

TRANSFORM RESEARCH CENTER COMMUNITY OF PRACTICE EVENT
Child-Centered System Change:
Improving Mental Health for Kids in the Child Welfare System
Tuesday, March 9, 2021

BREAKOUT ROOM NOTES SUMMARY

What is your lived experience with the child welfare system and/or how does your organization address children's mental health? If you are part of an organization what are they currently doing to address mental health for kids involved with the child welfare system?

- Participants in the CoP were from multiple sectors including child welfare services, court systems, education, research, and healthcare.
- Many participants work directly with youth populations who have a wide spectrum of diagnoses and needs.

What do organizations need to better support the children in the child welfare system and address their unmet mental health needs?

- Workforce:**
 - We need more staff in the community (including interns/trainees and new professionals) for a variety of programs and services.
 - We need a pipeline for more diverse young people to get involved in the mental healthcare workforce. Providers are needed who share the same culture or heritage as the children and families they work with.
 - We need to enhance the capacity of the mental health workforce to be able to offer integrated mental healthcare.
- Services:**
 - We need more parent programs, along with services for their children.
 - We need to ensure continuity of care by providing access to the same providers. There are concerns over loss of services when there is a change of foster placement or return home.
 - We need services to be preventative and not reactive in nature.
 - We need to intervene early (including in infancy and toddlerhood) and support families before they reach crises, including understanding their needs at a very basic level.
 - We need services that involve the individuals and adults in the childrens' lives who know the children best.
 - Peer-support services are a growing field. We need for young people to see this as a possible career path.
 - We need tangible interventions to keep teens stabilized at home or in foster care

- We need to be able to identify and provide access to services for specific populations or challenges (for example, youth with problematic sexual behavior).
- We need to be able to match the need with the right service or specific intervention.
- We need better “hand-offs” between short-term and longer-term services that make families and children feel supported.
- We need more mental health services for individuals with developmental disabilities transitioning into older ages.
- We need more services for children with mental health needs in the juvenile justice system.
- We need mental health services to be integrated into schools, primary care, and community settings.
- **Access:**
 - We need to improve access to services and information in the community beyond the large healthcare system. There is a need to look for services in places other than the largest community healthcare systems. Smaller providers or providers in other healthcare systems do have openings daily.
 - We need to address service provider burnout.
 - We need a more streamlined and efficient case management system. The system is often very confusing to both families and providers.
 - Community members need services that are easily accessible, accounting for things such as physical location and cost. Incorporating services into existing systems like schools could have potential to increase accessibility.
- **Education:**
 - We need better education for families on how to navigate the mental healthcare system. For instance, individuals don’t always know they can use different providers and/or change providers. Additionally, many community providers have walk-in appointments that community members are not aware of.
 - We need to learn how to better inform the public on what services are available to them. Participants noted that Monroe County is a service-rich county, but doesn’t do as well with making connections between services.
 - We need to provide education to people and organizations outside of the mental health field about mental and behavioral health. Education also needs to be provided to families as well as to service providers.
 - We need to continue to translate the science and get this information out to mental health and other service providers and sectors.
 - We need to continue to understand and integrate trauma-informed care into all of our services and systems. Training is needed to increase knowledge on trauma-informed care.
- **Diversity and Equity:** Equitable systems, programs and services
 - We need culturally responsive approaches across all services and systems.
 - We need representation, not only cultural competency, but representation in the mental health workforce.
 - We need people with lived experience in the child welfare at the table to make decisions.
- **Other:**

- We need stronger trusting and caring relationships with care managers.
- We need to work together collaboratively across health systems. This includes having shared language between different systems (for example, some differentiate behavioral and mental health while others do not).
- We need to address the stigma of mental health in our community.
- We need to pull grassroots efforts together in a cohesive way that helps families but still remains informal. There are a lot of grassroots efforts currently with neighbors helping neighbors out (ex. on Facebook, other pop-up ideas).
- We need to teach kids the skills they actually need to survive, understand what is really happening and the reality with the children. Get rid of “shouldn’t” when thinking about what may be needed to teach kids and families. Teach what is necessary.
- We need to stop repeated assessments in lieu of offering actual services and supports.
- **Policy:**
 - We need regulations that allow for flexibility in type of service providers.
 - We need more focus on permanency and how to reduce out of home placement.

What is one action step that this group can take together to solve an issue or barrier regarding children’s mental health in the child welfare system?

- We need to work together to connect families to programs and services throughout the community.
- We need to connect families to navigation services such as SPOA (Single Point of Access) referrals.
- We need to work together across the community and be flexible with these collaborations.
- We need increased funding to promote prevention.
- We need service providers to engage with the community as partners.
- We need to create solutions that multiple payers can access. We need to think about payment structures differently.
- We need to design a new integrated system: need to think outside the box.
- We need to build trust with different populations that are being served.
- We need increased training and knowledge transfer through mentorship. An example of this type model is ECHO (Extension for Community Health Outcomes, <https://hsc.unm.edu/echo/>).
- We need to establish a list of providers and support appropriate matches.
- We need to connect with parents and children in a variety of places. For example, using the faith community and other spaces where individuals feel safe and trusted.
- We need to spread information about mental health and behavioral services that do have openings (ex. Rochester Regional Health).
- We need to make sure every organization’s information on 211 is accurate.
- We need to combine shared resources.
- We need to continue raising awareness about trauma and its significant impacts on youth, along with awareness about intergenerational trauma.
- We need to build capacity for evidence-based models.

- We need to advocate for support for parent programs, including support via funding sources for services that are not reimbursable.
- We need to utilize telehealth to reach families traditionally unable to be served due to lack of transportation/child care, etc.