

Position Statement

2021

Children's Mental Health Screening Grant Data Reporting

Proposal

Issue:

Children's mental health screening grants integrate mental health screening into current practice, promote the use of effective and efficient mental health screening instruments, facilitate referral of children for diagnostic assessments, and make funds available for screening and uncompensated mental health services. Mental health screening is a brief process to detect potential mental health problems. Children identified through the screening process are referred to a mental health professional who can determine a mental health diagnosis. DHS provides grant funding to counties and tribes to conduct these screenings.

In order to better track the effectiveness of the grant, beginning with 2020 reporting, DHS changed the required Children's Mental Health Screening data that is collected from counties and tribes. The goal was to allow DHS to enhance its monitoring and data analysis capabilities of the children's mental health screenings and this became a requirement children's mental health screening grant contract language.

Some of the required data is Social Services data reported through the Social Service Information System (SSIS). However, additional data, as well as all data from the juvenile justice system, would need to be gathered or submitted manually by county staff using a DHS approved data collection tool. MACSSA became concerned that this new data requested by DHS Behavioral Health (BH) staff is burdensome for county staff, with the information requiring manual tracking that is both labor intensive and prone to inaccuracies based on the manual way the data is gathered.

MACSSA engaged in a dialogue between DHS Behavioral Health and Child Safety & Permanency (CSP) about counties concerns about the reporting requirements, potential SSIS updates and data pulling capability by CSP, with a goal to land on solutions that meet the needs of both the state and the counties. MACSSA's goal was to be able to meet data requirements for future years through information to be accessed by the state through state data systems. During conversations with DHS, it was confirmed this would require system changes to SSIS and changes in state statutes protecting data privacy to allow for this data to be pulled directly by DHS for program evaluation.

In 2020 Counties received approval to waive the data elements that were added to the 2020 CMH Screening Grant contracts in light of the current events and the time counties and tribes are spending on COVID related activities, requiring DHS to collect only the information currently available through SSIS for Social Services.

DHS staff were able to secure approval and resources to make required SSIS system changes for ongoing reporting. However, changes need to be made to MN Statute to allow for DHS to collect individual screening results for the purposes of program evaluation and improvement.

MACSSA supports the following change to MN statute 245.4874 subd 1 paragraph (d) 5:

Screening results shall be considered private data, and the commissioner shall not collect individual screening results. The commissioner may collect individual screening results for the purposes of program evaluation and improvement.

This change will maintain the data protections for the child and family, but allows the data to be collected and pulled by DHS for program evaluation.

Implementation Strategy:

DHS Behavioral Health have drafted language for a Children's Mental Health Screening Grants policy proposal and included it in the agency policy priorities. MACSSA will support their efforts to pass this policy language in 2021.

The greatest challenge will likely be in the Senate Judiciary committee, where the discussion will focus on concerns about data privacy protections.

**Systemic Priority Alignment
(highlight all that apply and explain why)**

- **Equity**
- **Integrated Services**
- **Fiscal Framework**

From the GARE Toolkit (See www.racialequityalliance.org): What are the racial equity impacts of this particular decision? Who will benefit from or be burdened by it? Are there strategies to mitigate unintended consequences?

Comments: Accurate data is needed for effective program evaluation. This change will allow DHS and counties to more accurately evaluate this grant program, including evaluating equity considerations.

Fiscally, it essential that the staff time and effort to comply with grant requirements is proportional to the amount of grant funding counties are able to secure to pay for those services. We believe this change will ensure that proportion is more appropriate. This change will also allow county staff to focus more time on administering program and less on administrative requirements and data reporting.

This position also recognizes the state responsibility to update and maintain state data system like SSIS. County financial contributions to SSIS functionality also makes it appropriate for this update to the system to prioritize functionality that will improve county efficiency.

**Relevant Committee
(highlight all that apply and explain why)**

- **Adult Services**
- **Behavioral Health - X**
- **Children's Services - X**
- **Modernization**
- **Policy**
- **Self-Sufficiency**

Why: This position is a combination of Behavioral Health and Children's Services. Children services staff execute this program and participate in the data reporting. DHS staff in both Behavioral Health and Child Safety and Permanency are involved in the administration of this program and the data management.

Rationale/Background:

The children's mental health screening initiative was a response to the Children's Mental Health Task Force of 2002. The Department of Human Services (DHS) partners with the Child Safety and Permanency Division of DHS and the Department of Corrections to provide means for county and tribal social services and juvenile justice programs to screen children within specific target populations and refer, as needed, for further mental health assessment. The mandated target populations include children in the child welfare and juvenile justice systems.

The purpose of the children's mental health screening within the child welfare and juvenile justice populations is to integrate mental health into current practices and to promote earlier mental health identification and intervention. Early identification of mental illness followed by the appropriate intervention and treatment may prevent years of disability and provide improved outcomes for children and their families. Focusing on these at risk populations and particularly the uninsured and underinsured, grant funding can provide mental health treatment for children who wouldn't otherwise receive these services. Children's mental health screenings

facilitate referral of children for further testing and treatment using standardized effective mental health screening instruments. DHS provides funding to counties and tribes to conduct these screenings.

Children's mental health screening grants integrate mental health screening into current practice, promote the use of effective and efficient mental health screening instruments, facilitate referral of children for diagnostic assessments, and make funds available for screening and uncompensated mental health services. Mental health screening is a brief process to detect potential mental health problems. Children identified through the screening process are referred to a mental health professional who can determine a mental health diagnoses.

The intent of the grant is to provide mental health screening for the targeted at-risk population, identify any mental health issues and provide services for those children and youth, particularly the uninsured and underinsured, whose screening demonstrates a need for further evaluation and treatment. Grant funding may be used for different costs associated with screening and providing follow up mental health assessment and treatment for child welfare and juvenile justice children and youth.

Since 2004, the Behavioral Health Division of the Department of Human Services (DHS), in collaboration with the Child Safety and Permanency Division and the Department of Corrections, provides guidance, resources and training for county and tribal social services and juvenile justice staff to screen children and youth within their specific populations for mental health concerns.

In 2003, the Minnesota Legislature added mental health screening requirements to Minnesota Statutes to include children's mental health screening for specific child welfare and juvenile justice populations.

In order to better track the effectiveness of the grant, beginning with 2020 reporting, DHS changed the required Children's Mental Health Screening data that is collected from counties and tribes. This data reporting policy change was designed to allow DHS to enhance its monitoring and data analysis capabilities of the children's mental health screenings.

Currently there are reporting requirements for each completed mental health screening. As per legislative mandates, DHS currently will only be collecting summarized data that does not contain any identifiable client information.

The ability and responsibility for DHS to collect data for program evaluation is consistent with other area of legislation, such as in 245.G. This authority, and the ability for DHS to pull this data efficiently from state systems, ensures efficiency and accuracy as counties will not be required to manually track and report this information.

MN Statute 245G.17:

A license holder must participate in the drug and alcohol abuse normative evaluation system by submitting information about each client to the commissioner in a manner prescribed by the commissioner. A license holder must submit additional information requested by the commissioner that is necessary to meet statutory or federal funding requirements.

Relevant DHS Bulletin: DHS Provides Updates on Child Welfare and Juvenile Justice Mental Health Screenings
<https://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-316223.pdf>

Relevant Statute: <https://www.revisor.mn.gov/statutes/cite/245.4874>



Submitted by:

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