Integration of Substance Abuse and Mental Health with Child Welfare. Substance abuse and mental health (SAMH) issues are among the most virulent and intractable barriers that families may face to providing safe, nurturing environments for their children. Secretary Sheldon has made integration across the Department’s programs for child welfare, mental health, and substance abuse a priority. The purpose of this integration is to develop and maintain a coordinated response to problems of substance abuse and mental illness in child maltreatment and neglect cases.

The philosophies of the SAMH programs are consistent with the move toward family centered practice for child welfare. These programs are also addressing strengths-based intervention, defining “family driven and youth guided” or “client driven” service arrays, and focusing on achieving positive individual and family outcomes. By sharing information, assuring that the best possible use is made of existing resources such as Family Intervention Specialists, reviewing provider expectations to avoid unnecessary obstacles or conflicts among areas of responsibility, and maintaining ongoing communication among the various professionals involved with a family, the Department and its community stakeholders will pursue quality improvement initiatives that enhance the mutual goals of the programs.

A major initiative of the integration of SAMH and child welfare programs includes the development of local Memoranda of Understanding between the SAMH partners and the local child welfare program (particularly community based care lead agencies), and formalizing this approach by including related content in SAMH provider contracts. The goals of integration include:

- Collaboration – The need for close collaboration is ongoing, and will assure that children and families receive needed services and supports from the local Substance Abuse and Mental Health provider agencies.
- Access – A quick and timely response to mental health and substance abuse treatment needs may be critical to a child and family’s outcomes.
- Comprehensive Behavioral Health Assessments – All children who are sheltered will be referred for a Comprehensive Behavioral Health Assessment.
• Treatment Planning – All children and their families will be screened for mental health and substance abuse prevention and treatment needs as they enter the system.

• Service Array – Provide an accessible, flexible, culturally competent and coordinated system of care that provides a full array of mental health and substance abuse services.

• Coordination of Care – Children coming into care are provided with a mix of timely and appropriate SAMH services and quality SAMH case management services, and these services are coordinated with the child welfare case management system.

• Quality Monitoring and Evaluation – Quality mental health and substance abuse service are critical components to successful outcomes and will be evaluated regularly.

• Information Technology and Management of Data – A major concern for child welfare agencies is the collection of data and data reporting. Partners will share data as needed to aid in determining problem prevalence, effective planning, and the provision of substance abuse and mental health services necessary to improve outcomes.

• Training – Mental health and substance abuse providers must fully understand child welfare processes in order to better serve the needs of this population. CBC provider staff and foster parents will also need assistance in navigating the mental health and substance abuse systems and understanding how to use information provided by clinicians. Integration of substance abuse, mental health, and child welfare is another major priority in the Secretary’s Strategic Direction for 2009-2011.