

Foster Family Network News—Child Mental Health

Delaware Children's
Department

Spring 2007

Special Edition: Children's Mental Health



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A Message to Foster Parents:

Because the mental health of the children in our care is so important, the Children's Department's Division of Child Mental Health Services and Division of Family Services have worked together to bring you this special edition of FOSTER FAMILY NETWORK NEWS.

Children who enter foster care have experienced abuse and/or neglect and separation from their home and loved ones. Such experiences are stressful for children of any age. Children and adolescents under stress may show different reactions to situations than children who are not under such stress. Foster parents have years of parenting experience. We know that you are likely to be able to identify "normal" reactions of children to everyday situations and will recognize children's reactions and actions that are not normal.

Behaviors or emotional problems that may require professional mental health support include issues that 1) persist over a long period of time, 2) are very intense or 3) interfere with normal functioning in the home, school or community.

It should be expected that children under stress are very likely to take some time to adjust to home rules and limits set by foster parents in their new placement and in an unfamiliar environment. Careful observation and listening combined with patience and good communication will often help a foster child adjust successfully to a new placement in time. When emotional or behavior problems continue for an extended period, are very intense or interfere with the child's ability to function, a mental health assessment should occur.

If the mental health assessment results in a recommendation for treatment, active involvement of the foster parent in the child's treatment is a key indicator of treatment success. Active caregiver involvement will mean:

- attending mental health treatment sessions with the child
- participating in the development of the child's treatment plan
- encouraging the child's participation in treatment
- monitoring changes in the child's emotional or behavioral status and
- communicating with the therapist about how you can support the child's treatment.

Children with emotional and behavioral issues often require new or different parenting strategies and skills than children who do not have such experiences and issues. The therapist is an excellent resource for more information and even training on what parenting strategies will be most effective with the individual child. *(Turn page to continue)*

**THINK OF
THE CHILD
FIRST.**

DELAWARE CHILDREN'S DEPARTMENT

Message to Foster Parents *(continued from page 1)*



Children with good mental health are less likely to experience school failure, family conflicts, substance abuse and suicide.

Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel and act.

Studies show that, nationally, at least one child in five has a mental health disorder and that up to 75% of children entering foster care exhibit behavioral or social competency problems warranting mental health treatment. For some children, mental health and/or substance abuse issues are so severe that they disrupt daily functioning in their home, school or community. It is important to get treatment as soon as possible for the child with their family and foster parents/caregivers.

When left untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence and even suicide. Children whose mental health problems are not treated or where there is not caregiver participation in treatment are often less likely to be reunified or adopted and may experience a higher rate of placement change.

In the pages that follow you will find helpful information about how you can help the children in your home and how to access mental health services. All of us in the Delaware Children's Department want to partner with you and other community partners as we strive together to always ***think of the child first!***

Carlyse Giddins, Director

Susan Cycek, Director

Division of Family Services

Division of Child Mental Health Services



The Causes of Mental Health Problems are Complicated

Caregiver supervision and involvement with a child or adolescent in treatment greatly increases the likelihood of success in reducing disruptive behaviors and increasing positive behavior.

Involvement can include:

- Relationship with a mentoring adult
- Close supervision
- Clear limit setting and
- Low association with delinquent peers

Mental health disorders in children and adolescents are caused mostly by biology and environment. Examples of biological causes are genetics, chemical imbalances in the body, or damage to the central nervous system, such as a head injury. Many environmental factors also put young people at risk for developing mental health disorders. Examples include:

- Exposure to environmental toxins, such as high levels of lead;

- Exposure to violence, such as witnessing or being the victim of physical or sexual abuse, drive-by shootings, muggings, or other disasters;
- Stress related to chronic poverty, discrimination, or other serious hardships; and
- The loss of important people through death, divorce, or broken relationships.

Signs of Mental Health Disorders Can Signal a Need for Help

Children and adolescents with mental health issues need to get help as soon as possible. A variety of signs may point to mental health disorders or serious emotional disturbances in children or adolescents. Pay attention if a child or adolescent you know has any of these warning signs:

A child or adolescent is troubled by feeling:

- Sad and hopeless for no reason, and these feelings do not go away.
- Very angry most of the time and crying a lot or overreacting to things.
- Worthless or guilty often.
- Anxious or worried often.
- Unable to get over a loss or death of someone important.
- Extremely fearful or having unexplained fears.
- Constantly concerned about physical problems or physical appearance.
- Frightened that his or her mind either is controlled or is out of control.

A child or adolescent experiences big changes, such as:

- Showing declining performance in school.
- Losing interest in things once enjoyed.
- Experiencing unexplained changes in sleeping or eating patterns.
- Avoiding friends or family and wanting to be alone all the time.
- Daydreaming too much and not completing tasks.
- Feeling life is too hard to handle.
- Hearing voices that cannot be explained.
- Talks about harm to self or others.

A child or adolescent experiences:

- Poor concentration and is unable to think straight or make up his or her mind.
- An inability to sit still or focus attention.
- Worry about being harmed, hurting others, or doing something "bad."
- A need to wash, clean things, or perform certain routines hundreds of times a day, in order to avoid an unsubstantiated danger.
- Racing thoughts that are almost too fast to follow.
- Persistent nightmares.

A child or adolescent behaves in ways that cause problems, such as:

- Using alcohol or other drugs.
- Eating large amounts of food and then purging, or abusing laxatives to avoid weight gain.
- Dieting and/or exercising obsessively.
- Violating the rights of others or constantly breaking the law without regard for other people.
- Setting fires.
- Doing things that can be life threatening.
- Killing animals.



Early identification of child mental health issues, effective treatment and caregiver involvement in treatment can help the child improve in functioning and decrease problem behaviors.



Child traumatic stress can result from physical abuse, sexual abuse, verbal abuse or from witnessing violence.

Many foster children may suffer from child traumatic stress. Effective child mental health treatment can help.

Help STOP the problem by helping children with child traumatic stress get mental health treatment.

Foster children, their own families and foster families can get mental health treatment through Delaware's public child mental health services system. Please turn the page to learn how.



How to Access Delaware’s Public Child Mental Health Services



Questions about child mental health services?

Please call the Division of Child Mental Health Services’

Information & Referral Line:

633-2571

OR

1-800-722-7710

Delaware’s public children’s behavioral healthcare system is committed to:

- **Accessible service**
- **Appropriate treatment**
- **Treatment in the least restrictive & most normal setting, in the community where ever possible.**

Foster children are Medicaid-enrollees. Beyond the managed physical healthcare, the basic Medicaid healthcare benefit includes up to 30 hours of outpatient mental health and substance abuse services each year. There is a wide array of providers who can treat children and adolescents and their families (specifically including foster families).

To access Outpatient Mental Health or Substance Abuse services for foster children and their families, just call the managed care organization on the back of the child’s Medicaid card. Ask for three provider names in case some have a wait period. NO pre-authorization is necessary.

DCMHS Outpatient Service Providers*:

NEW CASTLE COUNTY: (302 area code) **KENT COUNTY:** (302 area code) **SUSSEX COUNTY:** (302 area code)

Aquila (SA & MH)	999-1106	Aquila (SA)	376-8610	Aquila (SA)	856-9746
Catholic Charities (MH & SA)	655-9624	Catholic Charities (MH)	674-1600	Catholic Charities (MH)	856-9578
Children & Families First (MH)	1-800-734-2388	Children & Families First (MH)	1-800-734-2388	Children & Families First (MH)	1-800-734-2388
Crossroads (SA)	652-1405	Delaware Guidance(MH)	678-3020	Delaware Guidance (MH)	645-5338
Delaware Guidance (MH)	652-3948	Open Door (SA)	678-4911	People’s Place (MH & SA)	422-8026
Jewish Family Services/DE (MH)	478-9411	People’s Place (MH/SA)	422-8026	Phoenix (MH & SA)	736-6135
Open Door (MH & SA)	731-1504	Phoenix (MH & SA)	736-6135		
Phoenix (MH & SA)	736-6135				
SODAT (SA)	656-4044				

***Always consult with the DFS worker so full information will be shared and consent forms can be signed.**



Access to Services from the Division of Child Mental Health Services

The Division of Child Mental Health Services is an accredited managed behavioral healthcare organization with a statewide network of service providers.

DCMHS provides voluntary mental health and substance abuse treatment services to children through age 17 who need treatment and who are

- Children without insurance
- Children with Medicaid who require services more intensive than the 30 hours of outpatient service in the basic Medicaid, MCO-provided benefit.

Anytime you're unsure about what help is needed or where to get it, please call the

**DCMHS INFORMATION AND REFERRAL:
633-2571
OR
1-800-722-7710**

TOLL FREE during business hours.

DCMHS offers a wide array of voluntary mental health and substance abuse services including:

- Crisis Intervention Services
- Outpatient Treatment, including
 - Intake, initial assessment
 - Individual, Group and Family Therapy
 - School consultation and interventions
- Day Treatment
- Residential Treatment
- Psychiatric Hospital

Mental health and substance abuse services are provided based on clinical necessity by DCMHS and should be integrated through the child's service plan with the rest of the services being used by the child and family. An ***individualized child and family service plan*** should integrate all services for the child and family. Care management is an effective way to make sure services are integrated and are most helpful to the child and family.

CARE MANAGEMENT: When a child and family enter DCMHS treatment, they receive a

HANDBOOK FOR CHILD AND FAMILY ENTERING CARE.

Its posted on the DCMHS website—www.state.us/kids.cmhhome.htm. Spanish and large print versions are available.

When entering a service more intensive than outpatient-only, a DCMHS Care Coordinator and Clinical Management Team are assigned to work with your child and family to plan and monitor treatment and integrate services.

If the child is currently active with another division of our department the integrated service plan for the child and family will involve the case managers from all service divisions to ensure care is coordinated and all appropriate services are provided.

DCMHS' Child Priority Response Teams

When a child is in a mental health crisis and could cause self harm or harm someone else or has been exposed to a recent traumatic or violent event.

CALL:

**New Castle County
302-633-5128
(North of C&D Canal)**

**NCC (South of C&D Canal) and
Kent County &
Sussex County
302-424-HELP (4357)**

**OR CALL TOLL FREE:
1-800-722-7710**



DCMHS' Child Priority Response (crisis intervention) Service invites consumer feedback. In the first half of 2007:

- 98 (11% of all cases served) responses were received
- 97% of respondents report satisfaction with the service



Children entering foster care can have mental health issues that need to be addressed.

New or different parenting strategies and skills can help!

Public child mental health services can help foster parents who may need help.



DCMHS' Initial Behavioral Health Assessment of Children Entering Foster Care

DCMHS works with DFS to provide initial behavioral health screening for children entering foster care who are 4-17 years of age. Child Guidance Resource Center (CGCR—the provider) receives referrals from DFS of children across the state who are new foster children or who are returning to placement but have not yet had a behavioral health screening. Post-screening treatment is voluntary. Caregivers of children who are identified in the screening process as needing treatment are assisted in *linking with treatment providers*. CGRC staff work is complete *only* after a child to receive treatment has been seen at least once by the treatment provider. While most children needing treatment require only outpatient services,

some have been treated by DCMHS' crisis service or more intensive levels of care.

Children's Department staff meet regularly with the screeners to review data, address systems challenges and screening all children entering foster care and to assure that children and their caregivers receive appropriate treatment without waiting.

Results to date:

172 foster children have been screened at entry to foster care.

19 foster children per month are now referred for screening.

Nearly 80% of children screened have entered child mental health treatment.

How Foster Parents Can Help Child(ren) in Their Care

- **LISTEN** in a caring and non-judgmental way
- **TALK** openly and frequently with the child and let him know you care
- **SET** a positive example for your child by taking care of your own physical and emotional needs
- **ENLIST** the support of family, friends, school, doctor, and teachers.
- **JOIN** a support group for parents/families
- **IMPROVE** communication, have family meetings
- **SET LIMITS** on inappropriate or problematic behaviors. Ask the child's therapist for some strategies to encourage cooperation
- **COMMUNICATE** with the child's therapist
- **BE OPEN** to hearing all types of feedback from your child and the therapist
- **SPEND TIME** with the child
- **REMEMBER** that EARLY INTERVENTION and recognition of a problem helps you get the best care for your foster child.

Child Development-Community Policing (CD-CP) - DCMHS and City of Wilmington Initiative

DMCHS' partnership with the City of Wilmington Police and Fire Departments and Department of Public Safety is **dramatically increasing access to mental health treatment for children and families in the City of Wilmington.** The Division of Family Services and Division of Youth Rehabilitative Services actively participate in this initiative to ensure children and families get needed services.

DCMHS' partnership with the City of Wilmington is starting to show important results. Since the CD-CP initiative began, **City police officers have referred more than 500 youth to our crisis service. More than 200 of those youth and their families have voluntarily entered child mental health treatment as a result!** Some children receiving services are in foster care placement.

The CD-CP initiative has been named an **official replication site** by the Yale Child Study Center's National Center for Children Exposed to Violence (go to www.nccev.org). Wilmington is now one of only 15 sites in the nation.

The CD-CP initiative is the recipient of a State of Delaware Governor's Award for Excellence and Commitment in Service.



A Wilmington Police Officer working with Susan Cycyk, Director, DCMHS on the CD-CP Initiative

"This is a partnership that is working for Wilmington's youth exposed to violence and who need child mental health services. This is an example of community policing at its best!"

Wilmington Police Chief Michael Szczerba

New Child Traumatic Stress Treatment

DCMHS is moving our state toward a trauma-informed system of care for Delaware's children and families, with the help of a \$1.6 million, four year Delaware Child Traumatic Stress Treatment Center federal grant.

With this grant we are:

- Increasing access to trauma-specific treatment for children and families in Delaware, but particularly for children in the child welfare and juvenile justice
- Creating a trauma-informed system of care and
- Increasing public awareness about child traumatic stress.

Progress to date includes:

- Statewide screen for child mental health now includes initial

trauma screening

- Child Traumatic Stress training for DCMHS staff as well as for 700+ law enforcement officers
- Statewide **"Child Well-Being Project,"** Trauma-Specific, evidence-based Outpatient Treatment. 34 children and their families served to date, with 43% of referrals from DFS.
- Statewide conference on evidence-based practice
- Developing training for child welfare staff to promote trauma-informed child welfare practice
- Training for all DCMHS Mental Health Outpatient Treatment Providers in Trauma-Focused Cognitive Behavioral Treatment (starting Summer 2007). www.nctsn.org to learn more!

REMEMBER:

More than 25% of American youth have a serious traumatic event by age 16.

- **Child trauma is common**
- **Child traumatic stress can be identified**
- **Child traumatic stress is serious**
- **Caring adults can help**
- **Child traumatic stress is treatable with evidence-based practice**

For more information about trauma-specific treatment in Delaware, contact DCMHS—

Chuck Webb, Ph.D. at 302-633-2598

**Delaware Children's
Department**

37-03-101 N300
Delaware Youth and Family Center
1825 Faulkland Road
Wilmington, DE 19805

Phone: 302-633-2600
Fax: 302-633-5118
Email: nancy.widdoes@state.de.us

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OR
www.thinkofthechildfirst.com

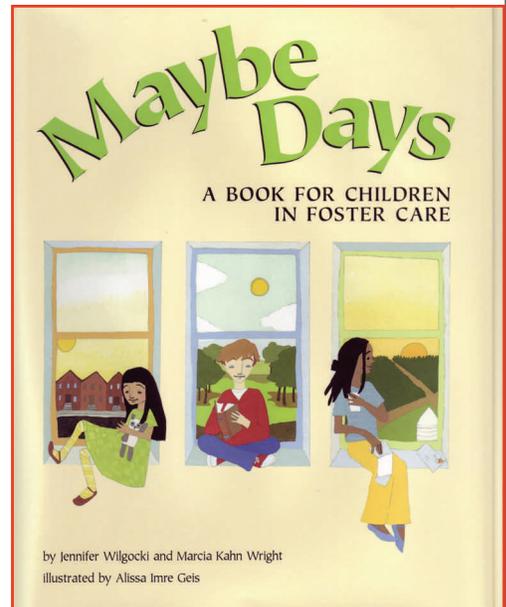
“MAYBE DAYS” A Resource for Foster Parents

This book was written by a sister-National Child Traumatic Stress Grant site in Dane County, Wisconsin. Using the Child Traumatic Stress Treatment Grant funds, DCMHS purchased 500 hardback editions of **Maybe Days**, which DFS is distributing to foster parents early in 2007. Another 200 soft-back books were sent to community partners and advocates to help raise awareness of child traumatic stress.

Designed to spark discussion between foster parents and newly placed foster children between the ages of 4-10 years old, the book features an informational discussion guide for foster parents that covers *topics such as children's reactions, multiple changes in placement, cultural issues and the complexities and challenges uniquely faced by foster children.*

The DCMHS service access brochure and a brief survey to get foster parents' feedback about the book are included with each book.

Inside the front cover, you'll find a “*feedback survey.*” Please fill out the postage-paid survey and drop it in the mail to us. DCMHS wants to know if the book is helpful



Maybe Days —

Foster children often have questions they do not ask. This book can help foster parents talk through issues that concern the child and help to relieve the child's stress.