What do the Evaluation Findings Tell us about Children and Families, about Service Provision, and about the Effectiveness of this Approach?

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Northern Illinois University CFVSA Brownbag Series
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Presentation Overview

- The DCFS Integrated Assessment (IA) program as a model of comprehensive family assessment
- Adverse Childhood Experiences of Parents
- Current Service Needs of Parents
- Children’s Mental Health Needs and Service Utilization
- Measuring the Impact of the IA Program

What is the Integrated Assessment (IA) Program?

IA is a process that looks at the medical, social, developmental, mental health, and educational domains of both the child and the adults who figure prominently in his or her life.

The IA program draws on dual professional perspectives – a child welfare caseworker and a licensed clinician (IA screener), and it provides the instruments and process to conduct a thorough clinical assessment for families facing challenges of neglect or abuse.

The IA process and the IA report create a foundation for more informed decisions regarding service intervention to bring the case to an appropriate conclusion.
Parents’ Adverse Childhood Experiences (ACE)

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>CDC study (N = 17,337)</th>
<th>Illinois DCFS Integrated Assessments (N = 100 families; 140 parents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or more</td>
<td>WOMEN 15% MEN 9%</td>
<td>MOTHERS 47% FATHERS 21%</td>
</tr>
</tbody>
</table>

The percentage of mothers and fathers with high adverse childhood experiences scores (4 or more items) exceeded double that reported by CDC for the general population.

Association Found Between Parents’ ACES and Current Functioning

- Employment and education associated with history of childhood trauma

<table>
<thead>
<tr>
<th>ACES &lt; 4 (N = 90)</th>
<th>ACES ≥ 4 (N = 50)</th>
<th>X² p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable Employment</td>
<td>39%</td>
<td>18%</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>48%</td>
<td>24%</td>
</tr>
</tbody>
</table>

- “Actionable” CANS scores associated with history of childhood trauma

<table>
<thead>
<tr>
<th>CANS item</th>
<th>ACES &lt; 4 (N = 90)</th>
<th>ACES ≥ 4 (N = 50)</th>
<th>X² p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>29%</td>
<td>70%</td>
<td>.001</td>
</tr>
<tr>
<td>Substance use</td>
<td>35%</td>
<td>54%</td>
<td>.02</td>
</tr>
<tr>
<td>Residential stability</td>
<td>26%</td>
<td>55%</td>
<td>.008</td>
</tr>
<tr>
<td>Household organization</td>
<td>32%</td>
<td>24%</td>
<td>.07</td>
</tr>
<tr>
<td>Marital/partner violence</td>
<td>30%</td>
<td>48%</td>
<td>.04</td>
</tr>
</tbody>
</table>

IA Screeners Connect Parents’ Histories with their Current Functioning

[Father saw his father shoot his mother]...He was six years old...After his mother’s death, he lived with his maternal grandmother and his aunts and uncles...[where] he was “whipped” with extension cords and belts... He reported that he started getting into trouble during high school and dropped out of school... Father reported that he was exposed to violence and violent neighborhoods throughout his... Father evidenced depression and anxiety...and possible unresolved grief and trauma issues and responses...[Father] reported that he needs to get out of jail, obtain a job, and obtain housing to care for his children. He does not believe his family is in need of further services... He lacked insight regarding the impact of his criminal involvement, substance abuse in the home, and instability on the children.

[Mother] experienced significant trauma related to being sexually abused and the victim of domestic violence. She reported that she continues to be impacted by those childhood traumas and that they impact her emotional functioning and parenting... Mother reported that she and her children moved from “place-to-place” a total of 23 times between 1998 and 1999 in order to flee from children’s (abusive) biological father. [Mother’s] personal history of abusing substances, exposing her children to violent partners, and physically disciplining her children has placed them at risk.

Part II:
Current Service Needs among Parents Involved with Child Welfare
Engaging child welfare involved families

“Those families most in need of services are also least likely to engage in them. ...Barriers to engagement are magnified in child welfare, where services are mandated, parents may or may not be living with their children, many families are unstably housed, and parents frequently struggle with addictions and their own mental health issues.”


A Disconnect between Child Welfare Populations and Intervention Research

“Successful programs tend to be targeted toward a specific group of people who might be expected to benefit the most from the services provided.”


“Many of the studies used in evidence-based medicine and psychosocial treatment have excluded very important variables such as comorbidity of conditions.”

Barth (2007). The Move to Evidence Based Practice: How Well Does it Fit Child Welfare Services?

Child and Adolescent Needs and Strengths (CANS)

Has multiple applications

(1) decision support
(2) treatment planning
(3) outcomes management

High inter-rater reliability among certified raters; reliability and validity has been established in previous studies focusing on child domains and child mental health issues

113 child items; 14 caregiver items x up to 10 adults

Sample CANS item - Substance Use

0 Caregiver has no substance-related limitations that impact assistance or attendant care

1 Caregiver has some substance-related limitations that interfere with provision of assistance or attendant care

---item is considered ‘actionable’ if scored > 1---

2 Caregiver has significant substance-related limitations that prevent him/her from being able to provide assistance or attendant care

3 Caregiver is unable to provide any needed assistance or attendant care due to serious substance dependency or abuse
We focused on 6 of the caregiver items:

- Knowledge
- Resources
- Physical Health
- Supervision (capacity to monitor)
- Involvement with Care
- Mental Health

Organizational (of household, services, & activities)

Residential Stability

Post-traumatic Reactions

Marital Partner Violence

Substance Use

Developmental (disability/low IQ)

Involvement with care

Parental criminal behavior

Complexity of Family Relationships in Child Welfare Involved Families

- 4089 families assessed with CANS between 2007 and June 2010
- Few (1.8%) families have multiple mothers
- 1738 of the families have no father assessed
- 2351 of the families have a father assessed
- 1375 have one child; 28 of those have multiple fathers assessed
- 976 have multiple children; 819 have multiple fathers assessed

LCA – Families, Mother with greatest # of ‘actionable’ CANS

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
<th>Cluster 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>0.462</td>
<td>0.1305</td>
<td>0.789</td>
<td>0.8579</td>
</tr>
<tr>
<td>Partner Violence</td>
<td>0.3053</td>
<td>0.0976</td>
<td>0.3293</td>
<td>0.6678</td>
</tr>
<tr>
<td>Post-traumatic stress</td>
<td>0.0499</td>
<td>0.0432</td>
<td>0.791</td>
<td>0.696</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>0.2831</td>
<td>0.0683</td>
<td>0.3934</td>
<td>0.694</td>
</tr>
<tr>
<td>Resources/Residential instability</td>
<td>0.6014</td>
<td>0.3066</td>
<td>0.5481</td>
<td>0.294</td>
</tr>
</tbody>
</table>

LCA – Families, Father with greatest # of ‘actionable’ CANS

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
<th>Cluster 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>0.0552</td>
<td>0.2532</td>
<td>0.9006</td>
<td>0.8476</td>
</tr>
<tr>
<td>Partner Violence</td>
<td>0.1244</td>
<td>0.3907</td>
<td>0.2676</td>
<td>0.8103</td>
</tr>
<tr>
<td>Post-traumatic stress</td>
<td>0.0168</td>
<td>0.0406</td>
<td>0.3847</td>
<td>0.3993</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>0.0116</td>
<td>0.8553</td>
<td>0.234</td>
<td>0.8519</td>
</tr>
<tr>
<td>Resources/Residential instability</td>
<td>0.2386</td>
<td>0.5184</td>
<td>0.5482</td>
<td>0.7623</td>
</tr>
</tbody>
</table>

Moderate likelihood for actionable scores in mental health, substance abuse, and relatively low likelihood for actionable scores across all indicators

Relatively high likelihood for actionable scores across all indicators

High likelihood for actionable scores in mental health, post-traumatic stress, and relatively high likelihood for actionable scores across all indicators

High likelihood for actionable scores in mental health and moderate likelihood for actionable scores in residential instability
Understanding Unmet Mental Health Needs among Children in Foster Care

- An estimated 40 to 60% of children in foster care have clinically significant emotional or behavioral problems, yet estimates of service receipt range from 25% to 80%.
  (Burns et al., 2004; Leslie et al., 2004; Raghavan et al., 2010; Landsverk et al., 2002; US Public Health Service, 2000)

- Guidelines call for comprehensive mental health screenings & emphasize the importance of actively engaging families in the mental health services for children.
  (Committee on Early Childhood Adoption and Dependent Care, 2002; Romanelli et al., 2009)
Caseworkers Assessments of 'Substitute' Caregivers

Concerns about Caregivers Mediate the Relationship between Children’s MH Needs and Service Receipt

What are the odds of Receiving Mental Health Services when there is an ‘actionable’ item on the Emotional/Behavioral CANS domain for that child (vs. no ‘actionable’ item)?

- Relative caregiver with no concerns --- 4.0
- Relative caregiver with concerns --- 1.5
- Non-relative caregiver with no concerns --- 3.2
- Non-relative caregiver with concerns --- 2.5

Part IV: Measuring the Impact of the IA Program

Differences by Race in MH Service Utilization but not MH Need

<table>
<thead>
<tr>
<th>Race of child</th>
<th>Black</th>
<th>White</th>
<th>X^2</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>360</td>
<td>346</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior/emotional problem</td>
<td>30.59</td>
<td>30.37</td>
<td>0.3299</td>
<td></td>
</tr>
<tr>
<td>Caregiver Concern</td>
<td>35.15</td>
<td>37.16</td>
<td>&lt;.0001</td>
<td></td>
</tr>
<tr>
<td>Mental health service use</td>
<td>36.27</td>
<td>38.23</td>
<td>0.0066</td>
<td></td>
</tr>
</tbody>
</table>
Trends in Reunification: IA Placement cases ('standard group') vs. Non-IA Placement cases

* Family reunification rate was calculated at the end of the 15th month after entering foster care.

Conclusions

- A significant number of parents involved in child welfare have multiple adverse childhood experiences and there is an association between those histories, assets (education/employment) and current functioning.
- Drawing on Caregiver CANS scores for parents, we can identify distinct subgroups of parents. Those subgroups and the combined family typology have implications for service delivery to parents.
- Concerns about relative caregivers mediates the relationship between children’s mental health needs and services received. It is critical that we understand better any racial disparities in the identification of concerns or resource needs among relative caregivers.
- Preliminary results suggest the IA program may be impacting reunification; however, assessment is just one piece of what is necessary in the pathway to system outcomes; evaluation findings also highlight areas for improvement in family engagement and service delivery.