Implementation of Intensive In-Home Therapy for Undocumented Youth and Families:

A Program Proposal

Sara Skinner

University of North Carolina at Chapel Hill, School of Social Work
Introduction

Immigrants generally serve as scapegoats during economic recessions in the United States. Though US businesses enjoy employing cheap labor, federal, state, and local governments are reluctant to offer vocational and educational opportunities as well as access to social services to politically unpopular group of people. Undocumented Latino immigrants, particularly youth, face grave consequences with the denial of mental healthcare services in North Carolina. In this research proposal, I argue that mental healthcare agencies in North Carolina must advocate for service eligibility for undocumented youth. I discuss the impact of healthcare privatization and anti-immigrant policies on undocumented immigrants. I include a review of current mental health concerns among undocumented immigrant youth and identify a series of strengths and needs in this population. The proposal concludes with the identification of a mental healthcare agency that could provide intensive in-home therapy to undocumented Latino youth and families and apply for alternative sources of funding, a list of next steps, and a list of references in support of this proposal.

Undocumented Immigration: North Carolina Context

North Carolina is a hotbed for research on and controversy regarding undocumented immigration. The Pew Hispanic Center estimates that in 2010 there were 325,000 undocumented immigrants living in North Carolina, making North Carolina among the top ten states with the largest undocumented immigrant population (Passel & Cohn, 2011). The influx of Latino immigrants to the United States, and particularly in North Carolina, has caused discontent among lawmakers and some very vocal constituents. National and state policies that target undocumented immigrants serve to legitimize racist, ethnocentrist, and capitalist policies
that take advantage of undocumented immigrants’ labor but deny them access to basic social services.

In 1996, the passage of the Personal Responsibility and Work Opportunity Reconciliation Act and the Illegal Immigration Reform and Immigrant Responsibility Act caused immigrants, regardless of documentation status, to lose access to public benefits (Congress, 2009). Several counties adopted partnerships between local law enforcement and the U.S Immigration and Customs Enforcement (ICE) called 287(g) ICE ACCESS Programs. The partnerships allow local law enforcement to fulfill ICE responsibilities through their everyday work. For instance, law enforcement officers in participating counties may ask a driver stopped for violating the speed limit for proof of legal residency. Many argue that 287(g) partnerships encourage racial profiling and damage law enforcement’s relationship with immigrant communities (Provine & Doty, 2011). Several counties in North Carolina participate in 287(g) programs, though Alamance County was recently suspended from the program after the Department of Justice found that the Alamance County sheriff’s department engaged in racial profiling, targeting Latino drivers (Ball, 2012). North Carolina, along with many other states, denies undocumented students access to higher education by prohibiting them from qualifying for in-state tuition. These discriminatory policies that aim to curb unauthorized immigration work hand in hand with mental healthcare reform in North Carolina and leave immigrant families to fend for themselves.

**Privatization of Mental Healthcare in NC**

In 2001, North Carolina legislators passed a bill that promoted deinstitutionalization and privatization of mental healthcare, substance abuse, and disability services (Rash, 2012).
Proponents of this version of mental health reform suggested that privatization would reduce bureaucratic obstacles by separating services from management, encourage the use of new and creative technologies, and improve the services through the promotion of competition between clinicians (Rash, 2012). The bill led to the replacement of community-based health centers and boards with local management entities (LMEs), which manage referrals, quality assurance, and distribution of funding by county (Swartz & Morrissey, 2003). Again in 2011, legislators made new changes to mental healthcare by pushing LMEs to consolidate into a smaller number of Managed Care Organizations (MCOs) in an effort to save money (Rash, 2012). Both LMEs and MCOs rely solely on Medicaid for funding, which means that most service providers are only able to afford to offer services to Medicaid-eligible populations. Since immigration laws bar undocumented immigrants from enrolling in Medicaid, they are quickly feeling the brunt of healthcare reform in North Carolina. For example, in April of 2012, the LME for Orange County, North Carolina merged with Piedmont Behavioral Health and became part of the MCO. Piedmont Behavioral Health prohibits the authorization of therapeutic services, including enhanced services like intensive in-home therapy, to undocumented clients.

Piedmont Behavioral Heath gave Orange County therapists two weeks to terminate treatment with undocumented clients and their families. In January of 2013, many agencies predict that Durham’s MCO will also terminate all mental health treatment of undocumented immigrant clients.

**Current Mental Health Concerns in the Undocumented Latino Immigrant Population**

Immigrants often experience a unique stressor called acculturative stress, a stressor that stems from the obstacles immigrants and their families face as they adjust to their new culture or
Table 1 Dimensions of Acculturative Stress

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Subdimensions</th>
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<tr>
<td>Instrumental/Environmental</td>
<td>Financial, Language barriers, Lack of access to healthcare, Unsafe neighborhoods, Unemployment, Lack of Education</td>
</tr>
<tr>
<td>Social/Interpersonal</td>
<td>Loss of social networks, Loss of social status, Family conflict, Intergenerational conflicts, Changing gender roles</td>
</tr>
<tr>
<td>Societal</td>
<td>Discrimination/stigma, Legal status, Political/historical forces</td>
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Table 1: Dimensions of Acculturative Stress (Caplan, 2007)

Caplan (2007) suggests that predictors of acculturative stress fall under three categories: instrumental/environmental, social/interpersonal, and societal. These three categories are broken up into subcategories (see Table 1). Immigrants who report that they experience these immigration-related stressors are more likely to experience acculturative stress, and undocumented immigrants are more likely to experience specific stressors associated with their immigration status (Arbona et al., 2010). High levels of acculturative stress serve as risk factors for depression and anxiety (Hovey & Magaña, 2000). Latino youth and young adults who experience high levels of acculturative stress may face dire consequences. For example, in a recent study, emerging Latino adults who reported experiencing forms of social acculturative stress and discrimination also reported a history of past suicide attempts (Gomez, Miranda, & Polanco, 2011). Latino adolescents, particularly Latino adolescent girls, have higher rates of depression than non-Latino youth (Cespedes & Huey, 2008). Mental health providers have an ethical obligation to offer therapeutic services to all clients but especially to such a vulnerable population.

**Intensive In-Home Therapy and the Undocumented Latino Youth Population**

One of the ways agencies in North Carolina have responded to the unique mental health concerns of immigrant Latino clients is through intensive in-home therapy. Intensive in-home
therapy is a type of therapy that supports youth between the ages of 3 to 21 years-old with mental health and behavioral concerns that place them at risk for being removed from the home. Intensive in-home therapy relies on the Bronfenbrenner’s ecological systems view of development, and the therapy requires involvement of the client’s family system, school system, and any other system that makes an impact on the client’s life in an effort to promote positive behaviors (Barth et al., 2007a). Unlike residential treatment programs or outpatient therapy, intensive in-home therapy offers support to the client’s whole family system promote better mental health outcomes for the client (Barth et al. 2007b). In-home therapy promotes the importance of strong family relationships and collectivist values, or *familismo* (Comas-Diaz, 2006), in many Latino families. The in-home model also takes into account the reality that many undocumented Latino families experience poverty and lack access to many community resources. In fact, many undocumented clients avoid or are unable to meet at different agencies due to lack of access to reliable transportation, stigma associated with mental health illness, and lack of knowledge about available services (Xu & Brabeck, 2012). Intensive in-home therapy is an important therapeutic model to provide culturally sensitive care to Latino youth and their families.

**Strengths and Needs of Undocumented Latino Immigrant Youth**

Though undocumented immigrants in North Carolina face tremendous challenges, it is important to discuss the sources of resilience and protective factors within this population in the face of these obstacles. Much has been written about the so-called Latino or immigrant paradox. The Latino or immigrant paradox notes that despite low socioeconomic status and challenges of immigration, foreign-born Latinos in the United States have better health
outcomes in certain categories than nonimmigrant, non-Latino populations (Alegria et al., 2008; Abraido-Lanza, Chao, & Florez, 2005). Foreign-born Latinos are less likely to receive diagnoses of anxiety or depression than U.S. born Latinos or non-Latino Whites (Alegria et al., 2008). Though there is still much research needed to understand the Latino or immigrant paradox, the phenomenon suggests that Latino cultures have protective factors that shield Latino immigrants from many of the expected health outcomes of low income populations. The Latino or immigrant paradox also suggests that acculturation to the US dominant culture serves as a risk factor for worse health outcomes. The strengths of undocumented immigrant Latino communities extend to the school environment as well. In a study of resilience among undocumented Latino students, researchers found that involvement in school activities, caregiver support, and strong peer groups contribute to undocumented students’ academic success (Perez, Espinoza, Ramos, Coronado, & Cortes, 2009).

Though Latino immigrants to the United States are a resilient group of people, it is clear that acculturative stress and other factors impact their health and mental health outcomes over time. As immigrant Latinos and their families become more acclimated to US culture, there is an increase in mental health concerns, especially among youth. The privatization of mental healthcare combined with draconian immigration laws leave undocumented immigrants and their families without access to quality mental healthcare. Though most mental healthcare agencies must comply with MCO eligibility guidelines, mental health agencies must find means to provide mental health services to undocumented immigrants. Mental healthcare agencies must find ways to offer low-cost services to undocumented families.

Looking Beyond Federal Medicaid Dollars
Mental healthcare agencies in Orange County are now in the unenviable position of needing additional funding just to cover the same services for a politically unpopular population. Mental health agency directors, like Tim Brooks and Tom Reid of Carolina Outreach, both recognize the need to find alternative sources of funding to provide intensive in-home therapy services to undocumented youth and families (T. Brooks & T. Reid, personal communication, November 1, 2012). There is precedent for securing funding for health programs that benefit undocumented populations in North Carolina. A decade ago, hospitals in Durham, NC noticed that uninsured people were relying on the emergency room for basic healthcare concerns. In 2002, Duke Division of Community Health received a federal grant from the US Department of Health and Human Services to fund the Local Access to Coordinated Healthcare, née Latino Access to Coordinated Healthcare, in an effort to expand uninsured, mostly recent Latino immigrant populations’ access to comprehensive healthcare. There are likely even more funding options available through nongovernmental foundations interested in promoting the health and well-being of vulnerable populations.

Proposal: Implementing Intensive In-Home Therapy for Undocumented Latino Youth

To honor the basic human right to health care, allow social workers to uphold the NASW Code of Ethics, and promote healthy society, undocumented immigrants, especially youth, need access to mental healthcare. I propose that an agency in Orange County offer intensive in-home services to undocumented Latino youth and their families. To offer this service, the agency must identify alternative sources of funding outside of the current MCO reimbursement structure. The agency must have non-profit status or a sister foundation to apply for grant funding and in-kind donations. Possible grant funding could come from the Blowitz Ridgeway
If an agency accepts this proposal to secure funding for the implementation of intensive in-home services for undocumented Latino youth in Orange County, NC, the agency must establish a path to evaluate the program and disseminate the findings. Vega and Lopez (2001) acknowledge a gap in the literature regarding evidence-based mental health practices with Latino populations, so the agency can contribute to a broader understanding of efficacious treatment for this marginalized group.

**Carolina Outreach, LLC & Carolina Outreach Foundation**

Carolina Outreach, LLC is the ideal agency to carry out this proposal. Carolina Outreach Carolina Outreach is a well-respected mental health agency that offers mental healthcare services, including intensive in-home therapy, to low-income clients in Orange, Durham, Chatham, and Wake counties since 2003. Carolina Outreach has nearly 140 employees, including ten Spanish-speaking intensive in-home therapists in the Latino Services Department. Of these staff members, three staff members and one intern provide intensive in-home therapy in Orange County. Until funding ended for undocumented youth, Carolina Outreach offered intensive in-home therapy to undocumented clients in Orange County. Carolina Outreach’s staff has the experience and skills needed to provide this intervention. Moreover staff and agency directors have expressed strong interest in providing intensive in-home services to undocumented youth and families.

Carolina Outreach has a sister foundation, the Carolina Outreach Foundation. The Carolina Outreach Foundation is a non-profit foundation designed to promote the health and
well-being of individuals and families with mental health concerns by offering opportunities for personal, social, and financial advancement. Carolina Outreach can apply for grants to fund this proposal through the Carolina Outreach Foundation. The Foundation also has the ability to sponsor donation campaigns.

Next Steps

If Carolina Outreach, LLC and Carolina Outreach Foundation accept this proposal, they will need to create a budget that includes direct, indirect, and administrative costs of implementing intensive in-home services for undocumented immigrants. With this information, Carolina Outreach Foundation can research and apply for grants as well as launch a donation campaign. Mental health agencies must act now to provide undocumented Latino youth and families access to important services like intensive in-home therapy.
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Annotated Bibliography


In an effort to better understand the immigrant paradox among Latino, the author defines and divides acculturative stress into three dimensions: instrumental/environmental, social/interpersonal, and societal. The author reviews existing literature on acculturative stress among Latinos. The author notes that though specific types of stress vary depending on ethnic groups, acculturative stress negatively impacts Latino immigrants' physical and mental health. The literature indicates that a majority of immigrants experience forms of discrimination that contribute to their acculturative stress. The author reports that the most commonly reported stressors among Latino immigrants are family estrangement and isolation within their new communities. The author concludes by suggesting that providers make an effort to learn about and identify acculturative stress among immigrants to better serve their patients and clients.


To fill in a perceived gap in the literature regarding mental health concerns among immigrant farmworkers in the Midwest United States, the authors examined the frequency of acculturative stress and mood disorders, including anxiety and depression, among Mexican
immigrant farmworkers in the Midwest. The authors also explored the connections between acculturative stress and anxiety and depression as well as the possible factors that could predict mood disorders in this population. The study indicated that immigrant farmworkers in the Midwest have high rates of anxiety and depression. The authors also noted that those who reported high rates of acculturative stress also reported higher rates of anxiety and depression. Therefore, the authors suggest that increased acculturative stress may serve as a risk factor for anxiety and depression among Mexican immigrant farmworkers in the Midwest. The authors conclude by requesting further study with a larger, more diverse sample size using instruments that have been tested on Mexican farmworker populations.


The authors present specific ways cognitive-behavioral therapy (CBT) can best serve Hispanic clients, particularly those with experience with migration and have low socioeconomic status. The authors build on previous research that states that culturally competent CBT with Hispanic clients should ensure ease of access, treatment that fits with Hispanic culture, and adaptation of traditional treatment options. To improve patient recruitment and retention, CBT providers and clinic staff should offer services in the languages of the clients, have a relationship with the Hispanic community, and offer transportation and childcare to Hispanic clients. To better adapt CBT to Hispanic culture, the authors suggest that CBT providers make ethnocultural assessments of each Hispanic client, be cognizant of Hispanic clients’ preferences for
therapeutic rapport, and modify CBT techniques and behaviors to include traditional cultural means of coping.


The authors use data from 171 Latino teenagers in North Carolina to examine the impact of culturally-based stressors on depression symptoms within a hopelessness model. The participants completed four different measures, including the Moods and Feelings Questionnaire, the NRI-Relationships Qualities Version, Current Economic Stress Scale, and the Adult and Peer Discrimination Measure to assess students’ depression symptoms, parent-child conflict, students’ perceived economic stress, and peer discrimination. The data suggest that even when controlling for less culturally specific stressors such as parent-child conflict or economic hardship, culturally-based stressors indicate increased depression symptoms. The authors note that more research is needed to evaluate the impact of cultural stressors on cognitive risk factors among Latino teenagers.


The author notes that the stress associated with immigration, acculturation, and discrimination creates major mental health and medical concerns for the Latino population in the United States, and may also reinforce deficit-based counseling of Latino clients. The author identifies several empirical cultural strengths of Latino children and adolescents that can be reinforced in
therapeutic practice. He encourages therapists to encourage Latino children and adolescents to view bilingual language ability, bicultural skills, and family devotion as strengths. Cognitive-behavioral therapy offers opportunities for therapists to empower Latino children and adolescents to reframe their dual identities and strong family connections as valuable resources.