



# CORE TENETS & COMPONENTS

For a Comprehensive Child Welfare/Behavioral Health System

## 1 Establish & Define Shared Goals

**Child Welfare and Behavioral Health Systems** have very few goals that distinctly align. State leadership must work together to define and mandate high level goals shared between the two systems.

Assess where **child welfare and behavioral health** policies and regulations are currently alike & dissimilar.

- Analyze gaps & needs between the CW & BH systems:
  - Focus on establishing & incentivizing a high level, united mission to work toward service provisions supporting whole health;
  - Map out existing mandates and goals of CW & BH (state & federal);
  - Cross-reference for similarities & differences;
  - Build policies that incentivize the identified (or created) shared goals;
  - Design (as needed), support and incentivize services that support the established goals.

Ensure that all staff participating in **child welfare and behavioral health** systems are trained to understand the established goals and mission:

- Require system-wide training for both CW & BH to ensure staff are aligned on comprehension of the goals and terminology, implementation requirements, and history of issues;
- Cross-system training to ensure understanding of each system's role within the mission.

## Electronic Sharing of Information 2

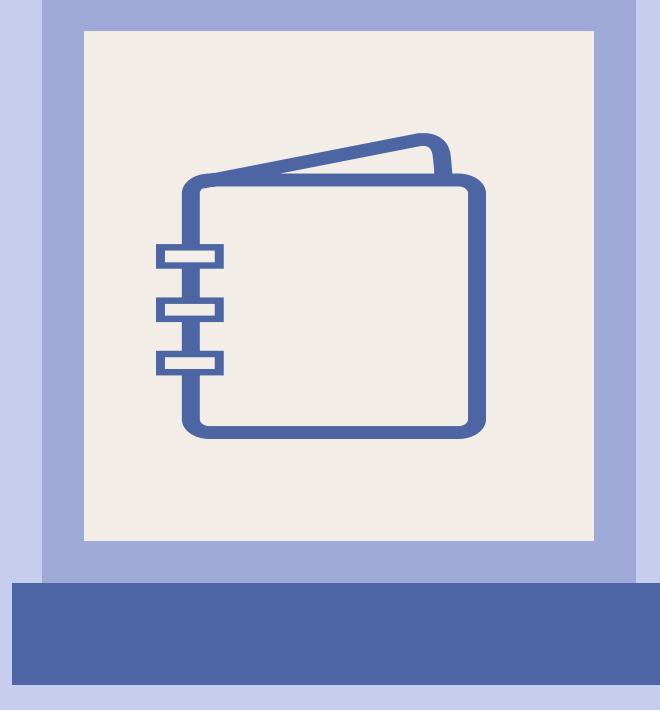
Ensure investments in state-level technology that supports established mission and goals, aids in the efficacy of the work, and reduces administrative burdens of requirements for staff



Establish a Universal Identifier to link children between systems



Designate consistent data fields between software systems

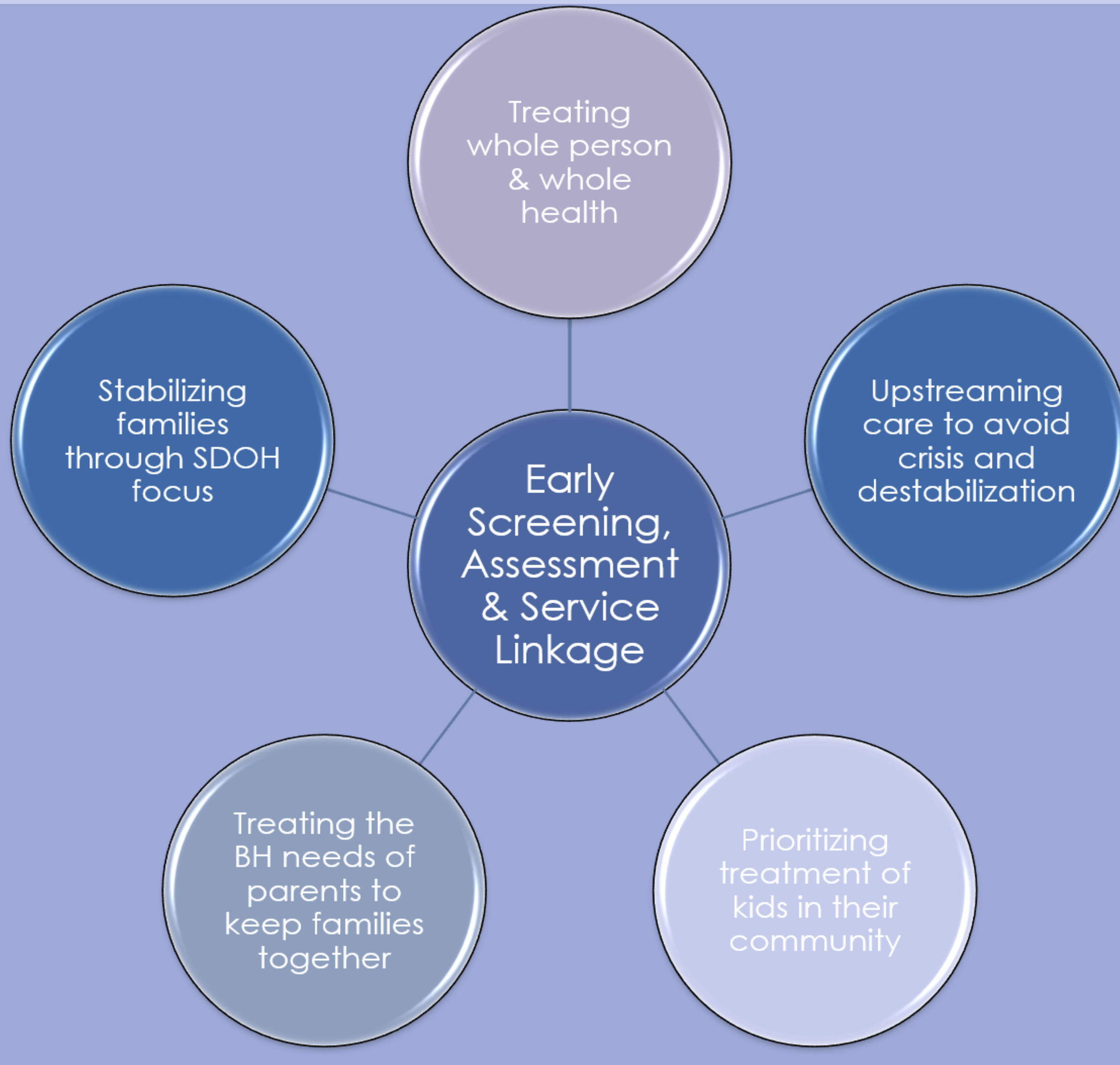


Implement a Functional Case Management System used by all



Thoroughly analyze privacy & confidentiality laws to ensure compliance

## 3 Early Screening for SDOH Needs & Trauma Followed by an Appropriate Assessment & Service Linkage



## Determine Service Gaps, Design & Establish Most Appropriate Services to Support Identified Needs 4

Analyze Services Currently Available in Both Child Welfare & Behavioral Health Systems

### Examples of Currently Available Services by System

DSS

In-Home Family Services

- Parents' Home
- Temporary Safety Provider

Foster Care/Permanency Planning

- Kinship Care
- Licensed Foster Home
- Residential Child Care Facility

BH

Community-Based Behavioral Health Treatment

- Outpatient
- Mobile Crisis
- Day Treatment
- IH/FCT/FFT/MST
- Substance Abuse Intensive Outpatient

Out of Home Family Treatment

- Therapeutic Foster Care
- Intensive Alternative Family Treatment

Residential Treatment

- Level II Program Type
- Level III
- Level IV
- Psychiatric Residential Treatment Facility

### Newly Designed Services Should Include

Early Integrated Family Approach

Goals:

- Establish a Comprehensive, Hands On, Community-Based Service Coordinator for Each Child/Family At Risk of Child Welfare Involvement
- Keep Families Intact By Addressing BH & SDOH Needs
- Money Should Follow the Child/Family
- Reduce Disruption
- Reduce Costs
- Design Wrap Services That Utilize The Tenets & Components from FFPSA & Healthy Opportunities

## 5 Explore & Identify Existing Community Supports (NCCARE360)

Many resources and supports exist within communities that can be accessed at no or low additional costs to help meet, fill or compliment gaps and needs

Examples of existing local community resources:

- Domestic Violence Resources
- Local Child Advocacy Centers
- Food Banks
- Public Health Departments
- Churches and Charities
- Schools
- Community Colleges
- Employment Training & Services
- Housing Initiatives & Projects
- Civic Participation Opportunities
- Other Opportunities for Social Support

## Thoughtful Integration Builds

A Firm Foundation