



The REACH Institute  
708 3<sup>rd</sup> Avenue, 5<sup>th</sup> Floor  
New York, New York 10017  
Phone: 212-209-3871  
Fax: 212-209-7123

## Mental Health Practices in Child Welfare Guidelines Toolkit

The Mental Health Practice in Child Welfare Guidelines Toolkit is a must-have resource for child welfare professionals. This powerful toolkit is designed to help administrators, supervisors, and case workers put into action the recently published consensus guidelines for mental health in child welfare (Child Welfare Vol. 88, No. 1, 2009). The toolkit offers valuable tips and resources for mental health screening and assessment, psychotherapy, psychopharmacology, parent support, and youth empowerment. It is the product of a collaborative effort between Casey Family Programs, the Annie E. Casey Foundation, and the REACH Institute, which offers consultation in its use.

Below is a preview of the Toolkit including:

- The Table of Contents;
- Introduction to the Toolkit; and
- The Toolkit Order form.

If you have any questions or comments regarding the Toolkit please contact Lisa Hunter Romanelli, Ph.D., 212-209-3871, ext. 2 ([Lisa@thereachinstitute.org](mailto:Lisa@thereachinstitute.org)).

Thank you,

Peter Jensen, M.D.  
CEO & Founder, The REACH Institute



# Mental Health Practices in Child Welfare Guidelines **Toolkit**



The Annie E. Casey Foundation

# Acknowledgments

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The Child Welfare–Mental Health (CW-MH) Best Practices Group:

Chair: Peter S. Jensen MD, The REACH Institute; Kamala Allen, Center for Health Care Strategies; Christopher Bellonci MD, Walker School; Gary Blau PhD, Center for Mental Health Services; Patsy Buida, Children’s Bureau; Barbara J. Burns PhD, Duke University School of Medicine; Julie Collins, Child Welfare League of America; M. Lynn Crismon PharmD, FCCP, BCPP, University of Texas; Leonard Gries PhD, SCO Family of Services; Addie Hankins, Rose House Kinship Center; Robert Hartman MSW, DePelchin Children’s Center; Kimberly E. Hoagwood PhD, Columbia University; Larke Huang PhD, Substance Abuse and Mental Health Services Administration; Sandra J. Kaplan MD, North Shore University Hospital; Susan Kemp PhD, University of Washington School of Social Work; Susan Ko PhD, National Center for Child Traumatic Stress; Gretchen D. Kolsky MPH, American Public Human Services Organization; John Landsverk PhD, Child and Adolescent Services Research Center, Children’s Hospital of San Diego; Jessica Mass Levitt PhD, Columbia University; Abel Ortiz, Annie E. Casey Foundation; Peter J. Pecora PhD, Casey Family Programs; Ron Prinz PhD, University of South Carolina; Martha Roherty, American Public Human Services Association; Lisa Hunter Romanelli PhD, The REACH Institute; Miriam Saintil, SCO Family of Services; Corvette Smith, Harlem Dowling Westside Center; Wilfredo Soto, The Partnership for Kids; Ken Thompson MD, Center for Mental Health Services; Casey Trupin JD, Columbia Legal Services; Eric Trupin PhD, University of Washington; Mary Bruce Webb PhD, U.S. Department of Health and Human Services.

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**The guidelines presented within this Toolkit have been endorsed by the following organizations:**

- **American College of Clinical Pharmacy (ACCP)**
- **American Psychiatric Association (APA)**
- **Annie E. Casey Foundation**
- **Bazelon Center for Mental Health Law**
- **Carter Center Mental Health Program**
- **Casey Family Programs**
- **California Institute of Mental Health (CIMH)**
- **College of Psychiatric and Neurologic Pharmacists (CPNP)**
- **Child Welfare League of America (CWLA)**
- **Foster Family-based Treatment Association (FFTA)**
- **National Foster Care Coalition (NFCC)**

The guidelines were originally published in February 2009 Special Issue of *Child Welfare – Mental Health Practices in Child Welfare: Context for Reform*, Volume 88(1). This Toolkit was created to accompany this journal and provide practical implementation tips, tools, and resources for integrating and sustaining the guidelines within child welfare agencies and other settings that serve children in child welfare.



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# Introduction

As a result of the Best Practices for Mental Health in Child Welfare Consensus Conference, 32 mental health practice guidelines for child welfare were developed. These guidelines cover mental health screening, assessment and treatment, parent support, and youth empowerment. The guidelines and their rationale as well as critical papers on the guideline topic areas are presented in a special issue of *Child Welfare* (volume 88 #1) entitled *Mental Health Practice Guidelines for Child Welfare: Context for Reform*.<sup>1</sup>

Guidelines alone rarely result in behavior change on an individual or organizational basis. In order for guidelines to lead to change, they must be clearly operationalized and accompanied by practical tools that facilitate implementation. This toolkit will help child welfare agency administrators and staff members to put the Mental Health Practice Guidelines into action by providing suggestions and resources for applying the guidelines in their agencies.

Five sections corresponding to the guideline topic areas—mental health screening and assessment, psychosocial interventions, psychotropic medication, parent support, and youth empowerment—make up the toolkit. Each section presents the guidelines, why they are important, and practical suggestions for how an agency might implement them. In addition, each section includes a comprehensive list of tools and resources related to the guideline topic area.

When applicable, the tools/resources described are rated on the scale presented below to provide a quick indication of the level of evidence in support of their use.

## **Evidence-Based Practice Rating Scale**

- 1 = Well-Supported by Research Evidence
- 2 = Supported by Research Evidence
- 3 = Promising Research Evidence
- 4 = Emerging Practice

This scale represents the top four rating categories of the California Clearinghouse Scientific Rating Scale.<sup>2</sup> The specific criteria used to determine each rating are summarized below.

### Evidence-Based Practice Rating Scale:

1 = Well-Supported by Research Evidence    2 = Supported by Research Evidence  
 3 = Promising Research Evidence            4 = Emerging Practice

| Criteria for Evidence-Based Practice Rating Scale*  | Rating |   |   |   |
|---|--------|---|---|---|
|   | 1      | 2 | 3 | 4 |
| No clinical or empirical evidence that the practice causes risk or harm   | ✗      | ✗ | ✗ | ✗ |
| A book, manual, or other written material exists documenting how to implement the practice  | ✗      | ✗ | ✗ | ✗ |
| At least two randomized controlled trials (RCTs) conducted in different usual care or practice settings and published in peer-reviewed journals have shown the practice to be superior to a comparison practice. In at least two of these RCTs, the effect of the practice has been sustained over one year post-treatment and there is no evidence that the effect is lost after this time | ✗      |   |   |   |
| At least two RCTs conducted in highly controlled settings and published in peer-reviewed journals have shown the practice to be superior to a comparison practice. In at least two of these RCTs, the effect of the practice has been sustained over one year post-treatment and there is no evidence that the effect is lost after this time   |        | ✗ |   |   |
| At least one controlled study published in a peer-reviewed journal has found the practice comparable or better than an appropriate comparison practice  |        |   | ✗ |   |
| The outcome measures used in the RCTs are reliable and valid  | ✗      | ✗ |   |   |
| Multiple outcome studies, if conducted, support the effectiveness of the practice   | ✗      |   |   |   |
| Multiple outcome studies, if conducted, support the efficacy of the practice  |        | ✗ | ✗ |   |
| Clinical practice generally accepts the practice as appropriate for use with children and families receiving services from child welfare or related systems   |        |   |   | ✗ |
| There is inadequate published, peer-reviewed research to support the efficacy of the practice   |        |   |   | ✗ |

\*Adapted from the scientific rating scale developed by the California Evidence-Based Clearinghouse (CBEC) for Child Welfare. Evidence Fails to Demonstrate Effect, Concerning and NR (Not able to be rated) practices are not included in this rating scale. A rating of 4 refers to emerging practices that are not part of the current CBEC scale.



## Casey Family Programs

Casey Family Programs' mission is to provide and improve—and ultimately prevent the need for—foster care. Established by UPS founder Jim Casey in 1966, the foundation provides direct services and promotes advances in child welfare practice and policy.

**1300 Dexter Avenue North, Floor 3  
Seattle, WA 98109-3542**

**P 800.228.3559  
P 206.282.7300  
F 206.282.3555**  
[www.casey.org](http://www.casey.org)  
[contactus@casey.org](mailto:contactus@casey.org)



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**708 3rd Avenue, 5th Floor  
New York, New York, 10017**

**P 212.209.3871  
F 212.947.7400**  
[www.thereachinstitute.org](http://www.thereachinstitute.org)  
[info@thereachinstitute.org](mailto:info@thereachinstitute.org)



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The Annie E. Casey Foundation is a private charitable organization, whose primary mission is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families.

**701 St. Paul Street  
Baltimore, MD 21202**

**P 410.547.6600  
F 410.547.6624**  
[www.aecf.org](http://www.aecf.org)  
[webmail@aecf.org](mailto:webmail@aecf.org)



The REACH Institute  
 708 3<sup>rd</sup> Avenue, 5<sup>th</sup> Floor  
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