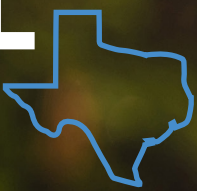


Working with Kinship Families

 **BEST
PRACTICES
MANUAL**
for Child-Placing
Agencies in Texas 

First Edition

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FOREWORD AND ACKNOWLEDGMENTS

This Manual came about because of the generosity in time and knowledge of several child-placing agencies (CPAs) who are members of TACFS, along with supporting organizations, working together informally as the Kinship Best Practice Collaborative. In addition to the CPAs listed below, we would like to specifically thank Casey Family Programs, the Supreme Court Children’s Permanent Judicial Commission for Children Youth and Families, and the Family Help Line for their thought partnership and time.

The group lived out the principle of not waiting for others in the system to act but jumping in headlong to help others by sharing the information these organizations have learned along the way. This inaugural edition will hopefully be just the beginning, and I hope that the Collaborative will continue to grow and include other child-placing agencies who are working with kin as well as other supporting agencies. We have already had several additional organizations come forward to be a part of this effort, and we know they will make important contributions to the advancement of the work that has already taken place. Words are hardly equal to the appreciation we feel for the hours of hard work that went into this manual but still, we say, thank you.

Katie Olse

Katie Olse, CEO of Texas Alliance of Child and Family Services





INTRODUCTION

Welcome. Wherever you are on the journey of working with kinship families experiencing the foster care system, we are glad you are here. This manual is a collaborative effort and geared toward licensed child-placing agencies who are looking at working with and verifying kinship caregivers to children in foster care. Of course, we hope that it will be of benefit to others as well.

As you think about where you are today and where you may want to go, we have included a research-informed tool to do an informal assessment of where you are on some of the best practices and features identified for working with the kin population. You can come back to this tool at any time and/or use it with your staff as a group exercise.

Child Placing Agencies Kinship Program Scorecard

Feature	No (0)	Yes (1 point)
The CPA has a vision statement for their kinship specific program(s).		
There is information on website and/or printed literature about the CPA's kinship program.		
There is a specific intake and orientation process for kinship families that includes addressing psychosocial needs immediately.		
There is a "grandmother friendly" approach to explaining the home licensing process in general, as well as the specific services, programs, and supports offered to kinship families within the CPA. "Approach" includes staff understanding, written materials, built-in repetition, etc.		
The agency has specific procedures for licensing kinship families versus unrelated foster/adopt families. This can include, but is not limited to, financial support for fingerprints/safety equipment/TB Test; completing risk assessments, variances, waivers; offering in-home training, case management, use of agency technology (i.e., computers) to complete paperwork, etc.		
The CPA has at least one staff member that is knowledgeable about policies, practices, regulations, and current research related to kinship families.		
The CPA has at least one staff member that has worked with CPS kinship families for at least 3 years.		
The CPA offers specific trainings for kinship families and their lived experiences.		
The CPA has a supportive home monitoring program specifically for kinship families.		
The CPA has conducted mapping in support of community referrals (i.e., mental health, medical, dental, vision, housing, food pantries, utility assistance, day care, crisis intervention, post permanency/adoption services, transportation, furniture, clothing, respite care, kinship navigator programs, etc.). Support may include: direct contacts so that kinship families can easily access the resources; staff whose official job duties include support for families to co-navigate eligibility and related processes; step by step instruction that is relative-friendly; detailed and comprehensive inventory that considers all sources of actual support; and other supports that may enable kinship caregivers to be successful in accessing resources, i.e., not just a list of possible supports for the relative to work through.		
Total Score		

Scorecard Cutoff Scores

Exceptional 10; Acceptable 9 – 7; Developing 6 – 4; Needs Improvement 3 - 0

Notes

A few additional notes to assist you as you go through this manual:

- **Terminology**—because this manual is geared primarily toward CPAs and their staff, we refer to CPAs and may also refer to “organizations”. Unless otherwise specified, “agency” generally refers to a state agency or other non-CPA entity. We use the terms “kin” and “kinship” interchangeably and include in this concept both relatives as well as fictive kinship relationships. We generally utilize the term “verification” or “verified” rather than “licensure” or “licensed” in the context of foster homes as this is the official terminology in place in Texas law and regulation.
- **Point in time**—this manual is being released in February of 2023. All efforts have been made for the information to be as up to date as possible. However, the foster care system is shifting and changing at all times so portions may become outdated. We hope you can use it as a starting point and then clarify for any updates as needed. In addition, this manual will likely be updated in the future for new information.
- **Check with licensing or others as applicable**—while all efforts have also been made to accurately convey the current regulatory requirements, you should always double check any questions with your local licensing rep, DFPS staff, etc.
- **General information and definitions.** For your convenience and reference we have included a Glossary of Terms in [Appendix 1](#), as well as some general FAQs in [Appendix 9](#). The FAQs are general system questions and not specific to verification of kinship homes. They may be useful for overall education for staff or for questions the kinship caregivers may have.



Chapter 1

PREPARING THE AGENCY OR ORGANIZATION FOR WORKING WITH KINSHIP FAMILIES

Understanding that kin caregivers often have unique needs that differ from traditional foster parents is critical to working with kinship families like every person and every family, each organization's program to recruit, train, and partner with kinship families is unique. Child Placing Agencies (CPA) making the decision to partner with kinship caregivers must make a commitment to the importance of kinship care and embrace the wisdom of these families in providing for their own children. It is also important that CPAs offer tailored support to kin who step up to care for children and engage them as true partners to provide the support they need to navigate the verification process and function as foster kinship caregivers for the children in the care. To do this, organizations should work towards creating a kin first culture with culturally sensitive processes and procedures, designated staff to work with kin, a tailored and robust resource referral network to aid in assisting kin families during the verification process, and updated training for both staff and caregivers.

Developing a Kin First Culture

Development of a kin-first culture is critical for a Child Placing Agency to be successful in partnering with kin caregivers. Implementation of this culture starts with the organization's leadership to model the message that joining children with kin caregivers is a priority for the organization. What this looks like in practice is that there is a focus on aligning resources to eliminate barriers to verification and committing to help address any issues and concerns voiced by the family. This includes providing guidance and support on working with the birth parents to promote reunification and helping kinship caregivers understand their options for caregiving – both short-term and long-term.

A kin-first culture embraces the value of kinship care and strives to eliminate barriers for all kinship caregivers interested in becoming verified foster parents. This can be done by developing and implementing policies that encourage inclusivity, voice, and a sense of urgency to move kin caregivers through the verification process. Development of a network of internal and external resources to support the kin caregiver through the journey to verification is also critical, as the challenges faced by kin caregivers are very different from those of traditional foster caregivers. Sometimes these challenges and barriers can be overwhelming to both the family and the organization. In these instances, it can be helpful for the CPA to reach out to other community resources to collaborate on how best to eliminate the barriers. See [Chapter 11](#) for information on additional resources but bear in mind that local resources will vary by community, so an integral part of this work will be navigating your individual community. Also note that other CPA, including those that collaborated on this manual, can regularly be a source of support and information. Communication between DFPS/SSSC staff is critical to expediting the path to permanency for children being cared for by their kin. It is important to recognize that each case will be different and family crises may arise throughout the verification process. Implementing process mapping that outlines how information is shared will ensure that information is shared timely to all parties (i.e. kin caregiver, DFPS, CPA staff, CASA, AAL, courts, etc.) This becomes critically important when there are barriers that may prevent the kin caregiver from being verified, which may impact the permanency plan for the child(ren).

Other characteristics of a kin-first culture are flexibility, creativity and persistence. Some ways child placing agencies have tailored existing processes to engage and support kin caregivers:

- Strong focus on early relationship building to build trust so that caregivers continue
- Offering the option of paper forms where Internet access, computer availability or comfort with technology may be a challenge
- Offering some limited financial support toward technology for the family
- Offering alternatives to internet access. Recognizing that the only means of access to the internet that a family has may be through use of a cell phone and the data plan may not be sufficient to last the entire month
- For those who do have reliable cell phone access, consider working with Child Care Regulation to move to DocuSign or similar option which allows as much paperwork as possible to be done by phone
- Translate forms into Spanish or seek to utilize translated forms from other CPAs.

Some characteristics of a kin-first culture:

- **Strong focus on early/ immediate relationship building to develop trust**
- **Flexibility around paper forms or technology**
- **“Grandparent-friendly” documentation**
- **Specific kinship materials and processes (different from unrelated)**
- **One or more staff with expertise in working with kin**
- **Specialized training for staff and caregivers**

Designated Staff

Relevant staff will need to be trained and dedicated to working with kinship caregivers on the journey to verification and to support them after they have achieved verification. Having a well-trained, dedicated case manager to support the family will help ensure that they are prepared to meet the regulatory and contract requirements. A case manager who is experienced in working with kin caregivers can be beneficial as they will be sympathetic to the unique challenges that kinship caregivers experience. The experience gained from working with various kin caregivers can equip the case manager with knowledge of community resources, as well as the ability to leverage these with the resources of the organization to provide the intense level of support that can often be required by some kinship families.

However, many organizations cannot immediately designate staff specifically to these functions. The most important step is to start somewhere! Start where you are! Many programs have launched from the passionate commitment of one person. Here are some ideas to begin growing staff capacity to serve and work with kinship families:

- Schedule time for staff to undertake one or more specialized trainings that focus on how to work with kinship families;
- Provide training and development of traditional foster parents and staff to become more kin-supportive/sensitive (i.e. help spread the message across the organization so that people and programs are not siloed);
- Utilize existing resources available through national kin serving organizations such as [grandfamilies.org](https://www.grandfamilies.org), as well as, request technical assistance from other provider organizations who are further along in the path to supporting kin, including those who worked on this manual;
- Create a specialized staff position to work only with kinship caregivers or to focus on specific related tasks and processes such as navigating background checks and waiver/variance requests;
- Educate your peers about the need for kinship care, the data on the prevalence of kinship care, including the low recidivism rate, and positive child outcomes;
- Recruit or continue to recruit Spanish speaking staff. Many families in Texas are Spanish speaking and having the process explained and forms available in their primary language can make the process less challenging.

As organizations work with more kinship families over time and develop its Kinship programming, the following goals are recommended:

- Develop a specialized Kinship Department with a Director responsible for the day-to-day oversight of the programming;
- Designate specialized staff (case managers, home development staff, etc.) with caseloads that consist of kinship families only. This allows them to provide the unique support the families often need and deserve
- Hire/subcontract with mental health professionals who can provide counseling services to kinship caregivers and the children they are parenting.

Additionally, it can also be beneficial to have a staff member (i.e. Kin Worker, Kinship Navigator) responsible for coordinating community resources so that kinship families can be appropriately referred to them and supported through the process as needed. This is a clear-cut way to build expertise for working with kin caregivers and developing resource networks. This approach allows for a methodical way to build the program for sustainability.

Specialized Training for Staff and Caregivers

Training for both staff and caregivers is integral to working with kinship caregivers. Creating specialized training for staff which explores the nuances of working with kinship caregivers can be helpful to building a strong kin-focused workforce. Additionally, training for the caregivers that prepares them for the potential changes to family relationships that could be complicated by the fact that they are caring for kinship child(ren) is essential. Kinship caregiver training should be tailored to the realities they face and separate from traditional foster/adopt training. See [Chapter 6](#) for more information.

Recognizing that kin do not have the luxury of making an informed decision about being a foster parent because they already have the child in their home, many jurisdictions are moving in the direction of a separate, streamlined, and more flexible training designed to address the unique circumstances of kin families. These kin trainings are typically conducted in a support group environment that combines skills development along with an opportunity for families to address the challenges they are facing with the children in their care. Some jurisdictions also provide an in-home training option for caregivers that can't make the in-person training sessions.

All relevant staff should be trained in the unique challenges that can arise while working with kinship families with a goal of helping kinship caregivers to feel supported throughout the verification process and along the journey to permanency. Some options for training include:

- [Joseph Crumbley](#)
- [CWLA Kinship Training](#)
- [Annie E Casey Services](#)
- [Bridges Out of Poverty](#)
- [Caring For Our Own](#)

Because the experience of kinship caregivers is unique compared to traditional foster parents, child placing agency staff should be prepared and well-versed in navigating emotions the caregivers may experience as they manage contentious relationships with birth parents and understanding their changing role as a parent figure:

- Guilt
- Loss and Ambivalence
- Projection & Transference
- Hope, Fantasy & Denial
- Loyalty Issues

To introduce your staff to the concept, consider sharing a kinship video to humanize the work. A couple of great resources for this are:

- <https://riversideproject.org/kinship/>
- <https://youtu.be/5BtL-UhYFCw>



Chapter 2 **RECRUITING**

Advertisement & Marketing Material

Advertisement and marketing materials educate kinship caregivers about the specific services offered to them as well as about the permanency options available. Key terms to include in the literature you develop include kinship, relative, direct support, compassionate, and flexible. Consider including the following in written materials:

Explain the benefits and challenges of relative caregivers becoming verified kinship foster parents versus remaining unverified or caring for children outside the child welfare system.

Provide guidance for relatives about the different permanency options available to care for related children, including the benefits they could receive like guardianship assistance or adoption assistance.

Explain supports and services available to help relatives care for related children, including information about GAP availability in your state or tribe. Some ideas for content are included in [Appendix 4](#).

Caregivers often access a child placing agency’s website to learn more about the organization. Ensure that the website reflects the services provided and the experience the CPA has working with kinship caregivers, as well as any specific programming available for kinship families. Some of the supports and services kinship caregivers tend to look for include:

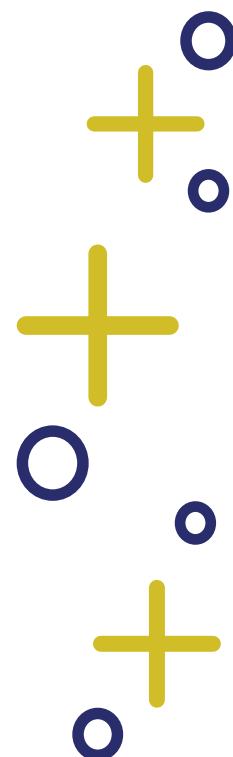
- Intensive case management,
- Therapeutic support,
- Kinship-specific pre-service training,
- Virtual and/or in-home development support,
- Financial assistance for regulatory requirements (i.e., FBI fingerprints, home safety equipment, TB Test, etc.), and
- An expedited verification process

Professional Collaborations

Establishing a collaborative relationship with the regional leadership and the teams that work with kinship caregivers is critical. An introductory meeting with the leadership (Kinship Program Director or SSCC equivalent role) will lay the groundwork for this collaborative engagement and allow an opportunity for the child placing agency team to provide an introduction of its kinship services and support for those families interested in the verification process. This introductory meeting can include the Program Director, all supervisors, and possibly Kinship Specialist (caseworkers), depending on staff in the CPA’s area. The CPA will need to verify that the information is correct on referral lists that are given to kinship families. If the CPA has any requirements that are stricter than those outlined in Minimum Standards (i.e., Risk Assessments, cohabitating couple’s must be married, caregivers must be documented citizens, additional training, etc.), please make sure the CPS kinship department is aware of those restrictions/requirements as much as possible.

Community Based Partnerships

Most kinship caregivers are referred by word of mouth and non-CPS professionals such as Court Ordered Special Advocates (CASAs), Guardian Ad Litem, and other verified kinship caregivers. Connections to local community-based agencies and organizations, as well as other CPAs, are beneficial for child placing agencies to develop and nurture, as they are vital to providing support to both the CPA and the kinship caregivers. These community-based entities could be churches, organizations providing kinship navigator



programs, and non-profit organizations that provide access to low or no-fee medical/dental/mental health services. As awareness is raised about the needs of kinship and other caregivers in communities across Texas, more organizations called “Bridge Organizations” are emerging. “Bridge Organization” is a relatively new term in the world of foster care and adoption and they may provide opportunities to partner with the local government, foster family or babysitter training, volunteer recruitment, and connections to faith-based organizations. These organizations “bridge the gap” for children and teens in foster care. One example of a Bridge Organization is The [Riverside Project](#) in Houston. At the beginning of the pandemic, this organization partnered with child placing agencies in a collaborative effort to provide general information sessions specifically for Kinship Caregivers.

Consider whether you can begin or join in a local collaborative even if only informally at first. As you gain familiarity with your partner organizations and vice versa, these collaboratives can be not only a source of referrals but can allow for shared information sessions and could even lead to more formalized collaborative efforts, such as pooling training resources.



Chapter 3

INTAKE AND INITIAL ORIENTATION

Most potential foster kinship caregivers develop strong first impressions about the type of treatment they can expect to receive from an organization from the moment they contact them to learn more. These initial judgments often shape their attitudes and impact decisions about whether to attend an orientation session to further explore what it means to be a verified kinship foster parent. The CPA's first opportunity to demonstrate responsiveness is to address initial inquiries as quickly as possible, preferably within 24 hours.

Make a good first impression by responding quickly to initial inquiries and in a culturally responsive way. Keeping in mind that these families did not seek this out, it is important not to overwhelm them with too much information and provide them with a simple step-by-step process. For an example of such a process, see [Appendix 3](#). The requirements for becoming a verified foster parent can feel onerous and overwhelming. Having a clearly articulated set of steps for prospective kinship foster parents to complete is critical, as is helping them navigate these steps with as much support as possible. Explain the need and process for the intake, initial visit, and any other requirements. This information is usually included during a meeting referred to as “orientation” or “information meeting”. This meeting can take place on an individual basis or in a group setting. CPAs should consider being flexible about this as the needs of prospective foster kinship parents are varied, which requires flexibility by the staff of the child placing agency with whom they are partnering.

Intake and orientation is the first opportunity to provide the caregiver with a realistic picture of the rewards and challenges of foster parenting and how it may differ from how they are currently caring for the children in their home and engaging with child welfare professionals. Prospective kinship foster parents should know what the role entails, the expectations of the agency, and while they may know the child in their home and have been caring for them, the challenges of parenting children who have experienced trauma. Intake and orientation provide an opportunity to share the types of support they will receive from the agency, other foster parents, and the broader community.

Every child placing agency will have its own process for intake, orientation, and family assessment. Because kinship caregivers should not be viewed the same as unrelated prospective foster parents, it is important to create a customized approach that appreciates the family's relationship with the child and the situation which has brought them to the point of needing to become verified. This may entail completing the family assessment prior to providing an orientation or combining the two. When offering orientation sessions, group sessions are often better than individualized sessions in general so that caregivers can build off other people's questions and share ideas or struggles. Most people tend to feel better in groups because the focus is not entirely on them. Individualized training can be utilized when needed when there is a specific issue or concern that needs to be addressed in a personalized manner.

Any barriers that the family is experiencing or anticipating should be discussed during the orientation so that they can be addressed early in the process. This allows the partnering agency to mitigate the barriers by either directly meeting the need or making referrals to local community organizations. It also prevents the family from spending time and resources on the verification process if the barriers are insurmountable.

In addition to the paperwork and regulatory requirements, the legal process of a child welfare case can be overwhelming for kinship families. [Appendix 2](#) contains some helpful tools/visuals that may be useful in explaining this process to caregivers.

As indicated above, it is important to provide clarity on the next steps in the verification process. Visual representations of the steps in the process can be extremely helpful for prospective kinship foster parents. Frequent contact (at least weekly) by the assigned CPA staff is also beneficial to make sure that these caregivers understand next steps and have opportunities to get questions answered.

Exceptional customer service at the first interaction with the family is critical. This helps the family to feel that the child placing agency is supportive and welcoming, and enhances the family's comfort level for future engagement. If a positive impression is made at the initial contact, this can give the family confidence about moving forward with the process. While the first contact is important in this regard, it is important to note that all interactions should provide that same supportive and welcoming feeling for the caregiver(s). A strong, authentic relationship is the cornerstone of a trusting partnership between the CPA and the kinship family.

Things to think about in the intake and orientation process:

- **Do you have a near-immediate response for inquiries? How do you monitor for this?**
 - **Caregivers make strong first impressions in first contact and some understandably give up altogether when they do not receive a response**
- **Can you quickly lay out the process for verification and how it differs from being an approved caregiver? Do you have a visual to depict this?**



Chapter 4: **FAMILY NEEDS ASSESSMENT (FNA)**

To prepare to better serve and support kinship caregivers, it is important to know the characteristics and demographic profile of this population. The average age of relative caregivers is between 40 – 60 years old. In a quarter of grandparent-led homes, the majority are at or below the poverty line and more than half fall below 200% of the percentage of the Federal Poverty Level (FPL). They are intrinsically motivated to care for their relative; however, they have copious needs. At times, these caregivers may not know how to effectively express those needs or feel comfortable sharing the extent of need and lack of resources available to them. This can be due to fear of having the children removed from their care for not being able to provide basic needs to the children (i.e., clothing). It is recommended that a thorough assessment of needs is conducted with every kinship family. Not only will this provide information necessary to meet the needs, it will also strengthen their success with stabilizing the home environment on a long-term basis and completing the verification process.

It is also of critical importance to the long-term success of the child's situation to think not only about current identified needs but to also use the FNA process to identify and consider what needs may arise in the future as the child ages or the family dynamics change. For example, an adult child lives in the home who may currently be assisting with caregiving but will be moving out of the home in a few months, or a child is moving from day care to being school aged. You will also want to explore the plans that the caregiver has in place if an

emergency were to occur or if something were to happen to the caregiver in the future. Thinking about the longevity of the relatives may be a difficult conversation, but identifying alternatives earlier in the case can reduce the likelihood of a child coming back into care later as well as creating solid plans for permanency if reunification is not achieved. This should be a conversation around permanency in the same way that it is for adoption.

FNA Procedure

After the intake and initial orientation, a meeting with the family to conduct a thorough assessment of needs should occur. An in-person meeting either in the CPA's office or in the family's home is the preferred method of engagement; however, other methods of contact can work as well. Capturing the information in an organized format will provide a clear picture of the family's needs on which to reflect to determine and prioritize how best to work with the family toward verification. There are several types of forms that can be used to conduct this assessment. An example is available in [Appendix 8](#).

The decision and process to become a kinship foster parent can be overwhelming. Some strategies for helping to make this process more manageable initially include the following:

- **Listen actively and show genuine interest in the family's story:** Keep in mind, kinship caregivers have already had many child welfare professionals come to their home and ask them multiple questions about their resources and needs. When meeting with the family, the professional can make them aware that the information gathering (assessment) process is necessary to understand what their strengths and needs are in order to develop a plan for accessing the most appropriate resources. Consider using this time to provide in depth information about support services available through the CPA and within the community rather than diving into a question/response interview to complete a form. Listen to understand and get to know their strengths and abilities. Assure the family that you understand the many complexities and expenses that come from unexpectedly caring for a child. It is important for them to not feel that they are being evaluated yet again, or judged for what they may or not be able to provide.
- **Take the family's lead in developing an action plan:** Because kinship families may not be accustomed to asking for help, or may be fearful to ask for a number of reasons, use of various tools to help them identify resource deficits can be helpful. One such tool is a resource scale. Resource scales provide information related to stable housing, availability of food in the home, past due bill payments, furniture needs, etc. This tool helps the CPA professional make an assessment of the family's situation. In addition to concrete resource gaps, it is also important to explore the caregivers needs for providing for the child. Discussing the developmental, education, and behavioural characteristics of the child will help to identify immediate and future resource needs. Of note is the fact that kinship caregivers who have gone through this process have shared that it is better to make them aware of available resources than to ask them what they need. They are often overwhelmed by the process and don't always know what they need. So hearing what is available to them can help them identify where they are lacking resources.
- **Develop a deep understanding of the family's skills and strengths:** Before making referrals, it is helpful to identify if there are any organizations currently supporting the family, as well as in the past. This will help to determine if there are opportunities to collaborate to enhance the support provided, as well as, prevent duplication of efforts and services. Make referrals as soon as possible – within five business days is a good rule of thumb. If referrals are done electronically, it is important to know this in advance and evaluate if the family needs assistance with the process, has access to internet and/or computer to complete the referral. For some older kin caregivers, they may not be comfortable using electronics and need more hands-on assistance.

It is critical that the agency know the community agencies and processes for referral prior to providing the resource to the caregiver. Kin caregivers with lived experience have shared that they will not follow through with requesting assistance if the process proves to be too challenging. The home developer will need to verify the process, requirements, and necessary documentation with accessing the resource and prepare the caregiver for what the experience may be. If they need more assistance, then be prepared to sit with them and help them navigate the process. . Multiple resources should be given for each need listed to provide options. If the family contacts the resource(s) and they are unable to assist, then additional support will need to be identified. While, 2-1-1 Texas is the information and referral line to find community-based services, it is best if the agency can provide more direct referrals. Coordinating with the CPS caseworker or the CPS kin worker during this time will help with reducing duplication as well as ensuring the most responsive service is offered.

Additional ideas for tailoring referrals and creating a path for success:

- Do formal or informal community mapping to get the best sense of what is offered in a community and do not overlook that other CPAs, CASAs, legal services and others may be an important source of support
- Watch for information from DFPS on region-by-region kinship support
- Work toward building staff resources to offer intensive case management services, such as Monarch Family Services offers; this allows the case managers to walk alongside the family as the navigate complex processes
- Verify the steps in common referral processes so that your own staff are familiar with them
- Understand that giving a list of to-dos is unlikely to get accomplished
- Make referrals to any kinship navigator programs funded by DFPS or otherwise available
- Commit to using any and all resources at your disposal for the greater good of the children and families you serve (and the potential decrease in fiscal and staff resource impact to your agency).

Follow-Up Assessment

A follow-up assessment should be conducted within a couple weeks after the initial assessment. The follow-up check-in is to make sure identified needs are met and evaluate if the family needs to be connected to additional resources. Kinship families are more successful in completing the verification process when they have support getting their basic needs met. The FNA process can be a benefit to the home verification process since the identified needs might be a barrier to verifying the home. If any barriers arise which will preclude the family from being able to move forward with the verification process, it is important to communicate that to the family and CPS/ SSCC caseworker as soon as possible and explore any options available to the family.

Early assessments are key in determining what may be needed to get the home verified and if there are potential barriers.

Remember the family has already had many professionals come to their home and ask a lot of questions. Consider offering detailed information on what's available instead of asking them to identify all their needs to you.

A good rule of thumb for making referrals is within 5 business days of the need being identified.

Kin have shared that they will not follow through with requesting assistance if the process is too challenging. Get to know the processes before you refer the caregiver. Don't just hand them a list of to-dos to navigate. Support them through the process as much as possible.



Chapter 5
DEVELOPING A VERIFIED KINSHIP HOME

Helping the Family to Prepare for Verification

Explaining verification

Families who are exploring the option to become a verified kinship foster home may need some help understanding the difference in the kinship approval they have already received and the verification they are seeking. There are a fair number of requirements for approval as a kinship caregiver, see DFPS Policy Handbook [section 6600](#). However, there are important additional requirements and restrictions for verification, including:

- Pre-service training and additional annual training requirements
- Need for updated home study and associated documents
- Additional interviews and inspections (home, fire, health)
- Additional restrictions related to background checks or non-waivable minimum standards
- Coordinating visits by relatives or parents that must be arranged through the CPA (26 TAC 749.2487)
- Restrictions related to whether the home may provide day care in addition to foster care (26 TAC 749.2493)
- Requirement for 24-hour supervision if there are 7 or 8 children in the home
- Restrictions on the total number and type of children who may be cared for in the home (26 TAC 749.2551)
- Restrictions on adults who may join the household (26 TAC 749.2653)

For a comparison of some of the key requirements for different types of kinship care placements and exits, see [Appendix 4](#).

In addition, you may need and want to clarify requirements and prohibitions that come from Minimum Standards, as opposed to those that are based on the CPA's particular preferences. This way, your staff can give the family an understanding of what is required after they are verified, and the specific requirements of a given CPA.

First Steps

One of the first steps will be to encourage the caregivers to gather and update as many of the required documents/information as possible. A list of the primary documents is included [here](#). In addition, conduct a home visit as soon as possible so that you can develop a plan to mitigate any issues that may impede verification. See [Chapter 3](#), as well as below for a discussion of strategies for overcoming common barriers. Finally, at each and every opportunity, remind the caregivers of some of the requirements that may be different once their home is verified—reporting changes and significant events, notifying of regular visitors, maintaining medication logs, etc.

You may also want to consider conducting fingerprint-based background checks as soon as you begin working with a kinship family toward verification. Since unverified kinship families are not required to have the same level of background checks as verified foster families, some criminal history may go undiscovered (arrests/convictions, etc.) during the kinship home approval process. These issues do not necessarily mean that the family cannot become verified as a foster kinship caregiver; however, because there may be some additional

You should seek FBI fingerprint checks as early in the process as possible to learn of any history sooner rather than later. Waiting until later in the case can frustrate advocates, judges, and the family



steps to take to address these issues, permanency for the child can be delayed and judges and advocates can become frustrated. The sooner you learn of any potential barriers and pitfalls, the better. Caregivers may be reluctant to complete this step for various understandable reasons (i.e. fear of losing the children) but encourage them to complete this as soon as possible because it can sometimes take extra time to obtain information needed to apply for a Risk Evaluation. It is recommended to complete this step first, as results can determine whether or not the family is eligible to move forward. Having this information as early as possible in the process can save everyone involved a lot of time and potential frustration.

Commonly encountered barriers and strategies to overcome


Family's need for increased support

Kinship caregivers often require more support than an unrelated foster parent. Their motivation is different; they are dealing with their own trauma, often complicated by strained familial relationships associated with the parents of the children in their care; and they are managing child rearing duties of children who have been traumatized by abuse/neglect, in addition to any life issues occurring prior to placement of their relative/kin children. If possible, consider structuring your team so that one or more staff members can be part of a specialized department or function to support kinship families. See [Chapter 1](#) for ideas around designating staff. A specific team or individuals dedicated to processing background checks, criminal history, CPS history and risk assessments can enable an agency to provide meaningful support to these families.

Other strategies include:

- Work very closely with the family to find solutions and assist when possible or necessary.
- Provide a great deal of guidance,
- Complete tasks on behalf of the caregiver, on a case-by-case basis, in a way that teaches or coaches the family member
- Work closely and communicate regularly with CPS, CASA, CBCU etc.

This helps more families to be successful in getting verified and shortens the process considerably. Going above and beyond is often necessary to help families retrieve criminal history documents and/or divorce decrees in order to apply for divorce and citizenship waivers. However, it is also important to make sure that the staff person is not doing everything for the family, rather providing guidance and coaching and advocating when appropriate. This also helps to ensure that your staff is balancing time to serve and support as many families as possible.



One CPA working with a large percentage of relative families created a department dedicated to background checks, criminal history, CPS history, and risk assessment. They said, ‘having a dedicated department has really enabled us to provide a lot of support to the individuals. We work very closely with a client to find solutions and assist when possible. We provide a lot of guidance, complete tasks on behalf of clients, work with the developer, CPS, CASA, CBCU etc. This helps with more families being successful in getting licensed and the process not taking as long’

Waivers and variances

There are very few standards that cannot be waived or varied if the prerequisites are met. The primary exceptions to this are: absolute bars based on criminal or CPS history, which stem from federal law; or requirements that are codified in Texas statute such that HHSC lacks flexibility or authority to waive them, such as requirements for safely storing firearms.

See [Appendix 5](#) for a list of the most commonly encountered kinship waivers and variances and any related considerations and factors as well as sample variance requests you may use as examples.

Background Checks

HHSC Background Check rules are compiled and available at [this link](#).

Issues Obtaining Fingerprint Checks

Some kinship caregivers may be able to rely on previously completed fingerprints and not have to be reprinted. If the kinship caregiver's checks were conducted by another state agency, HHSC's [Fingerprinting FAQs page](#) indicates that those checks may be usable if:

- CCL is able to locate and access the fingerprint-based results completed for another state agency,
- The person was fingerprinted on or after 6/1/15, and
- The fingerprints are eligible for subscription to the FBI national rap back service.

If the caregiver or household member believes they may be able to rely on earlier fingerprints, they will need to email CCLFBIRERESULTS@hhsc.state.tx.us with a copy of their driver's license and social security card or call the CBCU help line at 800-645-7549 to determine whether previously completed fingerprint-based results can be utilized.

However, many kinship caregivers will not have had fingerprint checks that can be utilized for verification. One of the most commonly encountered issues in obtaining background checks is kinship caregivers who lack the funds to obtain them. You may need to seek private funding to cover these costs. Once you have identified funding for the checks, you may wish to set up an account with Indentogo so that you can give authorization codes to applicants and be billed once they get fingerprinted. For more information on this process, you may contact 1-877-512-6962 or see https://www.indentogo.com/uploads/general/TX_NCAC_Account_Application.pdf.

Another commonly encountered issue is kinship caregivers who cannot provide a copy of their social security card or driver's license/state identification card. In this situation, additional advocacy and support may be needed to assist them in navigating the cumbersome process of obtaining a replacement. This particular situation may delay the process considerably, so keeping legal stakeholders and others informed will be vitally important. You may also encounter difficulty with household members who are unable to leave the home, have mobility/medical issues, or have fingerprints that do not show up (most common with elderly household members). In this situation, you will need to work with the contracted fingerprint vendor for support.

Once you have identified funding for fingerprint checks, you may wish to set up an account with Indentogo so that you can give authorization codes to applicants and be billed once they get fingerprinted. For more information on this process, you may contact 1-877-512-6962 or see [here](#).

Finally, obtaining fingerprints may prevent moving forward with an applicant who is undocumented because they will not necessarily have documents that can be used by DPS for establishing identity. See additional discussion under “[Citizenship/Immigration](#)” for more information. In addition, relatives may be reluctant to move forward out of fear that the criminal history of a regular/frequent visitor or caregiver may cause the child to be removed from their care.

Assessing and Carefully Discussing History

Once you have the results of the background checks for the family, you will receive a determination, and it may be necessary to work with the caregivers to determine whether to proceed with a risk evaluation, if eligible. Kinship caregivers are often understandably embarrassed or reluctant to discuss past issues that pop up during the background check. Special sensitivity is necessary to keep them engaged with the process. It can be long and very intrusive. For example, a grandmother working with a Texas CPA had been arrested for prostitution 30 or 40 years earlier but had not told her current husband. Great care should be taken with these conversations, and ideally, they should occur on a one-to-one basis. Kinship caregivers may be reluctant to share information out of fear the child will be removed from them because of a person’s criminal history. The CPA should give them honest information that they will not be able to move forward without looking at the history, that verification may still be possible, and that even if verification is not possible, the parties are likely to try and keep the child where with them.

CPS History (in and out of state)

The most commonly encountered CPS history tends to be Neglectful supervision RTB’s. Note there is special flexibility for physical abuse history for relatives and fictive kin, if it has been more than 5 years since the finding. 26 TAC [745.671](#). In addition, know and educate your staff that if an out of state registry check is required, this may have a very long turn-around time. In order to make this as minimally intrusive as possible, ensure out of state registry checks are part of your timeline, and that they occur early in the process, if they apply. If your staff needs additional information on out of state registry checks, there is a detailed guide at <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/out-of-state-background-check-resource-guide.pdf>. This guide offers a state-by-state breakdown of information on process and requirements and, while it may not always be completely up to date, it offers an excellent starting place.

As out of state registry checks are conducted, work to keep all parties informed about why the process is taking longer than they may think is appropriate. Out of state registry checks are required under federal law so they are a necessary part of the process and not something a state court would have control over. There

are no known outs or exceptions. For this reason, you will also want to ensure that any of your team working with kinship caregivers is knowledgeable about the potential delays and conversant in advocating with the other states’ agencies to get as timely a result as possible.

In addition, be aware that if there is a CPS history match that requires a SOAH hearing, this process could take years. If the person is eligible for a risk evaluation pending the results of the SOAH hearing, that is generally the fastest course of action.

History regarding sitters and regular/frequent visitors

One common issue is that CBCU will not disclose a person’s results to anyone other than the subject of the check. This can make it difficult in knowing whether to move forward with a home where a potential caregiver or sitter has history that is eligible for a risk evaluation but the CPA is not directly able to know what that history is. It will be necessary to work closely with the applicants so that they understand this is a needed part of moving forward. Families may be worried that having the CPA learn of the history will mean they will not be approved, so your staff will need to work with them in that situation to help them understand that the only way to move forward would be to have the full picture of everyone’s results.

Seeking a Risk Evaluation

Per Licensing rules, it is the subject of a background check who must request a **risk evaluation**. 26 TAC **745.681**. You should first begin to think through some general guidelines for when you, as a CPA, will consider moving forward with the process with a person who must undergo a risk evaluation. This is a risk-based determination and your staff will benefit from some general guidelines around when to move forward. It is important to maintaining a kin-first culture to not simply reject caregivers with history or with history requiring a risk evaluation. You will also need to balance this with your approach to best practice and risk tolerance.

Moving forward with the process and/or helping a kinship caregiver navigate this process may be the difference between verification and the caregiver remaining unverified. In all likelihood, the children will remain with the kinship caregiver regardless. While this can vary, courts and legal parties are inclined to support a child remaining with a kinship caregiver if at all possible. While simply saying no may be easier on some level, navigating the risk evaluation process may allow the additional supports that can sustain the placement long-term and ultimately be better for the child.

Some of the most commonly requested risk evaluations are for:



- Assault/battery/domestic violence is our number one
- DWI relating to alcohol or drugs is a close second
- Burglary and terroristic threat (though significantly less common than the former two)

Assuming you decide to keep moving forward with the family, kinship caregivers are likely to need additional support through the process. Very often, additional information will be required in the letter from the CBCU. The CBCU letter will allow 30 days for information to be provided. It almost always takes longer than the 30 days because finding the information may involve different jurisdictions and processes and depends on parties who are generally not invested in the outcome of the case (clerks, police departments, etc.) to timely produce information. Rather than go past the 30-day timeline, you will need to close out the letter and re-run the checks. CBCU will then request the same information and by that time you should be able to produce it. In addition, note that there is no centralized location to upload documentation. Your staff will need to scan and email to CBCU.

Issues with Obtaining Disposition Information

Licensing rules prohibit you from moving forward to verify or approve a family until you have received a determination from the CBCU that all members of the home who are required to have a background check may be present or present with conditions. 26 TAC **745.649**. To facilitate these determinations and risk evaluations, or to challenge a determination already made by the CBCU in accordance with 26 TAC § **749.645**, it will regularly be necessary to obtain additional information on the disposition of certain criminal history.

For criminal history, staff will need to call clerks of court for outcome of case and any relevant documents, and you may need to facilitate payment for the records. Payment can be complicated by the fact that different courts accept payment through different methods and this may be a slow process. Furthermore, for out of state criminal history, the offices in other jurisdictions may have different titles and structures so there may be additional time required to find the proper entity for release of records. Staff may also need to call police or sheriff's departments for arrest records. It may even be necessary to go to a court house physically if there is a need to go in person but the relative is unable to go themselves because of distance, time, lack of understanding, and so forth.

For abuse/neglect history, obtaining in-state results should not be an impediment. For obtaining out of state results, see <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/out-of-state-background-check-resource-guide.pdf>.

Marriage/Divorce

It is common for kinship caregivers to live apart but not have legally divorced. This may happen for any of the following reasons - one spouse is absent and cannot be located, the couple does not have the means to afford a divorce, or some other reason particular to that family. Unless your own policy prohibits it, it is permissible to verify one of two spouses if:

- Only one spouse will care for the foster child
- The spouses have been living apart for at least two years, AND
- You as the CPA verify with the separated spouse (as part of required interview for screening process) that they will not have unsupervised access or be regularly/frequently in the home.

See 26 TAC [749.2401](#). If you determine that the home meets the criteria for the exception, best practice would call for documenting in the home study how the exception is met in the family's situation.

Important Note: verifying a *foster* home that qualifies under 26 TAC 749.2401 is a different issue from whether an *adoption* will move forward with one parent who is not legally divorced. The legal aspects of the adoption case are not addressed here but you should be aware of these and any local practices as you move forward with verifying the home.

Citizenship/Immigration

While citizenship and immigration status are vitally important, particularly in relation to a child's legal permanency, there is not an absolute requirement in this area for foster homes. You must obtain and consider a kinship caregiver's citizenship status in relation to the required home screening. [749.2447\(5\)](#), and the caregiver will need proof of identity that is sufficient for running FBI fingerprint-based checks. Many caregivers without lawful status will be unable to produce such documentation for the checks, and the home will not move forward unless you are able to work with the consulate for the country of origin to obtain them.

Home/Premises

It is extremely common for a variance to be necessary to permit verification to move forward. A large number of the most common kin related variance requests have to do with the physical space of the home. See [Appendix 5](#). Many of these involve sleeping arrangements—sharing a room with a caregiver or a child over three, sleeping in a common area, or children of opposite genders sharing a room. It is important to develop expertise not only in seeking these but also why they allow families to continue to act as families do outside of the foster care system.

There may also be situations in which a waiver or variance is not appropriate and it may simply be necessary to help the caregiver meet a specific need so that the home qualifies. One of the core differences in serving kinship caregivers will be the need to provide or otherwise secure items, services, and financial assistance that are ordinarily not needed when licensing a non-relative foster home, such as:

- A move to a larger home/apartment. This may entail:
 - ▶ Deposit and first two to three months rent
 - ▶ Work with the housing authority to seek and attempt to expedite housing voucher for increased space.
- Assistance in purchasing a larger vehicle—some CPAs may assist with first few months of payment
- Home repairs/yard cleanup
- Pet vaccines
- Beds/Bunkbeds
- Car seats
- Smoke alarms

Community partnerships are critically important for these items. However, this is very location-specific, so in order to really bring about change and growth with kinship, you will need to survey your particular area as well as develop collaborative relationships with local resources. Many nonprofit groups are willing to assist families with home repairs. Introducing them to the kinship process and what the family needs to move forward may be helpful. You may also benefit from developing in-house expertise, whether through employees, contractors, or volunteers, who can help navigate local building codes and even help with minor household repairs and reconstruction.

Collaboration Throughout the Verification Process

Helping stakeholders and legal parties understand the process

You will likely encounter frustration, questions, and general confusion from courts, CASA, CPS, family members, SSCC's and so on when a verification takes longer than normal. This may be due to any number of reasons, but most commonly--significant difficulty in gathering criminal history documents or out of state CPS history. Solutions include:

- Holding staffings with the parties and partners involved
- Keeping a very detailed timeline of the development history, with emphasis on what is taking a long time and why, e.g.
 - ▶ Canceled appointments with the staff person
 - ▶ Criminal history/CPS issues

The more you can do to educate various parties in the process along the way, the more you may avoid frustration and confusion down the line about what is and is not within the CPA's control. You should also maintain good records of your communication with the family and others in an effort to get them verified so that you can share this with judges and others as necessary. This is a way to demonstrate that you have exercised all the due diligence you can in working toward verification.

Q: Why do we have to wait for out of state checks?

A: "Federal law requires that prior to approval as a foster (or adoptive) parent, certain steps must be completed. In particular, the state must 'request any other State in which any such prospective parent or other adult has resided in the preceding 5 years, to enable the State to check any child abuse and neglect registry maintained by such other State for such information, before the prospective foster or adoptive parent may be finally approved for placement of a child, regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child.'" Sec. 471 Social Security Act (42 U.S.C. sec. 671(a)(20)). Available [here](#).

Q: Where else can I look for information?

A: the feds maintain policy guidance on this [requirement](#).

Kinship homes are unique in that the children are most often living in the family's home prior to verification occurring. This can lead to confusion over the date of the child's placement and other aspects of the process. See [Chapter 7](#) for additional information and tips on checking the placement date/page. This may also mean your staff and homes will encounter various CPS caseworkers with different understandings of the rules in place for the home based on whether they are experienced with verified or unverified homes. For example, kinship development workers may not think a particular practice is required or prohibited, whereas it may be necessary to obtain/maintain verification, e.g. background checks/frequent visitors and who is considered a caregiver; requirements related to regular medical appointments; maintaining medication logs, etc. For this reason, you will need to develop relationships and strong communication with different staff at CPS to stay abreast of what is going on in the home to avoid confusion and contradiction regarding regulations.

CCR – Child Care Regulation

It is important to keep CCR in the loop and get their perspective about issues in the home. One best practice is to complete an early assessment of the home and determine issues that may potentially require a variance and discuss these with CCR staff at the beginning of the verification process. Knowing early on that CCR will deny a variance may allow time to pivot and find an alternate solution or save the caregiver and your staff significant frustration at the end of the process. Having these open lines of communication can also give CCR staff perspective on historical context—for example, understanding that an apartment building may have chronic roach infestation issues but the family has done everything in their power to mitigate the circumstances in their dwelling could be helpful in a sampling inspection.

Key Documentation

Providing a large number of documents on top of caring for children in the home, possibly working, and processing trauma within the family can be very difficult. Kinship caregivers may need to be reminded in emails, or with printed lists, multiple times about what they need – and why they need it. Understanding that many of the items are required before they can become verified and start receiving foster care maintenance payments may help, but your staff will likely need to provide extra support in this category.

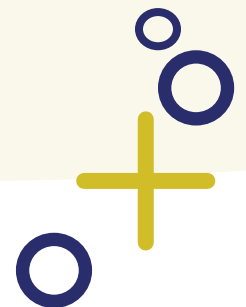


Key Documentation Checklist

Below is a partial list of some of the documentation required for verification. You will need and want to develop your own list. For a more thorough example, see <https://www.buckner.org/files/uploads/DocumentationforProspectiveFamilies.pdf>.

Here are some of the documentation requirements specifically mentioned in relation to the home study:

- Educational—high school diploma or G.E.D. (recognized by TEA or comparable agency). 26 TAC 749.2447(2)
- Marital—marriage certificate(s), divorce decree(s), if applicable
- Citizenship—Passport, birth certificate(s), etc.; list of addresses for past 10 years
- Financial:
 - ▶ proof of income for past 60 days or 2 complete calendar month, including all sources of income such as SNAP, RSDI, etc.
 - ▶ two consecutive itemized bank statements and/or prior year’s tax return
 - ▶ monthly household expense report that itemizes the following household expenses:
 - Mortgage/Rent;
 - Utilities;
 - Transportation;
 - Food;
 - Medical;
 - Clothing;
 - Insurance;
 - Credit cards and loans;
 - Legal (i.e. attorney fees, alimony and/or child support);
 - Pet; and
 - Entertainment/misc.
- Background related—
 - ▶ list of persons other than foster children who are 14 or older and reside in or will be regularly or frequently staying in the home;
 - ▶ Contact information for required interviews. In addition to those living in the home:
 - Minor or adult children of caregivers not living in the home
 - A minimum of two neighbors, school personnel if the relatives have school age children, clergy, or other community members.
 - ▶ Contact information on any person who may provide care if a need for child care unexpectedly arises.
 - ▶ List of any other CPAs the family has worked with, if applicable.
- Approved kinship home assessment





Chapter 6
CAREGIVER TRAINING

Training

The training should prepare the kinship caregivers for navigating the verification process as well as how to function as a regulated foster home once they are verified. The kinship caregiver should be trained well on minimum standards and what that means for their situation and how being a verified foster home differs from being a non-verified kinship caregiver. The CPA should be sure to provide training for the kinship caregiver on navigating extended family relationships that might be affected negatively while the caregiver is caring for the kinship child(ren).

The number and variety of required trainings can be overwhelming for a family. To communicate as clearly and concisely as possible, an outline of required trainings should be provided as early as possible in the verification process. A single document containing a calendar of all available trainings, as well as all DFPS training links, is especially helpful to the caregiver. Additionally, frequent reminders of scheduled trainings should be sent to the caregiver. Depending on the caregiver's access and comfortability with technology, a phone call, instead of an email, may be necessary.

If possible, there should be a designated person (i.e. Training Navigator) responsible for answering questions and giving guidance throughout the entire training process. This person's primary focus is to help caregivers navigate training deadlines and keep track of their progress. In addition, it is helpful to have a designated staff person to submit waivers for training that are not possible, whether due to the caretaker's physical conditional, health, or other issues. For example, SAMA or CPR trainings can often be waived due to medical issues.

Format

To maximize accessibility, consider providing training online when possible, whether by Zoom or another platform. It can also be helpful for a group online training to be done first, followed by an instructor supported training in person. For trainings that are required to be in person, multiple times and dates should be offered - it is best to have weekend and evening options to accommodate working caregivers. To maximize attendance at in-person trainings, consider offering childcare for convenience and support to the kinship caregiver.

Timelines

Training timelines can help caregivers stay on track. However, remember that timeframes may have to be extended due to caretaker obstacles. Kinship caregivers can sometimes stall in the training process - this is okay, but it is helpful to be aware of potential obstacles. To help keep it all on track, send a status report - of trainings that are completed and those that are outstanding - to the caregiver at frequent intervals throughout the process. It can also be helpful to break down training goals into small increments, preventing the caregiver from becoming overwhelmed. Caregivers who fall behind the initial timeline may benefit from an assigned worker, possibly a Kinship Navigator, to identify barriers to training that they are facing and provide additional support.

Training Tips

- 1) consolidate the overwhelming information about training. You can provide a single document with a calendar of all available trainings and links.**
- 2) If possible designate a staff person to be a training navigator and answer questions and give guidance on training**
- 3) For trainings that must be in-person, offer multiple times and include evenings/weekends with child care available.**

Training Barriers

Lack of Knowledge of Technology

Some families will struggle with online trainings as a result of low comfortability with using technology. To support these caregivers, consider having a staff person available to help enroll and engage caregivers, as well as answer questions. In some cases, the staff person may need to go into the caregiver's home to help them complete online trainings and/or join Zoom meetings. In other cases, group in-person trainings may be the best solution for these families.

Lack of Access to Technology

Some caregivers will not have adequate access to technology to complete training – it is important to be aware of who these caregivers are. Offering a laptop computer and/or hotspot for caregivers to check-out can be a great solution. In other cases, an assigned kinship worker may bring a laptop computer into the caregiver's home to help them complete training. Creative and flexible solutions are a crucial piece of training kinship caregivers effectively!

Reframing instruction through chld-focused lens

Don't focus so much on what caregivers are doing "wrong" and more on how trauma might mean that strategies the caregivers have used with their own families may not work or be right for children in care.



Chapter 7

STEPS TO TAKE WHEN THE HOME BECOMES ACTIVE

Once the family has completed the verification process, there are a number of important steps staff must take to ensure timely payments, continuity of services and smooth transition.

Home Opening

Recording the Verified Home in CLASS, TPG, and GPS

It is critical that the home is shown as an open and verified home in the various electronic case management systems in use by the state and SSCCs

CLASS

The home must be added to the provider page in CLASS. It is also very important to ensure that the home is shown not only as verified but as verified kinship. This ensures that counts are accurate and can show the important role verified kin are playing is correctly accounted for.

TPG/GPS

TPG is the system for recording placement capacity in use in areas where Community Based Care (CBC) is active. GPS is the system for recording placement capacity in use in legacy (non-CBC) areas. At one time CPAs were instructed not to put verified kinship homes into these systems because they are generally not open to additional placements. However, not including the homes in these systems created a mismatch between counts in CLASS and counts in the other systems. Therefore, you should record the homes in these systems as applicable. You can note that there are no openings in the home and that they are full.

Providing the Home with Instructions, Documents and Reminders

While individual CPA practices may vary, you want to set the home up for success, which means making sure they have required documents handy and know what to do with them, that they get regular reminders of some of the aspects of being verified they may be less used to (like notification of regular and frequent visitors) and that they know who to call if they are experiencing difficulty. Here are some key components of starting on the right foot:

CCR Packet

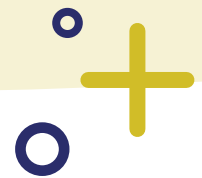
There may be additional documents that you want to ensure your verified kin families have based on your individual practices and experience. However, a good starting place so that caregivers have information needed to support Minimum Standards compliance would be:

- **Home's license.** The caregivers need to have the license and understand that they need to hang it up and keep it hung up.
- Ombudsman Poster
- Foster Parent Agreement
- Copy of CPR and First Aid Training certificates
- Copy of Pet Vaccinations
- **List of Approved Frequent Visitors & Caregivers** – this can be helpful so families know who they told the agency their visitors and caregivers were and as a reminder of the importance of letting the CPA know of any changes.
- **Information on COVID reporting** – the CPA or caregiver is required to call the hotline within 24 hours of becoming aware of the child having COVID (or other communicable diseases required to be reported). 26 TAC [749.503\(a\)\(3\)](#). Some CPAs have had magnets made to keep reminder information prominently displayed in a caregiver's home.
- Information on your on-call procedures to encourage timely incident reporting.

Mini-Orientation/key reminders and information

Your families will benefit from a refresher on rules that take effect once they are licensed. Some key components of this may include:

- Reminders about:
 - the importance of letting the CPA know if there are new visitors to the home who may be regularly or frequently present or if there are any major life changes such as spousal separation;
 - discipline restrictions and policies;
 - incident reporting and the protocols they should follow;
 - any changes related to day care eligibility.
- Speaking to the family about what paperwork they are required to do (e.g. med logs, foster parent notes, others specific to the organization)
- Development of Training Plan--Give family calendar of the dates that training is offered if they are due for training renewal in the next year



General Best Practices and Troubleshooting

Ensuring correct information in IMPACT

In general, there is a critical need for IMPACT work to be done—but also done correctly and timely. Some of the key potential trouble spots include: seeking and recording a Level of Care above basic, changing the home to verified, conducting a day care switch (see below), and making sure the placement date is reflected so both the CPA and family can begin receiving the appropriate payment on a timely basis.

Foster Care Payments

Once the home is verified, make sure that home displays as verified and has the correct date in IMPACT to ensure payment to the provider from the state. This also impacts the deadlines for you to complete actions such as suicide assessments.

To do this, ask for screen shots of the placement page. See [Appendix 6](#) for an example of a correctly completed page. You will want to make sure it has the correct placement date and Resource ID entered. You will also want to work consistently and repeatedly with the assigned CPS caseworkers. They may not understand how the placement information is different from other paperwork, so you may need to educate them on how it ties to payment and how entry of inaccurate dates can have unnecessary and negative impacts, since the placement date drives other deadlines, such as when service plans are due, notification deadlines, timeframes for suicide assessment, etc. Moreover, it is simply inaccurate and all parties want good case documentation. So for that reason alone, it is helpful to have the CPA be another set of eyes on this critical information.

Day Care Paperwork

Prior to becoming verified, the family has most likely been receiving kinship or protective day care. Once they transition to a verified kinship foster home, they should receive foster care day care if they qualify. Unfortunately, they no longer qualify for before- or after-school supports and whether their waivers carry forward has not always been consistent. So, your staff may need to work with them to prepare them for any changes.

Nevertheless, kinship families should be able to get day care immediately, without the 6-week cap to get the care approved. If there is already an approved day care request (with or without a waiver), you will need to work with DFPS staff to have the existing 2054 terminated a few days in advance and a new one issued using the correct service code for foster care day care. You should not need to submit new paperwork unless the authorization or a waiver is close to expiration. You can also try to work with the kinship worker to help with needed paperwork/pay stubs for a seamless day care transition while the CPA focuses on the home.

Subsidy Packet

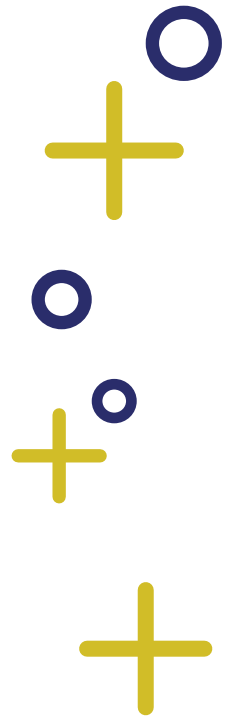
If the home is approved as an adoptive home, work to complete the subsidy packet as soon as possible. If the home is verified/approved as Foster/adopt then this step is completed later.

This packet is required for adoption and Permanency Care Assistance (PCA). See Chapter 9 for information on the subsidy packet. It can be helpful to talk to families about the packet early to explain why more paperwork is needed – enhanced rate is generally the goal as many or most children who have experienced foster care will have needs above the basic level (generally moderate). For this reason, consider having the child assessed for an accurate Service Level as early as possible once they are transitioned to verified/approved care.

Collaboration with CPS at Verification

Building relationships with local CPS staff is crucial for a smooth transition to a verified home. As noted above, your staff will need to check in with CPS staff to ensure accurate placement information and a smooth day care transition. You will also need to work closely with CPS on service level/Level of Care (LOC) authorizations. Your caregivers and staff will know pretty immediately if a higher service level is needed. However, the perception among CPS staff can sometimes be that because the home is a kinship home, no additional support is needed. Take this opportunity to help them think about the long term supports needed for the child.

The collaboration can also be very important as additional needs and behaviors emerge with children in the home. The CPA will not necessarily always have all the information needed, either because there has been turnover in agency staff or some other reason. For example, a CPA may learn that a child in a kinship home had a history of fire starting, but this may not have been known to the current caseworker. For situations where the child's needs are greater than anticipated, determining the appropriate level of supervision and supports can be part of the LOC assessment process. In addition, this may form the basis for a Family Team Meeting (FTM) or Family Group Decision Making (FGDM) Meeting. The supports of DFPS can be utilized positively and proactively to try and put the needed wraparound support and services in place.





Chapter 8

HOME MONITORING AND SUPPORT

Once a kinship home is verified, the need for support does not end. The CPA must monitor for licensing standards while not losing the trust of the family by appearing to be yet another enforcement entity.

Commonly encountered licensing concerns and potential solutions

Below is a table showing some specific issues you may encounter and potential strategies to address. There are also general ideas listed below.

Concern/Issue	Strategies
<p>Medication related: maintaining medication logs accurately; reporting changes in medication and dosages; medication storage.</p>	<ul style="list-style-type: none"> • Have medication boxes, locks, etc. on hand if caregivers do not appear to have what they need to comply with medication storage requirements. • Keep track of medical appointments for and with the caregiver • Pre-fill medical forms (page 1 of Medical Appointment Form 2403), top part of the Medication Administration Records (MARs).
<p>Not disclosing key information to CPA. This may relate to a visitor or even new resident to the home (see below). It has also arisen where there is an investigation by CPS but information has not reached the CPA or even CCR/CCI. Sometimes the family may share information with licensing or CCI that they have not yet shared with the CPA despite the CPA asking for the information.</p>	<ul style="list-style-type: none"> • Include relevant questions in monthly visits, e.g. have you had any visits from the state? How did those go? • Continue to emphasize your desire to partner with them in keeping up with the rules that are in place. It is important to help them understand that sharing more info will make it easier to move forward. • Work very diligently to alleviate concerns around what really are barriers. Sometimes there is fear around arrests or drug history or other background that does not pose a bar. There may also be ways to put safety practices in place to maintain a relationship.
<p>Following restrictions related to bio parents. Caregivers may understandably struggle to believe allegations about the parents or to agree with the limitations put in place even if they do believe the allegations. However, this can result in the kinship caregivers allowing parents to visit, have unsupervised contact, or otherwise violate plans in place in the case.</p>	<ul style="list-style-type: none"> • Work with CPS to understand any restrictions in place (this comes from CPS not HHSC background checks). Following a child's service plan in relation to parental contact should be sufficient for CCR to find compliance with supervision requirements. • Develop and follow a process to assess bio parents and their history to determine a workable and beneficial supervision plan
<p>Not having the appropriate paperwork ready when licensing shows up for a sampling</p>	<p>Create a checklist your staff can utilize on regular visits for CCR requested info, including:</p> <ul style="list-style-type: none"> • Home's license • Ombudsman poster • Foster parent agreement • Copy of CPR/First Aid certificates • Copy of pet vaccinations • List of approved frequent visitors & caregivers
<p>Not letting case managers know about frequent visitors. This may be because the caregivers do not appreciate the importance to the CPA/home or they may have understandable discomfort or fear around potentially excluding someone from the home who has been coming for a long time.</p>	<ul style="list-style-type: none"> • Ask the children and others in the home who comes over • Stress the importance of knowing this information as a way to avoid problems down the road

Some general ideas for support for all the issues

- Go over these types of issues monthly, or more frequently if this can be done without alienating the caregiver to the point they are no longer receptive to complying
- If an issue arises, such as a frequent visitor that was not initially disclosed to the case manager, have the caregiver sign something documenting that the case manager has addressed the issue
- Try to instill important tasks so that they become habits that must be followed
- Ensure that caregivers realize that not following Minimum Standards and other rules means they may lose the opportunity to remain as a verified caregiver. You can validate their concerns with the restrictions and process but at the end of the day there are limits the CPA and the family have to follow in order to get the benefits of being verified.

Supportive Monitoring

The CPA is in a delicate position. Your staff will need to monitor the home for licensing concerns but also build a genuine rapport so that the family will know they can really come to the CPA staff for help and support. Some ideas for both supporting and monitoring include:

- You will be providing support, as opposed to traditional monitoring, which may be more official and bureaucratic. Some core factors for your staff to keep in mind
- Realize families are not like regular foster parents who have thought about getting licensed for years and finally did it
- They are doing the best they can; let them know that you understand and appreciate that
- They will make many mistakes as they try to maintain the life they had prior to placement and licensing with the new responsibilities that have been thrust upon them
- Realize this is an alien world for them that really makes no sense to anyone outside child welfare agencies
- They do not really understand why they have to follow so many rules and cannot always remember them
- Develop your own TBRI practitioners to handle acute issues prior to having other professionals step in
- Try to become acquainted with extended family members who are supportive of the family; work with DFPS to convene an FGC/FTM for the long term support of the placement
- Help the caregivers understand the role they can play in making the placement successful

It is helpful to think of monitoring as supportive monitoring—helping caregivers understand the rules but also building rapport with your staff and receiving the support they deserve. Things that can be helpful:

Repeating questions about new visitors and offering other reminders on at least monthly basis—but remembering that the family has a lot going so scheduling visits at a time that works for family

Developing peer support options

Consider peer support groups with ample time for caregivers to exchange information

One CPA used fictional dollars to further engage families. The more caregivers were engaged in activities, the more currency they were able to earn. They were then able to use the “money” in Christmas markets and to purchase things for their home.

Cultivating your own TBRI practitioners and/or crisis response teams so that if issues arise, the family doesn’t have to deal with another set of people unless necessary. Consider building in (and funding) lived experience participation in your response team.

- ▶ Best practices around visitation
 - ▶ You will need to visit the family both to check for compliance issues but also to see how they are doing. You may wish to consider a more frequent schedule than for an unrelated foster home, e.g. 2 visits per month
 - ▶ Realize that the family has other priorities that don't include having to be home when you want them to be
 - ▶ Do your best to keep your scheduled appointments with them
 - ▶ Listen to what they are saying and carefully observe their behaviors, emotional states, energy levels, relationship tension to see if additional supports are needed.
- Connecting kinship families to other supportive services
 - Initiate, maintain and nurture your working relationship with providers who specialize in stepping in and handling difficult situations to include counseling, TBRI practitioners, family relationships, autism, medical issues, etc. However, as noted above, you should develop in-house TBRI practitioners. Families may resist having yet another person/set of people coming into the home.
 - Consider offering peer support groups. This can be an invaluable resource for all. One CPA has structured their peer support groups in two sections: the first hour is devoted to licensing and related issues, and the second hour is open discussion. You may need to develop resources for child care and seek community support for food or other ways to attract the families but it is an incredible way to build relationships and share information.

Maintaining and Reinforcing Clarity Around the Role of the CPA

You will need to work continually to educate various parties in the system about the proper role of the CPA. The CPA is a partner and can be an ally for the family, but must also maintain adherence to licensing Minimum Standards.

Working with CPS and Licensing

Licensed kinship homes are very different from non-relative licensed homes. For this reason you will need to spend extra time and effort to work collaboratively toward the shared goals of both safety and permanency, which can, at times, be in tension with one another. Safety must always remain the paramount consideration. Some practice tips:

- Develop a relationship with the case worker and licensing rep
- Start from the very beginning treating them like a partner in caring for the family and children
- Share any problems early and expect the caseworker to do his or her part to ameliorate any issues that are occurring. Failure to do so puts the onus on the CPA when problems get out of hand.
- Keep state partners informed every step of the way and document in emails, texts, etc.
- Know going in that CPS, licensing and CCI often disagree on what needs to be done in specific situations. What the Department wants (keeping the home open) and what licensing or CCI is expecting (close the home) can put the CPA in a position of decision maker. Resist being put in this position but move forward with closing the home if you have identified safety issues that are not being resolved in spite of your efforts. It is also the job of the child's legal parent to decide if they are willing to tolerate safety concerns that arise in a home. This should be a shared endeavor, not one where the CPA is acting or portrayed to be acting unilaterally.

Working with others in the legal case

There will be times that Judges, CASA, CPS workers, DFPS' legal counsel (whether regional attorney, assistant

county attorney or assistant district attorneys), may want a home to remain open and even have an order for the children to stay in the home. When a CPA chooses to close a home it appears like a unilateral action by the CPA to cause the family to lose out on adoption subsidy or PMC with PCA.

Avoid this by maintaining the responsibility for the child's placement and permanency where it belongs, which is primarily with the CPS caseworker and his or her management team. There is shared accountability to be sure, but it is critical to the CPA's own duties to make clear that the CPA is not acting on its own or solely responsible for the child's permanency outcome. If there are problems that are significant in a home and the CPA's best efforts have not helped, make sure to have a staffing that include the caseworker, CASA if appropriate, the children's ad litem, and other key stakeholders to go over problems and decide as a group how to handle the situation. This avoids situations where the CPA is deciding to close the home and subplace the children. CPS in particular needs to be explicitly aware that without additional support or cooperation the home may need to close and they will not be eligible for subsidy/support.

You may need to attend court to ensure proper information is being shared. Often, the CPA will be blamed for taking actions that disrupt the Department's and the court's plan for a child, rather than addressing the underlying issue that made the decision/closure necessary.

Make your licensing rep a partner in working with the family. Let them know about struggles the family may be having, difficulties you have working with them, etc. It is more difficult for them to simply regulate when they are involved with issues as they occur. Ask them for their thoughts on how something should be handled.

There is no need to be the sole arbiter or responsible party for a family the Department chose and approved as a placement, and asked for court approval to place the children there. This is a team effort. Do not put yourself in the position to bear the sole blame for an unfavorable development in the case. Do everything in your power and make the limits of that power clear to the others in the case.

Meaningful Peer Support

The relationships kinship caregivers form with one another are regularly more powerful than those they will form with your staff or any state staff. To this end, some ideas for utilizing and getting the most out of peer support include:

- Look at recruiting a vocal critic of your or the state's processes to co-lead a group to think through solutions and/or collectively voice frustrations. This would ideally be paired with a seasoned foster parent or staff who can help focus some of the discussion but bringing strong critics inside the circle may help everyone improve. Similarly, you may learn about issues with your own staff.
- Offer child care and/or food to make it more feasible for caregivers to attend. Know that the collective sharing is probably the most important component to families. Minimize how much teaching is done especially by staff.
- Particularly if kinship caregivers are providing therapeutic foster care, or it is otherwise within your capabilities, consider offering respite a certain time per month with traditional foster families. This also helps the foster families learn more about kinship care.
- Formally or informally pair more experienced families with newer families or families who are struggling.
- Include lived experience perspective/experts as part of your crisis team. One CPA has done this and finds that the peer support team can regularly be more helpful to a family at risk of disruption than a clinical professional
- Look at staffing patterns. Try to keep social workers' caseload low for times of struggle. Try to introduce families to one another (with their permission) so they can be their own village.
- Depending on your region there may be a regional DFPS-supported kinship group. You can also look into the statewide kinship collaboration group.



Chapter 9
**CASE FINALIZATION AND PERMANENCY
WITH THE CAREGIVER**

Case Finalization

This is the final phase to permanency for a child in care if the child is not being reunified with the parent. At this moment it will be determined if the child(ren) will remain with the relative caregiver as the permanent managing conservator with/without permanency care assistance or legal adoption. There are several determinants on how a child's case will finalize that will be explained below. If the family receives PCA after permanency the benefits are a monthly stipend (avg. \$400 per month), medical insurance, and post permanency services until the child is 18 years old. Adoption Assistance benefits include same as PCA with the inclusion of adoption fees that is covered up to \$1,200 and availability to post adoption services. Also, the child will receive education tuition reimbursement which can cover cost of a State Funded Bachelor's Degree, Master's, Doctorate Programs, as well as Law School, Medical School, or Trade School regardless of the exit. See [Appendix 4](#) for comparison of benefits.

Kinship Families need a thorough explanation on Post Permanency/Adoption Services at the beginning, during, and the end of their licensing period. This discussion will need to happen on several occasions for absolute clarity on how to access services. The details of post adoption services will be discussed in more detail in [Chapter 10](#). A helpful chart that compares the benefits accessible to families of different legal statuses is provided in [Appendix 4](#)

Subsidy Paperwork

The adoption subsidy packet is not currently available online and includes the following forms: 1. Adoption Assistance Request (Form K-904-2250), 2. Adoption Subsidy Resource (Form 2253B), 3. Adoption Assistance Worksheet (Form 2253A), 4. Approved Home Study, 5. Fire Safety Checklist 6. Environmental Safety Checklist, 7. Cleared Background Checks for Caregivers and Household Members over the age of 14.

The permanency care assistance subsidy packet includes the following forms: 1. [Request for Permanency Care Assistance \(Form 2115\)](#), 2. [Permanency Care Assistance Worksheet \(Form 2116\)](#), 3. [Kinship Family Resources \(Form 2118\)](#), 4. Approved Home Study, 5. Fire Safety Checklist 6. Environmental Safety Checklist, 7. Cleared Background Checks for Caregivers and Household Members over the age of 14.

Case Finalization - Permanent Managing Conservatorship (PMC) without Permanency Care Assistance (PCA)

Permanent Managing Conservatorship is when the kinship caregiver(s) are given legal guardianship of the child(ren) by the court. The reason a case would be best suited for PMC versus adoption is parental rights will not be terminated, relative caregiver does not have legal status in the country, marital status of the caregiver is separated/estranged, and/or the caregiver(s) or children do not choose to complete an adoption process. If the kinship family did not participate in the foster care program for a minimum of six months as a verified caregiver, then they are not eligible for permanency care assistance (PCA). If a verified kinship family is being asked to proceed with PMC without PCA because they have not cared for the child for a period of, at least, six months, it is imperative to advocate for an extension of the case to ensure the family is entitled to the benefits. If the family is not verified and PMC is provided to the kinship caregiver, the child may be eligible for Medicaid in certain circumstances and is eligible for post permanency services until 18 years old and education tuition reimbursement. See [Appendix 4](#) for comparison of benefits.

If you have a family who is verified but has not had the child for six months (while verified), and they are asked to take PMC, it is important to advocate for additional time so the child can have the long-term support of PCA.

Case Finalization - Permanent Managing Conservatorship (PMC) with Permanency Care Assistance (PCA)

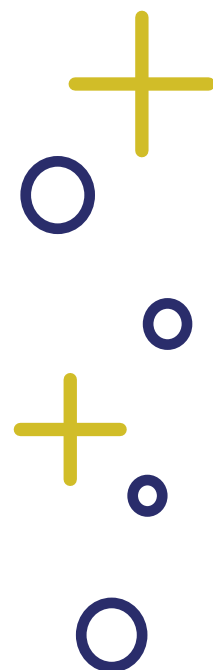
A kinship family is eligible for PMC with PCA when the kinship family has been verified as a foster parent and had the child in their home for a period of, at least, six months. The child(ren) will have benefits available to them until 18 years old, including education tuition reimbursement. The child must enroll in a State Funded education program before their 25th birthday. Once the education process is started, they can access the tuition waiver at any point in their life. See Appendix 4 for comparison of benefits.

Case Finalization – Adoption

The kinship caregiver may opt to pursue the permanency goal of Adoption if all parental rights are terminated, and they complete the process to be approved to adopt. The CPA will need to assist the family and guide them through the process. The first step is to select an attorney who has extensive experience facilitating foster care adoptions. It is highly recommended to retain an attorney who has completed a significant number of foster care adoptions in Texas, as this will minimize delays in the consummation process. Reimbursement for certain one-time expenses is available to the family to assist with legal fees. This benefit provides reimbursement up to \$1,200 per adoption for reasonable and necessary adoption expenses directly related to completing the adoption process. These expenses may include fees paid directly to child placing agencies as well as court costs, attorney fees, and other fees directly related to the legal completion of the adoption. In some cases, the judge may assign an amicus. “Amicus attorney” means an attorney appointed by the court in a suit, other than a suit filed by a governmental entity, whose role is to provide legal services necessary to assist the court in protecting a child’s best interests rather than to provide legal services to the child. Amicus Attorney fees can range from \$500.00 - \$2,500.00. These are to be paid by the kinship family prior to the consummation date. A waiver based on inability to afford the amicus attorney fee may be filed on behalf of the kinship family. However, the waiver is only likely to be granted if the family has a verified financial need and/or if they meet the [Federal Poverty Level guidelines](#).

Post Adoption Information

The adopted child will need a new birth certificate. It is recommended that you advocate that the district court clerk allow the adoption attorney to file the certificate of adoption ([Form VS-160](#)) with Vital Statistics. If this is filed by the adoption attorney, the response time is 30-60 days. If the district court clerk files the certificate of adoption it can take as long as six (6) months before the new birth certificate is issued. Once the new birth certificate arrives, the adoptee can be issued a social security card by completing [Form SS-5](#) with the Social Security Administration.



Post Permanency/Adoption Services Discussion with Kinship Family

Providing ongoing support to the family is important to ensure successful transition. Certain child and family characteristics have been identified as being at higher risk of needing ongoing support. Providing support through post permanency and post adoption services is critical to ensuring that the placement does not disrupt in the future. The following characteristics are reflected in disruption data:

- Race—African American children are more likely to return to foster care.
- Age—older child (7+ years of age) has a greater change to be deemed “unparent-able” and returned to foster care.
- Mental Health Issues—these children suffer from a plethora of mental diagnoses at all ages. The caregiver may not be equipped to understand and support the diagnosis—medication, customized activities at home and at school, and unique physical environment.

The mean age of permanency discontinuity (return to foster care) is 12.4 years old. The re-entry into foster care from a relative caregiver’s home occurs around the 30th month after the time of permanency. Post-permanency stability has been definitively associated with the availability, accessibility, quality, and utilization of post permanency services (Parolini et al., 2018).

It is important to include information regarding Post Permanency and Post Adoption Services to the caregivers upon case closure and speak to them about how to access additional services if the need arises.



Chapter 10
POST-PERMANENCY SERVICES

What are Post Permanency Services?

Post Permanency Services are a pilot/limited scope program for children who have been in DFPS conservatorship and whose caregiver, often a relative, has since been named the Primary Managing Conservator. The goal of the program is to provide support by helping the family and child adjust to the permanency, cope with any history of abuse or neglect in the child's background, cope with mental health issues, and prevent future disruptions.

This pilot program was developed to support children and their caregivers/families post permanency regardless of whether the caregiver is a verified foster parent. Arms Wide Adoption Services is the sole-contracted provider for Post Permanency Services in Texas, and services are currently only offered for families presently residing in Region 6 or Region 11. Arms Wide has reported positive performance measures despite the small sample of families receiving benefits – none of the families enrolled in the program have experienced disruption or dissolution! These services are an integral part of supporting children involved in our child welfare system, and the program will hopefully one day be expanded statewide so that all children and post-PMC caregivers can benefit.

Beginning a Post Permanency Program:

As previously noted, this program is available only in two regions through the designated contractor, Arms Wide. Should the program ever be expanded to permit additional bids, an organization would also need staff with the knowledge of permanency and family needs. It has been found to be advantageous to spread the duties for this program among a small group of trauma competent employees. This program necessitates frequently taking stressful and emotionally charged calls from caregivers in crisis, which can be overwhelming if only staffed by one or two employees. By dividing up this responsibility amongst a larger number of people, employees are able to take breaks and relieve stress, helping to prevent burnout and high turnover rates.

Referral Process:

Recruiting families to participate in post permanency programs has shown to be somewhat challenging. Other organizations, such as Child Placing Agencies and Child Protective Services, can refer families that may benefit from the program. There is no requirement to participate in the program, and families are often hesitant to enroll in the program, though, as distrust of CPS is common. Therefore, it can be beneficial for CPA/CPS staff who work with these families to have a working knowledge of the program to better educate these caregivers about the supports available and the benefits of early engagement and enrollment. If you are contacted by a family in need of post-permanency supports, and they reside in Region 6 or 11, call toll free to 1.800.460.6298 or go to <https://www.armswideadoption.org/services/permanency-support/>.

Service Plans:

An individualized and flexible service plan is the first step to supporting a family well. Arms Wide staff meet with the family in a face-to-face meeting to conduct service planning. The family is informed of the service plan process, and with both caregiver and child input, an initial service plan is developed. In order to reflect how the individual family's needs will be met, goals and objectives are created with input from children, parents, and the case manager. The previous resources or services utilized by the family are reviewed to assist with determination of the current resources needed to assist the family. The types of services needed are stated in the service plan along with how and when each service will be provided; issues the child may have; and how they will help to avoid the permanent or long-term removal of children from the family. Throughout the family's enrollment in the program, changes should be made frequently to address needs as they change, including any major changes or developments to the family unit, such as a job loss or the birth of a new child or death of a family member. Updates should also be made if they no longer need a service or would benefit from a new service. A well-developed service plan paints a picture of the family, including their strengths and needs, and focuses on provision of services that are deemed to be appropriate for the

child and family that will improve family functioning. The goal is for someone who reads it to be able to get a good feel of the family dynamics through their service plan! A redacted example of a post-PMC service plan is included in [Appendix 7](#) for your illustration and reference.

Services:

Referrals and Casework Services:

This is the essence of the post-permanency program. Post Permanency Services case management services begin after the family has made an inquiry for services and has agreed to activate a post permanency case. This may be initiated through a phone call, website inquiry, email, letter, or in-person visit by the family. Staff with Arms Wide recognize that parents who may be under stress due to issues presented by the child(ren) in their care, will need to feel connected to their post permanency case manager, and will need to know their concerns are heard. Case managers make every effort to meet each family's individual needs. To ensure that this is done effectively, staff have a diverse and thorough knowledge of resources available in the community. For areas not served by the post-permanency program, it is essential for an organization to keep a running list of good resources in the community, sorted by the kind of services they offer. Even though a CPA may not be able to formally serve a caregiver post-permanency through this program, if at all possible, the CPA may be able to help steer families in a positive direction. [Chapter 11](#) of this manual also lists resources available to unverified kin – many of these may also be useful to verified families. In particular, connections to the school system can be of immense help to caregivers. There are often good resources available for children in the school system, but caregivers must be aware of them and know how to pursue them. Staff can assist the caregiver with understanding and navigating the school system to help the child get the support they need.

Because ArmsWide is funded to administer the post-permanency program, they ensure there is an employee assigned to each family to develop and monitor the service plan, coordinate support, and manage services. This employee ensures that the family is receiving the services they need!

Crisis Intervention

An integral component of post permanency services is crisis intervention. Crisis intervention is available from Post Permanency staff on a 24-hour, 7 day a week, 365 days per year basis. The families are provided this information at the first face-to-face meeting and during subsequent communications so that the family has the appropriate contact information prior to a crisis. The assigned case manager for the Post Permanency family that is in crisis has the primary responsibility to answer the family's calls, gather information from the family regarding the crisis situation, identify the immediate need, and help provide the family with the appropriate resource information. Crisis intervention will include a face-to-face visit between the case manager and family within 24 hours unless the family specifically declines the face-to-face contact. The face-to-face contact helps to calm the family allowing the family to take action safely in thought-out stages.

Mental Health Services – Therapy:

The program also offers mental health services to families, through subcontracted therapy and counseling service. In-person sessions are usually best, but some virtual should be offered in case in-person arrangements cannot be made. Family, group, and individual counseling options should be available to families as needed. The support is intended to address the child's history of abuse/neglect which includes a focus on the child's initial removal from home, placement(s) in substitute care, and their trauma history. Based upon the initial assessment, therapy will focus upon meeting the child's physical, mental, behavioral, or emotional challenges, increasing attachment, and strengthening the family to prevent disruption and removal of the child permanently from the home.

Respite:

Research has demonstrated that respite services can:

- Reduce risk of maltreatment and risk of an out-of-home placement
- Achieve statistically significant reductions in reported stress levels of caregivers and improvements in the quality of their relationships
- Improve caregivers' positive attitude toward their children
- Improve family functioning
- Help caregivers meet their children's special needs
- Improve relationships between parents and children
- Decrease the risk of child abuse
- Prevent placement disruptions
- Increase families' ability to provide care at home for children with disabilities

Respite services are used as a prevention tool with the focus on preventing the disruption and preserving the family connections. Respite is also used as a support to help resolve family crises and to address problems that need solutions to strengthen the family's functioning.

Therapeutic or Specialized Camps

Therapeutic or Specialized camps are intended to improve the child's social skills, self-image, and self-esteem through peer group learning experiences. Identified camps can also assist with developing a child's skills in specific activities. The Provider works with the family to identify these camps and assists with subsidizing the cost of the camps through the contracted funds available.

Parent Training and Support:

Behavioral and attachments issues are common for children who have experienced the trauma before, during and after time in foster care. Therefore, parenting training and supports are an essential component of the program. Parent training is provided by qualified individuals with specialized knowledge and experience in abuse, neglect, and the impact of trauma, as well as other areas relevant to parent training for Post Permanency parents/caregivers. Training sessions are intended to improve the parents' knowledge in the following areas: communicating with their children; child development; effects and dynamics of physical, emotional, and sexual abuse and neglect; methods of behavior management and discipline; and awareness of special issues related to permanency, including trauma informed care approaches.

Offering personalized parent coaching for caregivers can be very productive. Generally, it is most beneficial for the provider to come into the home to watch the interactions between the children and the adults and offer solutions. The focus with the in-home parent training (coaching) can be on child specific issues such as parenting a child intellectual disability, autism spectrum disorder, or other neurodevelopmental disorders or behaviors specific to "acting out" teenagers.

Concrete Services:

In the program, a limited amount of funds are set aside for concrete family and child needs; this funding can support the longevity of the placement. These funds can cover a repair of the house, outstanding bills, a specialized item for the child to use at school, and more. DFPS will fund up to \$200/year for each child for contracted organizations.

Residential Treatment:

The goal of the Post Permanency Program is to prevent disruption of a child's placement in the home. Residential treatment services are needed when the intense mental health needs of a child cannot safely be met in a family setting even with outpatient services and community support, and post permanency services have been exhausted. Funding to pay for residential treatment is not provided through the post permanency program; however, the post permanency program provider helps families identify when a child may need residential treatment. In the case that this treatment is decided upon, the organization can provide thorough support up until the child is officially placed at the facility. The organization can help look for a facility that supports the needs of the child and assist the family with getting everything set up for admission. The organization can continue to work with the family on the child's return home, encouraging work with the residential treatment facility.

If residential treatment is the only option available to preserve the child's connection with the family and the family is unable to afford payment for treatment, Child Protective Services can obtain custody of the child to utilize state funds to pay for the care. In some cases, joint conservatorship is awarded with the PMC caregiver. While this is not optimal for the emotional well-being of the child and family, it is, unfortunately, the only option to draw down funding to meet the child's mental health needs in some situations.

Other DFPS Approved Services

There are times when other therapeutic services are needed for a child that are not within the traditional DFPS service array. These could include interventions such as neurofeedback, art therapy, equine therapy, or brain mapping. These nontraditional interventions have become more available within the community and Post Permanency families are seeking these services to enhance the traditional therapeutic experience.

Post Permanency Services Questionnaire:

For organizations contracted by DFPS, it is required that a satisfaction questionnaire (Form K-909-5550) is sent to each family that is enrolled in services. This is a short survey that asks questions about the family's satisfaction level, the timeliness of services, and the family's felt safety in the program. Organizations can independently ask for additional comments from families, which can gather helpful feedback. Response rates tend to be much higher when a raffle with a prize is offered! You can encourage families you refer to the program to complete the survey so that the program can continually improve.



Chapter 11

RESOURCES FOR UNVERIFIED KIN

Early Services

It is critical that all caregivers are supported – even those that decide not to undergo the verification process or who are in the process of being verified. For these unverified caregivers, support will look different. However, it should still be the goal to have services in place prior to or shortly after the child’s placement in the home. It is important to work with the DFPS/SSCC caseworker or kinship development worker to ensure a collaborative approach is taken to meet the family’s needs. These early services can educate kinship caregivers and encourage realistic expectations, promoting lasting and stabilized placements. Such topics include:

- Child Safety
- Trust Based Relational Intervention (TBRI)©
- Budgeting Education
- Trauma Informed Care
- Parenting Education
- Nutrition/Grocery Shopping & Healthy Eating
- Self-Care (Adult and Child)
- Stress Management
- Child Development
- Understanding Childhood Milestones
- Conflict Management
- Social Media/Technology Safety
- Understanding Government Eligibility
- Suicidal Ideations and Signs in Children
- Healthy Discipline Practices
- Behavioral Charts
- Contribution Charts
- Understanding Split Loyalties
- Navigating Child Needs in Education

Kinship Reimbursement Payments

The Kinship Reimbursement Payment is a monthly payment per child of up to half of the daily basic foster care reimbursement rate paid to a foster family home. The rate is currently \$12.63 a day. The monthly payments are time-limited for the child and may be paid for up to twelve months. However, if DFPS determines there is good cause for an exception, payments may be made for up to an additional six months. Good cause exceptions include:

- identification, release, or location of the child’s previously absent parent;
- waiting for the timeline to expire for an appeal of an order in a suit affecting the parent-child relationship;
- provision of additional time for the caregiver to complete the approval process for verification or adoption of the child;
- waiting for the approval of a child’s placement from another state;
- a delayed determination of the child’s Indian Child status, or waiting for the approval of the Indian Child’s Tribe; and
- any other circumstance surrounding the child or the caregiver for which DFPS decides an extension is necessary.

The conservatorship program administrator must approve all good cause extensions.

To qualify for the Kinship Reimbursement Payment, the child and kinship caregiver must meet each of the following criteria during the period of eligibility:

- The child being placed is in DFPS conservatorship.
- The child is formally placed with a kinship caregiver who has been approved by DFPS through the home assessment process.
- The home in which the child is placed is not a verified foster or group home receiving foster care maintenance payments.
- The caregiver has signed and is abiding by [Form 0695 Kinship Caregiver Agreement Word Document](#).
- The caregiver has begun the kinship caregiver training.
- The caregiver’s family net income does not exceed 300 percent of the current federal poverty limit. Total family income must include all household members including the parents and anyone who moved into the home on or after initial placement.

Needs Assessments

Earlier interactions with the families can help workers be aware of heightened risk factors. In cases where such factors are present, increasing the level of case management can help the family care for the child well. However, the assessments cannot stop then, as the needs of a family typically change throughout a case. Evaluated-need assessments should be ongoing and able to determine how the case is changing and what the family needs as a result.

Home Visits

Relationships get results! Weekly or monthly visits with families increase trust and communication with the caregivers, allowing them to feel comfortable and confident in asking for help. Additionally, frequent engagement throughout the placement allows for flexibility in services provided, especially as kinship caregivers may not know what they need at the beginning of a placement. In-home visits encourage advocacy for kinship families – this is especially important, as they so often feel like they aren't heard.

Personalized Services

The highest quality services are provided as a response to the particular needs of the caregiver and child – there is no one size fits all! To employ services that are a good fit for the family, the caseworker must have a personal relationship with both the caregiver and child. Caseworkers must also be well-educated, able to constantly evaluate child safety and adjust service plans accordingly. Additionally, caseworkers should have thorough knowledge and connections to community resources in order to effectively help families navigate them. Creativity is a valuable trait, allowing a caseworker to find innovative solutions to problems relating to the child or the environment. It is critical that a worker is culturally responsive to children and families.

Coordination

Coordination between providers ensures that families receive the wrap-around services they need. Collaboration between agencies and providers can help make sure that vital services are not overlooked or replicated, and it eliminates confusion in responsibility. We must take care that no child falls through the cracks!

Additional Helpful Services

If resources allow, the following services can also be of assistance to families:

- Concrete funds to assist with issues related to child safety and the stability of the placement
- Therapeutic step-down services for teens and at-risk youth
- Ongoing crisis management and adjustment to a new placement
- Support groups for kinship caregivers, which can encourage education and networking among other caregivers
- Services that encourage kinship families be self-sufficient
- Allowing families to complete self-referrals at later dates, should they need assistance in the future
- Post-PMC services
- Services to biological parents when a child returns home from a kinship placement, including TBRI education and conflict management
- Services offered to informal placements as well

APPENDIX 1: GLOSSARY OF TERMS

Reunification – child returns to the care of the parent

Permanent Managing Conservatorship – (PMC) legal guardianship

Adoption – legal parent-child relationship

Permanency Care Assistance – (PCA) After the kinship family has completed a minimum of six months of foster care placement, they are eligible for assistance after Permanent Managing Conservatorship is granted. PCA benefits include a monthly stipend (avg. \$400 per month), medical insurance, and post permanency services until the child is 18 years old. Also, the child will receive education tuition reimbursement which can cover the cost of a state funded Bachelor’s Degree, Master’s, Doctorate Programs, as well as Law School, Medical School, or Trade School.

Adoption Subsidy (also known as “Adoption Assistance”) – If the permanency goal is adoption, the child(ren) must reside in the kinship home at least six months (Texas Family Code) to be eligible for adoption. Adoption subsidy benefits include adoption attorney fees covered by the State, monthly stipend (avg. \$400 per month), medical insurance, and post adoption services until the child is 18 years old. Also, the child will receive education tuition reimbursement which can cover cost of a State Funded Bachelor’s Degree, Master’s, Doctorate Programs, as well as Law School, Medical School, or Trade School.

Kinship Reimbursement Payment – The kinship family must meet all the following conditions to receive \$12.67 a day per child for a maximum of 12 months:

- CPS has conservatorship of the child
- CPS approved the home through the home-assessment process
- Kinship Caregiver Agreement is signed
- Household income is at or below 300% of the federal poverty limit.

Kinship Study – an assessment of the kinship home for safety and of the caregiver’s ability to provide a suitable home environment for the child

Home Screening – an assessment to determine if the

kinship family meet the criteria for verifying the home for foster care and/or approving the home adoption

SNAP - (Supplemental Nutritional Assistance Program) Provides benefits to eligible low-income individuals and families via an Electronic Benefits Transfer card. This card can be used like a debit card to purchase eligible food in authorized retail food stores.

TANF - (Temporary Assistance for Needy Families) eligible families receive monthly cash and Medicaid benefits

Status Hearing – scheduled meetings with the court to provide updates on the child’s CPS case

Permanency Hearing – occurs during the case and may occur when a child reaches the end of the CPS case and is preparing for permanency (adoption or PMC)

Guardian Ad Litem – the attorney, Court Appointed Special Advocate (CASA) or other individual who is an advocate for the child’s best interest in the CPS Case

Attorney Ad Litem – the attorney who represents the child’s wishes in the CPS case

CASA Worker – an advocate for the child that supports them during the CPS case

Kinship Worker – case worker that is assigned when a child is placed with relatives of fictive kin

CPS Caseworker – assigned worker of the conservatorship case

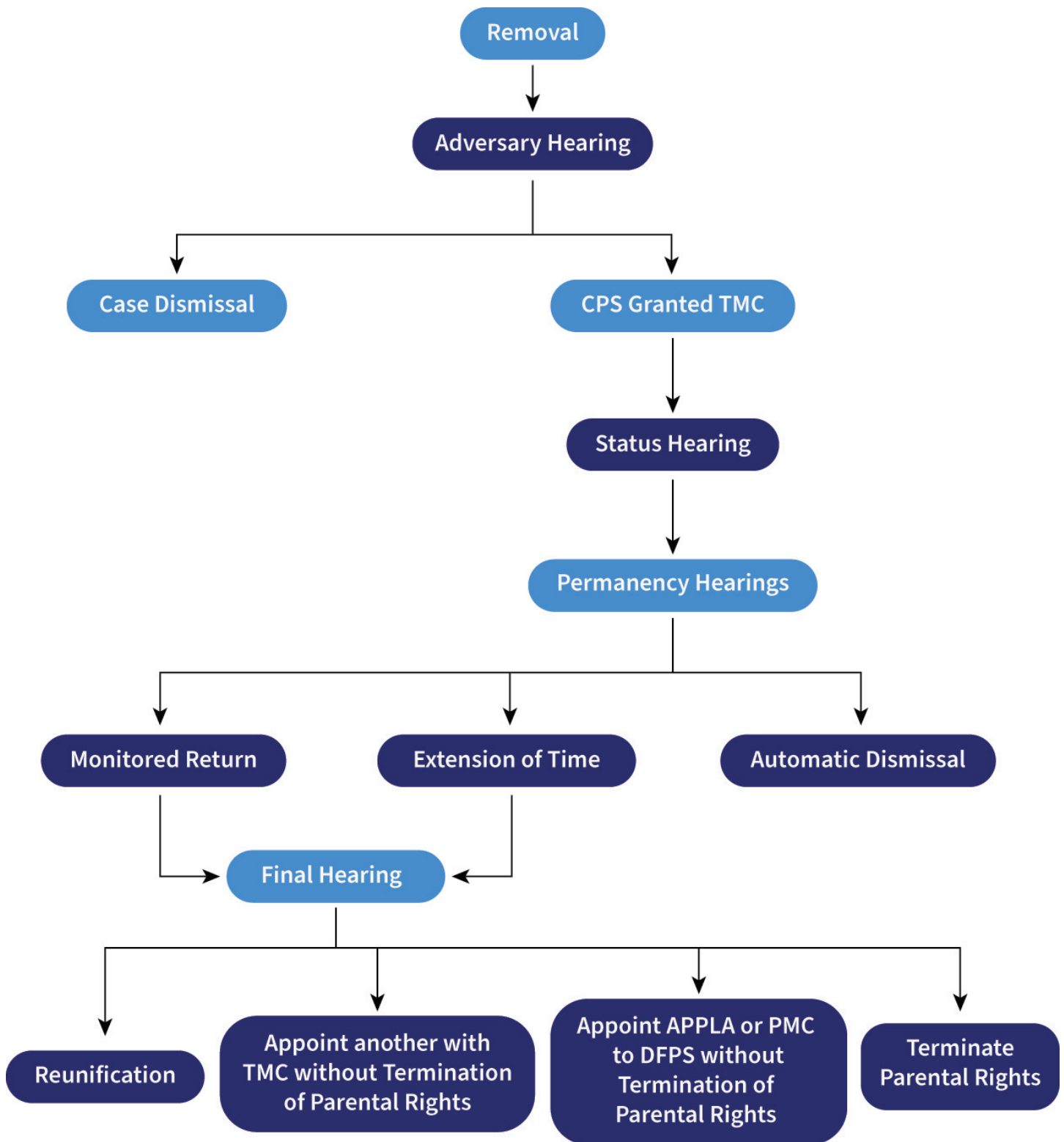
Adoption Prep Caseworker – assigned worker when case is in adoption status

Child Placing Agency (CPA) - private agency that is contracted by CPS to verify foster and/or approve adoptive homes to placed children in care

Child Placing Agency Case Worker – staff that works with the private agency that supports the families and children with CPS cases

Post Permanency Services – voluntary support that is available to children (up to age 18) and families post adoption and permanency.

APPENDIX 2: BASICS OF A CPS LEGAL CASE



Explanation of Steps – Intended for Kinship Families

Removal:

If DFPS determines it is not safe for the child to remain in their home and there are no less intrusive means available to prevent the removal from occurring, DFPS will seek to remove the child from their home. DFPS will file a petition and affidavit with a court requesting Temporary Managing Conservatorship (TMC) of the child. A removal may occur either after DFPS obtains a court order to remove the child or, if exigent circumstances exist, prior to obtaining a court order. If the child is removed prior to obtaining a court order, DFPS must then file their petition and affidavit requesting TMC and a request a hearing be held no later than the first business day following the removal.

Adversary Hearing:

This also can be called the “262 Hearing” or “Show Cause Hearing,” and it occurs within 14 days of removal. The court must appoint the child an attorney and may appoint an attorney to the parents prior to the hearing. Before starting the hearing, the court will inform the parents of their right to be represented by an attorney and will appoint an attorney to any indigent parent who requests a court appointed attorney. The hearing may be reset for the parent to hire an attorney or to prepare with their newly appointed attorney.

After hearing DFPS and the parent explain their case, the judge will decide if there is enough evidence to grant DFPS’s request for TMC. If it is decided that there is not enough evidence, then the petition will be dismissed.

If it is decided that there is enough evidence, the judge will grant DFPS custody (TMC) of the child. The court will enter further temporary orders for the protection of the child and review and order a temporary visitation plan. If there is no continuing danger with one of the parents, the law requires the child to be placed with them.

Permanency Planning Team Meetings:

This is where the service plan (Family Plan of Service) is developed. The following people should be invited: parent, parent’s lawyer, child’s lawyer, child’s Guardian ad litem (GAL), CPS caseworker, the child (if over the age of 7 and if it is appropriate), the child’s foster parent, and other caregivers. The service plan will contain a primary permanency goal, which is the outcome everyone in the case is working toward. This usually starts as reunification, but a backup may be made as well. The first PPM is held after the adversary hearing, and there will likely be several more held throughout the case.

Status Hearing:

This is held about 2 months from the date the child is removed from their home. At this hearing, the judge will review the service plan and ask if there has been any progress made on it. Parties may request revisions to the proposed service plan, and the court will order the service plan be completed in its entirety or may amend the service plan. The court may also make additional orders that are in the best interest of the child.

Permanency Hearings:

The first permanency hearing is held about 6 months after the adversary hearing. Subsequent permanency hearings are held about every 4 months following the previous permanency hearing. At each permanency hearing, the court will evaluate how the child is doing, as well as progress on the service plan and permanency goal. At a permanency hearing, the law requires the child to go home unless the court finds that there is a continuing danger with the parents.

There are usually at least two of these hearings. It is not common that a judge will return the child at the initial permanency hearing. If the child cannot be returned home at the second permanency hearing, the judge will likely schedule a final hearing, unless an extension in the case is granted.

Final Hearing – Final Order:

By law, the judge must enter a “final order” within one year of the date that DFPS was granted TMC, unless an extension has been granted. At the final hearing, the factfinder, who can be the judge or a jury, will hear from witnesses and consider evidence presented to assess how well the parent followed the service plan, whether the parent is safe, and what is best for the child.

The factfinder may decide to reunify the child with the family, to appoint a relative, friend, or other individual as the child’s primary managing conservator without terminating the parent’s rights, to appoint DFPS as the child’s primary managing conservator without terminating the parent’s rights, or to terminate parental rights of one or both of the child’s parents. If the parental rights of both parents are terminated, DFPS is typically granted permanent managing conservatorship (PMC) of the child and the court will hold permanency review hearings for the child until the child achieves permanency.

To terminate parental rights, the factfinder must find by clear and convincing evidence that a ground for termination exists, and that termination of parental rights is in the child’s best interest. Termination of parental rights may also be ordered if a parent voluntarily executes a relinquishment of parental rights and files it with the court, upon a finding that termination is in the best interest of the child. If parent-child relationship is terminated as to all parents, the child may be ordered into the PMC of DFPS and will be eligible for adoption. After a termination has been ordered, a parents may have the possibility of an appeal.

Additional Court Related FAQs:

What does DFPS have to prove legally to remove a child?

1. There is an immediate danger to the physical health or safety of the child, or the child has been a victim of neglect or sexual abuse;
2. continuation in the home is **contrary to the child’s welfare**;
3. there is no time, consistent with the physical health or safety of the child and the nature of the emergency, for a full adversary hearing prior to removal; and
4. reasonable efforts, consistent with the circumstances and providing for the safety of the child, have been made to prevent or eliminate the need for removal.

If DFPS has removed without a court order, DFPS must also prove that exigent circumstances existed and that there was no time to obtain a court order.

What about “immediate danger”?

- The court can consider whether the child’s household includes someone who has abused or neglected another child in a manner causing serious injury to or death of the other child; OR has sexually abused another child.
- Proof of immediate danger cannot be based on the opinion of a medical professional contracted with DFPS if the professional has not physically examined the child.

What are “reasonable efforts”?

Considerations/examples include:

- Is it possible to place the child with the other parent?

- Can CPS get an order to remove the perpetrator from the home?
- Can CPS instead offer the parent services within the home through family preservation or offer family-based safety services? Either of these would involve safety planning for the child.

What are “exigent circumstances”?

Some situations might include:

- Is the child a victim of sexual abuse or trafficking and must be immediately removed?
- Does the parent’s use of a controlled substance constitute an immediate danger to the child’s physical health or safety?
- Was the child permitted by the parent with control of the child to remain on premises used for manufacturing methamphetamine?

What are some alternatives to legal removal of a child?

- Offering the family preservation services in the home. DFPS currently has a Family Preservation Pilot that the SSCC’s are engaged in to offer court-ordered evidence-based services to families who are at risk of removal.
- Offering family-based services on a voluntary basis in conjunction with safety planning for the child(ren).
- Court-ordered participation in services.
- Removal of alleged perpetrator from the home.
- Use of other temporary orders, including protective orders.
- Use of a parental child safety placement with the agreement of the parent to place the child with a relative.

Links for court related information:

- Child Protection Court Dockets:
- <http://cpdockets.txcourts.gov/> (not exclusive lists of CPS cases)
- CPC Court docket YouTube Channel: <http://cpdockets.txcourts.gov/YouTubeChannels.aspx>
- Court notification system: <https://cpcms.txcourts.gov/HearingNotificationRegistration.aspx>

How should I dress when I go to court?

- Dress professionally, regardless of whether the hearing is in person or on zoom. For men, this means a suit if in court if at all possible or a nice shirt and jacket if by zoom. For women, a nice blouse and a skirt or pants; if in court, you may want to add a sweater or jacket.
- No T-shirts, jeans, caps, shorts, revealing clothing, tennis shoes, etc.
- Be sure clothing is clean, cover up tattoos, and remove distracting jewelry (this includes facial piercings).
- No chewing gum.
- You want to convey professionalism – this allows the court and audience to focus on what you are saying rather than on what you are or are not wearing.

How should I speak to the judge?

- Be sure to address the court respectfully: “Your Honor” or “Judge XYZ”
- Wait to speak until you are sworn in. Then, answer the question(s) you are asked. If someone objects, wait until the court rules on the objection and then directs you to answer the question before you

start talking again.

- Prepare for your testimony by reviewing your notes.
- If you don't remember something, it is okay. Don't make something up. It is okay to ask if you can review your notes.
- Don't take things personally, get angry, or become argumentative. Retain your composure as much as you can.
- If you are appearing by zoom hearing, be sure to have a professional or blurred background. Identify yourself on your screen with your full name. Mute yourself when you are not talking. Be sure you are in a quiet place that is free from interruptions (children, animals, spouse, etc.).
- Remember:
 - ▶ Court can be a scary place, but you are an expert in the child's life and their daily wants and needs.
 - ▶ You have important information, and no one should try to intimidate you.

Additional Helpful Information – Intended for CPAs

Ex Parte Hearing:

This is a hearing before a judge that occurs without all the parties to a case present. Ex parte hearings are only allowed in certain situations. In a child welfare case, an ex parte hearing may occur when DFPS is seeking a court's approval for the removal of a child from their home or to allow the continued temporary possession of a child after an exigent removal (see below).

If a court grants the request, a full hearing, called an Adversary Hearing, must be scheduled within 14 days of the date the removal is granted. DFPS must serve the parents with a copy of filed petition and an affidavit requesting the removal and give them written notice of the date, time, and location of the Adversary Hearing.

Removal:

There are two types of removals that can occur in a child welfare case: Emergency Removals, which happen with a court order, and Exigent Removals, which happen before a court order can be obtained.

An emergency removal occurs when DFPS files a petition (request) along with a sworn affidavit (statement) written by a DFPS caseworker with knowledge of the facts supporting the request to a court seeking permission to remove a child from their home. There must be an immediate danger to the physical health or safety of the child that cannot be prevented or eliminated by less intrusive means. The court may grant the request for an emergency removal if it finds that there is an immediate danger to the child, the caseworker has made reasonable efforts to prevent or eliminate the need for removal, and there is not sufficient time, based on the circumstances, for a full adversary hearing prior to making the determination to remove the child.

An exigent removal occurs when DFPS, a law enforcement officer, or a juvenile probation officer determines that a child is in imminent danger and must remove the child from the situation immediately to keep them safe. This is done without obtaining a court order ahead of time, as the situation is dangerous enough that there is not sufficient time to seek an order from a judge. If a child is removed without a court order, DFPS must file a petition and sworn affidavit the next business day following the removal to request permission to continue their temporary possession of the child. The court may consider this request in an ex parte hearing. If the court grants DFPS's request, the court will issue temporary orders to keep the child safe and must set an Adversary Hearing within 14 days.

Adversary Hearing:

If either an emergency or exigent removal is granted by a court, a full Adversary Hearing must be scheduled within 14 days of the date the removal was granted. This also may be called the “262 Hearing”.

Prior to the Adversary Hearing, the child(ren) will be appointed an attorney ad litem (AAL) to represent their interests and a guardian ad litem (GAL) to represent what is in the child’s best interest. An attorney may serve in a dual role as both the AAL and GAL, or there may be two different people serving in these roles. Parents have a right to be represented in court. The court may temporarily appoint each parent an attorney for the hearing or may appoint attorneys to the parents at the hearing, after determining if the parents qualify for a court appointed attorney. The parents may ask for the case to be reset so that they have time to find an attorney or to discuss their case with their court appointed attorney. At the Adversary Hearing, DFPS will also be represented by an attorney. After hearing from DFPS, the AAL, the GAL, and the parents and/or their attorneys, the judge will decide whether DFPS has enough evidence to grant DFPS’s request for Temporary Managing Conservatorship (TMC) of the child.

If the judge decides that there is not enough evidence to grant DFPS’s request for TMC, then the petition may be dismissed, meaning that the case ends, and the child is returned home. Alternatively, the court may find that while there is not enough evidence to grant DFPS’ request for TMC of the child, that there are safety concerns in the home that need to be addressed through the completion of Court Ordered Services (COS), also referred to as a Motion to Participate (MTP) case. In a COS/MTP case, DFPS must provide the parents with services that are narrowly tailored to address the safety concerns and needs of the family. DFPS does not retain custody of a child in a COS/MTP case, and the child may live in the home while the parents complete their services or may temporarily live outside of the home with a family member of close family friend by the agreement of the parents or by order of the court.

If there is sufficient evidence to grant DFPS’s request, the judge will place with child in TMC of DFPS. If the child is not already placed with relatives or fictive kin, the court may ask about potential family placements and order that a home study be completed. A dismissal date for the case will be set for 1 year from the date TMC was granted.

Permanency Planning Team Meetings (PPM):

This meeting is where the Service Plan is developed. DFPS uses the term Family Plan of Service (FPOS). The following people should be invited: parent, parent’s lawyer, child’s AAL, child’s GAL, DFPS Conservatorship (CVS) caseworker and their supervisor, the child (if over the age of 7), the child’s placement, and other caretakers. While not common, DFPS may also invite their attorney to attend the PPM.

The service plan will contain a primary permanency goal, which is the ideal outcome of the case and usually starts as reunification. A concurrent or “back up” goal will also be made in case the first goal can’t be achieved. As the case progresses, the permanency goal and the concurrent permanency goal may change based on the circumstances in each case. DFPS must notify the parents of changes to the permanency goal.

Status Hearing:

This hearing occurs about 60 days after the court grants TMC of the child to DFPS. The judge will ask about the service plan for each of the parents, whether the plans are narrowly tailored to address the issues in the case, and whether any of the services have been set up or initiated.

If there is a disagreement about any of the services DFPS has requested of the parents or for the child, the parties may ask the court to amend the proposed service plan. After hearing from all parties, the judge will order all or part of the service plan and may make any additional orders they deem necessary for the safety of the child.

Permanency Hearings Before Final Order:

An initial permanency hearing is held about 180 days after the court grants temporary custody of the child to DFPS. DFPS is required to file a permanency progress report with the court and provide that report to each of the parties in the case 10 days before the hearing. At the permanency hearing, the court will evaluate how the child is doing, as well as the parents' progress on their service plans and the current permanency goal. At each permanency hearing, the court must order that the child be returned home unless it would be a danger to the child and contrary to their welfare.

If the court orders the child to be returned to their parents, the court may do so and either dismiss the case or continue the case in a monitored return, also referred to as a return and monitor. A monitored return allows for the child to return home while still in the TMC of DFPS. This allows the parents to complete any outstanding services they may need while DFPS provides support to the family.

There are typically two permanency hearings in a child welfare case. The second permanency hearing is held about 120 days from the date of the initial permanency hearing. If the child has not yet returned home and cannot be returned home at the second permanency hearing, the court may schedule a final hearing.

Extension

The court may also consider granting an extension in the case, if it finds that there are extraordinary circumstances supporting an extension and the extension is in the best interest of the child. This type of extension would add up to 180 days to the case. If no extensions of the dismissal deadline are granted, a trial must start by dismissal deadline or the case is automatically dismissed.

Final Hearing – Final Order:

By law, a final trial must begin by the Monday after the one year anniversary of the date that DFPS was granted TMC, unless an extension is granted prior to the dismissal deadline. At the final trial, the factfinder (either a judge or a jury) will hear from witnesses and consider evidence. To terminate parental rights, the factfinder must find by clear and convincing evidence that the parent acted or failed to act in a manner described in the Texas Family Code's termination grounds and that termination is in the child's best interest. It is possible to find that ground or multiple grounds for termination of parental rights exists but that it is not in the best interest of the child to terminate the parent-child relationship.

Possible Outcomes:

Reunification: The child returned to their home, and the case is dismissed.

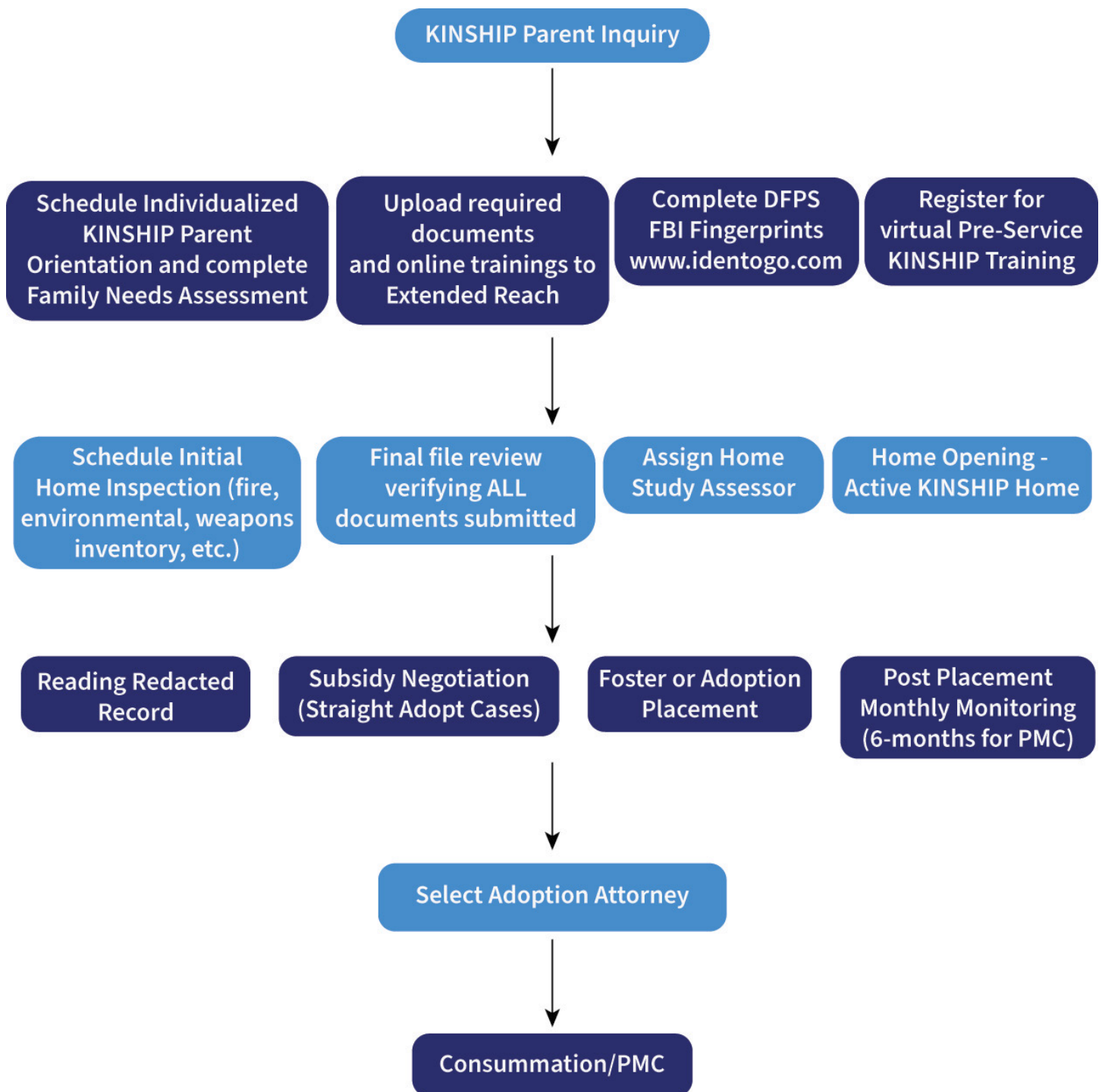
Final Order without Termination: The court may enter an order appointing DFPS, a relative, a family friend, or one of the parents as the child's managing conservator, but not terminate the rights of one or both of the parents. One or both of the parents may be named as possessory conservators of the child, which means that they are entitled to visitation and access, and can be ordered to pay child support.

Termination of Parental Rights: If the factfinder determines that a ground for termination exists and that it is in the best interest of the child to terminate the parent-child relationship, the court may enter an order terminating parental rights as to one or both of the parents. If the rights of both parents are terminated, DFPS will typically be granted permanent managing conservatorship (PMC) of the child until the child achieves permanency (for example, adoption, or aging out of care).

APPENDIX 3: LICENSING PROCESS CHART SAMPLE



MONARCH FAMILY SERVICES



APPENDIX 4: KINSHIP CARE REQUIREMENTS AND BENEFITS COMPARISONS

Financial Supports Comparison

IF TAKING PERMANENT LEGAL RESPONSIBILITY				IF CARING FOR A CHILD IN DFPS CONSERVATORSHIP		
	Adoption	Permanent Managing Conservatorship (PMC) with Permanency Care Assistance (PCA)	PMC without PCA	Kinship Placement	DFPS Approved Kinship Placement with Relative or Other Designated Caregiver (RODC) Assistance	Kinship Foster Home Placement
Benefits						
Recurring payment	If eligible and approved for adoption assistance, up to \$400 - \$545/month.	Upon eligibility, up to \$400 - \$545/month.	Upon eligibility, up to \$500/year reimbursement per child for child related expenses, up to 3 years post-PMC or until the child turns 18, whichever comes first.	No.	<ul style="list-style-type: none"> Upon eligibility, up to 50 percent of the DFPS Basic Foster Care rate. Currently \$12.67 per day per child for up to 12 months. May be extended for an additional 6 months upon existence of good cause as determined by DFPS. 	<ul style="list-style-type: none"> Based on service level need. Basic current rate is \$27.07/day, \$812.10 for a 30-day month.
One-time payment	<ul style="list-style-type: none"> Up to \$1,200 reimbursable adoption related expenses Federal limit. 	<ul style="list-style-type: none"> Up to \$1,200 reimbursable legal costs or costs related to foster home verification. Federal limit. 	No.	If the caregiver is a close relative, they may be eligible for the One-Time Temporary Assistance for Needy Families (TANF) for Relatives grant. The caregiver must apply through HHSC.	If the caregiver is a close relative, they may be eligible for the One-Time (TANF) for Relatives grant. The caregiver must apply through HHSC.	No.
Day Care	Not after adoptive placement.	Not after DFPS conservatorship ends.	Not after DFPS conservatorship ends.	If eligible, yes.	If eligible, yes.	If eligible, yes.

IF TAKING PERMANENT LEGAL RESPONSIBILITY				IF CARING FOR A CHILD IN DFPS CONSERVATORSHIP		
	Adoption	Permanent Managing Conservatorship (PMC) with Permanency Care Assistance (PCA)	PMC without PCA	Kinship Placement	DFPS Approved Kinship Placement with Relative or Other Designated Caregiver (RODC) Assistance	Kinship Foster Home Placement
Benefits						
Child Medicaid	<ul style="list-style-type: none"> • Yes, if eligible through an Adoption Assistance agreement. • If no Adoption Assistance agreement, caregiver may qualify for other HHSC Medicaid programs if financial eligibility. • STAR Kids Medicaid if child has Supplemental Security Income (SSI), Medicare, or disability services in a waiver program. 	<ul style="list-style-type: none"> • Yes, if eligible through a PCA Agreement • STAR Kids Medicaid if child has SSI, Medicare, or disability services in a waiver program. 	<ul style="list-style-type: none"> • Yes, if financially eligible. • STAR Kids Medicaid if child has SSI, Medicare, or disability services in a waiver program. 	Yes, STAR Health.	Yes, STAR Health.	Yes, STAR Health through age 21 (22 under certain conditions) if in extended foster care.
Caregiver Training	Not required after adoption is consummated.	Not required after DFPS conservatorship ends.	Not required after DFPS conservatorship ends.	Required.	Required.	Pre-service and annual training required.
Eligibility extensions up to child's 21st birthday	Yes, if placed in adoptive placement at age 16 or older	Yes, if PCA granted at age 16 or older.	No.	No.	No.	Yes, with eligibility criteria.
Education and training voucher	Yes, if adopted at 16 or older.	Yes, if PCA granted at 16 or older.	No.	Yes, if child ages out of care.	Yes, if child ages out of care.	Yes, with eligibility criteria. Yes, if child ages out of care.

IF TAKING PERMANENT LEGAL RESPONSIBILITY				IF CARING FOR A CHILD IN DFPS CONSERVATORSHIP		
	Adoption	Permanent Managing Conservatorship (PMC) with Permanency Care Assistance (PCA)	PMC without PCA	Kinship Placement	DFPS Approved Kinship Placement with Relative or Other Designated Caregiver (RODC) Assistance	Kinship Foster Home Placement
Benefits						
Tuition and fee waiver	Yes, if adopted on or after Sept. 1, 2009, or has an Adoption Agreement that provides both monthly payments and Medicaid.	Yes, if PMC was granted on or after Sept. 1, 2009.	Yes, if PMC was granted on or after Sept. 1, 2009.	Yes, if any of the following criteria applies: <ul style="list-style-type: none"> • PMC was granted on or after Sept. 1, 2009, • if the youth ages out of care. • If the youth was eligible for adoption at or after the age of 14. 	Yes, if any of the following criteria applies: <ul style="list-style-type: none"> • PMC was granted on or after Sept. 1, 2009, • If the youth ages out of care. • If the youth was eligible for adoption at or after the age of 14. 	Yes, if any of the following criteria applies: <ul style="list-style-type: none"> • PMC was granted on or after Sept. 1, 2009, • If the youth ages out of care. • If the youth was eligible for adoption at or after the age of 14.

Requirements Comparison

Requirements						
Background Checks	DPS/CPS check and FBI check.	DPS/CPS check and FBI check.	DPS/CPS check If less than 3 years in state a FBI check is needed.	DPS/CPS check If less than 3 years in state a FBI check is needed.	DPS/CPS check If less than 3 years in state a FBI check is needed.	DPS/CPS check and FBI check.
Home requirements	Home screening and approval for adoption.	Home screening and verification as a foster home.	Home assessment.	Home assessment.	Home assessment.	Home screening and verification as a foster home.
CPS Case Open	No	No	No	Yes	Yes	Yes
Face to Face contacts by DFPS/SSCC caseworker	No	No	No	Yes	Ye	Yes

IF TAKING PERMANENT LEGAL RESPONSIBILITY				IF CARING FOR A CHILD IN DFPS CONSERVATORSHIP		
	Adoption	Permanent Managing Conservatorship (PMC) with Permanency Care Assistance (PCA)	PMC without PCA	Kinship Placement	DFPS Approved Kinship Placement with Relative or Other Designated Caregiver (RODC) Assistance	Kinship Foster Home Placement
Requirements						
FAD/CPA/Kin Staff visits	No	No	No	Yes	Yes	Yes
Retain Attorney	Yes	Rarely	Rarely	No	No	No
Legal Status	Become parent	Become managing conservator	Become managing conservator	DFPS is conservator	DFPS is conservator	DFPS is conservator
Income Eligibility Test	No	No	300 percent of federal poverty level to receive flexible support payments	No	300 percent of federal poverty level to receive flexible support payments	No
Eligibility Recertification	<ul style="list-style-type: none"> • Every 5 years until age 18. • Annually if extended. 	<ul style="list-style-type: none"> • Every 5 years until age 18. • Annually if extended. 	No	No	No	Verification is non-expiring. Re-evaluation every two years.
Home Re-verification	No	No	No	No	No	Yes, required every two years.
Annual Training	No	No	No	No	No	Yes, 20+ hours annually, required for verification.

APPENDIX 5: MOST COMMONLY GRANTED WAIVERS AND VARIANCES FOR KIN

- “Most common” was determined by both the frequency and numbers of approval, based on HHSC data regarding approval for the preceding 11.5 years. Standards were only included if they were both routinely approved and had been cumulatively requested 20 or more times at the time the data was reviewed. The listing is partially subjective and should be considered an example of some of the more commonly requested and approved variances, not an exhaustive list. The approval **count was based on an informal review** of data by TACFS and should be treated as an approximate benchmark but not a validated count.
- Factors listed are based on TACFS analysis and member information; they **should not be construed as a statement from or on behalf of Child-Care Regulation, which will always be the ultimate authority on whether to grant or deny a request for a waiver or variance.**
- Waivers and variances can be requested with [Form 2937](#). This form also includes instructions.
- “Waiver” in this context means HHSC has agreed with you that the economic impact of compliance is sufficiently great to make compliance impractical.” In this chart, waiver does not refer to any waivers needed from DFPS, for a local court proceeding, or according to your own policies.
- For redacted examples of a variance request, see the end of the appendix

Standard Number	Relevant Language from the Standard	Factors in Support**	Factors that May Lead to Denial***	Approval
749.2401	<p>With certain exceptions, both spouses must be verified to provide foster care.</p> <p>NOTE: The exceptions noted in 26 TAC 749.2401 and the potential waivers/variances discussed here are only for the verification of the home as a foster home. They do not cover any of the process or limitations around moving forward with an adoption legally later in the case. In addition, they do not cover any local court practices. You should keep in mind that even if the home cannot ultimately be approved for adoption, PMC (potentially with the support of PCA) may be an option for the family</p>	<ul style="list-style-type: none"> • Spouses are living apart (and have been for a long time, particularly if well over the minimum separation of 2 years). • Due diligence in attempting to interview/locate absent spouse • Do all facts tend to support that there is a good reason the parents were unable to get divorced 	<ul style="list-style-type: none"> • Failure to show due diligence in locating absent spouse (e.g. didn't check social media thoroughly) 	141/153

Standard Number	Relevant Language from the Standard	Factors in Support**	Factors that May Lead to Denial***	Approval
749.2449(a)(6)	The interview for foster home screening must include one interview by phone, in person, or letter with children 12 years and older not in the home.	<ul style="list-style-type: none"> • Concerted efforts/ due diligence to attempt to interview children, e.g. checking all social media or demonstrating a custodial parent is unwilling to allow • Child cannot be accessed e.g. juvenile setting and not permitted 	<ul style="list-style-type: none"> • Unclear if CPA has exhausted all efforts or exercised necessary diligence to attempt to interview 	135/174
749.3021(a)	Each bedroom must have at least 40 square feet of space per occupant and only four occupants per bedroom even if square footage met.	<ul style="list-style-type: none"> • Strong basis for children to be together—siblings, means of ensuring privacy when needed, unavailability of other adequate options • Strict compliance impractical/impossible because of financial impediments—either caregiver cannot pay for new place/construction of in Sec. 8 housing, cannot get larger unit without permanent legal responsibility 	<ul style="list-style-type: none"> • Child lacks personal space, space for storing belongings, place for activities • Sleeping situation unsuitable 	140/163
749.3023(b)	Any bedroom used by a foster child must have at least one source of natural light.	<ul style="list-style-type: none"> • Child has adequate square footage and personal space; room is otherwise sufficient • Child can get access to natural light through other means • Strict compliance impractical/impossible because of financial impediments—either caregiver cannot pay for new place/construction of in Sec. 8 housing, cannot get larger unit without permanent legal responsibility 	<ul style="list-style-type: none"> • Room otherwise inadequate/ lacking privacy or space for belongings • Child otherwise lacks access to natural light 	19/20

Standard Number	Relevant Language from the Standard	Factors in Support**	Factors that May Lead to Denial***	Approval
749.3023(c)(1)	Foster children or any other household members may not use a room commonly used for other purposes as a bedroom.	<ul style="list-style-type: none"> • Adults (not child in care) are sleeping in the repurposed rooms. • Particularly if child is in repurposed room, it is otherwise adequate in terms of privacy and personal space • Strict compliance impractical/impossible because of financial impediments 	<ul style="list-style-type: none"> • Foster child is sleeping in a repurposed room. • Lack of privacy; not equipped with storage or other common facets of a bedroom 	219/255
749.3023(c)(2)	Foster children or any other household members may not use a passageway to other rooms as a bedroom.	<ul style="list-style-type: none"> • Adults (not child in care) are sleeping in the passageway. • Child's room has a door that connects to another room, such as a connecting bathroom. • If in use by a child, there is privacy and space for personal belongings • There are alternate means of access to other areas besides through the child's room • Strict compliance impractical/impossible because of financial impediments 	<ul style="list-style-type: none"> • Foster child is sleeping in passageway, especially if it is inappropriate given age and developmental maturity. 	123/131
749.3023(c)(3)	Foster children or any other household members may not use a room that does not have doors for privacy as a bedroom.	<ul style="list-style-type: none"> • There are other means of establishing privacy such as a curtain or screen • Strict compliance impractical/impossible because of financial impediments 	Lack of privacy or inability to provide physical safety/security	97/119
749.3027(a)(1)	A child may share a bedroom with an adult caregiver only if it is in the best interests of the child.	Strict compliance impractical/impossible because of financial impediments		42/51

Standard Number	Relevant Language from the Standard	Factors in Support**	Factors that May Lead to Denial***	Approval
749.3027(a)(2)	A child may share a bedroom with an adult caregiver only if the child is under three years old.	<ul style="list-style-type: none"> • Absence of safety concerns • Child has own bed to sleep in • Efforts/plan toward obtaining separate room or more space • Specific travel and camping situations if no more reasonable provision can be made. To facilitate continuous supervision of a child under certain circumstances. 	<ul style="list-style-type: none"> • Anything that could cause safety concerns such as bed sharing with young child • No efforts to secure additional space/rooms or separate bed 	305/348
749.3027(a)(3)	Approval for a child to share a bedroom with an adult caregiver is documented and dated in the child’s service plan	Good cause for why service plan approval not needed or documented	Inadequate basis to excuse service plan approval and documentation	20/22
749.3029	Child 6 years old or older must not share a bedroom with a person of the opposite sex unless they are sharing with their parent, sibling, or if both children are non-ambulatory.	<ul style="list-style-type: none"> • Means of delineating personal space and ensuring privacy for children of opposite genders: such as screens, curtains, etc. • Means of reinforcing privacy such as through supervision plan/ plan for when children change clothes; audio monitors; etc. • No history of problematic behaviors or known risks to room sharing • Strict compliance impractical/impossible because of financial impediments—either caregiver cannot pay for new place/construction of in Sec. 8 housing, cannot get larger unit without permanent legal responsibility 	<ul style="list-style-type: none"> • Lack of privacy or personal space for either child • Any history of possible sexual trauma or sexually inappropriate behavior for either child. 	212/246

Standard Number	Relevant Language from the Standard	Factors in Support**	Factors that May Lead to Denial***	Approval
749.3031(a)	Each child shall have their own bed and mattress.	Caregiver is not able to finance the cost of another bed and cannot find support. Bed is shared with sibling, relative, or non-relative of similar age and gender. Children are between the ages of 18 mo and 6 years. Futon bed may be acceptable.	Temporary bedding (sleeping bag, air mattress). Sharing a bed with an adult or a child over the age of 6.	54/62
749.3037(a)	Children must have at least 40 square feet per child, excluding bedrooms, kitchen, bathrooms, utility rooms, unfinished attics, or hallways.			42/45

NOTES TO TABLES:

**The tables above list some specific considerations for the listed standards. However, there are general considerations CCR makes for any request. According to the HHSC policy handbook section 5120, the following factors are considered:

- Is the operation requesting to waive or vary a minimum standard that is the basis for a voluntary plan of action, probation or heightened monitoring? What is the operation's overall compliance history?
- Is the request reasonable?
- Can the operation comply with the minimum standard without a waiver or variance?
- What are the risk variables at the operation?
- What other waivers or variances are in effect or have been in effect at the operation?
- When was the last inspection at the operation?
- Does an inspection need to be conducted before making the decision?
- How will the waiver or variance impact the children in care?
- Will granting this request negatively impact child safety?
- Is the length of time requested for the waiver or variance reasonable?
- Is a shorter time for the waiver or variance more appropriate?
- Is the requirement in the minimum standard for which the operation is seeking a waiver or variance also in statute?

[Tip: For several of these factors, it may be helpful to remind the reviewers of the application that it is likely/ almost certain the child will remain in the home with the caregiver. It may also be relevant to note the financial impossibility of other options for the family].

***According to HHSC policy, a waiver or variance will not be granted if the following are true:

- the operation that is requesting the waiver or variance is currently on probation, a voluntary plan of action or heightened monitoring; and
- the operation is requesting to waive or vary a minimum standard that is a basis for the probation, plan of action or heightened monitoring.

APPENDIX 6: PLACEMENT PAGE EXAMPLE

In this example, assume the date that the home was opened as a verified home is 8/12/22. You can see how the same home is listed as a fictive kin home that shows as closed 8/12/22, the date on which the agency home for the same child and caregiver open. The placement was not entered until 8/16/22. You should follow up to be sure the correct date is entered and done timely so that timelines and payments remain accurate.

IMPACT Placement Change Non-Verified Kinship Home to Verified Foster/Kinship Home

Show 10 entries

Date Entered	Status	Type	Description	Stage	Stage Name	Case ID	Person
08/16/2022	APRV	Placement	Act Start 08/12/2022 Jones, [REDACTED] Agency Home - Mod	SUB	[REDACTED]	45813149	[REDACTED]
05/18/2022	APRV	Placement	Act Start 05/17/2022 End 08/12/2022 Jones, [REDACTED] Fictive Kin's Home	SUB	[REDACTED]	45813149	[REDACTED]
10/22/2021	APRV	Placement	Act Start 10/19/2021 End 05/17/2022 Johnson, [REDACTED] gcy Ther FF Home	SUB	[REDACTED]	45813149	[REDACTED]

Showing 1 to 3 of 3 entries

[Add](#)

Reports

Reports: [Launch](#)

APPENDIX 7 :
POST-PERMANENCY
FAMILY PLAN

PMC Family

ADOPTION



ARMS

WIDE

SERVICES

Permanency Support

Report Information

Report Type: Service Plan ✓

Status: Completed

Report Date: [REDACTED]

Performed By: [REDACTED]

Expires: [REDACTED]

Submit To: [REDACTED]

Program

Post Permanency

Family Assessment Information

Primary Caregiver:

Date of Family Interview:

Type of Service Plan:

Update - 6 months

Privacy Statement:

DFPS values your privacy. For more information, read our privacy policy.

Service Plan

Reason for Original Referral:

Mr. and Mrs. [REDACTED] have PMC of their two great-grandchildren. The children have visitation with their parents which causes [REDACTED] to act out. Mr. and Mrs. [REDACTED] are seeking support and parent training for right now. Mrs. [REDACTED] works outside the home in the medical field and Mr. [REDACTED] is retired. They have been married for [REDACTED] years.

Mr. [REDACTED] and [REDACTED] were granted PMC of their two great-grandchildren [REDACTED] (DOB: [REDACTED]) and [REDACTED] (DOB: [REDACTED]) in January 20[REDACTED]. The children's biological father is the grandson to Mr. and Mrs. [REDACTED]. Mrs. [REDACTED] stated both of the children

are seeing a psychiatrist and therapist. She stated [REDACTED] has anger issues and was hospitalized at [REDACTED] Hospital in 20[REDACTED] due to having psychotic episode. She stated [REDACTED] has been suspended twice while in Kindergarten for acting out in the classroom. Mrs. [REDACTED] stated [REDACTED]'s behaviors of fighting others, cursing, and stealing occur after she has had a visit with her parents.

Mrs. [REDACTED] stated the children's visits with their parents are supervised by her. She stated it takes at least two weeks to calm [REDACTED] down after the visits. Mrs. [REDACTED] stated [REDACTED]'s sessions with her therapist and psychiatrist (at [REDACTED] Health Center) help her with her triggers and anger issues. She said [REDACTED] wants to be with her parents. Mrs. [REDACTED] states [REDACTED] loves to help people. Mrs. [REDACTED] stated [REDACTED] has been diagnosed with ADHD and aggressive behavior. She stated he does well 1:1 but does not do well in a group setting. She said this is true for [REDACTED] as well. Mrs. [REDACTED] stated [REDACTED] loves trains and can entertain himself. She says he plays alone well. Mrs. [REDACTED] also mentioned [REDACTED] has a condition in which he does not feel pain.

She said both of the children are happy. Mrs. [REDACTED] stated the children's father and older brothers were physically abusive to [REDACTED] by over disciplining the him. She stated the children's biological mother has a history of mental health and both biological parents have a history of substance abuse. Their biological father also has a criminal history. Mr. and Mrs. [REDACTED] are seeking parenting training and support.

Mrs. [REDACTED] does not receive Permanency Care Assistance (PCA) Benefits for the children.

December 20[REDACTED]: Mrs. [REDACTED] stated [REDACTED] is doing a little bit better. Mrs. [REDACTED] stated [REDACTED] is stable on her medications. Mrs. [REDACTED] stated [REDACTED] continues to exhibit emotional disturbance behavior when she cannot have her way and she is defiant. Mrs. [REDACTED] stated she had a meeting with [REDACTED]'s new social worker at [REDACTED]. Mrs. [REDACTED] stated when the social worker mentioned [REDACTED]'s birth parents she stated "why did you all have to bring them in it". Mrs. [REDACTED] stated when [REDACTED]'s parents are mentioned, she gets emotional and cries. Mrs. [REDACTED] stated this is a trigger for [REDACTED]. Mrs. [REDACTED] stated it has been difficult with online learning with [REDACTED] at home. Mrs. [REDACTED] stated [REDACTED] needs constant 1:1 instruction. Mrs. [REDACTED] stated [REDACTED] has difficulty processing and depends on her manipulatives in order to do her work. Mrs. [REDACTED] stated [REDACTED] functions on a 1st to 2nd grade level. Mrs. [REDACTED] stated she had a tutor to help [REDACTED] with her schoolwork, but she could not continue to pay for the service. Mrs. [REDACTED] stated [REDACTED] recommended IDD services for [REDACTED]. Mrs. [REDACTED] stated [REDACTED] becomes frustrated when she cannot figure out her assignments. Mrs. [REDACTED] stated when [REDACTED] is reading, she will ask her brother to help her with certain words. Mrs. [REDACTED] stated [REDACTED] is able to help [REDACTED] with her math as well. Mrs. [REDACTED] stated it was also suggested that she have [REDACTED] tested for Dyslexia. Mrs. [REDACTED] stated, basically [REDACTED] is struggling academically and she is back in school for in person learning.

Mrs. [REDACTED] stated the a social skill worker with [REDACTED] is working with [REDACTED] on making smart choices and she sees improvements as [REDACTED] will catch herself before she speaks rudely.

Mrs. [REDACTED] stated [REDACTED] is doing better. She stated [REDACTED] still has EOE bacteria issues and had a biopsy in October. Mrs. [REDACTED] stated [REDACTED] has night medication that he must take in order to keep his esophagus coated.

Mrs. [REDACTED] stated [REDACTED] is doing virtual learning.

Mrs. [REDACTED] stated is participating in the Autism Behavior Stabilization Team with [REDACTED]. She said he has behavior therapy 5 days a week. Mrs. [REDACTED] stated he is learning to accept the word "no" when given directives.

Mrs. [REDACTED] stated [REDACTED] s behaviors at home have decreased and she can see a big difference. Mrs. [REDACTED] stated he still picks at his sister though.

June 20 [REDACTED] Update:

Mrs. [REDACTED] provided the June POS and stated [REDACTED] is [REDACTED] years old and currently taking the following medications: Cotelma XR-ODT, Clonidine, Risperidone, and Divalproex ER for ADHD and Disruptive Mood Disorder daily. Mrs. [REDACTED] stated [REDACTED] meltdowns at school have decreased, however they increase at home if things do go the way she wants. Mrs. [REDACTED] stated [REDACTED] is going to the [REDACTED] grade at [REDACTED] Elementary, and continues to receive SPED under a 504 as Emotionally Disturbed.

Mrs. [REDACTED] stated during the Pandemic, she truly realized how far behind [REDACTED] was in school and the level she was working on. Mrs. [REDACTED] stated after requesting an ARD, [REDACTED] returned to face to face learning as it was difficult to work with her and her brother at home. Mrs. [REDACTED] stated [REDACTED] has become accustomed to using multiple manipulators to assist her at school, but has also learned to manipulate the system to totally work for her where she makes no effort to do anything on her own and her teachers were unaware, until it was brought to their attention after she observed [REDACTED] for a week when they had to learn from home.

Mrs. [REDACTED] stated [REDACTED] s services with the Yes Wavier ended and after an evaluation was offered, a month extension, she declined as [REDACTED] was already upset after the services ended and the staff she had been working with had already left.

Mrs. [REDACTED] stated at that time, she sought to have another Psychological Evaluation done by [REDACTED] in [REDACTED] Texas, in hopes of getting an IDD diagnosis to receiving more services through [REDACTED]. Mrs. [REDACTED] stated this report is along the same lines as the one done two years ago which talks of her delays but, does not mention IDD.

Mrs. [REDACTED] stated [REDACTED] is still receiving therapy services with [REDACTED] LPC. Mrs. [REDACTED] stated she wanted to get anger management services for [REDACTED] as her outbursts are increasing to the point that she is also considering out of home placement.

Mrs. [REDACTED] stated it has been increasingly difficult to deal with the blatant disrespect and she believes it will get worse as she gets older and possibly become physical. Mrs. [REDACTED] stated [REDACTED] continues to have bouts of stealing, however it has dramatically gone down. Mrs. [REDACTED] stated [REDACTED] was hospitalized at [REDACTED] in December 20 [REDACTED] due to aggression at home towards family.

Mrs. [REDACTED] stated regardless of being reassured, [REDACTED] continues to believe she and her brother did something that is the reason they are not living with their parents. Mrs. [REDACTED] stated often [REDACTED] will say it's her brother's fault. Mrs. [REDACTED] stated regardless of what the situation is or what she may have done, she is always the "victim". Mrs. [REDACTED] stated she believes the lack of her parents in her life is the root of many of her issues. Mrs. [REDACTED] stated [REDACTED] has not spoken or seen her dad in two years, no response to her after pictures were sent of the children. Mrs. [REDACTED] stated some kind of way [REDACTED] got on Facebook, and say her father with another family. Mrs. [REDACTED] stated [REDACTED] spoke with her mother on January 15th. Mrs. [REDACTED] stated [REDACTED] was allowed to call her mother on Mother's

Day, the call went to voicemail, and her mother has not returned the call.

Mrs. [REDACTED] stated she finds these times difficult especially since it has been recommend that [REDACTED] not contact with her birth parents until she is older. Mrs. [REDACTED] stated she was at a loss as to what to say to [REDACTED] on Mother's Day.

Mrs. [REDACTED] stated [REDACTED] has joined a girls club at school called [REDACTED] that she is so happy about. Mrs. [REDACTED] stated she is not sure if they will continue services in the summer.

Mrs. [REDACTED] stated [REDACTED] is [REDACTED] years old and taking Adderall XR (in the morning and afternoon), Clonidine, Risperidone, and Guanfacine for ADHD/Impulsive Disorder, and Disruptive Mood Disorder.

Mrs. [REDACTED] stated [REDACTED] continues to struggle with EOE Bacteria issues and it is becoming difficult to get him to take liquid medications. She stated [REDACTED] has a diagnosis of Autism and is going to the third grade and attended the school year virtually due to the timing of his ABA therapy. Mrs. [REDACTED] stated [REDACTED] will be attending summer school face to face in July due to some regression in writing skills, due to being on a laptop. Mrs. [REDACTED] stated the school was not on board with summer school, as they feel he is working at a [REDACTED] grade level and reading at a [REDACTED] grade level now. Mrs. [REDACTED] shared that [REDACTED] is still in SPED, however since he is a student with Autism and high functioning, they have placed him in a regular classroom with support. Mrs. [REDACTED] stated [REDACTED] was fitted with an AngelSense GPS Tracker due to his impulsive elopement.

Mrs. [REDACTED] stated [REDACTED] bolted from her in a store saying he was tired and wanted to go home. Mrs. [REDACTED] stated she was unable to find him, and 911 was called to assist in searching for him. Mrs. [REDACTED] stated [REDACTED] was found about four miles from the store. Mrs. [REDACTED] stated [REDACTED] told the police "today was the day I decided to find my way home". Mrs. [REDACTED] stated his elopement seems to be "purpose centered", rather than just randomly running away from people as it was in the beginning. Mrs. [REDACTED] stated they had to give away his bike at [REDACTED] would just ride off into traffic.

Mrs. [REDACTED] stated [REDACTED]'s therapy with the [REDACTED] Center ended on 5/25/22. Mrs. [REDACTED] stated he will be evaluated later to see if he can re-enter a program at the Children's Center for Autism, then return to the [REDACTED] Center. Mrs. [REDACTED] stated [REDACTED]'s behavior continues to improve. She stated learning to regulate his emotions when he is upset is still very challenging.

Mrs. [REDACTED] stated the services and tools given by Mr. [REDACTED] continues to be a asset and much needed. Mrs. [REDACTED] stated Parent Coaching services continue to be more of a help with [REDACTED]. She said [REDACTED] likes talking with Mr. [REDACTED], but is not happy with coping tools and advice offered.

Mrs. [REDACTED] stated they are still waiting hear back from a foundation that will put up a 8" wooden fence for his safety outside.

December 20 [REDACTED] Update:

This CM met with Mrs. [REDACTED] via Zoom to discuss the December update. Mrs. [REDACTED] stated a lot has been going on with the children.

Mrs. [REDACTED] stated [REDACTED] was admitted to [REDACTED] Hospital on November 15th and

discharged on November 23rd.

Mrs. [REDACTED] stated [REDACTED] was readmitted to [REDACTED] Hospital on November 29th and discharged on December 6th.

Mrs. [REDACTED] stated the behaviors that [REDACTED] are displaying are ongoing. She said [REDACTED] was defiant and very uncooperative at school. Mrs. [REDACTED] stated [REDACTED] was confronted by her teacher for something she had taken that did not belong to her. Mrs. [REDACTED] stated this was a trigger for her and she thinks [REDACTED] got upset because she thought she was going to get in trouble at home and be punished.

Mrs. [REDACTED] stated the school is constantly calling her about [REDACTED]'s behaviors. Mrs. [REDACTED] stated [REDACTED] was out of control at school one day and when she arrived at the school, [REDACTED] refused to talk to her and told her grandmother that she didn't want to talk to her and refused to leave with her and ran off to the back of the school. Mrs. [REDACTED] stated when [REDACTED] calmed down, she returned and got into the car with her. Mrs. [REDACTED] stated [REDACTED] was very belligerent with the school staff and will talk to adults as if she an adult herself.

Mrs. [REDACTED] stated with the second admissions to [REDACTED] she had a long conversation with psychiatrist about placing [REDACTED] in RTC. Mrs. [REDACTED] stated paperwork was sent to Shiloh for consideration for admittance, however, no beds were available.

Mrs. [REDACTED] stated [REDACTED] Treatment Center was recommended by the hospital social worker. Mrs. [REDACTED] stated she is still waiting to hear back from [REDACTED]

Mrs. [REDACTED] stated a new medication was added to [REDACTED] regimen. Mrs. [REDACTED] stated [REDACTED] is now taking a half tablet of Risperdal twice a day.

Mrs. [REDACTED] stated she was disappointed in [REDACTED] Hospital as the assumed [REDACTED] behavior was due to her not taking her medications.

Mrs. [REDACTED] expressed that [REDACTED] behaviors are getting to be too much to handle for her and her husband. Mrs. [REDACTED] stated she feels [REDACTED] needs residential treatment for long term care.

Mrs. [REDACTED] stated in the past [REDACTED] behaviors were so disruptive when she finally calmed down she did not remember what happened. She also stated [REDACTED] has said she has heard voices before.

Mrs. [REDACTED] stated [REDACTED] wants to go back to her birth mother and is very angry that she cannot.

Mrs. [REDACTED] in the process of contacting different RTC's to find a placement for [REDACTED]

Mrs. [REDACTED] stated [REDACTED] had a recent ARD meeting and Resource was recommended for him. Mrs. [REDACTED] stated she does not feel [REDACTED]'s needs will be met in a mixed group of children of different ages and grade. Mrs. [REDACTED] stated she feels Resource is a 'dumping ground' for students with behavior problems and power struggles, and conflict with teachers, with [REDACTED]

being one of them. Mrs. [REDACTED] stated she also does not want [REDACTED] and [REDACTED] in the same room.

Mrs. [REDACTED] stated she does not believe the school provided [REDACTED] with Autism supplements and the school will be retesting and re-evaluating him for a diagnosis.

Mrs. [REDACTED] stated she wants to leave [REDACTED] where he is and the school is supposed to be getting someone to work with him 1:1 in math. Mrs. [REDACTED] stated [REDACTED] was also being bullied at school.

Mrs. [REDACTED] stated she has thought about transferring the children to another school. Mrs. [REDACTED] stated [REDACTED] provided her with information for an ABA program for [REDACTED] that she is going to look into. Mrs. [REDACTED] stated [REDACTED] high functioning child with Autism, and doesn't feel his current school knows how to support a child who is high functioning.

Mrs. [REDACTED] stated [REDACTED] is still being treated for his EOE disease (Eosinophilic esophagitis). She said [REDACTED] will have another scope done on December 28th. She said his doctors are concerned that he has some damage to his esophagus due to the acid reflux.

Mrs. [REDACTED] stated [REDACTED] is still taking Adderall, Focalin, Clonidine and Risperdal. Mrs. [REDACTED] stated his medications are working along with the techniques that she learned to work with his behaviors from [REDACTED]

Presenting Needs:

Mr. and Mrs. [REDACTED] continue to receive post permanency services for their great-grandchildren. The family currently uses parent coaching services and case management services. The family is caring for two young children with special needs.

Identified Strengths:

Mr. and Mrs. [REDACTED] are attached to the children and are concerned about their well-being.

Summary of Interview with Family:

Mrs. [REDACTED] met with the case manager on June 8, 20[REDACTED]. Mrs. [REDACTED] stated [REDACTED] was transferred to another school in [REDACTED] ISD. Mrs. [REDACTED] stated [REDACTED] prior school was not meeting his needs. Mrs. [REDACTED] stated [REDACTED] is now attending [REDACTED] Elementary. She stated the new school is wonderful and [REDACTED] loves it. Mrs. [REDACTED] stated [REDACTED] is in the [REDACTED] grade. She said his grades have gone up and he is in a smaller classroom setting.

Mrs. [REDACTED] stated [REDACTED] is going to The Boys & Girls Club for the summer. Mrs. [REDACTED] stated there was no fee for [REDACTED] to attend due to his insurance.

Mrs. [REDACTED] stated [REDACTED] is on the waiting list at [REDACTED] for the ABA program. Mrs. [REDACTED] stated [REDACTED] struggles with authority, as he feels adults are his equal. She stated [REDACTED] also lacks social skills.

Mrs. [REDACTED] stated [REDACTED] still has food allergies due to the EOE, but with his last appointment his numbers were great.



Mrs. [REDACTED] stated [REDACTED] still at the [REDACTED] Residential Treatment Center. Mrs. [REDACTED] stated [REDACTED] was admitted to the RTC in March. Mrs. [REDACTED] stated [REDACTED] started displaying behavior issues upon arrival. Mrs. [REDACTED] stated [REDACTED] told the staff that she did not speak English and that she only spoke Chinese when they were preparing her for an assessment. Mrs. [REDACTED] stated [REDACTED] has attempted to run away with other residents three times. Mrs. [REDACTED] stated [REDACTED] placed on restrictions and her shoes are taken away when she tries to run away. Mrs. [REDACTED] stated [REDACTED] has been placed on "high risk" status. Mrs. [REDACTED] stated she does not feel [REDACTED] is thinking of this on her own, she is following the lead of others.

Mrs. [REDACTED] stated she recently received a call from the RTC stating [REDACTED] was banging her head. Mrs. [REDACTED] stated the nurse said [REDACTED] may be displaying this behavior for attention. Mrs. [REDACTED] the nurse said [REDACTED] was also cursing at staff. Mrs. [REDACTED] stated the RTC staff does not feed into [REDACTED] s behavior. Mrs. [REDACTED] stated she was also told that [REDACTED] has been restrained and medicated to calm her down. Mrs. [REDACTED] also stated [REDACTED] is fighting other residents and has started self-harming herself by scratching herself.

Mrs. [REDACTED] stated [REDACTED] told her therapist that she feels abandoned and she is worried she may not be able to return home. Mrs. [REDACTED] stated the therapist said [REDACTED] was doing good, and they are working on honesty. Mrs. [REDACTED] stated [REDACTED] is still telling staff different family members are dying. Mrs. [REDACTED] stated when confronted about this by her therapist, [REDACTED] has no response.

Mrs. [REDACTED] stated [REDACTED] date of discharge is in September. Mrs. [REDACTED] stated she asked the staff how they measure success. She stated the staff at the RTC looks at compliance for six weeks to decide. Mrs. [REDACTED] stated when [REDACTED] is discharged from [REDACTED] her back up plan is to have [REDACTED] admitted to [REDACTED] Center's Behavior Treatment and Training Center (BTTC), a short term RTC.

Mrs. [REDACTED] stated she will be asking if the family can visit with [REDACTED] in July. Mrs. [REDACTED] stated she hopes the visit will be good for [REDACTED]

Mrs. [REDACTED] stated Mr. [REDACTED] is doing better after having some health issues.

I. Individualized Service Applicable to Family Needs

Need - Service to be Authorized:

Case Management

Who will receive service?

[REDACTED]

Person Responsible - Who will provide service?

[REDACTED]-Case Manager

Where will service be provided?

In the office, in the home, or over the phone.

Time Frames:



Start Date of Service:

06/30/20 [redacted]

How often will service be provided?

As needed or requested

How long will service be provided?

Six Months

Who will pay for service?

Post Permanency Program

Expected Benefit to Family from Service:

Case Management services will provide support and assistance with community referrals that will support family functioning and prevent dissolution.

Method of Evaluating Effectiveness of Service:

Family Feedback

Resulting Benefit to Family:

The family will be provided referrals and services to assist with supporting the family.

Case Manager's Role:

The case manager's role is to continue to assist the family with community referrals to support family functioning.

II. Individualized Service Applicable to Family Needs

Need – Service to be Authorized:

Therapeutic Counseling

Who will receive service?

[redacted] & Mrs. [redacted]

Person Responsible - Who will provide service?

Provider of choice by family.

Where will service be provided?

In the office or in the home

Time Frames:

Start Date of Service:

06/30/20 [redacted]

How often will service be provided?

As requested by the family and as funds are available in the post adoption program

How long will service be provided?

Six months

Who will pay for service?

Medicaid, Post Permanency Program

Expected Benefit to Family from Service:



Reduction of aggressive and acting out behaviors, stealing and lying behaviors by [redacted] and to strengthen family functioning in the home. [redacted] has been diagnosed with ADHD and Disruptive Mood Disorder, [redacted] has been diagnosed with ADHD/Impulsive Disorder and Disruptive Mood Disorder.

Method of Evaluating Effectiveness of Service:

Family Feedback

Resulting Benefit to Family:

Mrs. [redacted] stated [redacted] is currently in therapy with [redacted] Treatment Center and the family is participating in family therapy with the RTC.

Mrs. [redacted] stated [redacted] is receiving mental health services from the [redacted] Center.

The family is also participating in parent coaching with Mr. [redacted]

[redacted] has been diagnosed with ADHD and Disruptive Mood Disorder, [redacted] has been diagnosed with ADHD/Impulsive Disorder and Disruptive Mood Disorder.

Case Manager's Role:

The case manager's role is to provide therapy referrals and process billing for subcontractors as needed.

III. Individualized Service Applicable to Family Needs

Need – Service to be Authorized:

Respite Care

Who will receive service?



Person Responsible - Who will provide service?

Provider of choice by the family. Trauma training information was given to the provider at :www.dfps.state.tx.us/Training/trauma_informed_care/.

Where will service be provided?

In the home or outside the home.

Time Frames:

Start Date of Service:

06/30/20 [redacted]

How often will service be provided?

As requested by the family and as funds are available in the post permanency program.

How long will service be provided?

Six months

Who will pay for service?

Post Permanency Program



Expected Benefit to Family from Service:

Relief from the stressors of raising two children with special needs and histories of trauma and the resulting behaviors, and to prevent PMC dissolution.

[Redacted] has been diagnosed with ADHD and Disruptive Mood Disorder, [Redacted] has been diagnosed with ADHD/Impulsive Disorder and Disruptive Mood Disorder.

Method of Evaluating Effectiveness of Service:

Family Feedback

Resulting Benefit to Family:

The family has not used respite care services in the past six months and Mrs. [Redacted] has a hard time finding respite care for the children due to their behaviors.

The family remains intact and the children have not been returned to CPS custody.

Case Manager's Role:

The role of the case manager is to approve respite care as requested and process monthly billing as needed.

IV. Individualized Service Applicable to Family Needs

Need – Service to be Authorized:

Concrete Services

Who will receive service?



Person Responsible - Who will provide service?

Arms Wide Adoption Services- Post Permanency Program

Where will service be provided?

N/A

Time Frames:

Start Date of Service:

06/30/20[Redacted]

How often will service be provided?

As funds are available

How long will service be provided?

Six months

Who will pay for service?

N/A

Method of Evaluating Effectiveness of Service:

N/A

Resulting Benefit to Family:

To meet an immediate need that the utilization of Concrete Funds could help prevent an out of home placement of a child for families that do not receive Permanency Care Assistance Benefits (PCA).

Case Manager's Role:

The role of the case manager is to work with the post permanency supervisor to submit a letter to DFPS requesting the funds as needed and as funds are available.

Goals / Progress**Progress Towards Meeting Goals:**

Mrs. [REDACTED] stated [REDACTED] was transferred to [REDACTED] Elementary and is doing wonderful.

Mrs. [REDACTED] stated [REDACTED] loves his new school. She said his grades have improved and he is in a smaller classroom setting.

Mrs. [REDACTED] stated [REDACTED] is going to Boys & Girls Club daily during the summer.

Mrs. [REDACTED] stated [REDACTED] is on a waiting list for ABA services with the [REDACTED] Center.

The family continues to utilize parent coaching services with [REDACTED]

Changes Since Last Service Plan:

Mrs. [REDACTED] stated [REDACTED] was admitted to [REDACTED] Residential Treatment Center in March.

Mrs. [REDACTED] stated [REDACTED] expected date of discharge is in September.

Mrs. [REDACTED] stated [REDACTED] is participating in therapy and they participate in family therapy.

Mrs. [REDACTED] shared [REDACTED] has had her struggles in RTC with run away attempts, fighting other residents, head banging, self-mutilation, and disrespect towards staff.

Status of Service Provision, Whether it is to be Extended, and Why:

This case will remain open as the family is raising two great grandchildren with significant behavior issues. Case management, therapy services and respite care will be offered to the family to assist with addressing the children's behaviors.

Long Term Needs:

The long terms needs are to provide support and referrals to the family to strengthen family functioning in the home and prevent dissolution.

Additional Information:

The family does not receive any PCA benefits for the children. The children receive Medicaid benefits.

Involvement With Other Agencies / Community

Has there been participation in staffings or service planning meetings with other agencies that are working with the child or family such as a CRCG or ARD meeting?



Educational Support

Yes

Details:

Special Education for [redacted] and [redacted]

Community Support

Yes

Details:

Church and family

Crisis Prevention Plan

Describe efforts or plans put in place to prevent future crisis (as applicable):

Respite care services, case management, parent training and parent support group services have been offered to the family to address the children's early life trauma and to support family functioning in order to prevent crises. The case manager is available through email and phone to share intervention resources as needed. In the event of an emergency the family knows to call 911 and seek emergency/crisis care when appropriate.

Other DFPS Approved Services - Post Adoption

Concrete Services - Post Permanency

Approved Concrete Services

Services To Be Authorized

Case Management Services, Respite Care, Therapeutic Counseling - Individual, Therapeutic Counseling - Family, Therapeutic Counseling - Group

Contractor Information

Name of Agency:

Arms Wide Adoption Agency

Name of Agency Contact for Family:

APPENDIX 8: SAMPLE FAMILY NEEDS ASSESSMENT

Family Needs Assessment, Referral, and Follow-Up Form

Date of Referral: _____

Referral Source: _____

Name: _____

DOB: _____

Family is active with the:

Home Address:

City: _____ Zip Code: _____ County: _____

Contact Number: _____

Email: _____

Case worker: _____

Interview with Caregiver(s): _____

Explain to the caregiver the steps, requirements, and financial obligations of becoming an Approved Adoptive Family/ Verified Foster-Adopt Home.

Household Composition: _____

Notes:

Resource Scale

Does your family need the following resources?	Yes	No
1. Stable Housing or Apartment		
2. Enough food for 2 meals a day		
3. Money to buy necessities		
4. Heat or AC for the home		
5. Emergency Evacuation Plan (i.e. dangerous weather, natural disasters, etc.)		
6. Money to pay utilities bills		
7. Transportation needs (i.e. bus cards)		
8. Money to pay monthly bills		

9. Furniture Needs		
10. Home Repairs		
11. Legal Assistance		
12. Enough clothes for the family		
13. Education needs including tutorial		
14. Early Childhood Intervention Programs (i.e. speech, language, motor skills, self-help, social development)		
15. Job for self and/or spouse		
16. Employment Training		
17. Public assistance (SSI, TANF, Medicaid, etc.)		
18. Medical Insurance for Child(ren)		
19. Medical Insurance for yourself and spouse/partner		
20. Access to a telephone		
21. Childcare for your child(ren) while at work or school		
22. Someone to talk to (i.e. therapy)		
23. Support Groups (i.e. parenting)		
24. Other mental health services		
25. Other health needs (i.e. free exercise programs)		

Family Strengths

List 5 strengths of the family.

1. _____
2. _____
3. _____
4. _____
5. _____

Resources/Organization/Agency Support

Please list Government, State, community, neighborhood, personal, etc. resources that you are using or have used in the past.

1. _____
2. _____
3. _____
4. _____
5. _____

Referrals

Referral for _____

Refer to (agency/ies) _____

Referral for _____

Refer to (agency/ies) _____

Referral for _____

Refer to (agency/ies) _____

Referral for _____

Refer to (agency/ies) _____

Referral for _____

Refer to (agency/ies) _____

Referral for _____

Refer to (agency/ies) _____

Referral _____

Refer to (agency/ies) _____

Referral for _____

Refer to (agency/ies) _____

Family Follow-up

Follow up #1

Date: _____

LIST FAMILY'S IDENTIFIED NEEDS	WAS THE NEED MET?	
	Yes	No

Notes:

Follow up #2

Date: _____

LIST FAMILY'S IDENTIFIED NEEDS	WAS THE NEED MET?	
	Yes	No

Notes:

Follow up #3

Date: _____

LIST FAMILY'S IDENTIFIED NEEDS	WAS THE NEED MET?	
	Yes	No

Notes:

Closure Summary

Impression of Family Status

Recommendations

APPENDIX 9: FREQUENTLY ASKED QUESTIONS

What's the difference between PCA and adoption assistance?

PCA and adoption assistance typically refer to a nearly identical set of benefits. However, in order to receive PCA, a kinship caregiver must be a verified foster parent for a minimum of 6 months.

What benefits does the child have access to depending on the outcome of their case?

There are differences between benefits offered by PCA/adoption assistance and those offered by PMC without PCA. For PCA and adoption assistance, the child and family would receive a monthly subsidy, Medicaid for the child, among other potential benefits. When a caregiver is given PMC *without* PCA, however, the kinship caregiver becomes the permanent managing conservator of the child but not their legal parent. The child and family with PMC will not receive the ongoing benefits described above. For more detailed information, you can see [Appendix 4](#), or refer to the DFPS website: https://www.dfps.state.tx.us/Child_Protection/Adoption/Adoption_or_PMC.asp

How many hours must a caregiver work to be eligible for daycare through DFPS?

In general, the caregiver(s) must work at least 32 hours a week to be eligible for daycare through DFPS, and the daycare must be approved by DFPS. However, DFPS has a waiver process to consider alternate employment situations. The waivers are regularly approved so it is important the CPA or caregiver moves forward to try and qualify. In addition, judges can order daycare in certain other cases. See DFPS website for complete criteria: https://www.dfps.state.tx.us/handbooks/cps/files/CPS_pg_8235.asp#CPS_8235_5

What's the difference between Medicaid and CHIP?

The two programs are largely the same. The main difference is that some children will qualify for one and some the other, depending on a family's income. Children's Medicaid is for children in low-income families. CHIP is for children without health insurance whose families earn too much to receive Medicaid but cannot afford health insurance.

What do I do if there is a "cosmetic" procedure, such as a helmet, that my child needs but Medicaid won't pay for?

You should first consider appealing this denial with the Medicaid plan. <https://www.fostercaretx.com/members/resources/complaints-appeals.html>. In addition, the judge can order DFPS to pay for this item. You can also coordinate with the DFPS/SSCC caseworker to identify assistance from child welfare boards and other nonprofit agencies.

Does my family's status affect my child's access to SSI (Supplemental Security Income)?

Yes. If a kinship family becomes a verified foster home, any kinship children receiving SSI would no longer receive it.

What other benefits may be available to my child?

If the kinship caregiver is related to the child by blood, marriage, or adoption, he or she may apply to receive services from the Temporary Assistance for Needy Families (TANF) program. The Texas Health and Human Services Commission administers TANF services.

If the kinship caregiver's family is certified for TANF, the household can be certified to receive a cash benefit and family medical assistance for the child.

A kinship caregiver who is also the child's grandparent may be eligible for an additional Temporary Assistance to Needy Families (TANF) benefit. This additional one-time benefit, known as the TANF Grandparent Grant, provides up to \$1,000 to help with the costs of integrating the child into the grandparent's home.

Refer the grandparent to the Texas Health and Human Services Commission to apply for this benefit.

While undergoing the verification process the kin caregiver may be eligible for the Kinship Reimbursement Payment (also known as "RODC" or "kin payments"). The Kinship Reimbursement Payment is a monthly payment per child of up to half of the daily basic foster care reimbursement rate paid to a foster family home. The monthly payments are time-limited for the child and may be paid for up to twelve months.

Your child may be eligible for free lunches at school. To receive this, you must apply via the school district.

Your child may also be eligible for free Pre-K through your school district. If your child is over 3, you can apply for them through the school district.

There may also be additional local resources available for your child. Kinship caregivers should contact their kinship worker or local DFPS office for help.

What are Kinship Safety Evaluations, when must they be completed, and what do they include?

DFPS describes them this way:

When criminal or DFPS history prevents approval of the kinship caregiver's home assessment, a Kinship Safety Evaluation (KSE) must be completed. The kinship development worker ensures the KSE is completed when the case meets the following criteria:

- DFPS has custody of at least one child residing in the home at the time the home assessment is approved or denied.
- The *Kinship* stage is open, or the kinship caregiver has been referred to the Kinship program.
- The child's caseworker completes the KSE when any of the following situations apply:
- The child has not yet been placed in the home.
- The Conservatorship program director or supervisor determines it is in the child's best interest.

The KSE must include specific recommendations provided by the supervisor or program director who evaluated the Kinship Caregiver Home Assessment.

To complete the KSE, the caseworker must do all the following:

- Describe the nature and seriousness of the CPS case or crime for which the potential kinship caregiver or household member was convicted, including any other prior history.
- Obtain a copy of the report on the administrative review of investigative findings (ARIF), in the case of a *Reason to Believe (RTB)* finding.

- State the age of the person at the time of the DFPS case or crime, if pertinent.
- State the time that elapsed since the person's last DFPS case or criminal history.
- Explain the evidence of rehabilitative efforts, including any information gathered from collaterals that supports the evidence.
- Summarize why the person does not pose a safety threat to the children.
- Indicate whether the conviction would be an absolute or temporary bar to becoming a foster or adoptive home or would otherwise require Residential Child Care Licensing (RCCL) to conduct a risk evaluation.
- Explain what the caseworker told the caregiver about the impact of the conviction or DFPS abuse or neglect history and whether the caregiver understood that the conviction or DFPS abuse or neglect history will or may do the following:
 - Exclude the caregiver from being verified as a foster home or an approved adoptive home.
 - Limit the caregiver's ability to receive financial assistance to care for the child.
 - Explain in detail why the caseworker recommends placing the child in the home.
 - Cite the date of the program director's approval to proceed with the home assessment despite the caregiver's DFPS abuse or neglect or criminal history.
 - Submit the evaluation for approval as outlined in [6624 Obtaining CPS Approval of the Home Assessment and Placement of a Child in a Kinship Home](#).

For absolute and five-year bars that require regional director approval following the KSE, the documentation must also do the following:

- Describe the extraordinary circumstances that exist to justify the kinship placement despite the criminal history or DFPS history of abuse or neglect.
- Present compelling justification as to how the caregiver will ensure the child's safety in the kinship home.

Much of this information may already be in the kinship home assessment. However, the caseworker must summarize it in the KSE in a way that makes it clear why the potential kinship caregiver's home is safe despite the criminal history or DFPS history of abuse or neglect.