Report Brief

POST-ADOPTION SERVICES IN TEXAS

A Research and Policy Overview

the center TEXAS CENTER FOR CHILD AND FAMILY STUDIES

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In recent decades, federal and state child welfare policies have increasingly prioritized and incentivized adoption as the desired permanency alternative for children in the foster care system who cannot be reunified with their parents. Most adoptions from foster care are durable, lasting until children reach adulthood, but in some circumstances, adoptions break down and result in children returning to foster care. Post-adoption services are meant to support durable adoptions of children from the foster care system to strengthen adoptive families and prevent adoption breakdowns.

This brief report, prepared by the Texas Center for Child and Family Studies (the Center), a supporting arm of the Texas Alliance of Child and Family Services (TACFS), documents findings from a review of research literature and existing post-adoption policies to document the prevalence and common causes of adoption breakdown, identify best practices in post-adoption services, describe current post-adoption service provision in Texas, and provide recommendations for closing gaps between best practices and current service provision.

This is the brief version of a longer, more in-depth post-adoption services assessment available from TACFS here.

PREVALENCE OF ADOPTION BREAKDOWN IN TEXAS

Internal data from the Texas Department of Family and Protective Services (DFPS) shows low re-entry rates among all adoption exits from care over the past twelve years.

5 Years

By 5 years out from an adoption exit, about

1%

of children have returned to care.

10 Years

By 10 years out, about

3%

of children have returned to care.

12 Years

By 12 years out, about

4%

of children have returned to care.

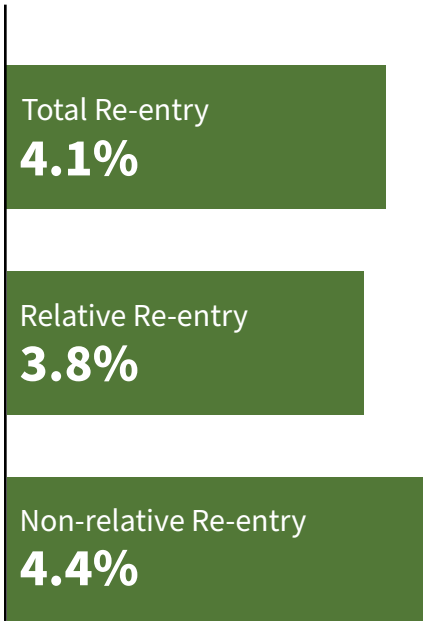
A slightly higher percentage of nonrelative adoptions re-enter care compared to relative adoptions.

At 12 years post-adoption, the average time from adoption consummation to re-entry is about 5 years and average age at re-entry is 11-12 years.

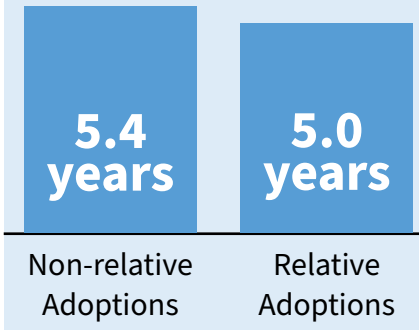
Texas re-entry rates after adoption are lower than many rates reported in published research from other states.

The most reliable figures on post-adoption re-entries to care are related to the exit year with longest follow-up window (2013), as these children have had the most opportunity to re-enter. The following charts display DFPS re-entry data, focusing only on exit year 2013, with a 12 year follow-up period.

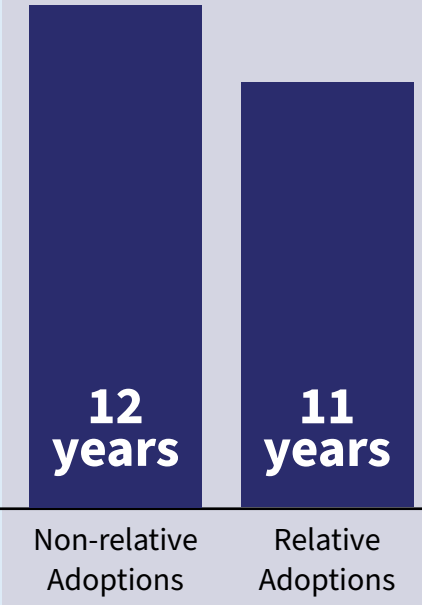
2013 Adoption Exists that Returned to Care by 2025



Average Time Between 2013 Adoption Exit and Return to Care



Average Age at Re-Entry to Care Among 2013 Adoption Exists



RESEARCH ON PREDICTORS OF ADOPTION BREAKDOWN

Prior research literature has examined characteristics that are associated with a statistically higher likelihood of adoption breakdown. Some of the more consistently identified risk factors for adoption breakdown include those shown in the table below, with the **strongest predictors in bold:**

Child-level Factors

- **Child age at adoption (older than 2 or 3)**
- **Adopted child is approaching adolescence**
- **Challenging child behaviors**
- Children with disabilities
- Child race (Black children may be at higher risk)
- Placement changes while in care

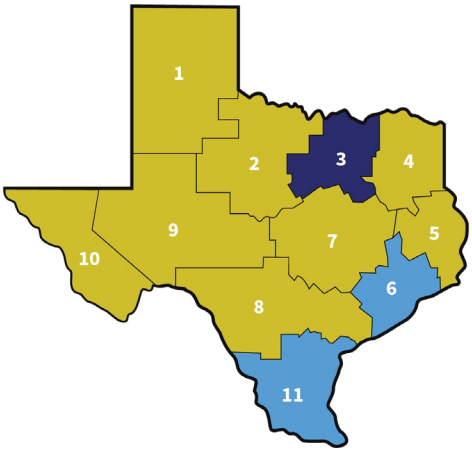
Family-level Factors

- Nonrelative adoptive parents
- Parents motivated to adopt to meet their own needs
- Parents have unrealistic expectations
- Low parental commitment to the adoption
- CPS involvement with adoptive family

Agency/system-level Factors

- Inadequate preparation of adoptive families
- Lack of full disclosure of child's trauma and risk history

POST-ADOPTION SERVICES IN TEXAS

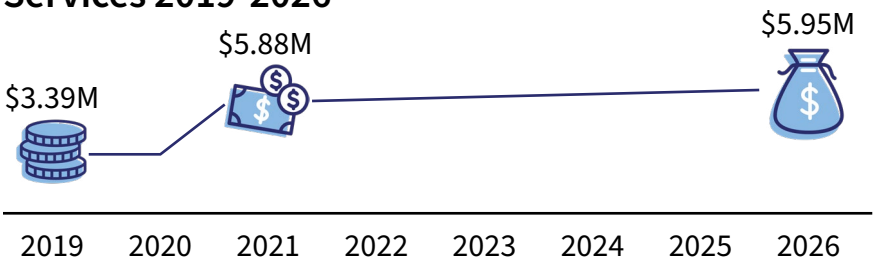


There are three providers in Texas who are contracted with the state to provide post-adoption services.

- Centers for Children and Families
- CK Family Services
- Arms Wide Adoption Services

These agencies provide services by request to families with a finalized adoption from foster care helping them adjust to adoption, address histories of abuse or neglect, manage mental health needs, and prevent long-term or permanent from the home. The core services they offer to pursue these goals include information and referral, case management, 24/7 crisis intervention, counseling (family, individual, or group, including diagnosis/assessment), respite care, parent training, support groups, therapeutic camps, day treatment, and residential treatment when necessary. Additional services outside of these categories may be approved by DFPS by request.

Total Allocated Funding for Contracted Post Adopt Services 2019-2026



DFPS distributes funds to regions based on the average number of adoptions finalized, with contracts reimbursed on a cost basis. The three contracted post-adoption providers are required to reserve 20 percent of their total budget for RTC placements, and they are not allowed to spend more than 10 percent of their total budget on respite care.

Statewide funding for contracted post-adoption services averaged $3.39M annually in FY 2019–2020. After DFPS requested additional funds in 2020, allocations for post adopt contracts increased to $5.8–$5.9M annually beginning in FY 2021, remaining at that level through FY 2026.

HEART GALLERIES OF TEXAS

The Heart Galleries of Texas (HGTX), established with support from the 88th Legislature, serves as a statewide hub to help children achieve permanency and support families affected by adoption or permanency. Its three core strategies include building statewide Heart Galleries to highlight stories of children awaiting adoption, strengthening post-adoption and post-permanency services statewide, and providing training and assistance to families, professionals, and local Heart Galleries. In FY 2024–2025, HGTX downgranted $3.4M in state funds to 42 provider organizations across the state for counseling, support groups, family camps, respite, legal services, parent training, and other post-permanency support to supplement the services provided by the three contracted providers.

POST-ADOPTION SERVICE PROVIDER FOCUS GROUPS

For this assessment, focus groups were held to gather the input and perspectives of the professionals who oversee post-adoption services at the three contracted agencies. The most prominent themes that emerged from the focus groups are:

Theme 1: Inadequate funding and contract rigidity result in denial of needed services for families

There are not sufficient funds in providers' budgets to meet the demand for all requested post-adoption services, especially for the most requested services - therapy sessions and respite care - resulting in services being rationed or denied. Providers are prohibited from moving funds between service categories without going through a lengthy state approval process.

If they are really needing more therapy, but we're only able to support them by paying for two sessions, and they need four or five, then it's going to impact their ability to be strengthened, to be preserved, and it's not meeting the therapeutic need.

Our purpose, our mission is to prevent recidivism and to prevent kids from going back into the system or being in out-of-home care, and respite is one of the things that we can do to meet that goal, but it's so restricted.

Just allow us to create some flexibility in the contract and not prescribe the amount that we are to provide for each service. Let us make those determinations based on family needs.

Theme 2: The 20 percent mandated budget reserve for residential treatment center (RTC) services is not aligned with needs on the ground and prevents providers from paying for other needed services.

The required RTC reserve amount represents around half of the funding providers have available to pay for the direct services that families need. All of the providers reported that they have lapsed funding in this category at some point because they have not been able to spend it, whether due to lack of demand from families, lack of youth meeting criteria for an RTC placement, or lack of available placements for families who request residential services and meet eligibility.

We only have one youth currently in RTC. That means we're going to have money remaining in that budget line that we could have actually used in therapy or respite. Unfortunately, because the contract states we have to keep 20 percent in that budget line, that money's just going to sit there.

Last year we had to cancel families that were in counseling, but we had thousands of dollars in RTC that we couldn't move over. We had families not getting services because this other amount was untouchable.

Theme 3: Often families get connected to services when they are already in a crisis, and often many years after the adoption

One of the most common referral pathways to post-adoption services is when an adoptive family is in a crisis that is threatening the ability for the child to remain in the home, often when there is an open Child Protective Investigations case and there are limited options for what providers can do. If more families were connected to supports through enhanced outreach and enrollment, providers might be able to prevent some of the crisis situations, but connecting with more families sooner would mean even fewer resources to allocate among families who need them.

Our budget is stretched so thin. The more families that join, the fewer dollars we have per family. That's the catch-22.

We would like to have a more robust outreach program to ensure all families that qualified for post-adopt services knew about our program, however that would stretch the budget so thin we would not be able to accommodate the number of families open and needing assistance.

Theme 4: There are barriers other than funding that keep families from consistently getting the services they need.

Post-adoption services are reimbursement-based, which means that even when there is funding available to pay for a service, a family must pay out of pocket and wait several weeks or even months for reimbursement. This is a barrier for families with limited resources to pay out of pocket. Providers would like to have funding to hire their own staff clinicians to provide direct clinical services to post-adoptive families experiencing acute needs. Since the funding for therapy services is so limited and cannot cover all the demand, having staff clinicians would allow them to bridge the gap and do more intensive work with families experiencing crises that threaten to disrupt the adoption.

Families can't pay $150 or $200 to see a therapist every week and then wait for reimbursement, a partial reimbursement, a month later. That's just not an option for many of our families. Then they don't get the services, which is detrimental.

If we had the money to spend, the sky was the limit, we would have case management staff and clinical staff that could work in tandem with the family, especially the higher need families.

BEST PRACTICES FOR POST-ADOPTION SERVICES

Though research on the effectiveness of post-adoption services is thin, experts have identified some best practices for these services, including: providing services preventatively, thoroughly preparing adoptive parents prior to the adoption, offering clinical services from adoption-competent providers, and engaging in robust outreach to ensure that services are available and accessible to families when they need them, even if that is many years after the adoption.

The National Center for Enhanced Post-Adoption Support (NCEPAS), a federally funded hub for information and resources on post-adoption services, recently released a manual articulating the elements of a "model program" for post-adoption services that is aligned with research on family needs and best practices in service delivery. The model program identifies eight critical program components for best practice:

PRE-PERMANENCY SUPPORT
Consistent with prior research, this component stresses that services should begin before the adoption is finalized by ensuring that families understand adoption dynamics, know how to access services in the future, understand the child's history, and have realistic expectations.

24-HOUR PHONE SUPPORT
Post-adoption service providers should have trained professionals available to respond to parents 24 hours a day in order to provide in-the-moment emotional support and advice, give information and referrals, and determine the need for immediate crisis intervention.

RESPITE CARE
Adoptive parents should have access to short-term respite services that allow them to recharge and reduce stress and burnout.

COMPREHENSIVE ASSESSMENT
When a family engages in services, a trained clinician should thoroughly assess the child and family and develop a tailored treatment plan for services.

SUPPORT GROUPS
Post-adoption services should include facilitated groups for parents and children to obtain education, peer support, resources, and problem solving.

CRISIS INTERVENTION
These services should be available to families at acute risk of adoption breakdown due to a crisis, and should include counseling, navigation, advocacy, and emotional support.

COUNSELING SERVICES
Adoption-competent clinicians should provide evidence-based counseling services to the family to increase skills, strengthen attachment, build resilience, and improve functional outcomes.

EDUCATIONAL ADVOCACY
Staff with specialized knowledge should be available to provide support to parents in attaining educational supports, addressing school challenges, developing advocacy skills, and to communicate with the educational system about issues common to children who have experienced trauma and loss.

GAPS AND RECOMMENDATIONS

Gap 1: Service needs are likely to increase over time after an adoption, so services must be available and accessible when needed, which is often many years after the adoption. Families may not know where to get services when they need them.

Recommendation 1: The visibility of post-adoption services should be increased. Strategies for promoting the visibility of services can take place on many fronts in the community and should go beyond just informing the family at the time of the adoption.

Gap 2: Service availability is not equally accessible to all families who adopt a child from conservatorship. Where families reside, the timing of help-seeking, and the nature of the service needs can all play a role in whether a family receives the help they need.

Recommendation 2: Consider changes to how funds move from the state to post-adopt providers to families in need of services. Develop an updated funding allocation methodology that reflects not only current regional adoption consummations, but also historical demand for post-adoption services, and updated average service costs. Pool funds statewide rather than by region or streamline existing processes for moving funds between regions, providers, and service categories, so that all families are equally able to access services paid by available funding regardless of location and service type needed.

Gap 3: Services should be preventative, offered before families reach a crisis point. Additional outreach and earlier enrollment in services would help with prevention, but providers already don't have sufficient resources to support the current level of families seeking services.

Recommendation 3: Make increased investment in post-adoption services a legislative policy priority so that more families can be served earlier in their adoption journey to stabilize adoptions and prevent breakdowns that occur during a crisis.

Gap 4: The mandate that 20 percent of providers' budgets be reserved for residential (RTC) services keeps providers from being able to pay for upstream, preventative services.

Recommendation 4: Several strategies could help close this gap. One is to simply remove or substantially reduce the 20 percent earmark requirement for RTC services. Another option is to give providers the flexibility to move funds earmarked for RTC to other categories when needed to best serve the most families. A final option is to take RTC services out of the purview of post-adoption service providers altogether, instead funding RTC stays for adoptive children who need them through the YES Waiver or other existing channels outside of post-adoption services.

Gap 5: Respite care is a core need for adoptive families, but there is too much gatekeeping and not enough funding to meet demand.

Recommendation 5: Remove post-adoption services contract stipulations that create barriers to providing respite care. These stipulations include the 10 percent funding cap on paid respite and the eligibility restrictions for children with "special needs."

Gap 6: Clinical services are being rationed and/or denied because there is not enough funding to meet demand. The limited funding that is available for clinical services is reimbursement-based, which does not help families without resources to pay out of pocket and wait for reimbursement.

Recommendation 6: Advocate for increased funding for clinical services, either by allowing RTC-earmarked funding to be flexibly used for preventative clinical services, or by increasing the total allocation for these services to providers. Advocacy should include the development of mechanisms for up-front payment (rather than reimbursement-based payment) for families who do not have the resources to pay for clinical services out-of-pocket. Continue advocating for legislation that would allow licensed professionals who are currently under clinical supervision to bill Medicaid at 50 percent of the Medicaid rate for professionals with full clinical licenses.

Gap 7: Families may not have adequate information about their children's risk histories at time of adoption, and this may keep them from anticipating that there may come a time when they need help in the future.

Recommendation 7: Provide realistic views of parenting children with histories of traumatic exposure from the first touchpoint with prospective adoptive families. Professionals who come into contact with adoptive families should be trained in trauma, grief and loss, and other unique strengths and challenges of adoptive families.

Gap 8: The model program components recommended by the National Center for Enhanced Post-Adoption Support are not currently fully in place in Texas.

Recommendation 8: Fully implement all core components and pillars of the National Center's model program in Texas. The National Center recently worked directly with DFPS leaders to assess Texas' strengths and challenges on each of the core components and pillars. Their final report on their assessment has specific recommendations for bringing Texas into alignment and can be used as a roadmap for closing identified gaps to strengthen post-adoption services.

Gap 9: DFPS manages post-adoption service contracts, and HGTX funds community-based support, but these efforts largely operate in parallel with limited coordination, even when serving the same families. This lack of service coordination can reduce service reach, create redundancies and gaps in certain regions, and hinder a comprehensive understanding of statewide needs.

Recommendation 9: DFPS and HGTX should engage in streamlined planning between their funding streams, including aligning strategies, coordinating outreach, and sharing data on service requests and utilization. Such collaboration would help ensure families can access the full continuum of support regardless of funding source, reduce duplication, address regional gaps, and provide a clearer statewide view of service needs and investment priorities.