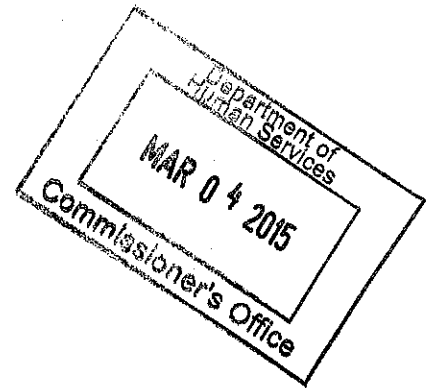


Minnesota Society of Child and Adolescent Psychiatry

February 20, 2015

Honorable Lucinda Jesson
Commissioner, Minnesota Department of Human Services
540 Cedar Street
St. Paul, MN 55155



Dear Commissioner Jesson:

The Minnesota Society of Child and Adolescent Psychiatry (MSCAP) have followed the press reports of two very young children who died from abuse and the actions of the child protection system with great interest. This letter summarizes our perspectives and suggestions for improving child protective services.

As Child psychiatrists we treat youth who have been physically and psychically abused. We see them in every clinical setting including hospitals, chemical dependency programs and juvenile justice centers. The mental health toll on affected children, the unseen scars, emerge as lifelong attachment and relationship difficulties, as severe psychiatric disorders such as PTSD, depression with suicidal ideation, Panic and chemical health and addictive behaviors. The outcome of abuse and neglect are oftentimes aggressive and disruptive behaviors which affect the lives of many others. Because of our psychiatric care of these children we are frequently involved in reporting suspected abuse as mandated reporters.

As members of MSCAP we have reviewed the guidance of our national organization the American Academy of Child and Adolescent Psychiatry and discussed our concerns of our county child protection system and would like to share these ideas and perspectives with you and suggest some directions for the task force.

Causes of abuse and needs of youth involved with CPS:

Abused children, as noted above, may demonstrate acute stress reactions, delayed traumatic disorder (PTSD) as well as a number of internalizing and externalizing disorders. Therapy, medications, management of sleep problems, identification of suicidality and other mental health concerns is our area of expertise.

There are many causes of abuse and neglect. A parent wedded to alcohol or addictive substances is at best distracted and often compromised regarding life decisions including the appropriate assessment of risk and safety of their child. Addictions are powerful. Child psychiatrists are professionals are trained to identify, treat and monitor substance abuse.

There are some notable cases of risk for abuse such as postpartum woman whose depression and delusions convince them that only the death of their children will save them. It seems that the case for rapid, intensive and ongoing mental health care could not be clearer for these parents.

Our State's child psychiatrists implore the task force to focus on mental health aspects of abuse and codify DHS rules and procedures to connect children and families to those most highly trained and best able to synthesize the complex psychosocial factors that come into play in these cases. We believe there is a role for child psychiatrists in the care and treatment of these children and ask that rules be developed to ensure access to child psychiatric providers.

Communication:

The need for CPS investigations to be confidential is unquestioned. Confidentiality to the point of secrecy is unproductive. As Child Psychiatrists we know that the best care is given through a team of disciplines interested in the child's welfare. We are asking for DHS rules that require discussion and collaboration among the child's community supports and CPS.

In the past, county CPS divisions regularly employed community mental health consultants for discussion of the mental health aspects of their work. This in many cases has fallen away with the contraction of resources.

The state child psychiatric physicians recommend that procedures be developed to increase the supports for these children and families and insure involvement and communication with child psychiatric providers and the other mental health providers of care.

Quality improvement:

There are a number of studies that recommend a departure from current standard operating procedures for CPS agencies. In brief it refutes the status of CPS as an administrative function of government and instead identifies CPS as a human service agency open to the same metrics and objectives as other human service organizations. The concept of continuous quality improvement with measurable outcomes, clearly defined goals and transparency similar to hospital system report cards should be part of a revitalization of CPS.

Another aspect of quality improvement is to prevent abuse. As child psychiatrist's we are trained in evidenced based parent child interventions that are critical in preventing abuse. We have some of the best mental health preventionists in the county right here and recommend working with mental health experts to front load the educational and prevention efforts in our community.

Thank you for taking on the work of redefining the role of child protective services and returning it to effectiveness. We ask the task force to elevate the importance of the mental health consequences of abuse in your deliberations and have suggested changes to policies for collaboration, communication and reestablishing a community/CPS partnership with mental health providers.

Sincerely,

A handwritten signature in black ink that reads "David Einzig, MD" followed by a stylized flourish.

David Einzig, MD, MSCAP President