

#### **SUBSTITUTE CARE**

In Texas, when the Department of Family and Protective Services (DFPS) Child Protective Services (CPS) determines that a child has been abused or neglected, CPS may remove the child from his/her home to ensure their immediate safety and place the child in substitute care. Substitute care services include kinship care, foster care, adoptive homes (both private agency and DFPS), independent living programs and other court ordered placements (DFPS, 2016). In fiscal year (FY) 2017, DFPS had legal responsibility for 50,293 children in Texas with 19,782 children removed from their homes the same year. 48,889 children were placed in substitute care in FY 2017 (DFPS, n.d.c).

#### **KINSHIP CARE**

“CPS and the courts must consider relatives and others with close ties to the child or family as an option. CPS asks parents to name relatives and family friends who might care for their children. CPS contacts relatives and explains their options and the state support that is available. These ‘kinship caregivers’ may also adopt or accept legal responsibility for children when they cannot return home safely. Kinship care gives children more stability and keeps them connected to family when they cannot live with their birth parents” (DFPS, 2017a).

When a kinship care provider agrees to accept a child into their home they must meet all of the requirements to become a foster parent. After fostering the child for a minimum of six months, the kin caretaker may apply to take permanent, legal custody of the child either

through adoption or a permanent managing conservatorship under the *Permanency Care Assistance (PCA) Program*. An alternative to adoption, the PCA program provides the family with additional benefits including “monthly financial assistance and health care assistance to help raise the child to adulthood” (DFPS, n.d.f). In FY 2017, there were 3,893 families receiving PCA program assistance in Texas. In Bandera county, there were three families; in Bexar county, there were 308 families; in Comal county, there were twenty-five families; and in Kendall county, there were three families (DFPS, n.d.c).

#### **FOSTER CARE**

If a child is not able to be placed in the home of a relative or close family friend, s/he may be placed in foster care. “Foster care is meant to be temporary until a permanent living arrangement is found” (DFPS, n.d.d).

There are four basic foster care settings:

- *Foster family home* -- provides care for six or fewer children up to the age of 18 years for 24 hours a day.
- *Foster family group home* -- provides care for seven to twelve children up to the age of 18 years for 24 hours a day
- *Residential group care facilities*
  - General residential organizations (GRO) provide unspecialized care for 13 or more children up to the age of 18 years for 24 hours a day
  - Residential treatment centers (RTC) provide care and treatment for 13 or

more emotionally disturbed children up to the age of 18 years for 24 hours a day

- Emergency shelters provide short-term care (less than 30 days), for 13 or more children up to the age of 18 years for 24 hours a day
- Specialized group facilities include:
  - Operations serving children with intellectual disabilities
  - Maternity homes
  - Halfway houses that provide transitional living services to prepare older children for independent living

(DFPS, n.d.d&e)

- *Facilities overseen by another state agency* – “A very small number of children are in placements offered through other state agencies, such as the Department of State Health Services, and the Department of Aging and Disability Services. There are also a small number of children with very high needs that require a child specific contract, often with a provider who is outside of the current contracted foster care system” (DFPS, 2017d, p.7)

In addition to licensing independent foster homes, DFPS contracts with a variety of child placement agencies (CPA) which place or plan for the placement of a child in a foster/adoptive home or other residential care setting. “While DFPS verified 1,896 foster homes directly, it contracted with 436 foster care providers to provide many thousands of additional foster homes. DFPS spent \$423,084,683 on foster care in FY 2016” (DFPS, 2016, p.15). A full list of current CPAs is available on the DFPS website (DFPS, n.d.a&g). The following table lists the number of children in substitute care in Texas on August 31, 2017 by type of facility:

NUMBER OF CHILDREN IN SUBSTITUTE CARE BY FACILITY TYPE ON AUGUST 31, 2017		
	Texas	KCF Counties
Basic Child Care	801	139
CPA Adoptive Home	306	30
CPA Foster Home	11,663	1,331
DFPS Adoptive Home	147	18
DFPS Foster Home	1,564	145
Emergency Shelter	702	192
Kinship Care	11,612	1,576
Other Foster Care	735	137
Other Substitute Care	500	97
Residential Treatment Center	1,773	203
(DFPS, n.d.c)		

**FOSTER CARE STATISTICS**

In FY 2017, 32,584 children were placed in foster care. The largest percentages of children in foster care includes Hispanic males ages 0-2 years. Other specific demographic statistics appear in the following table:

DEMOGRAPHIC CHARACTERISTICS OF TEXAS CHILDREN UNDER DFPS LEGAL RESPONSIBILITY DURING FY 2017		
Age	Number	Percent
0-2	8,782	27.0
3-5	5,958	18.3
6-9	6,122	18.8
10-13	4,833	14.8
14-17	5,312	16.3
18-21	1,577	4.8
<b>Sex</b>		
Male	16,780	51.5
Female	15,775	48.4
Unknown	29	.1
<b>Ethnicity</b>		
African American	6,862	21.1
Anglo	10,081	30.9
Asian	132	0.4
Hispanic	13,362	41.0
Native American	32	0.1
Other	2,115	6.5
<b>Total</b>	<b>32,584</b>	<b>100.0</b>
(DFPS, n.d.c)		

4,008 children living in Bexar, Bandera, Comal, and Kendall counties were in foster care during FY 2017. The following table offers statistical breakdowns for each of those four counties:

CHILDREN IN FOSTER CARE DURING FY 2017 IN THE SAN ANTONIO AREA			
	Child Population	Children in DFPS Legal Responsibility	Children in Foster Care
Bandera	3,896	49	49
Bexar	509,938	5,437	3,587
Comal	28,784	417	332
Kendall	8,590	29	40
(DFPS, n.d.c)			

**RESIDENTIAL FOSTER CARE**

While it is usually preferable for a child to be placed in individual family foster care because of its similarity to typical family life, many circumstances do result in residential foster care placement. One common reason for residential placement is the lack of families available to provide individual foster care. Residential foster care also offers the best opportunity for groups of siblings to be kept intact and remain at least within the same facility. These sibling placements help keep groups of children connected to their family members, hopefully minimizing the trauma of removal (DFPS, 2017e).

Placement in residential facilities often offers additional benefits, support, and services for children that are not typically available in individual foster families. Some of those benefits may include on-site counseling staff, a more structured environment with behavior modification, supportive psychiatric or other mental health services, established independent living programs, and other support services for the child, and, in some cases, for the family (DFPS, n.d.e).

In the San Antonio area, several options for residential foster care exist:

- St. Peter – St. Joseph Children’s Home
- Baptist Children’s Home Ministries
- Girls and Boys Town
- Boysville (located in Converse, TX)
- The Children’s Shelter
- New Life Children’s Center (located in Canyon Lake)
- Medina Children’s Home (Bandera County)

There are also several facilities that provide residence to children with special needs. Some of these specialized homes include:

- Seton Home for Pregnant Women
- Mission Road Developmental Center
- Roy Maas’ Youth Alternatives, Inc.
- The Children’s Shelter
- The Children’s Inn (located in Boerne, TX)
- St. Jude’s Center for Young Children (Comal County)

The Department of Family and Protective Services (n.d.g) offers an on-line search for Child-Care Operations on its website that lists all of the licensed agencies in Texas.

**SPECIAL ISSUES IN FOSTER CARE**

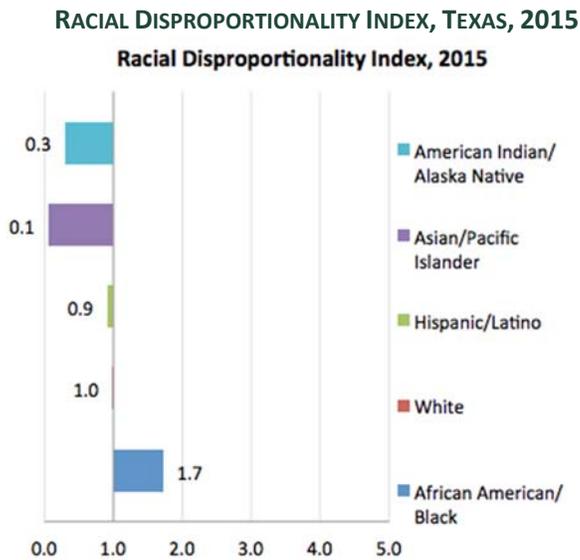
Many factors make foster care a complex and difficult system. Providing quality care for children is challenging not only because of the difficulties the children faced in their family of origin, but because of additional issues such as racial disparities within the system, placing children far from their homes, the high prevalence of special needs among foster children, and the increasing amount of children aging out of the foster care system.

*Racial disparity*

In general, children of color are over-represented in the child welfare system, in out-of-home placements, in length of time in foster care, and in the termination of parental rights. In Texas, African-American children were over-represented in foster care at almost twice the rate of their population in the general public.

“Disproportionality is defined as the level at which groups of children are present in the child welfare system at higher or lower percentages or rates than in the general child population... The disproportionately index is calculated by taking the proportion of children in foster care for a given race and dividing it by the proportion of the same racial group in the child population. This creates a ratio where scores ranging from 0.00 to 0.99 are indicative of underrepresentation, scores of 1.0 indicate no disproportionality, and scores of 1.1 and greater indicate overrepresentation” (Ganasarajah, Siegel, & Sickmund, 2017).

The following chart is a visual representation of the disproportionality rates of children in substitute care in Texas in 2015:



(Ganasarajah, Siegel, & Sickmund, 2017, p.64)

DFPS has implemented reforms related to enforcement actions, policies, and procedures to remedy disparities:

- Kinship Care preserves children’s connections to family, community, and culture
- Family Group Decision Making conferences encompass a “variety of practices to work with and engage children, youth, and families involved in the CPS system in safety and service planning and decision making”
- Diligent Recruitment to ensure the recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in foster care
- Permanency Care Assistance providing family members with long-term financial assistance for children who cannot be adopted or returned to their parents
- Permanency Round Table (PRT), a structured meeting facilitated by a permanency practitioner to develop a child’s specific permanency action plan
- Advisory Committee on Promoting Adoption of Minority Children to advise DFPS on policies and practices that affect the recruitment and licensing of families for minority children awaiting adoption with

the goal to increase adoptions for children of color

- Fatherhood Initiative to engage fathers and their extended families
- Alternative Response allows CPS to refer families to community services (if warranted) rather than remove the child from the home (DFPS, n.d.b).

*Location of Placement*

According to DFPS, the agency hopes to place children within their surrounding community in order to instill a sense of stability and encourage family reunification. However, children are often placed far away from their county and/or region of origin.

FOSTER CARE PLACEMENTS IN ORIGINATING COUNTY AND REGION ON AUGUST 31, 2017					
Legal County	Total in Foster Care	Placed in County	% Out of County	Placed in Region	% Out of Region
Bandera	22	0	100%	12	45%
Bexar	1,870	1,118	40%	1,533	18%
Comal	160	39	76%	107	33%
Kendall	13	1	92%	8	38%

(DFPS, n.d.c)

*Special needs*

Because the impact of abuse and neglect on a child has many consequences, a challenge in providing foster care for children is that many have special needs, such as emotional, behavioral, socialization, or cognitive problems, due to the abusive or unstable environments from which they have been removed. Of Texas children who were eventually placed into adoptive homes during FY 2017, 37% had a disabling condition: 7% were considered emotionally disturbed; 13% abused drugs and/or alcohol; 1% faced physical handicaps; 4% were medically involved; and 12% experienced learning difficulties (DFPS, n.d.c).

*Youth Transitioning to Independence*

A large number of Texas foster children in state custody “age out of the system” each year when they turn 18 years old. It is important that foster children are provided with adequate assistance in the transition to young adulthood. The Fostering Connections Act, passed in October 2008, improves access to education

and health care and extends federal support for foster youth until age 21 (Child Welfare Information Gateway, n.d.).

There were 601 youth aged 18-21 in substitute care in Texas on August 31, 2017; of which 82 reside in the KCF counties of interest (DFPS, n.d.c). DFPS offers the Preparation for Adult Living (PAL) Program, which provides independent living services to youths aged 16-22 who are close to aging out of the system or have aged out of the foster care system. Such services include life skills training, vocational and educational services, supportive services, financial benefits, and case management. In FY 2017, Texas provided PAL services to 6,752 youth aged 16 to 22 of the 7,615 youth eligible for services (DFPS, n.d.c). 88.7% of youth eligible were served in the PAL program.

Despite these efforts at improving the system, youth who age out of foster care still struggle more than others. A National Survey revealed that at age 21:

- 67% received a high school diploma or GED
- 32% were enrolled/attending and educational program
- 52% were employed either full or part-time
- 38% received public assistance (housing, food, or financial)
- 23% were neither enrolled in an educational program nor employed
- 26% of were homeless at some point in the past two years

(National Youth Transition Database [NYTD], 2016)

“Youth who at age 21 reported having experienced homelessness within the past two years were also more likely than their peers who had not experienced homeless in the past two years to report other financial challenges, including being unemployed (58% versus 44%) and not having Medicaid or some other type of health insurance (28% versus 18%). These youth were also more likely to report having given birth to or fathered a child (31% versus 23%)” (NYTD, 2016, p.4).

A more recent report by NYTD (2017) compared data from Federal Fiscal Year (FFY) 2011, detailed in NYTD’s aforementioned 2016

survey, to FFY 2014 in order to analyze outcomes. “[Adolescents transitioning out of foster care] are showing promising signs of early independence and stability” (NYTD, 2017, p.6). NYTD’s 2017 report found that youths surveyed in FFY 2014 reported better outcomes in engaging in fewer high-risk behaviors and were more financially self-sufficient than youths of the same age surveyed in FFY 2011. However, results continue to indicate the struggle of youths transitioning out of foster care, particularly with homelessness and incarceration. “These findings may help underscore the importance of providing supports to youth who may be particularly vulnerable to poor outcomes as they transition to adulthood, including providing targeted independent living services or allowing youth to remain in foster care during this transition” (NYTD, 2017, p.6).

Additional Transitional Living Services (TLS) available in Texas include:

- Extended Foster Care – youth may stay in, or return to, foster care until age 21 if they meet at least one of the following conditions:
  - Attend high school or a program to get a high school diploma or a high school equivalency certificate (GED)
  - Attend college or other institutions of higher learning
  - Take part in a program or activity to make them job ready
  - Work for at least 80 hours a month
- Education and Training Voucher program provides former foster youth and youth adopted from state care:
  - Financial help to youth before and after they leave CPS while attending college or other post high school education
  - Free tuition and fees at state-supported universities, colleges, and vocational schools

(DFPS, 2017)

#### **DFPS Program Improvement Plan**

Initiated in February 2013 this federally-approved Plan includes the following objectives:

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

(DFPS, 2015)

To achieve these objectives, the DFPS Foster Care Redesign (FCR) Implementation Plan (DFPS, 2015) includes systems improvements such as changes to the contracting and procurement processes for foster care services and includes financial incentives to providers for improved outcomes.

DFPS also conducted a foster care needs assessment to identify placement patterns and show where capacity is most needed. Among the findings, it was suggested that while foster care capacity for the state as a whole was being utilized, local capacity was not always available. FCR calls for the San Antonio catchment area (Region 8A&B) to include 28 counties surrounding San Antonio. "Capacity deficits in the larger urban centers of 6A (Houston), 7B (Austin) and 8A (San Antonio [Bexar County]) are supported by corresponding surpluses in the surrounding county catchments of 6B, 7A, and 8B. While resource sharing works to some extent, a greater development of foster care capacity in the urban centers would allow more

children to be placed closer to home and for counties on the farther outskirts of the supplying catchments (6B, 7A, 8B) to participate in more resource sharing. The creation of new resource hubs may also be considered... DFPS is experiencing difficulty securing and maintaining placement resources for children" (DFPS, 2017c, p.5). It is the goal of DFPS to place children in situations within 50 miles of their home.

The most recent report DFPS compiled evaluates outcomes of FCR and outlines suggestions to improve FCR's effectiveness in Region 3, encompassing the Dallas Fort-Worth metroplex and surrounding counties. Positive outcomes reported include:

- 99.9% of placements provided safety for children, consistent with child safety statewide
- 73.3% of new admissions in FY 2016 placed within 50 miles of home (proximity)
- Increased placement in least restrictive family foster home settings
- 59.6% of all siblings in Region 3b were placed together in FY 2016
- Overall foster home capacity within Region 3b increased by 20% in 2017
- Number of foster care homes with therapeutic care for high-needs children increased by 30% in 2017
- 94% of youth age 17 completed PAL Life Skills Training

(DFPS, 2017c).

On September 19, 2017, DFPS announced Bexar County of Region 8 would be one of two areas designated as catchment areas, following an application process (DFPS, 2017b). DFPS submitted a Request for Application to Health and Human Services in December 5, 2017; further progress on the issue will be announced March 5, 2018 (HHS, n.d).

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