

THE KEEPING FAMILIES TOGETHER ACT

“What a horrible message to a kid. You already have a mental illness, and then you think, ‘I’m so bad, my parents don’t want me anymore.’”

– Debbie Berndt, Director, Children's Services, Texas Department of Mental Health and Mental Retardation

Each year, thousands of parents are forced to relinquish their custody rights to the state in order to obtain mental health care for their seriously ill children. Services to treat severe mental disorders in children can be extremely expensive and private insurance tends to run out after a few months, leaving even middle class parents unable to afford the cost. Yet affected children often remain ineligible for Medicaid because their parents’ income and assets keep them from qualifying for assistance. With no other way to get treatment for their children, parents are forced to choose between custody or care. The GAO reported in April that, in 2001, parents in 19 states placed 12,700 children in state welfare or juvenile justice agencies in order to obtain mental health services for them. Moreover, that estimate is considered low, because 31 states did not respond to the survey.

The Keeping Families Together Act seeks to keep these children with their families and includes three main components:

1) FAMILY SUPPORT GRANTS TO STATES

Authorizes \$55 million in competitive grants to states that would be payable over six years to create an infrastructure to support and sustain statewide systems of care to serve children who are in custody or at risk of entering custody of the state for the purpose of receiving mental health services. These grants are intended to help states serve these children more effectively and efficiently, while keeping them at home with their families.

The Family Support Grants can be used to::

- Foster interagency cooperation and cross-system financing among the various state agencies with responsibilities for serving children with mental health needs. This will help to eliminate fragmentation of services and will increase the capacity of agencies to share public resources. States already dedicate significant dollars to serving children in state custody, and this will enable them to use those resources more effectively, while still allowing children to remain with their families;
- Provide a comprehensive array of community-based mental health and family support services for eligible children and their families that will be sustainable after the grant has expired;
- Facilitate the design of a state plan through a collaborative process involving state child-serving agencies, parents, providers, and other stakeholders;
- Provide outreach and public education programs to increase awareness about the services that are available to eligible children and their families;
- Carry out administrative functions related to the programs and activities carried out under the grant, including the development and maintenance of data systems.

Requires states to provide matching funds over the six-year period of the program, ultimately equaling not less than \$2 for each \$1 of federal funds provided under the grant. States will also be required to report annually, beginning with the second fiscal year in which a state receives funding under a grant, on the progress and success of the programs and activities carried out by the state under the grant. Not later than three years after the date of enactment, and after the full six years of the grant, a report to Congress is required evaluating the success of states in using the grants to eliminate the problem of custody relinquishment.

2) FEDERAL INTERAGENCY TASK FORCE

Requires the Administrator of the Substance Abuse and Mental Health Services Administration, acting in conjunction with the Director of the Office of Juvenile Justice and Delinquency Prevention, the Administrator of the Administration for Children and Families, the Administrator of the Centers for Medicare & Medicaid Services, and the Assistant Secretary of Education for Special Education, to establish a federal interagency task force to examine mental health issues in the child welfare and juvenile justice systems and the role of their agencies in promoting access by children and youth to needed mental health services. The task force would also be charged with monitoring the family support grants, making recommendations to Congress on how to improve mental health services, and fostering interagency cooperation and removing interagency barriers that contribute to the problem of custody relinquishment.

3) ALLOWS STATES TO USE THE MEDICAID HOME- AND COMMUNITY-BASED WAIVER TO TREAT CHILDREN WITH MENTAL ILLNESS IN LESS RESTRICTIVE SETTINGS

Modernizes a critical Medicaid state waiver program by making children and adolescents in residential treatment facilities, like those in hospitals, eligible for home- or community-based services under Medicaid, providing that the cost is no higher than that of institutional care.