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FOSTER CARE REDESIGN INITIATIVE:
EVERY CHILD MATTERS

by

NATALIE RUSSELL

Presented to the Faculty of the Honors College of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

HONORS BACHELOR OF SOCIAL WORK

THE UNIVERSITY OF TEXAS AT ARLINGTON

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April 14, 2017

ABSTRACT

FOSTER CARE REDESIGN INITIATIVE: EVERY CHILD MATTERS

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The University of Texas at Arlington, 2017

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Thousands of children enter the child welfare system every year in Texas. As each year progresses, the foster care system becomes increasingly complicated and requires multiple steps prior to a successful placement. Child Protective Services (CPS) has become a broken system, leading to hundreds of foster parents who are inadequately prepared for the trauma that children in foster care have previously experienced due to abuse and neglect. Through the commitment of ACH Child and Family Services, Texas Department of Family Protective Services, and Our Community, Our Kids, significant work has been implemented to improve the lives of each child in foster care. As a result, Foster Care Redesign Initiative has been introduced in Region 3b of Texas and has been in operation for three years. While there is more work ahead, Foster Care Redesign has shown significant progress in increasing permanency and the well-being of children in care.

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CHAPTER 1

INTRODUCTION

1.1 Child Abuse and Policy

On January 31st, 1974, the Child Abuse Prevention and Treatment Act (CAPTA) was introduced as Public Law 93-247 by the Senate and House of Representatives of the United States of America (United States Congress, 1974). While child abuse and homelessness occurred consistently prior to 1974, this law was the first of many attempts to prevent further child abuse and neglect. After approval, CAPTA was advocated across the entire United States, providing an official definition of child abuse and neglect for future policy makers, child placing agencies, and individuals. This definition has proved to be beneficial, as there is a consistent increase in abuse and neglect reporting not only in the United States but also in countries across the world. CAPTA considers child abuse and neglect as “the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened” (United States Congress, 1974, p. 5).

Before CAPTA in 1974, limited research and information on child abuse and neglect was available to agencies, organizations, and the general public. The implementation of CAPTA provided resources dedicated to research and analysis of the causes behind child abuse and neglect. It also initiated assistance to plan, improve, and develop strategies and programs in an effort to alleviate the problem (United States

Congress, 1974). However, the results revealed that one simple act cannot immediately or completely resolve the issue. As a result, congress passed the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 in an effort to further protect the lives of children in America. Congress took a major step forward by implementing an adoption initiative through this reform act to remove barriers that were preventing children from exiting foster care. This act promoted the idea of adoption in an effort to ensure a healthier development for children due to the fact that the majority are either younger in age, experiencing a disability, or both (United States Congress, 1978). The reform act of 1978 is crucial as it continuously benefitted children with special needs by advocating safe and loving home environments and a chance to develop in a healthy manner.

Due to the promoted awareness of child abuse and neglect, the United States saw a dramatic increase in children in the foster care system. In fact, by 1980 research found that around 300,000 children had been entered into foster care (Bass, Behrman, & Shields, 2004). Congress realized that both adoption programs and foster care programs would need immense assistance. As a result, the Adoption Assistance and Child Welfare Act (AACWA) of 1980 was passed, and states were given the ability to receive and allocate funds for foster care (United States Congress, 1980). This act has laid the groundwork for the foster care system that functions today in terms of allocating financial assistance to foster families, focusing on the children in foster care, and improving child placing agencies. The goal in providing specific funds for each state is to assist them in realizing the importance of permanency or reunification for children in care. By limiting the amount of money that can be utilized, the act discourages states from allowing multiple foster home placements (United States Congress, 1980).

1.2 From Policy to People

The list of amendments and acts proposed to create positive change in the lives of children and families continued to grow after the AACWA was passed in 1980. Each policy created and implemented across the United States maintained different objectives and changes to further improve the child welfare system. While the policies themselves are unique, they strive toward a common goal of viewing each child not as a number but as a human being in need of a second chance. On June 4, 1996, congressional records show Senator DeWine imploring the President of the United States on the behalf of children in foster care. He shares the following words:

Mr. President, I rise today to talk about an American tragedy. First, Mr. President, too many children in this country are spending the most important formative years in a legal limbo, a legal limbo that denies them their chance to be adopted, that denies them what all children should have: the chance to be loved and cared for by parents. Second, we are sending many children in this country back to dangerous and abusive homes. We sent them back to live with parents who are parents in name only, and to homes that are homes in name only. We send these children back to be abused, beaten, and, many times, killed... In summary, Mr. President, too many of our children are not finding permanent homes. Too many of them are being hurt, and too many of them are dying. (United States Congress, 1996, p. 5710)

This rallying speech voices the necessary distinction between policy and people. Congress may successfully create multiple laws in an effort to solve the problems within child welfare; however, policy itself will never contain the power to comfort a traumatized child who has not experienced a safe home or a loving family. A balance between utilizing

policy and personal interaction must be maintained to effectively assist these children. The balance needed has been drastically altered as child welfare agencies experience consistently growing caseloads. Social workers and case managers should ideally receive between fifteen and twenty cases each, but with the steady increase of children entering foster care or shelters, workers are managing caseloads as large as thirty to forty. With a plethora of cases, it becomes difficult to truly provide the best possible assistance and focus due to the amount of documentation and requirements each caseworker must complete. Time spent with each child is decreased, leaving many caseworkers unable to fully understand the scope of the child's problem. Ultimately, highly troubled children become a priority, and caseworkers unintentionally allow other children with fewer problems to fall to the bottom of their lists.

Reality shows that many of these children not only become victims of abuse or neglect, but also become lost in the child welfare system. The amount of time they spend shifting from foster home to foster home continuously increases, causing the child placement process to endure longer than necessary. Senator DeWine's plea to consider "the best interests of the child" (United States Congress, 1996, p. 5712) as priority seems to be all but forgotten as child-placing agencies become overwhelmed with the vast number of children entering foster care. Permanency goals have become temporary goals, and it was not until 2014 that the State of Texas implemented an idea in region 3b that will perhaps change the course of child welfare. With its new goals and objectives, Texas' Foster Care Redesign Initiative has taken large strides in a positive direction as it strives to make every child a priority.

CHAPTER 2

LITERATURE REVIEW

2.1 Lack of Permanency and Children in Foster Care

Children in foster care have been removed from the home due to neglect or abuse, and the journey through foster care has become a long and tedious process. The goal, however, is to decrease the number of foster care placements and promote permanent placements. The Adoption and Safe Families Act of 1997 has become integral in laying the foundation for permanency plans for children (United States Congress, 1997). However, over the last several years, placements in foster care have consistently increased. Research shows that, in 2012, the Texas Department of Family Protective Services (TDFPS), the regulating body for Texas' Child Protective Services, reported foster care placement statistics for each month of the year for region 3. On average, 3,135 children were placed in a foster home per month in 2012 (Texas Department of Family Protective Services, 2012) compared to an average of 3,671 foster child placements each month in 2016 (TDFPS, 2016a). These numbers include placements in Tarrant County, which contains the second highest placement history in region 3 (TDFPS, 2016a).

2.1.1 Defining Permanence

Permanent is defined as something that is continuing, not temporary, or something without fundamental or marked change (Webster, 2017). A typical child will not wonder if his home and family will suddenly end or drastically change. In his mind, the home is a place of permanent refuge. Children in foster care, however, do not receive the privilege

of experiencing a permanent home. As the numbers shared previously reveal, thousands of children in Texas are placed in foster homes every month. It is normal to assume that each number represents a completely different child every month. It is more likely, however, that many of these children experience multiple placements per year. One caseworker for ACH Child and Family Services in Fort Worth, Texas, shared that one of her clients, an 8-year-old male, was placed in thirteen consecutive foster homes before he was eventually placed in a foster-to-adopt home in 2016 (C. Stanley, personal communication, September 19, 2016). This young boy, like hundreds of other children in the foster care system, does not comprehend that it is possible to have a permanent home. This lack of permanency produces drastic effects that stem from experiences of abuse or neglect. Because the issue of abuse and/or neglect prompts each child's initial placement in the foster care system, it is essential to understand these effects and the resulting behavior.

2.1.2 Abuse and Neglect

It is common knowledge that children in general are a highly vulnerable population; however, research shows that youth in foster care are increasingly acknowledged as a specific target for vulnerability (North Texas Community Foundation, 2016). They are often victims of neglect or sexual, physical, and emotional abuse, and the maltreatment that occurs early in life greatly impacts child development. Indeed, research has found that abuse and neglect maintains a lasting impact on a child's "psychological and physical health, neuro-biological development, relational skills, and risk behaviors" (Feit, Joseph, & Peterson, 2014, p. 5). Dr. Karyn Purvis, Dr. David Cross, and many others from Texas Christian University's Child Development Institute devote both time and energy to promoting awareness of the development of at-risk children. In her book, *The*

Connected Child, Dr. Purvis notes that maltreatment early in life alters “all the ways that a child develops – coordination, ability to learn, social skills, size” (Cross, Purvis, & Sunshine, 2007, p. 2). Dr. Purvis explains that it is due to neglect and abuse that these children tend to accumulate problems such as attachment issues, misbehavior, fear, depression, learning difficulties, short attention spans, as well as other various problems depending on the child (Cross, Purvis, & Sunshine, 2007, p. 2).

It is likely that the trauma experienced through abuse or neglect causes emotional or behavioral conflict and teaches the child how to respond in an effort to protect himself. Researchers like Feit, Joseph, and Peterson share that the amygdala, a part of the brain, is consistently impacted due to abuse and neglect (2014). The amygdala plays a vital role in a human’s emotional reactivity or emotional processing deficits as well as his ability to process problems or heightened anxiety. These are all targeted areas for children who are considered at-risk from traumatic experiences (Feit, Joseph, & Peterson, 2014). How an at-risk child responds to situations may be considered by society as aggressive or maladaptive, but a child who has been deprived of proper care has been trained to survive through these developed behaviors (Purvis, Cross, Federici, & McKenzie, 2007). A neglectful or abusive caregiver teaches a child that he is not important, causing that child to be more likely to learn negative strategies to regulate emotions that occur during interactions with others (Feit, Joseph, & Peterson, 2014).

Emotional and behavioral outbursts tend to be revealed or noticed after children are placed in foster homes, but these tendencies do not develop once the first out-of-home placement occurs. Because the environment that prompted negative behavior or emotion has been suddenly removed, a child in foster care does not have time to process the loss of

a caregiver or home. Dr. Richard Kagan explains that repeated experiences of trauma will prompt a lack of trust (Kagan, 2010). The trust that children ought to have is replaced with fear, and research by Dr. Purvis finds that this powerful fear produces tantrums, hiding, hyperactivity, or aggression (Cross, Purvis, & Sunshine, 2007, p. 47). It is not only the sudden transition to a foster home, but also the fear produced by trauma that prompts negative behavior. Furthermore, the frequency of abuse or neglect also impacts the outcomes. Research finds that a child's outcome will worsen as the trauma experienced increases (Feit, Joseph, and Peterson, 2014).

2.1.3 Behavior and Attachment Issues

When a child is consistently transferred from one home to the next, it sends the message that he is not important or loved. The young boy who has lived in thirteen foster homes has been led to believe that people will only love him if he behaves properly. His background has taught him that the poor behavior he displays is the cause of his sudden removal from the home (C. Stanley, personal communication, September 19, 2016). One social worker from ACH Child and Family Services conducted a home visit with this young boy and his foster mother in November 2016. The foster mother shared that whenever the other children in the home misbehave, this young boy admonishes them and attempts to correct the behavior so that no one receives punishment. She believes that this behavior stems from his fear of experiencing another disruption or removal from the home (C. Stanley, personal communication, September 19, 2016). Like this young boy, children who do not have a permanent home struggle to build secure and attached relationships with their caregivers. Furthermore, they do not have the capacity or understanding to simply form positive relationships with adults (Selwyn, 2010).

Forming strong attachments with peers and adults is possibly one of the most difficult challenges for a child who has experienced trauma. A child who is in long-term foster care and has not received a permanent home will fight a difficult battle regarding attachment insecurity. Because development has been previously threatened, research indicates that this phenomenon leads to strained attachment as well as emotional regulation issues. Researchers believe that a major factor of successful permanency correlates with a child's emotional security. When a child lives in multiple homes, studies indicate that he will struggle with both forming as well as maintaining attached relationships with caregivers and other members of that particular family. Children who have a trauma-filled background tend to develop behavior reflecting an insecure attachment. Youth with insecure attachment will consider themselves unworthy of attention or care. Furthermore, they develop a lack of trust in others and doubt in their caregiver's willingness to respond to their needs. Consequently, it is not surprising that studies show maltreated children as less likely to form secure attachments with caregivers (Brenner, Cushing, Freundlich, & Frey, 2008).

After a child's initial removal from the home and placement in foster care, the permanency plan generally advocates reunification. The ultimate goal is to allow the biological family a chance to improve their lifestyle and to learn how to provide safe care in order to be reunited with their child (Bass, Behrman, & Shields, 2004). However, certain laws will not allow states to pursue reunification and legal custody if specific conditions occur, thus forcing caseworkers to look for alternative plans for permanency (Bass, Behrman, & Shields, 2004). Of the 47,492 children served in foster care in Texas' 2015 fiscal year, 29,990 of those children were in care on September 30th (U.S. Department of

Health and Human Services, 2016a). During this fiscal year, 8,879 children became legally free, which simply means that the biological parental rights had been terminated (U.S. Department of Health and Human Services, 2016b). Author Nadia Ehrlich Finkelstein coined the phrase “children in limbo” in order to describe the lack of permanency for children in foster care (1980). These children live from home to home while they are waiting for reunification or adoption (if rights are terminated). The sense of permanence has become severely limited, as Finkelstein observes, and prohibits the development of a foundation that will allow the child to assume an awareness of self and identify who he is as a person (1980).

2.1.4 Lack of Permanency and Fear

Finkelstein reveals that when children lack a stable and predictable home environment that loves and accepts them, they are more likely to be inhibited from learning how to respond positively and how to handle impulsive behavior (1980). Guidance on appropriate behavior and forms of expression vary from home to home, sending a confusing message to a child attempting to make sense of the world. Furthermore, children in foster care do not only lose a permanent environment when they are transferred to various foster homes. They also endure separation from the parental figures in each home. Research finds that the sudden loss occurring when a child must transition to another home is more than likely to incur “intense feelings of abandonment, accompanied by sadness and apprehension” (Browning, 2015, p. 51). Each child processes the transition into foster care differently, and the loss of one caregiver in order to gain another may result in various reactions and has been shown to have lasting effects. As a new caregiver attempts to form a relationship with the child, the apprehension, anxiety, and doubt accrue oftentimes

because the child is removed suddenly from their previous caregiver without any form of explanation (Browning, 2015).

Research finds that, as fear accumulates, many children will retreat into fight or flight methods (Purvis, Cross, Federici, & McKenzie, 2007). By fighting, they are creating a defense mechanism through aggressive or destructive behavior in order to process loss and grief. If a child retreats into flight mode, he will withdraw and push away those feelings of fear and loss, ultimately dulling the heart and mind in a desperate effort to remain safeguarded against a new family (Browning, 2015). A separate study by Unrau, Seita, and Putney used interviews from adults who once were children in foster care to emphasize that multiple placement moves promoted feelings of detachment or withdrawal (2008). In fact, one participant shared that she purposely detached herself from every caregiver simply as a survival technique because she taught herself not to trust anyone other than herself. This participant was moved through six different foster homes (Unrau, Seita, & Putney, 2008).

2.1.5 Impact of Multiple Placements

Unrau, Seita, and Putney's research discusses the impact that multiple placement moves maintained on former foster youth (2008). Through interviews with adults who had experienced two or more placements while in foster care, Unrau, Seita, and Putney identified six primary types of loss experienced by youth in foster care (2008). Participants explained that these types included loss of power over personal identity, loss of friends and connections to school, loss of personal belongings, loss of siblings, loss of self-esteem, and loss of normalcy (Unrau, Seita, & Putney, 2008). The uncertainty and unknown along with feeling unwanted and stigmatized for being in foster care were expressed by these

participants as they explained how multiple placements affected them (Unrau, Seita, & Putney, 2008). The participants also acknowledged that their experiences taught them to maintain guarded optimism in an effort to find positive factors about placements while still recognizing that each move was difficult. Some viewed every move as a chance to begin again or leave a negative experience from their previous placement. Others revealed that they viewed a new placement as a chance to connect with new people, whether it was with a new family or their caseworker (Unrau, Seita, & Putney, 2008).

2.1.6 Lack of Permanency for Older Youth

The responses shown through Unrau, Seita, and Putney's study confirm that among the lessons learned, there are lasting effects from multiple placements that tend to cultivate trust issues for children in foster care (2008). Children have reported developing conflicted feelings about their caregivers, which makes attachment and processing loss difficult (Akin, Lieberman, Mariscal, & Washington, 2015). This becomes increasingly difficult the longer a child remains in foster care. Researcher Rosemary Avery shows that older youth and teens are among the least likely to achieve adoption or permanent placement (2010), and studies reveal that one primary reason for this is due to foster parents' view of adolescents through the lens of stereotypes and stigma (Akin, Lieberman, Mariscal, & Washington, 2015). They assume, for example, that teens are prone to ignore parental requests. These are the types of battles in which most foster parents do not wish to engage, thus promoting the child's conflicted feelings about his or her caregiver.

As Akin and collaborators researched foster care alumni and their experiences, they found that most placement moves for adolescents are commonly due to behavioral health problems (Akins, Lieberman, Mariscal, & Washington, 2015). Adolescents who are unable

to attach to seemingly unattached caregivers ultimately respond through negative behavior. For example, they demonstrate responses such as lying, manipulation, defiance, verbal and physical aggression, as well as exhibit signs of depression and Post Traumatic Stress Disorder (Akins, Lieberman, Mariscal, & Washington, 2015). These types of behaviors lead to removal from one home and placement in another home, further encouraging what seems to be an infinite cycle as each youth grows older.

Avery discusses this issue by reminding her readers that while many assume the age of eighteen marks a distinct transition into adulthood, many teens in foster care lack proper guidance for the majority of their lives due to multiple shifts in home environments (2010). Her research shows that family relationships are crucial for developing identity, attachment, and adjusting to new roles that will allow each person the capacity to develop interpersonal skills necessary for adult life (Avery, 2010). However, reality teaches that the majority of teens will not experience successful or stable placements. Consequently, they are more likely to become victims of unplanned pregnancy, homelessness, unemployment, substance abuse, and they are less likely to receive their high school diploma (Avery, 2010; Gustavsson & Stott, 2010). Unprepared for adult life, the young eighteen-year-old will enter the world unable to cope with situations. This young adult will most likely contribute to the continuation of the foster care cycle of children in limbo through his or her own unplanned pregnancies and substance abuse.

2.2 When Permanency is Successful

Permanency has been a consistent struggle, as is evident from research shown previously. It not only affects behavioral outcomes, attachment styles, and developmental processes for children and adolescents, but it also has a lasting impact on their lives. These

children become adults who are completely unprepared for the world. In fact, 25 to 50 percent of children who age out of foster care and do not achieve permanency will experience unemployment (Gustavsson & Stott, 2010). When love, care, and support are lacking from a child's life, they learn to survive instead of thrive. Young adults then adapt these strategies, which has contributed to an all-time high arrest rate for adults previously in foster care. Health issues, though prominent for children in both stable and unstable care, are less likely to receive appropriate attention due to lack of health care. Therefore, research strongly suggests that instability increases risks and decreases a child's coping mechanisms and knowledge of life skills (Gustavsson & Stott, 2010).

Researchers have spent a large quantity of time searching for characteristics that describe a permanent home and how this benefits children in care. Even further, they strive to understand the factors that successfully create a permanent home. It is important to note that there are various factors that constitute a permanent home placement. The first, which is reunification with the biological family, is highly desired yet often unattainable. The second considers kinship placements as an increasingly common option for children in foster care. The third, non-relative foster-to-adopt or adoptive home placement, is perhaps the most common and is considered a typical placement (TDFPS, 2015a). Regardless of the type of placement, researchers have found that the foster home will be successful if a sense of security and belonging is initiated from the beginning (Brenner, Cushing, Freundlich, & Frey, 2008).

2.2.1 Benefits of a Permanent Home

When a child becomes a permanent resident in a home, there is a plethora of benefits. Residing in a safe environment will promote healing, recovery from trauma, and

opportunities for healthier development. Furthermore, a permanent placement provides a parental relationship that has been missing previously, and it also provides parental care and guidance, support, and dependability (Brenner, Cushing, Freundlich, & Frey, 2008). According to research, the sense of belonging and inclusion provided through permanence allows each child to truly feel as if he is part of the family (Beek, Schofield, & Ward, 2011). Building relationships and forming commitment is a choice that must be made daily for children in foster care. Interestingly, research finds that children who are given a choice with whom they wish to be placed, as well as having input in other important decisions, maintain a higher sense of value and worth (Beek, Schofield, & Ward, 2011; Geenen & Powers, 2007).

Research suggests that permanent placements not only give opportunity for children to develop stable relationships with caregivers but also provide them with a chance to experience what others may consider normal development. For example, research shows that permanent homes will offer a consistent school setting experience rather than multiple changes in school location throughout the year. Furthermore, a permanent home allows each child an opportunity to develop an established network of friends and peers, which is a vital aspect in every child's developmental process. A child who receives a permanent home gains consistent access to health care, whereas he previously most likely did not experience that benefit. Another advantage that is often lacking due to inconsistent care is access to community resources and activities. Regardless of the type of community, a permanent home will provide ample opportunity for the child to develop skills needed to build positive and consistent relationships with people (Price et al., 2008).

2.2.2 Characteristics of a Permanent Home

Characteristics of a foster family also contribute to permanent placements. These characteristics are a significant factor in determining a family's ability and capability to adopt. Research reveals that one essential characteristic a family must maintain is a sense of willingness. A successful placement will involve a family that is able and willing to participate in various requirements, including documentation, financial commitment, and legal obligations. Other factors, such as the age and income of caregivers, are examined by caseworkers, and while trans and multiracial families are becoming more common, race and ethnicity are often characteristics that may alter permanent placement outcomes (Zinn, 2009). A child of one ethnicity or race may struggle with placement in a family that is not of the same ethnic group and will most likely feel out of place in both physical appearance and cultural expression. Communities tend to attract people from similar backgrounds and ethnicities, making adjustment and immersion into a new school possible but usually difficult. A foster family's experience with various types of childcare and previous child placement rate will also impact permanent placement (Zinn, 2009).

In February 2017, Melinda Cathey, a child welfare advocate who often speaks at training conferences for future foster parents, interviewed Dr. Cross from TCU's Child Development Institute. As they discussed characteristics of quality foster homes, they discussed how permanent placements could increase through these homes. Dr. Cross, who does not profess any particular religious beliefs, shared that he is convinced it "all begins within the church" (M. Cathey, personal communication, February 23, 2017). Through his years of working with children from traumatic backgrounds, he has found that families who profess to be Christians tend to be more successful in achieving permanency because

they believe it is their responsibility from God to parent those who are without a home (M. Cathey, personal communication, February 23, 2017). Indeed, research shows that foster parents who are religious are more likely to be motivated to foster due to their faith. Research also shows that recruitment for foster parents is becoming increasingly popular among churches. Religious beliefs within the home not only promote a stronger sense of resiliency for at-risk children in care, but also provide a network of support for both the child as well as the foster parent. This network of support assists in preventing foster parent burnout, and this ultimately will increase opportunities for permanency (Schreiber, 2010).

It is evident through the previously discussed studies and research that permanency holds a lasting impact on the lives of children in foster care. Throughout the history of foster care, a common theme has prevailed. Every child, whether they are in foster care for two months, two years, or until they become legal adults, consistently shares that becoming a part of a family is significant (Greenen & Powers, 2007). Permanent placements assist in providing children an opportunity to acquire and practice skills necessary for life, and it is apparent that many of these children are unable to achieve the permanency that they earnestly yearn. Many different solutions have been proposed in an effort to fix this problem, yet foster care numbers continue to increase. The purpose of this thesis is to promote permanency and an understanding of how Texas has met the challenge not only to increase permanency but also to provide hope for children who deserve both love and care.

CHAPTER 3

DISCUSSION

TDFPS initiated recommendations to create a new model for improving foster care in December 2010. Among the recommendations made to Commissioner Anne Heiligenstein, the TDFPS acknowledged that there are many factors that must be improved or changed in order to make a significant difference in the lives of children in foster care. To discuss each of these factors would be beyond the scope of this study; however, several of the recommendations discussed placement safety for children, familiar community and culture placements, as well as placements that will promote permanency. The TDFPS also recommended that Texas shift its focus to allow children and youth to be involved in the decisions that alter their lives, promote sibling placements, and allow each child an opportunity to participate in life experiences similar to their peers not involved in foster care (Public Private Partnership, 2010). Attached as Appendix A is a copy of the letter of recommendations written to Commissioner Anne Heiligenstein.

Texas received permission to begin implementing the Foster Care Redesign Initiative when Governor Rick Perry signed Senate Bill 218 in 2011 (TDFPS, 2017). Its goal of improving child placement outcomes began establishing roots in two areas, including region 3. Texas utilizes a Single Source Continuum Contractor (SSCC) system to monitor results and establish regulations in order to assist counties in achieving target goals. An SSCC strives to guarantee that services are continuously provided to designated

geographic catchment areas, which requires the SSCC to maintain a thorough understanding of the community's strengths and needs (TDFPS, 2016c). Currently, there are two contracts awarded. Our Community, Our Kids (OCOK) is a division of ACH Child and Family Services located in Fort Worth, Texas, and it was created as the SSCC for region 3b, which contains Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, and Tarrant Counties (Our Community, Our Kids, 2017). It took approximately three years for OCOK to receive charge of Texas's Foster Care Redesign Initiative. It launched in the fall of 2014 and began providing support for agencies that offer services to almost 2,400 children every year (ACH Child and Family Services, 2014).

3.1 Foster Care Redesign Initiative

Our Community, Our Kids brings many resources, program initiatives, and opportunities for positive change. It has incorporated ACH Child and Family Services' vision of providing quality care and focuses on every child as a priority. OCOK maintains three core objectives to reach success for Foster Care Redesign (FCR): safety, permanency, and well-being (TDFPS, 2015a). The Foster Care Redesign Implementation Plan, published in April 2015, outlines the reasons for these three objectives. By promoting safety, Texas is hoping to provide foster care placement opportunities with high-quality care for children, starting with improved training for caretakers. The goal is to increase each foster caregiver's awareness and capability to participate in successful risk management. Safety also involves improving the technology used to process information in order to allow caseworkers to enhance their knowledge about various families and children in need of placements. Matching a child with a family is not an easy process, and

with newer methods to process information, the improved technology provides the capacity for foster care children to receive the best placement (TDFPS, 2015a).

Regarding permanency, FCR has committed to strive towards reducing the amount of time a child spends in foster care. This will require agencies and other resources in region 3b to provide quality and plentiful services in an effort to keep families together. FCR utilizes Permanency Roundtables (PRT) as an avenue for discussing permanency regarding children and youth who are under the permanent managing conservatorship of the TDFPS. A Permanency Roundtable allows various people advocating for a child in care to gather together to consult on a case-by-case basis and develop strategies to determine permanent placement options (TDFPS, 2016b). By increasing permanency, Texas is advocating for the well-being of each child in care. According to the Foster Care Redesign Implementation Plan, well-being requires seeking outcome possibilities that will ensure that quality of life is protected for both children and families (TDFPS, 2015a). The goal through this plan is to decrease disruption in the home, which ultimately requires caseworkers and agencies to constantly increase their knowledge on how to make educated decisions for placements of children through new methods like Foster Care Redesign. An incremental factor in this process of placement involves children remaining in their home communities, as well as remaining with any siblings, in order to prevent a loss of connection from both family and friends (TDFPS, 2016b).

3.1.1 Programs to Support Foster Care Redesign

OCOK embraces Foster Care Redesign through many innovative ideas and programs in order to value each vulnerable child who enters foster care. OCOK continuously builds a network of resources in order to improve the foster care system.

Some of these programs include the following: Every Child a Priority (ECAP), Quality Parenting Initiative (QPI), Child and Adolescent Needs and Strengths (CANS), as well as myEvolv and Provider Information Exchange (PIX) (ACH Child and Family Services, 2014). These programs assist agencies in better preparing parents who have opened their homes to foster care. Families may or may not be experienced in raising at-risk children. Programs like QPI allow families to learn strategies, improve parenting techniques, and receive encouragement as they build connections with the children placed in their home.

OCOK holds fast to the idea that improved parent-child relationships and increased permanency begin with parents who are sufficiently prepared and connected to helpful resources. Whereas the old system through CPS offered minimal assistance for foster parents, OCOK promotes Quality Parenting Initiative (QPI) in order to present caregivers with the opportunity to understand the expectations for foster parents, as well as how to utilize their resources effectively. These resources include training sessions and workshops on various topics, including Trust-Based Relation Intervention, care for children who have experienced trauma, disabilities and advocacy, easier meal preparation for working moms, as well as low-cost parenting classes and support for children. OCOK also utilizes community resources such as Rise Adaptive Sports, YMCA, DFW Child, and events like the Family Day sponsored by the Fort Worth Police Department and the Fort Worth Boys and Girls Club Family Wellness Fair, which includes health screenings. Other resources include various camps, music and horse therapy, and access to numerous support groups and supplies for children, such as car seats, school supplies, and clothing (Our Community, Our Kids, 2016a). Through the success of QPI, OCOK has seen increased permanency,

fewer separations of sibling groups, improved quality of parenting, and children remaining in their own communities (OCOK, 2016b).

3.1.2 Types of Services

Under the old system through CPS, a child is identified by the type of services that he may receive. OCOK has taken the types of services and has re-categorized them. When a child is placed through OCOK, they fall into one of two types of services classified as either standard or treatment. Once the type of service needed is determined, OCOK will be able to clarify how to conduct service planning for that child. Standard services include meeting the child's most basic needs such as providing shelter, quality nutrition, clothes, peer-to-peer interaction, supervision, education, and developing an understanding for personal health care and hygiene. Treatment services allow caseworkers to take a step further in providing specific services that meet the particular needs of a child who qualifies. These services are created to support and assist children with emotional disorders, intellectual disabilities, pervasive developmental disorders, primary medical needs, and those discovered to be a victim of trafficking (TDFPS, 2015b). By identifying the correct services needed for each child in care, OCOK and ACH may then work together in order to effectively meet those needs and increase the opportunity for permanency.

3.1.3 Recruitment

One aspect of OCOK that maintains a vital role in the permanency research and implementation is the recruitment process. It has become difficult to increase permanency due to the lack of foster homes available in each country. OCOK has initiated activities related to the recruitment of adoption-motivated homes, such as meet-and-greet events and informational sessions. Many families become interested through the foster care

experiences of friends and family in their community. Once they contact OCOK or ACH, they discuss opportunities and the process with a recruitment specialist. A thorough investigation and home study is completed on each home in order to ensure that the home is fit to serve children with a background in trauma. The recruitment team is responsible for finding families that will be successful in providing quality care and support for the child as he adjusts to the new environment. They apply tools such as Wednesday's Child, TARE, Broadcasts, and Heart Gallery to facilitate access to information regarding children open for placement. Furthermore, OCOK collaborates with CPS to gather specific details regarding each child in care in order to accurately and best prepare families for their potential placements (TDFPS, 2016b).

3.2 Success of Foster Care Redesign

Over the past five years, the Foster Care Redesign Initiative has become integral in resolving major issues within the foster care system in Texas. By focusing on implementing changes through regional facilities like ACH and OCOK, the once-fragmented system has slowly been pieced together again. One may repeatedly declare the success of a program; however, there must be substantial proof to validate these claims. Since the implementation of OCOK, certain occurrences have decreased in region 3b. For example, fewer children are found in hotel lobbies or offices, and placement rates within their own community have increased. The work done by OCOK is supplemented with support from not only the community but also other OCOK providers, including Arrow Child and Family Ministries, Covenant Kids, New Horizons, and Texas Family Initiative (ACH Child and Family Services, 2016a). OCOK believes in the value of relationships and encourages them to

obtain results. By cultivating relationships with service providers and communities, OCOK has seen results that ultimately lead to children thriving in permanent homes.

3.2.1 Placement Location Outcomes

Region 3b includes rural counties like Palo Pinto, where recruitment has previously been severely lacking. This has caused children to receive a placement further from their community and to become separated from siblings. Through the efforts of FCR and OCOK, rural recruitment for more foster homes has successfully increased the foster home count from three to twenty homes in Palo Pinto County during FCR's first year of operation (ACH Child and Family Services, 2016a). In its second year of operation, OCOK's implementation of FCR saw a 280 percent increase in foster care homes in Palo Pinto County (TDFPS, 2016c).

Statistics have revealed that far too many children have been continuously placed outside of their community or in a Residential Treatment Center (RTC) far from their community because of a lack of foster homes available. Furthermore, many of these children are in need of therapeutic care. OCOK has responded to this problem by increasing the number of foster parents who may be licensed for therapeutic care. The goal is to decrease the number of children placed in an RTC and increase placement in therapeutic foster homes. Through bi-weekly staff meetings, OCOK has been able to remove 54 children from RTC placements. Even further, this initiative has seen a 70 percent success rate of placements in homes within the child's own community, allowing him to experience a stable environment without leaving behind school, friends, and family (ACH Child and Family Services, 2016a). The benchmark goal of placing 71.5 percent of children in family homes instead of group homes was surpassed through OCOK, as 79 percent of these

children experienced placement in a family setting (ACH Child and Family Services, 2016b). While this progress is significant, OCOK has found that there is much more work ahead in order to meet the demand of therapeutic homes in region 3b. In fact, ACH estimates that another 80 to 100 foster homes are needed to provide therapeutic care for children in foster care (ACH Child and Family Services, 2016a).

OCOK recognizes the need for both therapeutic homes and standard foster homes. The Quality Parenting Initiative (QPI) has been successful in attracting and recruiting prospective parents who exhibit quality parenting techniques thus far. OCOK and FCR strive to eradicate the stereotypes of foster care in order to develop a deeper understanding of how foster care can become an “honorable calling” (ACH Child and Family Services, 2016a, p. 7). OCOK has provided a system that connects programs and service providers throughout region 3b to create a unified voice that advocates for the children in foster care. Communication becomes complicated when multiple voices, including school systems, medical professionals, and court officials, become involved. OCOK’s efforts to bridge the gaps have allowed communities to become more educated and prepared to participate in the improvement of foster care through FCR (ACH Child and Family Services, 2016a). Through OCOK’s work, the total capacity growth increased by 20 percent, from 1,950 beds in November 2014, to 2,330 beds in August 2015 (ACH Child and Family Services, 2016b). Even further, licensed foster homes increased in capacity by 33 percent during OCOK’s second year of operation (TDFPS, 2016c).

3.2.2 Implementation of Measuring Tools

Prior to OCOK’s usage of FCR, Texas had not been successful in measuring and following each child’s well-being over long periods of time. Due to the lack of child

assessment tools, OCOK now utilizes a free assessment program called Child and Adolescent Needs and Strengths (CANS). Service providers and caseworkers may use this tool for children older than age 5, and the success of CANS has allowed OCOK to begin analyzing data for clinical outcomes, generally noted as improvements. While it is still fairly new and should continue to be tested over longer periods of time, a more recent analysis of 164 children in care during a ten-month span reveals that 74 percent of these children with risk behaviors were clinically successful. The information utilized through CANS also revealed that 56 percent of these children were successful in their adjustment to trauma (ACH Child and Family Services, 2016a; TDFPS, 2016c).

Aside from the success of tools like CANS, OCOK also utilizes a software program called Every Child a Priority (ECAP) to effectively match youth in care with the best foster home that will meet their needs. The ultimate goal of this system is to decrease the number of placements a child experiences and alleviate the stress that accompanies multiple transitions. Through programs like ECAP, region 3b has seen 94 percent of youth in care experience stable placements, which will inevitably lead to fewer transitions and increased permanency (ACH Child and Family Services, 2016b). Essentially, the purpose of ECAP is solely to ensure that the first placement is the best placement (TDFPS, 2016c). This goal of improved placement stability is revealed through the fact that 87.2 percent of children in care during OCOK's second year of operation experienced two or fewer placement moves (TDFPS, 2016c).

3.2.3 OCOK Achievements and Worker Mentality

OCOK had an 83 percent success rate of placing children within 50 miles of their home community during the first year of implementing FCR in region 3b. This percentage

is a 12 percent increase from the removal and placement process under the old system. OCOK has maintained other various achievements, including the following: 76 percent of the youth who turned 18 participated in Preparation for Adult Living (PAL) life skills training, 35 percent of youth ages 16 or older have secured a job, and 88 percent of children in care gained opportunity to participate in the discussions regarding their plans for services. All of these accomplishments are vital in improving the lives of children in foster care, and all of these achievements promote a common goal. Keeping children safe comes first, and through the success of FCR, it is reported that 99.9 percent of children in care have not experienced abuse or neglect in their foster home (ACH Child and Family Services, 2016a).

Under the old system for foster care, many caseworkers were overwhelmed with large caseloads. Time became a coveted commodity as caseworkers spent less time with each child. Through FCR, region 3b caseworkers have shared that they are able to spend more time with each of their children in care, which allows these children to give voice to their needs and understand that they are important. As shown through previous sections about children who have experienced trauma, this connection is vital in achieving permanency. The efficiency of completing work tasks has improved and the quality of written reports has increased (ACH Child and Family Services, 2016c). Furthermore, turnover rate for caseworkers has decreased as they are working fewer overtime hours and are able to build better quality relationships with their children and parents (TDFPS, 2016c).

3.2.4 Limitations

While it is evident that the Foster Care Redesign Initiative has greatly impacted and improved the foster care system in region 3b, there are a few limitations within this study. FCR is a new system, and the collected data covers only two to three years. Due to its more recent development, it has not been tested thoroughly over a longer period of time in order to claim its full effectiveness. Measuring the outcomes is a difficult task as it involves a longitudinal study of the well-being of children and their ability to recover from traumatic experiences. The recovery process requires a vast amount of time and is not an issue that is easily fixed. Because human beings continuously change, what may be true for a foster family during their first year of fostering may suddenly change during their second year of fostering. However, FCR ensures stakeholders it will consider the varying aspects that may alter from year to year, and it is a program that will ultimately lead to tremendous impact in increasing permanency and providing forever families for children in foster care.

CHAPTER 4

CONCLUSION

Child abuse and neglect are serious problems with major implications. Children who are abused or neglected experience tremendous fear and developmental delays, and lack the support and love needed to thrive. While a child outside of foster care may be given numerous opportunities to learn, grow, and accomplish what society considers normal tasks, an abused or neglected child is not provided the same opportunities. Instead, CPS, child-placing agencies, and other authority figures surround each child as the search for a better home begins. This process could last a few days or it could take several years. A child may live in several homes, attend multiple schools, and lose contact with family members, including any siblings. This child learns to build walls to protect himself from further pain and cannot comprehend what life looks like in a happy and loving home.

The picture painted above is bleak and seems to produce a hopeless ending. For many children in the child welfare system, their story contains little hope. As a child is continuously required to adjust to new homes and environments, his chance of permanency decreases. However, Texas has decided to become a voice for hundreds of abused and neglected children in order to advocate for hope and love to enter their lives. Legislators, social workers, case managers, law enforcement professionals, teachers and educators, doctors and counselors, family members, and friends realize the crucial need for stable placements and availability of foster homes. As a result, Texas implemented the Foster

Care Redesign Initiative, a system unlike any other system in the United States, in order to begin reducing the problems within the child welfare system.

Although FCR remains a newer system and time is required to evaluate results, it has been highly effective thus far as an innovative approach to revitalize the foster care system. One of the primary reasons why it has become an efficient and effective alternative is that it is regionally focused. Instead of creating a system that attempts to fix every issue in the child welfare system, FCR began by focusing in one specific area of Texas, region 3b, in an effort to improve the system locally before expanding. OCOK, created specifically for FCR, has implemented these redesign ideas and programs in target area needing improvement such as increasing foster home capacity, improving recruitment techniques, and initiating programs to teach foster parents how to interact with children from traumatic backgrounds. As FCR continues to provide services and positive results for children in care, it will expand to other regions in Texas. Ultimately, this system may be adapted in other areas of the country, thereby increasing second chances for children across the United States.

In conclusion, consider the lives of a group of siblings who were suddenly removed from their home because their mother and father made decisions that prevented them from caring for their children. These three children will never be reunited with their parents and struggle daily with understanding how the two people they love most could abandon them. They believe that they are to blame, wondering if they will find new parents who truly love them, even when they behave poorly. Because of Foster Care Redesign, OCOK has found a forever home for these three children. However, their story is only the beginning of many future forever home stories to come. The primary objective of this study is not to teach the

readers to understand the importance of a permanent home environment. Instead, this study advocates for the voice of each child who deserves not only a second chance but also the right to belong to a family that will provide love, support, and genuine care. Consider the following question: If the United States adamantly declares a willingness to defend the rights of its citizens, it is not also fair to ask each individual to join in defending the rights of every child in foster care?

APPENDIX A

LETTER OF RECOMMENDATION TO COMMISSIONER HEILIGENSTEIN

December 13, 2010

Commissioner Anne Heiligenstein
Texas Department of Family and Protective Services
701 West 51st Street Austin, Texas 78751

Dear Commissioner Heiligenstein,

Thank you for the opportunity to provide you with our recommendations for redesign of the Texas foster care system.

In January, 2010, the Public-Private Partnership (PPP) was given the opportunity to develop recommendations for changing the Texas foster care system to improve outcomes for children, youth and families. Specifically, we were asked to make recommendations that would ensure that children in foster care were appropriately placed with siblings and served in their home communities. In addition, we were asked to consider ways to provide incentives for reaching desired outcomes. These recommendations were to be made within two parameters: the redesigned system could not require nor preclude additional funding and the redesigned system could not include transfer of case management responsibilities. Specifically, we were to address the following objectives:

☐ How to contract ☐ How to pay ☐ Where and what kind of services were needed

During the past year over 3,000 stakeholders participated in foster care redesign presentations, meetings and public forums. Many of those stakeholders contributed comments invaluable to our process.

Keeping as our primary focus the best interest of the children, youth, and families we serve, the PPP considered stakeholder input, including responses to the RFI and stakeholder survey, studied foster care models from other states, reviewed Texas-specific data and assessed numerous options for applicability in a Texas-specific system. After eleven months of dedicated work, the PPP has reached the following consensus recommendations.

These recommendations outline a system we believe will result in increased accountability, quality, coordinated services, and ultimately better outcomes for children and youth.

Note: These recommendations are made contingent upon ☐ Transfer of DFPS resources commensurate with transferred tasks ☐ Staged implementation and an evaluation of early implementation sites showing positive results prior to expanding roll-out ☐ Increased provider authority/participation in making placements within the continuum ☐ Increased collaboration and cooperation between DFPS and stakeholders ☐ Provider authority/ability to impact outcomes for which they are held accountable ☐ Maintaining, at a minimum, current foster funding levels.

We understand that the amount of administrative resources to be transferred may be unknown until catchment areas are designated and also understand that, in order to ensure the integrity of possible future procurements, selection of catchment areas and other detail regarding other issues may not be known to us until the public release of a draft RFP.

Quality Indicators

The PPP adopted quality indicators to provide the foundation for our work; i.e. any recommended system would have to facilitate accomplishment of these indicators. These quality indicators are recommended with the understanding that the individual needs of a child are paramount - not all indicators will be appropriate for every child. However, collectively, the indicators are viewed as optimal. We expanded on DFPS' initial goals for the project and as a result of input from many stakeholders, including youth, recommend the following:

□ First and foremost, children are safe in their placements. □ Children are placed in their home communities. □ Children are appropriately served in the least restrictive environment that supports minimal moves for the child. □ Connections to family and others important to the child are maintained. □ Children are placed with siblings. □ Services respect the child's culture. □ To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences and activities similar to those experienced by their non-foster care peers. □ Children and youth are provided opportunities to participate in decisions that impact their lives.

We also recommend that performance measures for continuum contracts are based on these indicators.

How to Contract

There are approximately 340 paid foster care providers currently under contract with the State. However, because the State has an "open enrollment" process, providers may not be located where services are needed or provide the types of services required. Providers have little predictability regarding the number of children they will be asked to serve or the types of services they may be expected to deliver, making it difficult to plan or modify services according to demand.

Although current residential contracts do include some performance expectations, expected outcomes are not included, nor are incentives for producing good results. As a result, providers who deliver quality services and successfully serve children are not distinguished from providers who do not.

Finally, because services are fragmented and placements are specialized according to the Service Level System, many children must move multiple times to get the services they need, frequently have to move from their home communities to be served and are placed apart from their siblings. In the current system there is no established process for

coordinating these moves among providers and little coordination or planning between DFPS and providers to facilitate transition for children. As a result, valuable information may not be conveyed and progress a child has made may be lost.

To help remedy these issues the PPP recommends the following:

- ☐ Contract for outcomes (performance-based contracting)
- ☐ Competitive procurement
- ☐ Open to profit and not-for-profit sector
- ☐ Open to Texas and non-Texas agencies, but preference given to providers who have experience in Texas
- ☐ Contract for the full continuum of services (all levels)
- ☐ Contract in a specified catchment area for the continuum.

How to Pay

The current model does not reward good outcomes and in fact provides financial disincentive as children improve and service levels decrease or permanency goals are accomplished. As previously noted, a child may be moved unnecessarily, and as caretakers and therapists change, progress the child has made may be lost. Providers do not have flexibility regarding meeting a child's specific needs in lesser restrictive settings without incurring a lowered rate or using the rate to purchase unique services tailored to a child's specific needs.

To better align incentives and desired outcomes, provide flexibility for developing child specific services and increase opportunities to serve families, the PPP recommends:

- ☐ Elimination of Billing Service Level link to Authorized Service Level
- ☐ Blended Case Rate (phased in via staged implementation, beginning with blended rate)
- ☐ Incentives based on achievement of timely permanency (reduction in length of stay) and improvement in a child's well-being
- ☐ Reinvestment of incentives to further improve outcomes

Implementation

The PPP recommends the model initially be implemented in a limited number of catchment areas. This initial group of catchment areas (set up as “innovation zones” or “test” sites) would include metro and non-metro catchment areas and would be of sufficient size to be fiscally viable. To minimize risk and maximize opportunities for success, the PPP also recommends phasing in the redesigned system as follows:

- ☐ Stage I: Implement performance based contract for continuum in specific geographic catchment areas
- ☐ Blend rates across all service levels and eliminate tie between billing and authorized levels of care
- ☐ Stage II: Increase providers' role with families of children in their care
- ☐ Provide allocation for services to families of children in care
- ☐ Stage III: Implement case rate to include length of stay incentives
- ☐ "Hold harmless" in regard to financial remedies during first year
- ☐ Implement reinvestment of incentives to further improve outcomes for children in foster care.

In addition, the PPP proposed evaluation of catchment areas and modification of the model, if needed, prior to expanding implementation to new geographic areas.

The recommendations of the group were reached through consensus. We endorse and support the recommended changes, signed:

Michael Redden, Co-Chair, PPP
Audrey Deckinga, Co-Chair, PPP Executive Director Assistant Commissioner
New Horizons Ranch and Center Child Protective Services

Dan Adams, President and CEO Tina Amberboy
Executive Director Cal Farley's
Supreme Court Judicial Commission for Children, Youth, & Families

Lisa Black, Regional Director and Roy Block, Executive Director
Child Protective Services Texas Foster Family Association

Caroline Bogues, Alumni and Tim Brown, President and CEO
Foster Youth Representative Methodist Children's Home

Robert Ellis, CEO and Judge Paul Gallego
Pegasus Schools, Inc. 4th and 5th Administrative Judicial Regions Cluster Court, Webb
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Stephanie Gray and President Betsy Guthrie, President and COO
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Asennet Segura, Executive Director and Andrea Sparks, Director
Baptist Child and Family Services Public Policy and Outreach
Texas Court Appointed Special Advocates

Theresa Tod
Executive Director Texas Network of Youth Services

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BIOGRAPHICAL INFORMATION

Natalie Russell has been a student at The University of Texas at Arlington (UTA) since August, 2013. Upon completion of her freshman year, Natalie felt a strong desire to pursue a degree that will allow her to use her skills to meet the needs of other people. Consequently, she applied to the School of Social Work and was accepted the following year. During her time as a Social Work major, Natalie has been involved in various academic and extracurricular activities. She played oboe for the UTA Wind Symphony, received an Excellence in Spanish award in 2016, made the Dean's List for Social Work, and volunteered as an International Student Outreach team member through the Baptist Student Ministry at UTA. She enjoys research on issues regarding children and families, specifically in regards to adoption and foster care. Natalie also has a passion for refugees and completed a macro-level community assessment of a refugee community in Dallas. In May, 2017, Natalie will graduate with an Honors Bachelor of Social Work, *summa cum laude*. She is currently on track to begin graduate studies with the School of Social Work at UTA in order to complete the LMSW exam. Upon receiving her license, Natalie plans to work for a faith-based international adoption agency in order to place children from across the globe in loving and caring homes. One of her biggest goals is to begin a training program within local churches in order to raise both awareness and skills needed to increase the availability of solid, Christian homes for at-risk children.