CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

A study about the barriers of family reunification timing with child welfare

A graduate project submitted in partial fulfillment of the requirements for the degree of Master of Public Administration in Public Sector Management and Leadership

By

Denise Reche’ Johnson

May 2022

Copyright by Denise Johnson 2022

The graduate project of Denise Reche’ Johnson is approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Elizabeth Trebow, PhD Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Kay Kei-Ho Pih, PhD Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Marc Glidden, PhD, Chair Date

California State University, Northridge

Table of Contents

Copyright Page 2

Signature Page 3

Abstract 6

Introduction 8

Literature Review 11

Historical Context 11

Parental Substance Abuse 13

Drug Treatment Court and Family Reunification Timing 14

Service Planning and Family Reunification Timing 14

Parental Mental Illness 15

Service Planning and Family Reunification Timing 16

Mental Illness and Substance Abuse Disorders Co-Occurring Problems 17

Parental Homelessness 17

Inadequate Housing Supportive Services and Family Reunification

Timing 18

Housing Problems and Mental Illness Co-occurring Problems 19

Literature Critique 20

Literature Review Summary 21

Research Gap 23 Research Question and Aim 24

Research Methods 25

Methodological Approach 25

Study Setting 26

Data Collection 27

Sampling Design 28

Discussion 29

Ethical Considerations 29

Limitations 30

Expected Results 30

Conclusions 32

References 34

Appendix A 38

Abstract

Los Angeles County of Department and Children & Family Services: Barriers of Family Reunification Timing with Child Welfare

By

Denise Reche’ Johnson

Master of Public Administration in Public Sector Management and Leadership

The length of time until a child is reunified with their family of origin after being removed by child welfare varies according to the need for family preservation. The Los Angeles County Department of Children & Family Services (DCFS) service planning area (SPA) 2 region has a six-month time frame expectancy for family reunification. This study will assess the barriers to family reunification timing with child welfare and examine factors that some families are subjected to that can interfere with the timing of family reunification. Previous studies have focused on causes of child welfare involvement related to parental substance abuse, parental mental illness disorders, and parental homelessness. This study will examine the barriers of court-ordered services and how these services impede the FR six-month time frame expectancy. Furthermore, this study will focus on the three factors, some associated barriers, and how they correlate as co-occurring problems that can impede the timing of family reunification.

**Introduction**

Family reunification services in child welfare refer to children who have been placed in out-of-home care and returning to their families of origin. Under the United States Constitution, states are required to carry the responsibility of foster care for children and ensure the well-being of children and their families. Family reunification (FR) is the most common goal for families (Toombs et al., 2018). Once a child is removed it becomes a family reunification case with the court and the court is ordered to provide the family with FR services. FR service is a court-ordered program that federal law requires courts and state agencies to offer. These services must aim to provide support through intensive community and home-based interventions to assist families by strengthening parenting skills (Child Welfare Information Gateway, 2020). Further, Federal laws require states to establish permanency plans for children in out-of-home care. Originally referred to as a “dispositional hearing," the permanency planning hearing for FR services is held 6-12 months after a child is placed in foster care (Department of Children & Family Services, 2019). Permanency hearings are held to review the participant’s case plan progress in reaching reunification. The Los Angeles County Department of Children and Family Service’s (DCFS) goals and expectations for family reunification are for families to reunify in a six-month time frame.

Despite the consensus of family reunification being the primary goal, factors pose challenges to prompt family reunification outcomes. This existing research identifies barriers families face during the FR process, specifically identifying three factors families are subjected to that can interfere with the department’s timing expectancy for family reunification. These three factors are parental substance abuse, mental illness disorders, and homelessness. Using data from National Child Abuse & Neglect Data Systems (NCANDS), according to Williams (2022), foster care entry rates in the state of California report that 10% of children entered foster care due to parental substance abuse, 3% entered care due to inadequate housing, and 20% entered care due to parental mental illnesses. Some parents who have co-occurring problems have been court-ordered to receive multiple intervention services to address their needs, challenging reunification timing (Marsh et al., 2005). Through interagency collaborations, courts and state agencies have taken a system of care approach to address children and families’ needs. Interagency partnerships are designed to address different needs of children and families in the spirit of community partnerships, reduce duplication of services, and allow for greater efficiency of public resources (Child Welfare Information Gateway, 2020). However, parents experience unmatched services with some needs not identified at the child’s removal. They are often referred to needless services due to case workers’ unsatisfactorily assessing the families’ needs. Though at times when services are satisfactorily matched, parents are often required to attend overlapped services that can be unmanageable, which also interferes with the timing of reunification (Simon & Brooks, 2019).

The question addressed in this paper is: How do services that address the barriers of substance abuse, mental illness disorders, and homelessness in child welfare impede the family reunification six-month time frame expectancy? Community issues related to poverty and difficulties addressing addictive disorders, and ongoing mental health concerns throughout the FR process are barriers that impede the timing of family reunification (Toombs et al., 2018). The lack of a participant’s engagement and retention in court-ordered program services and the lack of available community resources, such as the location of services and unstable funding of programs, also impact the timing of family reunification (Toombs et al., 2018). National Child Abuse and Neglect Data Systems (NCANDS) reported that the average length of time a family spends in family reunification services in California is 25 months (Williams, 2022).

This research aims to identify court-ordered services that address parental substance abuse, parental mental illness, and parental homelessness in child welfare, which impede the timing of FR services. This research will assist with determining whether Los Angeles County DCFS, FR six-month time frame is practicable for families with multiple needs to address. DCFS and other child welfare agencies are tasked with improving outcomes while altering a considerable quarrel concern. The federal government has enacted a plethora of legislation and has increased oversight of the child welfare system. Yet, families continue to overlap DCFS’s six-month FR time frame expectancy. With the previous evidence that has demonstrated certainty of barriers interfering with FR timing, a robust and creative debate must occur that re-examines DCFS’s FR timing expectancy for the population of families that extend the use of FR services due to their underlying issues of substance abuse, mental illness, and homelessness. This research will further assist the administration with understanding how barriers can interfere with FR timing and will aid the administration with setting realistic FR time frames.

**Literature Review**

This literature review analyzes the previous and current state of family reunification in child welfare. It identifies factors that have been associated with the interferences of timing with reunification in meeting the Department of Children & Family Services (DCFS) six-month time frame expectancy. In addition, the literature review exhibits these barriers and challenges some families experience during the reunification process as a cause for these families to overlap the DCFS six-month time-frame expectancy. The historical overview provides a synopsis of law reforms that have been implemented in the child welfare system that throughout history have required a need for improvements in family preservation and quicker family reunification outcomes. Finally, the literature review further examines the three factors, parental substance use, parental mental illness disorders, and parental homelessness, and how these factors coexist as co-occurring problems that interfere with the timing of family reunification. The research provided is analyzed to understand the challenges of family reunification timing. It is further examined to see if DCFS should reassess the department’s six-month goal and set more extended targets that reflect the needs of participants undergoing co-occurrence disorders related to parental substance abuse, parental mental illness, and parental homelessness.

**Historical Context**

Child welfare services involve a complex amalgamation of federal and state laws. In promoting family preservation and family reunification, states are challenged with improving their child welfare systems as they persist with reform efforts. In contrast, families continue to experience barriers that interfere with the timing of family reunification. Equally important, children and families enter the FR services requiring interagency collaboration between government departments and social service agencies. As a result, it is difficult for a single service provider to provide comprehensive services for family reunification (Harburger & White, 2004).

The federal government’s role in child welfare is relatively recent. In 1980, Congress passed the Adoption Assistance and Child Welfare Act of 1980 (AACWA). This was the first federal child protective service act focused on keeping children out of foster care with family preservation efforts. AACWA’s primary goal is to reduce the number of children in foster care and reduce the time a child remains in foster care (Buckles, 2015). In addition, AACWA shifted foster care policies to emphasize strategies toward the permanency plan of adoption due to the burgeoning foster care population and inadequate efforts to reunify families.

Throughout time, there was concern that states were not making reasonable efforts to support, preserve, or achieve prompt reunification outcomes for families. Consequently, congress adopted the Family Preservation and Family Supportive Services Program (FPFSSP) as part of the Omnibus Budget Reconciliation Act 1993 (OBRA). This program provided funding for community-based services to support families in the child welfare system with intensive treatment programs by addressing families’ problems to promote rapid family reunification outcomes.

During the past 40 years, the child welfare system has evolved with many legislative reforms in accordance with changes in beliefs and attitudes about the government’s role in the child welfare system, particularly with the responsibility of determining the amount of time children spend in foster care and how it interferes with the timing of family reunification. In response to the scrutiny about the length of time families received family reunification services, Congress enacted the Adoption and Safe Families Act of 1997 (AFSA). The provision of AFSA was developed for states to move children out of foster care into permanent homes quickly. This provision allows states to divert some families’ efforts of reunifying if the family has severe issues, which causes families to spend an extended amount of time receiving family reunification services. It further promoted adoption and other permanency plans for children who did not reunify quickly with their families of origin.

Family Reunification has changed in the last 40 years and has demonstrated trends and patterns in the family reunification process. Wulczyn (2004) describes trends as the demographics of a family, such as a child’s age when entering child welfare, the race/ethnicity of a child, the economic status, and the length of FR services. These demographic trends have a significant effect on the timing of family reunification. Patterns are described as how the family exits from family reunification services, i.e., reunification, adoption, and permanent foster care placements. For example, African American children are likely to remain in foster care for more than one year and be adopted rather than reunified. Furthermore, the length of time a family receives FR services impacts the exit pattern. For instance, a reunification is likely to happen within the first year, whereas the probability of adoption after one year of FR services significantly increases. Due to policy gearing towards fast-tracking FR services, in the 1990s, 28% of children that were reunified reentered child welfare after ten years. Over the past 40 years, reform has shifted from family preservation to fast-tracking family reunification. Family reunification in child welfare is now focused on adoption, with the passing of AFSA influencing the increase of adoptions.

**Parental Substance Abuse**

In 2016, more than a third of child removals involved parental substance abuse (Font et al., 2018). Consistent findings show that completed treatment of parental substance abuse can result in timely family reunification outcomes. Despite these findings, D’Andrade & Chambers (2012) data identifies a 12-month reunification rate for parental substance abuse, increasing to 60% by 24 months. Results of the timing of FR services for families of substance use have confirmed that DCFS six-month FR time frame expectancy is relatively short from the perspective of time to treat an underlying substance use disorder. Therefore, there is a need for continued federal and state policy around ways to best support families receiving FR services who are experiencing substance use to preserve families and improve rapid FR outcomes.

***Drug Treatment Courts and Family Reunification Timing***

When children are removed from their parents and enter the foster care system because of parental substance use disorders, the parent is generally required to participate in community-based services to resolve their problem, which is part of the parent’s case plan for family reunification services. Unfortunately, such a process is one of many ways a parent may encounter difficulty reunifying within DFCS six-month FR expectancy. One strategy that states have implemented for addressing parental substance abuse problems is family drug courts (FDCs) (Gifford et al., 2014). Although FDCs services are to support the parent and family during the family reunification process, they still prolong an already exhaustive process meant to help expedite the reunification process.

***Service Planning and Family Reunification Timing***

Although each family is dissimilar and requires tailored and intensive case and assessment plans, most substance abuse participants are usually court-ordered to attend an average of eight service events per week as part of their case plan. Services include but are not limited to parenting classes that focus on enhancing parenting practices and behaviors, intensive treatment programs to help parents recover from substance abuse, and family visitation services to help facilitate bonding between parents and their children. Each service may require two to nine hours per week for a parent to attend. Some participants that make efforts with their case plans may encounter some interference when attempting to adhere to service planning. For instance, they may lack access to some services due to the lack of transportation or the location and hours of operation. In addition, some parents may have trouble attending the services required due to their work schedules. For instance, most social and supportive service hours are usually during regular business hours, which may cause an issue for some parents who work during these hours. In addition, these mentioned challenges can impede the timing of family reunification due to the participant needing more extended time frames to complete family drug court-ordered services (D’Andrade & Chambers, 2012).

Although DCFS and the judicial courts have a collaborative partnership for improving family outcomes, their primary goals and program designs for family reunification do not coexist. For instance, DCFS’s primary goal is to reunify families as soon as possible and to minimize the length of time children remain in foster care (Toombs et al., 2018), while FDCs are designed to focus primarily on evidence-based intervention concentrate on parenting, parent engagement, and parental recovery (Rodi et al., 2015). While quick achievements of family reunification are a clear priority, understanding the capacity of reunification is difficult. Thus, reunification timelines sometimes occur before families’ presenting issues are resolved (Font et al., 2018).

**Parental Mental Illness**

Findings from previous and current research have indicated that parents experiencing mental illness problems may have difficulty achieving successful, relatively quick family reunification outcomes and are less likely to meet the DCFS six-month FR time frame expectancy. According to Marsh and associates (2005), researchers have estimated that about 70% of parents involved in child welfare are experiencing mental illness. In addition, much research supports that intensive risk assessments and interventions in child welfare for the mentally ill are critical for the parent’s parenting skills and abilities to be optimized (Risley et al., 2004). Nonetheless, with high rates of parental mental illness in the child welfare population, there has been limited research on parental MI and family reunification. Additionally, a lack of historical research exists examining parental MI and its association with the extended time needed for family reunification.

***Service Planning and Family Reunification Timing***

According to Roscoe and associates (2018), parents suffering from a mental illness disorder (MID) may fail to address ongoing mental health needs due to their unidentified MID when their child is removed, which can impede the timing of family reunification. For example, a parent suffering a mental illness may be required to participate in therapeutic services in accordance with their case plan but may not participate due to the fear of being diagnosed with a severe mental disorder that can perhaps require an extensive amount of time needed to complete therapeutic services, which can delay the timing of family reunification. D’Andrade & Chambers (2012) found that the most common FR court-ordered service for parents with mental illness is counseling, which 90% of parents in the child welfare system must attend. Findings indicated that parents were required to participate in an average of seven different types of community-based services in addition to counseling to reunify. With the adequate support of networks and integrative treatments, a parent can experience the likelihood of having a quicker reunification outcome. However, as in this study and other studies, parents with mental illness disorders are at greater risk of needing longer time frames to reunify with their children due to barriers to service planning. Research by Simon & Brooks (2019) identified a surge in need for matching services for families with MIDs, partially due to participants being court-ordered to receive needless services, which can hinder the timing of family reunification. Matching services can increase the timing of reunification and decrease the amount of time a family spends receiving family reunification services, despite the necessary time needed for an effective case and treatment plan for the mentally ill, which often exceeds the DCFS six-month time frame expectancy.

***Mental Illness and Substance Abuse Co-Occurring Problems***

Research has explored the co-occurrence of substance abuse (SA) and mental illness (MI) in child welfare ranging from 15% to 26% (D’Andrade & Chambers, 2012). SA and MI as a co-occurring problem can be a barrier to reunification timing due to social service agencies often facing limited and expensive treatment options, which makes it difficult for the participant to receive the timely and effective case and treatment plans (Font et al., 2018), and timely reunification outcomes. Therefore, integrated service programs must identify the range of specific problems parents undergo to address and resolve their issues. Families with co-occurring problems usually take longer to rectify their concerns and are less likely to reunify within six months. Although, the ability of a parent to make progress in treating their co-occurring problem is associated with a successful reunification.

**Parental Homelessness**

The extent of housing problems in child welfare questions the effectiveness of family preservation and family reunification timing in the child welfare system as they may not be designed to assist families with finding and maintaining stable housing. Perhaps social service agencies are more focused on parental functioning and rapid reunification outcomes and less attentive to concrete needs such as housing, which hinders the timing of reunification (Courtney et al., 2004). Housing service programs and social service agencies have failed to explore the association between housing instability and parental homelessness in child welfare. Homeless parents are challenged with systematic barriers experiencing the lack of sufficient housing and supportive services needed to regain custody of their children, which interferes with the timing of FR.

***Inadequate Housing Supportive Services and Family Reunification Timing***

Courtney, McMurtry & Zinn (2004) study on the extent of family reunification relating to the prevalence of housing problems indicated that 68% of 494 families were unsuccessful with reunifying in six-months. Due to inadequate and unstable housing, these children and families continued to receive FR services after one year of entering the child welfare system, which overlaps the DCFS six-month tine frame expectancy. Most parents in child welfare who are attaining case plan goals related to housing problems are referred to Linkages Housing Support Program (HSP), a program that assists homeless individuals with providing permanent and supportive housing to help with family reunification services. According to D’Andrade and associates (2017), most parents receiving services from HSP are also receiving CalWorks benefits due to their income and employment status, and there is a high proportion of families receiving FR services that are poor. CalWorks is a public assistance program offered through the Department of Public Social Services (DPSS) that provides cash aid to families who are either unemployed or considered low income and living below poverty. Participants in child welfare who are involved with both programs can often result in duplicative or conflicting case plan requirements, delaying the FR process and hindering the parent from obtaining stable housing, which can also hamper family reunification timing. In addition to these challenges, some parents have bad credit histories, criminal backgrounds, and evictions on their rental reports, which are barriers that interfere with attaining stable housing and often impede the timing of family reunification.

As the CalWorks program aims at assisting individuals to become self-sufficient and become employed, for some, it can be difficult for the homeless parent involved in child welfare to find employment due to multiple life challenges. For example, one common barrier for homeless participants’ who are employed is that they do not have adequate income to afford rent, specifically in Los Angeles County, with its high rental market and high cost of living (D’Andrade et al., 2017). Although, however, the HSP assists participants with financial assistance such as the moving costs (e.g., first and last month’s rent), hotel vouchers, credit repair, and landlord recruitment, due to limited and constrained funding streams, DPSS and HSP have had difficulty in assisting some participants which have hindered some parents with being reunified with their children.

Social service agencies and supportive housing services have encountered a lack of an inadequate supply of permanent housing services due to the increased number of families who are in poverty that are entering child welfare and are struggling with having to utilize their federal funds to maintain children in poverty who have entered foster care, which results in having fewer options to improve a family living situation for family reunification (Harburger & White, 2004).

***Housing Problems and Mental Illness Co-Occurring Problems***

The majority of housing studies have found a correlation between parental homelessness and parental mental illness disorders. Homelessness represents deprivations from basic needs and can contribute to mental illness disorders due to environmental stressors related to lack of economic security and lack of social support. Homeless parents are likely to experience a mental illness disorder that may interfere with their ability to carry out daily activities such as bathing and eating and instrumental living skills (e.g., maintaining a household, getting around the community, taking prescribed medication, and ensuring their child’s educational and medical needs are met) which can result in a child suffering in an unsafe living condition, for instance, sleeping outside or in a homeless shelter, which is often associated with maltreatment and foster care entry (Courtney et al., 2004). Homeless parents in child welfare generally lack access to consistent health care and are usually economically disconnected. There is a long tradition of parental poverty and mental illness research in child welfare and its connection to challenges for this population to comply with child welfare service mandates. The outcome for a homeless and mentally ill parent being economically disconnected is less engagement and involvement in their child welfare case plan, which predicts reunification. Hoffman & Rosenheck (2001) conducted a study on 698 homeless mothers who had a mental illness disorder and found that 17% of this population reunited with their children 12 months after completing child welfare mandated services. There were no findings of families completing required services within a six-month time frame. The study also found that programs designed to assist homeless families with mental illness disorders can affect the changes that promote family reunification.

**Literature Critique**

The literature review included research on child welfare parents with co-occurring problems related to parental substance abuse, parental mental illness, and homelessness and the impact these problems have on reunification timing. The literature identified these problems as barriers that interfere with the Department of Children & Family Services’ six-month time frame expectancy of family reunification. The literature review identified low rates of family reunification for families with co-occurring problems and further identified the integrated services that developed in response to these barriers for efforts to meet the complex needs of these parents and children.

The literature review identified substance abuse disorders and mental illness disorders as the most common co-occurring problem that interferes with family reunification timing (Marcenko et al., 2010). Parents that have multiple problems attend multiple service events throughout the week for their case plan, with substance abuse treatment programs and mental health services needing an average of 12-24 months for completion. The mental health needs of some parents are not always identified and addressed, which leads to untreated mental illness disorders (Font et al., 2018), and another result with families experiencing longer reunification timing.

The homelessness research identified challenges with supportive housing efforts for parents in child welfare. These challenges include limited funding from the housing support program and child welfare and parents’ inadequate income to afford the high housing cost (Harburger & White, 2004). In addition, aside from environmental stresses, the research identified personal pressures such as a parent’s rental history and criminal history also interfering with reunification timing.

**Literature Review Summary**

Parents receiving treatment for substance abuse and mental illness, and assistance in achieving stability in housing, are likely to return to their parenting roles and experience successful reunification. However, families need to reach successful reunification goals, interagency collaboration to identify and address complex needs, and precise matching services (Rodi et al., 2015). Unfortunately, the different perspectives and philosophies of DCFS and social service agencies can cause one agency to hamper the efforts of the other, which can significantly undermine a family’s progress with family reunification. With the high cost of housing, difficult circumstances and complex needs of parents, and systematic barriers within the child welfare system for reunifying parents, the reform’s aims of family preservation and improving the conditions of the homes and environment for reunified children have not been entirely achieved. However, with the current interagency collaborations that have emerged and implementations of the child welfare system, finding effective ways to address and approach the co-occurring problems parents are challenged with and ensure the safety and well-being of a child’s permanency placement will involve a renewed importance. So to say, common grounds between DCFS and social service agencies do no always co-exist.

**Research Gap**

This research recognizes the barriers families encounter while receiving family reunification services by identifying court-ordered services that impede families from reunifying within a six-month time frame. Ample literature reveals how intervention programs designed to treat and assist parental substance abuse disorders, parental mental illness disorders, and parental homelessness, can interfere with the timing of family reunification. In addition, the literature also indicates the significance of matched services for co-occurring issues and how it necessitates thoughtful and coordinated processing when assessing families’ needs, which results in lower rates of maltreatment and increased rates of family reunification. However, there is currently a void in data on reunification rates for parents with mental illness disorders and data associated with DCFS six-month time frame expectancy for family reunification services. This makes it difficult to determine whether families experiencing barriers during the reunification process meet the DCFS six-month time frame. In addition, it is difficult to ascertain whether parents with mental illness disorders are successfully reuniting within the six-month time frame.

**Research Question and Aim**

This research intends to address the following research question. How do services that address the barriers of substance abuse, mental illness disorders, and homelessness, in child welfare impede the family reunification six-month time frame expectancy? This study will identify court-ordered services that address the barriers that interferes with FR services’ timing within the Department of Children and Family Services (DCFS) in Los Angeles County. The findings from this research will give the administration in the department an opportunity to discern how barriers can interfere with the timing of FR and whether the six-month goal is achievable. In addition, the findings will foster the department to reassess its six-month FR goal and consider setting a more realistic time frame for the expectancy of FR for participants experiencing substance abuse, mental illness, and homelessness.

**Research Methods**

This research aims to explore court-ordered services that address the barriers that impact families during the reunification process and determine whether Los Angeles County’s Department of Children & Family Services allotted six-month time frame for family reunification is practicable or if the target setting needs to be reassessed. A quantitative research method via a semi-structured interview will be used, which will consist of a series of questions to examine the barriers families experience that causes families to exceed DCFS’s six-month FR time frame. This research will include participants from the Los Angeles DCFS SPA 2 region to voluntarily participate in a questionnaire based on FR services and timing. With assistance from the DCFS administration, participants will be contacted asking if they would like to participate in an interview questionnaire voluntarily. The questionnaire will be kept confidential in a secure cloud-based account.

**Methodological Approach**

To answer the research question, a quantitative study will be conducted. Since this is an analysis of the current state of family reunification in child welfare, I will take an exploratory approach. This type of research will be applicable in answering the research question because it will aid in indicating that court-ordered services for FR hinder the timing of reunifying. I will conduct this study using semi-structured interviews (see Appendix A). The semi-structured interview will consist of questions to participating parents experiencing substance abuse, mental illness, and homelessness who are currently going through the reunification process and have overlapped the six-month time frame expectancy. The interview schedule will include a one-part questionnaire, which I will take part in asking the participants each question. The interview will begin with demographic questions to gather the participant’s demographic information, such as the case plan goal, highest level of education, transportation method, employment status, and housing status. This information will aid me in understanding some of the basic needs and barriers of the participants that may interfere with the participant attending FR court-ordered support services. I will then ask the participant open-ended questions related to court-ordered support services, such as parenting classes, family visitation services, in-patient and out-patient services, therapeutic services, domestic violence, anger management, and the length of time the participant has spent in FR services. This information will aid in determining whether the court-ordered support services have interfered with the participant reunifying within the six-month time frame. The focus of the study is parental substance abuse, mental illness disorders, and homelessness in child welfare, as the aim is to understand if the challenges presented in the literature review affect the parent’s ability to reunify in six-months.

**Study Setting and Population of Interest**

This research will occur between June 2022 to August 2022. The DCFS SPA 2 region was selected as this study setting as it has a population of 21,629 families receiving family reunification services. In addition, the average number of months for these families receiving FR services is 18 months, exceeding DCFS’s FR six-month time frame expectancy (Webster et al., 2022). DCFS SPA 2 region has three office locations located in Santa Clarita, Chatsworth, and Van Nuys. A sample of 300 participants will be selected from each office, totaling 900 participants. Participants experiencing substance abuse, mental illness disorders, and homelessness will be chosen for this study. Participants of the three populations are the largest within child welfare receiving FR services. Therefore the study needs to be proportionally reflected.

**Data Collection**

The quantitative research will utilize a descriptive design to examine families’ barriers to meeting Los Angeles County’s Department of Children & Family Services FR six-month time frame expectancy. Data will be collected by first identifying child welfare participants in the DCFS SPA 2 region experiencing substance abuse, mental illness disorders, and homelessness and who have overlapped the six-month time frame expectancy. Next, DCFS will provide me with the case numbers of all participants concerning the three parental problems who have overlapped six-months of family reunification services. The information required from each participant includes the participant’s name, case number, parent’s identified condition, the number of months in FR services, telephone number, and email address. I will utilize a number generator to select 900 family units of the population of interest. This will ensure that there is no bias in selecting families. I may encounter non-responsive participants due to data collection procedures not reaching the participant. To improve the response rate, I will send each participant prior notification of the interview schedule. The Department of Children & Family Services utilizes the Trumpia Multi-Channel messaging system. Once the generator chooses the 900 family units, I utilize DCFS’s Trumpia email and text system to send out a message to all participant’s summarizing the interview and will provide my contact information. Participants will have the option to interview in person at a location they select or at any of the three DCFS SPA 2 offices in a secure office space. Participants will also have the option to interview via Zoom or by telephone. Participants in the study will be voluntary. At the beginning of the interview, there will be an orientation to inform participants that this is a confidential interview. All information collected will be kept in a secure cloud-based account. The questionnaire should take participants 30 minutes to complete. The 13 questions will ask participants about the barriers encountered while attending court-ordered FR services that may have hindered their timing from reunifying in six-months. I will be the only individual that has access to this information. After I collect the interview responses, the information collected will support findings of barriers that impact families for family reunification within the allotted six-month time frame expectancy.

**Sampling Design**

I will use a simple random sample to select the 900 family units. This will give each family of the identified population an equal probability of being chosen. The criteria for this research require the participants to be experiencing substance abuse, mental illness disorder, and homelessness who have overlapped DCFS’s FR six-month time frame expectancy. Therefore, I have concluded that probability sampling is the most effective sampling that will allow me to yield a sample that can be representative of the population studied. DCFS SPA 2 region comprises of 21,629 parents experiencing substance abuse, mental illness, and homelessness, participating in family reunification services. These families represent three DCFS offices in the SPA 2 region.

**Discussion**

Reuniting children with their families of origin is the preferred outcome for foster care. Yet, many families are less likely to reunify or may experience longer expectancies in the foster care system when they have complex needs. Therefore, social service agencies need to consider the parents’ needs and the support systems in the parents’ environment to better understand the barriers that impede the timing of family reunification. In addition, analyzing the presented research will provide an in-depth understanding of this study’s ethical considerations and limitations.

**Ethical Considerations**

Participants of this study will be voluntary, and they will sign a written informed consent before completing the interviews. I will give clear and detailed instructions on completing the interview to each participant. Participants will be given information about the aim and purpose of the research for their understanding. Participants will be instructed not to list specific service providers or the DCFS office they are receiving services from for family reunification.

All questionnaires will be generated to a secure cloud-based account that I will have access to after all interviews are complete. All participants will be provided with this information and are asked to complete the questionnaires as completely and candidly as possible. I will provide the data in this study to all three SPA 2 DCFS offices. To ensure the confidentiality of all files used for this study, I will use the DUO application, two-factor authentication that will allow only myself to have access. This will also protect against hackers because authentication will be sent to my cell phone for access to all files. The final report will be available to all participants and SPA 2 administrators to review and will be for research purposes only.

**Limitations**

Some research limitations identified in this study include the number of participants, data involving mental illness and reunification outcomes, and data on the DCFS six-month reunification outcomes. Quantitative research provides reliable results to determine statistical significance. This study requires a need to sample a population of parents participating in family reunification services in the Los Angeles County Department of Children and Family Services SPA 2 region. It will improve this research study with its findings. Responses require interpretation to represent the general population of parental substance abuse, parental mental illnesses, and parental homelessness in child welfare who have overlapped the six-month time frame expectancy. With limitations on resources, there may be a lack of participants. As research indicates, some parents are experiencing co-occurring problems that may limit their ability to take part in having consistent communication with me. Although I will extend services such as providing tablets for some participants and being accessible to participants who are not mobile, I may encounter some difficulty with trying to reach participants by phone. In addition, I may not have a secure and safe location to meet homeless participants. Further limitations that have been identified are the lack of research and data on family reunification outcomes for mentally ill parents. This will limit the research in providing current reunification timing and data on reunified outcomes for families experiencing mental illness disorders.

**Expected Results**

Although current research supports the results of this study, recent research has not focused on Los Angeles County DCFS’s six-month time frame expectancy for family reunification. The expected results of this study are that child welfare families with barriers to substance abuse, mental illness, and homelessness, and the existence of co-occurring problems, have difficulty in achieving family reunification within the allotted six-month time frame. This research aims to demonstrate the relationship between barriers families experience during the family reunification process and the probability of families overlapping the allotted six-month time frame expectancy.

It is expected that the findings of this research will identify common problems of the reunifying parent population. A body of the study describes high portions of reunifying families having multiple life challenging problems and substance use, mental illness, and inadequate housing and identifies how these problems are significantly associated with an increased risk for overlapping the FR six-month time frame expectancy. In addition, existing research identifies matched services being associated with reduced concrete, parenting, and clinical needs. It is also expected that this study will support existing research findings and further confirm that collaborative efforts between DCFS and social service agencies support family assessments and help identify risks associated with difficult needs.

This research is expected to provide an extensive understanding of court policies and timelines for family reunification services in comparison to DCFS FR time frame expectancy. In addition, the extensive research is expected to expand on the parent population of substance abuse disorders, mental illness disorders, and homelessness, giving certainty to the existing data.

**Conclusion**

Research has shown that many families who receive family reunification services suffer from co-occurring problems that adversely impact the likelihood of reunifying in a six-month time frame. So what barriers are impacting families for family reunification in child welfare? How realistic is LA County DCFS’s six-month family reunification timing expectancy? The literature review identifies three factors related to the barriers of family reunification timing: parental substance abuse disorders, parental mental illness disorders, and parental homelessness, and how these factors co-exist as co-occurring problems for some families.

The proposed quantitative research will support the existing research by studying a new family unit. Previous research has examined the causes of child removal in child welfare and the outcomes of family reunification. This study will further investigate the correlation of co-occurring problems that influence family reunification timing interferences. Finally, the research intends to give conclusions based on the information collected while exhibiting the barriers families experience as they receive family reunification services with the DCFS.

This exploratory study adds to the literature on reunifying parents’ constellations of parental problems and experiences. Most parents attempt to reunify with their children and are likely to succeed when continuous efforts are made. However, families continue to experience barriers during FR services due to difficult needs, and it demands a policy and service response from administrators in the DCFS. It is essential for administrators to understand whether the six-month FR timing expectancy is practicable for the studied population of families to achieve or needs to be reassessed for new program targets to be set. DCFS’s primary goal is to prevent child abuse and neglect and reunite families as quickly and safely as possible under new and improved conditions after child welfare has been involved. However, parents are challenged with life stressors and practical barriers to their participation in court-ordered services and often lack the accessibility to finding their way through the complex services and systems that child welfare involvement necessitates. This research will induce administrators to discern that policy factors interactively contribute to the outcomes of the parent’s engagement efforts. It will aid the administrators with changing the FR six-month time frame expectancy to set realistic targets to meet the needs of families experiencing barriers.

**References**

Buckles, K.S. (2013). Adoption subsidies and placement outcomes for children in foster. *Journal*

*of human services*, 48(3), 596-672. https://doi:10.1353/jhr.2013.0024.

Courtney, M. E., McMurtry, S. L., Zinn, A. (2004). Housing problems experienced by

recipients of child welfare services, *Child Welfare*, 83(5), 393-422.

Child Welfare Information Gateway. (2020). Reasonable efforts to preserve or reunify families

and achieve permanency for children. Washington, D.C: U.S. Department of Health and

Human Services, Administration for Children and Families, Children’s Bureau.

<https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/reunify/>

D’Andrade, A. C., Chambers, R. M. (2012). Parental problems, case plan requirements, and

Service targeting in child welfare reunification. *Children and Youth Services Review*,

34(10), 2131-2138.

D’Andrade, A., Simon, James David, Fabella, D., Castillo, L., Mejia, C., Shuster,

David. (2017). The California Linkages Program: Doorway to housing support for

child welfare-involved parents. *American journal of community psychology*,

60(1-2), 125-133. <https://doi.org/10/1002/ajcp.12099>

Font, S. A., Sattler, K. M. P., Gershoff, E. (2018). When home is still unsafe: from family

reunification to foster care reentry. Journal of marriage and family, 80(5), 1333-1343.

<https://doi-org.libproxy.csun.edu/10.1111/jomf.12499>

Gifford, E., Eldred, L., Verneray, A., Sloan, F. (2014). How does family drug treatment court

participation affect child welfare outcomes? Child abuse & neglect, 38(10), 1659-1670.

<https://doi-org.libproxy.csun.edu/10.1016/j.chiabu.2014.03.010>

Harburger, D., White, R.A. (2004). Reunifying families, cutting costs: housing-child welfare

partnerships for permanent supportive housing. child welfare, 83(5), 493-508.

Hoffman, D., & Rosenheck, R. (2001). Homeless mothers with severe mental illness and their

Children: Predictors of family reunification, *Psychiatric rehabilitation journal*, 25(2),

163-169.

H.R.3434-96th Congress (1979-19800): Adoption Assistance and Child Welfare Act of 1980.

(1980, June 17). <https://www.congress.gov/bill/96th-congress/house-bill/3434>

H.R.867-105th Congress (1997-1998): Adoption and Safe Families Act of 1997. (1997,

November 19). <https://www.congress.gov/bill/105th-congress/house-bill/867>

H.R.2264-103rd Congress (1993-1994): Omnibus Budget Reconciliation Act of 1993. (1993,

August 10). <https://www.congress.gov/bill/103rd-congress/house-bill/2264>

https://dcfs.lacounty.gov/glossary/permanency-hearings/

Marcenko, M.O., Lyons, S.J., Courtney, M. (2011). Mother’s experiences, resources and needs:

The context for reunification. *Children and youth services review*, 33(3), 431-438.

<https://doi.org/10/1016/j.childyouth.2010.06.020>

Marsh, Jeanne C., Ryan, Joseph P., Choi, S., Testa, Mark F. (2005). Integrated services for

families with multiple problems: Obstacles to family reunification, *Children and youth*

*Services review*, 28 (9), 1074-1087. <https://doi.org/10.1016/j.childyouth.2005.10.012>

Risley-Curtiss, C., Stromwall, L.K., Hunt, D. T., Teska, J. (2004). Identifying and reducing

barriers to reunification for seriously mentally ill parents involved in child welfare.

Families in society, 85(1), 107-118.

<https://doi-org>.libproxy.csun.edu/10.1606/1044-3894.240

Rodi, M.S., Killian, C. M., Breitenbucher, P., Young, N. K., Amaletti, S., Bermejo, R., Hall, E.

(2015). New approaches for working with children and families involved in family

treatment drug courts: Findings from the children Affected by Methamphetamines

Program. Child Welfare, 94(4), 205-232.

Roscoe, J.N., Lery, B., Chambers, J.E. Understanding child protection decisions involving

Parents with mental illness and substance abuse. (2018). *Child abuse and neglect*, 81, 235-248. <https://doi-org.libproxy.csun.edu/10.1016/j.chiabu.2018.05.005>

Sanmartin, M. X., Ali, M. M., Meinhofer, A. Parental drug use and family reunification.

(2021). Psychiatric services, 72(6), 728-728.

<https://dpo-org.libproxy.csun.edu/10/1176/appi.ps.202000388>

Simon, J., & Brooks, D. (2019). Targeting services to reduce need after a child abuse

Investigation: Examining complex needs, matched services, and meaningful change.

Children and Youth Services Review, 99, 386-394.

<https://doi.org/10.1016/j.childyouth.2019.02.001>

Toombs, E., Drawson, A.S., Bobinski, T., Dixon, J., & Mushquash, C.J (2018). First nations

Parenting and child reunification: Identifying strengths, barriers, and community needs

Within the child welfare system. Child & family social work, 23(3), 408-416

<https://doi.org/10.1111/cfs.12430>

Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-

Hornstein, E., Wiegmann, W., Saika, G., Hammond, I., Ayat, N., Gomez, A., Jeffrey,

K., Prakash, A., Berwick, H., Hoerl, C., Yee, H., Flamson, T., Gonzalez, A., & Ensele,

P. (2022, April 29). CCWIP reports. University of California at Berkeley California child

Welfare indicators project. <https://ccwip.berkeley.edu>

Williams, S. C. (2022, February 28). State-level data for understanding child welfare in the

United States*.* Child Trends. <https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>.

Wulczyn, F. (2004).The Future of Children. Children, Families, and Foster Care, 14(1), 95-113.

<https://doi-org.libproxy.csun.edu/10.2307/1602756>

**Appendix A**

**Family Needs Assessment**

Thank you for taking the time to complete the survey for Family Reunification Services. Your response to the questionnaire will be used in a research study to determine whether your needs were satisfactorily assessed and met while receiving family reunification services. All answers will remain confidential. Please fill out this questionnaire as completely and candid as possible.

1). What is your Case Plan goal?

a. Reunification

b. Adoption

c. Termination of Parental Rights

d. Concurrent Plan (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is your highest level of education completed?

a. Junior High School

b. High School or GED

c. Some College

d. Associates Degree or Higher (if higher please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is your transportation method?

a. has mobile transportation

b. utilize public transportation

c. other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What is your employment status?

a. Full time employed

b. Part time employed

c. Self employed

d. Seeking employment

5. Are you in need of food assistance, if yes, please specify:

a. N/A

b. Food Stamps resources

c. Food Banks resources

6. Are you in need of housing assistance, if yes, please specify:

a. N/A

b. Hotel voucher

c. Housing Authority Assistance

d. Temporary shelter resources

e. Home Buyer assistance

**Supportive Services**

7). Please select all services required and **court ordered** for your Case Plan for family reunification services.

* + Family Visitation
  + Substance Abuse treatment program
  + Mental health treatment program
  + Domestic violence class
  + Parenting class
  + Anger management class
  + Housing assistance

8). If you were required to participate in a substance abuse treatment program, please select:

* + Outpatient program
  + Inpatient program

9). If you were required to participate in a mental health treatment program, please select:

* + Outpatient program
  + Inpatient program
  + Individual therapy
  + Family Therapy

10). Please select the services you received or are receiving during the family reunification process:

* Family Visitation
* Substance Abuse treatment program
* Mental Health treatment program
* Domestic violence class
* Parenting class
* Anger management
* Housing assistance

11). How long have you been participating in family reunification services?

* 3-6 months
* 7-12 months
* 13-18 months
* 19-24 months
* 25 months or more

12). Please explain the court ordered time expectancy of completion of all required Case Plan services:

|  |
| --- |
|  |

13). Please explain the status of your participation of these services, time enrolled, completion date, or expected completion date:

|  |
| --- |
|  |

Thank you for taking the time to voluntarily complete the family needs assessment for the family reunification services.