



Minnesota Association of County  
Social Service Administrators

*Counties Unique Role in Case Management: A MACSSA Policy  
Statement*

# Children's Mental Health Case Management

## What is Children's Mental Health Case Management?

Children's Mental Health (CMH) Case Management is a service designed to support the needs of a child with a mental health illness, who has a significant impairment in functioning in multiple areas of their life, such as school, community and family. Mental illness crosses all socioeconomic levels. When the negative impacts of the child's mental health issues are beyond the family's ability to manage, the case manager can assist the with connecting to the needed resources and services. At times, the severity of the mental health symptoms result in the need for hospitalization or out-of-home placement. Case management is provided by social workers who have experience and education in the mental health field and who are experienced with a recovery-oriented, person-centered, and family-focused approach to service delivery.

### Four Primary Functions of County Case Managers



## Unique Characteristics of Children's Mental Health Case Management

**Family-focused:** Children's mental health case managers are trained to serve the child independently and also as part of the family. Educating the family on the mental health needs and the behavioral presentation of the child helps the family and others involved to better understand and identify the service needs of the child.

**Local Supports:** Children can experience a strong bond to their local community based on their involvement in the educational system. Therefore, significant emphasis is placed on obtaining local services and resources so that, when possible, they are able to develop the skills to manage their mental health needs within the context of the community in which they live.

**Systems Integration:** Often, integration with other county systems are required to formulate the best plan of care for the child. Child protection, health and social services, school districts, and the corrections systems are all required to work collectively for the needs of the child. Local administration of the Children's Mental Health Case Management System ensures an integrated approach.

**Commitment to Cultural Needs:** Counties are in a unique position to assess the current resources, compare them to the needs of the population, and determine what is needed to address any gaps that may exist as it relates to the availability of resources to address specific cultural needs.

**Transition:** Children do not remain children forever. A significant focus is put on transitional planning as a child ages, and matures into adulthood. Services for children can look and feel different than services for adults, therefore navigating this transition with the child and their families is an important endeavor to promote future success.

## What Does Success Look Like?

Children served through children's mental health case management have chronic and severe needs. For some, they will never be symptom free. A child's functioning may be cyclical, so success is evident when the crises are fewer and the child and their family are able to respond to those stressors without escalating to the point of hospitalization, or law enforcement involvement.

Success happens when children and their families have an awareness of the child's mental health diagnosis, how it is manifested, and how to respond to symptoms in a manner that keeps the child and the family safe and functional.

January 2016



Minnesota Association of County Social  
Service Administrators  
125 Charles Avenue, St. Paul, MN 55103-2108  
651-789-4340  
[www.macssa.org](http://www.macssa.org)

## *Example from the Field...*

In 2013, Maria was 15 and living with her mom, step-father and younger siblings. She has a traumatic history including having been sexually abused by her biological father. Her mental health diagnoses include Post Traumatic Stress Disorder, anxiety disorder, depression, and most recently, borderline personality disorder. When she began receiving county case management services, Maria refused to follow rules at home. She could be belligerent, aggressive, engaged in self harm (cutting), and frequently made threats of suicide. She engaged in unsafe behaviors like running from home, meeting boys and adult men on the internet, and having sex with them. Maria's mother has her own history of physical and sexual trauma and abuse, and needed a great deal of support to begin to manage Maria's challenges.

Over a period of 5 years, the case manager facilitated various services for the family including several out of home placements in group homes and treatment centers, day treatment programs, in-home parenting and therapy services, outpatient services, school programming, psychiatry, and several types of trauma focused therapies. The case manager helped Maria consider options including Job Corps and independent living programs. Maria has had many struggles, but has just turned 18 and is living with her grandparents and finishing high school. She has elected to remain involved with her CMH case manager because she finds the services helpful and the relationship supportive. ▲