

Collaboration, Data Sharing, and Integration within Community-University Partnerships: Building Capacity within Child Protective Services to Screen and Refer Children with Mental Health Challenges

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Beginning of Child Screening Collaboration

Perspectives on why it began

- A central goal was to reduce disparities in mental health services and outcomes for children within the child welfare system. Children were 'slipping through the cracks' of the system.
- A federal review of the local Youth and Family Services (YFS) division found that they were only meeting the mental health needs of 40% of children who were involved in their system but not in their custody. YFS would lose \$6 million in federal funding if the numbers did not improve.

Vision and Unanticipated Changes

Envisioned Structure

- YFS viewed these issues as a catalyst to improve services by using screening together with a Family Partner program that was also being evaluated through a partnership.
- Social workers were going to screen for mental health needs in all four DSS districts and share that information with Family Partners, who would help connect the family to services.

Unanticipated System Changes

- There was at least 2 years of planning and applying for funding before it was approved.
- Initially, there were 4 Family Partner agencies. Upon receipt of funding, contracts with the Family Partner agencies were terminated; agencies could reapply – this took months.
- Many of the original partners and planners had changed positions or were no longer in the community; social workers were left to do the screening and referring themselves.

Screening Tool and Theoretical Approach

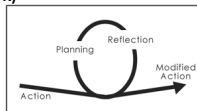
Child Behavior Checklist (CBCL)

UNCC professors reviewed options with DSS supervisors, but the CBCL stood out because it fits a broad range of ages, is inexpensive, does not require special expertise to administer, and assessed a broad range of clinical categories.

The CBCL is a questionnaire completed by caregivers of youth aged 6-18 to measure childhood functioning and a variety of mental health problem areas (Achenbach, 2001). Standardized scores are generated relative to normative samples. The validity and reliability of the measure has been demonstrated in numerous ways (Achenbach, Dumenci, & Rescorla, 2003; Ivanova et al., 2007).

Community Based Participatory Research (CBPR)

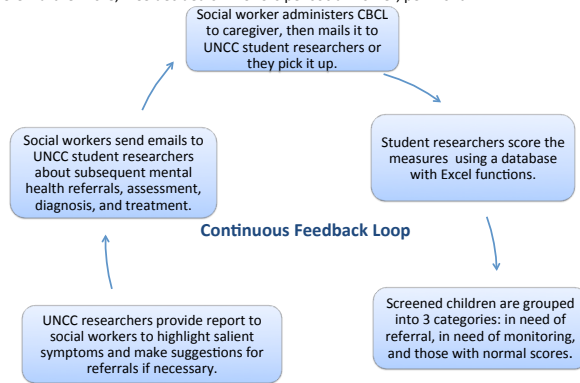
The screening planning process used a CBPR approach, which means that community members (YFS) were involved in planning and conducting the research (Kelly, Ryan, Altman, & Stelzner, 2000).



Actual Procedure

Consensus Driven Process

A team of people met to discuss the process. The measure was already selected, but they all debated how to choose the child to screen, as well as the process to get CBCL feedback to social workers (shown below), the timeline for the various steps, the format of the CBCL screening report, and the training process. Since there were already Pre-K screenings being completed in District 1, it was decided the screening would take place there. Furthermore, DSS decided on 2 CBCLs per social worker, per month.



Small Wins

- The data that have been collected provide evidence that there are children with unmet mental health needs. A majority received services after the screening identified issues (show in the table below).

Children's Service Utilization Outcomes as a Result of CBCL Screenings			
Screening Categories	Referred	Recommended Services	Received Treatment
In need of referral	8	6	6
In need of monitoring	3	5	2
Normal	12	22	3
Total	23	33	11

- Identification of mental health concerns helps social workers develop case plan goals.
- This process provided YFS with a simple, standardized screening tool.
- A long standing relationship developed with DSS management. Individuals at DSS would like to see the CBCL institutionalized and implemented in different districts and with children of different age levels (e.g., children under six).
- In recent months, the YFS director offered to provide incentives if the social workers completed the CBCL, such as paid vacation and a pizza party.

Barriers

Lag in Federal Funding

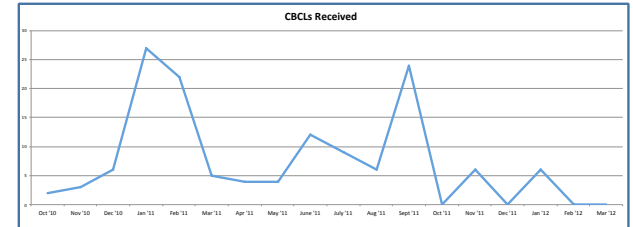
Between the planning process and the receipt of funding to support the partnership and its projects, it was difficult to engage key decision-makers and maintain interest among those implementing the service.

Transitions in Management

During this lag period, a different division of DSS became responsible for programs. The new division did not have mental health at the forefront of their agenda, and newly promoted people within this division had not been informed about the screening process and why it was important.

Unexpected Termination of Family Partner Programs

The family partner programs initially designated to link families to services were terminated. This resulted in the social workers having to do the process themselves.



Fluctuation in CBCL receipt

The line graph above illustrates the number of CBCLs received each month since the project began. Approximately 60 CBCLs should be completed each month; however, this goal was never achieved. On several occasions, zero CBCLs were completed within the month.

Limited buy-in of the social workers

Some social workers have said the CBCL is a valuable tool and easy to administer, but they do not do it because it is not state-mandated. Meetings have been held with social workers, supervisors, managers, and administrators to identify and discuss the issues and solutions. The reason for 'pushback' is not clear, but it does seem that there is some disconnect between the goals of administrators and their staff.

Lessons Learned

- It may have been helpful to have the social workers assist in selecting the measure. This would have given the social workers voice, which may have created more commitment to and belief of the screening's value.
- More people at DSS could have been informed of the processes and rationale for the project, so when employee turnover occurred others were still knowledgeable.
- It may have demonstrated the value of the screening if reports to DSS about progress were generated by UNCC more frequently and quickly early on.
- Despite measures taken to incentivize social workers, they are less likely to make referrals when caseloads are higher and casework demands are increased.