

Effective Collaboration with Child Welfare: Building Partnerships on Behalf of Youth with Identified Mental Health Needs

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Specific Learning Objectives:

- Participants will become familiar with the Mental Health Services Program for Youth (MHSPY) model, including the role of shared governance in supporting collaboration
- Participants will learn mechanisms to enhance partnership via supervisory linkages, shared risks and shared goals
- Using three family’s stories, participants will gain skills in strategies for weaving together a safety net among team members that can help maintain SED youth in the community

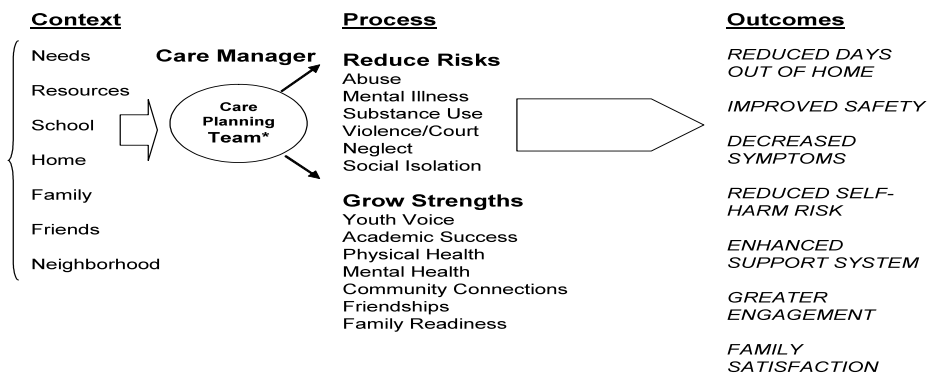
Description of Session Content and Learning Strategies:

Introduction: The Mental Health Services Program for Youth (MHSPY) program is an interagency collaboration designed to provide intensively integrated care coordination for children and youth with identified behavioral health needs in partnership with families, providers, and state agency stakeholders. The MHSPY target population consists of Medicaid youth between the ages of three and nineteen living in the Boston area who have: demonstrated serious symptoms of functional impairment of at least six months; are eligible for services from at least one other child serving state agency (including Child Welfare); are in placement or are at risk of out-of-home placement; and have a caregiver who is willing to participate in the care planning process.

Methods: The MHSPY model is based on the added value of shared purpose and “continuity of intent”. Stakeholder, family and youth strengths are assessed and organized as resources to help meet the needs of the individual youth, enhance the development of resilience, improve outcomes and facilitate the emergence of hope (see Figure 1).

Figure 1.

MHSPY Clinical Intervention: Logic Model



* Care Planning Team (CPT) is made up of the family, the Care Manager, and important professionals or non-professionals involved with the child. All formal treatment and informal support services are authorized via the CPT. Standard therapies are provided within the larger context of home and community based services. Care is individualized, family driven and intensively coordinated.

This presentation will provide practical information on how to develop and maintain partnerships with Child Welfare at multiple levels throughout each stage of family engagement within an organized system of care. The workshop will focus on demonstrating the benefits of maintaining a parallel process at the direct care and supervisory levels that serve to foster partnerships with Child Welfare and improve outcomes for youth and families. The four-phase MHSPY engagement process: *Pre-Enrollment, Initiation, Engagement and Resolution*, will be described to illustrate opportunities to develop and maintain creative partnerships with Child Welfare specific to each phase of care and level of participation. Specific skills associated with enhancing family-driven communication, open listening and task-based group facilitation will be taught as a means for accomplishing these objectives. Participants will acquire specific tools to facilitate partnerships with child welfare at multiple levels and at each phase of care delivery within a system of care.

Results: More than half of the MHSPY enrollees are referred by DSS and 74 % have current or prior DSS involvement. 81% have more than one diagnosis, with 43 % having Post-Traumatic Stress Disorder, often based on family violence. Overall, MHSPY enrollees have a program retention rate of 97%, with an average 27% improvement in functioning as measured by the CAFAS. Foster care is decreased by 77 %, hospitalizations drop by 64%, and residential placements are reduced by 17%.

Conclusions: Complex youth frequently have involvement with child welfare, as a result of their own or their families' needs, which requires clinicians within systems-of-care to become fluent in understanding child welfare mandates and requirements. Collaboration at the system, supervisor and individual child care planning team levels facilitates continuity of intent and improved outcomes.

References:

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