

# More Work to Do on Texas Foster Care in 2019

## Testimony to the House Human Services Committee

The Governor, Legislature, and the Department of Family and Protective Services (DFPS) made important strides over the last two years on foster care and related issues. However, there is more work to do to build on reforms from the 2017 session, and several forces are converging to put foster care front and center on the Legislature's agenda for the second session in a row. The Legislature should prepare for the implementation of the federal Family First Prevention Services Act, implement safety improvements required by the courts, continue to improve health services provided through Medicaid Managed Care for children in foster care, address the too-high rate of pregnant and parenting youth in foster care, and address parents' substance use so more families can safely stay together.

The following recommendations address these challenges and opportunities, ways to keep families safely together so more children stay out of foster care, and the Legislature's responsibility to ensure that children in foster care are safe, healing, and thriving.

### I. Prevention and Early Intervention to Reduce Child Abuse and Neglect and CPS Removals

Through DFPS Prevention and Early Intervention (PEI) programs, Texas invests in evidence-based community programs that prevent and reduce child abuse and neglect, build parenting skills, and improve health and educational outcomes for children. These programs have a proven track record and are vital to local Texas communities.

**Recommendation #1: Invest in prevention and early intervention programs including Home Visiting, STAR, CYD, Child Abuse Prevention Grants, Project Healthy Outcomes through Prevention and Early Support (HOPES), and other prevention programs.** Devoting resources to preventing maltreatment before a child is traumatized by abuse or neglect or separated from their family will reduce the increasing demand for foster

care. Prevention services can also reduce juvenile justice system involvement and future Medicaid costs, resulting in long-term savings for taxpayers.

**Recommendation #2: Invest in programs designed to prevent teen pregnancy in foster care and support pregnant or parenting youth in foster care by building their parenting skills.** These efforts will support parents and reduce child maltreatment and the negative effects removals can have on children, parents, and the child welfare system. The Legislature should continue investment in the Helping through Intervention and Prevention (HIP) program, a PEI program specifically designed to serve current or former foster youth who are pregnant or parenting.

- There is a high rate of teen pregnancy among Texas youth in foster care and young people who were formerly in foster care. DFPS data show that 332 youth were pregnant in 2017 while in the state's care and 218 youth in foster care were mothers or fathers. Analysis of HHSC data from 2015 show that girls ages 13 to 17 in Texas foster care were almost five times more likely to become pregnant than other Texas girls in that age group.<sup>1</sup>
- Higher pregnancy rates continue into early adulthood for former foster youth. According to the 2012 survey of Texas young adults who were previously in foster care, nearly 60 percent had given birth to or fathered a child by age 24, which is almost double the rate of young adults in the general population in the same age range (33 percent).<sup>2</sup>
- Supporting young parents can help reduce the cycle of child welfare involvement. More teen parents in foster care subsequently have their children removed by CPS and placed in foster care compared to other teen parents who are not in foster care.<sup>3</sup> In Texas, 48 infants born in 2017 to youth in foster care were subsequently placed in foster care in the same year — an increase from the year before.
- Investment in PEI programs helps prevent the cycle of child welfare involvement by supporting young families and enabling them to stay together in safe environments. Several PEI programs are available to parenting foster youth. **HIP is the only PEI program that is specifically tailored to families with prior CPS involvement and youth who are currently or formerly in foster care who are pregnant, have recently given birth, or are parenting a child under age 2 (including fathers).** Through parenting education via a home visiting model, HIP helps pregnant and parenting youth establish safe, thriving families. In FY 2017, HIP expanded services to additional areas, serving 143 Texas counties as of February 2018. The Legislature should continue investment in HIP to support foster youth who are pregnant or parenting.

## II. Supporting Youth in Foster Care and Youth Aging out of Foster Care

**Recommendation #1: Provide foster families and kinship caregivers with access to family peer support services.** Many children in foster care have complex mental health needs that can be an overwhelming challenge for any family. Successful treatment of serious emotional disturbance in a child often requires providing support services to the child’s parents or primary caregivers. In fact, Texas health and human services agencies have noted that family peer support can be essential to keeping children with serious emotional disturbance with their families.<sup>4</sup> In Texas, family peer support services are provided by Certified Family Partners (CFP) with lived experience raising a child with mental, emotional, or behavioral health challenges and who have been trained using a HHSC-approved curriculum. Families accessing children’s mental health services through Local Mental Health Authorities can access family peer support services when indicated in their child’s treatment plan. Family peer support services should be available to foster families and kinship caregivers, too, so more children in foster care with complex mental health needs can grow up in stable, family-like settings and have a better chance at recovery.

**Recommendation #2: Improve implementation of the Preparation for Adult Living (PAL) curriculum.** Through life skills trainings, the PAL curriculum aims to help youth in foster care build core life skills, such as personal and social relationship skills, communication skills, and health and safety skills. We thank the Legislature for passage of SB 1758 during the 85th Legislative Session, which expanded PAL to include 14- and 15-year-olds and directs DFPS to work with stakeholders to revamp the curriculum to ensure it is relevant.

- The *Health and Safety* and the *Personal and Social Relationships* components of the PAL life skills trainings are vital pieces of PAL designed to help youth build their skills in making healthy choices and learn about nutrition, healthy boundaries, positive relationships, and access to health care and resources in the community.
- However, while PAL has established goals, the specific content of the life skills training depends on the program, which is administered at the regional level by contracted local service providers and monitored by regional and state PAL staff to ensure compliance with program and contract requirements. As a result, the amount of content and effectiveness of skill-building efforts related to reproductive health and healthy relationships likely varies by DFPS region. One youth explained to us, “I got a big book in PAL, that’s it.” Another said, “when it comes to PAL, it’s not effective. It was all documentation and not interactive.”
- **As it updates the program, DFPS should adapt the PAL program to serve youth better by updating outdated messages, incorporating interactive or role-play learning, and using a trauma-informed lens.**

### III. Building Capacity and Geographic Distribution of Foster Placements

**Recommendation #1:** Texas should make changes necessary to minimize the loss of funding associated with restrictions to federal IV-E funding that passed as part of the Family First Prevention Services Act. Some of these changes might include:

- Restructuring reimbursement rates to support agencies that recruit foster family homes;
- Establishing start-up grants to elevate more institutional care providers to Qualified Residential Treatment Providers;
- Developing more family-based residential treatment to serve children and families involved in the child welfare system;
- Helping regions target recruitment by adding more specific factors to the Foster Care Capacity Needs Assessment to reflect not only the basic supply and demand of foster homes in terms of quantity, but what type of capacity is needed to meet the specific needs of children for whom it is more challenging to find appropriate placements. Some factors to include could be therapeutic foster care capacity; availability of day care services for prospective foster parents; families willing to take sibling groups, even when there is a large age range involved; families comfortable taking children with serious but manageable medical needs such as diabetes; families who can provide a supportive environment for lesbian, gay, bisexual, and transgender (LGBT) children; families prepared for a pregnant youth or teen mother; and families willing to engage in a co-parenting approach with biological families.

**Recommendation #2:** DFPS should ensure that pregnant and parenting foster youth are placed in supportive homes and programs that nurture parent-child bonding. A key element of supporting pregnant and parenting foster youth is having an adequate number of foster homes and programs dedicated to serving their particular needs. Placing teen parents and their children together in “family-like” settings strengthens the parent-child attachment bond and allows a youth to develop the skills needed to be a safe and healthy parent. There are two key strategies to help reach this goal:

- First, the Legislature should promote family-like settings by restructuring reimbursement rates to accommodate pregnant and parenting youth or establishing a specific reimbursement rate for child welfare providers that care for teen parents and their children.
- Second, DFPS should annually track and report the capacity and geographic distribution of placements dedicated to serving pregnant and parenting youth in foster care. A University of Chicago study of pregnant and parenting foster youth in Illinois found that youth who were in supportive environments tended to actively engage in services and be more successful. However, many foster families are reluctant to care for a teen parent and her child. Further, if pregnant and parenting youth feel scared or unsupported they are likely to run away. DFPS’ current approach to assessing the

availability of foster placements makes it difficult to evaluate the shortage of foster homes able to serve pregnant or parenting foster youth in Texas.<sup>5</sup>

## IV. Trauma-Informed Systems of Care

**Recommendation #1: Every system that regularly interacts with children and youth in foster care must be trauma-informed, especially schools.** Schools are places where children spend a significant amount of their time and where they learn skills needed to launch them into adulthood. However, schools are also places where children in foster care often struggle. Many trauma responses in children, such as agitation and irritability or outbursts in the classroom, are behaviors that teachers and school administrators often respond to with discipline. However, traditional discipline responses like removing a student from the classroom are not only ineffective in changing behaviors rooted in trauma, but they can also make things worse. **In Texas in 2017, students in foster care received out-of-school suspension at 3.4 times the rate of students who were not in foster care.**<sup>6</sup>

In addition to training educators and school administrators on the prevalence of trauma among students and the impact of trauma on student learning and behavior, schools also need guidance and support in implementing strategies that foster a school-wide climate of safety and support. Such strategies include the use of positive behavior interventions, restorative practices, and teaching students skills related to managing their emotions and behavior.

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1 Analysis of state data, prepared by the Texas Campaign to Prevent Teen Pregnancy. Comparison of STAR Health data from HHSC and updated data from the Texas Department of State Health Services (DSHS) on reported pregnancies for youth ages 13-17. Available at <http://www.dshs.texas.gov/chs/vstat/vs15/t14b.aspx?terms=14b>.

2 White, C.R., O'Brien, K., Pecora, P.J., Kessler, R.C., Sampson, N., & Hwang, I. (2012). Texas Foster Care Alumni Study Technical Report. Retrieved from [http://www.casey.org/media/StateFosterCare\\_TX\\_fr.pdf](http://www.casey.org/media/StateFosterCare_TX_fr.pdf).

3 Studies show that children born to youth in foster care are more than twice as likely to spend some time in foster care compared to children of other teen mothers. White, C.R., O'Brien, K., Pecora, P.J., Kessler, R.C., Sampson, N., & Hwang, I. (2012). Texas Foster Care Alumni Study Technical Report. Retrieved from [http://www.casey.org/media/StateFosterCare\\_TX\\_fr.pdf](http://www.casey.org/media/StateFosterCare_TX_fr.pdf). Dworsky, A. & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences*. Chicago: Chapin Hall at the University of Chicago. Available at: [https://www.chapinhall.org/sites/default/files/Pregnant\\_Foster\\_Youth\\_final\\_081109.pdf](https://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf).

4 Dept. of Family and Protective Services & Dept. of State Health Services (2014) Joint Report on Senate Bill 44. [https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/Agencywide/documents/2014/2014-12-01\\_SB44\\_DFPS\\_DSHS\\_Joint\\_Report.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/Agencywide/documents/2014/2014-12-01_SB44_DFPS_DSHS_Joint_Report.pdf)

5 DFPS analyzes foster care placement capacity by DFPS licensed placement type (i.e. foster home, residential treatment center, and emergency shelters); child's age; and assigned level of care (i.e. basic, moderate, specialized, intense). As a result, it is difficult to truly determine the availability of foster homes and other placements to meet the specialized needs of these foster youth.

6 The Children's Commission. (2017) Texas Blueprint Implementation Update.