Survey of New York State Child Advocacy Centers

Created and Sponsored by APSAC-NY

Report and Recommendations

August 6, 2014

Introduction

In the winter of 2013, the Best Practices Committee of APSAC-NY commissioned a survey of New York State Child Advocacy Centers (CACs) about the provision of mental health screenings and treatment referrals for children seen by their multidisciplinary child abuse investigation team (MDT). Dr. Amy J. L. Baker, Director of Research at the New York Foundling Fontana Center for Child Protection, oversaw the project. A list of 40 New York State Office of Children and Family Services (OCFS) CACs was provided to Dr. Baker along with primary contact information for each. A survey was created by the committee and an invitation was sent to the CAC contact person inviting them to complete the survey. The invitation included a link to the Qualtrics survey location.

Methods

The survey consisted of about 20 questions, with a mix of closed and open ended items. The invitation was e-mailed and follow up e-mails and phone calls were made. In total, 39 of the 40 CACs participated in the project (response rate of 97.5%). The surveys were completed by social workers (41%), administrators (28.2%) legal staff (10.3%) and other staff at the CAC (28.2%).

Summary of Findings[1]

- About 70% of the survey respondents said that mental health screenings were provided to at least half of the children seen at their CAC.

- Barriers to providing mental health screenings included: no disclosure of abuse (26%), child/family refusing (64%), the child is too young (49%) (the survey did not ask whether the parent was screened if the child was deemed too young), lack of resources (13%), the child is already receiving services (18%) (respondents could check more than one reason)

- About one fifth reported using a validated screening tool, 45% said they use informal screening methods, and 26% said formal assessments are not conducted. A variety of screening tools were reported to be used by the CACs, including Child Post Traumatic Stress Disorder (PTSD) (3 respondents), Trauma Symptom Checklist (TSCL) (2 respondents), and several others listed by one CAC each.

- A little over half of the respondents reported using a trauma measure, with a range of trauma measures used including Child PTSD, TSCL, UCLA PTSD, and others.

- The mental health screenings (formal and informal) are conducted by mental health professionals almost 80% of the time, while about 20% have other staff complete the screenings such as victim advocates, CPS workers, or medical staff.

[1] Percentages are rounded

- Screening results are shared with the MDT as part of case review (28%), team members involved with the case (49%), the child/adolescent (39%), families (59%), other clinicians and outside agency staff (23%).

- Eight in ten respondents said that at least half of the children are referred for mental health treatment. The results of the screening drive the referrals for treatment in one fourth of the CACs. For the other CACs, referrals are made via the MDT coordinator (39%), the family (35%), a victim advocate (7%) or other/ambiguous responses (36%) (examples included "outside agency," "all families are offered treatment," referrals are based on need," and "if child is already connected to an agency."

- All but one respondent (97%) reported that the mental health screening was "somewhat" or "very" important for determining which children are referred for treatment while all respondents reported that the screening process is "somewhat" or "very" helpful for identifying which children have mental health problems. All but 2 respondents (90%) reported that the screening measure was "somewhat" or "very" helpful in identifying children's mental health problems. All respondents reported that the trauma measure used was "very" or "somewhat" helpful in identifying traumatized children.

- When asked about areas for improvement with respect to screening children with mental health problems, ten respondents provided suggestions including improve the measurement tool and improve staffing.

- 17 respondents described barriers to providing mental health screenings, including staffing issues (30%), cost (12%), age of child (12%), and not having an adult to provide consent (6%).

Recommendations

- All children and youth should be offered a screening for mental health problems regardless of the result of the MDT investigation because there could be other reasons for mental health problems in the child, regardless of a finding of maltreatment or disclosure of maltreatment.

- Valid mental health screening tools should be made available and used by CACs.

- Mental health screening tools specifically for children under the age of 6 should be made available and used by CACs.

- Screening staff should be trained to discuss the purpose of mental health screenings in order to decrease the likelihood of families refusing to cooperate.

- CACs should develop and follow guidelines for the proper sharing of the results of mental health screenings.

- A qualified mental health practitioner – or someone supervised by such a person -- should conduct the screenings and interpret the results whenever possible.

- MDT members should be provided with information about evidence based treatments (when available) and information about best practice when evidence based information is not available, for treating children of different ages and developmental levels with various mental health issues.

- The National Children's Alliance should consider conducting a national survey in order to determine the extent to which the findings from this survey are applicable to other states across the country.