

Title of Presentation: Screening, Assessing and Treating the Mental Health Issues of Children Within the Child Welfare System

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In response to findings indicating that up to 80% of children in foster care require mental health and addiction treatment, the State of Indiana, through the collaboration of child welfare, Medicaid and mental health agencies, instituted a systematic mental health needs screening and assessment for all children placed in substitute care or adjudicated Children in Need of Services by local child welfare offices. Although initiated in 2002, prior to the publication of Achieving the Promise (2003), the initiative fits Goal 4, Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice. This cross-system process was developed to identify children with mental health needs who are served by the child welfare system, resulting in better care to children in need of behavioral services and, therefore, reducing the number of failed foster care placements. It is hypothesized that untreated mental health needs are a significant antecedent to the lack of permanency and stability in the lives of children placed into a foster care setting.

This presentation will describe Indiana's Early Identification and Intervention Initiative to screen, assess, and treat the mental health and addiction needs of children in the child welfare system. The need for such a system and the processes that were necessary to implement this initiative will be discussed. More specifically, the presentation will focus

on the collaborative effort, stakeholder buy-in, standardization, and training required to achieve success in developing and implementing this initiative.

In addition to discussing development and implementation, the results of this transformational effort will also be discussed. The evaluation component of the screening and assessment project provides valuable information regarding not only the progress of the initiative, but also analysis of outcomes as a result of the screening and assessment for the children involved. Using linked data from three state databases (child welfare, mental health, and Medicaid), this presentation will share findings based on pre and post-implementation data. Challenges and strategies in developing the evaluation for the project will be discussed.

Analysis of the mental health service utilization patterns for children in the child welfare system in SFY2004, when no routine screening process existed, provides a benchmark against which to compare the impact of the screening, assessment, and treatment initiative. Findings from the benchmark analysis indicate that 38.5% of children in the child welfare system received mental health services through the public mental health or Medicaid systems. Receiving mental health services was significantly associated with permanency.

To ensure better quality of data, data from the first year's implementation is being analyzed six months after a quarter ends. Analysis provides an x-ray of the implementation patterns for the initiative. Routine feedback to local child welfare offices and stakeholders uses the findings as part of a quality improvement process. Data continues to be collected and matched between the three databases. Key evaluation questions include:

- Does the screening procedure increase the number of children identified as having a mental health or addiction need?
- Do the children identified as being in need receive critical and appropriate services?
- Does improving children's access to mental health services improve child welfare outcomes (reduce recidivism, improve permanency)?
- What is the cost of providing care to children identified as being in need?
- Findings from early implementation and trends will be discussed.