

# Travis County, Texas, Child Protective Services Reintegration Pilot Project

## Executive Summary

Prepared for Casey Family Programs by

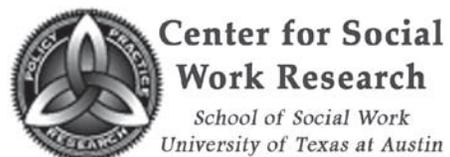
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For more information about the CPS Reintegration Pilot Project service model, please contact Laura Peveto, Prevention and Intervention Manager of the Office of Children Services or Jim Lehrman, Division Director of the Office of Children Services at Travis County Health and Human Services and Veterans Services (HHS&VS), 100 N. IH 35, Suite 3500, Austin, TX 78701, (512) 854-7874.



## Executive Summary

According to the latest data from the U.S. Children's Bureau, in 2007 approximately 496,000 children and youth were in the foster care system. Family reunification and placement with relatives are typically the preferred permanency options for children in care. However, child welfare agencies often lack the necessary resources and staff expertise to provide ongoing community based services for families of youth with severe emotional and behavioral health problems. The availability of comprehensive community-based services for children in the foster care system is essential to the successful reintegration of these youth back into the community.

To facilitate reintegration of youth into the community, the Children's Protective Services (CPS) Reintegration Pilot Project was implemented in Travis County, Texas. This program provides home and community-based services to a small number of youth involved in the Texas foster care system who have complex mental and behavioral health needs. The program is a collaborative partnership between Casey Family Programs, Travis County Health and Human Services and Veterans Services (HHS&VS), and Texas Child Protective Services (CPS), which is designed to help youth successfully transition back into the community from intensive out-of-home placements, such as residential treatment centers or therapeutic foster homes, and to empower families to safely care for their youth.

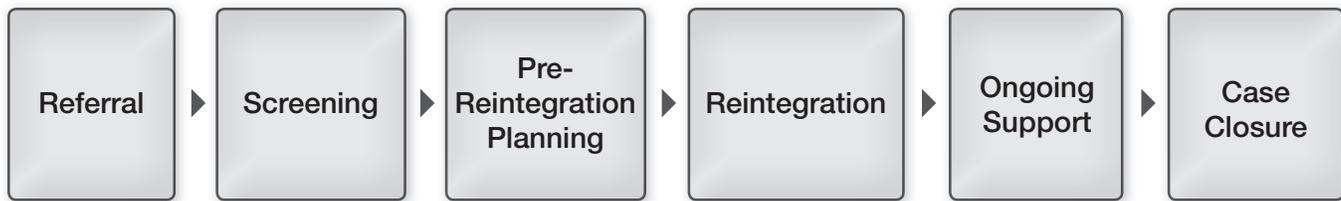
Consistent with the research on successful reunification practices, the CPS Reintegration Pilot Project uses a wraparound service model to assist youth and their caregivers in meeting this goal. Under this model, services are coordinated and managed through a Care Coordinator in partnership with the child's family. Services are individualized to the specific strengths and needs of the youth and their families. Available services include 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.

Eligibility criteria for the program were developed specifically to target youth with severe emotional and behavioral health needs who CPS believed could safely reintegrate into the community. During the course of the evaluation, 51 youth were referred to the program. Of these 51 youth, 30 were declined because the child or the caregiver did not meet the minimum eligibility criteria for the program or because the Court or CPS sent the child home earlier than the reintegration date projected by CPS when the initial referral was made. The remaining youth had "active" cases, meaning that they met the minimum eligibility criteria for the program and were either on the program's waiting list, in various phases of the referral and screening process, planning for reintegration, or had already achieved reintegration. A full description of each phase in the reintegration process is provided in Figure 1.

Casey Family Programs contracted with the University of Texas at Austin Center for Social Work Research to conduct a qualitative, descriptive evaluation of youth and caregivers who accessed services through the CPS Reintegration Pilot Project. A multiple case study evaluation design was used to explore two research questions:

1. What are the experiences of youth in care with complex mental and behavioral health needs who have reunified with their parents or other caregivers and reintegrated into the community?
2. What are the barriers that delay or prevent the reunification of youth in care with complex mental and behavioral health needs with their caregivers?

**Figure 1. Phases of the Reintegration Process**



**Referral Phase** – During the referral phase of the process, the CPS caseworkers are asked to complete a one-page pre-screening tool prior to making a formal referral. Youth who do not meet the minimum criteria do not enter the program. CPS caseworkers for youth who meet the minimum criteria for the project are then asked to complete a more in-depth formal referral form. CPS caseworkers are given 45 days to complete this form and return it to the Care Coordinator.

**Screening Phase** – During the screening phase of the process, the Care Coordinator meets with the identified caregiver for the referred child to discuss the CPS Reintegration Pilot Project and to determine the caregiver’s overall interest in participating in the program. In addition, the Care Coordinator obtains additional documentation and information needed to assess the child and caregiver’s appropriateness for the program. A child might be declined at this stage of the process if the program staff determine that he or she is not in need of services through the program in order to maintain the reintegration or if the caregiver declines to participate in services through the program.

**Pre-Reintegration Planning Phase** – During the pre-reintegration planning phase of the process, the Care Coordinator begins the process of working with the caregiver to identify and coordinate services that the child and family will need to prepare for and sustain the reintegration once he or she is placed with the caregiver. In addition, the Care Coordinator obtains additional documentation, such as educational records for the child or an FBI background check, if the caregiver has resided outside Texas within the last three years. The Care Coordinator also arranges to meet the child at his or her current placement and assists CPS in facilitating pre-reintegration visits between him or her and the caregiver. While the length of the pre-reintegration planning phase varies for each child, ideally the Care Coordinator will have a minimum of two full months following the child’s acceptance into the program to develop a plan with the family and ensure that services are in place prior to the child’s return to the caregiver.

**Reintegration and Ongoing Support Phases** – The reintegration phase of the process begins when the child is placed in the caregiver’s home. During this phase of the process, the Care Coordinator facilitates meetings with the child, caregiver, and wraparound team at least once a month. The frequency of wraparound team meetings varies for each child, depending on the child or caregiver’s level of need and the complexity of services involved. Following reintegration, families are provided with ongoing case management services. The Care Coordinator is actively involved with the caregiver and child and continues to assist the family in identifying needs. The Care Coordinator arranges services to address the needs identified by the caregiver and assists the family and wraparound team in assessing progress.

**Case-Closure Phase** – Case closure typically occurs under two circumstances: 1) when the caregiver and wraparound team determine that they are able to maintain the reintegration of the child in the home without further assistance from the Care Coordinator and the wraparound team; or 2) in the event that the caregiver determines that he or she is no longer able or willing to care for the child and he or she requests that CPS intervene and locate a new placement for the child.

This report outlines the findings of the project's evaluation. Detailed case studies of the six youth and their caregivers who transitioned from intensive out-of-home placements back into the community during the evaluation period are included.

## **Case Studies**

The evaluation included a sample of six youth, their family caregivers, CPS caseworkers, and program staff, who were interviewed about their experiences with the reintegration process. Data collection methods included in-depth structured case file reviews and semi-structured interviews with youth who reintegrated back into the community, as well as their caregivers, CPS caseworkers, and program staff. Interviews were conducted with participants between January 2008 and January 2009 at 3 months and 6 months post-reintegration.

The six youth in the study ranged in age from 10 to 18 years, while caregiver ages ranged from 33 to 67 years old. Two of the youth were Hispanic, one was African American, one Caucasian, and two were biracial (African American and Hispanic). Three of the youth were originally removed from their homes because of neglect, while the remaining three were removed due to refusal of the caregivers to accept parental responsibility for their care. All of the youth were placed in at least one residential treatment setting while in foster care.

Birth parents and grandparents comprised most of the caregivers in the study; however, one caregiver was the adoptive parent of one of the youth while another was the youth's fictive kin. All of the caregivers were female. Three of the six caregivers were African American, two were Hispanic, and one was Caucasian. Five of the caregivers were in their 40s or older (range 33-67 years).

## **Summary of Case Study Findings**

Several themes emerged from the case study analysis of the six youth and their caregivers. Although interviews with the youth's caregivers suggested that they were excited about their child's return to the home and greatly relieved to have him or her out of the foster care system, they also seemed to display varying levels of attachment and commitment to the youth and to the reintegration experience. Prior to the reintegration, some caregivers minimized the youth's behavior problems and the difficulties they might experience once the youth reintegrated. Because of this, some caregivers were caught off guard when problems emerged during the placement. Despite some problems adjusting to the youth's reintegration, all but one of the caregivers interviewed indicated that they did not regret their decision to have the youth placed with them and wanted the youth to remain in their homes. Overall, caregivers were very satisfied with the program and with the level of support the program provided them prior to and following the reintegration.

Youth interviewed for the study indicated that they were relieved to be out of foster care and home with their family. Some of the youth experienced difficulty adjusting to a less structured environment; however, all of the youth interviewed indicated that they were generally happy with their placement and wanted to remain with their family. When asked what they liked best about living with their caregivers, the youth's most common responses included "being a family again" and "having more freedom." Of the six interviewed youth who reintegrated into the community during the evaluation period, only one disrupted from his or her placement and returned to the foster care system.

The reintegration experiences of the six youth in the study highlighted the importance of program staff

allowing time prior to the reintegration to become fully engaged with the family in order to develop a full understanding of each family's needs. In addition, program staff learned the necessity of determining the youth and caregivers' readiness for reintegration and ensuring that both youth and caregivers were adequately prepared for problems that might emerge.

### **Barriers to Reintegration: Lessons Learned**

Interviews with the youth, their caregivers, CPS caseworkers, and CPS Reintegration Pilot Project staff revealed several barriers that either delayed the reintegration process or made the process more difficult once achieved.

#### **System-Level**

##### **Insufficient Collaboration with Residential Treatment Centers**

Program staff encountered problems in their attempts to work with residential treatment centers (RTCs) to help plan for the youth's discharge from the facility. Residential treatment staff were often reluctant to identify specific discharge dates based on the youth's individual treatment goals. Rather, discharge planning was largely driven by reductions in youth's assigned level of care.

##### **Lack of Well-Qualified Service Providers**

Program staff and CPS caseworkers experienced difficulty locating well-qualified psychiatrists and therapists who accepted Medicaid and were familiar with the needs of youth with complex mental health needs who have been in foster care. Program staff also noted the lack of available service providers who used the most current evidence-based treatment methods.

##### **Insufficient Pre-Reintegration Contact**

High caseloads and agency policies restricting caseworker travel outside their established regions resulted in inconsistent face-to-face contact between the youth and their caregivers. While some caregivers were satisfied with the amount of contact they had pre-reintegration, others indicated that they would have liked to have more contact with the youth before the reintegration occurred. In addition, several of the youth indicated that their visitation and phone privileges were often restricted by RTC staff when they exhibited poor behavior. Program staff and caregivers found this practice to be short-sighted and stressed the importance of not withholding visitation as a negative consequence for poor behavior.

#### **Program-Level**

##### **Lack of Collaboration between CPS and the CPS Reintegration Pilot Project**

Collaboration between CPS caseworkers and the CPS Reintegration Pilot Project staff is an essential component of the wraparound process, particularly during the planning stage. However, effective communication and collaboration between the program staff and CPS did not always occur. Program staff experienced difficulty in their efforts to collaborate with CPS caseworkers to determine the youth's projected reintegration dates, to coordinate pre-reintegration visits, and to work with the RTCs regarding discharge dates for the youth. Some of the CPS caseworkers did not appear to fully understand their role during the planning stage or after the youth reintegrated into the community. CPS caseworkers might have benefitted from some training by program staff regarding reintegration and the role of each party in the process.

## **Cultural Competency**

Efforts to be culturally appropriate appeared limited to individual CPS caseworker's personal understanding of the importance of culture. The caseworkers demonstrated an awareness of the importance of culturally competent practice but did not seem confident about how to translate their understanding into day-to-day practice with clients. Despite their understanding of the importance of being culturally aware, there were instances in which professionals working with the families failed to recognize situations when cultural issues might have been an influencing factor in the interpersonal dynamics of how family members related to each other and dealt with stressful situations.

## **Proper Utilization of CPS Reintegration Project Service Model**

Program staff varied from the program model during the first two reintegration placements. The program model specified that program staff take at least two to three months to fully engage with the family and ensure that services are in place prior to the child's reintegration into the caregiver's home. Because program staff did not do this, they experienced difficulty engaging the caregivers and the youth in the wraparound process. In addition, the program staff experienced difficulty communicating with the caregivers regarding the youth's needs and progress following the youth's reintegration. Program staff learned the importance of assessing the caregiver's attachment to the child as well as the caregiver's expectations about the reintegration and what the caregiver was willing to tolerate from the child.

## **Case-Level**

### **Youth Behaviors and Caregiver Ambivalence**

In some instances, the youth's aggressive and defiant behaviors served as a barrier to their reintegration back into the community. Caregivers for these youth indicated that they wanted the youth back in their homes; however, they were concerned about the safety and welfare of their other children. The caregivers reported some ambivalence about the timing of the reintegration and whether the youth were ready to return to a less structured setting. While some caregivers were able to work through their anxiety, other caregivers opted not to pursue reintegration because of their ongoing ambivalence concerning the youth's return to the home.

### **Assessing Readiness for Reintegration**

Evaluation findings suggest the importance of ensuring youth and caregiver readiness for the reintegration. CPS caseworkers did not have a uniform process for assessing either youth or caregiver readiness prior to referring the case to the CPS Reintegration Pilot Project. In some cases, readiness was determined, in part, through discussions with the youth's therapists. However, in most of the cases, caseworkers were unable to provide specific criteria regarding how they determined the youth's overall readiness. The most consistent answer provided by CPS caseworkers was that family reunification was the child's permanency plan.

### **Preparation for Reintegration**

Program staff encountered logistical barriers during their efforts to prepare the youth for reintegration. Perhaps the greatest barrier program staff reported was the physical distance of many of the youth's placements from Travis County. All but two of the youth were placed at least two hours away from Travis County at the time of reintegration. In addition to the placement distance, staff had difficulty accessing residential treatment staff and records so that they might coordinate visits and monitor the youth's progress prior to discharge.

### **Financial Insecurity**

The program provided a much needed safety net for some of the families who experienced financial difficulties. While the amounts varied, all but one of the families in the study needed and received some form of financial

assistance during the evaluation period. Records indicate that families accessed funds for apartment deposits, rent, and the purchase of beds for the some of the youth. In addition, some caregivers received assistance to help cover basic necessities such as groceries and clothing for the youth. There is concern regarding how these families will manage financially once they are discharged from the program.

## **Recommendations for Practice**

### **System-Level**

- Improve services for youth and families by providing caseworker training on services to youth with severe mental health needs and implications for transitioning back home.
- Increase the amount of pre-reintegration visitation/contact between youth and caregivers.
- Increase communication with residential treatment centers to increase likelihood of visitation between youth and their family members and residential staff's involvement in preparing the youth and their families for reintegration.
- Provide training for CPS caseworkers on how best to help families address both the short-term and long-term challenges associated with the reintegration process.
- Ensure that professionals involved with the youth's cases receive training in culturally competent practice in order to develop a better understanding of different racial and ethnic backgrounds, as well as ways professionals can adapt their practices to the cultural context of the families that they serve.
- Provide families with access to qualified and experienced providers who understand the unique needs of youth with complex emotional and behavioral health needs.
- Educate the court as well as attorneys and CASAs regarding the essential steps and time frames necessary for successful reintegration.

### **Program-Level**

- Provide program staff with adequate time to prepare youth and caregivers for reintegration and engage with the caregivers and ensure that the necessary services are in place.
- Clarify with CPS caseworkers what their role will be in the reintegration process and how they can help prepare the youth and caregivers for reintegration.
- Ensure that there is open dialogue with CPS staff regarding the cultural relevance of services provided to families in the program.
- Continue efforts to engage and educate CPS administrators and caseworkers about the program, what constitutes an appropriate referral, and proactive case planning.
- Assess and refine program policies based on evaluation results.
- Formalize policies by creating a handbook of policies and practices for future program staff to use.

### **Case-Level**

- Assess needs of caregivers and youth prior to reintegration and assess resources in the community to meet those needs. If resources are not available in the community, identify other services outside of the community that can address their needs.
- Assess the caregiver's willingness to engage in therapeutic services as well as the child's wraparound plan of service.

- Use a standardized instrument to assess caregiver and youth attachment during the screening phase of the process to help determine their overall readiness for reintegration.
- Prepare youth's siblings for the youth's reintegration back into the home.
- Work with caregivers to monitor the youth's needs for psychotropic medication. Develop a protocol for families to follow when they are considering the discontinuation of medication for the child in their care.
- Require identified caregivers to participate in Parent Engagement and Self-Advocacy training classes.
- Identify and implement policies for caregivers to encourage the full participation of caregivers in the program, such as a requirement that caregivers attend the youth's monthly team meetings.
- Ensure the availability of funding for families' basic and enrichment needs.
- Conduct and document a full assessment of each family's ongoing financial, health, and support needs prior to discharging youth from the program.

## Conclusions

The primary purpose of this study was to provide descriptive information about the experiences of youth in foster care who are reintegrating from intensive-out-of-home placements back into the community. This study also captured information that can contribute to the dialogue about how child welfare agencies conceptualize reintegration and the circumstances under which reintegration can successfully be achieved. The findings suggest that youth with severe mental and behavioral problems can successfully be reunited with their families and return to their communities, provided that they have agency commitment and appropriate services, a caregiver who is committed, and that the family has ongoing access to community supports.

Longitudinal follow-up of the youth and caregivers in this study could reveal important insights about the long-term outcomes of the placements.



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