One Voice Texas
A Collaborative for Health & Human Services

Keeping Kids Safe In and Out of Foster Care

Testimony to the House Ways and Means Committee, Subcommittee on Human Resources

Good afternoon Chair Buchannan, Mr. Doggett and members. My name is Dr. Katherine Barillas and I am the Director of Child Welfare Policy at One Voice Texas (OVT). OVT is a health and human services collaborative that works on policy and implementation projects in behavioral health, health care and child welfare. Thank you for the opportunity to testify today.

Back home in Texas our foster care system is in a crisis state. While workers leave in droves and the number of children in foster care escalates, we are also under the ruling of a lawsuit regarding how Texas treats children in the Permanent Managing Conservatorship of the state. This is a crisis of resources where the need of children in the child welfare system far outpaces the state, federal and local resources currently available.

Substance use, almost 80% of the cases in child welfare, has a profound impact on resources just as it did when I was an investigator for child protective services and then when I conducted psychosocial assessments on parents whose children had been taken into state custody. What I noticed most often was that we hadn't reached these families soon enough.

It is critical we intervene as soon as possible with families possibly going as far as working with those who have Child Protective Services (CPS) history and now have another child. Texas is currently doing this with an initiative called Helping through Intervention and Prevention where CPS data and vital statistics are matched to target families with early support. Early intervention is also critical in the area of family treatment, family caregivers and the sometimes forgotten youth who if we are not careful, can go on to be our next generation of users self medicating for untreated trauma.

SUBSTANCE USE AND THE TEXAS CHILD WELFARE SYSTEM

The choice that individuals make to use is informed by the circumstances of their life which create a desire to self-medicate. Once that influenced choice is made, research has shown that chemical shifts in the brain create a disease that must be treated in order to be tamed. However, time limits of child welfare systems and recovery do not match up. For families that encounter CPS, they have very limited time to address their dependency and learn to parent their children in a healthier environment.

Deliberate but quick action can be better taken in a drug court versus a regular juvenile or family court. Drug Courts consist of different models but are generally designed to provide specialized supervision and treatment options for individuals who would otherwise be facing jail time. In Harris County Texas, the drug court (known as STAR) operates a docket once a week and is focused on second time offenders with serious drug problems. Those who participate are placed on deferred adjudication for four years, but usually graduate from the program in 18 months. This does not fit into more short-term child welfare interventions such as Family Based Safety Services (FBSS); however it does provide an opportunity for a parent to work their service plan and have their child returned to their custody. If the time limit around FBSS were longer, this would be a viable option. Child Protection Courts function in a similar way in that they only see specific child welfare cases. These courts, or specialized dockets within other courts, allow for closer observation of the various parties to the case which can contribute to better and quicker access to services as well as adherence to best practice of all stakeholders.

Visitation:

"Regular, frequent family time increases the likelihood of successful reunification, reduces time in care, promotes healthy attachment, and reduces the negative effects of separation."
– Susan Dougherty, Ph.D.

One of the reasons it is so critical to ensure cases involving substance abuse include expedited and specialized services is the impact that being separated from a parent can have particularly on a very young child.

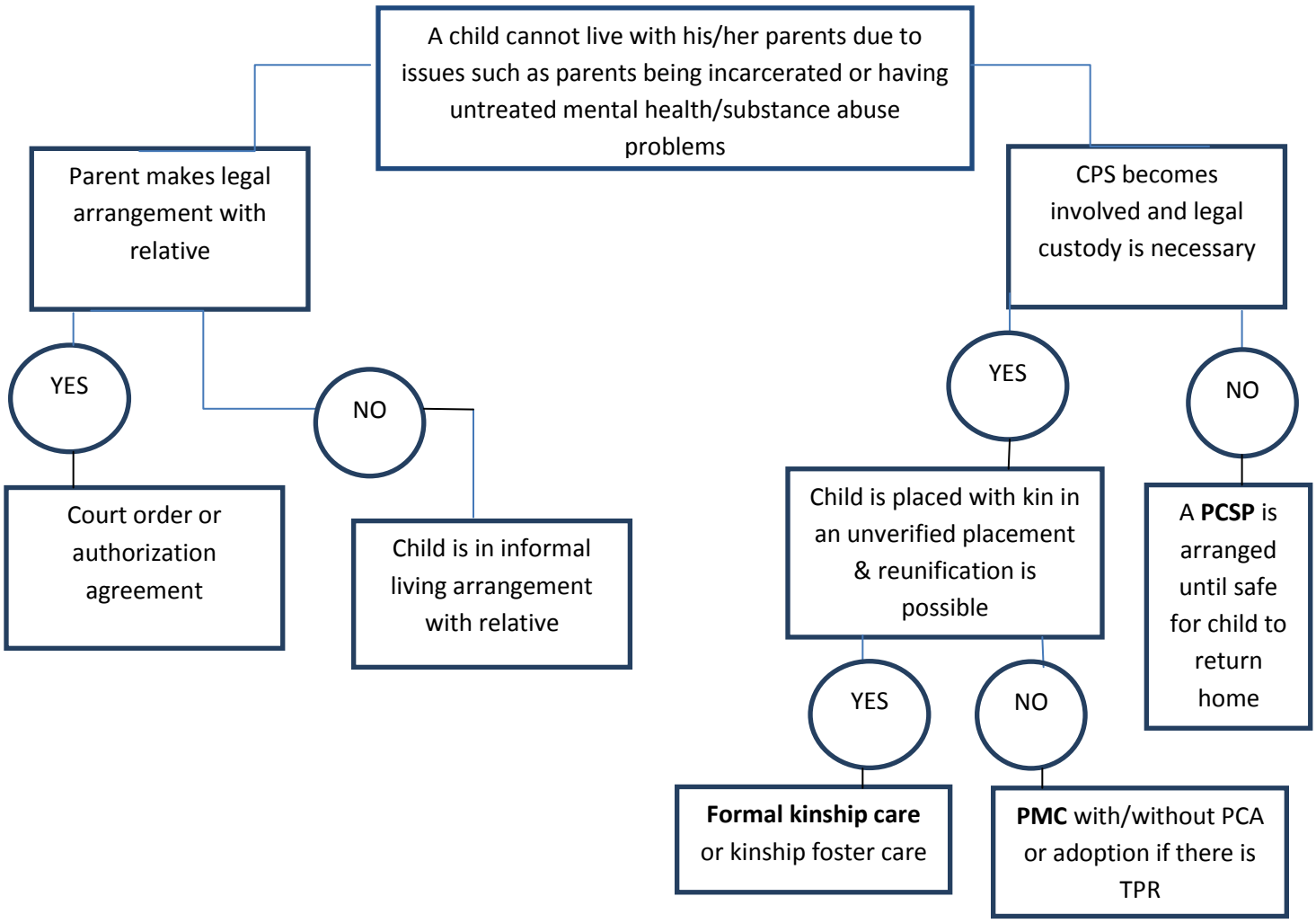
When a child is removed from the home, visitation is critical to supporting parent-child attachment, child well-being, and permanency. Because of everything that is required of a parent whose child is in CPS custody including transportation issues, it is often very difficult for parents to frequently participate in face-to-face visits with their child. This is especially true if a parent is receiving inpatient treatment. However, frequent and meaningful visitation benefits the child and the parent and provides the latter with the opportunity to practice some of the new skills they are learning through treatment. This interaction also provides an opportunity for clinicians and caseworkers to observe this family relationship.

Women and Children Residential Services is one specialized program in Texas that promotes parent-child bonding. This program allows mothers to stay with their children while receiving in-patient treatment. Even if CPS or a judge determines that overnight visitation is not in the child's best interest, mothers may participate in residential services as long as the child resides at the facility for a minimum of 12 hours each day up to 30 days. At the end of this period of time, the child must begin to stay overnight or the mother must move to another program. Despite the benefits implied with this model, the Women and Children Residential Services program is underutilized. Courts can be a barrier when the judge doesn't believe the child should go into treatment; this opinion may also be reflected by the father's or child's attorney. There is also a myth that women need to focus on their substance use disorder without "being bothered" by children. The truth is that when women enter programs with their children they are able to work on parenting and try out improved techniques under supervision and modeling. This model also reduces the risk that a mother leaves treatment and is overwhelmed with parenting sober.

Unfortunately, providers of this program are scarce. Part of the challenge is funding which would be partially alleviated if states had the option of using IV-E funding to pay for these services and were able to draw down federal foster care match for the children who are living where their parents while the latter are receiving inpatient treatment.

Recommendations:

- Adjust Title IV-E funding to current TANF (instead of AFDC) poverty rates to ensure better coverage of children in foster care;
- Ensure Title IV-E coverage can be used for more than just out of home care in order to address substance abuse issues early, particularly in areas where there are shortages, and in time to keep families together or reunify them quickly and safely;
- Support expansion of IV-B funds and the timeline around Family Based Safety Services and family reunification to better balance reunification efforts and permanency for a child;
- Promote drug courts and child protection courts as they provide specialized evaluation and treatment of complex cases and provide a perfect laboratory to develop best practices. One way to promote these practices is to utilize the federal Court Improvement Program that provides grants to state court systems to conduct assessments of foster care and adoption laws and judicial processes.
- Provide guidance to states regarding the importance of family treatment programs and visitation;
- Promote women and children's program as a vital treatment option for women with young children



Another area where we must direct resources before it is too late is kinship caregivers, particularly those caring for children not yet in foster care. Research shows that the most positive results for children involved with child welfare come from living with relatives as opposed to people with whom they do not have a relationship. Parental Child Safety Placements (PCSP) and kinship placements are relatively stable living arrangements with the right support, but can break apart without it.

Types of Kinship Arrangements in Texas:

1) **Informal Living Arrangements**
   - children cared for by a relative or fictive kin without the involvement of child protective services;
     - approximately 250,000 children in Texas live in this type of arrangement (estimated 2.5m in the United States); mostly grandparents who are low-income and single;
     - arrangement with the parent can be done through a court, an Authorization Agreement for Nonparent Relative or Voluntary Caregiver (parent, caregiver & notary) or with no formal agreement;
     - caregiver/child may be eligible for various financial and/or health benefits

2) **Parental Child Safety Placements (PCSP)**
   - when there is risk of abuse or neglect, but not to the level at which CPS believes they must take a child into the state's legal custody;
   - meant to be temporary and short-term however;

- Some relatives report that children are left in their care even after CPS has closed the case leaving the relative with little control of the child's situation;
- safety plan put in place and parties must sign an agreement form);
- caregiver/child may be eligible for various financial and/or health benefits

3) Formal Kinship Care
- formerly approved through DFPS after a home study is approved (preliminary evaluation and background checks (CPS and criminal) must be completed before child is placed; full evaluation must begin within 48hrs of placement and be completed as soon as possible unless otherwise ordered by a court);
- CPS oversees placement until child is reunified, adopted (if Termination of Parental Rights [TPR] is granted, ages out or Permanent Managing Conservatorship (PMC) is awarded to the relative or the state;
- caregiver may be eligible for $1,000 one-time payment(with additional payments up to $495 per additional sibling) and $500 reimbursement for expenses for child (at the year anniversary of child's placement in the home); caregiver/child may be eligible for other public assistance benefits;

4) Kinship Foster Care
- kin caregiver must become a licensed foster parent (paid at the regular foster care rate)
- permanency Care Assistance (PCA) – regular foster care rate & then a PCA benefit till the child is 18 or 21
  - utilized if child cannot be reunified with the biological family or adopted;
  - caregiver must be verified as a foster parent & child must then live with them for a minimum of 6 months;
  - caregiver must sign PCA agreement before receiving legal custody;

Benefits of TX Kinship Placements:
- ❖ broad definition of "kin;"
  - similar to South Carolina, Colorado and Washington that utilize fictive kin in addition to 3rd degree consanguinity and relatives by marriage and adoption;
- ❖ have Parental Authorization Agreement that allows parent(s) to provide relative with ability to care for child's medical, educational and other needs without the involvement of CPS;
- ❖ kinship placements do not have to be licensed, but can choose to do so;
- ❖ financial benefits provided to informal arrangements while child is in conservatorship;
  - Colorado provides a generous benefit with households caring for children 0-11 receiving $5.26 a day (up to $160 a month) and 12-19 year olds $6.24 a day up to $190 a month.
  - Missouri provides a monthly benefit for 90 days at which point the kinship placements is expected to begin the licensing process;
- ❖ waivers for certain requirements (not related to safety) available for kinship placements that want to be licensed as foster parents
- ❖ Collaborative Family Engagement model pilot between Child Protective Services and Texas Court Appointed Special Advocates (CASA) to identify and engage kin and fictive kin to be a part of children's lives as connections, placements or adoptive homes;
  - South Dakota and Illinois both use diligent search units or workers;
- ❖ utilizes Parental Child Safety Placements (PCSP) with kin to avoid taking children into legal custody
  - similar to New York that also provides assistance with legal custody when appropriate;

Challenges faced by kinship families:
- ❖ Parental Child Safety Placements (PCSP)
  - in Texas, these are short-term placements used to alleviate risk so parents can address issues in the home relatively quickly. However, some relatives who serve as placements feel PCSPs to be a "dumping ground" for cases where the solutions aren't long-term, but CPS is limited in what other immediate action it can take;
  - PCSPs are sometimes used in cases where parents are struggling with substance abuse, but under current timelines this is not always appropriate because recovery is often a long-term process;
  - 2,400 cases were closed with a child left with the relative; these children were at found to be a greater risk of maltreatment
  - of those PCSPs that ended in FY '15 (25,517); caregivers could not keep the child due to finances for 1,366 children at case closure and 441 for the same reason during the stage of service;

- the only benefit to these relatives is daycare; there is no caseworker assigned to help the relatives in these cases and they are not eligible for IV-E match
  - there is a $500 per child expense reimbursement for relatives caring for a child in conservatorship that could be beneficial to PCSP families and allow them to continue caring for a child if the PCSP must be continued past 60 days at which point it has been shown that placements begin to break down;[1]
- kinship workers should be involved in these cases, but only if consideration has been given to the load these workers already carry;
- eliminating or reducing these placements is extremely problematic in that it puts a strain on CVS workers as more children come into foster care;
- informal placements have no legal guidance/support unlike Florida that has ongoing involvement with private kin arrangements

❖ No Kinship Navigator Program outside of guidance by kinship caseworkers who in some areas have cases in excess of 50 families.
- Georgia has a Kinship Navigator who provides information and referrals in each region of the state and Washington has Kinship Navigators in 30 counties.

❖ Minimal benefits not provided quickly
- grandparent kinship caregivers must first apply to the Texas Health and Human Services Commission (HHSC) for a one-time grandparent grant (TANF funds of $1,000) and be turned down before requesting the integration benefit from DFPS (also TANF but within the budget of DFPS); relatives must be approved through a formal home assessment before receiving the benefit. This assessment takes time to complete; thereby causing the time frame of a worker having at least 120 days before applying for the benefit;
- the caregiver is reimbursed $500 for child-related expenses on the year anniversary of the date the child was placed with the relative. To request reimbursement, the kinship caregiver must: complete the Application for Kinship Reimbursement; designate which child-related items were purchased; designate how much the items cost; and sign the form, affirming that the money was spent for the designated child;
- grandparents should receive the same clothing voucher provided to foster parents in Texas. The amounts vary according to the child's age: 0-1=$60; 2-5=$72; 6-12=$113; 13-17=$133
- families could also be eligible for funding in addition to qualifications for child-only TANF such as is done in Tennessee [eligible families receive monthly payments as follows: children 0-11 $5.26 a day up to $160 a month and 12-18 $6.24 a day up to $190 per month]

Recommendations:
❖ encourage the establishment of kinship navigator programs;
❖ discourage children being left in a PCSP placement after a CPS case is closed unless CPS has assisted the relative caregiver in obtaining legal guardianship of the child as well as appropriate resources;
❖ encourage use of kinship workers in FBSS cases where a child is placed with a relative;
❖ direct resources such as monthly payments and reimbursements at these placements which keep children out of foster care;
❖ allow payments to kinship families to be used to draw down IV-E match

YOUTH TRANSITIONING OUT OF CARE IN TEXAS

The research is clear that children in kinship placements have better outcomes than their peers in foster care. So imagine outcomes for those children who end up aging out of the foster care system. These youth face far worse outcomes than their peers in terms of low rates of high school graduation and college attendance and high percentages of homelessness, mental health problems, unemployment and substance abuse. These young people have a desire to be independent but without the appropriate preparation they can easily become the next generation of drug users and parents in the CPS system.

[1] Supreme Court of Texas Children's Commission Roundtable Report on Parental Child Safety Placements. 2015. Available at: file:///C:/Users/kmhba/Desktop/Katherine/KB%20DOCS/Policy/OVT/C&Y/Permanency/Kinship/PCSP-ROUND-TABLE-REPORT-FINAL.pdf

- ***transitional living services in Texas include:***
  - ensuring youth have their basic documents such as a driver's license, birth certificate and social security card;
  - assisting the youth with life skills such as financial literacy, learning how to cook and wash clothes, how to reach education and job goals and how to find a stable place to live after they leave foster care;
  - PAL classes - consists of six classes with each day spent on a different subject (financial literacy; healthcare etc.); if a youth completes the classes they are provided a stipend of $1,000;

These resources are technically available to kids at 14[2] but additional money needs to be allocated to cover these costs and therefore they remain a benefit that starts for most children at 16;[3] (number of kids in FY '15 eligible and not served 1,552[4]; eligible and served[5] 6,698)

- ***challenges for this population include:***
  - most transitional living services end when the youth turns 21;
  - PAL classes are a one-time service with few experiential components. They should start when a youth turns 14 and be age appropriate for each year up until the child ages out of care or finds another form of permanency;
  - aftercare in Texas consists of $500 a month with a cap of $3,000, but eligibility requirements are a challenge for most kids including the amount being based on the need at the immediate moment. Service providers indicate that there is inefficiency in this money having to come to a service provider versus straight to the source of the cost (i.e. apartment).
    - rapid re-housing dollars need to be included in funding for this area;
      - additional finances need to be allocated to ensure the amount available for emergencies meets actual emergency situations; to a minimum of two years and a certain percentage of vouchers need to be set aside specifically for youth who've aged out of foster care.
  - there is a weak infrastructure for extended foster care (there are rarely placements) or Supervised Independent Living (SIL) across state –
    - more housing and funding for services are necessary as well as less restrictions on who can participate as well as less restrictions on a youth's ability to return to care; housing first should be the model for these young people
  - additional funding for aftercare/PAL workers is necessary. Currently the state is paying for 1 meeting, between caseworker and youth, three times a month when most of these youth need weekly contact. In addition, PAL workers have very high caseloads;
  - A life skills assessment is not done soon enough for proper planning

Recommendations:

- ❖ transition living services should be extended till a youth is 23 years old;
- ❖ youth need to have at least one year of funding for housing;
- ❖ rapid re-housing dollars are essential to prevent homelessness;
- ❖ return to foster care requirements should be waived if youth is facing homelessness/housing instability;
- ❖ the time limit on HUD FUP vouchers (Family Unification) needs to be extended past 18 months to a minimum of 2 years to meet standard lease requirements and give youth time to achieve stability in their lives;
- ❖ life skills assessments should be required starting when a youth is 14.

Conclusion:

The lawsuit in Texas indicates that:

- ❖ our caseworkers are burdened by excessive caseloads preventing proper fulfillment of duties and ensuring children in foster care are free from an unreasonable risk of harm. This makes it difficult to handle the most basic of cases much less complex cases involving substance use;

[2] in FY '15 there were 1,740 fourteen and fifteen year olds
[3] PAL classes are still only designated for youth 16 to 18.
[4] 2015 DFPS data book
[5] Is served based on completion of PAL classes?

- there is a lack of sufficient oversight of facilities which has in some cases led to children being sexually abused while in care. It is precisely this kind of experience that can cause a youth to self-medicate to deal with unresolved issues of trauma;
- youth are not properly transitioning to adulthood which leads to instability and an inability to be independent resulting in higher rates of drug use;

These issues, faced by many states, lead to poor outcomes for children and their parents especially when a family is caught in the grip of addiction. Texas case workers, able to spend only a quarter of their time with families[6] cannot provide appropriate support or guidance during critical junctures in a case. This leads to lack of oversight and outcomes that repeat negative cycles rather than break them. However dark this picture is, state legislatures and Congress can act in effective and efficient ways to change the fate of children and their families in the foster care system.

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[6] Stephen Group. 2014. DFPS CPS Operational Review; Phase I: Assessment Findings