



**National Resource Center for  
Family-Centered Practice and Permanency Planning**  
*at the Hunter College School of Social Work*

## **Information Packet**

# **Mental Health Services to Families in their Homes to Protect Children and Prevent Removal**

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## Summary

Currently, it is documented that “[n]ationwide, there is little coordination between the adult mental health systems and the child welfare systems designed to protect children” (Child Welfare Watch, 2009, p. 2). While concerns may be raised about the safety of children of parents with mental health issues, mental illness does not necessarily correlate with the ability to be a competent parent, particularly if preventive services and resources are in place for the family (Ackerman, 2003).

In terms of policy, current legislation around preserving families and protecting children can appear to be almost at odds with each other. It can be difficult to see how these two very important goals can work in unison for best outcomes. There are organizations and agencies advocating for more connections and inter/intra agency outreach to coordinate care and services, but, unfortunately, lack of funding and resources can be a barrier to implementing comprehensive mental health care services to support parents in safely continuing to care for their children in their homes, instead of facing removal.

There continues to be stigma around mental illness and seeking mental health care. This is evidenced by the number of adults who report mental illness yet do not access services, as well as the number of child removals that occur when parents face allegations of mental illness. The cost of services is also a major factor in the lack of treatment. A new study by the National Technical Assistance Center shows how some states are finding ways to fund behavioral health services for parents and children. In Arkansas, parents who are ineligible for Medicaid can still be provided with intensive family services, psychiatric evaluations, and counseling (Child Welfare Watch, 2009, p. 10).

While there are steps forward and best practices models that advocate for more adequate mental health services to families in order to protect children and prevent removal, the funding and collaboration, as well as proper training, lags in many states. Cultural and gender competency and systemic poverty also factor into the type of care that parents receive and respond to (Rivaux et al, 2008, Grote et al, 2007).

Best practices and model programs call for more intensive intervention and care for parents with mental illness in order to preserve families safely and prevent the removal of children. These include more thorough and objective mental health evaluations, coordinated care between agencies involved with parents and their children, and further training and understanding about mental health and its impact on the ability to parent safely for those working in the child welfare system.

## Facts and Statistics

- SAMHSA's 2007 National Survey on Drug Use & Health (NSDUH) found that 10.9% of adults aged 18 or older (24.3 million) experienced serious psychological distress (SPD) in the past year (SAMHSA, 2009).
- Of the adults who experienced serious psychological distress in the past year, less than half (44.6%) received mental health services during that time (SAMHSA, 2009).
- Young adults aged 18 to 25 with serious psychological distress were less likely than other adults with serious psychological distress to have received mental health services: 29.4% of those aged 18 to 25; 47.2% of those aged 26 to 49, and 53.8% of those aged 50 or older who experienced serious psychological distress received mental health services in the past year (SAMHSA, 2009).
- 41.5 % of adults aged 18 or older with an unmet need for treatment gave “could not afford cost” as the reason for not receiving mental health treatment (SAMHSA, 2009).
- Alaska, Arizona, California, and Kentucky are all states that currently list mental illness as grounds for not pursuing efforts to reunite families (Child Welfare Information Gateway, 2006).
- According to data collected by the New York State Office of Court Administration, during the fiscal year that ended in June 2008, children were removed from their homes in just 35 percent of newly filed Family Court abuse and neglect cases that involved no allegation of mental illness—while in cases that did include such an allegation, children were removed and put in foster care 56 percent of the time (Child Welfare Watch, 2009, p. 13).
- Researchers at UPENN Collaborative on Community Integration of Individuals with Psychiatric Disabilities in Philadelphia have identified fewer than two dozen programs across the country that are specifically geared to assisting parents with mental disabilities (Child Welfare Watch 2009, p. 7).
- Under Title IV-B of the Social Security Act Subpart 1 (Child Welfare Services), the eligible services listed are: services to prevent abuse and neglect, reduce foster care placements, reunite families, arrange adoption, and ensure adequate foster care. The expenditures in SFY 2004 totaled \$301 million (The Urban Institute, 2006, p. 21).
- Under Title IV-B Subpart 2 (Promoting Safe and Stable Families), the Eligible Services listed are: services to support families and avert foster care, time-limited services to reunify families, and services to promote and support adoption state entitlement capped at \$305 million with additional \$99 million in discretionary funds appropriated in FFY 2004. States are required to provide a 25 percent nonfederal

match. The expenditures in SFY 2004 totaled \$338 million (The Urban Institute, 2006, p. 21).

## **Policy and Legislation**

*Indian Child Welfare Act of 1978*: Contains the strongest language in favor of family preservation; requires proof for any temporary foster care placement and proof beyond a reasonable doubt for termination of parental rights (McGowan, 2005, p. 36).

*Adoption Assistance and Child Welfare Act of 1980*: Requires states to establish programs and make procedural reforms to serve children in their own homes, prevent out of home placement and facilitate family reunification following placement (McGowan, 2005, p. 36).

*Family Preservation and Support Services Program of 1993*: Earmarked federal funds for family support services and increased the funds available for family preservation services (McGowan, 2005, p. 38).

*The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)*: Changed the nation's welfare system by ending the individual entitlement to cash assistance and giving states considerable flexibility in the assistance programs they operate. Although PRWORA made few direct changes to the nation's child welfare system, it did change four federal funding streams used for child welfare activities (The Urban Institute, 2006, p. 11-12). The law has a number of provisions that may make it more difficult for high-risk families in poverty to maintain their children safely at home (McGowan, 2005, p. 39).

*Adoption and Safe Families Act of 1997*: Requires that child safety be the paramount concern in making service provision, placement, and permanency planning decisions. Although the law reaffirms the concept of permanency planning, it specifies a number of circumstances under which states are not required to make reasonable efforts to preserve or reunify families. Parents who cannot resolve the problems that led to placement and may require longer treatment are at risk of having their rights terminated, no matter what the age of the child or the degree of parent-child attachment (McGowan, 2005, p. 39).

*Promoting Safe and Stable Families Amendments of 2001*: Encourages and enables states to develop or expand programs of family preservation services, community based family support services, adoption promotion and support services, and time limited family reunification (McGowan, 2005, p. 41).

*The Mental Health Parity and Addiction Equity Act of 2008*: Consolidates longstanding efforts at the national and state level to establish parity between the financial health coverage for mental health/substance abuse conditions, and physical health disorders. The three federal government agencies principally responsible for implementing this law

are the Department of Health and Human Services, the Department of Labor, and the Internal Revenue Service (SAMHSA, April 28, 2009).

*Fostering Connections to Success and Increasing Adoptions Act of 2008*: Amends parts B and E of Title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption, and for other purposes. One provision of note is the authorization of grants for the purpose of helping children who are in, or at-risk of placement in, foster care reconnect with family members through kinship navigator programs, efforts to find biological family and reestablish relationships, and family group decision-making meetings (Child Welfare Information Gateway, 2009).

Current legislation introduced in Congress requesting a conference to address current issues in the child welfare system federally is titled: *To require the President to call a White House Conference on Children and Youth in 2010*. The sponsor is Rep Fattah Chaka [PA-2] and, as of January 21, 2009, the bill was referred to the House Committee on Education and Labor. One of the findings in this legislation states that: “The child welfare system has an important role to play in preventing abuse and neglect from occurring in the first place” (Library of Congress, 2009).

### **Best Practice Tips and Identification of Model Programs**

In a study of the service needs of parents with mental illness, researchers who were experts in the fields of social work, psychiatry, and psychology recommended that assessments evaluate parents’ abilities to care for their children rather than their symptoms of psychopathology because individuals with mental illness may be capable of performing parental functions. Assessments should be individualized to account for variations in symptoms and circumstances. Finally, assessments should identify strengths as well as weaknesses regarding childcare tasks, discipline, and safety. The researchers noted that other factors may have an impact on the parenting abilities of mentally ill patients, such as poverty and lack of resources. Services for mentally ill parents should include specialized parenting classes and collaboration between child welfare and mental health agencies (Ackerson & Venkataraman, 2003).

Dr. Laura Miller, a psychiatrist at University of Illinois who helped set standards for court ordered mental health evaluations in Illinois, recommends that evaluations be carried out by a team that includes a psychiatrist, a psychologist, and a social worker, rather than by one clinician, as is now typically the case. She says they should include a thorough look at a family’s medical history and social support network, an observation of the parent interacting with the child or children, and a review of pertinent documents such as school records or any criminal records. A neutral party should pay for the evaluations to minimize the risk of bias (Child Welfare Watch, 2009, p. 3).

Intensive family preservation services (IFPS), like family preservation services, are family-focused, community-based crisis intervention services designed to maintain

children safely in their homes and prevent the unnecessary separation of families. IFPS are characterized by small caseloads for workers, short duration of services, 24-hour availability of staff, and the provision of services primarily in the family's home or in another environment familiar to the family. They are often offered to families as an alternative to their children's out-of-home placement (Child Welfare Information Gateway, retrieved April 30, 2009 from:

<http://www.childwelfare.gov/supporting/preservation/services.cfm>).

The National Resource Center for Family-Centered Practice and Permanency Planning fact sheet (dated February 29, 2008) discusses current Family Preservation Programs such as wraparound services and Healthy Families New York, the key elements to those programs, and the evidence of success. NRCFCPP notes that these programs vary enormously and there is a lack of concrete data in terms of rigorous evaluation; however the fact sheet also mentions many of the important elements of the different and innovative ways services are being combined in order to keep families together (NRCFCPP, 2008, retrieved April 30, 2009 from:

[www.hunter.cuny.edu/socwork/nrcfcpp/downloads/Family\\_Preservation\\_Programs.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/Family_Preservation_Programs.pdf)).

**The Emerson-Davis Family Development Center** in Brooklyn, New York is a unique supportive apartment program, specializing in the reunification of single parent families who have been separated due to parental mental illness and homelessness. Home based treatment and support encourages independent living skills while providing a safe environment for families (Institute for Community Living, retrieved April 30, 2009 from: <http://www.iclinc.net/reunification.html>).

**Family Options** works to help parents with mental illness and their families, and is a program at Employment Options, Inc., a psychiatric rehabilitation clubhouse agency in Marlborough, Massachusetts. The Family Options program reflects an integration of the strengths-based, recovery, and empowerment-oriented principles and evidence-based practices, of Psychiatric Rehabilitation and wraparound in children's systems of care (Nicholson, 2007, Employment Options, Inc., retrieved April 30, 2009 from:

[http://www.employmentoptions.org/family\\_options.htm](http://www.employmentoptions.org/family_options.htm)).

**The Covenant House Mother/Child Program** provides services to homeless pregnant women and young mothers with children. The purpose of the program is to provide long-term housing, health services, counseling, employment training, and parenting skills workshops to young mothers so they and their children can look forward to a brighter, more stable future (Covenant House, Retrieved April 25, 2009 from:

[http://www.covenanthouse.org/pro\\_motherchild.html](http://www.covenanthouse.org/pro_motherchild.html)).

## Websites and Resources

### **The Urban Institute**

<http://www.urban.org/index.cfm>

Nonpartisan economic and social policy research: The Urban Institute gathers data, conducts research, evaluates programs, offers technical assistance overseas, and educates Americans on social and economic issues – to foster sound public policy and effective government.

### **National Family Preservation Network**

<http://www.nfnp.org/>

The mission of the National Family Preservation Network is to serve as the primary national voice for the preservation of families. This website has valuable resources for networking, policy, and statistics.

### **Institute for Community Living**

[www.iclinc.net/](http://www.iclinc.net/)

Assists people with mental and development disabilities by providing services and support. A source to research further best practices in terms of mental health services to families that can help prevent removals.

### **Bazelon Center for Mental Health Law**

<http://www.bazelon.org/about/index.htm>

The mission of the Judge David L. Bazelon Center for Mental Health Law is to protect and advance the rights of adults and children who have mental disabilities. The Center envisions an America where people who have mental illnesses or developmental disabilities exercise their own life choices and have access to the resources that enable them to participate fully in their communities.

### **Child Welfare Information Gateway**

<http://www.childwelfare.gov/>

The Child Welfare Information Gateway provides access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more.

### **The Center for New York City Affairs**

<http://www.newschool.edu/milano/nyc affairs/childwelfare/index.html>

The Center for New York City Affairs project on child welfare and human services reform involves applied research, analysis and information sharing. The goal is to provide policymakers and the public with guidance on the ground-level impacts of policy and practice change.

### **Child Welfare League of America (CWLA)**

<http://www.cwla.org>

One of the most established child advocacy organizations in the nation, CWLA has data and many resources related to family preservation and support, as well as listings of other organizations and agencies.

**National Clearinghouse on Child Abuse and Neglect Information**

[http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/Mental\\_Health\\_of\\_Parents.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/Mental_Health_of_Parents.pdf)

An excellent additional bibliography covering mental health issues of parents in the child welfare system published in 2006; includes international articles addressing this topic.



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