

February 2012

# Supporting Reunification and Preventing Reentry Into Out-of-Home Care

## What's Inside:

- The benefits of supporting reunification and preventing reentry
- Approaches that support reunification and prevent reentry
- Specific strategies that support reunification and prevent reentry
- State and local examples of strategies that support reunification and prevent reentry

Once a child or youth has been removed from the care of his or her parents, safe and timely family reunification is the preferred permanency option. It is the most common goal for children and youth in out-of-home care as well as the most common outcome. While reunification is generally thought of as reuniting children and youth in foster care with their families and reinstating custody to their parents or guardians, a broader definition that includes living with other relatives is sometimes used, including in the measurement of State outcomes in the Child and Family Services Reviews (CFSRs) (Child Welfare League of America, 2007; Children's Bureau, 2010).



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The physical return of the child or youth to parents or caretakers (*care*) may occur before the return of legal *custody*, as when the child welfare agency continues to supervise the family for some period of time, often referred to as a “trial home visit.” Reunification is considered achieved when both care and custody are returned to parents or guardians, and the child or youth is discharged from the child welfare system.

The challenge for child welfare agencies is to achieve reunifications that are both timely and do not result in reentry. To help State child welfare managers support reunification and prevent reentry, this brief offers information on strategies for achieving reunification and preventing reentry and includes examples of State and local promising practices in this area.

## The Benefits of Supporting Reunification and Preventing Reentry

Evidence indicates that achieving timely reunification while preventing reentry into foster care has many benefits, including:

- **Children do best when raised in a stable family setting.** Research from many fields establishes the positive effects of consistent family relationships on children’s health, mental health, school achievement, and social development (Jones Harden, 2004).
- **Preventing multiple placements increases safety, permanency, and well-being.** The longer children and youth stay in out-of-home care, the more apt they are to experience multiple placements, including those in nonfamily settings. Evidence shows that placement instability is associated with attachment disorders, poor educational outcomes, mental health and behavioral problems, poor preparation for independent living, and negative adult outcomes (D’Andrade, 2005). Children lose contact with their siblings and relatives, leaving them without a natural support system once they are no longer in the care of the child welfare system.
- **State and local agencies can realize cost benefits by reducing the number of children and youth in care.** In 2006, local State and Federal spending on child welfare was \$25.7 billion (Center for Law and Social Policy, 2010). In times of fiscal challenges, it is in the best interest of all levels of government to reduce the number of children, youth, and families supervised by agencies by safely returning children to their families.
- **States can avoid funding sanctions by meeting Federal outcome goals.** States risk the withholding of Federal title IV-B and title IV-E funds if they are unable to successfully complete their CFSR Program Improvement Plan (PIP) or come into substantial conformity with national standards in the review process. In two rounds of reviews, no States have been found to be in conformity with the first permanency outcome, “Children have permanency and stability in their living arrangements,” which includes a measurement against a national standard regarding reunification.

## Approaches That Support Reunification and Prevent Reentry

States find it challenging to help families achieve timely reunification while at the same time preventing children and youth from reentering foster care. Agencies that focus their efforts on only one aspect of the challenge (reducing time to reunification vs. reducing reentries to foster care) may find themselves succeeding in one area and losing ground in the other. Addressing both issues is difficult, but it can be done.

Agencies can minimize the challenges and pave the way for timely, safe, and stable reunification by employing a family-centered model of practice and implementing key elements at the systems and casework practice levels.

### Family-Centered Practice

Family-centered practice in child welfare focuses on the needs and welfare of children and youth within the context of their families and communities. It assumes that the best place for children to grow up is in families, and family-centered practice aims to support families in protecting and nurturing their children; safely preserve family relationships; and respect the rights, values, and cultures of families. Agencies that adopt a family-centered model of practice value reunification as the most desirable permanency outcome for children and youth who have been removed from their parents' care.

States that successfully embrace family-centered practice infuse the principles and practices of meaningful family engagement and family involvement throughout their work with families, across service areas, and in partnership with collaborating agencies. Their work is built around a practice model that:

- Identifies the family unit as the focus of attention
- Emphasizes strengthening the capacity of families to function effectively
- Engages families in designing all aspects of policies, services, and program evaluation
- Provides individualized, culturally responsive, flexible, and relevant services
- Links families with comprehensive, diverse, and community-based networks of supports and services

Family-centered values and practices, along with evidence-based practices, are a foundation of frameworks that support safe, timely reunification. To learn more about family-centered practice, see Family-Centered Practice on the Child Welfare Information Gateway website at <http://www.childwelfare.gov/famcentered>, and find *Introduction to Family-Centered Practice: A Curriculum* on the National Resource Center for Permanency and Family Connections website at <http://www.nrcpfc.org/ifcpc/introduction.html>.

Two States that embrace family-centered practice with specific programs are North Carolina (<http://www.ncdhhs.gov/dss/mrs/index.htm>) and Washington (<http://www.dshs.wa.gov/ca/about/pmintro.asp>).

## Key Systems Elements

Elements relating to child welfare systems and infrastructure have been identified through research and State experiences as important to achieving safe, stable reunification:

- **Agency leadership** that demonstrates a strong commitment to reunification
- **Systemwide efforts** that recognize and address the disproportionate representation of children of color in the child welfare system
- **Active collaboration** with the courts in working toward timely, stable reunification
- **Collaboration with related agencies and services** addressing financial need, substance abuse, mental health, and domestic violence
- **Broad-based, community-partnership involvement** by families, agencies, and community representatives
- **Systems change initiatives** and Program Improvement Plans with detailed strategies for achieving timely, stable reunification
- **Policies and standards** that clearly define expectations, identify requirements, and reinforce casework practices that support reunification
- **Trained supervisors** who explain agency policies that support safe and timely reunification, offer coaching to caseworkers, and provide support and feedback
- **Manageable caseloads and workloads** allowing caseworkers time to engage families
- **Availability and accessibility of diverse out-of-home and post-reunification services** that can respond specifically to the family's identified needs and conditions
- **Data systems** that monitor and measure systemwide and case-level data on timeliness of reunification and reentry into foster care
- **External assistance** in the form of training, consultation, and technical assistance from recognized experts

## Key Casework Elements

Research has shown that meaningful family engagement, accurate and individualized assessment and case planning, and comprehensive services are key factors in achieving timely, stable reunifications (Child Welfare Information Gateway, 2011). Elements of good casework practice that contribute to effective decision-making include the following (Children's Bureau, 2000):

- **Child-focused decision making** that focuses on the safety, permanency, and well-being of children
- **Commitment to family-centered practice** and its underlying philosophy and values
- **A strengths-based approach** that recognizes and reinforces families' capabilities and not just their needs and problems

- **Individualized service planning** that goes beyond traditional preset service packages (e.g., parenting classes and counseling) and responds to both parents' identified needs, specific circumstances, and available formal and informal supports
- A **culturally responsive approach** that defines problems and solutions within the context of the family's culture and ethnicity
- **Comprehensive and concrete services** that address a broad range of family conditions, needs, and contexts
- **Outcomes-focused planning and service provision** that establishes achievable goals with the family

## Specific Strategies That Support Reunification and Prevent Reentry

Strategies that support reunification and seek to prevent reentry into foster care fall into three broad categories:

- Out-of-home placement strategies
- Reunification and post-reunification strategies
- Court-agency collaborations

### Out-of-Home Placement Strategies

Placement decision-making includes consideration of the child's or youth's best interest in terms of safety, permanency, and well-being in both the short and the long term. Reunification (or other permanency

goal) efforts should begin with the decision to place a child or youth in out-of-home care and continue throughout the period of placement.

- **Placement with relatives.** Federal law requires States to give preference to relatives when placing children in care. Benefits of placing children and youth with relatives (or others with whom they have an existing relationship) are extensive and include increased ability to stay connected to siblings and other family.
- **Family search and engagement** efforts, including efforts to involve nonresident fathers and both paternal and maternal relatives, contribute to placement with relatives. They also facilitate ongoing connections with kin that may lead to long-term permanency and well-being benefits for children, youth, and families.
- **Placement to retain family, neighborhood, and cultural connections.** When relative care is not an option, workers can seek other placement options that still work to maintain family, neighborhood, and cultural connections. The recruitment and retention of foster families who live in the same communities as children and youth in care, as well as those who are able to care for sibling groups, is essential to the agency's ability to make good placement decisions. Children and youth who experience such placements are more apt to have outcomes similar to those in kinship care than children who are placed far from home and in less familiar settings (Usher, Wildfire, Webster, & Crampton, 2010).

- **Regular visits with parents and siblings.** Frequent and regular parent-child visits help children, youth, and parents maintain continuity of their relationships, build more positive relationships, and help them prepare to reunite. Visits can provide parents with opportunities to learn and practice parenting skills and give caseworkers opportunities to observe and assess family progress. Children and youth who have regular, frequent contact with their families are more likely to reunify and less likely to reenter foster care after reunification (Mallon, 2011).
- **Frequent and substantive caseworker visits.** States where caseworkers have regular and well-focused visits with the child and parent have demonstrated improved permanency and well-being outcomes in the CFSTRs. Frequent visits with parents also are positively associated with better client-worker relationships; better outcomes in discipline and emotional care of children; placement stability; timely establishment of permanency goals; and stronger performance in the areas of reunification, guardianship, or permanent placement with relatives (Lee & Ayón, 2004; Children's Bureau, 2009).
- **Family group decision-making (FGDM)** is an umbrella term for various processes in which families are brought together with agency personnel and other interested parties to make decisions about and develop plans for the care of their children and needed services. Engaging families in decisions about where children and youth should be placed in order to ensure their safety while working toward reunification gives them a stake in working with the agency toward successful outcomes.
- **Foster parent-birth parent partnerships** increase the ability of parents to stay in touch with their children's development, improve parenting skills, increase placement stability, and lead to more timely reunifications. Partnership strategies being employed in States include icebreaker meetings and visit coaching.
- **Parent education programs** that enhance the parent-child relationship and teach both specific parenting and general problem-solving skills can strengthen families and prevent abuse or neglect which might lead to reentry.
- **Parent Partner Programs** engage parents who were once involved with the child welfare system to serve as mentors to currently involved parents, providing support, advocacy, and help navigating the system. Parent Partners also use their birth parent experience to influence changes in policy and protocol, encourage shared decision-making, strengthen individualized plans, and educate the community. Two States with parent partner programs are Iowa (<http://www.dhs.state.ia.us/cppc/networking/Parent%20Partners.html>) and Minnesota ([http://www.ncsacw.samhsa.gov/files/MN\\_ParentPartnerHandbook.pdf](http://www.ncsacw.samhsa.gov/files/MN_ParentPartnerHandbook.pdf)).
- **Intensive family services** such as Homebuilders (<http://www.institutefamily.org>) and Intensive Family Reunification Services (<http://www.nfpn.org/reunification.html>) have been linked

to the achievement of timely, stable reunification.

- **Solution Based Casework** (<http://www.cebc4cw.org/program/solution-based-casework/detailed>), which is built on a theoretical foundation of solution-focused family therapy, family life cycle theory, and relapse prevention, has shown promise as a practice model that helps families, including those with a history of recidivism in child abuse and neglect, achieve outcome goals (Antle, Barbee, Christensen, & Martin, 2008).

### Reunification and Post-Reunification Strategies

Safe and stable reunification does not begin or end with the return of children's care to their parents. Careful consideration must be given to assessing a family's readiness to reunify and the family's capacity for keeping the child or children safe, as well as planning for post-reunification services and contingencies for family actions in the event of future safety concerns. Strategies include:

- **Use risk tools and reintegration assessments.** Comprehensive family assessments, initially completed when a CPS case is opened, must be updated at key decision-making points. Two standardized tools that show promise of improving the practice of reunification assessments are the North Carolina Family Assessment Scales for Reunification (NCFAS-R) (<http://www.cebc4cw.org/assessment-tool/north-carolina-family-assessment-scale>) and the Structured Decision Making® Reunification Reassessment

(<http://www.cebc4cw.org/program/structured-decision-making>).

- **Plan for aftercare services** to continue for at least 12 months after the child or youth returns to the family. Needs should be identified and matched with appropriate community services before reunification occurs.
- **Ensure an adequate network of support** to provide a safety net for parents experiencing stress after reunification and help prevent reentry. Helping parents strengthen their individual support network and building a community partnership for child protection provide informal and formal opportunities for families to deal with stresses that could lead to maltreatment.
- **Provide post-reunification services to address the needs of children and youth.** Families experience stress when children and youth have health, mental health, educational, developmental, behavioral, and substance abuse issues that are not being adequately addressed. Even youth with severe emotional disturbance can successfully achieve permanency if they receive intensive, individualized, coordinated services and the family can access community supports after the youth returns home (Madden, McRoy, Maher, & Ward, 2009).

## Court-Agency Collaboration

Courts have an essential role in determining if and when parents are reunited with their children. When the court and agency approach reunification collaboratively, they present a single, coherent path for families to follow in order to regain custody of their children. Some strategies for such collaboration include:

- **Cross-system, joint, and multidisciplinary training**, with trainers from both systems, helps staff in both systems understand their roles in achieving shared outcomes, expands communication, builds respect and trust, and breaks down resistance to working together. Implementation projects of the **Court Improvement Project** (<http://apps.americanbar.org/abanet/child/natsum/nationalcat.cfm?catid=15&subid=46>) reveal a wide range of subjects being pursued through collaborative training efforts.
- **Sharing data** enables both systems to understand roadblocks to timely reunification and allows managers and court personnel to work creatively to overcome those challenges. Other benefits are described in a New York Court Improvement Project report at <http://www.courts.state.ny.us/ip/cwcp/Publications/BuildingBridges-TheCaseForDataShare.pdf>.
- **Permanency mediation**, adopted by many agencies and courts, allows agency representatives and families to work with

a neutral facilitator to arrive at a mutually acceptable plan.

- **Competent legal representation for parents** is associated with the achievement of timely reunification. Collaboration among courts, agencies, and parent groups can improve outcomes for children and families, as they have in States including Washington ([http://www.americanbar.org/content/dam/aba/publications/center\\_on\\_children\\_and\\_the\\_law/parentrepresentation/prp\\_social\\_worker\\_practice\\_standards\\_final.pdf](http://www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/parentrepresentation/prp_social_worker_practice_standards_final.pdf)) and New York ([http://www.cfrny.org/new\\_legal.asp](http://www.cfrny.org/new_legal.asp)). The National Project to Improve Representation for Parents in the Child Welfare System ([http://www.americanbar.org/groups/child\\_law/projects\\_initiatives/parentrepresentation.html](http://www.americanbar.org/groups/child_law/projects_initiatives/parentrepresentation.html)) is seeking to improve parent representation.

For more on this subject, see Maine's *Collaboration With the Courts: Trainer's Guide* at [http://muskie.usm.maine.edu/asfa/pdf/Court\\_Collaboration.pdf](http://muskie.usm.maine.edu/asfa/pdf/Court_Collaboration.pdf).

## State and Local Examples of Strategies That Support Reunification and Prevent Reentry

State and local agencies throughout the country are at various stages of implementing and strengthening efforts that support reunification and prevent reentry. The following are selected examples of such initiatives. (The examples are presented for information purposes only;



inclusion does not indicate an endorsement by Child Welfare Information Gateway or the U.S. Department of Health and Human Services, Children's Bureau.)

- California: Tamar Village
- Iowa: Family Interaction Guidelines
- Nevada: Family drug court
- Oregon: Family Involvement Team for Recovery
- Utah: Support for kinship caregivers
- Wisconsin: Redesign of service delivery

### **Los Angeles County, CA: Tamar Village**

In 2008, an employee of Shields for Families, a nonprofit agency in Los Angeles, was doing substance abuse assessments with women in the county jail and was struck by the requests she received from mothers concerning their children in the child welfare system. The plight of these women, who simply wanted to know how their children were doing, led to a multisystem collaboration. Designed in 2007 to house women leaving the criminal justice system, Tamar Village now also provides services in lieu of jail time for mothers serving sentences for substance abuse.

Incarcerated mothers with a case plan of reunification are eligible for participation in this program, which provides housing for them in individual apartment units. The Los Angeles Sheriff's Department and Public Defender's office make referrals to Tamar Village, which provides onsite assessments at the jail and arranges transfer to the residential services complex. Intensive and comprehensive services, including substance

abuse treatment, case management, education and vocational services, criminal justice and child welfare advocacy, and counseling are provided. Children receive age-appropriate services and treatments, including:

- A child development center with services for children through age 5, including parent advocacy, a parenting class, early literacy skills, and developmental assessments
- Services for older children (to age 17) such as tutoring, physical education, computer skills, mental health services, and individual and group therapy

The County Department of Child and Family Services (DCFS) has co-located two social workers at the treatment facility. Monitored visits between mothers and children quickly lead to reunifications at the site. The initial group of five mothers went from monitored to unmonitored visits within 45 to 60 days. As of early 2010, the program was serving 85 children; 31 already reunified, 38 moving toward reunification, and only 16 under supervised visitation. Families may continue in their apartments for up to a year after treatment is completed.

Tamar Village is a collaboration between the Compton DCFS office, the county sheriff and public defenders offices, Shields for Families, the Los Angeles County Alcohol and Drug Program Administration and the Corporation for Supportive Housing. Women participating in the program have developed a client council, which meets weekly and brings issues to the staff and director, giving them a voice in their services.

For information about the collaboration between DCFS and other agencies supporting Tamar Village, contact Da-Londa Groenow, Substance Abuse Administrator, at 323.242.5000, extension 4138, or Dr. Kathryn Icenhower at 323.242.5000, extension 1268. Also, visit the Shields for Families website for more information: <http://www.shieldsforfamilies.org/index.php?p=249&t=30>

### **Iowa: Family Interaction Guidelines**

The Iowa Department of Human Services (DHS) has committed itself to supporting family interaction as essential to achieving timely permanency, providing “the best chance for reunification as the child/parent relationship is enhanced and maintained” (Iowa Department of Human Services, 2009). Its Family Interaction Guidelines provide a clear model for how all members of the child and family team – caseworker, parent, foster parent, and provider – contribute to maximizing family interaction in order to reduce the child’s sense of loss while in substitute care, resolve threats of harm, maintain relationships, learn new patterns of interaction, and assess progress and needs. Underlying the initiative is a simple idea: Parents and children have a right to spend time together.

Recognizing the importance of family interaction to successful reunification, DHS entered into a public/private partnership initiative with private providers, foster parents, and Iowa’s Children’s Justice. Together they developed a plan to increase the quantity and quality of parent-child interaction in child welfare cases, undertaking steps to assess the readiness of staff, providers, and foster parents and then

identify “champions” for change in each service area. These champions received the first training in the new guidelines and then were responsible for training their peers as well as parents and county attorneys.

The heart of the initiative is the development of family interaction plans that spell out the goals of parent-child visits while children are in out-of-home care, with an emphasis on progress along established guidelines. Phases of interaction are identified:

1. Two to four weeks of supervised visits in the most homelike setting possible, focusing on natural interactions that maintain parent-child ties and allowing for assessment of the parent’s capacity to parent
2. Several months of semi- or partially supervised visits, moving toward overnights, focusing on allowing the parent to learn and practice new skills and behaviors
3. Transition to reunification, providing maximum opportunities for parent-child interactions

These phases are spelled out in a written family interaction plan that, ideally, is developed in a family team meeting, with input from the family, children, foster parents, relatives, and providers. The plan is revised as necessary, but interaction is only denied or limited if the child’s health, safety, or well-being is jeopardized. The plan details the frequency, location, and activities of visits with parents, siblings, and other important persons.

Family Interaction was initiated statewide in July 2009. The agency and stakeholders identified this initiative as a promising practice in the State's efforts to improve the timeliness and stability of reunification in the 2010 CFSR Statewide Assessment. For more information, see the *Family Interaction Practice Bulletin*: [http://www.dhs.state.ia.us/docs/10.09\\_Family\\_Interaction\\_Practice\\_Bulletin.pdf](http://www.dhs.state.ia.us/docs/10.09_Family_Interaction_Practice_Bulletin.pdf)

### Washoe County, Nevada: Family Drug Court

Family drug courts have evolved to deal specifically with cases in which parental rights are at issue due to a parent's substance abuse. Their goal is to intervene in a way that will prevent removal of the child from the home or will lead to safe reunification. Elements that distinguish these courts include immediate and continuous supervision of the family by the judge, treatment and rehabilitation services that address the needs of the family, judicial oversight and coordination of treatment services, immediate response to noncompliance, and judicial leadership in developing a cross-system collaboration to achieve the court's goals (Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project, 1998).

Washoe County, NV, operates the oldest family treatment drug court, accomplishing its work through a collaboration between the Court, child welfare, substance abuse treatment providers, and community nonprofit agencies. Participants, who are substance-abusing parents accused of child maltreatment, and their children may be referred to the Family Drug Court by child protective services or substance

abuse treatment providers. Candidates for participation must admit to the allegation bringing them before the court, be willing to abstain from drugs and alcohol, and actively participate in treatment and abide by rules and procedures. Parents receive information and preparation to help them decide whether to participate, including an orientation given by Mentor Moms (graduates of the program with long-term sobriety), observation of a Family Drug Court session, and meeting with a case manager for a full orientation. A referral team consisting of court staff, district attorney, public defender, treatment representatives and a case manager meet to recommend or deny approval to the judge. Participation in Family Drug Court lasts at least 15 months and requires all of the following:

- Abstinance from drugs and alcohol
- Attendance at bi-weekly Family Drug Court hearings
- Compliance with the social services case plan and with an individual treatment plan
- Submission to regular drug testing
- Aftercare planning

A multidisciplinary team approach includes the judge as team leader, bringing court personnel, defense and prosecution attorneys, treatment staff, and social services together. The program serves about 40 participants at any given time. The Washoe County Department of Social Services brings intensive family reunification, maintenance, and supervision services to Family Drug Court participants. A permanency social worker is assigned to handle cases assigned

to the program, providing case management and service coordination to all family members.

Support services are provided by three community groups:

- Foster grandparents are senior volunteers who are appointed by the court to mentor participants and their families. They participate in family decision-making team meetings and have almost daily contact with participants, acting as role models and surrogate grandparents.
- Mentor Moms act as peer mentors and recovery coaches for all Family Drug Court participants. In addition to conducting mini-orientation sessions for potential participants, they attend protective custody hearings to accept referrals and attend Drug Court hearings as part of the multidisciplinary team. They provide individual peer counseling and teach a 6-week Life Skills training course.
- Tru-Vista is a nonprofit agency founded specifically to fund and strengthen collaborations that support prevention, intervention, and treatment services for parents and children involved with the Family Drug Court. The agency provides an orientation to the program, administers scholarship and family needs programs, supervises and trains foster grandparents, and coordinates and supervises the Mentor Moms program.

A 2007 evaluation of four family treatment drug courts (Worcel, Green, Furrer, Burrus, & Finigan) found that at the Washoe site, in families participating in the drug court compared to nonparticipants:

- Mothers spent nearly three times as long in treatment and were more apt to complete at least one treatment.
- Children spent significantly more time in parental care, as opposed to out-of-home care.
- Children were twice as likely to achieve reunification and significantly less likely to experience termination of parental rights or other permanency outcomes.
- There was not a substantial difference in foster care reentry, but many cases remained open at the end of the study period, making the data on recidivism difficult to analyze.

Information about the Family Drug Court can be found on the Second Judicial District Court website: <http://www.washoecourts.com/index.cfm?page=specialty#>

### **Oregon: Family Involvement Team for Recovery**

Since 2000, the Multnomah County Department of Human Services has collaborated with the Family Dependency Court along with other State, county, and nonprofit agencies in operating the Family Involvement Team (FIT) for Recovery program, which moves substance-addicted parents into treatment quickly, helping them avoid loss of custody or achieve reunification faster. FIT has reduced the time from initial screening to assessment at the treatment site to approximately 17 days.

Annually, approximately 1,408 parents with children enter FIT Triage, which includes screening for alcohol and/or drug issues, determination of eligibility, and outreach worker services to connect with the

treatment agency for an expedited intake/assessment appointment. Of the 1,408 clients who enter Triage, approximately 620 enter alcohol and drug treatment annually. Referral to FIT may be made by the child welfare caseworker, judicial officer, attorney, or the client. FIT team members (working out of the court) work with parents and children until the parents enter treatment; additional team members located at treatment provider agencies continue that work, providing case management, family therapy, and wraparound services. Clients move through the following process:

- A member of the FIT team contacts the parent at the preliminary hearing when there is an alcohol or drug allegation, offering alcohol and drug screening and other services.
- Clients then may be referred to outpatient or residential treatment programs, receiving support services as needed.
- Parent mentors who have completed their own child welfare cases support clients throughout their involvement with child welfare.

The program is one of 53 grantees of the “Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse” program funded by the Children’s Bureau in 2007. The 5-year grant will be used to expand the number of child welfare clients who can access these services, and provide previously unavailable aftercare and parent mentoring services. It also will create a replicable model for Family Treatment Drug Courts. Performance

indicators developed for the grant program include both timeliness of reunification and re-entries to foster care placement, which will provide outcome data as the grant cycle proceeds.

For more on FIT for Recovery, see the program’s website at <http://fitforrecovery.com> or contact John Pearson at [john.f.pearson@co.multnomah.or.us](mailto:john.f.pearson@co.multnomah.or.us).

### Utah: Support for Kinship Caregivers

After its 2003 CFSR indicated that Utah needed to improve on foster care reentries, the State examined its data and found that over half of its reentries into foster care involved children who had been cared for by relatives. Practice had been to place children with kin immediately if they came forward during the initial shelter hearing, with the Division of Child and Family Services (DCFS) providing in-home services to work toward reunification. Kin caregivers were eligible for a small monthly Specified Relative Grant for the care of the child, as well as Medicaid, but caseworkers were generally unaware of the available supports. Relatives, receiving little financial or other supports, were overwhelmed and unable to retain custody and often requested that their relative children be placed back into State custody (reentry) and placed with unrelated foster families.

Working with the courts and attorneys, the agency succeeded in the passage of 2008 legislation that allowed children to be placed in foster care with a noncustodial parent, relative, or licensed friend after background screening, a limited home inspection, and safety and reference checks. Practice guidelines were developed that

included application for the Specified Relative Grant and ensuring that caregivers received financial and medical benefits. In June 2011, a specialized kinship team was created in collaboration between DCFS and the Department of Workforce Services (DWS) to expedite Specified Relative Grant and/or Medicaid applications by DWS for DCFS relative families.

Utah is unique in having a State Kinship Program Administrator and Kinship Experts housed in each of its five regions. Kinship Experts provide education and supports for relative families throughout the life of a case. Now relatives and licensed friends are made aware of the options of custody and guardianship or becoming licensed “child-specific” foster parents who are able to receive the full range of supports available to all foster parents.

The percentage of child-specific foster homes has risen from 25 to 43 percent in the 5 years between 2005 and 2010. More kinship caregivers are opting to become licensed, with 34 percent of children in foster care in FY 2010 being placed with relative caregivers (up from 22 percent in FY 2005). In FY 2010, 27 percent of the children removed from their homes were placed initially with a relative; this has risen from 13.5 percent in FY 2005.

Since the implementation of this initiative, which entails working longer with kin at the beginning of placement to ensure that services and supports are sufficient, relative children are now spending an average of three additional months in custody since FY 2005; however, the percentage of children reentering foster care who were previously

discharged to a relative has dropped from 54 to 24 percent.

In its 2010 CFSR Final Report, Utah received a rating of “strength” on item 5, foster care reentries.

For more information about Utah’s support of kinship caregivers, contact Judy Hull at DCFS at 800.556.5246 or email at [judymiller@utah.gov](mailto:judymiller@utah.gov).

### **Bureau of Milwaukee, Wisconsin: Service Delivery Redesign**

Milwaukee child welfare has been operated directly by the Wisconsin Department of Children and Families since 1998 as a result of a class action suit filed in 1993. The agency has satisfied most of the requirements of the Settlement Agreement under which it has been operating, but one of the two remaining enforceable provisions requires an increase in the percentage of children who are reunited with their parents within 12 months of entry into foster care. In addition to implementing permanency consultation, a new model of family teaming, and therapeutic visitation, the agency is taking steps to redesign its service system, using a model that holds providers accountable for meeting performance goals.

Under the redesigned system, contracted child-placing agencies will be responsible for providing ongoing case management, support services, foster family recruitment, licensing, permanency services, intensive in-home services, registered nursing services, and supervised family interaction for children in out-of-home care. In addition, agencies must provide 1 year of ongoing support services to reunified families.

This initiative is being implemented beginning with a Request for Proposals issued in July 2011 and a projected date for contracts to begin in January 2012. For more information on the service redesign as it proceeds, see the Wisconsin Department of Children & Families website: <http://dcf.wi.gov/bmcw/index.htm>

**Acknowledgment:** This bulletin was developed by Child Welfare Information Gateway, in partnership with Susan Dougherty.

**Suggested Citation:**

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