

**SUBSTITUTE CARE**

When the Texas Department of Family and Protective Services (DFPS) determines that a child has been abused or neglected, Child Protective Services (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, n.d.c). In fiscal year (FY) 2020, DFPS had legal responsibility for 47,913 children in Texas with 16,522 children removed from their homes the same year (DFPS, n.d.b).

**KINSHIP CARE**

“...Child Protective Investigations may ask the court to remove them [the children] from their homes and temporarily place them with relatives or foster families or in an emergency shelter or foster care facility. DFPS and the courts must consider relatives and others with close ties to the child or family as an option ... Kinship care gives children more stability and keeps them connected to family when they cannot live with their birth parents” (DFPS, 2019 p.17). While in kinship care, the child remains under the legal responsibility of the State.

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 through 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, p.1).

The following table lists the number of children served in Kinship Care under the PCA Program in Texas and the Kronkosky Charitable Foundation counties of interest.

NUMBER OF CHILDREN RECEIVING FINANCIAL ASSISTANCE IN KINSHIP/PERMANENCY CARE FY 2020		
	Kinship Care	Permanency Care
Texas	16,021	6,081
Bandera	10	7
Bexar	1,571	554
Comal	54	67
Kendall	7	3
(DFPS, n.d.b)		

**FOSTER CARE**

If a child is unable to be placed in the home of a relative or close family friend, they may be placed in foster care. “Foster care is meant to be temporary until a permanent living arrangement is found” (DFPS, n.d.c).

There are four basic foster care settings:

- *Foster family home* – a foster parent’s main residence where they care for six or fewer children, while under the regulation and observation of a child-placing department or agency
- *Foster family group home* – maintains care of seven to twelve children, while under the regulation and observation of a child-placing department or agency

- *Residential group care facilities*
  - General residential operations (GRO) – provides care for 13 or more children 17 years of age and younger. Care may include treatment, emergency shelters, and other program services
  - Residential treatment centers (RTC) – provides treatment to children with emotional distress
  - Emergency shelters provide short-term care, make health assessments, and determine where it is best to place the child
  - 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, 2020b)

- *Home and Community-Based Services (HCS) Program* – “provides community-based services and supports to eligible individuals as a least restrictive alternative to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF [Intermediate Care Facilities]/IID [Individuals with Intellectual Disabilities]) program” (DFPS, 2020b, p.16). The program primarily focuses on children with disabilities who require more attention and services.

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. A full list of current CPAs is available on the DFPS website (DFPS, n.d.g).

The following table lists the number of children in substitute care in Texas on August 31, 2020 by type of facility:

NUMBER OF CHILDREN IN SUBSTITUTE CARE BY FACILITY TYPE ON AUGUST 31, 2020		
	Texas	KCF Counties
Basic Child Care	763	136
CPA Non-Relative Foster Home	10,321	1,138
CPA Relative Foster Home	1,457	270
DFPS Non-Relative Foster Home	741	15
DFPS Relative Foster Home	315	20
Emergency Shelter	605	165
Other Foster Care	796	123
Other Substitute Care	582	105
Residential Treatment Center	1,578	206
CPA Adoptive Home	348	44
DFPS Adoptive Home	94	3
Kinship Care	10,275	1,015
(DFPS, n.d.b)		

**FOSTER CARE STATISTICS**

In FY 2020, 47,913 children were under DFPS legal responsibility (DFPS, n.d.b). The largest percentages of children in foster care included Hispanics, children aged 0-2 years old and males. Other specific demographic statistics appear in the following table:

DEMOGRAPHIC CHARACTERISTICS OF TEXAS CHILDREN UNDER DFPS LEGAL RESPONSIBILITY DURING FY 2020		
Age	Number	Percent
0-2	12,767	26.6%
3-5	9,869	20.6%
6-9	9,311	19.4%
10-13	7,597	15.9%
14-18	8,369	17.5%
<b>Sex</b>		
Male	24,384	50.9%
Female	23,490	49.0%
Unknown	39	0.1%
<b>Ethnicity</b>		
African American	10,344	21.6%
Anglo	14,354	30.0%
Asian	121	0.3%
Hispanic	19,959	41.7%
Native American	61	0.1%
Other	3,074	6.4%
<b>Total</b>	<b>52,397</b>	<b>100.0</b>
(DFPS, n.d.b)		

4,003 children living in Bexar, Bandera, Comal, and Kendall counties were in foster care during FY 2020 (DFPS, n.d.b). The following table offers statistical breakdowns for each of those four counties:

CHILDREN IN FOSTER CARE DURING FY 2020 IN THE SAN ANTONIO AREA			
	Child Population	Children Served by the DFPS	Children in Foster Care
Bandera	3,432	46	47
Bexar	533,642	4,990	3,667
Comal	32,639	288	248
Kendall	10,300	31	41
(DFPS, n.d.b; Texas Open Data Portal, 2020)			

**RESIDENTIAL FOSTER CARE**

While it is usually preferred for a child to be placed in individual family foster care, many circumstances result in residential foster care placement instead. A 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. Sibling placements help keep groups of children connected to their family members, hopefully minimizing the trauma of removal (DFPS, 2018).

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.d).

**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.

“As of FY 2018, disparities still existed for African Americans at key decision points in the CPS system, For African Americans, disparities emerged after removal. African American children who are removed were less likely to reunify and, when reunification was ruled out and they were freed for adoption, were less likely to be adopted within 12 months. However, out of exits that are not to reunification, African American children were slightly more likely to exit to relatives” (DFPS, n.d.h).

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” (DFPS, n.d.h)
- 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 to provide family members with long-term financial aid for children who can’t be legally adopted or returned to their biological parents
- Advisory Committee on Promoting Adoption of Minority Children (ACPAMC) to advise DFPS on methods which affect the recruitment 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 work with families and address needs and safety concerns (DFPS, n.d.h)

*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, 2020					
Legal County	Total in Foster Care	Placed in County	% That Stayed in County	Placed in Region	% That Stayed in Region
Bandera	26	4	15%	17	65%
Bexar	1,831	1,210	66%	1,585	87%
Comal	103	27	26%	83	81%
Kendall	9	3	33%	8	89%
(DFPS, n.d.b)					

*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 2020, 37% had a disabling condition: 19% were considered emotionally disturbed; 33% abused drugs and/or alcohol; 3% faced physical handicaps; 13% were medically involved; and 32% experienced learning difficulties (DFPS, n.d.b).

*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 655 youth aged 18-21 in substitute care in Texas on August 31, 2020; of which 114 reside in the KCF counties of interest (DFPS, n.d.b). DFPS offers the Preparation for Adult Living (PAL) Program, which provides independent living services to youths primarily aged 18-21 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 2020, Texas provided PAL services to 3,575 youth aged 18 to 21 of the 4,149 youth eligible for services (DFPS, n.d.b). 86% 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:

- 69% achieved a high school diploma or GED
- 24% were enrolled/attending an educational program
- 55% were employed either full or part-time
- 31% received public assistance (housing, food, or financial)
- 42% were homeless at some point in the past two years
- 11% were referred for substance abuse assessment or counseling in the past two years
- 20% were incarcerated in the past two years
- 69% reported having Medicaid
- 17% reported having some other type of health insurance
- 22% had children in the past two years (14% males, 30% females)

(National Youth Transition Database [NYTD], 2019)

“Overall, females fared somewhat better than males in educational achievement, high-risk behaviors, and health insurance coverage, but were more likely to report having given birth to a child” (NYTD, 2019, p.6).

NYTD’s 2019 report found that youths surveyed in FY 2018 reported better outcomes in engaging in fewer high-risk behaviors and were

more financially self-sufficient than youths of the same age surveyed in FY 2014. However, results continue to indicate the struggle of youths transitioning out of foster care, particularly with homelessness, giving birth to or fathering a child, and not having any health insurance. “These findings may help underscore the importance of providing supports to youth who may be particularly vulnerable to certain outcomes, including providing targeted independent living services or allowing youth to remain in foster care during this transition to adulthood” (NYTD, 2019, p.8).

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

- Extended Foster Care – youth may stay in, or return to, foster care until age 21 or 22, depending on the circumstances, if they meet at least one of the following conditions:
  - Attend high school or be enrolled in a program in efforts to attain a high school diploma or a high school equivalency certificate (GED)
  - Attend universities or other institutions of higher learning
  - Participate in a program or activity for career preparation
  - Work a minimum of 80 hours per month
- Education and Training Voucher program provides former foster youth and youth adopted from state care:
  - Financial aid before and after they leave CPS while attending college or other post high school education
  - Free tuition and fees at universities, junior colleges, and vocational schools

(DFPS, 2020a)

### **DFPS Program Improvement Plan**

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

- Most importantly, children are safe in their placements
- Children are kept within their home communities

- Children are kept in the same home for as long as possible, avoiding constant relocation
  - Allow children communication with their family members and those important to them
  - Keep siblings together to the best of the state’s ability
  - Be mindful to the child’s culture
  - Maintain the children’s education and other elements that will allow for them to become successful, as well as experience similar activities to their non-foster counterparts
  - Allow children take part in, as well as make decisions that will affect their life
- (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. It is the goal of DFPS to place children in situations within 50 miles of their home, as well as increase the care of the children in substitute placements.

### **Community-Based Care (CBC)**

“[Community-based care is] a community-based approach to meeting the individual and unique needs of children, youth, and families. Within a geographic service area, a single contractor (officially a Single Source Continuum Contractor or SSCC) is responsible for finding foster homes or other living arrangements for children in state care and providing them a full continuum of services” (DFPS, n.d.a).

Single Source Continuum Contractors are responsible for:

- Constructing a network of foster care providers
- Expanding community outreach
- Increasing foster care accommodations
- Foster care placement assistance
- Organizing and distributing quality services to children in foster care

Community-based care begins with two stages in differentiating service areas.

- Stage I: Improve upon locating children closer to their homes as well as improving their overall well-being.
- Stage II: Expand care to help families as well as providing more permanent solutions for children.

(DFPS, n.d.a)

“CBC was active in Bexar County, seven North Texas counties, and all counties in Region 2 by the end of FY 2018. In FY 2019, DFPS expanded CBC by releasing a Request for Applications for the 27 remaining counties in Region 8” (DFPS, 2019, p.4).

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In May 2021, “Family Tapestry has given notice to terminate its single source continuum contract (SSCC) with DFPS for Region 8a, which is Bexar County. All Family Tapestry subcontracts for foster care-related services will revert to DFPS and the department will perform all services that Family Tapestry has been providing. There will be no disruption in foster care services or in payments for foster care as a result of this decision. DFPS expects a minimum of a 60-day transition period to wind down Family Tapestry operations. Family Tapestry will be fully engaged in the transition, and the state will provide the resources necessary to make this transition successful. DFPS is committed to ensuring a seamless process with no disruption to the lives of the children, youth, and families or to our providers” (DFPS, n.d.a).

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