Beyond Placement:

Integrating Mental Health into the Core of Child Welfare

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Topic Points

Legal and ethical responsibilities of the agency

Prevalence

Common diagnosis for foster youth

Impact of untreated mental health an misdiagnosis

Barriers to access

Elevating youth and family voice

Strategies

Recommendations

Legal and Ethical Responsibilities of the agency

Chapter 5 : Section 24 (Pg. 1013)

Highlights:

- Refer a child for a mental health assessment within 60 days of placement
- Ensure the child has access to mental health services
- Include the services recommended by the mental health provider as part of the case plan in the Child Safety and Well-being, child description, their needs and wellbeing setino of the case plan.
- Actively participate in the child and family team meetings coordinated through the mental health provider, and advocate for the services the child needs

Data Points

- 57% of children (12-17) in foster care utilizing medicaid have a mental health diagnosis (MACPAC, 2021)
- In a recent multi-site study, 41% of children entering care are coming in with a mental health diagnosis (Herd T, Palmer, 2023)
- Youth in institution like settings are x3 more likely to have a psychiatric diagnosis compared to youth in foster care settings
- 18% of foster care youth take psychotropic medications, 48% if in residential setting (GOA, 2014)
- Mental and behavioral health is the largest unmet need for children in foster care (SAMHSA, 2022)

Common Mental Health Diagnosis for Foster Care Youth

- Adjustment Disorder
- ADHD
- Post Traumatic Stress Disorder
- Major Depressive Disorder
- Anxiety
- Parent-child conflict
- Disruptive Disorders

Impact of untreated mental health needs

(Trivedi, 2025)

- When placed in the foster system, children may suffer placement instability, abuse or neglect and other adverse Effects.
- Foster youth have horrific long-term outcomes including poor mental and behavioral health, low graduation rates, high rates of poverty and substance use disorder and increased contact with the juvenile and criminal legal systems.

Trauma and Stress Reactions

Emotional and Behavioral Disorders

Suicidality and Self-Harm - X4 more likely in foster care youth

Substance Use & Risky Behaviors

Developmental and Educational Impacts

Intergenerational and Racial Trauma

Over/under medicated

Over/Under serviced

Placement Crisis

Call to case coordination: Impact of misdiagnosis

Providing clinicians with as much information about a child and the case decreases the prevalence of misdiagnosis.

- Ineffective treatment
- Inappropriate Medication
- Lack of progress = burnout and disengagement
- Development of more serious mental health disorders

Documents that clinicians find valuable:

- RAPID reports
- Psychological evaluations

Case by case basis:

- CARES Evaluations
- Prelim reports

Barriers to Access

- Insurance
  - Effective October 1, 2025, CareOregon will require routine Medicaid outpatient mental health and substance use disorder services to be received by a contracted provider.
- Provider Availability, Provider specialty
- Willingness from providers - Risk to providers
- Schedule
- Rural areas and access
- OHP policies and intersection with mental health
- Specialized services not accessible to ODHS clients (reunification services, case management incorporation)

Court ordered services

Parents are often ordered to ‘participate in children’s services’

Parents cannot participate in arguably one of the most important services if we are not meaningfully involved in ensuring that they are set up to do so

What does that look like?

- When services are initiated, ask if the provider is willing/able to incorporate family therapy into the treatment plan
- Hold balance between child’s voice and child’s best interest
- Advocate for additional family centered services if an individual provider is unable to support

Elevating youth and family voices in planning

- Allow kids choice in their providers. Teens especially will be more invested if they feel they had voice
- Parents being able to participate in the intake session (can be separate appointments)
- Support and Advocate youth in having their mental health records protected (how can we give the court the info they need while protecting youth?)
- Ask youth/family: “What is most important to you in working with a provider?” and make efforts to find a good fit
- If appropriate, allow teens to have a call with the provider to determine fit.

Strategies

- Willingness to ask for no reasonable efforts
- Advocacy for follow-up on referrals.
- Advocacy for research and referrals outside of the ‘go tos’
- Developing relationships with University programs for mental health
- Advocacy with OHA on policy changes that impact children and parents involved with ODHS
- ODHS provides monthly updates on follow up’s, outlining dates/contacts/numbers/etc to ensure accountability.
- Psychology today

Systematic Improvement Suggestions

- Advocacy for ODHS to expand contracts and connections : Reunification works, Private practices, Universities, etc.
- Community training for clinicians on working with child welfare clients
- ODHS intentionally fostering and collaborating with providers
- Develop relationships with universities and local mental health/social work/counseling programs
- BRIDGE Program

Resources

https://www.afccnet.org/

NASW Code of Ethics: Ethical Responsibilities to Clients

Trivedi, S. (2025). *Using the Restatement of Children and the Law to consider the harm of removal. Family Court Review, 63*(3), 446–458. https://doi.org/10.1111/fcre.70004

Garcia, A. R., Circo, E., DeNard, C., & Hernandez, N. (2015). Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system. *Children & Youth Services Review*, 52, 110-122. https://doi.org/10.1016/j.childyouth.2015.03.008

Stewart, S. L., Graham, A. A., & Poss, J. W. (2023). Examining the mental health indicators and service needs of children living with foster families. *Children and Youth Services Review, 147,* 106833. https://doi.org/10.1016/j.childyouth.2023.106833

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