



Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system



Antonio R. Garcia ^{*}, Elizabeth Circo, Christina DeNard, Natalie Hernandez

School of Social Policy & Practice, University of Pennsylvania, 3701 Locust Walk, Philadelphia, PA 19104-6214, United States

ARTICLE INFO

Article history:

Received 17 September 2014

Received in revised form 31 December 2014

Accepted 7 March 2015

Available online 14 March 2015

Keywords:

Child welfare

Mental health services

Dissemination

Implementation

Disparities

Race

Ethnicity

Engagement

Community-based agencies

Privatization

ABSTRACT

While the gap between need for and access to mental health services is well documented among children of color in foster care, little is known about why they are sustained. To illuminate barriers of service delivery, thirty-six caseworkers participated in one of five focus group meetings in a large urban Mid-Atlantic City. Ground Theory Methods revealed that there are barriers and facilitators at the macro, meso, and micro practice orientations. At the macro-level, development of effective practice strategies and proximity to effective services are likely to influence dissemination of effective practices. Secondly, at the meso-level, job support is needed to facilitate awareness, but for case managers to feel supported, they need effective training and opportunities to facilitate interagency collaboration. Finally, at the micro-level, cultural competence largely impacts implementation of effective practices. However, increased awareness around the social ills of stigma and the salience of “insider work” are needed to increase cultural competence. A “downstream” effect in which there are numerous barriers identified at the macro level has a direct negative impact on organizational capacity and readiness to deliver and engage youth and families in mental health services served by the child welfare system. Findings underscore the need for child welfare agencies to build supports at the macro, meso, and micro practice levels to ameliorate mental health service disparities.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Approximately 400,000 children in the U.S. who are placed in foster care (USDHHS, 2014) are more likely to be diagnosed with a host of externalizing and internalizing behaviors, including depression, anxiety, ADHD, conduct disorder, PTSD, substance use, and suicidal behavior than children in the general population (Del Vecchio, Slep, & Heyman, 2012; Jonson-Reid, Kohl, & Drake, 2012; McCrae, 2009; Silvern & Griese, 2012; Trickett, Negri, Ji, & Peckins, 2011). Scholars assert that child welfare caseworkers may act as “service brokers” in that if (1) they are trained to detect negative symptomatology and (2) are aware of services that are readily available, they will play an instrumental role in ensuring that children in foster care receive effective and timely mental health services (Dorsey, Kerns, Trupin, Conover, & Berliner, 2012; Stiffman, Pescosolido, & Cabassa, 2004). Previous research shows that children placed in foster care are ten times more likely to utilize mental health services than children in community samples (Garland, Landsverk, Hough, & Ellis-MacLeod, 1996). In spite of this relationship, Garcia, Palinkas, Snowden, and Landsverk (2013) highlight that a number of studies published over the past fifteen years show that children of

color who are involved in the child welfare system (CWS) are significantly less likely to receive mental health services than their Caucasian counterparts, even after controlling for need and maltreatment exposure.

The question that remains unaddressed is how and under what conditions do these disparities linger. Garcia and colleagues recommend that “researchers need to analyze via multivariate pathways the direct and/or indirect individual, socio-environmental and organizational contextual factors, and the number of potential mediating factors...that may influence service-use experiences for at-risk youth and families of color in the CWS” (Garcia et al., 2013, p. 1731). Effective services will not be delivered unless we have a clear understanding of these pathways. To that end, this explorative study relied upon focus group data collected from child welfare case managers to understand, from their perspective, what factors facilitate and impede access to and use of effective services to promote positive developmental outcomes for youth of color served by the foster care system. The intent is to build an explanatory model of service delivery to later be tested in the context of relying upon quantitative methods.

1.1. The context of the local foster care system

The aforementioned public health concerns resonate for many of the children in a large urban city on the East Coast. As part of a new initiative to ensure safety, permanency, and well-being, the public child welfare institution initiated the implementation of a large-scale program that

^{*} Corresponding author. Tel.: +1 215 898 1592; Fax: +1 215 573 2099.
E-mail address: antgar@sp2.upenn.edu (A.R. Garcia).

decentralizes the provision of direct case management services through a network of several different community-based child welfare agencies, all of which are, more or less, separated by police precinct districts. To that end, this study takes stock of case managers' knowledge, experience, and practices to understand patterns of services delivery in the context of early privatization efforts. Moreover, the public child welfare agency provides the perfect "laboratory" for this study, given that an overwhelming number of the 6000 children served by the local foster care system are African American (80%) and Latino (13%).

2. Literature review

2.1. Children of color in the child welfare system

A number of studies have shown that reports of child maltreatment are more common among African American children, and that those allegations among them and Latinos are more likely to be substantiated than Caucasians (Church, Gross, & Baldwin, 2005; Courtney, Barth, Berrick, & Brooks, 1996; Hill, 2006). Relying on latent growth curve modeling, Kim, Chenot, and Ji (2011) more recently found that these patterns of disparity remain constant over the duration of a three year time period (2005–08) among African American children in particular. Once displaced from their home of origin, children of color are more likely to spend longer lengths of time in care, are less likely to be adopted (Barth, 1997; Church, 2006; Kemp & Bodonyi, 2000, 2002), and are less likely to reunify with birth parents (Courtney & Wong, 1996; Hill, 2006).

2.2. Racial/ethnic disparities in access to and use of mental health services

Studies show that children who enter the foster care system are more likely to be diagnosed with emotional and behavior disorders than same aged children and adolescents in the general population (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Havlicek, Garcia, & Smith, 2013; Landsverk & Garland, 1999; Leslie et al., 2000). One nationally representative study found that over 40% of children ages 2–14 referred to the CWS have a diagnosable internalizing or externalizing behavior problem, yet only 28% receive specialty mental health services (Hurlburt et al., 2004). Despite the need, however, Latino and African American children referred to the CWS are less likely to utilize mental health services than Caucasian children (Burns et al., 2004; Gudiño, Martinez, & Lau, 2012; Horwitz et al., 2012; Hurlburt et al., 2004). Even when analyses control for factors known to be associated with service use (e.g., gender, age, caregiver impairment, juvenile contact with police, maltreatment exposure, parental education, family income, and insurance status), significant racial/ethnic group differences in the likelihood of receiving any mental health service among those referred to or placed in the foster care system are still observed (Garcia & Courtney, 2011; Garland, Landsverk, & Lau, 2003; Garland et al., 2005; Hurlburt et al., 2004; Martinez, Gudiño, & Lau, 2013).

2.3. Contextualizing disparities in service delivery

While disparities in service delivery are well documented, the empirically-driven causal factors that contribute to and sustain them are unknown. It is plausible that a myriad of macro (e.g., funding, bureaucratic regulations, policies, mandates, development of services), meso (organizational functioning), and micro (individual practice behaviors, perceptions, and beliefs) barriers and facilitators influence service delivery. However, more research is needed to elucidate whether children and families of color served by the foster care system experience a *unique* set of barriers and/or if they are more likely to experience *additional* barriers to accessing effective mental health services and practice strategies within each of the aforementioned practice dimensions, as compared to their Caucasian counterparts.

2.3.1. The role of practitioners and system leaders

Practitioners and system leaders play a pertinent role in the processes of delivering effective mental health interventions to reduce poor negative developmental outcomes (Aarons, Hurlburt, & Horwitz, 2011; Schoenwald, Carter, Chapman, & Sheidow, 2008). Whether this process occurs is largely dependent upon their receptivity to innovative interventions, the perception of fit between services and the agency's goals and values (Rosenheck, 2001), and more broadly, how the organizational social context shapes and influences providers' behavior and attitudes toward evidence-based or evidence-informed practices (Aarons, 2004, 2005; Aarons et al., 2011). What remains unknown is whether their perceptions and practice behaviors differ when addressing the needs of a large pool of African American and Latino youth and families involved in the foster care system. Van Ryn and Fu (2003) posit that human service providers may intentionally and/or unintentionally contribute to racial/ethnic disparities in service delivery by communicating lower expectations for clients in "disadvantaged" social positions. Thus, child welfare case managers' beliefs or biases may influence their clients' expectations for the future, and the degree to which they expect them to obtain services and resources (Garcia, Aisenberg, & Harachi, 2012; Hasenfeld, 2010; Van Ryn & Fu, 2003). While it may be a challenge for case managers' to divulge personal biases, the focus group interviews will invite them to convey what they believe contributes to disparities in mental health service delivery.

2.3.2. The influence of the organizational and social context

While practice behaviors and beliefs are important to take into account, they are futile unless they are equipped with the resources and capacity within their organizational social context to implement evidence-based mental health interventions and services (Aarons & Palinkas, 2007; Aarons et al., 2011; Fixsen, Naoom, Blase, & Friedman, 2005; Mitton, Adair, McKenzie, Patten, & Perry, 2007). Specifically, several scholars posit that organizational culture, climate, and readiness for change influence the extent to which evidence-based mental health interventions are delivered to their intended users (Aarons et al., 2011; Davies & Nutley, 2008; Glisson et al., 2008; Weiner, Amick, & Lee, 2008). For example, stressful climates (e.g., high caseloads, turnover, excessive job demands) may not provide practitioners with ample time to thoroughly screen and assess for need, and deliver interventions to fidelity (Aarons & Sawitzky, 2006; Collins-Camargo, McBeath, & Ensign, 2011). The current study will shed light on whether such conditions are present in a large urban city on the East Coast's racially diverse foster care population.

Moreover, Aarons et al. (2011) suggest that the organizational social context is predicated by its ability and capacity to meet the needs and demands of the community to which it serves. As Palinkas and Soydan (2012) posit, dissemination and implementation of EBPs are contingent upon the external environment (e.g., access to and interaction with external agencies that deliver EBPs; and availability of information, data management, funding, training, technology, staff, and inter-agency linkages). Hence, the current study will reveal whether the community-based agencies, as organizational entities, are armed with the external resources to implement effective mental health services for the large pool of African American and Latino clients served by the foster care system.

2.4. Privatized child welfare services

Unique to this particular CWS on the East Coast, albeit more common in child welfare services systems across the U.S., is the transition to privatization. McBeath et al. (2014) assert that the relationship between public and private child welfare sectors has intensified because of the overall rise in contracting out of core governmental functions and a greater dependence on the human services of market oriented contracting mechanisms. In the context of these changes, privatized agencies are being called upon to develop and implement child welfare programs and evidence-based interventions to meet the needs of their target population. To achieve

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات