Minnesota Child Welfare Continuous Improvement Brief
Examining Child Re-entry into Out-of-home Care

Re-entry by:
- Primary reason
- Race
- Age

Reduce re-entry with:
- Strategies
- Recommendations

Next Steps
Table of contents

Why report on re-entry? ................................................................. 1
What is re-entry? ........................................................................ 1
How does re-entry fit in the context of child welfare practice and reform? ....................................................... 2

What is known about families and the children who re-enter? .......... 3

Figure 1: Re-entry by primary reason for initial entry ...................... 3

Figure 2: Re-entry by race ................................................................. 4

Figure 3: Re-entry by age ................................................................. 5

Table 1: Re-entry by length of initial placement .............................. 6

Figure 4: Days between initial placement discharge and re-entry .... 6

How are predictive factors used to anticipate the likelihood of re-entry? .... 7

Figure 5: Reunifications and exit to relatives, all ages:
median number of days in first entry for those re-entering 2-spell
and non-re-entering 1-spell ............................................................... 8

Table 2: Reunified children who first enter placement
due to parental alcohol or other drug problems ............................. 9

What does statistical regression analysis reveal? ............................ 9

What strategies are being used to reduce re-entry? ......................... 9

What are some recommendations to reduce re-entry? .................... 11

What are the next steps? ................................................................. 12

Addendum: Percent of placement re-entry in less than 12 months (2011)... 13

About this publication

This Minnesota Child Welfare Continuous Improvement Brief is the first in a series of briefs that will examine key areas in need of improvement within the state’s public child welfare system, or examine specific child welfare challenges to promote best practices within the Minnesota Child Welfare Practice Model. Preventing re-entry into out-of-home care is important for children’s social and emotional well-being. Yet, Minnesota’s re-entry rate has been persistently high and is in need of improvement. This brief examines the characteristics of children who re-enter out-of-home care, presents data analysis as to the experience of re-entry, and reviews promising practices and recommendations that could be helpful in predicting and thus reducing re-entry.
Why report on re-entry?

Child well-being is strongly tied to stability. Preventing re-entry into out-of-home care is important in providing children increased stability necessary for optimal child well-being. Minnesota’s re-entry rate of children into out-of-home care has exceeded the national standard for more than 10 years. Given the persistence of a high re-entry rate, and the impact re-entry has on children, child welfare professionals and stakeholders have a keen interest in determining an explanation for this high rate and implement plans to reduce it. This brief explores the characteristics of children who re-enter out-of-home care, and the various factors that could be helpful in predicting re-entry. The federal Child and Family Services Review (CFSR) identified placement re-entry as a problem in Minnesota that requires improvement.

Over the past decade, Minnesota has been unable to achieve the current or previous federal re-entry standard. The federal re-entry measure is just one component of Minnesota’s overall performance in the established federal outcome of achieving permanency for children. Minnesota is at risk for loss of annual federal funding until the federal performance target is met or exceeded. Minnesota must achieve improvement by March 2014, or will be assessed a fiscal penalty. Any penalty instituted will be applied annually until the established federal performance score is achieved.

What is re-entry?

The federal government has established a specific performance measure and method for calculating re-entry into out-of-home care as a way to track improvements from state-to-state. The Child and Family Service Review process requires states to track and report rates of foster care re-entry that occurred within 12 months from discharge to reunification with parents or living with relatives. Each state is expected to have the same or lower rate of re-entries; the federal standard target is set at 9.9 percent or lower. Minnesota’s re-entry rate for 2010 was 24.4 percent, and in 2011 was 25.2 percent.

The first section of this brief provides analysis of Social Service Information System (SSIS) administrative data based on the federal re-entry measure. Thereafter, the viewpoint of the entire childhood experience related to reentry is examined beyond the restricted parameters of the 12-month period, as measured by the federal government. This examination includes highlights from analysis conducted using the Foster Care and Adoption Archive Data Center of Chapin Hall, and regression analysis of Minnesota’s SSIS data to examine the child life experience related to re-entry. This brief also identifies promising practices occurring across the state, and makes recommendations as to ways in which a county or tribal agency could predict the likelihood of re-entry based on the predictive variables using statistical regression analysis.
How does re-entry fit in the context of child welfare practice and reform?

Research has shown that safe and stable relationships based on strong attachment are important for children’s healthy development and ongoing well-being. Re-entry impacts attachment due to repeated separation from primary caregivers. This is disruptive to a child’s stability and sense of security. The impact of re-entry on children can be seen in their higher rates of criminal activity and alcohol and other drug problems as they grow into adulthood.

Children who re-enter out-of-home placement are more likely than other children to have families with severe or multiple problems. These problems often include alcohol or other drug problems related to relapse and the recovery process, domestic violence, unmet mental health needs, parental criminal history, and capacity to maintain supportive and stable relationships with their children. Other familial issues and challenges include poverty, unemployment, housing instability, social isolation, single heads of households, and parents who were child victims of abuse or neglect themselves.

Child populations involved in re-entry are typically either parent-related or child-related reasons. Parent-related issues are frequently connected to child maltreatment concerns such as neglect due to alcohol or other drug abuse concerns. Child-related reasons are typically affiliated with a child’s own unaddressed or unresolved mental health concerns, or behavioral concerns reflected in law enforcement and/or juvenile delinquency involvement.

Regardless of the population group, re-entry to out-of-home care is likely to occur when concerns that resulted in the initial out-of-home placement are not sufficiently resolved. Services that are targeted, adequate, and integrated with a comprehensive aftercare plan will assist with stable reunification and reduced likelihood of re-entry. Services should address the unique cultural and developmental needs of a child.

Minnesota has experienced an evolution of child welfare changes with a primary focus on family-centered strength-based practices. These improved practices seek to:

- Engage families and their support systems in a partnership to protect children
- Assure the continuity of care arrangements
- Attend to the well-being of children and their families.

Examples of family-centered strength-based practices include Family Assessment Response, Parent Support Outreach Program, Family Group Decision Making and Signs of Safety. Minnesota’s child welfare reform efforts led to development of the Minnesota Child Welfare Practice Model which states that families are best served by interventions that engage their protective capacities by:

- Recognizing and employing family strengths
- Maintaining community and cultural connections
- Addressing immediate safety concerns and ongoing risks of child maltreatment.

This practice model provides a common platform to guide state and local agency efforts to reduce re-entry into out-of-home care for children and youth.
What is known about families and the children who re-enter?

Several studies\(^1\) have been conducted nationally related to the concern of re-entry into placement. Often, child characteristics such as age, disability, and race/ethnicity are noted to be most relevant including:

- Teens, more than any other age group, appear to be most likely to re-enter care
- Children with disabilities related to emotional or behavioral concerns are at greater risk to re-enter placement than children with no known disabilities
- African American children are more likely to re-enter out-of-home care than any other race/ethnicity across the country.

The following graphs and charts reflect highlights of a recent analysis of Minnesota’s 2011 data regarding re-entry of children into out-of-home care using the federal method of measuring re-entry.

Children who were in care for behavior reasons or chemical abuse were the most likely to re-enter care (Figure 1). Of the children who were placed for reasons related to alcohol/drug abuse and child behavior, 48 percent and 39 percent respectively, re-entered care within 12 months of discharge. Children in care for behavioral reasons represented the largest number of children discharged from care and re-entering. The primary reason for placement category of “child behavior problem”

---

\(^1\) Re-entry to Foster Care Report, published by the Center for Advanced Studies in Child Welfare, February 2010, provides a thorough review.
could reflect a variety of concerns such as children’s mental health issues, parent/child conflict and/or involvement of a child with juvenile delinquency or law enforcement. Upon closer examination, children re-entering care who had an initial primary reason for placement of “child behavior problem,” placed in Child Welfare, Child Protection and Children’s Mental Health workgroups had re-entry rates of 42 percent, 36 percent and 33 percent, respectively. These children comprised the majority of children who re-entered care within 12 months of discharge (53 percent).

When re-entry by supervising agency was examined, children in corrections-supervised placements had the highest rate of re-entry (46 percent), however, the overall number of children was small in comparison to those supervised by social services. County social services had a re-entry rate of 23 percent, and children discharged from placements supervised by tribal social services had the lowest rate of re-entry at 16 percent.

The largest number of children discharged and re-entering care was White; however, African American children had the highest rate of re-entry into care at 30.4 percent. American Indian, White and children with two or more races all had re-entry rates of 23.5 percent. Asian or Pacific Islander children re-entered at a rate of 25.2 percent. Children with Hispanic ethnicity re-entered at a rate of 26.8 percent (Figure 2).

African American children had the highest rate of re-entry into care.

Figure 2: Re-entry by race

African American children had the highest rate of re-entry into care.
Younger children tend to be placed for reasons related to parental ability to provide safety and stability, while older children tend to spend time in care due to their behavior. Thirty percent of children discharged from care were aged 14-16. These children had the highest rates of re-entry into care (Figure 4), peaking at 42 percent for 14-year-olds. Fourteen-year-old boys, specifically, had the highest rate of re-entry into care at 47.2 percent.

Analysis revealed that children who were discharged to relatives were less likely to re-enter care than those who were reunified with their parents/guardians prior to re-entry to placement. The youngest children, birth-5, whether they re-entered care or not, experience placement due to neglect/abandonment (about four in 10), and parental alcohol or other drug problems (about three in 10). These young children also experienced longer stays in out-of-home care overall, as compared to children ages 6-11 or ages 12-17.

---

2 Minnesota data analysis conducted utilizing Chapin Hall Foster Care and Adoption Data Center.
Table 1: Re-entry by length of initial placement

<table>
<thead>
<tr>
<th>Initial placement length of stay</th>
<th>Children discharged from foster care</th>
<th>Children re-entering within 12 months</th>
<th>Percent re-entering</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8 days</td>
<td>1,422</td>
<td>317</td>
<td>22.3</td>
</tr>
<tr>
<td>9-30 days</td>
<td>475</td>
<td>173</td>
<td>36.4</td>
</tr>
<tr>
<td>31-90 days</td>
<td>658</td>
<td>225</td>
<td>34.2</td>
</tr>
<tr>
<td>91-180 days</td>
<td>474</td>
<td>118</td>
<td>24.9</td>
</tr>
<tr>
<td>181-365 days</td>
<td>703</td>
<td>130</td>
<td>18.5</td>
</tr>
<tr>
<td>&gt;365 days</td>
<td>421</td>
<td>82</td>
<td>19.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,153</strong></td>
<td><strong>1,045</strong></td>
<td><strong>25.2</strong></td>
</tr>
</tbody>
</table>

Table 1 shows that many children are placed in out-of-home care for eight days or fewer, most on 72-hour police holds. Children in care from nine to 90 days appear to have a higher than average rate of re-entry.

Figure 4: Days between initial placement discharge and re-entry

The more time that passes, the less likely children are to re-enter placement. Fifty percent of children who re-entered care within one year did so within 100 days of discharge. A large number of children (8 percent) re-entered within 10 days of discharge (Figure 4).

Children in care from nine to 90 days appear to have a higher than average rate of re-entry.
How are predictive factors used to anticipate the likelihood of re-entry?

The following explores the child characteristics that work together to influence the likelihood of a child re-entering out-of-home care. Highlights from Chapin Hall and results of a statistical regression analysis of SSIS data reveal there are risk factors that can be utilized as indicators for potential re-entry.

Analysis regarding primary placement reason and the median length of time in care was conducted regarding children and their first placement entry, who then reunified or exited placement to relatives. Figure 5 depicts the relationship between amount of time children spend in care and whether they re-enter care. The chart focuses on first entry and subsequent exit to birth families or relatives. Children who re-enter out-of-home care are in their first entry placement for a shorter period of time (median 80 days) than children who reach permanency with relatives from one-time only first placements (median 105 days).
Figure 5: Reunifications and exit to relatives, all ages: Median number of days in first entry for re-enterers and non-re-enterers

This difference in time is accentuated for children who first enter care for neglect/abandonment and parental alcohol and other drug problems (parent AOD). For these two types of placement reasons, children who re-enter are in care for a median 27 days less than children who do not re-enter.

A child who enters care because of parental alcohol or other drug problems and reunifies, only to re-enter care, almost by definition will spend more total time in care than a child who never re-enters. The following table calculates the median amount of time that re-entry adds to a child’s out-of-home experience, for children who reunify on first placement. When a child re-enters care, total time in placement doubles for those ages 6-11 (320 versus 148) and children birth-5 (234 versus 124). Policy and practice changes regarding re-entry should anticipate and consider the doubling of days in care, and invest earlier during a child’s first reunification effort by providing increased supports and services that will assist a family in establishing greater stability.
## Reunified children who first enter placement due to parental alcohol or other drug problems

<table>
<thead>
<tr>
<th>Ages 6-11</th>
<th>One placement stay</th>
<th>Second placement stay</th>
<th>Total median number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-entry</td>
<td>178</td>
<td>142</td>
<td>320</td>
</tr>
<tr>
<td>No re-entry</td>
<td>148</td>
<td>0</td>
<td>148</td>
</tr>
<tr>
<td><strong>Extra time in out-of-home care for re-entries:</strong></td>
<td></td>
<td></td>
<td><strong>172 days</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages birth-5</th>
<th>One placement stay</th>
<th>Second placement stay</th>
<th>Total median number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-entry</td>
<td>91</td>
<td>143</td>
<td>234</td>
</tr>
<tr>
<td>No re-entry</td>
<td>124</td>
<td>0</td>
<td>124</td>
</tr>
<tr>
<td><strong>Extra time in out-of-home care for re-entries:</strong></td>
<td></td>
<td></td>
<td><strong>110 days</strong></td>
</tr>
</tbody>
</table>

Source: Chapin Foster Care Data Archive (children entering OHP during 2006-08) and Social Service Information System.

Given the developmental needs of young children, and the disruption caused by re-entry into care, greater support should be provided to families upon reunification when parental alcohol or other drug problems are the concern at first removal. A child’s developmental vulnerability should be taken into account when assessing a family’s readiness for reunification. Children who experience the disruption of re-entry pay a cost in re-traumatization and disruption in their lives. Additionally, the fiscal ramifications to the public child welfare system are apparent, given that re-entering for young and school aged children will be nearly double their first placement stay. Fortifying support services to reunifying families in which a child was removed due to parental alcohol or other drug problems upon reunification is a key to successful family outcomes.

### What does statistical regression analysis reveal?
Regression analysis revealed statistically significant findings correlated with re-entry.

#### Correlates of re-entry include:

- White
- Older youth (12 years of age and older at first lifetime entry)
  - Primary removal code of “child’s behavioral problems”
- Sub-program areas of:
  - Adoption/guardianship
  - Adult mental health
  - Child protective services
  - Developmental disabilities.

Findings indicate that while there may be some racial/ethnic disproportionality, being White in combination with the other factors was statistically significant. Additionally, older youth and “child behavior problems” are mutually correlated with the dependent variable and are also statistically significant. In terms of sub-programs, ongoing analysis is recommended to sort out the combination of each of these variables, as it appears that they are significant. The one factor not necessarily anticipated was adult mental health issues.

### What strategies are being used to reduce re-entry?
A trial home visit returns children to the care of their parent(s) from whom they were removed while the responsible social service agency maintains temporary legal custody. Advantages of a trial home visit include:

- Reduces the length of time children are separated from their parents
- Provides an opportunity for families and caseworkers to assess readiness for reunification and implement services to support permanent reunification
- Supports the likelihood of permanent reunification, thus preventing re-entry to out-of-home care.

---

3 The study population for the Binary Logistic Regression analysis differed from the federal measure calculation. The population involved all cases that touched calendar year 2010, including new enterers, stayers and leavers, and examined lifetime re-entry (i.e., any new episode that occurred after the initial one).
Data regarding trial home visits was examined and found to make a difference in the re-entry rate. Those children discharged to reunification in 2010 that re-entered and had trial home visits, returned to care at a lower rate compared to children who did not have trial home visits (13 percent and 24 percent, respectively).

Beyond the use of trial home visits, other strategies are underway at the local level to focus on reduction of placement re-entry. The Minnesota Child and Family Service Reviews (MnCFSR) are conducted by the Minnesota Department of Human Services in partnership with counties and tribes to evaluate outcomes for children and families in the areas of safety, permanency and well-being. Foster care re-entry has been identified as an overall area needing improvement following a MnCFSR, either due to specific case review findings or broader performance data. The challenge around re-entry includes tension related to the desire by local agency stakeholders to reunify children with their families as quickly as possible to promote family connections and attachment within the parent/child relationship. Some level of re-entry is inevitable given higher reunification rates, particularly if the re-entry of a child is due to unmet mental health needs. Within the Minnesota Child and Family Service Reviews conducted, promising approaches have emerged that assist in addressing the tension between expedited reunification and the likelihood of re-entry.

The following are some of those strategies:

- Promoting and increasing the overall use of family engagement strategies such as Family Assessment Response, Family Group Decision Making, Parent Support Outreach Program and Signs of Safety.
- Implementing a Shared Family Care model, identified as best practice within the Children’s Justice Initiative – Alcohol and Other Drugs Project, which permits the entire family to be placed together in a supervised setting while the parent works on issues that impact child safety, such as treatment and aftercare supports to address alcohol and other drug problems. This is an example of a sober housing option for parents and their children that provides a supportive parental recovery environment and safety and stability for children.
- Conducting targeted case reviews or team reviews to examine who has re-entered and identify the barriers and challenges that influenced the need for re-entry.
- Implementing Family Dependency Drug Court to provide evidence-based practice to families that addresses parental alcohol and other drug problems, and supports a lifelong recovery process for families.
- Shifting focus from child-focused to family-centered when preparing for the transition of reunification.
- Implementing after hours emergency response coordination with law enforcement to prevent short-term placements that impact the re-entry rate and a child’s experience of stability. Examples include family support specialists/mentors for families upon reunification, provision of short-term behavioral programming and intensive in-home crisis intervention services.
- Increasing the use of trial home visits to reduce the re-entry rate and support reunification stability.
- Establishing policy/procedures and conducting supervisory reviews and approval of safety/support plans prior to the start of trial home visits and/or reunification. One policy includes requiring that case management be kept open for six months following reunification to support stability, provide necessary services and provide crisis intervention and support, as needed.
Coordinating with corrections and children’s mental health partners and providers to provide youth with a wrap-around process that ensures safety planning is adequate and services are family-driven and youth-guided.

Providing training to staff regarding what constitutes a placement and how to document placements into the Social Service Information System. Track placement data to check for accurate data entry of placement information.

What are some recommendations to reduce re-entry?

- Prevent placement in the first instance through alternative supports and services that assure safety and/or service needs. If the child welfare system can impact who enters in the first place, that will influence the re-entry rate. Keep apprised of updates on the Minnesota Child Welfare Data Dashboard to track and focus on improving the rate of first-time entry into out-of-home care for county/tribe compared to others in surrounding jurisdictions.

- Partner with law enforcement to support implementation of recent statutory revisions that encourage law enforcement to consider placing children in the custody of relatives during an enforcement intervention. Additionally, increase relative search and engagement of relatives as placement alternatives for children when out-of-home care is warranted and planning time permits. Relative placements offer greater stability to children, particularly when permanency plans are in order.

- Implement promising practices that specifically address child behavior problems. Home-based and community-informed service delivery models provide positive outcomes to reduce re-entry into care. For example, Multi-systemic Therapy involves an evidence-based model of family- and community-based therapy services delivered in the home and in partnership with various community stakeholders.

- Offer trauma-informed supports and services that provide various approaches to resolving trauma experiences and are developmentally responsive to the needs of a child or youth. By addressing trauma experienced by parents/caregivers, trauma to children can be prevented.

- Develop formal ongoing collaboration between child welfare and chemical health at the state and local levels to enhance policies and practices to address parental alcohol and other drug problems. Effective case planning and service provision must be maximized to address ongoing lifestyles of recovery and financial insufficiency. Alcohol and other drug problems are correlated with concerns for neglect of the youngest child population, those birth to age 3, at a time of critical brain development and establishment of secure attachment caregiver relationships.

- Enhance social workers’ use of the SSIS case management system to document services provided to children and parents. This allows tracking of services and evaluation of outcomes.

- Pay particular attention to the month before, and just after, a child returns home through provision of aftercare services and supports that include resource connections for parents to meet needs of health care, social supports, employment, public assistance, housing, therapy and child care.

- Focus supports and services on the first 90 days of reunification, since this is the time period of most likely re-entry to out-of-home care. This may include continuing court jurisdiction through Protective Supervision Orders and consideration of an in-court hearing prior to dismissal of court jurisdiction.

By addressing trauma experienced by parents/caregivers, trauma to children can be prevented.
Identify those children and youth who are at highest risk of re-entry through examination of re-entry data, and strengthen the assessment of reunification readiness to better target interventions and services.

Increase the frequency and quality of family visitations so that the visitation plan supports the likelihood of successful reunification. This includes arranging for trial home visits to facilitate a stable transition and successful reunification.

Cross-train child welfare and judicial branch professionals to promote timely legal decisions and concurrent permanency planning.

What are the next steps?
The department is committed to addressing re-entry within the public child welfare system. Therefore, the following next steps will be pursued by the department in partnership with county, tribal and community stakeholders:

Assessment of reunification readiness – develop a Reunification Instrument with accompanying protocol for supervisory consultation regarding a clinical assessment of readiness for reunification, and review of aftercare plan that includes adequate supports and services.

Collaboration across systems – create a plan for using predictive variables to prevent future re-entry for children, and develop partnerships with other system stakeholders whose decision making influences re-entry. Important collaborations include children’s mental health and colleagues connected to juvenile delinquency matters, such as the Children’s Justice Initiative teams.

Continued analysis – disseminate details of the Binary Regression Analysis and share the detailed regression analysis report with child welfare agency staff.

Improved data tracking – implement an SSIS enhancement to further break down the category of “child behavior problem” to provide information as to what portion of this primary placement reason is related to parent/child conflict, juvenile delinquency/law enforcement involvement and/or children’s mental health concerns.
Percent of Placement Re-entry in less than 12 months (2011)

Of all children who were discharged from foster care to reunification in the 12-month period prior to the target 12-month period, what percent re-entered foster care in less than 12 months from the date of discharge? The national standard is 9.9 percent or lower.

Create a plan for using predictive variables to prevent future re-entry for children.