

A photograph of a family of three. A woman with dark curly hair is smiling and looking down at a young child. A man is sitting next to them, looking at an open book. The child is also looking at the book. They are all sitting on a patterned surface, possibly a rug or blanket. The background is softly blurred, showing what appears to be a couch or bed.

POST-ADOPTION SERVICES IN TEXAS

A TACFS WHITEPAPER

FEBRUARY 2021

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EXECUTIVE SUMMARY

The state of Texas has prioritized investments in its child welfare system to promote the adoption of children. Over the ten-year period between fiscal years 2010 and 2019, a total of 53,412 children have been legally adopted (i.e., consummated) from the Texas child welfare system. The annual number of adoptions consummated increased 27.2 percent, from 4,802 in fiscal year 2010 to 6,107 in fiscal year 2019. Data from the Texas Department of Family and Protective Services (DFPS) reflect the growing acuity and complexity in the physical, behavioral, and mental health needs of children in foster care, especially for children who remain in the child welfare system for longer periods of time. Significant resources have been invested to help all children in foster care, including children with complex needs, find their forever homes.

Many families continue to struggle post adoption to meet their children's needs related to the trauma they have experienced and the developmental and behavioral effects of their maltreatment. Services and supports that are trauma-informed and designed to assist the entire family after consummation are an essential part of the adoption process and help families raise their children to healthy adulthood. Children and their adoptive families who received services from the DFPS prior to adoption are eligible to receive post-adoption services through one of contracted organizations to provide these services in Texas. Post-adoption services are a cost-effective strategy to aid in the prevention of adoption dissolutions or the return of children to the state's care.



CONCERNS

The amount of funding appropriated by the Texas Legislature to DFPS for post-adoption services has not kept pace with demand for these services. The lack of appropriate funding results in the provision of limited services to a small number of adoptive families who are mostly already in crisis. Children and youth whose needs are not met post adoption may return to care.

State contracted post-adoption service providers must adhere to budget approval requirements when transferring funds to meet client needs. These requirements create administrative challenges and limit provider ability to meet family needs in a timely manner.



Many families who could benefit from early linkage with support post adoption are not receiving the services that could help to strengthen and stabilize their families. Most families adopting children through the Texas child welfare system do not receive state contracted post-adoption services during the same fiscal year that their adoption was consummated. Barriers to engagement include process gaps related to how and when adoptive families receive information about post-adoption services as well as fear and distrust among adoptive families about engaging DFPS-funded services.

The design of the existing service array for post-adoption services limits access to best practice therapeutic service models that are trauma-informed and treat the whole family.

A shortage of mental health providers persists across Texas. Among existing mental health providers, there are few who are trained specifically to address the unique needs of adoptive children and their families.

As a result, adoptive families have limited access to mental health and other therapeutic service providers who understand adoption, and whose services are trauma-informed.

Adoptive families have limited access to residential treatment through the state's post-adoption program due to funding constraints, eligibility requirements, and competition with Child Protective Services (CPS) for limited residential treatment slots. Post adoption, children are not eligible to access residential treatment services through the Children's Mental Health

Residential Treatment Center Relinquishment Avoidance Project. Some adopted children with severe mental health and other complex needs who cannot access residential treatment through third party payers, Medicaid, or the state's post-adoption program have to return to DFPS conservatorship to obtain residential treatment, which is traumatic to the child and adoptive family and increases state spending.

Limitations in how families are prepared for adoption may contribute to adoptive disruptions (before consummation) and dissolutions (after consummation). It is unclear the extent to which the current preparation process adequately meets the needs of adoptive families in Texas, including variations by child placing agencies and region.

RECOMMENDATIONS

Recommendation 1:

Appropriate an additional \$2.0 million in General Revenue funds (\$8.0 million in All Funds) to DFPS for the FY2022–23 biennium to increase funding for post-adoption services and include a rider directing DFPS to use an updated funding allocation methodology for post-adoption services that is based on the current number of adoption consummations, historical demand for post-adoption services, and an updated average service cost. To ensure accountability, the rider should also require DFPS to improve oversight of post-adoption services, including monitoring utilization and spending data, and submit a report to the Texas Legislature that details how additional funding was spent. This funding would provide for a 10 percent growth in caseload over estimated FY2020 levels (estimated that a total of 3,000 families to be served each year) with a \$1,000 increase in the average amount spent per family to allow for the provision of services in addition to case management.

Recommendation 2:

Include a rider in the FY2022–23 General Appropriations Act directing DFPS to provide state contracted post-adoption providers with a single funding allocation per region to be budgeted across services by the provider. Providers should be required to submit an annual budget for approval by DFPS but be permitted to make transfers between services within a region, with a requirement only to notify DFPS after the transfer is complete. Providers should be required to obtain approval from DFPS to make transfers between regions, but the updated funding allocation methodology in Recommendation 1 should help ensure that the regional budget more accurately meets family needs, reducing the need to request transfers across regions.

Recommendation 3:

Include a rider in the FY2022–23 General Appropriations Act directing DFPS to: identify and implement process changes to increase adoptive families' knowledge about post-adoption services; provide a

report to the Legislature summarizing actions taken; and require post-adoption providers contracted with DFPS to perform increased outreach to commensurate with recommended additional funding provided in Recommendation 1.

Recommendation 4:

Amend the Texas Family Code to provide DFPS with greater flexibility to define in agency rule the types of services offered by state contracted post-adoption providers in order to facilitate the agency's revision and modernization of the array to include best practice models.

Recommendation 5:

Include a rider in the FY2022–23 General Appropriations Act directing DFPS to expand an existing pilot program to offer adoption-competent training for mental health professionals. Mental health professionals in Texas could receive continuing education credits for participating in the training.

Recommendation 6:

Include a rider in the FY2022–23 General Appropriations Act directing DFPS to establish a methodology to allocate funding to post-adoption service providers for the purchase of additional residential treatment for adoptive children with severe mental health and other complex needs and to permit DFPS to transfer funding from Strategy 2.1.9 Foster Care Payments to Strategy 2.1.5. Post-Adoption/Post-Permanency to fund the purchase of these services. DFPS should establish a streamlined review and approval process for funding requests and the transferred amount should be adequate to meet the residential treatment needs of the child without limit.

Recommendation 7:

Include a rider in the FY2022–23 General Appropriations Act directing DFPS to submit a report to the Texas Legislature and the Governor by December 1, 2022 that evaluates strategies implemented to prepare families for adoption, including the consideration of improvements in key areas.

OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives: The purpose of this review was to identify strategies to improve the current system for delivering and funding services offered by organizations contracted by the state to provide post-adoption services in Texas, based on the assumption that improvements to the provision of post-adoption services could help to prevent adoption dissolutions.

Scope: This report focuses on the supports and services offered by state contracted post-adoption providers in Texas and provided to adoptive families after adoptions are legally finalized (i.e., consummation). Adoptions are defined to include the adoption of children from the Texas child welfare system administered by the Department of Family and Protective Services (DFPS). Adoptions from the child welfare system include “foster to adopt” families, kinship adoptions, and “match” adoptions whereby families are matched with a child with whom they did not previously foster.

While the report does briefly discuss findings related to preparing and serving adoptive families prior to consummation, an in-depth review of these issues was beyond the scope of this report. We do, however, recommend that additional action be taken to more fully understand and address key areas prior to adoption. Services provided to children who are permanently living with a relative, including cases where the relative has permanent managing conservatorship, but have not been adopted are not included in the scope of this report. DFPS also contracts for the provision of post-permanency services (funded out of the same strategy as post-adoption services, B.2.5., Post-Adoption/Post-Permanency Purchased Services). While there are some similarities between the services available, those programs are not included in the scope of this report, though some of the recommendations may be applicable.

Methodology: Data and information was collected for this review using the following quantitative and qualitative research methods:

- **Regulatory Review:** Statutory and administrative documents were reviewed to obtain an understanding of program requirements including the Texas Family Code and the Texas Administrative Code. Other documents reviewed included the Health and Human Services Commission 2014 Request for Proposals for Child Protective Services Post Adoption Services; the DFPS 2019 Request for Proposals for DFPS Child Protective Post Adoption Services; the DFPS Handbook for Post Adoption Services for Consummated Adoptions; the DFPS Handbook for Adoption Preparation and Support Services; DFPS 24-hour Residential Child Care Requirements; DFPS Open Enrollment Documents for Residential Child Care Services Provided by Licensed Child Placing Agencies (CPAs); and DFPS Open Enrollment for In-State Adoption Services.
- **Analysis of Spending and Utilization Data:** Data was requested from the four organizations contracted by the state to provide post-adoption services in Texas at the time of this study (prior to DFPS’ recent contract award, which reduced the number of providers to three). The purpose of these requests was to obtain data necessary to quantify spending on and utilization of post-adoption services and customer satisfaction data.
- **Focus Groups:** Qualitative information was collected during two focus groups: 1) focus group with members of the Adoption Collaborative of Central Texas, a coalition of Child Protective Services (CPS) and child placing agencies (CPA) whose mission is to find families in the child welfare system; and 2) focus group with parents who have adopted a child through Texas’ child welfare system through Region 7. During both focus groups, participants were asked about their experience with the adoption process as well as post-adoption services, including detail about system aspects that are working well and areas for improvement.
- **Existing Provider Interviews and Process Mapping:** The four providers holding state post-adoption contracts at the time of the study were interviewed to gain a better understanding of

services provided to adoptive families in Texas. Study authors also met with these providers to map the process of how adoptive parents are made aware of and connect with post-adoption service providers to identify gaps, inefficiencies, and areas for improvement.

- **Service Provider Interviews:** Other Texas providers of services to post-adoptive families (not DFPS contracted post-adoption providers) were interviewed to gain information about best practice care models and innovations in service delivery for adoptive families.
- **Parent Interviews:** Six adoptive parents who reside outside Region 7 and who have received assistance through a state contracted post-adoption service provider were interviewed to gain family perspective about their experience with the adoption process as well as post-adoption services.
- **Best Practice Research:** Information on post-adoption services provided by other states was collected through a review of relevant literature.

THE IMPORTANCE OF POST-ADOPTION SERVICES

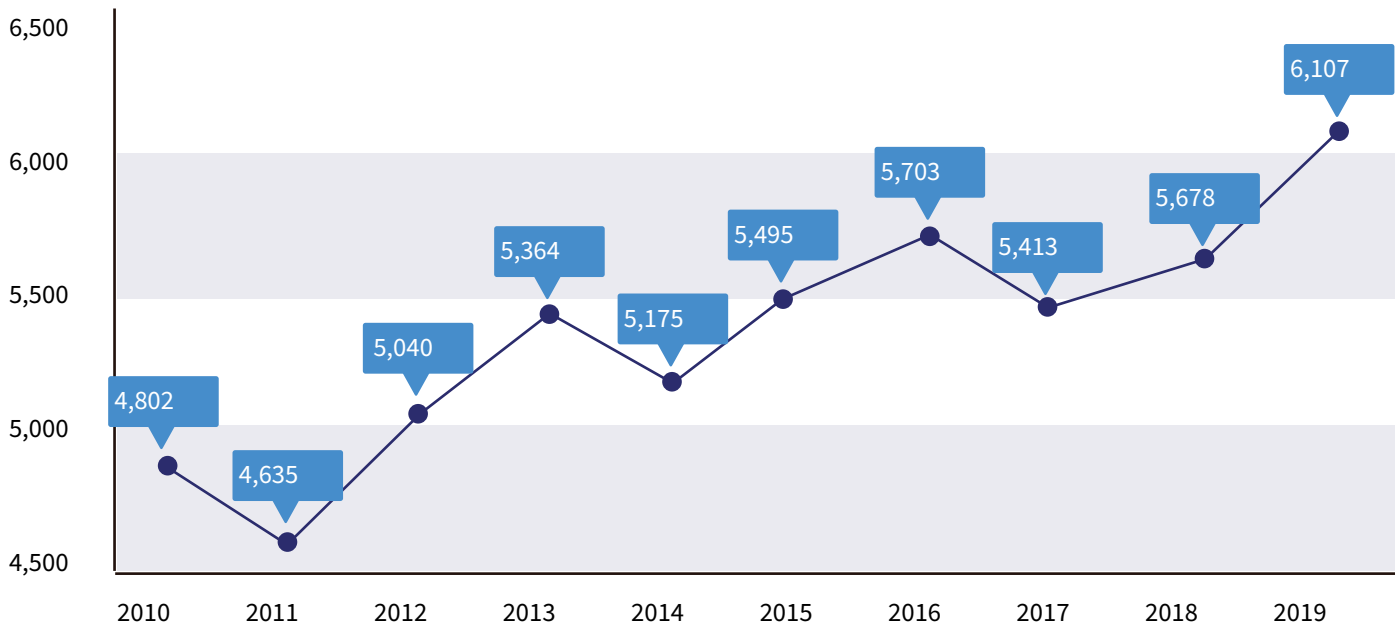
The state of Texas has taken steps to promote the adoption of children from the state's child welfare system. Over the last six years, in response to the Texas Sunset Advisory Commission's 2014 legislative report, a 2014 Operational Review performed by The Stephen Group, legislative direction, and agency initiative, DFPS has implemented numerous strategies to reduce the time to positive permanency and reduce the number of individuals who have been in the state's care for longer than two years, including through relative and non-relative adoption. A review of Child Protective Services (CPS) Business Plans over the last five years reveals a number of initiatives including:

- Establishing statewide and regional Permanency Strategic Plans with goals for improvement;
- Partnering with Casey Family Foundation to provide technical assistance and support for each of the state's 11 CPS regions to remove barriers to permanency;
- Process improvements including improved utilization of the Texas Adoption Resource Exchange (TARE); and,
- Strategies to increase kinship care and adoption.

In addition, system reform to shift to the Community-Based Care (CBC) model of foster care seeks to improve permanency outcomes, including adoption. Per Senate Bill 11, 85th Regular Session (2017), Texas is transitioning its foster care system to CBC whereby a single contractor in a geographic service area, known as a Single Source Continuum Contractor (SSCC), is responsible for finding foster homes or other living arrangements for children in state care, providing them a full continuum of services, and performing case management. The goals of this model are to: 1) keep children and youth closer to home and connected to their communities and siblings; 2) improve the quality of care and outcomes for children and youth; and 3) reduce the number of times children move between foster homes. All of these goals, if achieved, result in improved adoption outcomes.

Over the ten-year period between fiscal years 2010 and 2019, a total of 53,412 children have been legally adopted (i.e., consummated) from the Texas child welfare system. As a result of DFPS' efforts, as shown in [Figure 1](#), the annual number of adoptions consummated through the Texas child welfare system increased 27.2 percent, from 4,802 in fiscal year 2010 to 6,107 in fiscal year 2019.

Figure 1: Total Annual Number of Adoptions Consummated through the Texas Child Welfare System, Fiscal Years 2010 to 2019



Source: Texas Department of Family and Protective Services.

CHILDREN IN FOSTER CARE HAVE ENDURED TRAUMA AND OTHER ADVERSE OUTCOMES

Many families struggle to address the complexity of behaviors that result from the trauma and loss their children have experienced prior to being adopted from the Texas child welfare system. A report by the national Evan B. Donaldson Adoption Institute synthesized existing knowledge in the field of post-adoption services, including the challenges faced by these families, the research on adoption outcomes, and the range of service needs for adoptive families. The report found that most adopted children, because they suffered early deprivation or maltreatment, come to their new families with elevated risks for developmental, physical, psychological, emotional, or behavioral challenges. Among the factors linked with these higher risks are prenatal malnutrition and low birth weight; prenatal exposure to toxic substances; older age at adoption; early deprivation, abuse or neglect; multiple placements; and emotional conflicts related to loss and identity issues. The use of clinical services by adoptive families is about triple the rate reported by birth families partly due to a greater need for assistance. Adopted children also are more likely than their non-adopted peers to score in the clinical range on standardized behavior problem measures.

According to an October 2016 Pediatrics article, children placed in foster care, some of whom are ultimately adopted, endure a number of disadvantages, both because of the maltreatment they have endured and other risk factors associated with their placement including poverty, parental drug and alcohol abuse, neighborhood disadvantage, and epigenetics. Children placed in foster care, compared with their counterparts, are:

- more likely to be in fair or poor health (4.2% versus 3.1%) and have activity limitations (9.8% versus 4.8%);
- twice as likely to have learning disabilities (14.7% versus 7.6%), developmental delays (7.3% versus 3.4%), asthma (18.0% versus 8.7%), obesity (24.1% versus 15.7%), and speech problems

(11.2% versus 4.7%);

- three times as likely to have attention-deficit/hyperactivity disorder (ADD/ADHD) (21.8% versus 7.4%), hearing problems (3.9% versus 1.2%), and vision problems (3.4% versus 1.3%);
- five times as likely to have anxiety (14.2% versus 3.1%);
- six times as likely to have behavioral problems (17.5% versus 2.9%); and,
- seven times as likely to have depression (14.2% versus 2.0%).

In addition to these adverse outcomes stemming from the maltreatment, all adopted children have also experienced some degree of trauma, according to the Children's Bureau. This ranges from trauma as a direct result to their maltreatment to the trauma of separation from family and placement in substitute care, which is compounded with each additional placement. Up to 80 percent of children in foster care have significant mental health issues, compared to approximately 18–22 percent of the general population.

THE ACUITY AND COMPLEXITY IN NEEDS OF ADOPTED CHILDREN ARE GROWING

Data from DFPS reflect the growing acuity and complexity in the physical, behavioral, and mental health needs of children in foster care, especially for children who remain in the child welfare system for longer periods of time. Significant resources have been invested to help all children in foster care, including children with complex needs, find their forever homes. Some examples include the creation of therapeutic foster care.

Given the traumatic life experiences that children in care have often endured, a substantial proportion of them will continue to have ongoing developmental and behavioral needs, some of which may intensify as they age. In some cases, adoptions breakdown and result in disruption (before consummation) or dissolution (after consummation). When adoptions dissolve, the economic and social costs are considerable, and the toll on the children and families involved is even greater. Each year in Texas, a small but significant percentage of adoption dissolutions occur. At the time of this study, DFPS could not provide data on the number of children who are re-entering DFPS conservatorship following an adoption. However, national studies report that between 1 and 5 percent of consummated adoptions dissolve. Based on these percentages, it is estimated that between 534 and 2,670 of the adoptions from the Texas child welfare system that occurred during the ten-year period between fiscal years 2010 and 2019 may have resulted in dissolution.

The state of Texas should take further action to support adoptions. The state is asking families to come forward to be the forever homes of children in foster care and the overall body of adoption research has associated receiving post-adoption services with more positive outcomes. Furthermore, it has linked unmet service needs with poorer outcomes. When adoptive families struggle to address the developmental consequences of a child's early adversity, they should have the opportunity to receive the supports and services needed to maintain permanency, safety, well-being, and raise their children to healthy adulthood. Services and supports provided to parents and children after adoption consummation are an essential part of the adoption process. Supporting adoptive families after adoption facilitates preservation and stabilization of at-risk placements. The adoption of a child with complex trauma requires distinctive services to address the challenges that arise over time. A continuum of post-adoption services that are trauma-informed is vital to an adoptive family's success in integrating and effectively parenting. Post-adoption services should seek to address issues in the entire family and with other systems involved with the family, including informational, therapeutic, and other needs.

OVERVIEW OF THE CURRENT STRUCTURE AND FUNDING OF POST-ADOPTION SERVICES IN TEXAS

The Texas Family Code allows children and their adoptive families who received services from DFPS prior to adoption to receive post-adoption services either directly from DFPS or through contract. These services are part of a package of services Texas makes available to adopted children and families including:

- **Monthly Title IV-E and state-paid adoption subsidies** – This financial assistance supports initial placement expenses, childcare, educational needs, maintaining sibling/other family contact, and routine maintenance (e.g., housing, food);
- **One-time payments** up to \$1,200 for non-recurring adoption-related expenses (e.g., attorney costs); and,
- **Health insurance coverage through the state’s Medicaid program** – Adopted children can receive medical, behavioral health, and dental services up to age 18.

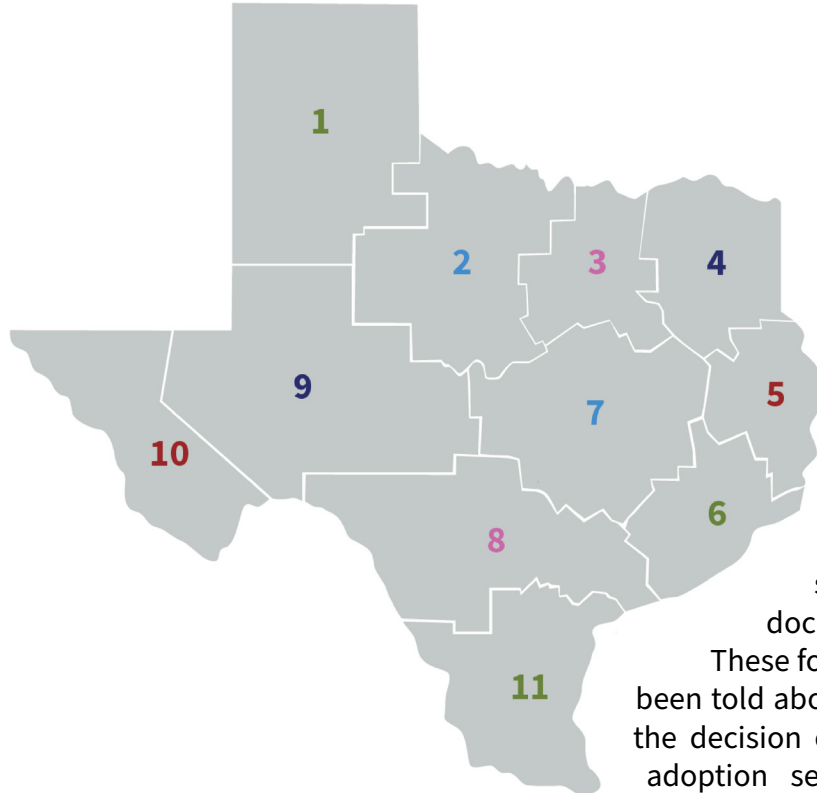
Post-adoption services compliment these services but are not duplicative. They are the only state services available to adoptive families focused on preserving the adoption, helping the child and parents adjust and form a healthy attachment, and assisting the family in meeting the child’s needs in light of past trauma and maltreatment. While adoption subsidies do provide financial support to the family, they are meant to address basic needs, and while Medicaid benefits provide for services the child may need (e.g., therapy), they do not provide for family services (e.g., family counseling, respite, residential treatment). Post-adoption services are intended to be the payer of last resort.

Although the state has chosen to contract with external organizations to provide most of the post-adoption services, CPS can also provide post-adoption services when an adoptive family needs to receive them directly. Contractors may include licensed child placing agencies and social service agencies and organizations that meet certain criteria. As shown in **Figure 2** and the corresponding map, there were four organizations contracted with the Health and Human Services Commission (HHSC) to provide post-adoption services in the eleven DFPS regions at the time of this study.

Figure 2: 2019 Texas Post-Adoption Service Providers

Post-Adoption Service Provider	DFPS Region Served
Centers for Children and Families	Regions 1, 2, 4, 7, 8, 9, and 10
CK Family Services	Region 3
DePelchin Children’s Center	Regions 5 and 6
Arms Wide Adoption Services	Regions 6 and 11

Source: Texas Department of Family and Protective Services, December 2019.



Regional Map of the Texas Child Welfare System

CPS staff do not authorize post-adoption services but do refer families to the region's contractor by giving the adoptive family the contractor's name, address, and telephone number. Typically, the CPS conservatorship worker transfers the case to the adoption caseworker once the child is preparing for adoption. The CPS adoption worker informs the adoptive family how to request post-adoption services. Adoptive families are typically informed about post-adoption services when the family completes the final documentation to consummate the adoption.

These forms include a box to check that the family has been told about post-adoption services. In most cases, it is the decision of the adoptive family to contact their post-adoption service provider; however, occasionally, the adoptive family may consent to the CPS worker sharing their contact information with the post-adoption provider.

Child placing agencies (CPA) are also required to provide prospective adoptive parents with information about post-adoption services. Per contract requirements, state contracted post-adoption service providers must perform outreach, provide application packets to families, accept referrals, determine eligibility, and authorize services.

ADOPTIVE FAMILY ELIGIBILITY FOR POST-ADOPTION SERVICES

Contractors must serve all eligible adoptive families who present and meet all four of the following criteria:

1. When the child was placed for adoption, either:
 - DFPS served as the child's managing conservator and placed the child for adoption, or
 - A licensed child-placing agency (CPA) in Texas served as the child's managing conservator and placed the child for adoption, and DFPS is currently providing Title IV-E adoption assistance to the child;
2. The adoption is consummated;
3. The adoptive parents have requested post-adoption services; and
4. The child is younger than 18. When necessary, services may continue for up to 90 days past the child's 18th birthday to ensure an orderly termination of services.

POST-ADOPTION SERVICE ARRAY

Post-adoption services are provided either directly by the contractor, through subcontractors, or through community resources and services supplied by providers identified by the contractor. The services available through contracts with post-adoption service providers must include casework or service planning.



support groups



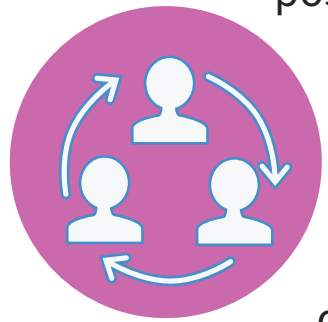
respite
care and
therapeutic
camps



parent
training



residential
treatment
services



post-adoption
counseling
(diagnosis and
assessment,
individual,
group, family,
day treatment
services)



other services
approved by
DFPS

Contractors must be available to provide crisis intervention services twenty-four (24) hours a day, seven (7) days a week. Contractors must provide children and their adoptive families with post-adoption services based on the results of a written intake assessment. Casework services cannot be subcontracted. Each family must have a current Service Plan that is developed using information collected with the family in a face-to-face visit. CPS may approve exceptions to the face-to-face visit.

Contractors specify a time limit of up to six months within which services will be provided. If the client requires services after the specified time limit, the contractor may extend the authorization period. The contractor can extend the authorization period as often as necessary, but no single extension may exceed six months.

SPENDING AND UTILIZATION OF POST-ADOPTION SERVICES

As shown in **Figure 3**, the four contracted providers in Texas together reported spending \$3.9 million statewide in state contract funds on post-adoption services for 2,153 families in fiscal year 2019. The statewide average spending per family in fiscal year 2019 was \$1,834, which declined 15.6 percent from \$2,172 in fiscal year 2017. Spending by the Centers for Children and Families, which covers seven regions, represented almost half (49.8 percent) of total statewide spending in fiscal year 2019.

Figure 3: Texas Post-Adoption Services: Number of Families Served and Spending by Provider, Fiscal Year 2019

Region	Total Number of Families Served	Percent of Total Families Served	Total Spending	Percent of Total Spending	Average Spending Per Family
1	127	5.9%	\$213,708	5.4%	\$1,683
2	42	2.0%	\$153,686	3.9%	\$3,659
3	779	36.2%	\$824,705	20.9%	\$1,059
4	188	8.7%	\$214,090	5.4%	\$1,139
5	99	4.6%	\$208,044	5.3%	\$2,101
6	356	16.5%	\$790,761	20.0%	\$2,221
7	169	7.8%	\$477,245	12.1%	\$2,824
8	208	9.7%	\$638,473	16.2%	\$3,070
9	46	2.1%	\$103,995	2.6%	\$2,261
10	71	3.3%	\$164,345	4.2%	\$2,315
11	68	3.2%	\$160,160	4.1%	\$2,355
Statewide	2,153	100.0%	\$3,949,210	100%	\$1,834

Between fiscal years 2017 and 2018 (which cross two state appropriations biennia), state spending on post-adoption services provided by organizations contracted by the state declined 8.4 percent, from \$4.3 million to \$3.9 million. There was a slight increase of \$29,695, or 0.8 percent, between fiscal years 2018 and 2019. Meanwhile, the total number of families who received post-adoption services from the four state-contracted providers increased 9.3 percent during this time period, from 1,969 in fiscal year 2017 to 2,153 in fiscal year 2019. Most of the increase in the number of families served occurred between fiscal years 2017 and 2018, which corresponds to the 8.4 percent reduction in state spending on post-adoption services between those years.

Figure 4 shows the number of families served and spending on post-adoption services by region in fiscal year 2019. Region 3, which is served exclusively by CK Family Services, had the greatest share of total statewide spending (20.9 percent), followed closely by Region 6 (20.0 percent) in fiscal year 2019. Region 3 also served the greatest number of families of any region (779 families, or 36.2 percent of total families served) but had the lowest average spending per family (\$1,059). This contrasts with Region 2, which served the fewest number of families (42 families, or 2.0 percent of total families served) and had the highest average spending per family (\$3,659).

Figure 4: Texas Post-Adoption Services: Number of Families Served and Spending by Region, Fiscal Year 2019

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Statewide	2,153	100.0%	\$3,949,210	100%	\$1,834

Source: Survey of state-contracted post-adoption providers.

Notes: Region 6 includes expenditures for both contractors serving this region.

These caseload statistics are higher than data previously reported by DFPS to the legislature. There is a performance measure related to clients served through post-adoption but DFPS has been limited in the ability to report on the clients served, based on the service authorization data it can access through the IMPACT system.

Figure 5 shows spending on post-adoption services by service type in fiscal year 2019. Nearly all spending on post-adoption services was for two services—case management and respite. Case management represented nearly three-quarters (72.8 percent) of total spending on post-adoption services while respite had the second highest share of total spending (17.1 percent).

Figure 5: Spending by Type of Post-Adoption Service, Fiscal Year 2019

Service	Total Spending	Percent of Total Spending
Mental Health Counseling	\$222,399	5.6%
Respite	\$673,979	17.1%
Camping	\$33,377	0.8%
Parent Training and Support	\$37,387	0.9%
Case Management	\$2,873,398	72.8%
Residential Treatment Center	\$54,206	1.4%

Other Approved Services	\$54,464	1.4%
Total	\$3,949,210	100%

Source: Survey of state-contracted post-adoption providers.

Nearly all funding spent by post-adoption providers is limited to amounts provided through state contracts. However, in limited cases, other sources of funding for post-adoption services may include Medicaid, private insurance, family contributions, and private grants. Medicaid must be the first source of payment for eligible individuals served by contractors when the identified service is reimbursable under Medicaid and a qualified Medicaid provider can be secured. Contractors may claim reimbursement for deductibles and/or co-payments for allowable claims through the contract allocation for families that choose to use their private insurance to pay for post-adoption services. Contractors may also use a sliding fee scale or otherwise allow referred individuals to be responsible in part for paying fees for services. However, adoptive families referred by DFPS cannot be denied or experience a delay in services based on a failure to pay fees or contribute to the cost of any service. Two of the contracted post-adoption service providers use private grants and donations to supplement state funding for post-adoption services. Contractors may not use funds received by DFPS to replace any other federal, state, or local source of funds and may not use DFPS funds as match for any other funding opportunity.

As shown in **Figure 6**, there were 451 families across the state who first received post-adoption services in fiscal year 2019. When comparing the number of new families served to the total number of families served, the new families comprised about one-fifth (i.e., 20.9 percent) of the total number of families served statewide in fiscal year 2019. This data illustrates that post-adoption providers often serve families for multiple years. Between fiscal years 2017 and 2018, the total number of new families served decreased 5.3 percent, from 376 to 356 families. There was an increase of 95 new families served, or 26.7 percent, between fiscal years 2018 and 2019.

Figure 6: Number of New Families Served Compared to Total Families Served by Region, Fiscal Year 2019

Region	Total Number of New Families Served	Total Number of Families Served	New Families as a Percent of Total Families Served
1	23	127	18.1%
2	17	42	40.5%
3	129	779	16.6%
4	35	188	18.6%
5	32	99	32.3%
6	76	356	21.3%
7	27	169	16.0%
8	63	208	30.3%
9	4	46	8.7%
10	13	71	18.3%
11	32	68	47.1%
Statewide	451	2,153	20.9%

Source: Survey of state-contracted post-adoption providers and Texas Department of Family and Protective Services Data Book.
Note: Region 6 includes data for both contractors serving this region.

IMPROVE THE DELIVERY AND FUNDING OF POST-ADOPTION SERVICES IN TEXAS

Services and supports that are trauma-informed and designed to assist the entire family after adoption consummation are an essential part of the adoption process. These types of post-adoption services are a cost-effective strategy to prevent the return to care for at-risk children. Supporting adoptive families after adoption helps to preserve and stabilize at-risk placements and offers children and families the best opportunity for success. A continuum of post-adoption services that is trauma-informed is vital to an adoptive family's success in integrating and effectively parenting a child with experiences of maltreatment and loss. The cost of funding post-adoption services is far less than the cost of caring for children in foster care. States with high utilization of post-adoption services report exceptionally low rates of children returned to the care of the state (i.e., less than 1 percent). By stabilizing families and providing permanency for children, the promotion of health and well-being of children and families is long-term and the benefits to society are long-lasting.

The following sections in this report discuss the issues impacting the effective delivery of post-adoption services in Texas and recommendations for improvement. The state of Texas should take the following steps to support children and families and sustain adoptions:

1. Increase funding for post-adoption services;
2. Improve budget flexibility for post-adoption service providers;
3. Expand the array of post-adoption services to include best practice models;
4. Prepare mental health providers to serve adoptive families;
5. Improve access to residential treatment for adoptive children;
6. Report on strategies to support families prior to adoption consummation; and
7. Use the Family First Prevention Services Act to serve adoptive families.

I. LIMITED FUNDING FOR POST-ADOPTION SERVICES

The amount of funding appropriated by the Texas Legislature to DFPS for post-adoption services has not kept pace with demand for these services. Funding for post-adoption services has failed to keep pace with the needs of Texas families. Between fiscal years 2017 and 2018, post-adoption providers received a 8.4 percent reduction in funding, from \$4.3 million to \$3.9 million. There was a slight increase of \$29,695, or 0.8 percent, between fiscal years 2018 and 2019. Meanwhile, between fiscal years 2017 and 2019, the total number of families who received post-adoption services increased 9.3 percent. Most of the increase in the number of families served occurred between fiscal years 2017 and 2018, which corresponds to the 8.4 percent reduction in state spending on post-adoption services between those years.

Contracts for post-adoption services are contingent upon the continued availability of appropriations by the Texas Legislature as well as budgetary and resource constraints. As shown in **Figure 7**, the amount appropriated to DFPS for the FY2020–21 biennium for post-adoption services totaled \$12.8 million in All Funds. This reflects an increase of \$4.4 million in All Funds for additional demand generally and additional

residential treatment services. A portion of this amount is for post-permanency services (i.e., cases where children are permanently living with a relative but have not been adopted), which were available only in Regions 6B and 11 at the time of this review. The method of finance for these services includes General Revenue Funds as well as Federal Funds.

Figure 7: Texas Post-Adoption Spending, Fiscal Years 2017 to 2021

	FY 2017 Spent	FY 2018 Estimated	FY 2019 Budgeted	FY 2020 Appropriated	FY 2021 Appropriated
Spending (In Millions)	\$4.5	\$4.9	\$3.5	\$6.3	\$6.5

Source: Legislative Budget Board.

Furthermore, the amount of funding allocated by DFPS to the state contracted post-adoption providers is based on a methodology using historical data, that has not been adjusted to reflect demand. DFPS allocates funding to providers using a formula based on a fixed base and proportional workload adjustments. However, the workload assumptions are tied to historical data and do not reflect current demand for a given region. As described below, lack of appropriate funding results in the provision of limited services to a small number of adoptive families who are mostly already in crisis.

- **Funding is only reaching a small fraction of the families adopting children through the Texas child welfare system.** Approximately 2,000 adoptive families received services from state contracted post-adoption providers in fiscal year 2019, including 451 new families. Only a portion of the 451 new families had their adoption consummated during fiscal year 2019 as many families seek services several months or years after adoption consummation. Even if all 451 new families had their adoption consummated during fiscal year 2019, this number would represent only 7.4 percent of the 6,107 adoptions consummated in fiscal year 2019.
- **Some families who had an adoption consummated in fiscal year 2019 may have received post-adoption services during a subsequent fiscal year.** While DFPS mandates that post-adoption providers perform outreach to adoptive families, providers must balance this requirement with limited funding, knowing that successful outreach further reduces the amount of post-adoptive services each family can receive. As a result, the services offered by state-contracted post-adoption service providers only reach a segment of those with needs. Most state-contracted post-adoption providers reported that they can primarily serve only families already in crisis due to high caseloads. Other adoptive families may not receive timely assistance due to the need to first help families in crisis. As a result, providers cannot consistently provide support to adoptive families to prevent further escalation and crisis situations.
- **Current funding levels are not sufficient to meet client needs.** State-contracted post-adoption providers reported difficulty meeting client needs due to funding constraints. Based on spending data gathered from the current state-contracted post-adoption providers, the statewide average spending per family in fiscal year 2019 was \$1,834. This per family amount results in limited provision of services to adoptive families other than case management, which represented nearly three-quarters of total spending on post-adoption services in fiscal year 2019. For example, although adoption research supports the provision of counseling as well as parent training and support for adoptive families, spending on these services represented only 5.6 percent and 0.9 percent, respectively, of total spending on post-adoption services in fiscal year 2019. Even respite, which is a critical service to support adoptive families, represented only 17.1 percent of total spending in fiscal year 2019. Funding constraints result in limitations on service quantity as well as service termination when funds are spent before the end of a given fiscal year. The amount of funding per adoptive family risks many families not receiving the supportive and therapeutic

services needed to strengthen and stabilize their families. For example, families may only receive two days of respite per month when the assessment demonstrates a need for additional respite days to adequately support the family.

Texas spending on post-adoption services ranks below the U.S. average and states with similar adoption rates. As shown in **Figure 8**, Texas spends much less of its adoption funding on post-adoption services than other states (when considering both Total IV-E Adoption Assistance and Adoption Assistance Admin). In addition, Texas spends proportionately less state funding on post-adoption services—most of its adoption funding is federal funds. As shown in **Figure 9**, of the top 10 states based on the number of children adopted per year, Texas ranks at the bottom in terms of Title IV-E adoption program spending per adopted child. In fiscal year 2016, Title IV-E adoption program spending per adopted child in Texas was \$21,536. This category of spending includes adoption assistance payments, adoption assistance administration, non-recurring payments, and training. The amount spent per adopted child in the other states ranged from \$21,894 in Missouri to \$78,908 in New York. The amount spent per adopted child across all 50 states was \$43,889. When removing adoption assistance payments from the total spending, Texas still ranks at the bottom—\$1,707 spent per adopted child on the remaining Title IV-E adoption program items (i.e., adoption assistance administration, non-recurring payments, and training).

Figure 8: Texas and U.S. Funding for Post-Adoption Supports and Services, 2016

	Texas		U.S.
	Expenditures	Percentage of Adoption Funding	Percentage of Adoption Funding
Federal	\$3,166,910	2%	8% (34 states)
State	\$1,029,204	1%	8% (28 states)

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Adoption and Foster Care Analysis and Reporting System (AFCARS); Child Trends, “Child Welfare Agency Spending SFY 2016: Texas,” p. 6.

Figure 9: State Comparison of Title IV-E Adoption Program Spending, Fiscal Year 2016

State	Number of Children Adopted	Total IV-E Adoption Program Spending per Adopted Child	Adoption assistance admin, non-recurring payments, and training spending per Adopted Child
Pennsylvania	1,917	\$55,457	\$19,053
Illinois	1,546	\$52,401	\$12,428
Florida	3,573	\$33,233	\$8,832
California	6,542	\$70,061	\$8,771
Michigan	2,078	\$53,493	\$7,091
Oklahoma	2,487	\$23,505	\$4,956
Arizona	3,654	\$34,339	\$3,273

New York	2,010	\$78,908	\$2,885
Missouri	1,591	\$21,894	\$2,546
Texas	5,723	\$21,536	\$1,707
United States	57,238	\$43,889	\$7,533

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Adoption and Foster Care Analysis and Reporting System (AFCARS); Child Trends, “Child Welfare Financing Survey SFY 2016,” December 2018.

Notes: Total IV-E adoption program spending per adopted child includes adoption assistance payments, adoption assistance administration, non-recurring payments, and training.

States had the option where to report post-adoption supports and services (in Total IV-E Adoption Program Spending per Child or Adoption assistance admin. Child Trends estimates most states included post-adoption supports and services in the Adoption Assistance admin column.

- **Children and youth whose needs are not met post adoption may return to care.** Post-adoption services can be a cost-effective strategy to avoid an adopted child/youth’s return to care. The cost of funding post-adoption services is far less than the cost of caring for children in foster care. One year of foster care at the child placing agency rate for children with specialized and intense levels of care costs between \$40,186.50–\$68,042.30 and one year of residential treatment for children with specialized, intense, or intense plus levels of care costs between \$72,156.85–\$146,262.80.
- States with high utilization of post-adoption services report exceptionally low rates of children returned to the care of the state (i.e., less than 1 percent).

Recommendation 1 would appropriate an additional \$2.0 million in General Revenue (\$8.0 million in All Funds) to DFPS for the FY2022–23 biennium to increase funding for post-adoption services and include a rider directing DFPS to use an updated funding allocation methodology for post-adoption services that is based on the current number of adoption consummations, historical demand for post-adoption services, and an updated average service cost. The federal match rate is 25 percent state funds to 75 percent federal funds for Title IV-B Promoting Safe and Stable Families. To ensure accountability, the rider should also require DFPS to improve oversight of post-adoption services, including monitoring utilization and spending data, and submit a report to the Texas Legislature that details how additional funding was spent. This funding would provide for a 10 percent growth in caseload over estimated FY2020 levels (estimated that a total of 3,000 families to be served each year) with a \$1,000 increase in the average amount spent per family to allow for the provision of services in addition to case management.

As regions transition to the Community-Based Care foster care model, the lead agency should receive funds from DFPS for the provision of post-adoption services (including case management and services). The lead agency should be given the option to choose to provide case management and services or contract these functions out to a case management agency and a network of post-adoption service providers that could include CPAs and other evidence-based providers.

II. BUDGET PROCESSES IMPACT PROVIDER ABILITY TO MEET FAMILY NEEDS

The contract between DFPS and post-adoption service providers requires providers to submit an annual budget, which includes line items by region and service. During the course of a year, a variety of factors influence the expenditure of funds and the need to make transfers between line items within a region as well as across regions, including the number and level of need of families who present for services, existence of other payers (i.e., families’ health insurance coverage), and the availability of free or low cost community

services. According to post-adoption providers, they must seek DFPS approval for any transfer of funds across service categories within a region as well as across regions, and such transfers representing over a 20 percent change from budgeted amounts are subject to a 30-day delay period. These requirements create administrative challenges and limit provider ability to meet family needs in a timely manner.

Recommendation 2 would include a rider in the FY2022–23 General Appropriations Bill directing DFPS to provide state-contracted post-adoption providers with a single funding allocation per region to be budgeted across services by the provider. Providers should be required to submit an annual budget for approval by DFPS but be permitted to make transfers between services within a region, with a requirement only to notify DFPS after the transfer is complete. Providers should be required to obtain approval from DFPS to make transfers between regions, but the updated funding allocation methodology in Recommendation 1 should help ensure that the regional budget more accurately meets family needs, reducing the need to request transfers across regions.

III. MOST ADOPTIVE FAMILIES DO NOT ACCESS STATE POST-ADOPTION SERVICES

The overall body of adoption research has found that families who receive timely post-adoption services experience more positive outcomes and are better able to address ongoing adjustment issues that often intensify with age. Yet, in Texas, most families adopting children through the Texas child welfare system do not receive state-contracted post-adoption services during the same fiscal year that their adoption was consummated. They may be accessing resources through their child placing agency (CPA) or through community resources, but are not accessing state-contracted services. Further, these resources are typically limited. As shown in **Figure 10**, only 451 families first received services from state-contracted post-adoption providers in fiscal year 2019. Only a portion of these 451 new families had their adoption consummated during fiscal year 2019 as many families seek services several months or years after adoption consummation. Children remain eligible until age 18 for post-adoption services, and because the average age of adoption is approximately 6 years, the pool of eligible children for post-adoption services continues to grow. Even if all 451 new families had their adoption consummated during fiscal year 2019, this number would represent only 7.4 percent of the 6,107 adoptions consummated in fiscal year 2019.

Data limitations prevent a determination of how many of these families received post-adoption services during a subsequent fiscal year. It is difficult to quantify the total number of children and families who are eligible to receive post-adoption services, but based on available data, the number served is a small percentage of the number eligible to receive services. The eligible population is based on the total number of children adopted—a number that has increased each year for the past ten years and exceeded 6,000 in fiscal year 2019—and the number of years a child is eligible to receive services—up to age 18. According to Child Trends, the average age at adoption in Texas is approximately 5.6 years, meaning that each adopted child has on average, 12.4 years of eligibility for post-adoption services. These trends contribute to a growing number of eligible recipients.

Figure 10: Number of New Families Served by Post-Adoption Providers in Texas Compared to Consummated Adoptions by Region, Fiscal 2019

Region	Number of New Families Served	Number of Adoptions Consummated	New Families Served as a Percent of Consummated Adoptions
1	23	425	5.4%
2	17	197	8.6%
3	129	1,143	11.3%
4	35	298	11.7%
5	32	264	12.1%
6	76	1,120	6.8%
7	27	973	2.8%
8	63	1,153	5.5%
9	4	167	2.4%
10	13	100	13.0%
11	32	267	12.0%
Statewide	451	6,107	7.4%

Source: Survey of state-contracted post-adoption providers and Texas Department of Family and Protective Services Data Book.

Note: Region 6 includes data for both contractors serving this region.

Post-adoption service providers do not have access to information on the potentially eligible families in their service area (e.g., families with consummated adoptions), and depend on adoptive families to seek them out for services. However, the qualitative research methods used in this study, including interviews with post-adoption service providers, adoptive parents, and CPAs, found that many families access post-adoption services for the first time during a crisis and not close to the adoption consummation, when earlier engagement could help to prevent crises, disruptions, and dissolutions. Barriers to engagement include process gaps related to how and when adoptive families receive information about post-adoption services.

Throughout the fostering and adoption processes, there are steps intended to inform families about the availability of and process for obtaining post-adoption services, but there are also gaps in these processes, which result in some families not receiving or absorbing the intended information. Examples of these gaps include:

- Information on post-adoption services is included in the training for families interested in becoming foster families and through an annual retraining requirement. However, the amount of time between when these families undergo this initial training and decide to adopt may be several years.
- CPS conservatorship and adoption caseworkers should share information with adoptive parents throughout the adoption process, but there is variability in the quality and accuracy of information shared based on the extent to which the CPS staff are knowledgeable about, have a favorable opinion of, and have an established relationship with the local post-adoption provider.
- CPA staff also engage their children and families through routine casework, and have many opportunities to reinforce the importance of post-adoption services. CPAs may be reluctant to pass along information beyond what is required based on their relationship with the regional post-adoption provider, a lack of confidence in the amount and type of services available, or other factors.

- There is a procedural check in place to assure adoptive families are informed about post-adoption services, but the results have been mixed. Adoptive families should be informed about post-adoption services when the family completes documentation to consummate the adoption known as the Adoption Placement Packet. CPS adoption workers refer families to the region's post-adoption service provider by giving the adoptive family the contractor's name, address, and telephone number. CPS is not permitted to share lists of newly eligible families with post-adoption providers for privacy reasons, but families can choose to provide CPS with permission to share their contact information with the post-adoption provider in their area. CPAs are also required to provide prospective adoptive parents with information about post-adoption services.
- Although adoption placement paperwork includes a checkbox indicating that the family has received information about post-adoption services, it is unclear whether this process is adequate to ensure families understand the availability of these services, for several reasons:
 - The timing of when adoptive families receive information about post-adoption services occurs when they receive a tremendous amount of other information and materials.
 - The extent to which staff at CPS or CPAs actively promote the services versus perform a perfunctory review of the information depends on whether they think the services are beneficial and understand what services are available.
 - As a result, adoptive families may receive limited information from these staff about post-adoption services that could encourage them to seek assistance.
- There are also attitudinal barriers, such as fear and distrust of engaging DFPS-funded services among adoptive families, that contribute to limited use of these services. According to interviews with state contracted post-adoption providers as well as adoptive parents, many families do not want to access services after adoption because they spent a considerable amount of time engaging the child welfare system prior to adoption and want to begin to normalize family dynamics.
- Some adoptive parents are also not aware of post-adoptive services until they are in crisis. Some adopted children/youth do not require assistance immediately following adoption; each child may experience their trauma and loss differently as they undergo new developmental stages, resulting in new and challenging circumstances for adoptive families throughout adolescent and at times, even into adulthood.

Recommendation 3 would include a rider in the FY2022–23 General Appropriations Act directing DFPS to: identify and implement process changes to increase adoptive families' knowledge about post-adoption services; provide a report to the Legislature summarizing actions taken; and require post-adoption providers contracted with DFPS to perform increased outreach to commensurate with recommended additional funding provided in Recommendation 1.

These findings have identified multiple process gaps which limit adoptive families' knowledge about post-adoption services. DFPS should conduct further review of these barriers and identify solutions to remedy them to ensure that the additional funding provided through Recommendation 1 is reaching families in need. DFPS currently requires post-adoption providers to perform outreach to adoptive parents in their service areas. However, limited funding has discouraged robust outreach because any increase in enrolled families would result in less funding to serve families. With the funding increase in Recommendation 1, providers should be able to implement additional creative outreach strategies.

IV. DESIGN OF EXISTING SERVICE ARRAY IMPACTS ACCESS TO PROMISING PRACTICES

Families would benefit from expansion of the post-adoption service array to include in-home trauma-informed therapeutic service models that treat the whole family. According to interviews with state contracted post-adoption providers as well as adoptive parents, access to these types of services are not offered through the state's post-adoption program. Statute limits the array of services state contracted post-adoption providers may offer. Specifically, Section 162.306 of the Texas Family Code states that children and their adoptive families who received services from DFPS prior to the adoption may receive post-adoption services either directly from DFPS or through contract. The services may include financial assistance, respite care, placement services, parenting programs, support groups, counseling services, crisis intervention, and medical aid.

The Request for Proposal issued by DFPS for post-adoption services in both 2014 and 2019 included language to specify that contracted post-adoption services can include “other DFPS approved services.” However approval of these requests is at the discretion of regional DFPS staff, and there is variability in the approval of these requests. In addition, the additional administrative burden to obtain approval prevents widespread use of the “other services” category. Only one state-contracted post-adoption provider reported success with using the “other services” category to obtain innovative services for families seeking services in their region.

As shown in **Figure 11**, there are private programs offering in-home trauma-informed therapeutic service models that treat the whole family. These efforts show promise in their ability to support children and families and sustain adoptions.

Figure 11: In-Home Trauma-Informed Whole Family Post-Adoption Service Models

Organization	Summary
Stand Up Eight	<p>Stand Up Eight, based in Austin, empowers adoptive families by providing trauma-informed behavior management intervention in their homes. Stand Up Eight walks alongside families in their homes after an adoption is finalized. <i>A Family Coach addresses the needs of the entire family unit, rather than specific individuals only, to promote attachment between children and parents and healing from trauma.</i> Stand Up Eight serves as a support to all family members to help them address their deepest needs for connection.</p> <p>Post-Adoption Services: Adoptive parents receive tools to manage their child’s behaviors—and their own—by building secure attachments. Stand Up Eight Staff are trained in Circle of Security, an early intervention program, Natural Lifemanship, and are certified Trust-Based Relational Intervention® (TBRI) Practitioners. A Family Coach visits the adoptive home to facilitate bonding activities with the entire family and guide parents through individualized, intervention plans based on family’s strengths and needs. Parents are supported between scheduled home visits with access to phone and email check-ins to monitor progress and help them implement recommendations effectively. Families are also connected to additional service providers for holistic support.</p> <p>Outcomes: Adoptive parents report improvements in key outcome measures after receiving support through Stand Up Eight, including a better understanding of trauma-informed parenting, improved family bonding, more enjoyment spending time with their children, development of strategies to co-regulate with their child, and an improved ability to use trauma-informed parenting effectively.</p>

Chosen Care	<p>Chosen Care, based in New Braunfels and San Antonio, <i>helps children heal from trauma by strengthening their families</i>. Chosen staff provide trauma-informed education and support to foster, kinship, adoptive, and reunified families. They offer a holistic approach that addresses children’s mental and behavioral health needs as well as caregiver and sibling needs. Side-by-side in home or via telehealth, staff accomplish this work using evidence-based practices and a life-on-life model. Services and support offered include parent coaching, therapeutic resources, targeted case management and peer mentors. The Chosen model operates based on the understanding that children cannot heal neurologically from complex development trauma with medication and therapy alone but that <i>children who have been harmed in relationship can only heal in the context of relationship</i>. Attachment to a safe, loving caregiver is crucial for the healthy brain development of children impacted by trauma.</p> <p>Post-Adoption Services: Chosen staff help adoptive parents build secure attachment and resilience that will last a lifetime. Staff do this by using their unique model of care:</p> <ul style="list-style-type: none"> • One-on-one parent coaching that uses Trust-Based Relational Intervention® (TBRI) and Trauma Competent Caregiver curriculum with a corresponding, date-driven action plan • Trauma-specific counseling and professionals, including Dyadic Developmental Psychotherapy techniques when appropriate • Targeted case management to address medical, occupational, educational, and other social service needs • Trained and certified mentors <p>Outcomes: Intervention and healing alters a child’s trajectory to prevent tragic outcomes such as dropping out of high school, substance use, homelessness and mental illness. <i>Since launching these programs in 2016, Chosen reports zero disruptions for families they have worked with for 6 months or more.</i></p>
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Recommendation 4 would amend the Texas Family Code to provide DFPS with greater flexibility to define in agency rule the types of services offered by state-contracted post-adoption providers in order to facilitate the agency’s revision and modernization of the array to include best practice models. Long-term, if DFPS amends its array to include the types of models it would like to see available statewide, this will signal to the provider community the types of services Texas is interested in procuring which may spur the creation of additional programs across the state.

V. LIMITED ACCESS TO TRAUMA-INFORMED AND ADOPTION COMPETENT MENTAL HEALTH PROVIDERS

A shortage of mental health providers persists across Texas. Some Texas families cannot find mental health care because of the lack of providers in their area or may have to travel long distances to receive care. The federal Health Resources and Services Administration and the Texas Primary Care Office work together to determine when a geographic area qualifies for designation as a Health Professional Shortage Area (HPSA). As of May 2019, 206 whole counties in Texas have been designated as a Mental Health HPSA. An additional four counties have partial Mental Health HPSA designations. According to the American Academy of Child and Adolescent Psychiatry, most Texas counties have no practicing child psychiatrist. Of the counties with a child psychiatrist, all but one (Kendall County) have either a high or severe shortage of these practitioners.

Among existing mental health providers, there are few who are trained specifically to address the unique needs of adoptive children and their families. Access to adoption-competent mental health services is a critical factor in successful outcomes for children and their adoptive families. Yet, adoptive families have limited access to mental health and other therapeutic service providers who are trauma-informed and understand adoption, regardless of health insurance used. Findings from numerous adoptive parent surveys have documented their difficulty in finding professionals who are knowledgeable about adoption or the range of issues affecting adopted children who experienced deprivation and maltreatment. According to a report by the Donaldson Adoption Institute, most mental health professionals lack training on how to deliver adoption competent therapy. As a result, adoptive families do not always receive adoption-competent therapy and other services which are critical interventions to support the adoptive family.

Other states have developed training programs to increase the number of child welfare and mental health professionals with adoption competency. One model is the Training for Adoption Competency (TAC), a post-Master's curriculum designed by the Center for Adoption Support and Education (C.A.S.E.) to increase access to adoption competent mental health professionals and thereby improve the well-being of adopted children and their families. Currently, there are 17 TAC training centers across 16 states and more than 1,800 mental health professionals have been trained using the TAC curriculum and can call themselves "adoption-competent." In some states, the TAC course is fully or partially funded by state funds (e.g., Connecticut, California, North Carolina, Missouri, Massachusetts, Minnesota, Nebraska, Ohio, and Virginia).

In Texas, a collaboration between DFPS and the Alliance for Child and Family Services in Regions 7 and 11 has resulted in a new training program for state child welfare, CPA, and mental health professionals on adoption. DFPS is planning to require this training for adoption staff and supervisors statewide starting January 2021, and the Alliance will offer it to all providers.

Recommendation 5 would include a rider in the FY2022–23 General Appropriations Act directing DFPS to expand this existing pilot program to additional mental health professionals. Mental health professionals in Texas could receive continuing education credits for participating in the training.

VI. RESIDENTIAL TREATMENT PROVIDED THROUGH POST-ADOPTION SERVICE PROVIDERS IS A COST-EFFECTIVE ALTERNATIVE TO RETURN TO CARE BUT ACCESS IS LIMITED

Residential treatment is the most intensive option in the array of services that state-contracted post-adoption service providers may offer. These services are intended to help adoptive families in the most extreme cases when the family cannot ensure the safety of their family. Post-adoption services offer adopted families access to limited residential treatment services; they typically do not have other means to access residential treatment. For example, post adoption, they are not eligible to access residential treatment services through the Children's Mental Health Residential Treatment Center Relinquishment Avoidance Project, an initiative

established by the Health and Human Services Commission to prevent removals. However, the state's post-adoption program has funding constraints and other limitations per the DFPS Handbook Section 8412.61 (the eligibility period for residential care is limited to 12 months after adoption and the child must be able to return home within 12 months). Also, state-contracted post-adoption providers are competing with CPS to secure limited residential treatment slots for the families they serve.

Residential treatment services represented 1.4 percent of total spending on post-adoption services in fiscal year 2019. As shown in **Figure 12**, spending on these services decreased 92.8 percent from \$0.76 million in fiscal year 2017 to \$0.05 million in fiscal year 2019. According to providers, the sharp decline in spending on these services was due to limitations in how funds could be accessed. Because FY2020 data were not available at the time of this study, this trend could have improved with additional legislative appropriations.

Figure 12: Spending on Post-Adoptive Residential Treatment Services, Fiscal Years 2017 to 2019

Residential Treatment Services	FY 2017	FY 2018	FY 2019
	\$755,440	\$136,227	\$54,206

Source: Survey of state-contracted post-adoption providers.

As shown in **Figure 12**, very few adopted children received residential treatment services through post-adoption service providers in fiscal year 2019. CK Family Services, which serves Region 3, served the most children (ten) in this setting but had the lowest average spending per child (\$2,231) driven at least in part by the lowest average length of stay (9 days).

Figure 13: Post-Adoptive Residential Treatment Services: Number of Children Served and Spending by Provider, Fiscal 2019

Contractor	Regions Served	Number of Children/ Youth Served	Average Length of Stay (days)	Total Spending	Average Spending Per Child
Arms Wide Adoption Services	6 and 11	0	N/A	\$0	\$0
Centers for Children and Families	1, 2, 4, 7, 8, 9, and 10	1	132	\$26,896	\$26,896
CK Family Services	3	10	9	\$22,310	\$2,231
DePelchin Children's Center	5 and 6	1	30	\$5,000	\$5,000
Statewide	--	12	14	\$54,206	\$4,517

Very few residential treatment providers accept Medicaid reimbursement and access to residential treatment paid for by third-party health insurance is also limited. As a result, some adopted children with severe mental health and other complex needs who cannot access residential treatment through third party payers, Medicaid, or the state's post-adoption program have to return to DFPS conservatorship to obtain residential treatment, which is traumatic to the child and adoptive family and increases state spending. DFPS was unable to provide data to quantify the number of children or total expenditures for cases involving

a return to care post-adoption. One year of residential treatment provided through post-adoption service providers costs between \$72,156.85–\$146,262.80 for children with specialized through intense plus levels of care (which these children and youth are presumed to have based on their return to care status).

Recommendation 6 would include a rider in the FY2022–23 General Appropriations Act directing DFPS to establish a methodology to allocate funding to post-adoption service providers for the purchase of residential treatment for adoptive children with severe mental health and other complex needs and to permit DFPS to transfer funding from Strategy 2.1.9 Foster Care Payments to Strategy 2.1.5. Post-Adoption/ Post-Permanency to fund the purchase of these services. DFPS should establish a streamlined review and approval process for funding requests and the transferred amount should be adequate to meet the residential treatment needs of the child without limit.

VII. ADOPTION PREPARATION PROCESS MAY NOT MEET FAMILY NEEDS

DFPS works in collaboration with CPAs to provide an array of support services that lead to the consummation of adoptions of children in DFPS conservatorship. Contractors must provide support services before, during, and after placement until the adoption is consummated, including:

- Adoption Placement Activities: Case Review, Pre-Placement Visits, Placement
- Adoption Placement Documentation: Home Screening, Household Members Background Checks, Training for Adoptive Homes
- Post-Placement Services: Supervising the Adoptive Placement, Sibling Contact, Progression to Consummation, Delays in Consummation, Disrupted Placement

The scope of this review was post-adoption services; however, in the course of completing fieldwork, many gaps in how families are prepared for adoption emerged as factors related to adoption disruptions and dissolutions. Some of these challenges include:

- Screening, education, and preparation process for families – families may not be prepared to support adopted children who have experienced trauma.
- Timeframe for making placement decisions – decisions may be rushed or families may not have adequate information to understand potential needs of children.
- Home study process – may not adequately identify parents who need their own therapeutic interventions (potentially due to own past trauma) or work on their parenting/attachment styles prior to adoption.
- Process of assessing child’s level of care appropriately prior to adoption – this may not be updated prior to consummation, which impacts the amount of subsidy, and an inadequate subsidy amount may not provide for the child’s needs.
- Health, Social, Education and Genetic History (HSEGH) process – The HSEGH process exists to ensure adoptive families receive timely and complete information about the child prior to the adoption. Families may not be provided enough time to review information prior to consummation or there is incomplete/inadequate history, which prevents families from understanding and preparing for the child’s needs.
- Kinship caregiver training (specifically in the area of trauma) – training requirements for kinship caregivers are not identical to non-kinship caregivers including completion of PRIDE Training, which includes a component on trauma. These caregivers may not be trained in approaches to support a child who has experienced trauma, and often may have been affected by the same trauma as members of the child’s extended family.
- Contract changes to ensure standardization of training across child placement agencies – there are a

wide variety of ways CPAs satisfy contractual training requirements (e.g., online only, in-person) and CPAs differ in the quality of their training programs.

- Process to prepare adopted children for adoption – preparation is focused on adoptive parents, but not necessarily discussing the child’s preferences and wishes, or preparing them for the process.

It is unclear the extent to which the current preparation process adequately meets the needs of adoptive families in Texas, including variations by CPA and region.

Recommendation 7 would include a rider in the FY2022–23 General Appropriations Act directing DFPS to submit a report to the Texas Legislature and the Governor by December 1, 2022 that evaluates strategies implemented to support families before, during, and after placement until the adoption is consummated, including the consideration of improvements to the following areas:

- Screening, education, and preparation process for families;
- Timeframe for making placement decisions;
- Home study process;
- Process of assessing child’s level of care appropriately prior to adoption (which impacts amount of subsidy);
- Health, Social, Education and Genetic History (HSEGH) process to ensure adoptive families receive timely and complete information;
- Kinship caregiver training specifically in the area of trauma;
- Contract changes to ensure standardization of training across child placement agencies; and,
- Process to prepare adopted children for adoption.

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