

Improving Outcomes for Children and Families



PIP TIPS: Item 23 Mental Health of the Child

Each issue of Program Improvement Plan (PIP) Tips focuses on one aspect of the safety, permanency and well-being of children in Minnesota. This issue examines the mental health needs of children, included in Well-being Outcome 3.

Well-Being Outcome 3:

Children receive adequate services to meet their physical and mental health needs.

Related Performance Items:

Item 22: Physical Health of the Child

Item 23: Mental Health of the Child

The Minnesota Child and Family Service Review evaluates mental health of the child based on the following criteria:

- Completion of children's mental health (CMH) screenings
- Assessment of children's mental health needs
- Provision of appropriate services to meet the mental health needs of children.

Children who come to the attention of the child welfare system, having experienced abuse or neglect, are at high risk for mental health problems. For children placed in foster care, the trauma of separation from their families, and for some, experiencing multiple moves within the foster care system, can compound their mental health problems (Best Practice Next Practice, 2003).

Findings from federal Child and Family Service Reviews indicate significant associations between achieving permanency and stability in living situations and having mental health needs assessed and addressed in an adequate manner. Nationally, a common challenge to performance is a general lack of mental health services. (Administration of Children and Families, 2004).

Minnesota Child and Family Service Reviews rated mental health of the child a Strength in 81 percent of the cases reviewed in 2003 and 2004. In order of performance, mental health of the child ranked 17 out of 24 performance items.

**The Minnesota Department of Human Services and County Social Service Agencies:
Working Together to Improve Outcomes for Children and Families**



Putting Good Practice into Practice

One Minnesota county expanded use of therapeutic support of foster care as a strategy to improve their performance on placement stability. A mental health therapist provides at least one face-to-face contact with the foster family at the time of placement to assess the need for services. The therapist's recommendations are provided to the caseworker and included in the child's case plan for ongoing support. Therapists, child protection workers, and foster care social workers collaborate to provide support to foster parents. They also facilitate access to individual and family therapy on behalf of the child. This innovative approach is enhanced by co-location of child welfare and mental health services.

Children's Mental Health Screenings

Mental health screening is the first step in identifying children who have, or are at risk of, developing mental, emotional, or behavioral problems. The primary purpose of a mental health screening is to detect mental health problems early and identify children who may need further mental health evaluation.

Children enter the child welfare system for many reasons unrelated to their own mental health. The requirement for completing mental health screenings for targeted populations of children is critical to moving beyond the initial reason for agency involvement and identifying underlying mental health needs that might otherwise be overlooked.

Children identified at risk of needing immediate attention, intervention or more thorough assessment through the screening process should be referred for a mental health assessment.

Assessing Mental Health Needs

A comprehensive mental health assessment addresses a child's mental, emotional and developmental strengths and needs. It focuses on the child, the family and the environment in which they live. The primary purpose of the mental health assessment is to define and diagnose mental health problems, and develop a treatment plan for delivering services and supports to meet child and family needs (McCarthy, 2004).

Having adequate and accurate information about a child's mental health status enables meaningful participation of children, parents, foster parents and agencies in case planning, and helps to establish appropriate goals and necessary services.

Providing Mental Health Services

The mental health needs of children are best met through individualized services and an interdisciplinary approach, coordinated across agencies and individuals, such as: county social services, families, natural helping networks, schools, mental health providers and foster parents. Linking children and families to a broad, community-based support network helps build connections that can be maintained after the child welfare case is closed, when permanency is achieved, or during transition into adulthood.

In some cases, dual case management by child welfare and children's mental health social workers is necessary to meet the multiple and interrelated needs of children and their families. In these instances, case management roles, including needs assessment, case planning, contacts with children and parents, referrals and monitoring services need to be clearly defined and carefully integrated.

Access to a service array that includes providers who are skilled in treating the special issues presented by children and youth who have experienced trauma associated with abuse, neglect, sexual abuse, out-of-home placement, parental substance abuse and/or domestic violence is essential to meeting mental health needs of children. Services must also be designed and delivered with respect for the unique cultural and ethnic influences of each child's family and community (McCarthy, 2004 and SAMHSA, 2006).

Minnesota Requirements

Requirements to conduct mental health screenings for targeted child welfare and juvenile justice populations became effective in July 2004. These recent requirements resulted from the work of the Children's Mental Health Task Force, convened in response to growing concerns about the children's mental health system. Integrating mental health screening into current child welfare practice was considered a key recommendation for strengthening Minnesota's children's mental health system of care (DHS *Bulletin*, 2004).

The following Minnesota Statutes comprise state requirements for children's mental health screenings, assessments and services:

- Minnesota Statutes 245.4874 (14): Outlines the requirements for completing mental health screenings for high-risk populations of children in the child welfare system.
- Minnesota Statutes 260B.157, subd. 1; M.S. 260B.176, subd. 2; M.S. 260B.178, subd. 1; M.S. 260B.193, subd. 2; and 260B.235, subd. 6: Outline the requirements for completing mental health screenings for high-risk populations of children in the juvenile justice system.

- Minnesota Statutes 245.487 to 245.4888: Minnesota Comprehensive Children's Mental Health Act.

Improving Performance

County agencies can improve performance on meeting mental health needs of children by addressing key systemic issues, focusing supervision on critical areas of practice, and implementing quality assurance practices, including use of data. Strategies for improving performance on meeting mental health needs of children include the following:

- Define clear expectations for timely completion of children's mental health screenings.
- Ensure training for caseworkers on the use of approved screening instruments and on the unique mental health needs of children in the child welfare system.
- Include parents/caregivers in planning for delivery of mental health services to children.
- Recruit, train and support foster and kinship providers to care for children with complex behavioral and emotional needs.
- Review agency guidelines and practices related to providing dual case management.
- Foster working relationships and collaborate with education, mental health and other community service providers and partners to deliver a continuum of mental health and support services.
- Assess the community's service array to determine availability and adequacy of culturally competent services.
- Conduct case consultation and case reviews that target screening, assessment and delivery of appropriate children's mental health services.

- Use relevant SSIS reports to establish baseline performance measures and monitor for improvements.

Resources and Technical Assistance

- Administration of Children and Families, (2004). *General Findings from the Federal Child and Family Service Reviews*. Available at: <http://www.acf.dhss.gov/programs/cb/cwrp/index.htm>
- *Best Practice Next Practice: Mental Health Issues in the Child Welfare System*. National Child Welfare Resource Center for Family-Centered Practice. Summer 2003. Available at: <http://www.cwresource.org?Online%20publications/mentalHealth.pdf>
- Case Review and Consultation Guide available on DHS Supervisor's Web site: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_000308.hcsp
- DHS Bulletin #04-68-05, *DHS Implements Child Welfare and Juvenile Justice Mental Health Screening*. April 2003. Available at: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/DHS_id_017312.hcsp
- McCarthy, Jan, et.al. *An Analysis of Mental Health Issues in States' Child and Family Service Reviews and Program Improvement Plans*. National Technical Assistance Center for Children's Mental Health, Georgetown University. April 2004.
- Minnesota Children's Mental Health Task Force. *Blueprints for a Children's Mental Health System of Care*. Final Report, August 2002. Available at: <http://edocs.dhs.state.mn.us/lfsrver/legacy/ms-2177-eng>

- Minnesota Child Welfare Training System. Course descriptions and schedules available at: http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_000158.hcsp
- SAMSHA's National Mental Health Information Center. *Cultural Competence in Serving Children and Adolescents with Mental Health Problems*. Retrieved January 2, 2006 at: <http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0015/default.asp>
- SSIS reports:
 - CMH Screening Detail Report
 - CMH Screening Exception Report
 - CMH Screening Total – By Status

Quality Assurance Regional Contacts

Anne Broskoff, Lower SE Region,
anne.broskoff@state.mn.us
 (507) 389-6898

Chris Harder-Mehl, SW Region,
christine.harder-mehl@state.mn.us
 (651) 215-9506

Steve Johnson, NE Region,
steve.h.johnson@state.mn.us
 (763) 497-0156

Lori Munsterman, NW Region,
lori.munsterman@state.mn.us
 (320) 634-0048

Larry Wojciak, Upper SE Region,
larry.wojciak@state.mn.us
 (507) 359-4666