



BARRIERS TO REUNIFICATION

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City Lacks System to Help Reunifying Families Access Appropriate Housing

Problem Statement

Homelessness, foster care placements, and mental health disorders when experienced together create significant traumatic experiences for families. This issue particularly impacts marginalized communities of color whose children are disproportionately represented in the child welfare system. While City agencies have taken steps to mitigate the harm of children being separated from families, parents who are residing in single adult shelters continue to face significant challenges reunifying with their children who have been placed in foster care.

In addition, the task of reunifying these families is multi-dimensional and complex because the process must address the treatment needs of the parents as well as the treatment/developmental/needs of the children. For each group, these needs may be different at different points in time. However, the common substrate for both groups should be built upon permanent housing that supports sustainability and is sufficiently flexible to respond to the differing needs of children and parents. This paper will review both the barriers families face as they navigate a complex system and will recommend policy changes to facilitate rapid family reunification.

As a policy matter, the City has prioritized reuniting children placed in foster care with their families of origin. Placing children in foster care not only severs their bonds with parents but may disrupt relationships with extended family members. Reunification ensures the preservation of traditions and cultural identities, enabling children to maintain a sense of belonging and heritage. Furthermore, research has indicated that reunification promotes better mental health and overall happiness for families. Children who live in long-term foster care experience higher rates of behavioral and emotional problems compared with their peers who are reunited with their families, and long-term consequences associated with youth who have aged out of foster care include lower educational attainment and lower employment rates in comparison with their peers¹.

The City has made significant progress in reuniting families residing in the family shelter system through better data matching, interagency collaboration between the Department of Homeless Services (DHS) and the Administration of Children's Services (ACS), and allocations of specialized housing vouchers for this population. These improvements, however, do not extend to parents in the single shelter system. For them, no mechanism exists to access the appropriate-sized housing necessary for their family reunification. Instead, parents must exit single adult shelters only to re-enter family shelters to access the appropriate housing that allows for reunification with their children. There are simply no direct exit pathways that allow parents to reunify with their children without first passing through the family shelter system.

The story of Amanda, an ICL client, illustrates these challenges:

Amanda is a 35-year-old single mother with a history of mental health challenges who has been residing in ICL's Women's Shelter for the past three years. She lost custody of her three children after her oldest child stabbed another child. Since her arrival at ICL, she has closely adhered to her court-ordered therapy treatment and has stabilized, allowing her to legally regain custody of her 7-year-old son last December. However, half a year later, she has not been able to move out of the ICL shelter and into housing with her son. How come? As a resident in a single adult shelter, Amanda is only eligible for supportive housing that accommodates a single adult (i.e., a studio or one-bedroom). And because she wants to live with her son, she has had to turn down nine opportunities for single-adult housing. To qualify for housing that would accommodate both her and her son, she must first exit the single adult shelter and enter into a family shelter with her son. Only then can they apply together for permanent family housing. As Amanda does not want her son to have to live in a shelter, she has no practical path for moving forward and reuniting with her son in a stable housing situation.

¹ Walsh, W.A. & Mattingly, M.J. Long-term foster care: different needs, different outcomes. *The Carsey School of Public Policy at the Scholars' Repository*, 139. <https://scholars.unh.edu/carsey/139>

Barriers to Family Reunification for Parents in the DHS Single Shelter System

The following obstacles have been identified through ICL clients' experiences trying to reunify with their children:

- There are currently no mechanisms for parents in single adult shelters to access the appropriate housing size needed for family reunification with their children:
 - For individuals with mental health challenges who would benefit from ongoing supportive and rehabilitative services, supportive housing is the most appropriate option. However, the current supportive housing application process does not have an eligibility category for family reunification; thus, parents in the single adult shelter system are unable to qualify for the correct size housing necessary for reunification. Currently, the process is for a parent in a single adult shelter to return to a family shelter for the purpose of reunification.
 - For parents seeking apartments in the community that allow for a greater level of independence than supportive housing, there are issues with being able to obtain the appropriate vouchers. A parent residing in a single adult shelter can qualify for a housing voucher for a studio or 1-bedroom apartment, but if they are trying to reunify with their children, there are simply no systemic processes that would easily allow for the voucher size to be increased.
- City agencies do not have a mechanism to track the extent of this issue, nor can single adult shelters systematically identify reunification needs. Because single adult shelters do not have a standardized process as part of their intake to identify whether their residents have children in foster care, shelters cannot reliably track whether reunification is part of a resident's service plan. This makes it challenging to adequately plan for their discharge to appropriate permanent supportive housing. Furthermore, sharing information across involved agencies, including DHS and ACS, is often challenging, further complicating the ability to collect data on this population and to best meet the housing needs for families.
- Individuals with mental health challenges often face significant stigma; this becomes even more complicated when these individuals are trying to reunite with their children². There is a need to increase public awareness and training that destigmatizes mental health challenges and supports the notion that parents with mental health challenges can be great parents.

² Dobener, L. M., Fahrner, J., Purtscheller, D., Bauer, A., Paul, J. L., & Christiansen, H. (2022). How Do Children of Parents With Mental Illness Experience Stigma? A Systematic Mixed Studies Review. *Frontiers in psychiatry*, 13, 813519. <https://doi.org/10.3389/fpsy.2022.813519>

Emerson Family Center: A Creative Model

In 1999, ICL partnered with the State Office of Mental Health (OMH) to create the Emerson model, an innovative program that connects adults with mental health challenges to housing and the appropriate restorative services that enable successful reunification with their children. Emerson provides 24/7 supports, including comprehensive case management services, trauma-informed in-home family support services to promote independent living skills, and on-site infant child care and tutoring. Emerson's dedicated staff, including family advocates, are trained in evidence-based practices such as attachment-oriented models and trust based relational interventions, and provide extensive and personalized hands-on support for families.

The Emerson model was the first of its kind and remains the only program in the City that provides housing and stabilization services for adults with mental health challenges who have been, or are at risk of being, separated from their children. It has shown notable results: since 2008, 49 families have transitioned out of Emerson, with 74% remaining unified, which is a better outcome compared to longitudinal studies which indicate that up to 36% of children who have reunified with their families reenter foster care, depending on the child's age³. More than a third of the families who left Emerson have moved into their own homes, and another third remain in ICL supportive housing programs where they are able to live independently and maintain stability.

Flexibility is the cornerstone of the Emerson model. It allows individuals and families to be easily moved between single units and family units as their family composition changes. For example, residents in the single permanent supportive housing units can transition to the family units once they regain custody of their children. This degree of flexibility is unheard of in traditional supportive housing programs.

³ Parolini, A., Shlonsky, A., Magruder, J., Eastman, A. L., Wulczyn, F., & Webster, D. (2018). Age and other risk factors related to reentry to care from kin guardian homes. *Child Abuse & Neglect*, 79, 315–324. <https://doi.org/10.1016/j.chiabu.2018.02.024>

Two specific families help illustrate Emerson's success:

When Jessica was first admitted to Emerson more than ten years ago, she had been psychiatrically hospitalized, and her child was placed in a foster home⁴. At Emerson, she received vital treatment, case management, and advocacy services. She was able to regain weekend visitation rights and eventually reunited with her son at Emerson without going through the family shelter system.

Diane had a 25-year history of psychiatric institutionalizations before moving into Emerson with her infant son, Zach⁵. At Emerson, Diane received services tailored to her family's needs: case management, counseling, parental skills training, vocational services, childcare, and tutoring. After several years, Diane and Zach were able to move out of Emerson to their own apartment with stepped down services. Sadly, although Diane passed away last year, she was able to enjoy her life with her son post-reunification. Zach, who is now 24 years old, is thriving: he works in sales at a finance company while earning his civil engineering degree.

^{4,5} Names have been changed to protect the privacy of clients.

Recommendations

Evidence indicates that reuniting families in permanent housing, rather than in shelters, may reduce returns to foster care. According to a recent analysis by the NYC Center for Innovation through Data Intelligence (CIDI), families that entered the shelter system within 90 days of reunification were 7% more likely to re-enter foster care within one year compared to families who did not enter the shelter system. In addition to the innumerable human benefits of helping families reunify as quickly as possible, reductions in the time that children spend in foster care are able to generate cost-savings in the projected foster care budget of \$628 million, as the CIDI has found that helping families exit shelter earlier saves at least \$188.20 per day.

ICL's commitment to an integrated whole health policy perspective is especially important when considering family reunification of previously homeless parents. We offer the following recommendations to support parents living in single adult shelters to reunify directly with their families in stable housing, thus avoiding unnecessary family shelter stays.

- 1. Housing should be provided expeditiously to parents who wish to be reunited with their children so that the compounding of trauma that occurs with lengthy shelter experiences can be avoided.** Furthermore, greater flexibility must be incorporated into the housing system to facilitate families' transition between different housing arrangements during the reunification process. This would help single parents in adult shelters to more swiftly and effectively secure appropriate housing for their reunification, without having to enter family shelters. To introduce more flexibility, the following can be implemented:
 - **Modify the Permanent Supportive Housing Application Rules** to facilitate referrals and placements: The current supportive housing application process which determines the type of housing an applicant is eligible for is unnecessarily rigid and characterizes each applicant as either a "individual" or "family", with no flexibility for fluid family situations, such as potential reunification. The supportive housing application package (i.e., the HRA 2010e) should add a question inquiring if the applicant is trying to reunify with their family. This would allow these parents to be found eligible for permanent supportive housing programs like Emerson without the need for time-consuming and burdensome waiver workarounds.
 - **Request that DSS review and revise the housing voucher process** to allow parents leaving single adult shelters to qualify for vouchers for larger apartments, in anticipation of the parent reuniting with their children.

- 2. All efforts should be made to ensure early identification of parents who wish to be reunited with their children by improving communication and developing a systemized tracking mechanism for data sharing between DHS and ACS:**
 - Require DHS and ACS to implement data sharing protocols for parents in single adult shelter system with children in foster care. This would allow DHS to identify ACS-involved parents who are ready to reunify with their children and proactively alert the shelter. It would enable the shelter to trigger the process for the parent to exit shelter and directly access the appropriate level of housing for their family's reunification.
 - Require DHS shelter providers to ask clients about the client's foster care involvement as part of the shelter intake/assessment process.

- 3. City and State agencies, including ACS, DHS, the NYC Department of Health and Mental Hygiene (DOHMH), the New York State Office of Mental Health (OMH) and Department of Health (DOH), must come together to establish specific funding streams for family supportive housing models dedicated for reunification.** There is no dedicated funding for housing that accommodates family reunification. ICL has financed Emerson by leveraging multiple funding streams that are technically targeted for single adults. A dedicated funding stream for housing that supports family reunification goals would enable the development of more programs like Emerson. Agencies could consider the possibility of replicating existing funding mechanisms, such as the NYC 15/15 or Empire State Supportive Housing initiative (which serves young adult families only), to include additional eligibility categories, such as parents who have lost custody of their children and are seeking to reunite with them.

4. Housing models supporting family recommendation should incorporate the following clinical recommendations for care:

- **Trauma Treatment:** Enrollment in specialized PTSD treatment program that tracks and measures outcomes with respect to PTSD symptomatology can be embedded within a housing framework.⁶ An evidence-based program of this type can be found in: *Seeking Safety, Lisa M. Najavits, Ph.D.*⁷
- **Parental Skills:** Early involvement in a parental skills training program, embedded in a housing first model, should be considered. This is predicated on the understanding that many of these parents have never had the opportunity to be exposed to empathetic stable parental models and never had the opportunity to learn parenting through vicarious observation in a stable home environment.
- **Child Adjustment:** Children need time and exposure to accommodate a changed relationship with the reunified parent. This can be accomplished through a child visitation process to the new housing situation of the parent where community and possible school placements can be explored.⁸

⁶ Courtois, C. A., & Ford, J. D. (Eds.). (2009). Treating complex traumatic stress disorders: An evidence-based guide. The Guilford Press.

⁷ Najavits, L. M. (2003). Seeking safety: A treatment manual for PTSD and substance abuse. The Guilford Press.

⁸ Benard, B. (1991). (rep.). Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community. Prevention Forum.

Conclusion

In order to minimize multiple traumatic experiences for families and to shorten foster care placements and shelter stays, a direct pathway should be established for parents residing in single adult shelters to reunify with their children. The appropriate systems and funding must be made available to make this happen. Based on the needs of parents and their own personal timelines for reunification, a continuum of housing options and supports must be made available. Close inter-agency coordination is required to address the multiple needs of families that offers flexibility in administrative rules and funding and advances innovative service models. Blended program models and funding for creative solutions like the Emerson model are critical to reimagining our service delivery to meet the compelling needs of families. Support for housing models, such as Emerson, will help to eliminate the inequities that parents residing in single adult shelters face in expeditiously reunifying with their children. We believe these approaches will provide long-term multigenerational strengthening of children and their parents, to help families rebuild their lives together.

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Our Philosophy of Care We believe all people should have the opportunity to live healthy and fulfilling lives. We take a trauma-informed approach, meeting the people we serve wherever they are, working together to support them in achieving their goals.

Our Mission ICL helps New Yorkers with behavioral health challenges live healthy and fulfilling lives by providing comprehensive housing, healthcare, and recovery services.

Our Vision To be a national model of whole healthcare for people with behavioral health challenges.

Our Values A set of core values guides our culture, shapes our goals, and inspires us to always strive for excellence working with the people we serve.

- Equity and Inclusion
- Accountability
- Compassion
- Quality
- Integrity
- Growth and Mastery