Reunification of Foster Children with their Families: The First Permanency Outcome

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Overview

Permanence for children in child welfare is generally discussed as one of three outcomes for children in foster care: reunification with the family, adoption, or kinship care. Since the 2008 Fostering Connections to Success and Increasing Adoption Act (PL 110-351), we have amended the federal law (Title IV-E of the Social Security Act) to allow federal funds to flow for some kinship care/subsidized guardianships.

Since Title IV-E's creation in 1980 (PL- 96-272), federal funding has always been available for adoption assistance for placements from foster care into adoptive families. The one permanence outcome not eligible for ongoing federal funding support under Title IV-E are services for reunification once a child has been reunified with his or her family. Some limited block grant funds are provided specifically for reunification services, but the amount is very small and has narrow time limits that do not allow much in the way of funding and services to follow the child home. Some may assume that while in foster care, the issues that created the placement have all been addressed for both the family and the child. For some vulnerable or fragile families, that is not the case. If one of the main goals of federal funding is to address the greatest needs of children and families and to promote effective strategies for permanence, this shortfall in federal support is glaring.

Of the three placement outcomes of reunification, adoption, or relative guardianships, the most common is reunification with parents or primary caregivers. In 2012 (federal fiscal year, the latest data), 51 percent of children exiting foster care exited to reunification with a parent(s) or primary caretaker, a total of 122,401 children. The next highest percentage was exit to adoption at 21 percent, or 51,229 children. This was followed by guardianship at 7 percent, or 16,424 children. Similarly, states reported that the case plan goal for children currently in foster care was reunification at 53 percent, representing a total of 205,033 of the children in foster care in FY 2012.[1]

Among the challenges of reunification and reunification services is the added limitation of existing research and information. Just what are the services most needed to reunify a family? How does a successful and permanent reunification differ from reunification that results in a re-entry into foster care? According to the Child Welfare Information Gateway site though the U.S. Department of Health and Human Services (HHS):

"When children must be removed from their birth families for their protection, the first goal is to achieve reunification as safely as possible. Child welfare agencies implement multifaceted strategies that build on strengths and address concerns. Returning children home often requires intensive, family-centered services to support a safe and stable family."[2]

The Adoption and Foster Care Analysis and Reporting System (AFCARS) provide annual data on the number of children in foster care and some of the characteristics and outcomes for these children and youth. For federal fiscal year 2012, 399,546 children were in a foster care setting (on September 30, 2012). 254, 162 entered care, 241,254 left or exited foster care. Of the 241,254 children that left care, 122,401, or 51 percent, were reunified with a parent or primary caretaker. During FY 2012, an estimated 641,000 children spent at least some time in foster care.

The National Resource Center for Foster Care and Permanency Planning has examined some programs and approaches to strengthen the reunification process in a way that is both safe and lasting. While pointing out that there is limited research in this area, it highlights key elements or practices that appear to be important factors in successful reunification outcomes:[3]

- Placement decision-making;
- Parent-child visiting;
- Intensive services;
- Resource parent/birth parent collaboration; and
- Aftercare services.

More specifically, once a child has been reunified with his or her parent, the center adds that, "post-reunification services…should be tailored to the individual needs of the child and family, and fall into a number of categories:

- Clinical services such as individual, couples, or family therapy, substance abuse treatment, domestic violence intervention, or crisis intervention;
- Material or financial services such as income support, job training, health care coverage, or housing assistance; and
- Support networks such as day care, respite care, peer support groups, linkages with the health and education systems and other community-based services.

The intensity of needs may vary as the family experiences challenges or crises after the child returns home. Effective programs will respond to this fluctuation with higher levels of wraparound services when they are needed."

The Challenge of Reunification

While 53 percent of children in care have a case plan of reunification, there are challenges for state agencies. These challenges include limited resources, the complex needs of the population of children and families seeking assistance, and the limited time frames they are operating under. In 2011, (depending on the state reviewed) between 68 to 70 percent of children in foster care left care in less than 12 months, but that does not mean all placements and reunifications were successful.

National data from the annual *Outcomes Report* indicates that the percentage of children that will re-enter foster care within 12 months of leaving foster care was 11.8 percent in 2011. That is the median figure for all states and it is an improvement overall from the 13.2 percent median for 2008.[4]

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> Child Welfare Outcomes Report 2008-11

The report drew two significant conclusions that deserve more discussion and debate in how federal funding is designed and allocated and policies are implemented:

"Many states that have a high percentage of reunifications occurring in less than 12 months from the child's entry into foster care also have a high percentage of children who reenter foster care in less than 12 months from the time of reunification. This is an important finding because it raises the possibility that not all of the problems that resulted in the child's initial entry into foster care were resolved adequately at the time of reunification, or that new problems arose at the point of reunification that were not addressed sufficiently by the agency."

While that finding highlights a relationship between shorter times in care and higher re-entries into foster care, the report also points to additional factors contributing to higher re-entries into foster care for older youth:

"A consistent finding in the Child Welfare Outcomes Reports is that many states with a relatively high percentage of foster care reentries also had a relatively high percentage of children entering foster care who were adolescents (age 12 or older). The challenges that these youth present to state child welfare systems with regard to meeting the reunification needs of the children and their families may be quite different from those encountered in working with younger children and their families. Consequently, states with large numbers of youth in their foster care populations would benefit from developing strategies that target the needs of these youth."

Promising State Approaches

The Wisconsin Waiver

The state of Wisconsin offers one perspective on how to address the challenge of successful reunifications. In its 2012 Title IV-E waiver application to HHS, Wisconsin submitted a proposal to not just improve overall outcomes for vulnerable families, but to "Prevent child abuse and neglect and the re-entry of infants, children and youth into foster care."[5]

Their efforts revolve around a 12 month post-reunification plan that is built on case management and other supports and services, and they highlight child-parent therapies, in-home therapy and the use of parent mentors. In describing what happens to families, the waiver application points out that support services (including case management) end "fairly abruptly" after reunification. Their analysis of their own state foster care population indicates that at the point of reunification, families are relatively strong, but have typically not developed the capacity to successfully manage the reunification periodic or the unexpected life stresses that may surface. When this occurs, the child welfare system is not there to offer support.

Based on the results of the Wisconsin Child and Family Service Review (CFSR), the reason for the re-entries of some families revolves around three factors:

- Lack of a standardized, comprehensive assessment of children's needs while in out-of-home care;
- Inconsistent and insufficient casework practices associated with children in the family home, both prior to or following child placement, and;
- Lack of individualized service planning and limitations associated with the accessibility or availability of needed services.

Illinois' Focus on Young Children and Support

The state of Illinois is also implementing a waiver. While the project does not formally focus on reunification services, it is attempting to focus on addressing the needs of a very young population, with a goal of increasing services to the families being served. The state is targeting very young children and their families in order to reduce the length of time in care and improve well-being outcomes by providing a combination of intensive concurrent planning, parent training and support, and therapeutic interventions. In their proposal, they provide a theory of care:

"…children aged zero to three years old who are initially placed in foster care will experience reduced trauma symptoms, increased permanency, reduced re-entry and improved child well-being if they are provided evidenced-based intensive concurrent planning and trauma informed EBIs (evidence-based interventions) compared to similar children who are provided IV-E services as usual."[6]

The state is targeting this particular population because Illinois' entry rate for young children has been increasing between FY 2007-FY 2011, with the largest increases in 3 to 5-year-olds. The agency points out that at the time of the waiver application in 2012, children 0 to 5 represented 58 percent of all children entering care in Illinois. That exceeded the national average of 37 percent over the same time period.

In the agency analysis, they also offer another important statistic that may inform national policy that is increasingly looking at the needs of older youth:

"…25% of youth who aged out of care in FY11 first entered care at age 5 or younger (which is much higher than the national average of 15%)."

While Illinois is focusing on children 0 to 5 given that they represent a disproportionate percentage of the foster care population in the state, it also recognizes that the problem is not just entries but also re-entries once the young child has been reunified.

"…the higher rates of re-entry among the very youngest age group indicates a need for more effective evidence-based interventions for children after they are discharged from state care back to parental custody."

The Illinois waiver attempts to address the trauma and mental health needs of young children in child welfare, and seeks to enhance their social and emotional development. The state will provide a continuum of interventions that are developmentally informed and evidence-based. The interventions will be targeted and dependent upon the assessed level of need for the infant and toddlers and their caregivers. In all cases, the mental health needs of the child and caregiver will be considered together.

While the infant and toddler population is a focus of the Illinois waiver and the initial focus of the Wisconsin waiver with a goal of improving post-placement services, there is evidence that other states are also lacking in post-placement services to this vulnerable population. A recent survey by Zero to Three and Child Trends found that for the infant and toddler population receives limited services if offered services at all.[7]

The survey concluded that:

"With the exception of a few services, most states reported a greater availability of post-permanency supports for adoptive parents and children who are adopted, compared to birth parents and their children upon reunification."

It should be noted that within the adoption community, there is an increased focus on a growing need for post-adoption services for the growing number of children and youth formerly in foster care and now in adoptive families.

As these examples suggest, states have different targets and challenges. While Illinois focuses on young children and Wisconsin emphasizes all reunification services beginning with younger children, an additional challenge nationally are children with disabilities as well as older children. According to the measures used in the *Outcome Report* based on the measures in the CFSRs in 2011, successful placements (reunification, adoption, and kinship care) was at 87 percent for the general foster care population but were lower for any child if they entered care when they were older than age 12, (with a median of 66 percent) or had a diagnosed disability (with a median of 78 percent) for successful placements.

State Spending on Reunification Services Through Title IV-B Programs

State	Child Welfare Services Reunification	PSSF/Time-Limited Reunification
Alabama		$2,114,000
Alaska	$29,000	$160,000
Arizona		$1,700,000
Arkansas	$479,000	$787,000
California		$6,875,000
Colorado		$631,000
Connecticut	$121,000	$640,000
Delaware		$171,000
Dist. of Col.		$228,000
Florida	$8,926,000	$3,383,000
Georgia	$549,000	$3,715,000
Hawaii		$333,000
Idaho		$330,000
Illinois		$3,147,000
Indiana		$359,000
Iowa	$207,000	$528,000
Kansas		$759,000
Kentucky		$1,513,000
Louisiana		$2,336,000
Maine		$444,000
Maryland	$2,7554,000	$795,000
Massachusetts		$425,000
Michigan		$1,539,000
Minnesota		$1,390,000
Mississippi		$1,163,000
Missouri		$570,000
Montana		$233,000
Nebraska		$330,000
Nevada	$540,000	$396,000
New Hampshire	$95,000	$141,000
New Jersey		$1,134,000
New Mexico	$8,000	$702,000
New York		$4,105,000
North Carolina	$3,509,000	$1,995,000
North Dakota		$143,000
Ohio		$2,571,000
Oklahoma		$1,636,000
Oregon		$1,371,000
Pennsylvania		$1,903,000
Puerto Rico	$740,000	$1,385,000
Rhode Island		$348,000
South Carolina	$1,177,000	$1,568,000
South Dakota		$219,000
Tennessee		$2,220,000
Texas	$3,231,000	$7,511,000
Utah	$1,876,000	$215,000
Vermont		$97,000
Virginia		$1,273,000
Washington		$1,177,000
West Virginia		$651,000
Wisconsin	$1,036,000	$1,069,000
Wyoming		$47,000
Totals	$25,277,000	$70,475,000

One of the specific federal sources of funding for reunification services are the two Title IV-B Part 1 and Title IV-B Part 2 block grants. Part 1 is Child Welfare Services and states can spend their federal dollars on a range of services. Part 2, Promoting Safe and Stable Families, requires states to spend at least 20 percent of federal funds on each of four services with time-limited (15 months) reunification as one of those services.

Federal Funding

Child welfare agencies depend on a variety of federal funding streams along with state and local dollars. Each revenue source has its own rules, regulations and policies, and it must compete with other needs and missions that might also be addressed by the funding rules. The main source of federal child welfare funding is Title IV-E of the Social Security Act. In FY 2014, it is projected to provide states with $6.9 billion with funding for foster care maintenance payments, adoption assistance payments, and guardianship assistance payments. Of this federal funding, states can draw down dollars for administrative, case management, and related services for all three placements described earlier. As such, under foster care, states can draw some administrative funding which would include case planning, parent child visits, and other actions that might facilitate reunification while a child is in foster care. Once a child is reunified with his or her caretaker, the case management services and supports are not covered by Title IV-E.

States also have access to two block grant funding streams: Title IV-B Part 1, Child Welfare Services (CWS) and Part 2, Promoting Safe and Stable Families (PSSF). Currently funded at $262 million (sequestration cut levels), CWS funds are very flexible and address a range of services including the funding of the child protective services (CPS) and child abuse prevention, in addition to foster care and adoption assistance in some states. Some states also use a portion of this funding for post-reunification services. States also have access to the PSSF block grant. This has become an increasing complex funding source. It includes mandatory funds (funding levels written into the law), but also includes annual appropriations. It includes set-asides for the courts, for substance abuse treatment and funds to assist in workforce development. But of the core funding of approximately $321 million in FY 2013-2014, at least 20 percent must be spent by states on time-limited reunification services. An additional 20 percent of these funds must be spent on each of the other three services: family support, family preservation, and adoption support and recruitment. Importantly, only PSSF funds are specifically directed to reunification services, but this funding is in fact time-limited and unlikely to follow a child home for very long.

The PSSF law limits the use of reunification funds to a 15-month time period that begins when a child has been officially placed into foster care by a court determination. As a result, funding may extend for only a few months if reunification takes place within a year, and it may not follow the child at all if reunification occurs after 12 months.

Beyond the designation of PSSF funding for reunification services, there is no source of support for the services needed for post reunification support. States can turn to a variety of other non-child welfare services such as the Social Services Block Grant (SSBG), Medicaid health care services, potentially mental health services through the Affordable Care Act (ACA), and perhaps Temporary Assistance for Needy Families (TANF) funding, but some or all of these potential sources may have other population service demands beyond reunification or even child welfare.

Number of States Offering Post-permanency Supports for Infants and Toddlers

Services	Post Reunification	Post-Adoption	Post-Guardianship	Varies by county
Health care services (e.g., pediatricians, dentist, occupational therapists)	29	34	29	8
Mental health services	30	39	32	10
Early learning and development programs (such as Early Head Start)	33	35	34	9
Part C early inter-vention services	34	37	33	10
Other	1	3	3	1

Zero to Three and Child Trends asked states what services were offered for post-permanency placements—offering may not necessarily mean they were available or accepted.

What State Advocates Can Do

An important first step is to assess how your state is doing in regard to reunification services. The annual *Outcomes Report to Congress: 2008-2011* will provide a four year perspective for each state. You should also be able to obtain this information from your state directly since the federal government requires each state to collect and submit these national numbers. HHS also provides an interactive website, *Child Welfare Outcomes Report Data*, that allows you to draw down information in various categories of child welfare. Using this site, you can also compare your state to the national picture or to states of similar size or those in your region.

The *Outcomes Report* also provides two measures of reunification: children reunified without re-entering foster care within a 12 month period, and children reunified and re-entering foster care more than 12 months after reunification. This second calculation essentially measure re-entry over an 18-month period.

In assessing your state, also look at individual categories such as older children in care. In addition, you should examine entries into foster care. Are there special categories you need to focus on such as older youth or special age groups or children with disabilities?

Perhaps most importantly, examine what services and follow up are provided to a family that is reunified. How long are services provided and what are these services? Your state is expected to spend at least 20 percent of its PSSF funding on reunification services. Analyze how much is spent and how is it spent. HHS posts an *Annual Report to Congress on State Child Welfare Expenditures reported on the CFS-101*, which includes recent expenditures under the Title IV-B programs and planned spending levels for the current fiscal year. In addition, states have a great deal of flexibility in how they spend their SSBG and TANF block grants.

Although the annual report may lag behind the current fiscal year data, HHS posts a report on how your SSBG funds are allocated in your state. This report indicates how funds were spent between 29 different categories of services, how much funding was transferred into SSBG from TANF, how many children and adults are serviced by category and age group, and also lists the contacts for SSBG within your state. It can be

found under the *Social Services Block Grant Annual Report*. The most recent survey of states by Child Trends, funded by the Annie E. Casey Foundation and Casey Family Services, includes information on how much, if any,of these block grants were spent on child welfare services and can be found at *The 2008 and 2010 Casey Child Welfare Financing Survey*.

The ACA may also offer a potential new source of support for post-reunification services. The Mental Health Parity and Addiction Equity Act of 2008 combined with the ACA expanded health care coverage through both Medicaid and the health care exchanges may broaden the range of mental health and substance abuse treatments services available to vulnerable families. Some states are still considering whether to take up the option to expand Medicaid coverage under the ACA. A recent paper by the Urban Institute, *How Health Care Reform Can Help Children and Families in the Child Welfare System* suggests some important strategies such as including in the cost saving calculation the instances when families cannot be reunified due to the parents' unmet health and mental health needs. An expanded Medicaid program with its mental health services could be a vital source of reunification services.

Conclusion

In terms of federal funding, there is almost no designated source of support to assist former foster children and families once they are reunified,even though more than 53 percent of children in foster care have a case plan of reunification. Unfortunately, in discussing finance reform at the national level, there is also little focus on ways and strategies to extend federal dollars in a way that would support these families. As a result, states have to patch together services and the funding for those services. In some cases, services may not be available even when they are offered to a family. For a certain percentage, approximately 3 percent to 27 percent in some states, a child will re-enter foster care after reunification. Some of these families might be more successful if services could more diligently follow these children home.

The biggest source of federal child welfare funding, Title IV-E, can follow some children home if they are placed into a kinship care/subsidized guardianship, or if they are being adopted as a special needs child. Until there is a more dedicated source of support, state advocates will have to examine what services are needed and how to fund those services from the current mix of funding sources: TANF, SSBG, CWS (Title IV-B, part 1), PSSF (Title IV-B part 2), Medicaid, and potentially expanded mental health care through the ACA.

Federal Funding Sources

Title IV-B Part 1, Child Welfare Services
Title IV-B of the Social Security Act was first established as part of the original law when it was enacted in 1935. States submit a five year Child Welfare Services Plan that requires several assurances and commitments by the state. Funds received may be spent on a wide variety of child welfare related services and are considered very flexible. Reunification services could be drawn from this funding, but this is one of the few federal child welfare funding sources that could also be used for prevention initiatives. Some states originally used, and still do use, funding for adoption assistance and foster care. It is authorized at up to $325 million annually, but with the sequestration cuts in FY 2013 it was reduced to less than $262 million. (including sequestration cuts)

Title IV-B Part 2, Promoting Safe and Stable Families
Promoting Safe and Stable Families is funded at a total of $387 million (including sequestration cuts) in combined mandatory and annually appropriated (discretionary) funding. The funding has been divided into four broad categories over the last several reauthorizations. Of the total $387 million in FY 2013, $321 million is for the core purposes of the program: family preservation, family support, family reunification, and adoption services. The remaining funds are designated for competitive court-child welfare programs, substance abuse and funding to states for workforce development. Tribal governments also receive a set-aside of funds. At least 20 percent of the money for the $332 million base grant must be spent in each of four categories: family preservation, community-based family support services, time limited family reunification services, and adoption promotion and support services.

Title IV-E Foster Care Maintenance, Adoption Assistance and Kinship Care Payments
As an entitlement, IV-E foster care funding is determined by the level of need and claims filed by states for reimbursement from the federal government. For the federal FY 2014, the Administration projects that Title IV-E foster care maintenance and administrative costs will be at $4.2 billion. The funding will cover an estimated 147,000 children in foster care, which will likely represent less than 40 percent of the children in care in FY 2014. If a child is eligible for federal funding, state spending is matched at the Medicaid matching rate or Federal Medical Assistance Percentage (FMAP) ranging from 50 percent to approximately 80 percent. Foster care maintenance payments are for the cost of providing food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. States are also reimbursed at a 50 percent matching rate for Administrative Costs for an eligible child. Administrative costs include a range of activities and services including pre-placement services to children and families, case management and case planning including court time, time spent determining eligibility, referral to services, recruitment and licensing of foster homes, adoptive parents and kinship parent, establishing and setting rates, data collection, data input and reporting as well as standard administrative overhead costs. States have the option to extend the age of foster are to age 19, 20, or 21, and can also use these funds for subsidized/kinship care placements under the same financial eligibility standards.

Non-Child Welfare

Title IV-A, Temporary Assistance for Needy Families Social Security Act
A state entitlement program, TANF is funded at $16.5 billion. Based on previous surveys of state child welfare spending, states will spend approximately $2.4 billion[8] on a range of child welfare services from kinship care to other out of home services and prevention and intervention services. In 1996, the Temporary Assistance for Needy Families Act, PL 104-193 converted AFDC from an individual entitlement to a block grant. States are required to spend over $12 billion a year in Maintenance-of-Effort funds to qualify for their share of the $16.8 billion. TANF created great flexibility in how states spend their federal funds. TANF represents a significant source of federal funding, representing approximately 19 percent of all federal funds spent on child welfare,[9] ranking second only to Title IV-E funding, with the $2.4 billion in TANF spent on child welfare services.

Title XX, The Social Services Block Grant , Social Security Act
The SSBG is a federal block grant that is considered an entitlement to the states. It was funded at $1.7 billion in federal FY 2013 and states can, and do, spend these funds on a range of services for children, the elderly, individuals with disabilities, and several other populations. SSBG is generally the biggest federal source of funds of CPS with approximately 41 states allocating approximately $250 million in funds each year on what are described CPS services[10]. Almost all of the states will spend some potion of SSBG on at least one of the following: protective services, foster care services, adoption services, services for displaced youth, and other child welfare related services each year, although it can vary from year to year[11]. According to SSBG annual reports, funding for a range of child welfare related programs totals more from $810 million in 2000 to a low of $660 million in 2004. A significant portion of these SSBG dollars are TANF funds states have transferred into SSBG. According to the *Child Trends Survey*, states spent $1.6 billion through SSBG on child welfare services. This represents 12 percent of total federal funds spent on child welfare.[12] Over the past six years, there have been various proposals to eliminate SSBG for deficit reduction and at least one proposal to shift all funds to child welfare.

Title IXX, Medicaid, Social Security Act
Medicaid is considered the nation's health insurance program for the poor. Created in 1965 along with Medicare, it is an open-ended entitlement program that provides medical services to Medicaid eligible poor adults, the frail elderly and children under certain

conditions. In 2010, Medicaid spent approximately $280 billion in federal funds, although this figure will be affected by the economy and some temporary increases in funding due to the recession. The FMAP, which is established at the beginning of each federal fiscal year, is based primarily on the state's per capita income and ranges between 50 percent and 83 percent. Surveys on child welfare spending have consistently shown that Medicaid contributes approximately 13 percent of total child welfare spending, which amounted to $1.4 billion in 2006[13]. In these surveys, the Medicaid spending measured includes child welfare related services and does not count basic health care - it includes services such as Targeted Case Management (TCM), rehabilitative services, and health related transportation services. States vary greatly in which services they select under the optional category. Title IV-E-eligible foster care and all special needs adoption children have categorical eligibility for Medicaid, meaning a state must cover them. In addition, states cover non-Title IV-E-eligible foster children and children from low-income families under the "medically needy option." In those states, almost all foster children are Medicaid eligible. TCM allows the state to provide case management to a targeted group such as child welfare, foster care, adoption, or mental health. The state Medicaid plan must address "target group, areas of the state in which services will be provided, comparability of services, definition of services, qualifications of providers, free choice of providers and assurance that payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose."

The federal definition of rehabilitation service includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under the state law, for maximum reduction for physical or mental disability, or restoration of a recipient to his best possible functional level. This very broad definition provides many opportunities for children served in the public and private child welfare system. Examples of Medicaid reimbursable rehabilitation services that relate to child welfare currently being funded in one or more states include residential treatment centers, therapeutic family foster care, and intensive in-home services. The use of these two services have been limited in some states by the Centers for Medicare & Medicaid Services, and efforts have been on-going before, during and after the health care debate to clarify and strengthen the use of these services as they apply to child welfare families and children.

The State Policy Advocacy and Reform Center (SPARC), an initiative funded by the Annie E. Casey Foundation and Jim Casey Youth Opportunities Initiative, aims to improve outcomes for children and families involved with the child welfare system by building the capacity of and connections between state child welfare advocates. SPARC is managed by First Focus. You can visit us online at www.childwelfaresparc.org or on Twitter at @ChildWelfareHub.

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Notes

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