



**The Center for Mental Health
Services Research (CMHSR)**

Project Descriptions

Child Neglect: Service Paths and Young Adult Outcomes

Principal Investigator: Melissa Jonson-Reid, PhD

Partners:

Missouri Department of Children's Services and St. Louis City and County Family Services

Missouri Department of Health and St Louis City Human Services

Missouri Department of Mental Health

Missouri Department of Social Services

Missouri Department of Corrections and Youth Services

Regional runaway youth shelters

State Highway Patrol

St Louis City Public Schools Special Education

St Louis County Special School District

BACKGROUND:

Children reported for neglect and abuse are heavily represented in multiple public service sectors (Jonson-Reid & Drake, 2002) and are at risk of poor adult outcomes (Widom, 2000), yet cross-sector service research to help us understand how services are associated with these adult outcomes is rare.

AIMS:

This application "Child Neglect: Service Paths and Young Adult Outcomes" will extend a currently funded child neglect study that tracks neglected, abused and poor comparison children to age 18 to follow those children through young adulthood.

METHODS:

Young adult service use and indicators include special education services provided from age 18 through 23, participation in mental health services (including emergency care), mortality, becoming a parent, TANF participation, maltreatment of own children, adult criminality, emergency health services, and homeless shelter use. The proposed study will also include an in depth examination (including manual review of ~1500 case files) of two groups at particularly high risk for poor adult outcomes, maltreated children with educational disabilities and maltreated children who run away. This proposed project will use an accelerated panel design, extending the current sample of four age cohorts (birth to 3, 3 to 6, 6 to 9 and 9 to13) in 1993-94 through mid-year 2007 (through age 24). The large sample (N=22,582), includes an AFDC/

maltreated group (n=11,762) and a randomly selected AFDC only comparison group (n=10,820) matched by age, region and ethnicity. A supplementary comparison group (not included in the panel due to fewer data points) includes 6,042 individuals reported for maltreatment in 1993-1994 and not in families on AFDC. The large sample size and longitudinal cross-sector agency information allows for the prospective investigation of young adult outcomes controlling for childhood cross-sector service use.

IMPACT:

The proposed work will be the only known study, extant or planned, combining broad cross-sector coverage across maltreated and comparison children through this length of coverage of young adulthood, and have the ability to capture rare, but important, outcomes (e.g., death, incarceration, homelessness). Supported by a multidisciplinary research team with expertise in child and adult research, close ties to the participating agencies, expertise in administrative and case file data collection, and proposed analytic approaches, this study will provide unique, timely and policy-relevant information regarding the transition to adulthood for some of our society's most vulnerable children.

Searchable Database of Child Abuse and Neglect References

Includes more than 500 journal articles, books, book chapters, reports, conference proceedings, and web-based sources. To proceed to the searchable database, go to this link:
http://gwbweb.wustl.edu/projects/child_neglect/bib/bib.htm

How to Search

1. After you have clicked on the link to the database below, select "CANBibliography.enl" from the pull-down menu by the word "Search".
2. Select the button "Advanced Search".
3. Click the down arrow under "Field to Search", and click once on your choice. (You can search by author name, journal title, article title, year of publication, or keyword.)
4. Type some words in "Data to Locate"

Keyword Search Tip

Because some keywords are a part of a multi word phrase, sometimes you must enter the multi word phrase (for example: child neglect, child development, family relation). To get more search results, you should use the keyword "child neglect" or "child abuse" rather than using the terms "neglect" or "abuse".

On-line Bulletin Board

In order to promote interaction and exchange of ideas with our agency partners, we are working on a special on-line bulletin board just for our agency partners. Later preliminary findings will become available via a public web site.

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Coordination of Care Working Group

Principal Investigator: Nancy Morrow-Howell, Ph.D.

Partner Organizations:

Division of Senior and Disability Services, Missouri Department of Health and Senior Services

GOAL:

Identify strategies to improve services to DSDS clients with mental health issues.

OBJECTIVES:

In an effort to improve coordination of services between the MO Department of Mental Health (DMH) and the MO Division of Senior and Disability Services (DSDS), there is a desire for increased collaboration and communication between front-line case workers of both departments on behalf of clients with mental health issues. To facilitate this improvement process, the RNDC will initiate a “Coordination of Care Working Group.” The first initiative of this group will be a meeting to jointly review case studies with DMH and DSDS St. Louis area regional and central office leadership, referred to as “Case Study Reviews.” The vision is to develop an ongoing effort process by which DMH and DSDS can interface about the mental health needs of DSDS’ clients.

METHODS:

To prepare for the Case Study Reviews, case workers at DSDS will nominate cases in which mental disorder was a key presenting problem. At least one of these cases will be a client shared by DSDS and DMH. These cases will be made anonymous, summarized, and prepared by RNDC staff and will be reviewed by the mediator and lead DSDS and DMH staff prior to the working group meeting. Then, the cases will be discussed at a meeting involving DSDS and DMH administration/ policy level staff, Washington University RNDC-affiliated staff, experts in the field of aging, and a skilled mediator. The cases will include information such as: case summary (with identifying information removed), presenting problem, mental health issues/needs, what the client needed, what was attempted, case collaboration efforts between DMH and DSDS, and the outcome of the case. A total of three to five cases will be discussed at this meeting, with conversation focused on how the DMH and DSDS can improve collaboration at the case level, with the mediator facilitating the discussion.

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Improving Community Long-Term Care (CLTC) System Response to Late Life Depression

Principal Investigator: Enola K. Proctor, Ph.D.

Partners: Division of Senior and Disability Services, Missouri Department of Health and Senior Services

BACKGROUND: Community long-term care (CLTC) is a growing part of the nation's safety net that serves low-income adults. We seek to develop a system-level intervention for improving care for depressed older adults who receive publicly funded community long term (CLTC) services.

AIMS:

- Adapt a Collaborative Care model to the CLTC context in order to improve depression care in CLTC
- Assess the transportability of Collaborative Care to CLTC by evaluating feasibility, acceptability, and clinical appropriateness

This intervention development effort is responsive to recommendations of the President's New Freedom Commission Report of Mental Health (2003). This Report promotes the institution of mental health screening and early intervention programs in all public health and human services. Improving depression care through CLTC can extend mental health treatment to socially and economically disadvantaged elders who historically have underutilized specialty mental health care.

METHODS:

Develop intervention sustainable to the state service delivery system

Engage experts in depression treatment, service delivery to African American elders, and local stakeholders to modify a Collaborative Care model for low-income African-American elders served by the public CLTC system in the Delta region of the state of Missouri.

Involve stakeholders in local area to strengthen feasibility of intervention

Pilot test the acceptability and feasibility of the proposed depression treatment to key stakeholders, including Missouri Delta Region primary care M.D.'s, mental health specialists, CLTC administrators, caseworkers, African American community leaders, patients, and families.

Adapting IMPACT model

Adapt depression treatment model and demonstrate to be effective in primary community long-term care setting.

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Improving Psychological Assessments for Child Welfare

Principal Investigator: Curtis McMillen, PhD

Partners: Children's Division, Missouri Department of Social Services

PURPOSE: Improving psychological assessments within child welfare as a key finding of "The Intersection of Mental Health and Child Welfare Services" study. CMHSR/RNDC leadership have participated in inter-departmental, state-wide, work groups & committees; (a) CD-initiated "Assessment Workgroup"; and (b) DMH-initiated "Juvenile Justice Committee"

DESIRED OUTCOMES: detailed and focused referrals, responsive evaluation reports addressing identified areas of concern, test data supporting evaluator's conclusions and the development of state-wide, cross-departmental assessment tools that are use for children served in the Missouri public sector.

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Improving Response to Depression Project

Principal Investigator: Nancy Morrow-Howell, Ph.D.

Partners: Division of Senior and Disability Services, Missouri Department of Health and Senior Services

GOALS:

- Improve depression screening at Central Registry Unit (CRU), Division of Senior and Disability Services (DSDS) by adding 2 question depression screening
- Develop useful resources and tools for local case workers to improve depression assessment and treatment

METHODS:

1. Screening: (Name of 2 QUs, list them) In order to improve depression treatment, there needs to be an improved mechanism of identifying depression at the CRU of the DSDS, as well as a follow-up mechanism at the local level of the DSDS. One proposed mechanism is to add a two-question/four-response option depression screening to be asked by CRU staff of each client.
2. Assessment: While there is a high-rate of false positives with this screening tool (%), each client who is flagged as possibly positive for depression at the CRU will receive follow-up assessment for depression by the local DSDS social worker. The local social worker will be/is (?) mandated to complete behavior and mental health sections of the pre-existing DSDS assessment, including the Geriatric Depression Scale. Similar to the currently implemented dementia protocol, the goal is to maximize the questions already present in the DSDS assessment by completing a more thorough screening of those already identified as possibly depressed.
3. Tools/Resources: Tips and tools, such as how to talk to older adults who are depressed, depression medications, how to work with a suicidal older adult, will also be provided to the local social workers.
 - For the case worker:*
 - a. Ways to talk about depression with the client
 - b. Tools to help the case manager deal with the client's depression
 - c. Medications
 - What your client needs to understand about their medications.
 - For the client:*
 - d. Self-care tools for the clients
4. Referral paths: How to refer clients to other sources of help
 - Primary care (case worker talk to the doctor)
 - Specialty care
 - Gero-sych accepting Medicare/Medicaid mental health clinic

The RNDC staff will solicit DSDS staff's in-put to this development process. One venue for this in-put is at the end of RNDC-sponsored trainings. In order to gain ideas from DSDS workers, the last 45 minutes of the training session on compulsive hoarding for DSDS workers will be devoted to a brainstorming session in which participants will share ideas and feedback about what is needed in terms of tools and resources for depressed clients and those who work with depressed clients.

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Intersection of Mental Health and Social Service Professionals

Principal Investigator: Curtis McMillen, Ph.D.

Partners: Children's Division, Missouri Department of Social Services

BACKGROUND:

Prior research conducted with the Missouri Department of Social Services' Children's Division suggested that youth in foster care receive many mental health services. Little is known about what the quality is of the mental health services received by child welfare consumers, how mental health and child welfare professionals interact to provide services to consumers, and what barriers to more effective collaboration exist because of differing workplace and professional cultures.

METHODS:

In an effort to identify potential targets for quality improvement, we explored these issues in qualitative interviews with 130 professionals working in child welfare, mental health and the courts in St. Louis City and St. Louis County, Missouri.

FINDINGS:

The systems we explored were full of mostly competent practitioners conducting their jobs within substantial system constraints with the limited tools of their professions. Despite their efforts, a substantial disconnect existed between ideal and actual practice, and multiple divides were discovered between the need for specialized mental health evaluations; the execution of these evaluations; the treatment recommendations emanating from these evaluations; and the provision of specific, focused mental health services. Although child welfare consumers appear to be receiving lots of mental health services, they are not likely getting the services they need. We found that the mental health services received by child welfare consumers were heavily mandated by the court. Judges reported that they wanted as many professionals' opinions as possible. Child welfare professionals reported spending a great deal of time arranging the evaluations and treatments ordered by the court. These evaluations also drained balances in the Children's Treatment Services accounts, which is a resource from the state's general revenue that is allocated to fund specialized mental health and other services not otherwise covered by Medicaid.

Professionals from many disciplines expressed profound concerns over the prescribing practices of psychiatrists, who reportedly prescribe multiple medications after very short evaluations. The professionals frequently described children whom they thought were overmedicated.

Child welfare professionals reported a need for more training on mental health issues, especially on psychotropic medications. Child welfare professionals said they were reluctant to challenge psychiatrists on their prescribing practices. They also reported that residential program staff members were reluctant to challenge psychiatrists because it was difficult to recruit and retain the psychiatrists for residential programs.

Child welfare and court professionals perceived many problems with psychological evaluations, saying, for example, that the evaluations were "cookie-cutter," conducted too quickly and with

too little information, and offered recommendations that were not specific enough to guide service delivery and case planning.

Children in the foster care system were reported as being susceptible to the implications of repeated mental health evaluations, gathering more diagnoses and medications the longer they remained in the system. These multiple diagnoses and medications make it more difficult for the system to find permanent homes for these children. Parents were also described as susceptible to the implications of mental health evaluations, with the result that it was sometimes more difficult to return children to their care.

Many concerns were expressed about the provision of low-grade therapy that was too nonspecific to help child welfare consumers. The child welfare professionals complained about a lack of mental health specialists to help with assessment and treatment issues common in child welfare practice.

Child welfare professionals often preferred certain mental health providers not because they had a reputation for providing quality service, but because these providers worked well with the system. For example, they accepted Medicaid payments, provided timely reports for the court, and provided recommendations for case planning that were concordant with the child welfare professionals' opinions.

Child welfare professionals complained that their recommendations were often muffled in court, drowned out by reports of mental health professionals and the opinions of guardians *ad litem* and deputy juvenile officers. The child welfare professionals believe that in general, these groups do not know as much as they do about child and family situations.

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Leveraging Family Courts to Improve Mental Health Services for Child Welfare Consumers

Principal Investigator: Curtis McMillen, Ph.D.

Partners: Children's Division, Missouri Department of Social Services

BACKGROUND:

If the child welfare system has become a de facto mental health system, as many researchers have maintained, then the family courts that oversee child welfare cases have become de facto mental health courts. These courts oversee, review and order mental health services. But, the judges and other court professionals involved in directing mental health care have no training in mental health issues. These courts may have the potential, however, to help bridge the gap between usual care and the evidence-based mental health treatments advocated by many for child welfare consumers. Family court judges possess a power unique among professionals involved in these families' care. They have the legal power to court order the child welfare, mental health or educational authorities to arrange, provide and/or pay for specific services, including evidence-based mental health treatments. However, it is unclear how best to harness the impressive power of the courts to bring evidence-based mental health treatments into child welfare.

METHODS:

Consistent with the NIMH R34 PA that calls for research to conceptualize service system interventions, this application proposes to use panels of expert mental health and court professionals to examine the potential of two kinds of interventions: (a) interventions that use the formal and informal powers of family court judges to instigate the local development of evidence-based mental health provider resources, and (b) interventions that take place in the courtroom to help connect child welfare consumers to evidence-based mental health treatments. This could include developing practice models of mental health specialists co-located in the courts to connect consumers to needed services. An additional panel of experts will synthesize the recommendations of prior panels to propose one or more interventions to be pilot tested in family courts. Qualitative work will then explore the acceptability of these interventions to court professionals. After needed alterations are made to address acceptability concerns, the interventions will be briefly piloted and their effects assessed. The results will lead to the development of an R01 intervention application if results warrant.

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Mapping a Research-to-Practice Agenda in Child Welfare

Principal investigators: Sally Haywood, MPA & Bonnie Washeck

Partner Organizations: Children's Division, Missouri Department of Social Services

OBJECTIVES:

The Missouri Children's Division (CD) and Washington University invite researchers across Missouri to join in a discussion of mutual research interests. This planning conference will provide an overview of ongoing research involving the Missouri Children's Division and the ways in which the CD makes use of the research to improve the welfare of Missourians. Researchers in Missouri's universities actively collaborate with the MO CD's staff and clients and make use of data from the division. With this conference, the CD leadership will bring together researchers and CD staff to share concerns and research interests.

CONFERENCE OBJECTIVES:

1. To respond to the Children's Division's (CD) need to identify key stakeholders—CD administrators, researchers, and others. CD administrators want to be aware of the areas of expertise and interests of MO child welfare researchers.
2. To communicate what research is being conducted in Missouri with the CD and what research is being done that has relevance to the CD.
3. To improve researchers' knowledge of the needs and priorities of the CD and to discuss ways the CD can call upon researchers for help.
4. To understand researchers' perspectives in determining a research agenda to pursue with the CD (i.e. How do researchers choose what to research?).
5. To discuss creation of an ongoing network to increase:
 - a. Clear communication among stakeholders, particularly the CD and MO researchers;
 - b. Dissemination of findings; and
 - c. Integration of research findings into CD practice in order to bolster CD/researcher collaborations to maximize the CD's use of evidence-based and data-driven treatments.

This conference will provide an opportunity for contact and collaboration among members of the research community and members of the Children's Division. Participants will work together to develop a vision for the partnership and a commitment to ongoing communication. Everyone will meet, become familiar with the work, and develop a vision and commitment of how we will stay in communication. This planning conference will likely be followed by a similar future event to be hosted by another Missouri university.

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Missouri “Bootheel” Intervention Development: Improving Depression in the Missouri Delta

Principal Investigator: Enola Proctor, PhD

Partners: Division of Senior and Disability Services, Missouri Department of Health and Senior Services

BACKGROUND:

Compelling evidence exists that not all Americans receive equal and timely access to high quality healthcare, including mental health services. Addressing racial and ethnic health disparities is a top priority demanding attention at the national, state, and local levels.

AIMS:

Improving Depression in the Missouri Delta is designed to address racial disparities in the Missouri Bootheel, part of the Mississippi Delta Region of the United States. Specifically, this project aims to pilot a depression treatment program for rural, low income, and functionally- impaired African American seniors living with depression.

METHODS:

Built on the Collaborative Care model, in which physical and mental health care providers work together to manage the treatment of mental health disorders, the one-year study aims to:

- Engage relevant experts to adapt a Collaborative Care model to address the unique needs of low-income African American seniors served by the public community long- term care (CLTC) system.
- Test the acceptability and feasibility of the new treatment model with key stakeholders, including local primary care physicians, mental health specialists, CLTC administrators, caseworkers, African American community leaders, patients and families

The study will implement this model with at least twenty-five depressed African American elders who are CLTC clients.

OBJECTIVES:

Develop intervention sustainable to the state service delivery system

Engage experts in depression treatment, service delivery to African American elders, and local stakeholders to modify a Collaborative Care model for low-income African-American elders served by the public CLTC system in the Delta region of the state of Missouri.

Involve stakeholders in local area to strengthen feasibility of intervention

Pilot test the acceptability and feasibility of the proposed depression treatment to key stakeholders, including Missouri Delta Region primary care M.D.'s, mental health specialists, CLTC administrators, caseworkers, African American community leaders, patients, and families.

Adapting IMPACT model

Adapt depression treatment model and demonstrate to be effective in primary community long-term care setting.

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Quality Improvement in Restraint Practices in Residential Programs

Principal Investigator: Curtis McMillen, Ph.D.

Partners: Children's Division, Missouri Department of Social Services

BACKGROUND:

The use of physical restraint in mental health facilities rose to a national concern following a 1998 five-part series in the *Hartford Courant* that estimated between 50 and 100 persons died each year as a result of physical restraint in mental health facilities. Soon after the release of the series, several state and national efforts to reduce the use of and tighten the standards for physical restraints began.

AIMS:

The project will serve to inform a quality improvement effort by the Missouri Children's Division to promote the judicious use of physical restraint in the residential programs they license and regulate and that serve the children and youth in their care.

The aims of the project are to:

1. Increase understanding of the variability of restraint use in Missouri's residential programs.
2. Increase understanding of the variation in program-level policies on the use of restraints in these facilities.
3. Improve understanding of stakeholder views on the use of restraints at Missouri residential programs.
4. Improve understanding of the acceptability to residential providers of potential quality improvement activities related to the use of restraint.

METHODS:

The proposed pilot work also involves several small data collection efforts that include the following: the abstraction of archival information on the use of restraint at selected facilities; review of residential programs' written policies on the use of physical restraint; interviews with youth consumers, direct care staff, and program administrators; and, presentation of findings to residential providers at a statewide meeting designed to address next steps in this process.

STATUS:

The research team visited 9 residential programs, abstracted data from 381 incident reports, and completed qualitative interviews with 14 administrators, 2 direct care staff and 9 youth. Efforts to compile and report findings are currently underway.

NEXT STEPS:

The PI hopes to conduct subsequent pilot work and future ROIs related to the care provided in Missouri's residential programs for youth. The PI also aims to publish one article on stakeholder views of the use of physical restraint in residential programs for youth.

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