

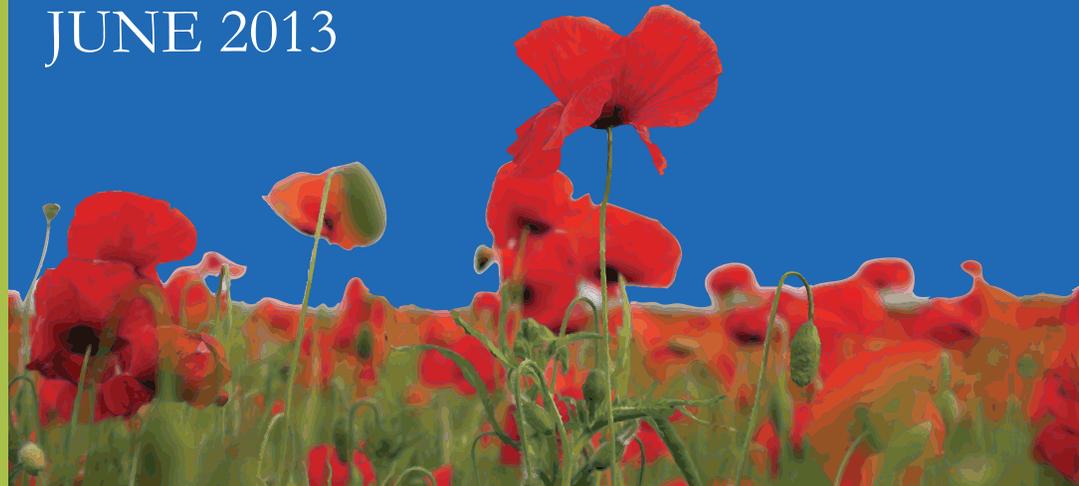
California Child Welfare Council

# PRIORITIZATION TASK FORCE

## FINAL REPORT



JUNE 2013





# THE TIPPING POINT FOR FAMILIES IN REUNIFICATION: PRIORITIZATION OF SERVICES AND SUPPORTS



Family reunification<sup>1</sup> is one of the primary goals of California’s child protection system, and public child welfare agencies are required to make reasonable efforts to help families reunify. Most often county child welfare agencies meet their obligation to provide “reasonable efforts” by providing reunification services or referrals to services, with the expectation that these services will resolve the problems that led to a child being placed in foster care.

## SCOPE OF THE CHALLENGE

Nationally, however, only about half of families in the child welfare system succeed in reunification.<sup>2</sup> In California 26% of families with a child in foster care have their child returned home within 6 months; 43% within one year; and 62% within 2 years.<sup>3</sup> Approximately 10% of children who have been reunified return to foster care due to subsequent allegations or instances of child abuse and neglect within 12 months.<sup>4</sup>

Services are generally available for children in the child welfare system, however attention is needed to address the availability and timing of services to their parents while they are in care and once they return home. Parents whose children have been removed and placed into foster care often need the following services and supports to sustain safe care and nurturing of their children:

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<sup>1</sup> “Family reunification” means returning a child who has been placed in foster care to safe care by their parent(s).

<sup>2</sup> Wulczyn, F. (2004). Family Reunification. *The Future of Children*, 14(1), 95-113.

<sup>3</sup> White, Jennifer (2013). Reunification Outcomes in California. Unpublished paper.

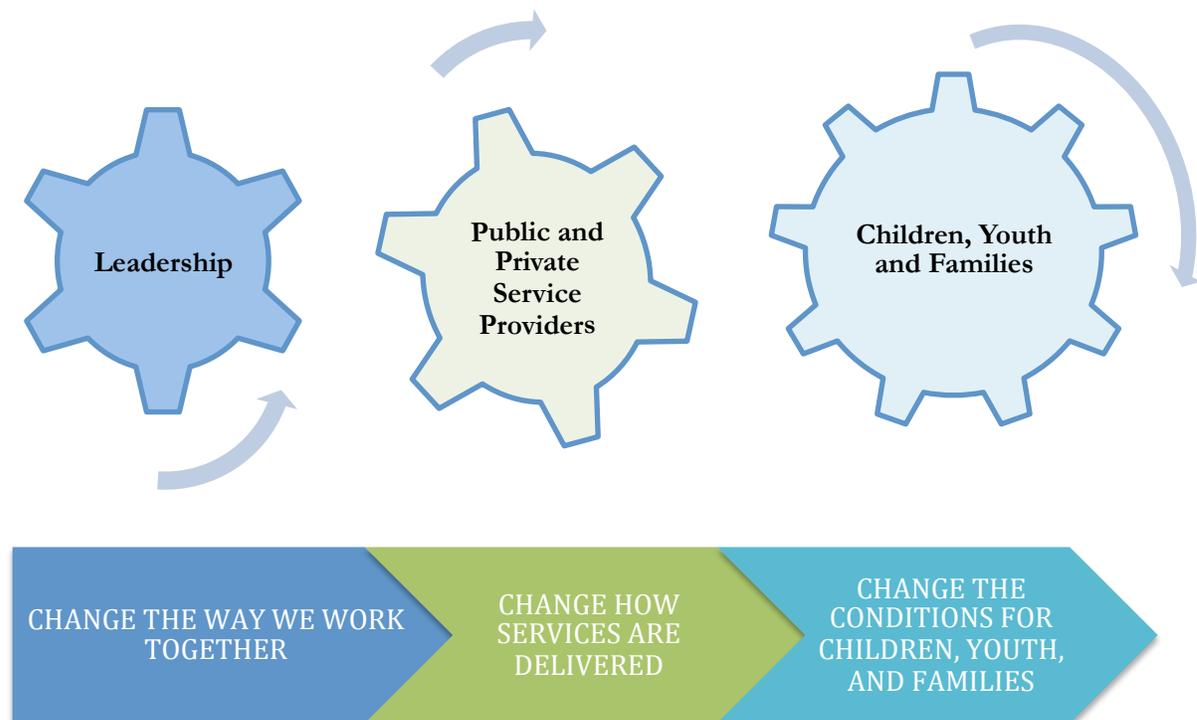
<sup>4</sup> Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)>

SERVICE OR SUPPORT	WHY NEEDED
<p><b>Drug and Alcohol Treatment</b>  <i>It is estimated that 50 – 80% of parents with a child in foster care show serious substance abuse problems.<sup>i</sup></i></p>	<p>Children in the child welfare system with parents who abuse alcohol or other drugs are more likely to be placed in foster care, spend longer periods of time in out-of-home care, and are less likely to experience family reunification.<sup>ii</sup></p>
<p><b>Behavioral Health Services</b>  <i>Mental illness is associated with heightened risk of child maltreatment. Children of mothers with mental illness have an increased likelihood of foster care placement.<sup>iii</sup></i></p>	<p>Mental illness influences parenting behaviors, which affect child safety. Depression elevates the risk of coercive or hostile parenting, and corporal punishment. Only 25% of parents with serious mental health challenges reunify with their children.<sup>iv</sup></p>
<p><b>Employment</b>  <i>Seventy percent of the caregivers reported in a 2010 study on the context of reunification were not employed and nearly half (48.6%) had annual household incomes of less than \$10,000.<sup>v</sup></i></p>	<p>The same psychosocial factors that are barriers to employment correlate with child welfare involvement: mental health status, substance abuse and domestic violence. Parent active and authentic engagement has been found to predict reunification.<sup>vi</sup></p>
<p><b>Affordable, Supportive Housing</b>  <i>Housing instability often brings families to the attention of child welfare and, in many cases, serves as a barrier to family reunification.<sup>vii</sup></i></p>	<p>Supportive housing is a “successful, cost-effective combination of affordable housing with services.” Children receiving supportive housing services had declining levels of child protection involvement, decreased child maltreatment reports and determinations of maltreatment and out of home placements.<sup>viii</sup></p>
<p><b>Corrections/Probation</b>  <i>Most female inmates are mothers of minor children, and many are single mothers. When women with children are incarcerated, their arrests and imprisonment substantially increases the chances that their children will be placed in foster care.<sup>ix</sup></i></p>	<p>Family visitation and other contacts during incarceration allow parents to develop and maintain their role as parents. Parents who maintain contact with their children are less likely to recidivate than inmates who do not maintain contact with their families and more likely to reunify.<sup>x</sup> Strong family relationships motivate inmates to participate in effective programs and maintain good behavior, contribute to easier prison management, and greatly reduce recidivism.<sup>xi</sup></p>
<p><b>Community-based Family Strengthening &amp; Support</b>  <i>The evidence-base suggests that building protective factors reduces child abuse and neglect.</i></p>	<p>Comprehensive and coordinated services promote protective factors and support families as they navigate systems, build needed skills, reduce isolation and build parental resilience, and move towards family reunification.</p>

## MOVING TOWARD A SOLUTION

Prioritization, defined as timely access to targeted services and supports, is vital for families who have had a child removed and placed in foster care. The ultimate goal of priority access to services is to increase safe, timely family reunification without reentry, (or with reduced reentry). Supporting goals include the implementation of policies that address systems integration and practices that provide for appropriate dose and duration of services for parents of children in family reunification.

Moving towards a solution will require accountable, shared leadership and fundamental shifts towards service integration geared to result in changing conditions for families in reunification. This will involve key prioritization partners sharing leadership for policy direction and systems integration. This will facilitate public and non-profit service providers' ability to coordinate with each other to give priority access to parents in reunification. The anticipated result will be parents whose children have been removed due to abuse or neglect having priority access to services to address problems that underlie conditions that led to abuse and neglect, which in turn will support their ability to safely care for and nurture their children.



## THE CURRENT EXTENT OF PRIORITIZATION IN CALIFORNIA



Within Health and Human Services, target services and supports for families in reunification are prioritized to varying degrees. Perinatal drug and alcohol treatment is widely available for pregnant and parenting women. Other drug and alcohol treatment programs are available for parents who are nonviolent drug offenders, however eligibility is not defined by reunification status. For community mental health programs, parents must meet income and “medical necessity” eligibility requirements, and then may be eligible under Medi-Cal Specialty Mental Health Services waiver program and Drug Medi-Cal benefits. The California Strengthening Families Roundtable is working towards the strategic goal of aligning family strengthening with child welfare practice, but has not called out families in reunification specifically.

Families’ needs are complex and overlapping and thus Child Welfare Services also relies on the brokering of services from other systems, including Housing and Community Development, Corrections and Rehabilitation, and Workforce Development. Those systems’ eligibility and funding requirements may not align in every case with the Council’s vision for prioritization. This is due in part to federal requirements to serve other populations. Families in reunification may qualify under one or more of these populations (e.g. veterans, homeless), however families in reunification are not currently called out as a priority population.



## PRIORITIZATION TASK FORCE RECOMMENDATIONS: AT-A-GLANCE

In finalizing this set of recommendations, the Prioritization Task Force has recognized and built on the existing body of knowledge and research regarding families served by multiple systems, and the conditions necessary to support safe, timely reunification. These recommendations serve as a status report in completion of the charge by the Council to identify the extent to which services are already being prioritized; detail barriers to full prioritization and what could be done to move beyond them; and develop a plan for moving towards full prioritization of families in reunification and post-reunification.

The Prioritization Task Force has identified three primary vehicles for prioritization. These mechanisms for prioritization serve as the basis for the Prioritization Task Force’s June 2013 recommendations to the California Child Welfare Council. The table below maps the recommendations to the corresponding prioritization mechanisms and also notes the function, or anticipated product or outcome for each recommendation.

TASK FORCE RECOMMENDATIONS	PRIORITIZATION MECHANISMS	FUNCTION/PRODUCT/OUTCOMES
1. Convene State and County Prioritization Partners for joint action planning.	 Policy enforcement (accountability) and/or funding mechanisms	<ul style="list-style-type: none"> <li>▪ Shared leadership</li> <li>▪ Defined accountability</li> <li>▪ Policy direction</li> <li>▪ Theory of Change</li> <li>▪ Expanded resources</li> </ul>
2. Explore opportunities to expand resources.	 Systems integration structures and/or processes	<ul style="list-style-type: none"> <li>▪ Operationalization</li> <li>▪ Action Plan</li> <li>▪ Joint implementation</li> </ul>
3. Promote expanded data sharing and integration.	 Aggregate information regarding clients served by multiple systems	<ul style="list-style-type: none"> <li>▪ Confirmed logic model</li> <li>▪ Quality practice</li> <li>▪ Implementation fidelity</li> <li>▪ Evaluation</li> </ul>
4. Continue to explore research-informed practice models and/or tools.	 Research-informed practice models and/or tools	

## PRIORITIZATION TASK FORCE RECOMMENDATIONS: THE DETAIL



### 1. CONVENE STATE AND COUNTY PRIORITIZATION PARTNERS FOR JOINT ACTION PLANNING

The Task Force respectfully requests that the Secretary of Health and Human Services convene state and county prioritization partners to:

(1) Confirm agreement and commitment to prioritize targeted services for families with a child in foster care who have a court-ordered plan of reunification; and (2) Establish a cross-systems collaborative process with clear leadership, structure and accountability. The Task Force anticipates the convening will occur no later than December 31, 2013 allowing for a March 2014 report back to the Council.

***Who are our prioritization partners?*** For purposes of the proposed convening, “prioritization partners” are (1) the Directors and Deputy Directors who hold administrative and policy oversight within agencies that are accountable for targeted services and supports; (2) their state representative county counterparts; (3) the Secretary of Health and Human Services, her staff, and Council staff; and (4) Council’s Committee Chairs and research partners who have a relevant contribution.

Through the prioritization inventory process conducted by the Task Force in 2012, key partners are already engaged, willing to partner, and share a fundamental agreement regarding the importance of prioritization for families in reunification. The Task Force will continue engagement with existing prioritization partners, and new partners will be integrated as change occurs.

***What will be accomplished?*** Again, the intention of the convening is to confirm agreement and commitment to prioritize targeted services for families with a child in foster care who have a court-ordered reunification plan and to establish a cross-systems collaborative process with clear leadership, structure and accountability. This key step in the process of moving prioritization forward will establish shared leadership for action leading to specified outcomes.

The task force anticipates that the accountability mechanism identified will be integrated or aligned with the existing child welfare outcomes and accountability system, but alternatively could confirm need for executive branch oversight through an executive order. **In any case, accountability would need to extend to partners within Health and Human Services, and also within partner Agencies.**

***Rationale for the convening*** The initial prioritization task group proposed that the Child Welfare Council ask the Governor to issue an Executive Order as an accountability measure to move prioritization recommendations. The request for an executive order was postponed to allow for an exploration of the extent to which services are currently prioritized; and identification of prioritization barriers and opportunities. These activities are not contingent on an executive order being in place.



The Task Force recognizes the high level of engagement and commitment among prioritization partners and proposes that leadership from the Secretary of Health and Human Services, together with a defined accountability process will accomplish the originally intended function.

## 2. EXPLORE RESOURCE OPPORTUNITIES TO BUILD CAPACITY FOR EXPANDED SERVICES FOR FAMILIES IN REUNIFICATION

Although services are generally available for children in the child welfare system, not all of the services required to support parents to safely care for and nurture their children are available. When available, services are not always offered with the urgency, or with the intensity and duration required.



During the proposed convening, required resources will be identified by prioritization partners. The task force recommends continued exploration and leveraging of opportunities to expand access to needed services by families in reunification. It appears the Affordable Care Act will substantially expand access to services, which will benefit parents of children in foster care. The Council will be informed in general session of opportunities to further leverage expanded services through the Health Benefit Exchange process.

The Task Force requests that the Prevention/Early Intervention Committee explore expanded flexibility for families in reunification through its current federal child welfare finance reform efforts. Priority access to needed services and supports for families in reunification helps make the case for the urgency of reinvestment through finance reform, a topic currently being studied under the leadership of the Prevention/Early Intervention Committee on behalf of the Council.

### 3. PROMOTE EXPANDED DATA SHARING AND INTEGRATION

One of the most critical steps for moving prioritization forward appears to be the encouragement, and where needed requirement, for State Departments and County partners to identify common clients/families with child welfare involvement, specifically for parents in reunification.

The Prioritization Task Force recommends the promotion and expansion of successful efforts such as the recent joint work between the California Department of Social Services and the Department of Health Care Services to identify individuals with an open child welfare services case who are also receiving services through the Department of Alcohol and Drug Programs. Prioritization partners, including Housing and Community Development and the Department of Corrections and Rehabilitation, recognize that there is an opportunity to better serve parents of children in foster care who have a court-ordered reunification plan and that an initial step is identifying individuals in both/all systems. In addition, through the inventory process, Prioritization partners expressed interest and willingness to develop an intake methodology to identify parents in their programs who are in family reunification.

The Council's Data Committee is asked to explore and recommend opportunities for expanded data linkage and information sharing through the lens of prioritization.



#### 4. RESEARCH-INFORMED PRACTICE MODELS AND/OR TOOLS

Because the Child Welfare Council is a forum for ongoing learning about trends in child welfare , the Task Force recommends supporting all partners in gaining a functional knowledge of how prioritization can specifically impact reunification outcomes. Over the course of the year, the Council's Permanency Committee has worked on the goal of increased reunification and reduced reentry as identified in its work plan. They conducted a literature review of recent studies in child welfare and have found common characteristics of interventions that are most helpful in reunifying families. In addition to an exhaustive literature review, the Permanency Committee is looking at local county practice shifts in the better performing sites to determine their practices on improving reunification and reducing reentry.



The Council's Permanency Committee has agreed to continue to monitor and report on evidence-based strategies and practices to support families in reunification. The Permanency Committee has identified themes and practices that will be part of the Permanency Committee recommendations that are aligned with both the Council's Prioritization effort, as well as those of the Blue Ribbon Commission's Permanency and Reunification Workgroup.

## MOVING THE COUNCIL'S VISION: NEXT STEPS FOR PRIORITIZATION

### ***Know why we are doing what we are doing.***

Prioritization of enriched individualized services for families (parents and children) makes a difference with respect to the amount of time a child spends in foster care, and the impact and outcomes for kids and families. The moral, legal and financial imperative for supporting safety, permanence and well-being for families in reunification means prioritization of care is better for kids, less expensive, spelled out in legislation, and is the highest obligation given the state has custody of children while they are in foster care.

### ***Build on existing systems and initiatives.***

Although it is anticipated that this set of recommendations will inform current and future strategic directions for California's Health and Human Services, the intention is to build on existing systems and initiatives initially which include California Partners for Permanency (CAPP), Child Welfare Services Realignment, Continuum of Care Reform, Katie A. implementation planning, etc. This means that existing child welfare initiatives, as well as the Council's Committees, are asked to commit to addressing prioritization findings and prioritization partner's suggested actions to promote increased prioritization.

### ***Hold the vision.***

At its inception, the Child Welfare Council established the following vision:

*Every California child lives in a safe, stable, permanent home, nurtured by healthy families with the capacity to meet the child's needs and support their well-being, and is prepared for the transition into adulthood to become a contributing member of society.*

### ***Act decisively on action plan resulting from the proposed convening.***

As detailed within the recommendations, prioritization partners will come together to establish a prioritization model and action plan. A draft theory of change and logic model has been drafted based on the literature review and prioritization inventory process. The action plan resulting from the convening will be presented to the Child Welfare Council by March 2014.

## End Notes

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- <sup>iii</sup> Park, J. M., Solomon, P., & Mandell, D. S. (2006). Involvement in the child welfare system among mothers with serious mental illness. *Psychiatric Services*, 57, 493–497.
- <sup>iv</sup> Child Welfare Information Gateway (2006). Family reunification: What the evidence shows. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Children's Bureau.
- <sup>v</sup> Marcenko, M., Lyons, S.J., Courtney, M., (2010). Mother's experiences, resources and needs: The context for reunification. *Children and Youth Services Review*. 431-438.
- <sup>vi</sup> Ibid.
- <sup>vii</sup> Courtney, M., McMurtry, S., & Zinn, A. (2004). Housing problems experienced by recipients of child welfare services. *Child Welfare*, 83, 389–392.
- <sup>viii</sup> Larson, A., & Meehan, D. (2009). Minn-LInK Child Welfare Special Topic Report No.7 Homeless and highly mobile students: A description of the status of homeless students from three school districts in Minnesota. Retrieved on September 17, 2011 from [www.cehd.umn.edu/ssw/CASCW/attributes/PDF/minnlink/ReportNo7.pdf](http://www.cehd.umn.edu/ssw/CASCW/attributes/PDF/minnlink/ReportNo7.pdf)
- <sup>ix</sup> Christian, S. (March 2009). *Children of Incarcerated Parents*. Denver, CO: National Conference of State Legislators.
- <sup>x</sup> Hairston, C. (2007). *Focus on Children with Incarcerated Parents: An Overview of the Research Literature*. Baltimore, MD: Annie E. Casey Foundation.
- <sup>xi</sup> Allard, P, Lu, L, (2006). *Rebuilding Families, Reclaiming Lives: State Obligations to Children in Foster Care and Their Incarcerated Parents*. New York, NY: Brennan Center for Justice at New York University School of Law. [http://brennan.3cdn.net/a714f3bf3bc8235faf\\_4am6b84bh.pdf](http://brennan.3cdn.net/a714f3bf3bc8235faf_4am6b84bh.pdf)



