risk reserve for CBC.
- 5. Fund incentives (in addition to revenue-neutral incentives and remedies already in place) in order to increase quality in general and improve recruitment and retention of foster homes.
- 6. Establish regular rate review and recalculation opportunities to allow for system and market calibration, and incorporation of new policies and program requirements. Recalculate the rates every two to three years and in between when there are significant program changes. Adjustments for inflation should occur annually, if possible.
- 7. Direct additional study and/or progress reporting on all of the federal funding maximization recommendations in the report.
- 8. Develop methodology for continuing foster home placement when a child's level of care is lowered.
- 9. Continue to study CANS and whether CANS assessments could be utilized for informing rates on an ongoing basis.
- 10. Study trends driving length of stay as predictive of costs and, if relevant, utilization of specialized rate (if rates around program models are developed the specialized rate will not be as relevant).
- 11. Develop new rates around family and aftercare support.
- 12. Work with provider community to implement additional PCG cost reporting recommendations as appropriate.



# **Capacity Building Strategies**

The following strategies are recommended in addition to funding foster care provider rates. These strategies will further support maintaining and growing capacity.

- Provide incentive or additional funding for organizations that support children with complex needs (such as behavioral health issues, sex trafficking survivors, and pregnant and parenting youth).
   Consider funding to support high quality providers that take placements with complex needs. This payment could support additional therapeutic support, wraparound services, training needs, and more.
- 2. Direct state agencies to streamline the credentialing process for child-serving organizations to be credentialed as Senate Bill 58 providers to offer a full array of Medicaid behavioral health services. According to the American Academy of Pediatrics (AAP), up to 80 percent of children in foster care enter with a significant mental health need. Failure to address the behavioral health needs of children in foster care can result in poor permanency outcomes for children and costly outcomes for the state. Supporting these services will work toward improving outcomes for kids and provide improved stability in placements.
- 3. **Fully fund the direct care workforce component of rates.** Texas has heavily invested in improving the quality and retention of CPS staff, which has created a lack of parity in salaries compared to those offered by CPAs and GROs. Just as with the CPS workforce, an experienced, trained, and stable workforce at CPAs and GROs is associated with positive outcomes for children and families. Reduced turnover results in more contacts/visits with children and families, better service delivery, and improved safety, permanency, and wellbeing. Quality investments in the foster care direct care workforce to ensure a stable workforce and positive outcomes for children and families. A quality, effective workforce will, in turn, lead to better coordination and integration of services, more efficient use of public funds, and, most importantly, positive outcomes for children, youth, and families.
- 4. **Support a cost-of-living adjustment.** A COLA adjustment would allow organizations to provide for baseline cost adjustments, plan finances accordingly, and focus resources on higher priorities.
- 5. Allocate funding for performance incentives. To fully support the incentives and remedies provisions of Senate Bill 11, we respectfully recommend that the Legislature allocate funds for performance incentives. The current plan requires that any awards for incentives come from remedies, and incentives have not yet been paid. By fully funding performance incentives, TACFS projects that the long-term outcome satisfies the capacity need that the state has been searching for. During this process, we can quantify success in the system by measuring placement stability, new foster parents, number of trainings completed, and number of practices implemented. As a result, we can begin to calculate and quantify the short, intermediate, and long-term goals of increased capacity over time.



# **Federal Funding Strategies**

**FFPSA.** Texas has started compliance through a small group piloting Qualified Residential Treatment Programs. Continuing to grow and support this program, while gathering data and costs will support the Legislature's future decisions for residential treatment programs. Although the implementation is complex, maximizing federal funding through FFPSA will support Texas in developing a robust array of services. In addition, Texas can continue to grow federally funded program models that serve populations such as pregnant and parenting youth and trafficking survivors, which are critical to keeping high-risk populations stable.

**Older and aging out youth.** In December, Congress passed the Consolidated Appropriations Act (HR 133)1, Division X, Supporting Foster Youth & Families through the Pandemic Act. Texas was allocated \$400 million, with a minimum \$50 million set aside for education tuition voucher (ETV). It is estimated this will allocate around \$25 million in federal Chafee funding and, at minimum, \$6 million for ETV funding to Texas.

This act requires that states continue to ensure that the safety, permanence, and well-being needs of older foster youth, including young adults in extended/return to care, continue to be met, as well as meaningful transition planning for young adults in extended foster care. It authorizes states to use any of the money they receive under additional Chafee funding to support these purposes.

No state match is required to access this funding, but it is only authorized through September 30, 2021, so states must mobilize quickly.

The funding changes increase overall programmatic flexibility for federal fiscal years 20 and 21:

- Permits receipt of assistance until youth turn 27.
- Prohibits Secretary from requiring states to prove nexus between pandemic and spending during COVID emergency if doing so would administratively burden state and impede ability to serve youth.
- Liberalizes rules around whether youth must be enrolled/enrolled full-time or making satisfactory progress.
- Allows spending over 30 percent for housing out of overall Chafee allotment for young adults.
- Opens up receipt of assistance to former foster youth between ages 18-26 if they were in foster care aged 14 or over
- Allows states to pay up to \$4,000 per youth for expenses related to driving.
- Increases individual ETV amount from \$5,000 to \$12,000. However, note that there are other limitations in federal law that appear to still apply, such as a limitation on duration of ETV of a maximum 5 years.

This Act prohibits aging out of care and prohibits states from requiring children to age out of care solely by reason of their age or inability to meet education/work requirements for extended care; requires states to allow return to care up to age 22 (Texas already does but bill also imposes requirements around aiding return to care and conducting public awareness campaign around ability to return).

**Promoting Safe and Stable Families.** Act appropriated \$85 million (of which \$10 million will be set aside for court improvement) that is 100 percent federally funded. Appears to be allowable to use flexibly for the statutorily enumerated purposes of: **prevention of maltreatment; family preservation; reunification support; and adoptive family support.** 



It is unclear whether Texas has received its allotment of the emergency funding through Promoting Safe and Stable Families. Additional Provisions of Supporting Foster Youth & Families through the Pandemic Act include:

- Authorizes 100 percent federal match for training and administrative costs under a state's IV-E Prevention plan.
- Authorizes \$10 million to support court proceedings and improvement necessitated by COVID health emergency.
- Authorizes 100 percent federal match for state kinship navigator programs and temporarily waives evidence-based requirements for such programs.
- Preserves favorable claiming resulting from COVID relief for IV-E waiver demonstration states.
- Permits virtual home visits for home visiting programs.



# **Appendix**

			FullyFunc	Fully Fund Methodology					•		
			regacy system				cbc system			regacy and cbc	
	FY 2020/2021	Fully Funded	GR Funds Fully Fund	All Funds Fully Fund	% Increase Needed to	GR Funds Fully Fund	All Funds Fully Fund	%Increase Needed to	GR Funds Fully Fund	All Funds Fully Fund	% Increase Needed to
Program and Service	LOC Rates	LOC Rates	Methodology	Methodology	Fully Fund	Methodology	Methodology	Fully Fund	Methodology	Methodology	Fully Fund
DFPS Services 24-Hour Residential Child Care (24-Hour RCC)											
Child Placing Agency (CPA) Total Payment Rate - Basic	\$ 49.54	\$ 54.01	\$ 16,652,359	\$ 22,874,120	9.05%	\$ 8,516,322	\$ 11,762,876	890'6	\$ 25,168,681	25,168,681 \$ 34,636,996	9.03%
CPA Retainage - Basic	\$ 22.47	\$ 25.12	9,868,258	13,555,299	11.78%						
Foster Family Pass Through - Basic	\$ 27.07	\$ 28.89	6,784,101	9,318,820	6.72%	٠	•				
CPA Total Payment Rate - Moderate	\$ 87.36	\$ 95.87	6,451,424	8,813,420	9.75%	3,273,177	4,520,963	9.82%	9,724,601	13,334,383	9.77%
CPA Retainage - Moderate	\$ 39.99	\$ 45.31	4,034,228	5,511,241	13.31%		. '				
Foster Family Pass Through - Moderate	\$ 47.37	\$ 50.56	2,417,195	3,302,180	6.73%		•				
CPA Total Payment Rate - Specialized	\$ 110.10	\$	4,562,942	6,059,684	10.13%	2,363,961	3,265,140	9.75%	6,926,903	9,324,824	6.99%
CPA Retainage - Specialized	\$ 52.24	\$	2,942,930	3,908,274	13.77%						
Foster Family Pass Through - Specialized	\$ 57.86	φ.	1,620,012	2,151,411	6.84%						
CPA Total Payment Rate - Intense	\$ 186.42	s	500,541		10.54%	272,765	376,747	%00.6	773,306	1,024,278	9.92%
CPA Retainage - Intense	\$ 93.99	\$	345,640	447,141	14.43%	•					
Foster Family Pass Through - Intense	\$ 92.43	s	154,901	200,390	6.58%		•				
Treatment Foster Family Care Total Payment Rate	\$ 277.37	\$ 288.69	1,011,304	1,157,098	4.08%	303,072	418,608	2.00%	1,314,376	1,575,706	4.29%
CPA Retainage - TFFC	\$ 137.52	\$ 148.19	969,315	1,109,056	7.76%		•				
Foster Family Pass Through - TFFC	\$ 139.85	\$ 140.33	41,989	48,042	0.34%	•	•				
Total 24-Hour RCC Foster Family and CPA			29,178,570	39,551,854	13.66%	14,729,297	20,344,334	9.17%	43,907,867	59,896,188	9.07%
Total CPA Retainage			18,160,371	24,531,011	12.13%			Ī			Ī
Total Foster Family Pass Through			11,018,198	15,020,843	6.36%						
General Residential Operation / Residential Treatment Center											
24RCC GRO/RTC- Basic	\$ 45.19	\$ 47.03	240,482	240,482	4.07%	90,922	125,582	3.00%	331,404	366,064	3.63%
24RCC GRO/RTC- Moderate	\$ 108.18	\$ 112.59	458,260	458,260	4.08%	181,843	251,165	%00'9	640,103	709,425	4.60%
24RCC GRO/RTC- Specialized	\$ 197.69	\$	3,726,114	3,726,114	4.08%	1,485,053	2,051,178	5.18%	5,211,167	5,777,292	4.41%
24RCC GRO/RTC- Intense	\$ 277.37	s	2,511,297	2,511,297	4.08%	909,216	1,255,823	4.29%	3,420,513	3,767,120	4.15%
24RCC GRO/RTC- Intense Plus	\$ 400.72	\$ 463.14	499,017	499,017	15.58%	151,536	209,304		650,553	708,321	22.11%
Total 24-Hour GRO/RTC (Foster Care)			7,435,170	7,435,170	4.29%	2,818,570	3,893,052	5.04%	10,253,740	11,328,222	4.52%
24RCC Emergency Shelter	\$ 137.30		10,259,145	10,259,145	28.57%	4,000,550	5,525,622	33.00%	14,259,695	15,784,767	29.98%
Intensive Psychiatric Transition Program (IPTP)	\$ 374.33	\$ 389.60	618,365	618,365	4.08%	212,150	293,025	7.00%	830,515	911,390	4.71%
Temporary Emergency Placement (TEP)	Varies		989,046	989,046	15.58%	303,072	418,608		1,292,118	1,407,654	22.17%
Unidentified CBC Costs			•						•		ĺ
Subtotal			48,480,296	58,853,580	8.80%	22,063,639	30,474,641	8.83%	70,543,935	89,328,221	8.81%
Supervised Independent Living											
Host Home Setting											
Young Adult Only	\$ 33.53		3,593	4,149	13.09%		٠		3,593	4,149	13.09%
Young Adult plus Child	\$ 45.03	\$ 45.03									
Non-College Dorm Setting											
Young Adult Only	\$ 43.02	<b>\$</b> +	409,531	472,899	35.31%				409,531	472,899	35.31%
Young Adult plus Child	\$ 54.52	\$ 54.52									
College Dorm Setting	:										
Young Adult Only	\$ 41.49	<b>^</b> +	259,662	299,840	44.17%				259,662	299,840	44.17%
Young Adult plus Child	\$ 49.35	\$ 49.35									
Apartment or Shared Housing Setting		4									
Young Adult Only	\$ 43.02	۸ ،	714,098		35.31%				714,098	824,593	35.31%
Young Adult plus Child	\$ 54.52	\$ 72.86	101,613	-	33.64%				101,613	117,336	33.64%
Supervised independent Living - Enhanced Case Management			10,8/5	12,558	2.29%				10,875	12,558	7.29%
Subtotal Supervised Independent Living (all settings)			5 1,499,372	5 1,731,375	32.78%	4		70000			



	Outputs - The mea	sures of what we do	Ш	Outcomes – The impact we have			
Resources	Resulting Activities	Measures of success	<del>                                     </del>	Short term	Intermediate	Long term	
Increase to the foster family pass through rate with a stair-step increase for families serving higher needs children  Increase in organizational support rates for Child Placing Agencies with a special focus on rates for services to support specialized, intense, and treatment foster care.	Foster families maintain their ability to provide placements and support for children in care.  CPAs' recruit, retain, train, and support foster families that provide services for high needs youth with complex trauma.  CPAs' increase the utilization of evidence and trauma informed practices	Placement stability for children in basic/moderate placements.  The number of newly licensed foster families at all levels with the most substantial increases coming in families providing services at the intense, specialized, and treatment foster care levels.  Number of trainings delivered on evidence informed practices.  Number of evidence informed practices implemented		Net growth in foster care capacity for basic, moderate, supervised, and intense children  Net growth in the utilization of Treatment Foster Care  Decrease in the number of children spending 2 or more nights without a placement	Fewer basic/moderate children in residential settings and more specialized/intense children in foster homes  Children are placed within their home communities when in the child's best interest  Children are placed with siblings when it is in their best interest	Foster care capacity meets demand  Foster care capacity improves outcomes for children and youth in care	