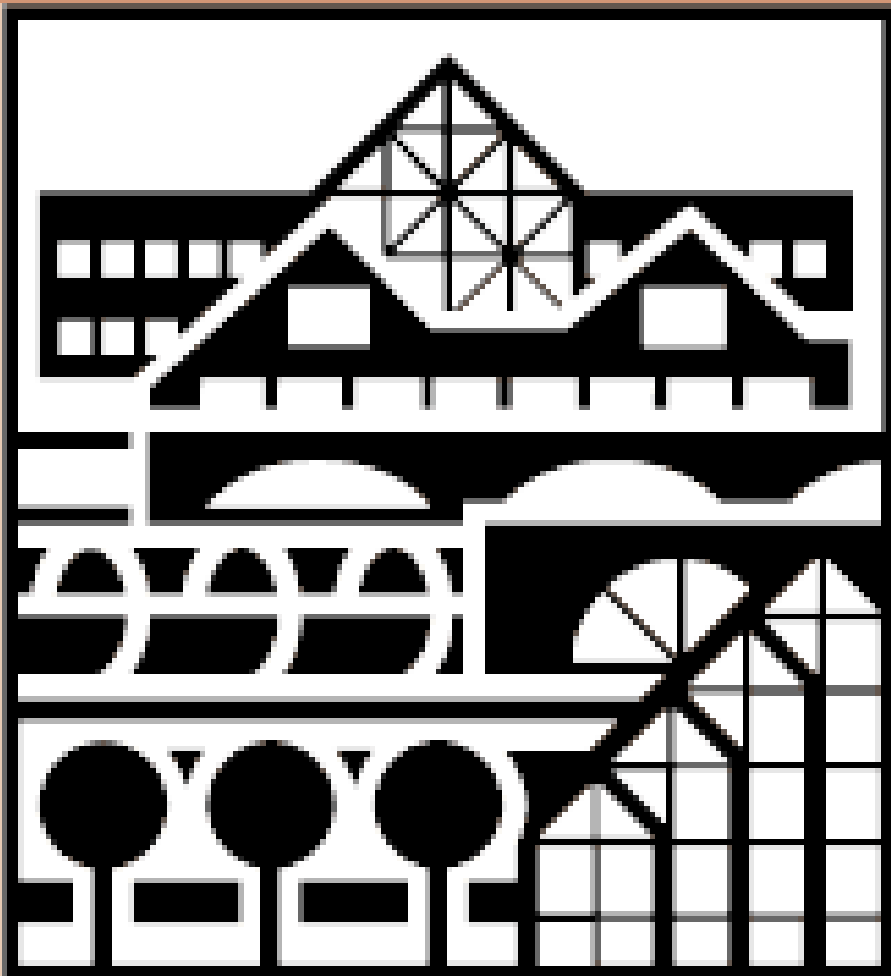


Screening, Assessing and Treating the Mental Health Issues of Children within the Child Welfare System

**16th Annual Conference on State Mental Health
Agency Services
Research, Program Evaluation and Policy
NASMHPD Research Institute
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Baltimore, Maryland**



IUPUI

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Workshop Objectives

- **Describe Indiana's Early Identification and Intervention Initiative**
- **Implementation Strategies**
- **Evaluation Design and Results**
- **How the Cross-system Initiative is Related to the Transformation of Indiana's Behavioral Health System**

Transformation Goals

(President's New Freedom Commission on Mental Health, 2003)

- 1. Americans understand that mental health is essential to overall health.**
- 2. Mental health care is consumer and family driven.**
- 3. Disparities in mental health care are eliminated.**
- 4. Early mental health screening, assessment, and referral to services are common practice.**
- 5. Excellent mental health care is delivered and research is accelerated.**
- 6. Technology is used to access mental health care and information.**



MH of Children in Child Welfare

- **Children in the child welfare system are at higher risk for mental health and addiction issues.**
- **More than 80% of children in foster care have developmental, emotional, or behavioral problems.**
- **Mental health services are repeatedly identified as their number one health care need.**
- **According to the U.S. Department of Health and Human Services, 75%-80% of the children who need mental health services do not receive them (CWLA, 2004).**

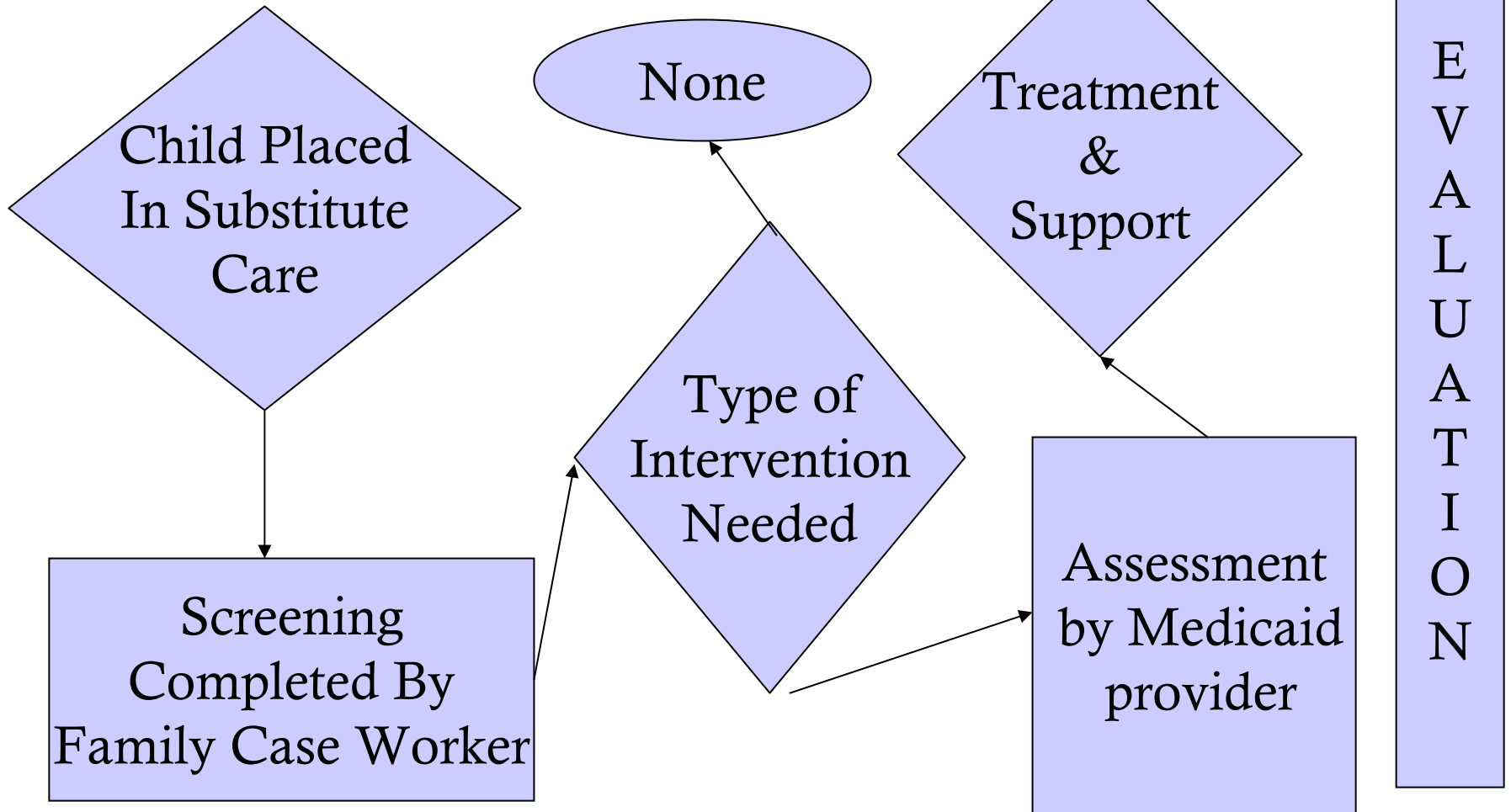


Description of the Initiative



- **Model Initiative to Demonstrate Effectiveness of Cross System Collaboration**
- **Child and Family Services Review – Program Improvement Plan (PIP)**
- **Indiana’s Early Identification and Intervention Initiative (President’s New Freedom Commission on Mental Health, 2003)**
- **Foundation for Transformation of Indiana’s Behavioral Health System for Children and Families**

Child Welfare Screening/Assessment Process



Difference in Screening & Assessment

SCREENING

“Most definitions of screening for mental health and substance use problems (describe a relatively brief process designed to identify youth that are at increased risk of having disorders that warrant immediate attention, intervention, or more comprehensive review” (Grisso & Underwood, p. 6, 2004).

ASSESSMENT

- **More comprehensive, individualized examination**
- **More lengthy and labor intensive process (i.e., multiple interviews, record reviews, collateral contacts, and, sometimes, psychological testing)**
- **Usually administered by trained mental health professional**
- **Purposes: to evaluate the type and extent of mental health or addiction disorders and make treatment recommendations, level of care determination, outcome measure**
- **Who: subset of youth identified through the screening process as requiring follow-up**

Child Welfare Screening INSTRUMENTS

SCREENING TOOL

TO BE USED BY DCS STAFF now on ICWIS:

- **Mental Health Screening Tool (MHST)**
 - **5 years to adult**

- **Mental Health Screening Tool (MHST)**
 - **0-5**

[\(<http://www.cimh.org>\)](http://www.cimh.org)

(On website, look for Foster Care)

Collaborative Development, Implementation, & Monitoring Processes



Cross System Team (CST)

- **Model Cross System Planning & Provision of Services to Improve Access, Maximize Resources, & Improve Outcomes for Children & Families**
- **Began with Child Welfare Early Mental Health & Addiction Identification & Intervention Initiative**

PARTNERS

- ❖ Governor's Office
- ❖ IN Federation of Families
- ❖ State Budget Agency
- ❖ Family and Social Service Administration
 - Division of Mental Health and Addiction
 - Office of Medicaid Policy and Planning
- ❖ Department of Child Services
- ❖ Department of Education, Division of Exceptional Learners
- ❖ Department of Correction
- ❖ Juvenile Judges Quality Improvement Committee
- ❖ Indiana Center for Mental Health Policy
- ❖ Indiana Consortium for Mental Health Services Research
- ❖ Indiana University School of Social Work
- ❖ State Department of Health
- ❖ First Steps, IDEA, Part C



Crafting Logic Models

(Hernandez & Hodges, 2003)

- **Theory of Change – beliefs that funding agencies, planners, & implementers have about**
 - what children & families need**
 - what strategies will enable them to meet those needs**
- **Effective strategy to manage complexity & change & establish accountability: stakeholders have clear link between ideas and strategies**

Theory of Change Development Stages

(Hodges & Hernandez, 2003)

Pre-Planning

1. Form Workgroup
2. Articulate Mission
3. Identify Goals & Guiding Principles

Theory of Change Development

4. Population of Concern
5. Map Resources
6. Assess System Flow
7. Identify Outcomes & Measurement Parameters
8. Define Strategies
9. Create & Fine-tune Framework

Implementation

10. Elicit Feedback
11. Use Framework to Inform Planning, Evaluation, & Technical Assistance Efforts
12. Use Framework to Track Progress & Revise Theory of Change

Indiana's CST Endorsed Shared Values & Principles

(Stroul & Friedman, 1986)

**Across
All
Systems
Serving
Children &
Families**

- **Child Centered**
- **Family Focused**
- **Strength Based**
- **Least Restrictive**
- **Monitor Outcomes**
- **Early Identification & Intervention**
- **Coordinated**
- **Individualized Based on Needs**
- **Open Access**
- **Health and Safety**

Screening and Assessment: Next Steps

(Logic Model) (Espiritu, 2003)

Target Audience

Children with behavioral health needs and their families (~20% of youth)

Context/Problem

Fragmented system; state & local cross-system initiatives; funding issues

Values & Principles

Child Centered
Family Focused
Strength Based
Individualized
Early Identification
Outcomes Monitored
Safety & Health Community - Based
Coordinated

Resource Partners

DOE, DCS, FSSA/DMHA & OMPP, DD, DOC, JJ, Families & Youth, legislature, advocates, providers, TA Center

Mission: Early identification of children at risk of behavioral health issues (screening of high risk youth and standardized assessment)

Priority Areas/ Objectives

Implement CANS in DMHA service system

Implement CANS for child welfare assessments

Implement CANS (decision support) for continuum of behavioral health services

Explore implications and possible support of system transformation (eligibility, outcomes, quality improvement (evidence based practice), integrated funding)

Strategies/ Activities

Finalize IN's version of CANS Algorithms

Replace LOC for Medicaid Waiver (SED)

Training & Certification of Raters

Data Collection System

Contract language

Funding Implications

Audit Plan

Evaluation/Quality

Improvement Plan

Develop State Medicaid Plan Amendment for Intensive Community Services

Expand use of CANS to other systems and providers (Medicaid, child welfare),

Work of Children's Social, Emotional and Behavioral Health Plan Committee

Outcomes

Children will receive appropriate level of services based on needs & strengths.

Resources will be allocated based on appropriate level of care.

Outcome data will be used for quality improvement.

Communication will be clear between families, providers, and service systems.

Children will be served effectively and safely in least restrictive environments.

Evaluation

Quality Assurance/Evaluation

- **Review sample of children during local child welfare quality assurance reviews regarding timely screening for mental health and addiction issues & referral for assessment and treatment**
- **Data is reported monthly to local county offices regarding number of children eligible for screening and the number who were screened**
- **Quarterly Stakeholders' Meetings to share IU Evaluation, data from last quarter's screening, and discuss related issues.**

CHILD WELFARE MENTAL HEALTH SCREENING INITIATIVE

Evaluation Progress Report

Eric R. Wright

Anthony H. Lawson

Center for Urban Policy and the Environment



EVALUATION OVERVIEW :

● Pre-Post Comparison of Mental Health Referrals and Treatment

● De-identified Data

- Division of Mental Health and Addiction
- Department of Child Services
- Office of Medicaid Policy and Planning

EVALUATION OVERVIEW :

RESEARCH PERIODS

● Benchmark Period/Pre-screening Period

- July 1, 2003 through June 30, 2004

● Pilot Period

- July 1, 2004 through December 31, 2004

● Full Implementation Period

- January 1, 2005 through March 31, 2005

CLIENT FLOW

	Number of DCS Referrals	Number (%) of Children with a Previous CHINS	Number (%) of Children with a Previous Removal
Benchmark Period	1742	296 (17.0%)	243 (13.9%)
Pilot Period	1292	239 (18.5%)	172 (13.3%)
Full Implementation Period	829	179 (21.6%)	161 (19.4%)

CLIENT FLOW ANALYSIS

	Total Number of CHINS/Removals	Number (%) of Children Screened for Mental Health/Addiction Needs	Number (%) of Children with an Identified Risk	Number (%) of Children receiving assessment	Number (%) of Children receiving Mental Health/Addiction treatment ¹
Benchmark Period (July 1, 2003-June 30, 2004)	1742	N/A	N/A	215 (12.3%)	395 (22.7%)
Pilot Period (July 1, 2004-December 31, 2004)	1292	436 (33.7%)	167 (38.3%)	106 (8.2%)	248 (19.2%)
Full Implementation Period (January 1, 2005-March 31, 2005)	829	622 (75.0%)	249 (40.0%)	111 (13.4%)	190 ² (22.9%)

¹ Only includes children who received services within 90 days of their current CHINS or removal and had never received services prior as indicated in data provided by DMHA and OMPP.

² Children included in the full implementation period may not have had an opportunity to receive services within the 90 day time frame. As a result, there is a bias for children whose DCS contact occurred early in the quarter.

MENTAL HEALTH TREATMENT

	Number (%) of children receiving MH services within 3 months of contact ¹	Number (%) of children receiving services within 6 months of contact ¹	Number (%) of children receiving services within 12 or more months of contact ¹	Average Cost of Services per DCS Child per Quarter Compared to all Children
Benchmark Period	655 (37.6%)	812 (46.9%)	1027 (59.0%)	\$1008 (\$551)
Pilot Period	390 (30.2%)	463 (35.8%)		\$1725 (\$1039)
Full Implementation Period	358 (43.2%)			\$995 (\$873)

¹ Numbers and percentages include children who had received services prior to their current CHINS or removal.

² Based upon cost data provided by OMPP

RECIDIVISM

	Benchmark	Pilot	Full Implementation
Age	↑	↑	↑
Race	NS	↓	NS
Female	NS	NS	NS
Receiving OMPP Services	↓	NS	↓
Receiving DMHA Services	NS	↓	NS
Risk Identified		NS	↑

PLACEMENT STABILITY

	Benchmark	Pilot	Full Implementation
Age	↓	↓	↓
Race	NS	NS	NS
Female	NS	NS	NS
Receiving OMPP Services	↑	↑	↑
Receiving DMHA Services	NS	↑	NS
Risk Identified		↑	NS

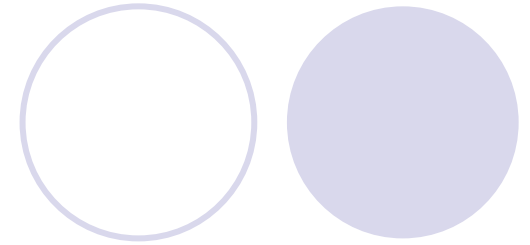
Stakeholders' Meetings

(hosted by Cross System Team)

DCS Screening Results
July – September 2005

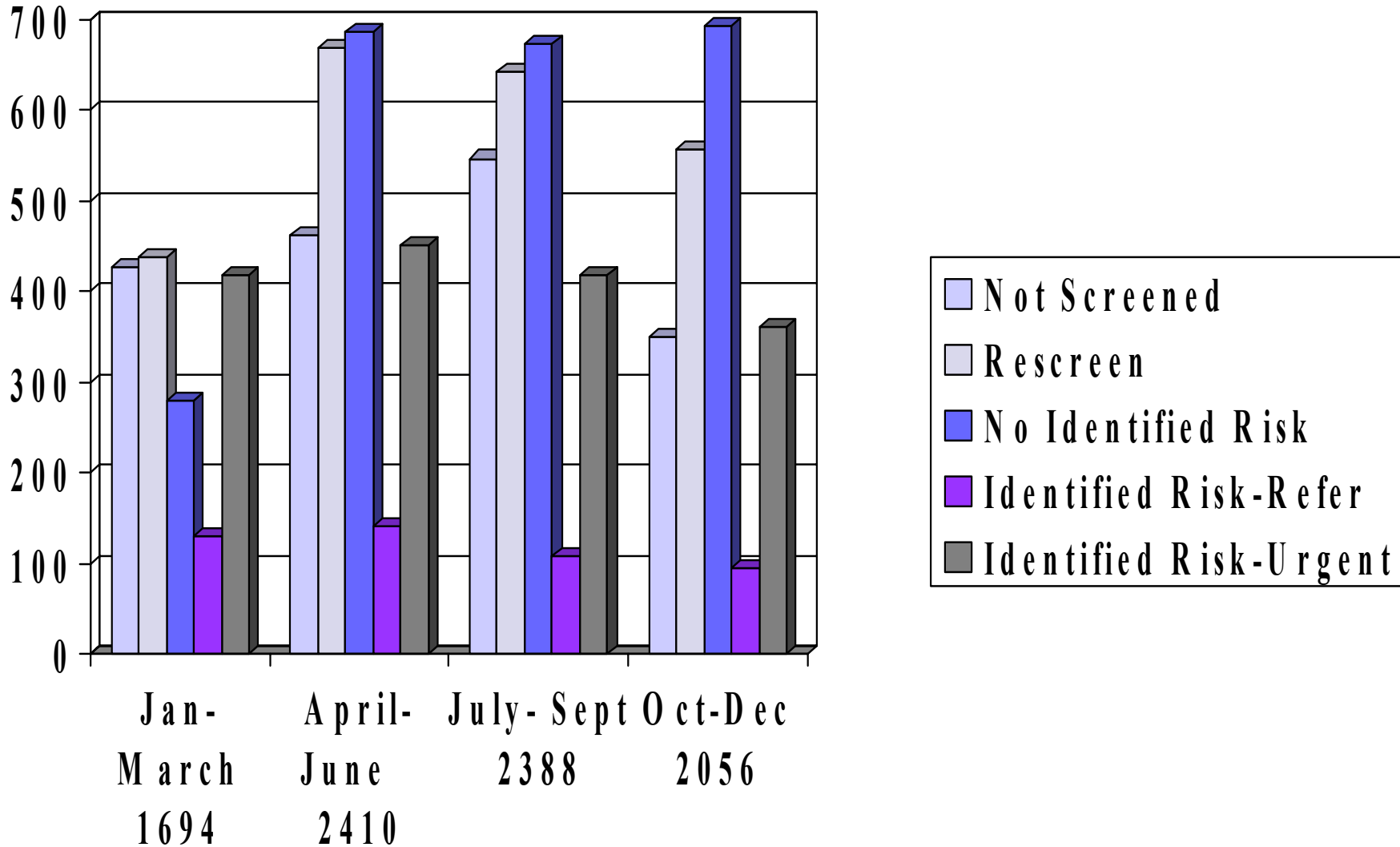
	# of Children	%
Not Screened	547	23
Rescreen*	643	27
No Identified MH Risk	673	28
MH Risk - Refer	107	4
MH Risk- Urgent	418	18
Total	2388	
*Insufficient information		

DCS Screening Results October - December 2005



	# of Children	%
Not Screened	349	16.9
Rescreen*	557	27
No Identified MH Risk	693	33.7
MH Risk - Refer	95	4.6
MH Risk- Urgent	362	17.6
Total	2056	
*Insufficient information		

DCS Screening Results - 2005



CONCLUSIONS

- Early indications suggest that the screening initiative is getting more children into behavioral health treatment sooner.
- The costs of providing these services is about the same in the pre- and post - implementation periods.

How Does the Initiative Relate to Transformation?

- **Information used to improve practice:**
 - ** **Share Data with Stakeholders & Providers**
 - ** **Early Childhood Mental Health**
 - ** **Evidence Based Assessment and Outcome Management**
 - ** **Persistently modeling cross-system collaboration**

Project Coordinator



- **Monitors Current Data (targets outliers)**
- **Day-to-day coordination between state level child welfare and mental health agencies**
- **Contact with DCS Regional & County Directors**
- **Local on-site training/coaching/mentoring of case managers/ supervisor**
- **Next Focus: Ensuring children with identified needs are routinely referred for assessment and are receiving needed services and support**

Use data to improve practice

Example: Early Childhood Mental Health

- **Workforce Development Issues:**

- * **Myth within DCS: Infants and toddlers do not have behavioral health problems**

- * **Few mental health clinicians with specialized training**

- * **Foster parents had been advised not to get too attached**



- **Response: Training and Consultation by IN's Infant and Toddler MHA for providers, child welfare staff (curriculum development), and foster parents**

- **Funding: Indiana Juvenile Justice Institute using federal juvenile justice funds**

Assessment Committee



- **Competitive membership selection**
- **Chose 30 individuals from pool of 50+ (September 2004)**
- **Assured representation across systems, families, youth, providers, and academic community**
- **Established purpose and mission (October 2004 –July 2005)**
- **Determined criteria for evaluation of assessment tools/processes**
- **Identified possible tools to use**
- **Subcommittees assigned to do in-depth evaluation and presentation of each tool and related issues**
- **Technical Assistance funded by NASMHPD**
- **Recognition by committee that final recommendation should fit the transformation of Indiana's child service systems**
- **Reviewed possibilities and finalized recommendation**



Recommendation

Child and Adolescent Needs and Strengths (CANS): Comprehensive Version (Lyons, 2004)

Came closest to meeting criteria of:

- **Useful to child and family**
- **Inform care plan**
- **Decision Support**
- **Outcomes**
- **Communication**
- **Risk Adjusted Funding**

Recommend using CANS across IN's child service systems ...mental health & substance use, child welfare, juvenile justice, early childhood, & Medicaid (education)

Recommendation is part of Indiana's Children's Social, Emotional, Behavioral Health Plan

“Incremental Process”

“Incrementalism”

“Muddling Through”

(Lindblom, 1959)



Challenges



- **Traditional System Silos**
- **Separate systems & separate databases**
- **Databases created for other purposes**
- **Anxiety regarding change**
- **Establishing new relationships**
- **Confidentiality Issues**
- **Bureaucracy**
- **Surviving political changes**

Transformation: What does it take?

- Evaluate individual, system readiness for change and use theory to inform strategies of change agent
- Informal Relationships (Build and Maintain Cross System Relationships)
- Common Ground
- Engage key partners and stakeholders' in process
- Formal Relationships (MOUs)
- Persuasion
- Move transformation into formal policy for sustainability
- Do your homework so that you are ready when opportunities arise
- Look for Opportunities (Catalysts)
- Evaluate initiative and use data to refine policy and to improve practice

Discussion



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