**Child Welfare & Mental Health Provider Partnership**

**Child Welfare Goals**

Child welfare teams focus on three connected goals: Permanency, Safety and Wellbeing. From child protective services investigators, to foster care workers, supervisors, managers and directors, every member of the child welfare services system knows how important it is to work closely with health care providers to make sure that children’s needs are met, and that families are supported.

**Mental Health Needs**

When children come into foster care, ***everyone*** recognizes that they are a higher risk of mental health issues. Because of this risk, Michigan Department of Health and Human Services (MDHHS) **needs to ensure that** children’s mental health and substance use disorder needs are identified and that appropriate services are delivered throughout time in foster care no matter where children are placed.

* Sometimes when safety is a concern, children are removed before the foster care team can get comprehensive health information. When this happens, foster care teams work with the child’s health providers to make sure everyone has the information they need to meet the child’s needs.
* The child’s foster care worker is the first point of contact, but if they are not available, ask for a supervisor or for the Health Liaison Officer (HLO)
* MDHHS values a child continuing to work with his/her existing providers whenever possible. This message goes out to all foster care workers and to foster parents.
* Children may move during foster care placement. If the move is out of county, they need to transition to a new provider with limited interruption in their treatment plan. This requires collaboration between all parties.

**Did You Know?????**



**MDHHS Wants to Partner with You!!!**

To ensure children’s health, MDHHS and private agency foster care organizations ask for the following commitments by both members of the partnership:

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| --- | --- |
| **MDHHS**   * Make information available to mental health-substance use disorder care teams   + Child’s health/mental health information   + Child’s legal status   + Child’s family contacts * Make child welfare team members available to mental health-substance use disorder care teams   + Caseworker   + Health Liaison Officer * Maintain care in the child’s home * Make sure that recommendations happen * Work with mental health-substance use disorder treatment teams to obtain informed consent when psychotropic medications are recommended | **Mental Health Offices** **(Community Mental Health and/or Medicaid Health Plan participating providers)**   * Work with child welfare to identify children who have Serious Emotional Disturbance or Mild-Moderate Emotional Disturbance * Assist with mental health referrals (Community Mental Health or Medicaid Health Plan participating providers) * Ensure that assessment and treatment are trauma-informed * Provide mental health records to child welfare team to coordinate care * Partner with child welfare and provider teams during transitions of care * Welcome and support the child’s parents’ ongoing engagement * Contact child welfare team members with any concerns about care |

**Quick Facts about “Enter county name.”**

* **“Enter text.”** children in foster care from **“Enter county name.”**
* **“Enter text.”** children in foster care whose case is in another county
* **“Enter text.”** children whose goal is reunification
* **“Enter text.”** children who are wards of the state/Michigan Children’s Institute

Key Contacts in **“Enter county name.”**

County Director: **“Enter county director name.”**

Health Liaison Officer (HLO): **“Enter HLO name.”**

Private Agency Foster Care Organizations: **“Enter PAFC organization names.”**