



# Kinship Quarterly

## October 2017

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

THIS ISSUE: NEW LEGISLATION AND TRAUMA-INFORMED CARE

In this issue of Kinship Quarterly, we explain new laws that affect Kinship Care as well as information on Trauma Informed Care. New laws took effect September 1, 2017.

### House Bill 4

The CPS Relative and Other Designated Caregiver Program (also referred to as RODC or the Kinship Program) gave limited financial aid to help eligible kinship caregivers care for children. The program had two types of payments: the Integration Payment and the Annual Reimbursement.

As of September 1, 2017, House Bill 4 replaced those payments with a monthly reimbursement that is half the daily basic rate paid to a foster family home. The new rate is \$11.55 per day per child and is paid monthly. This new payment is now known as the Kinship Monthly Reimbursement Payment. You must meet all of these conditions to get the kinship monthly reimbursement:

- CPS has conservatorship of the child in your care
- CPS approved you through the home-assessment process
- You are not a verified foster home or group home receiving maintenance payments.
- You previously signed and are abiding by the Kinship Caregiver Agreement

- Your total household income is not more than 300% of the federal poverty limit

The monthly payments are time-limited and may be paid for up to 12 months. DFPS can extend the payments for up to six more months if it finds good cause.

Grandparents are no longer required to apply for the TANF Grandparent Grant. However, you may still qualify because the Kinship Monthly Reimbursement Payment is NOT considered income. This payment is not counted as income when you apply for TANF, SNAP and MEDICAID.

If you get permanent managing conservatorship (custody) of the child and you meet the criteria, you can ask for a \$500 Annual Reimbursement for the three years after you receive PMC, or until the child reaches age 18, whichever comes first. DFPS strongly recommends that you become a verified kinship foster parent so you can receive 100% of the foster care daily rate. Doing so also makes you eligible for Permanency Care Assistance (monthly financial assistance and health care assistance to help raise the child to adulthood) if the child's permanency goal is PMC to a relative.

### Senate Bill 879

Currently, when caseworkers evaluate a potential caregiver's criminal history, they must consider the total circumstances and

other factors that may affect the overall placement decision. Senate Bill 879 ensures that a nonviolent conviction alone will not be the basis for denying a kinship home assessment. As a result, if DFPS disqualifies someone from serving as a relative or other designated caregiver due to a conviction for a low-risk criminal offense, the person may appeal the disqualification. Senate Bill 879 requires DFPS to develop:

(1) A list of criminal offenses considered to be low-risk; and

(2) A process for appropriate DFPS regional administration to review the decision to disqualify that must include consideration of:

(A) When the person's conviction occurred;

(B) Whether there were multiple convictions; and

(C) Likelihood that the person will commit fraudulent activity again.

You can find a list of low-risk criminal offenses and the process for requesting an appeal at this [link](#).

For more information about the Kinship Monthly Reimbursement Payment, Annual Reimbursement, or appeals process, contact your Kinship Development Worker. If you do not have one, speak with the child's caseworker to request a Kinship Development Worker.

## Trauma-Informed Care for Children Exposed to Violence: Tips for Parents and Other Caregivers

What happens when children are exposed to violence? Children are resilient but they are not unbreakable. No matter what their age, children are deeply hurt when they are physically, sexually, or emotionally abused, or when they see or hear violence in their homes and communities. When children see and hear too much that is frightening, their world feels unsafe and insecure. Each child and situation is different, but exposure to violence can overwhelm children at any age and lead to problems in their daily lives. Some children may have an emotional or physical reaction. Others may find it harder to recover from a frightening experience.

Exposure to violence — especially when it is ongoing and intense — can harm children's natural, healthy development unless they get support to help them cope and heal. What are some of the warning signs of exposure to violence? Children's reactions to exposure to violence can be immediate or appear much later. Reactions differ in severity and cover a range of behaviors. People from different cultures may have their own ways of showing their reactions. How a child responds also varies according to age.

With a younger child, it is helpful to provide comfort with frequent hugging and cuddling, following the child's lead (for example, wanting to be held, being clingy, or wanting to talk). You should also correct misinformation and answer questions.

Tell school-age children that most people have many feelings when confronted with violence, and that it is normal to be upset, scared, angry, sad, or anxious. Children at this age need their questions answered, have the opportunity to correct their misconceptions, and talk about the experience as many times as needed. Teenagers should not be forced to talk about the event, but they should have facts if they request them and an opportunity to voice their opinions. It helps for caregivers to understand teenagers' moodiness, fears, and their need to be with peers.

**How do you know if more help is needed?** Everyone has difficulty, including children, when something frightening happens. This is normal and may go away, but sometimes the impact stays with the child. If your child continues to experience problems after a few weeks or starts having more problems,

talk to someone about how to help your child cope. Do not ignore warning signs! It is natural to hope that your child's reactions will go away on their own if given enough time, but it is best to take action to help your child regain a feeling of safety and trust.

**Young Children (5 and younger):** Young children's reactions are strongly influenced by caregivers' reactions. Children in this age range who are exposed to violence may:

- Be irritable or fussy or have difficulty calming down
- Become easily startled
- Resort to behaviors common to being younger (for example, thumb sucking, bed wetting, or fear of the dark)
- Have frequent tantrums
- Cling to caregivers
- Experience changes in level of activity
- Repeat events over and over in play or conversation



**Elementary School-Age Children (6–12 years):** Elementary and middle school children exposed to violence may show problems at school and at home. They may:

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful and sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or school

**Teenagers (13–18 years):** Older children may exhibit the most behavioral changes as a result of exposure to violence. Depending on their circumstances, teenagers may:

- Talk about the event all the time or deny that it happened
- Refuse to follow rules or talk back with greater frequency
- Complain of being tired all the time
- Engage in risky behaviors
- Sleep more or less than usual

- Increase aggressive behaviors
- Want to be alone, not even wanting to spend time with friends
- Experience frequent nightmares
- Use drugs or alcohol, run away from home, or get into trouble with the law

**What can you do?** The best way to help children is to make sure they feel safe (for example, creating a predictable environment, encouraging them to express their feelings by listening and hearing their stories) and ensuring them that whatever happened was not their fault. Other ways you can help children cope with the impact of exposure to violence include:

- Remaining calm and reinforcing a stable and safe environment
- Keeping a regular schedule or routine for meals, quiet time, playtime, and bedtime
- Helping children prepare for changes and new experiences
- Spending more time together as a family
- Being patient and letting children identify and express feelings
- Providing extra attention, comfort, and encouragement

Source: "Trauma-Informed Care for Children Exposed to Violence Tips for Parents and Other Caregivers." Safe Start Center, a National Resource Center for Children's Exposure to Violence, and the [Office of Juvenile Justice and Delinquency Prevention](#), 2011

**For more information:**

[DFPS Trauma Informed Care Online Training](#)

[National Child Traumatic Stress Network:](#)

[ACEs Connection Network](#)



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## TIPS FOR A SAFE HOLIDAY

- Mall parking lots are busier during the holidays. Watch for distracted drivers, especially when backing out of parking spaces.
- To help keep hot food out of the reach of little hands, be sure pot handles and other dishes aren't close to the edge of the counter or table where curious kids could pull them down.
- Bulky winter clothes and coats can keep a car seat from doing its job. Instead, cover your child with a thick blanket to stay warm after you've secured him or her in the car seat.
- Plants can spruce up your holiday decorating, but keep those that may be poisonous out of reach of children or pets. This includes mistletoe berries, holly berry, and Jerusalem cherry.

## LINKS TO RESOURCES

- [Texas Kinship Caregivers Facebook](#)
- [DFPS - Adoption Support Programs](#)
- [Your Texas Benefits](#)
- [Texas WIC](#)
- [DFPS - Permanency Care Assistance \(PCA\)](#)
- [DFPS - Education And Training Voucher Program \(ETV\)](#)
- [Trauma-Informed Care Training](#)
- [Psychotropic Medication Training](#)
- [DFPS - Child Safety](#)
- [Texas Youth Connection](#)
- [Texas Food Pantries](#)

## Kinship Quarterly Strengthening Families



Report abuse, neglect, or exploitation of children, the elderly, or people with disabilities at  
(800) 252-5400 or [www.txabusehotline.org](http://www.txabusehotline.org).