permanency reintegration outcomes

Permanency Outcomes for Youth with Complex Mental Health Needs Served by the **Child Protective Services Reintegration Project**

Phase II Evaluation Report

July 2011

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Executive Summary

Statement of the Issue

A number of state and national efforts are underway to safely reduce the number of children in out-of-home care and expedite permanency for children currently in the system. Permanency has been defined as "an enduring family relationship that is safe and meant to last a lifetime; offers the legal right and social status of full family membership; provides for physical, emotional, social, cognitive, and spiritual well-being; and assures lifelong connections to extended family, siblings, other significant adults, family history, traditions, race and ethnic heritage, culture, religion, and language."[i] As child welfare agencies succeed in preventing and reducing the need for out-of-home care, more innovative and intensive services are warranted for those families and children whose needs make permanency a more difficult goal to achieve.

The Program Model

The goal of the Child Protective Services Reintegration Pilot Project (Reintegration Project) in Travis County, Texas, is to reunify youth ages 5 to 17 who have significant mental and behavioral disorders and who reside in therapeutic foster care or residential treatment facilities with caregivers. The term reintegration is used to capture the dynamics of moving from an institutional or group setting to a home-based setting within a community and is used interchangeably with reunification. This evaluation report highlights the project and the outcomes of those youth served between program inception (December 2007) and the end of the evaluation period (August 31, 2010).

Critical program elements include:

- Collaboration of Reintegration Project staff and Child Protective Services (CPS) case workers.
- Acceptance by child welfare and other legal parties that youth with complex mental health needs can live in their home community with a family member.
- Importance of planning and preparing for reintegration 60 to 90 days prior to placing the youth in the home.
- Assessment and capacity building of the receiving caregiver.
- Dedicated staff to allow for significantly more family engagement.
- Availability of flexible funding to meet the concrete needs of families and for non-traditional services.
- Engagement and support of the youth for the transition.
- Individualized reintegration preparation that gives access to both traditional and non-traditional services for both the caregiver and youth.
- A service period that is defined by the needs of the youth and caregiver.
- Use of community resources to support the youth upon reintegration.
- Use of the wraparound process to facilitate and sustain the reintegration.
- Increased tolerance of both the caregiver and the system of the youth's predictable "missteps" upon reintegration.
- Engagement of the appropriate school system to develop innovative planning for the transitioning youth.

[i] Frey, L.L., Greenblatt, S. B., Brown, J. (2005). A call to action: An integrated approach to youth permanency and preparation for adulthood. New Haven, CT: Casey Family Services.

Tracking Status in the Program: The Outcomes

Since program inception through the end of the evaluation period (December 2007 to August 2010), 32 youth in Travis County have been enrolled in the program. More than half (18) of the youth's cases have been closed. Of these 18 youth, 50 percent (9) had their cases successfully closed with a stable placement. The other 50 percent (9) had their cases closed without successful reunification – five during the reintegration preparation phase and four with placement disruptions after reunification. This 50 percent successful reunification rate is quite striking because it is comparable to the reunification rate for the foster care population nationally and slightly higher than the reunification rate (44%) for the foster care population ages 5 to 17 in Travis County.

These findings demonstrate that with the appropriate combination, intensity, and duration of services, youth who would otherwise face significant barriers in achieving reunification and likely age out of foster care in institutional settings may be able to live with their families in the community.

Furthermore, a cost analysis demonstrates that the program has the capacity to achieve significant cost savings for CPS. For each youth who otherwise would be in a residential treatment center if not for the Reintegration Project, savings to child welfare will be realized after 87 days of a sustained placement in the home. Compared to youth who otherwise would be in group care or therapeutic foster care, savings start to accrue after 125 days.

Stated differently, after six months of a sustained placement in the community, the CPS reintegration project is 52 percent less expensive than residential treatment centers and 31 percent less expensive than group care or therapeutic foster care. Savings are significantly greater for youth who reintegrate into the community from more intensive levels of care and for those whose placements in the community endure for longer periods of time. Comprehensive federal finance reform, if enacted, could allow child welfare agencies that experience these savings to reinvest them into prevention, permanency and other community services that reduce the need for foster care.

Implications

The child welfare field needs more information about successful, cost-effective programs that can help youth who otherwise would face significant hurdles to achieving permanency. The Reintegration Project is one such model that demonstrates promising permanency outcomes for youth and potential savings to the child welfare system.

Permanency Outcomes for Youth with Complex Mental Health Needs Served by the Child Protective Services Reintegration Project

Phase II Evaluation Report

A movement is underway across the country to safely reduce the number of children who live in out-of-home care, including institutional settings, in order to improve well-being outcomes for youth in care and youth at risk of entering care. In child welfare agencies nationwide, a number of prevention strategies are being employed, including the offering of in-home services to vulnerable families and other diversion efforts at the front end of the system. For those children who must temporarily be placed outside of their homes for safety reasons, pursuing timely permanency is a critical reduction strategy. In these cases, reunification with birth families or, when that is not possible, placement with relatives is the preferred permanency option.

An additional child welfare transformation is to reduce reliance on institutional settings in order to improve well-being outcomes for youth in care and to help them achieve permanency. Permanency is defined as "an enduring family relationship that is safe and meant to last a lifetime; offers the legal right and social status of full family membership; provides for physical, emotional, social, cognitive, and spiritual well-being; and assures lifelong connections to extended family, siblings, other significant adults, family history, traditions, race and ethnic heritage, culture, religion, and language." (Frey, Greenblatt & Brown, 2005, p.2-3)

Over the past several years, the number of children in foster care in the United States has been reduced by 17 percent, from 511,000 in FY2005 to 424,000 in FY2009. As child welfare agencies continue to succeed in their attempts to prevent and reduce the need for foster care, more innovative and intensive services are warranted for those families and children whose needs may make permanency a more difficult goal to achieve. In Travis County, one such program is under way that attempts to reintegrate youth who have significant and challenging mental and behavioral health needs back into their communities. The Reintegration Project may deserve consideration as a specific foster care reduction strategy for
difficult-to-place youth.

More than half of the children exiting foster care return to the care of their birth parents or relatives (U.S. Department of Health and Human Services, 2009; Wulczyn, 2004). In Travis County, for children ages 5 to 17, the reunification rate is even lower – about 44 percent (U.S. Department of Health and Human Services, 2010). Yet for youth who have a history of multiple placements, complex mental health and behavioral needs, and who resided in group care settings, challenges for achieving reunification are especially high (Kimberlin et al., 2009). Targeting youth in group care settings for reunification has the potential to reach a population that otherwise may not have a chance at permanency and whose ongoing care is a significant financial cost. Of the children in out-of-home care, 76,287, or 15 percent, reside in group care settings (U.S. Census Bureau, 2000; U.S. Department of Health and Human Services, 2007). Transitioning youth from group care settings into family settings should also improve their overall well-being (Annie E. Casey Foundation, 2010). Thus, programs such as the Reintegration Project have the potential to reduce foster care placements and costs, increase permanency, and improve the well-being of children and families.

This evaluation report summarizes the permanency outcomes of Reintegration Project participants and describes potential cost savings associated with reintegrating this specific population of youth back into their families and communities. Supplemental case reviews, including one addressing unsuccessful reunifications among African American males, are also informing policy and program design.

The Program Model

The Reintegration Project is designed to prepare families and youth with complex mental health treatment needs residing in group care settings for reunification and to empower them to sustain it. The project intentionally uses the term reintegration to capture the dynamics of moving from an institutional or group setting to a home-based setting within a community, but it is used here interchangeably with reunification. More specifically, as is consistent with research on successful reunification practices, the Reintegration Project uses a wraparound service approach with dedicated staff that collaborate with CPS caseworkers to assist these families and youth. The wraparound model is described as a planning process that uses the individual strengths of the youth and the caregivers to identify services the family will need in order to successfully maintain the child in the home (VanDenBerg & Grealish, 1996). The goal of this model is to provide intensive, individualized services to families that will allow youth experiencing ongoing emotional problems to live in a safe and stable family environment in their own community (Evans, Armstrong, & Kuppinger, 1996).

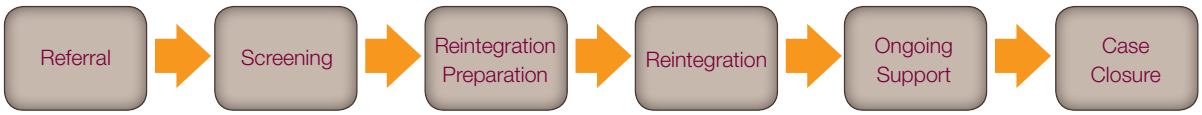
CPS caseworkers refer youth from their caseloads who meet eligibility requirements to the Reintegration Project. Services are planned and managed through a Reintegration Care Coordinator, in partnership with the youth's family, the youth, and CPS caseworkers, all of whom remain involved until the case is closed. The Reintegration Care Coordinators have Bachelor's or Master's degrees in a social services field with experience in child welfare. It is important to note that CPS makes final decisions regarding the viability of reunification for all youth referred to the program.

Eligibility criteria for the project include the following for the youth: ages 5 to 17; a Diagnostic and Statistical Manual (DSM)-IV Axis 1 diagnosis (clinical disorder including major mental disorders and learning disorders); currently in an out-of-home therapeutic setting through the public child welfare system (therapeutic foster care or residential treatment center); in need of comprehensive support for reintegration to be possible; and interested in living with an identified and approved caregiver.[1] The identified caregiver needs to: reside in Travis County; be willing to accept a youth with significant needs into his or her home; and be willing to participate in the intensive services and wraparound process provided by the Reintegration Project. Understanding these eligibility criteria and making appropriate referrals have been a challenge for CPS, and several referred youth have been declined because they did not meet the eligibility criteria. As the project has evolved, the number of ineligible referrals has decreased as collaboration and understanding of the program parameters have improved among CPS and the Reintegration Project team.

The Reintegration Project involves five stages of service: referral, screening, reintegration preparation, reintegration, and ongoing support. Figure 1 illustrates these phases. Once a referral has been accepted and screening has occurred, the reintegration preparation stage lasts two to three months

and includes visitation and home stays. After the youth returns home, the Reintegration Project involves up to six months of services in continued collaboration with CPS. Services are individualized to the specific strengths and needs of the youth and families. Available services include, but are not limited to, care coordination, team meetings, youth mentoring, parent coaching, after-school care, tutoring, respite care, psychiatric services, outpatient therapy, and 24-hour crisis intervention/support for caregivers. In addition, the Reintegration Project provides flexible financial support for concrete needs.[2] Upon completion of this six-month period, CPS closes its involvement with the family and the project provides ongoing support for an additional six to 12 months. These services to the family gradually decline as progress is made, though the family may still access supports in the community based on facilitated linkages from the Reintegration Project.

Figure 1. Phases of the Reintegration Process



The Reintegration Project has identified some practices that appear to enhance the process of transitioning a youth with complex mental health needs who is residing in a residential setting or therapeutic foster care to his or her family members in the home community. These include:

- Collaboration of Reintegration Project staff and CPS case workers.
- Acceptance by child welfare and other legal parties that youth with complex mental health needs can live in their home community with a family member.
- Importance of planning and preparing for reintegration 60 to 90 days prior to placing the youth in the home.
- Assessment and capacity building of the receiving caregiver.
- Dedicated staff to allow for significantly more family engagement.
- Availability of flexible funding to help meet the concrete needs of families and for non-traditional services.
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- Engagement of the appropriate school system to develop innovative planning for the transitioning youth.

Evaluation of the Reintegration Project

Casey Family Programs collaborated with the School of Social Work at the University of Texas at Austin on an evaluation that focused on the early development of this project. That evaluation began in

January 2008 and was completed in April 2009.[3] Data collection methods included in-depth structured case file reviews and semi-structured interviews with the youth, their caregivers, CPS caseworkers, and pilot program staff. These participants provided important insights regarding system-, program-, and case-level barriers to the successful reintegration of youth back with their families and communities. Training, practice, and policy recommendations were discussed, and the program already has incorporated many of these insights into its ongoing development. In addition, Casey Family Programs produced a video featuring the stories of three successfully reunified families from the Reintegration Project.[4]

This Phase II Evaluation Report extends the previous evaluation work by presenting the program outcomes and characteristics of the youth and caregivers involved in the project from program inception (December 2007) through August 31, 2010.[5] In particular, we present enrollment information, the placement/permanency status of youth served by this program, and information on the characteristics of the youth and families involved. These data also are used for an associated cost analysis, which estimates the program costs and projected savings from moving children from therapeutic foster care or residential treatment centers into permanent placements. A summary of the cost analysis is included in this report. Two brief case descriptions also are included to provide deeper context.

Youth Mental Health Functioning

All youth in this program had multiple DSM-IV Axis 1 diagnoses (clinical disorders). The five most common Axis 1 diagnoses were attention deficit hyperactivity disorder, bipolar disorder, mood disorder, oppositional defiant disorder, and post-traumatic stress disorder. In addition, 56 percent of the youth had an Axis 2 (personality disorders and intellectual disabilities) and/or Axis 3 (acute medical conditions and physical disorders) diagnosis. Examples of their Axis 2 and 3 diagnoses include borderline personality traits and nocturnal enuresis, respectively. Many but not all youth had an Axis 4 diagnosis as well. Axis 4 diagnoses psychosocial and environmental factors that contribute to the underlying disorder including problems with the primary support group; problems with social environment; and physical, sexual, and emotional trauma. Although it is not documented in their case files, the children without Axis 4 diagnoses likely experienced similar conditions. The diagnosis omission may have been due to poor recording or assessment practices. All diagnoses are at the time of entry into the project.

Axis 5 diagnoses are based on the Children's Global Assessment Scale, a numeric scale from 1 through 100 used by mental health clinicians and doctors to rate the general functioning of children under age 18. The score is measured in 10-point ranges, with higher scores indicating higher functioning. The 91-100 range represents superior functioning in all areas (at home, at school, and with peers); involvement in a wide range of activities and having many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.); is likeable, confident; "everyday" worries never get out of hand; doing well in school; and no symptoms. The lowest range and description is 1-10 and represents needing constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene. Participants in this study received Axis 5 scores from 30 to 60, indicating that they experienced an inability to function in almost all areas and had variable functioning with sporadic difficulties or symptoms in several social areas. The diagnoses summarized here were those present at entry into the Reintegration Project.

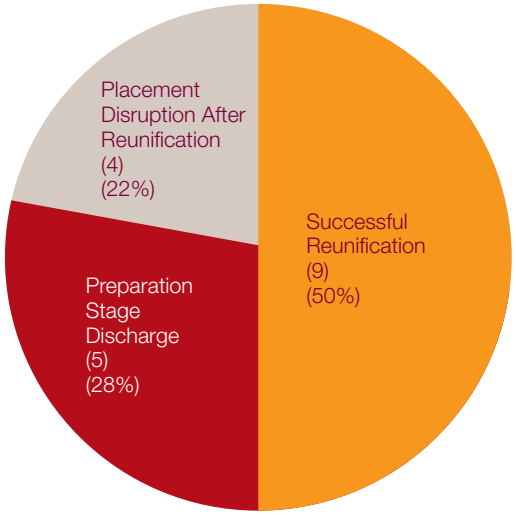
Findings: Youth Program Outcomes

As of August 31, 2010, 32 youth have enrolled in the program[6] and 18 have made it to case closure. Given the rolling enrollment of the program, sufficient time has not passed to determine the closing outcomes for the 14 youth whose cases are still in the reunification preparation phase (5) or at home but whose cases have not yet been closed (9).

A successful reunification rate of 50 percent for a program that targets youth in the most restrictive settings with complex emotional and behavorial disorders is remarkable in that it is higher than the reunification rate for the foster care population of this age group in Travis County.

Figure 2 illustrates the status of the youth who had their cases closed by August 31, 2010. More than half (18) of the all the enrolled youth's cases had been closed. Of these, 50 percent of the youth (9) had their cases successfully closed with a stable placement. (Successful closure is defined as a case in which both CPS and the Reintegration Project have finished providing support to the family and the reunification placement is stable. CPS typically closes the case about six months post-reunification and the Reintegration Project closes the case in another six to 12 months after that.) The remaining 50 percent of the youth's cases (9) closed without successful reunification – five during the reintegration preparation phase and four with placement disruptions after reunification occurred.

Figure 2: Count and Percentage of the Outcomes for Youth Served by the CPS Reintegration Project with Closed Cases (N=18)



Even with the limited number of youth enrolled in the program and with closed cases, a successful reunification rate of 50 percent is very positive because these results are comparable to the reunification rate of the overall foster care population nationally (U.S. Department of Health and Human Services, 2009; Wulczyn, 2004). In addition, it is slightly higher than the reunification rate for youth ages 5 to 17 exiting foster care in Travis County, which is about 44 percent (U.S. Department of Health and Human Services, 2010). This program, by design, targets a population where we expect that reunification would be less likely to occur, and research supports this expectation.

Without an experimental research design and with small numbers of youth served, we cannot definitely attribute these reunification rates to the Reintegration Project. And, without a longer time frame, we do not know the ultimate status of the youth. However, a detailed look at the history of these youth shows an extensive placement history and an inability to achieve permanency up to this point.

As noted, five youth exited the program during the preparation stage. The reasons for these program discharges included:

- CPS did not approve the caregiver as appropriate or ready for reunification. (2)
- CPS determined that the youth was not ready for reunification. (1)
- The proposed caregiver declined participation in the program. (1)
- The youth declined reunification at that time. (1)

During the preparation phase, the Reintegration Project staff fully explores caregiver capacity and youth readiness. This phase also allows CPS to weigh safety considerations based on current factors. This in-depth review sometimes results in the development of alternative planning for some youth if it becomes clear that either the prospective caregivers do not have the capacity or the desire to parent a youth with complex mental health needs or when the youth's needs indicate continued therapeutic placement.

Early identification of such issues has allowed CPS to develop more realistic plans for these youth. The assessment conducted by the Reintegration Project staff outlines the services and progress that need to occur if reintegration is to be contemplated between a youth and a caregiver. In one such situation, for example, all parties agreed that the youth would remain in his foster placement but would be allowed frequent visitation with his mother. The Reintegration Project was able to facilitate and build a relationship between the youth and mother while strengthening the mother's ability to support and manage her son during visits. These efforts did not lead to reunification, but they did yield valuable information that increased the quality of care and support received by the youth. In sum, the Reintegration Project preparation phase allows all involved parties to carefully consider reunification. Even though not all youth succeed in moving forward to reunification, some of the families who exited the program during the preparation phase still experience positive support and improvement as a result of their participation in the project. In addition, a youth has the opportunity to be re-referred and re-enrolled in the program if circumstances change.

Youth Narrative #1: A Successful Reintegration

CPS removed David from his biological mother at age 10 following several allegations of inadequate supervision and physical abuse. The week preceding David's removal from the home, a series of incidents occurred that contributed to CPS's decision that David and his younger brother, Justin, could not safely remain in their mother's care. First, David stole the family car and ran it into a tree, totaling the vehicle. Fortunately, he sustained only minor injuries. Four days later, he reportedly injured a teacher at his school when the teacher attempted to stop him from leaving the classroom. David subsequently was arrested, charged with felony assault, and placed in juvenile detention.

Little information was known about David's father or paternal relatives, and records suggested that David had had no contact with this father in several years. CPS considered placing David and Justin with their maternal grandmother, Sara Dixon, 67, and her common-law husband, George Arnold, 73. The boys had spent much of their early childhoods in the care of Ms. Dixon and Mr. Arnold, and there was a strong bond between them. However, the couple's fitness to care for the two boys was questioned due to the health of the couple. Ms. Dixon had just been released from the hospital and Mr. Arnold also had chronic health issues. Consequently, the court placed the brothers in foster care – Justin to a foster home in the county and David to a residential treatment center (RTC) nearby. The judge ordered that weekly supervised visitations be facilitated for David and Justin to see their mother. Although David's mother frequently missed visitations with the children, Ms. Dixon and Mr. Arnold faithfully visited the children each week.

Following his admission into the RTC, David was diagnosed with adjustment disorder with mixed disturbances of emotions and conduct, but he was not put on medication. His behavior worsened while in the RTC and he became depressed. Staff reported that David was defiant and uncooperative, and he frequently was restrained because of his behavior. As a result, RTC staff did not allow him to attend all visits with his family. Meanwhile, the caseworker also was working with David's mother to try to reunify the family. After nine months of attempting to work with her, it was apparent that she was not making adequate progress in addressing her ongoing drug use. During a mediation, David's mother relinquished her rights so that David and Justin might eventually be placed with Ms. Dixon and Mr. Arnold, whose health had stabilized.

David was an ideal candidate for the Reintegration Project because Ms. Dixon and Mr. Arnold were willing and motivated caregivers who recognized the potential of the program to provide the necessary support for success. The Reintegration Project care coordinator worked with the couple for more than four months to intensively prepare for the reintegration. After 16 months in the RTC, David was placed with Ms. Dixon and Mr. Arnold. Justin had been reunified with them shortly before. Though the reintegration process posed some challenges – the couple's main concern was finding activities to keep David occupied and identifying strong role models for him – the family received helpful services such as individual mentoring, family mentoring, summer camp, financial assistance, parent coaching, and Parent Engagement and Self Advocacy training classes. A few months later, Ms. Dixon adopted the two boys.

Note: Names have been changed to protect the confidentiality of project participants.

Youth Characteristics

We also examined the characteristics of the enrolled youth and their families. Table 1 presents these characteristics broken down by status in the program. We do not have detailed placement history for youth who exited the program during the preparation phase. Due to the small sample sizes, percentages are not presented, only number counts.

Table 1: Characteristics of Enrolled Youth by Current Program Status

	Exited the program during preparation stage (5)	Reunification placement disrupted (4)	Reunification in place or in progress (preparation stage) (14)	Successful reunification (case closed) (9)
Age of Child				
7-10	1	1	3	1
11-12	0	0	1	3
13-15	1	2	8	3
16-17	3	1	2	2
Race and Ethnicity				
African American, not Hispanic	3	2	6	2
Biracial: African American and Hispanic		1	0	1
Biracial: African American and white		1		2
Hispanic	2	0	4	
white	0	0	4	4
Youth's Placement History Prior to Reunification				
Average number of placements	N/A	8.5 (range: 2 – 17)	4.7 (range: 1 – 13)	5.1 (range: 1 – 19)
Previous involvement with Juvenile Detention	N/A	1	5	2
Prior placement was a residential treatment center	N/A	4	11	3
Reunification Caregiver				
Biological parent	N/A	2	7	5
Adoptive parent (non-biological)	N/A	0	3	1
Aunt/uncle	N/A	0	1	1
Grandparent	N/A	2	3	2

This information is presented to describe the youth and caregivers served by this program. With a small number of youth in each category, it is difficult to identify clear patterns between the successful and unsuccessful placements. We do not see striking differences in the small number of youth who have successfully and unsuccessfully been discharged from the program in terms of age, gender, and placement history – at least not differences that allow us to draw general conclusions about patterns of disruption, with two possible exceptions.

All the youth whose placement was disrupted post-reunification were African American or biracial African American males. Given the implications of this pattern of racial and ethnic differences and the complex constellation of factors that led to each unsuccessful case, a more thorough review of these cases was requested by the reintegration program director. Other research has shown that African American children are less likely to be reunified than white children (Connell, Katz, Saunders, & Tebes, 2006) and that they experience slower time to reunification when it does occur (Harris & Courtney, 2003; Wells & Guo, 1999), though these differences can vary substantially depending upon geographic region and local policy context (Wulycyzn, 2011). Nonetheless, an in-depth understanding of the role of race and ethnicity in reunification is lacking.

While the two youth whose cases disrupted after reunification were African American males, it is important to note that two of the nine successful case closures involved one African American male and one biracial (African American and Hispanic) male. To fully understand placement disruption, a detailed contextual analysis is needed, including investigating issues of race, ethnicity, and culture; child maltreatment and placement history; the cumulative and long-term impact of institutionalization; caregiver readiness; expectation management; and the extent of system and community support available for children with severe mental and behavioral disorders. The summary of the detailed case reviews will be completed by December 2011. (Contact information to obtain this information is listed at the end of this report.)

Youth Narrative #2: An Unsuccessful Attempt at Reintegration

Marcus was removed from his biological mother at age 6 due to neglectful supervision and his mother's refusal to accept parental responsibility. There was little or no information about his father in the case record, other than a brief mention that he was not living with the mother and had not seen Marcus in several years. During his five years in care, 11-year-old Marcus was in 20 different placements and attended 11 different elementary schools. His placements included emergency shelters, therapeutic foster homes, psychiatric hospitals, and different residential treatment centers. While in these multiple placements, Marcus was diagnosed with bipolar disorder and attention deficit hyperactivity disorder; was on medication for mood swings, aggression, and depression; and scored in the borderline range of intelligence and performed below grade level. Since entering foster care, Marcus has primarily lived apart from his two older siblings and three younger half-siblings. During a two-month period, he was placed with his fictive kin, 32-year-old Margaret Adams, who had adopted his two older siblings. However, his behavioral issues resulted in Ms. Adams asking for his removal. Over the years, he did maintain some sporadic contact with Ms. Adams and her 57-year-old mother, Ms. Thompson.

When Marcus was 11, Ms. Thompson contacted CPS and indicated that she was willing to care for him so that he could have more contact with his siblings who were adopted and resided with her daughter. Her advocacy, coupled with improvements in Marcus' behavior while in his last RTC placement (including managing without medication for 11 months), led CPS to recommend him for placement in the Thompson home, provided the family had the support of the CPS Reintegration Project. The process of placing Marcus with Ms. Thompson was expedited (staff made an exception so that Marcus could reintegrate to Ms. Thompson's home during the Christmas holiday) despite the fact that she had a tense working relationship with CPS and her visits with Marcus had been somewhat sporadic over the years. An additional concern was her threats to stop having contact with Marcus when he showed poor behavior in the RTC.

Both Marcus and Ms. Thompson were excited about the prospect of being together, and program staff worked quickly with CPS to put services in place given the truncated timeline. At first, Marcus did well in the placement. After a few weeks, he experienced some difficulty controlling his behavior at school, but Ms. Thompson insisted his behavior at home was not a problem. The family received the following reintegration services: case management and service coordination, financial assistance, youth mentoring, afterschool care, individual therapy for Marcus, and non-emergency respite. Despite these services, Marcus' behavioral problems escalated. After four months, this reintegration placement was disrupted due primarily to Marcus' major behavioral problems in school including an incident in which he attacked a school employee. Marcus was returned to foster care and is currently in therapeutic foster care receiving services by CPS.

Note: Names have been changed to protect the confidentiality of project participants.

The Reintegration Project demonstrates that youth with complex emotional and behavioral disorders can successfully reintegrate into the community with an individualized package of services and support delivered through the wraparound approach. This is a critical lesson learned for the child welfare community. Systems can no longer delay reintegration and permanency for these youth.

A few other patterns emerged in comparing the youth who were successful and unsuccessful in sustaining their placement. The average number of out-of-home placements was highest for the group whose placements were disrupted after reunification. Again, with a small number of youth, and other factors like the age of the children, these differences should not be treated as more than observational and, perhaps, illustrative. However, one of these youth had 12 prior placements and another had 17. This extensive placement history, with large durations of time in institutions, certainly may impact their ability to function effectively in a family setting.

All the youth whose placement was disrupted were reintegrating from a residential treatment center. For the successful youth, only three were residing in residential treatment centers immediately prior to reunification. The others were mostly in therapeutic foster care, and one youth was in an emergency shelter as a temporary placement. Certainly, one program observation is that the extensiveness of a youth's time in institutional settings may be a contributing factor to the likelihood of success in a family setting. A youth transitioning from an institutional setting to a family home may require a level of oversight, monitoring, and daily activities that are not easily replicated by the reunification caregivers. These youth seem to be challenged by the "freedom" of the community and have a limited ability to set internal controls on their behavior, despite outside influences and support. The caregiver has to develop a high tolerance for managing difficult behavior while maintaining a very structured home environment. This becomes particularly challenging when family expectations of older youth are incongruent with the youth's actual ability to self-regulate his or her behavior.

These preliminary observations led the Reintegration Project to consider the following practice improvements:

1. Strengthening the engagement of the youth in the preparation stage for reunification.
2. Considering short-term (90 days) "step-down" placement in the local community where the change to the living situation is more incremental so the youth can adapt. (Travis County is redesigning a contract with a local shelter to include a 90-day transitional program that will ensure that the youth attends the home school of their reunification caregiver.)
3. Increasing the caregiver's tolerance of perceived "misbehavior" while lowering general expectations of the youth's ability to act independently and self-regulate.

Most of the caregivers with whom the youth have reunified or plan to reunify are relatives, with a biological parent making up the largest category. For one of the youth who successfully reunified, the caregiver was a birth mother whose parental rights had been previously terminated. In recent years, several states have enacted policies, with important safeguards, to allow for reinstatement of parental rights, recognizing that, over time, parents can rehabilitate or remedy situations that led to a prior termination (Getman & Christian, in press). Grandparents make up the

next largest category, followed by non-biological adoptive parents, and aunts and uncles. In most of these cases, the youth is reunifying with a female caregiver, without an identified male caregiver. In a few cases, the youth is reunifying or has reunified with a single father. For seven of the 32 youth, two caregivers – a male and female – are the target caregivers.

To reiterate, the youth involved with the Reintegration Project have severe, multiple, and extensive diagnoses. From reviewing the full case files of a few project youth, it is clear these youth have experienced multiple and changing diagnoses throughout their involvement with child welfare.

Diagnoses change, often as a product of different mental health clinicians, reactions to adjustments in medications, and the youth's response to changing circumstances. All of these factors contribute to a dynamic view of the youth's mental emotional and behavioral disorders. The Reintegration Project highlights the potential of youth with these complex constellations of mental and behavioral disorders to successfully reintegrate into the community when provided with an individualized package of services and supports (e.g., mental health services, mental health advocacy, school advocacy, mentoring, respite, parent coaching, recreational activities) delivered through the wraparound approach. This is a noteworthy success for – and a critical lesson learned by – the child welfare community. The implication is that the system can no longer ignore or delay reintegration and permanency for these youth.

Program Cost and Savings

Program developers, policymakers, and system directors want to know: Does a program work? What does it cost? Does it save money?

To address these questions, we conducted a cost analysis from the perspective of the program and child welfare agency. The costs of the Reintegration Project were estimated by focusing on "big ticket" items, which were staff labor and contracted services as well as some travel and supplies. We did not include estimates of donated items (space, equipment, telephone) or of indirect costs (general administrative support and custodial services). The analysis relied on administrative records, staff interviews, and amounts billed for contracted flexible services support.

The program costs are summarized in Table 2. Total services provided by the Reintegration Project staff to the Reintegration Project totaled $258,401, while flexible services support totaled $125,692. Together, the program cost was $382,312 over 30 months for 32 enrolled youth and an additional 52 youth who were screened but not enrolled.

Table 2: Cost of the Reintegration Project

Total Program Cost (30 months, for 32 enrolled youth + 52 screened youth):

Reintegration staff	$258,401
Flexible services component	$125,692
Total	**$382,312**

Table 3 shows the program costs per youth enrolled in the project (averaged over all youth) in relationship to the cost of 180 days of residential treatment (180 days @ $138 = $24,885) and therapeutic foster care at a specialized level (180 days @ $96 = $17,242). Specialized is a level of care between moderate and intense. In comparing the average cost for serving each enrolled youth, the Reintegration Project is 31 percent less expensive than six months of specialized group or therapeutic care and 52 percent less expensive than six months of care in specialized residential treatment facilities. These comparisons make the assumption that if not for the Reintegration Project, the reunified youth otherwise would be residing in their former therapeutic foster care or residential treatment center settings.

Table 3: Cost per Enrolled Youth with Comparison to Residential Agency Payment Rates

Cost Per Enrolled Youth:

Reintegration Project staff	$8,019
Flexible services component	$3,928
Total	**$11,947**

CPS payment to group or therapeutic foster care at specialized level, 180 days	$17,242
CPS payment to residential facilities at specialized level, 180 days	$24,885

Stated another way, for each youth who otherwise would be in a residential treatment center, if not for the Reintegration Project, savings to child welfare will be realized after 87 days of a sustained placement in the home. Compared to youth who otherwise would be in group or therapeutic foster care, savings start to accrue after 125 days. As the number of days in the community increases, project savings will correspondingly increase. Arguably, many of these youth would receive services at the intense level of care, but we have used the more conservative specialized level of care for our calculation of savings.

The cost of the Reintegration Project pilot program was affected by several factors: the program's staffing structure; the proportion of youth appropriately referred; and the total number of youth served. As appropriate referrals increase and the program runs consistently at capacity, greater savings can be realized. Programs considering adopting the Reintegration Project model may need to adjust for local salaries, the local costs of flexible services, the likely referral case mix, administrative overhead costs, and anticipated total volumes.

Comprehensive federal finance reform, if enacted, could allow child welfare agencies that experience these savings to reinvest them into prevention, permanency and other community services that help reduce the need for foster care (Casey Family Programs, 2010).

Conclusion

The Travis County CPS Reintegration Project is an intensive and innovative intervention showing evidence of success at helping youth with complex mental and behavioral disorders who otherwise may not have an opportunity to achieve permanency. In fact, some of these youth, particularly the older youth, experienced over a dozen placements before the Reunification Project helped CPS identify them and develop a goal and a plan to reintegrate them back into the community in a family setting. While the project has not been 100 percent successful with all families, the reunification success rate parallels or betters that for youth in the foster care system, where not all youth have such complex needs or long histories of multiple and institutional placements.

Continuing to track the longer-term outcomes of youth served by the Reintegration Project will allow us to better understand the successes and challenges of such a program designed to make the goal of permanency possible for some of the child welfare system's most challenging cases. Our cost analysis of the program demonstrates that the Reintegration Project, while intensive and currently capable of serving only a small number of youth, may result in cost savings to the system. Savings become apparent as youth are maintained in the community beyond four months and no longer reside in residential treatment settings and therapeutic foster care. This project and review of the cases also point to the importance of addressing issues of culture, race, and ethnicity; availability of community supports; and staff training around program elements and circumstances for issues faced by youth and families. Perhaps most importantly, this evaluation highlights the need to focus on earlier and more effective prevention and intervention with children who are placed outside of the home at an early age.

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Endnotes

[1] A caregiver can be a biological parent, a biological parent whose rights have been terminated, an adoptive parent, a relative, a fictive kin, or anyone deemed appropriate by the child welfare system

[2] Recent research points to the importance of housing and other forms of financial services for achieving reunification (Cheng, 2010).

[3] This evaluation report was released in 2009 and can be found at www.casey.org/Resources/Publications/AustinReintegration.htm.

[4] The short video raises awareness about the Reintegration Project as well as about the importance of permanency through family and community reintegration. It has been used to stimulate ideas, dialogue, and values reflection among a variety of family-serving audiences and can be accessed at www.casey.org/Resources/Initiatives/austinreegration/.

[5] This date was the cut-off for submission of client outcome data to Casey Family Programs to be used in analysis for this brief.

[6] Three additional children not included in these counts have been accepted in the program, but their enrollment has been delayed until they resolve some mental and behavioral issues. This use of a "waitlist" provides an important reminder to the Reintegration Project care coordinators to continue to check in with CPS social workers about the youth's success in achieving their goals to make reunification a possibility.

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Information

For more information about the Reintegration Project, including caregiver, staff, and youth program manuals, and the detailed summary of the case reviews, please contact: Laura Peveto, Prevention and Early Intervention Manager, Travis County Office of Children Services at Laura.Peveto@co.travis.tx.us.

For more information about the evaluation or the cost analysis, please contact Erin Maher, Director of Program Evaluation, Casey Family Programs, at emaher@casey.org.

Products

To obtain the Phase I Evaluation Report with system-level, program-level, and case-level recommendations, go to: www.casey.org/Resources/Publications/AustinReintegration.htm

To obtain the short video about the Reintegration Project and the importance of permanency through family and community reintegration, go to: www.casey.org/Resources/Initiatives/austinreintegration

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