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MENTAL HEALTH INTERVENTION: DOES AN EXPEDITED PROCESS INCREASE ACCESS TO MENTAL HEALTH SERVICES FOR CHILDREN?

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MENTAL HEALTH INTERVENTION: DOES AN EXPEDITED PROCESS INCREASE ACCESS TO MENTAL HEALTH SERVICES FOR CHILDREN?

A Project

Presented to the

Faculty of

California State University,

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In Partial Fulfillment

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by

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ABSTRACT

Child maltreatment negatively impacts physical, emotional, and the health and well-being of a person, often with lifelong implications. The importance of this study derives from the very necessity of mental health services for children who have suffered trauma. Children's Assessment Centers (CAC) assess and refer children who have experienced abuse to a therapist in the community. This study examines the use of an enhanced referral process used to connect some CAC clients more quickly to therapeutic services in the community. The study examined whether children who received this expedited referral service were more likely than children who received the standard referral process to see a therapist within three months. The study used data provided by one CAC in California. The CAC provided information on clients who received either the expedited or standard referral process within a 3-month period in 2017. The researcher then contacted the clients' caregivers to ask whether the child saw a therapist within 3-months of the child's referral from the CAC. The study used a Chi-square test to analyze whether children who received an expedited referral to mental health services were more likely than children who received the standard referral to receive mental health services within three months. Results indicated no statistically significant difference in access to mental health services for the two groups. However, during data collection, the researcher learned that some children were already engaged in therapy at the time they received the referral,

perhaps rendering the referral unnecessary. Implications for social work practice, policy, and research are discussed.

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Finally, I express my deepest gratitude to my husband and daughter, parents, sister, extended family and dear friends for providing me with unfailing support, continuous encouragement, patience, and love throughout these past three years of study.

Thank you all for being a part of my journey!

DEDICATION

I dedicate this research project to all children.

> “You are important and you matter. Your feelings matter. Your voice matters. Your story matters. Your life matters. Always”

Author

Unknown

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CHAPTER ONE

INTRODUCTION

PROBLEM FORMULATION

Mental health screenings and referrals to therapeutic services are imperative for children who have experienced trauma (Conners-Burrow et al., 2012). According to Conners-Burrow and colleagues (2012) only approximately a quarter of the children that underwent child abuse investigations and were identified to have emotional and behavioral concerns received mental health assistance through Child Protective Services (CPS). Using the National Children's Alliance (NCA) database, Conners-Burrow and colleagues (2012) further reported that out of the approximate 284,000 children seen at Child Advocacy Centers (CAC), 23% receive on-site therapeutic intervention and 34% are referred to community mental health resources. The number of children who do not receive therapeutic intervention is a concern as abused children may endure adverse mental health consequences as a result of not receiving a mental health assessment and treatment.

Newman, Dannenfelser, and Pendleton (2005) reported that current practice within the CAC model includes the provision of and referral to therapeutic services to a child after a disclosure, forensic interview and or a forensic medical exam has been conducted. CACs offer both onsite counseling and referrals for children to appropriate counselors who provide specialized

treatment (Newman, Dannenfelser, & Pendleton 2005). In addition to therapeutic linkages stemming from on-site therapist, victim advocates also have the ability to refer children and families for services (Jackson, 2004). Victim advocates are a component of the CAC model which provide support, assistance, and referrals to resources to victims and families. Victim advocates are often affiliated with other collaborative agencies such as the district attorney's office or law enforcement agencies (Jackson, 2004).

Elmquist and colleagues (2015) reported that even though direct mental health linkage, onsite services, and referrals are provided within this advocacy model, barriers do exist. Services can be delayed as a result of problems scheduling forensic interviews and exams from the time the abuse was reported (Elmquist, Shorey, Febres, Zapor, & Klostermann, 2015). These delays not only have a significant impact on prosecution and substantiation rates, but also on the physical and mental health of the child.

As reported by Connors-Burrow and colleagues (2012), once referrals and linkages have been made by CAC, families vary in their follow through to connect children to services. There are multiple caregiver reasons for declining services, including work conflicts, inaccessibility, personal schedule, caregiver impressions of lack of symptoms, a desire to forget abuse occurred or hope the child will forget the victimization (Connors-Burrow et al., 2012).

Child maltreatment negatively impacts the physical and emotional health of the child. Lifelong implications may include substance abuse, mental illness,

eating disorders, high-risk behaviors, suicide, chronic diseases, and impede social, educational and employment functioning (Centers for Disease Control and Prevention, 2014). Compliance of providing and linking abused children to mental health services is a concern of NCA, the child welfare system and society as a whole. The impact greatly affects children, families and their community (Centers for Disease Control and Prevention, 2014).

The CPS system has historically been deficient in the functions of investigations and protection of children (Smith, Witte, & Fricker-Elhai, 2006). Minimal interagency collaboration by CPS during an investigation may lead to a number of interviews of a child by different interviewers, such as law enforcement, CPS social workers, and medical professionals (Smith et al., 2006). Consequently, a child's mental health can be adversely impacted, create inconsistent or unreliable accounts of the abuse disclosed by the child, reduce successful prosecutions, affect the family's well-being, and may ultimately result in a child remaining in harmful and dangerous environments (Smith et al., 2006). When statutory agencies, including CPS and law enforcement, fail to make referrals to mental health services unhealthy emotional outcomes for children may result (Herbert & Bromfield, 2016).

Connors-Burrow and colleagues (2012) reported that in an attempt to remediate CPS and law enforcement shortcomings and reduce systematic trauma to children, CACs were created. CACs have led to significant changes in advocacy efforts for abused children. Huntsville, Alabama is the home of the first

CAC, established in 1985 (Conners-Burrow et al., 2012). The CAC model embraces a child centered, multidisciplinary team approach to child abuse investigations, medical and mental health services for abused children. CACs involve multiple agency collaboration from CPS, victim advocates, medical, mental health, law enforcement and district attorney (Herbert & Bromfield, 2016). Although the centers were initially focused on serving child sexual abuse victims, physical abuse and other forms of maltreatment are addressed (Conners-Burrow et al., 2012). This holistic response model consists of ten accreditation standards imposed by the NCA such as multidisciplinary teams, cultural competency and diversity, forensic interviews, victim support and advocacy, medical evaluation, mental health, case review, case tracking, organizational capacity, and child-centered friendly setting (Conners-Burrow et al, 2102). Increased communication and collaboration between the agencies conducting the child abuse investigations are designed to alleviate barriers to efficient mental health outcomes (Elmquist et al., 2015).

Purpose of Study

The goal of this study was to assess whether an expedited mental health referral process initiated at one CAC improved access to mental health services for clients. The expedited process is comprised of children receiving an on-site mental health assessment at CAC with a direct link to a mental health service provider as opposed to the standard process, which consists of the children only

receiving a referral. A referral is defined as a list of mental health service providers in the community. This study will assist CAC to measure the effectiveness of the services set forth in the mission of the model by capturing the proportion of children served at the CAC who receive mental health services within a three-month period of time.

The research design for this exploratory study is quantitative. The researcher gathered data to compare the access and use of mental health services between two groups of clients: those who received expedited referrals and those who received the standard referral. This type of design was useful as it provides clear, informative, and straightforward data. This design measured service use and time to service for children who have accessed mental health services as a result of either a standard versus experiential process. The researcher used statistical analysis to assess any differences in service access and use between the expedited and standard referral processes.

This quasi-experimental study included an archival analysis of existing data from CAC agency records and by the researcher administering a brief, closed ended telephone survey with caretakers of the children. Regarding data for the treatment group, the CAC provided a list of clients directly linked to a mental health service providers. As to the control group, CAC provided names and contact information of clients who only received the standard referral protocol. The CAC extracted the data from the advocacy center's NCA management information system, from case files of children who underwent a

forensic interview and or a forensic medical exam. The researcher utilized the Statistical Package for the Social Sciences (SPSS) software, random sampling method in choosing client cases. Descriptive statistics were used to measure the comparison outcomes between the expedited direct linkage to mental health services and the standard referral process.

The independent variables in this study are the types of intervention: referral to mental health service provider or a direct linkage to a mental health service provider. The dependent variable is whether or not the respondents received mental health services within a three-month period of receiving the referral. Descriptive variables in the study include age groups, gender, ethnicity, and type of abuse suffered.

Significance of the Project for Social Work Practice

The importance of this study derives from the very necessity of mental health services for children who have suffered trauma. As indicated by Elmquist and colleagues (2015) children who are victims of maltreatment may suffer long term emotional consequences, increasingly so for those who do not receive mental health services. The results of this study will identify whether this intervention enhanced the linkages to therapeutic services for the victims. This project is significant for social work practice as it will be an evaluative tool to objectively assess the usefulness of different interventions to improve access for children to mental health services. In a national survey of CACs, Wherry and

colleagues (2015) reported that 63% of cases are referred for assessment and 76% are referred for treatment. Although this is an encouraging rate, participants voiced concern regarding a lack of on-site assessment and treatment providers.

The study contributes to our understanding of what types of processes facilitate access to mental health services for CAC clients. These findings may be used to train social workers or other human services staff to better connect families with the services they need. The findings might also be used to develop other interventions designed to improve access to mental health services. Will direct mental health service provider linkages from Children's Assessment Center increase access to mental health services for children compared to children who only receive a referral from the Children's Assessment Center?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter explores relevant research related to the mental health services for abused children who undergo forensic interviews and or forensic medical exams at CACs. The subsections review mental health services within the CAC model, compare CAC mental health services to services provided by the child welfare system, and describe the lack of research on mental health outcomes for these children. In addition to the research overview, this chapter discusses the relevance of Trauma-Informed Approach applied to this unique population of children.

Mental Health in the Child Advocacy Center Model

Providing or referring children and their families to mental health services is a major component of the CAC's work. The mental health professionals work individually with children, families, as well as collaborate with other professionals as part of the multidisciplinary team. Various articles of research examine the role of the mental health professionals in CACs.

CACs provide a crucial supportive element of therapeutic services; their clinicians assess the needs of the child and family and link them with mental health service referrals (Cross, Fine, Jones & Walsh, 2012; Newman, Dannenfelser, & Pendleton, 2005). Counseling services on site and referrals in the community are offered following a disclosure of abuse during a forensic

interview. These services are designed to assist the children and families to address the adverse effects of trauma (Newman et al., 2005; Vanderzee, Pemberton, Conners-Burrow, & Kramer, 2016). The mental health professionals on staff at CACs are also often involved in multidisciplinary team (MDT) meetings, identifying trauma of children and providing ideas and resources to the team for the child and family (Cross et al., 2012).

CACs are the promising path to link abused children to mental health services. Enhanced connections to therapy are not only for the abused child, but also for non-offending family members who are also affected by the child abuse (Tavkar & Hanse, 2011; Vanderzee et al., 2016). The research suggests that the CAC model fosters connections between clients and the mental health services they need.

Child Advocacy Center and Child Protective Service Comparisons

Child protective services (CPS) agencies and CACs often work together to serve abused children. Abuse is often reported first to CPS workers, who have the option of referring children to a CAC for a forensic interview and specialized services. However, CPS agencies sometimes decide to handle these cases, including assessment, providing treatment, and referral without the help of a CAC. A small body of research compares the outcomes for youth who are served only by a CPS agency and those whose care is augmented by a CAC.

Smith and colleagues (2006) compared the mental health referral processes between a CAC and a standard CPS agency. The study used a small

sample of 17 substantiated child abuse cases. Fifteen of the cases were referred to mental health services, ten of which were seen by CAC. CAC had a 100% referral rate as opposed to the five of seven cases referred by CPS, resulting in a 71.4% referral rate (Smith et al., 2006). Smith and colleagues (2006) acknowledged that this study was limited due to the small sample size, the CAC being newly established and possible biases made as to which cases were referred to CAC.

Similar to the study by Smith and colleagues (2006), multiple research outcomes have determined that clients are significantly more likely to be referred to mental health services from CAC versus traditional CPS agencies (Jones, Cross, Walsh, & Simone, 2005; Brink, Thackeray, Bridge, Letson, & Scribano, 2015; Elmquist et al., 2015). These comparison studies examined the differences in mental health referral processes, best practices during child abuse investigations, and the overall efficacy of CACs. The CAC model leads to improved case outcomes in comparison to non-CAC investigations (Brink et al, 2015). These studies support the goal of the CAC model to improve the quality of services to child abuse victims and increase therapeutic referrals.

Research on Mental Health Service Outcomes

Although the CAC model has been has been utilized since the 1980's, evaluations as to the efficiency and efficacy of the program have not been extensively researched. Among many published evaluations of CACs, prosecution rates have been predominately measured in contrast to mental

health services. Systematic reviews and national surveys of CACs provide insight as to CAC service outcome evaluations.

Systematic reviews of the CAC model have concluded that there is a lack of research on child and family outcomes (Herbert & Bromfield, 2015; Jackson, 2004; Wherry et al., 2015). Jackson (2004) indicated that there had not been any research as to the outcomes of the services provided at CACs. Since 2004, CAC evaluations reviewed were found to have a primary focus on prosecution outcomes (Herbert & Bromfield, 2015; Wherry et al., 2015). Wherry and colleagues (2015) recognized that although some outcome measures of CAC core components have been studied, there was a specific deficit of mental health service evaluations.

To elaborate on the mental health service aspect of CACs, Wherry and colleagues (2015) revealed that the main reasons children were referred for therapeutic intervention involved the extent of the abuse suffered and how the child emotionally responded. Therapeutic referrals were found to be a low priority, which may have been due to training needs of the CAC staff (Wherry et al., 2015). In contrast, Herbert and Bromfield (2015) articulated that there has been an increase in mental health service referrals among CACs, despite Wherry and colleagues' (2015) findings. Monitoring and evaluating all components of CAC programs are imperative to ensure the efficacy of services, as the outcomes impact the stress reduction on the children and families.

Theories Guiding Conceptualization

This study is guided by the Trauma Informed (TI) approach to child abuse treatment. The primary goal of a Trauma Informed (TI) approach to investigating, assessing and intervening in child abuse cases is to collect information in such a manner that reduces the systematic trauma, avoiding triggers of past trauma memories and reactions (Pence, 2011). TI is a gateway to connect practitioners with children and families, reducing fear and distrust through a trauma informed lens. This engagement process fosters a trusting relationship between practitioners and clients, wherein clients are more likely to be open and honest during interactions. Pence (2011) reported that TI approach not only benefits the children and families, but the investigators as well, by reducing secondary stress from the children's trauma.

In support of TI, Wherry and colleagues (2015) reiterated the importance of CPS and CAC to conduct trauma-focused screenings, assessments, and refer to TI therapeutic services. Through research, it has been noted that although TI has been implemented, there is a lack of an emphasis on assessments and treatments in CAC. As proposed by Wherry et al. (2015) this is despite NCA addressing this concept with CACs in this nationwide survey. Conners-Burrow and colleagues (2012) concluded in the systematic review of CACs, there is a great need for further research and implementation of TI care. This would enhance the CACs service delivery and increase positive outcomes for abused children.

Summary

The goal of this study is to assess whether an expedited mental health referral process initiated at one CAC improved access to mental health services for clients. The literature supports efficacy through comparisons of mental health assessment, referrals and linkages between standard CPS services and CAC services. This research will compare the outcomes of two different methods of referring clients to services to determine which method is more effective. Although there has been much research on the efficacy of CACs, there has been a lack of research specifically on mental health outcomes. Trauma-Informed Approach is a beneficial approach to enhance positive mental health service outcomes for children and families. For the social work professional, it is important to have an awareness of service utilization barriers and how potential improvements can assist and positively impact mental health follow through and outcomes.

CHAPTER THREE

METHODS

Introduction

This study explored mental health service outcomes for children who received two different forms of referrals from the CAC. First, this section describes the study's quantitative design and sampling method. Second, this section describes the data collection instruments and procedures, as well as the protection of human subjects. Finally, the section concludes with a discussion of the analysis methods used.

Study Design

The purpose of this study was to assess whether an expedited mental health referral process initiated at one CAC improved access to mental health services for clients. This research project used a quantitative study design to compare the outcomes for two different processes used at one CAC to refer children to mental health services. It is hypothesized that there would be a higher rate of mental health service access through directly linking children to a mental health therapist.

There are advantages of choosing the quantitative methodology for this study. The design enabled this researcher to clearly define and measure relationships between the variables and provide a clear understanding of the

outcome. Furthermore, with the ample sample size, the outcomes can be generalized to the studied population.

The study has some limitations. The closed ended survey questions did not allow for examination of the barriers encountered by caregivers in accessing mental health services for the children. Similarly, in data analysis, only numbers were measured. The results of this study could produce useful information, but may not provide clear reasons as to why children do not access mental health services. This study could be of limited benefit to the social work profession in that it does not identify the barriers to service.

In weighing the strengths and weaknesses of the design, the study ultimately remains purposeful as a contribution to social work practice, CAC, and to child welfare. This study addressed whether CACs have the potential to increase mental health access for abused children by directly providing a mental health assessment on site at CAC, after a medical exam and forensic interview, followed by directly connecting children to a therapist in his or her community.

Sampling

This researcher employed a stratified random sampling method for choosing 68 client cases from one CAC to study from January 1, 2017 to March 31, 2017. Cases were selected from two groups of clients: 1) children who have received a direct referral from CAC staff to mental health services in the community (expedited referral) and 2) children whose caregivers received only a

list of mental health services providers they may contact on their own (standard referral). Approval to conduct the study was requested through both the CAC's Executive Director and through the county child welfare agency that oversees the CAC.

Data Collection and Instruments

For this quantitative study, the independent variables include the expedited process of a direct linkage to a mental health service provider and the standard process of providing a referral to mental health services. A referral to mental health services is simply a list of mental health service providers in the community. A nominal dichotomous level of measurement was used to measure the independent variables

The dependent variable in this study was whether the respondents did or did not receive mental health services within a three-month period, which was measured by a nominal dichotomous level of measurement (yes/no). To identify who received direct linkage services, the CAC provided the researcher with data from the NCA database. This data included demographics such as, age, gender, ethnicity, and type of abuse investigated. Names and contact information for the caretakers of the children who received a referral were provided, by which this researcher conducted a brief phone call survey (Appendix A) and determined how many children have received mental health services.

Procedures

The agency provided the researcher with participants' contact data from the NCA database. This researcher collected the data regarding whether the child received mental health services by using a telephone survey of the childrens' caregivers. It took roughly two months to gather all data. There were some barriers in gathering phone survey data as this researcher was unable to reach six caretakers due to disconnected phone numbers and one respondent who chose not to participate in the research.

Protection of Human Subjects

The identities of the children and caregivers were kept completely confidential. Participants were asked to give verbal informed consent over the telephone. Each telephone survey participant was read the informed consent document (Appendix B) explaining their right to confidentiality, the purpose and description of the study, and the benefits and/or risks of participating in the study. Participants were informed that their participation was entirely voluntary and that they had the right to refuse or withdrawal from the survey, which would not have resulted in any consequences or repercussions. Participants were advised that the researcher was an MSW graduate student studying mental health access for children who have been abused. The informed consent included a statement indicating the approximate length of time for completing the survey (3-5 minutes). The participants were informed that there were no foreseeable risks in

participating in the survey. This researcher further emphasized that the results of this study would assist in identifying the best way to provide linkages to mental health services for abused children to minimize the potential emotional and physical effects of trauma. At the conclusion of the survey, participants were provided a debriefing statement (Appendix C).

Data Analysis

Quantitative data analysis and SPSS software were used to analyze the data. Descriptive statistics were used to describe the study's sample. Bivariate analysis, including Chi-square (X^2) tests of association were used to test for independence between the expedited and standard referral groups.

Summary

This chapter identified how quantitative data was collected to analyze the outcome differences in the type of referrals, which are the direct linkage to a mental health provider or a referral to mental health services. The study sample was discussed, including selection criteria and reasoning for chosen samples. Who, how, where and how long it will take to gather the data was further addressed in this chapter. By the use of informed consent, participant protection was ensured. A disclosure of risks, benefits, and a detailed description of the purpose of the study was provided to the participants.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this study was to examine whether an expedited mental health referral process initiated at one Children's Assessment Center (CAC) improved access to mental health services for clients. This researcher will discuss the results from the performed analysis. First, the demographic characteristics of the participants will be examined. Second, this researcher will explore the outcomes of mental health access for clients who participated in the expedited process. Third, the outcomes of mental health access for participants who received the standard referral will be examined. Fourth, the researcher will compare the outcomes for each process to determine if there is a significant difference in access to mental health services. SPSS was utilized to generate the findings for this data analysis.

Participant Demographics

The sample was comprised of participants who were seen at one (CAC) in Southern California. The majority (57%) of the 61 participants ranged in age from 6 to 12 years old (n = 35), followed by 24.6% who were 0-5 years old (n = 15), and finally 18 % who were 13-18 years old (n = 11). The majority (59%) of participants identified as female (n = 36), while the remaining 41% identified as

male (n = 25). Nearly half of the participants (45.9%) identified as Hispanic (n = 28), followed by 32.8% who identified as White (n = 20), 4.9% of participants respectively identified as Black and Asian (n = 3). Native American, multiethnic, and other races each comprised 3.3% of the sample (n = 2). 1.6% did not indicate an identified race (n = 1). The most common (62.3%) reported type of abuse was sexual abuse (n = 38), followed by 19.7 % physical abuse (n = 12), and 11.5% indicated siblings at risk (n = 7). The other types of abuse including failure to thrive, hospital (abused children directly admitted and received care at a hospital), and neglect collectively comprised 4.8% collectively (See Table 1).

The agency provided a sample of 68 potential participants. The researcher was able to collect data from 89.7% (n = 61) of participants, but was unable to reach six potential participants, and one refused to participate.

Table 1

Demographics of the Participants

	N	%
Gender		
Female	36	59.0
Male	25	41.0
Age		
0-5	15	24.6
6-12	35	57.4
13-18	11	18.0
Ethnicity		
Hispanic	28	45.9
White	20	32.8
Black	3	4.9
Asian	3	4.9
Multiethnic	2	3.3
Native American	2	3.3
Other	2	3.3
Unrepresented	1	1.6
Abuse Type		
At Risk/Sibling Abused	7	11.5
Failure to Thrive	1	1.6
Hospital	1	1.6
Neglect	1	1.6
Physical Abuse	12	19.7
Sexual Abuse	38	62.3

Outcomes for Treatment and Control Groups

Sixty three percent of the participants (n = 17) who received a standard referral reported receiving mental health services within 3 months of their interview. Thirty seven percent (n = 10) of the participants did not receive mental

health services within three months. Nearly 59% of the participants who received an expedited referral reported receiving mental health services within three months (n = 20), whereas 41% who received an expedited referral did not report receiving mental health services within three months (n = 14) (See Table 2).

Table 2

Participants Who Received Mental Health Services Within Three Months

	N	%
Standard Referral Process		
Yes	17	63.0
No	10	37.0
Total	27	79.4
Expedited Referral Process		
Yes	20	58.8
No	14	41.2
Total	34	100.0

A Pearson Chi-Square test of association was conducted to determine if there was a significant relationship between the independent variables in this study: referral to mental health service provider and a direct linkage to a mental health service provider; and the dependent variable: whether the respondents received mental health services within a three-month period of receiving the referral. The test results indicated no significant difference in receipt of mental

health services within three months for treatment and control groups. $X^2\ (1, 61) = .108, p = .742$ (See Table 3).

Table 3

Chi Square Results

	X^2	df	P
Referral and Direct Linkage to Services	.108	1	.742

Summary

In this chapter, the researcher used descriptive statistics to describe the sample population. The demographic characteristics indicate an overrepresentation of Hispanic participant and a higher rate of females. The results also concluded that the majority of participants fell within the 6 to 12-year-old age range. Sexual abuse appears to be the predominant abuse type reported, closely followed by physical abuse. Bivariate analysis consisted of a Chi-square (X^2) test of association used to test for independence between the treatment and control groups. The Chi-square test revealed no significant difference in access to mental health services between the group who received the expedited referrals and the group that received the standard referral.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the study of one Child Advocacy Center to assess whether an expedited mental health referral process improved access to mental health services for clients. This researcher will discuss the findings and the implications of the findings to the profession of social work. Limitations of the study as well as ideas for future research will also be explored. A discussion of the recommendations for social work policy and practice will also be examined. A brief conclusion of the study will close the chapter.

Discussion

Does the expedited referral process which has been implemented at one Child Advocacy Center increase access to mental health services for abused children? In short, the hypothesis was not confirmed by this study as the results indicated that there is no significant increase in access. The Pearson Chi-Square test of association determined there is no significant difference in access to mental health services between the clients who received the expedited versus the standard referral process.

The results of this study are contrary to this researcher's expectations. An unexpected finding of the study revealed that 63% of the respondents who

received a standard referral process received mental health services within a three-month period of time. Although not statistically significant, only 58.8% of clients who received the expedited referral process received mental health services within three months of receiving their referral. These results suggest that access to mental health services may be influenced by more than just the referral process. Other barriers to access, including transportation, ease of scheduling, concerns about costs or insurance coverage, and stigma around seeking therapy may hinder access to care in ways this study did not consider. Further, the study may have failed to take into account an important factor in whether caregivers would take advantage of the CAC referral: whether the child or family already had an established relationship with a therapist. The researcher learned, quite by accident, in speaking with caregivers, that some children had begun seeing a therapist before receiving the CAC referral, and therefore, the caregiver did not follow through with the referral to a new therapist.

Although there is a lack of research on the CAC model mental health services outcomes (Herbert & Bromfield, 2015; Jackson, 2004; Wherry et al., 2015), this study can be compared to existing research. This study's findings, however, are interesting when compared with several studies which found that on site mental health services at CAC resulted in overall better case outcomes and access to mental health services (Jones et al., 2005; Brink et al., 2015; Elmquist et al., 2015; and Smith et al., 2006). The results from this study

suggest that the type of referral process may matter less to clients than whether mental health services are located on site or at other community locations.

Limitations

This study is limited in several ways. First, the study included a very small sample size, and unequal comparison groups due to the short time-frame for data collection (3 months). There simply were not very many referrals during the data collection period, and some clients declined to participate in the study. Of the participants who received the standard referral, this researcher was unable contact six, and one respondent refused to participate (n = 27), whereas of the respondents who received an expedited referral, the sample size included seven more (n = 34). Further, the sample size of the expedited referral group was not large enough for the intended random selection to occur. The random selection size was then adjusted in accordance with the available data. The small, unequal sample also limits the generalizability to the CAC client population in this community as well as in other locations.

Another limitation encountered during this study was the use of an objective, close ended questionnaire. An open-ended questionnaire or qualitative interviews might have yielded more information from caregivers about why they would or would not follow through on a referral to mental health services.

Recommendations

Social Work Practice

This study suggests that, in spite of the CAC's efforts to design and to evaluate an expedited referral process, barriers to mental health services for abused children remain. Social workers should be mindful that these barriers exist and should plan to follow up, to ask caregivers about barriers to accessing services, and to be prepared to address whatever barriers the caregivers report. The study's findings are not disappointing, rather pave the way for continued experimentation and improvement in social work practice and policy to increase access to mental health services for abused children.

Social Work Research

The aforementioned limitations may have contributed to or skewed the study results, which opens the door to ideas and recommendations for further research. In future research, it would be beneficial to select larger, generalizable, and equal comparison samples of participants wherein mental health services were recommended and the child was not already engaged in therapy. To further expand the study, a mixed methods approach of quantitative and qualitative methods would allow for exploration and measurement as to the barriers participants face accessing mental health services. A study of this nature would not only provide an objective perspective as to the standard versus expedited referral process but inform the social work profession as to the types of barriers experienced by the participants in accessing mental health services. This

evaluative tool could allow for such identified obstacles to be addressed and remediated.

Conclusion

The findings of this study and future studies of similar focus may be effective to educate and train social workers or other staff in human services to improve access for families with mental health services. Furthermore, the results could lead to improved interventions designed to expedite access to mental health services. By doing so, the long-term effects of trauma could be reduced in abused children. For the CAC where this research was conducted, the results do not discount the importance or effectiveness of an expedited referral process. As limitations of this study were identified and suggestions for future research were discussed, this researcher believes a future study which attends to these limitations might better evaluate the efficacy of the various referral processes used to connect children to mental health services.

APPENDIX A

PHONE SURVEY

MENTAL HEALTH SERVICES

(3 QUESTIONS)

Yes/No Questions

1. Has the child received mental health services in the past three months?
2. Was the child connected to a therapist on the day he or she was seen at the children's assessment center?
3. Did you find a mental health service provider for the child from a referral or list of therapists provided from the children's assessment center?

Developed by Desiree Lin Morris

APPENDIX B

INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

Hello, my name is Desiree Morris. I am a Master's of Social Work graduate student at California State University, San Bernardino. I'm calling to ask for your participation in a brief survey regarding mental health services for your child who had a forensic interview at the Children's Assessment Center. This study is being conducted under the supervision of Assistant Professor Dr. Deirdre Lanesskog, Ph.D., MP.A., California State University, San Bernardino. This study has been approved by the School of Social
Work Sub-Committee of the California State University, San Bernardino Institutional Review Board,

Purpose: The purpose of this research study is to determine if referrals to mental health providers are as effective as receiving a direct link to a therapist. The outcomes are designed to increase access to mental health services for children who have been abused.
Description: If you agree to participate, you will be asked questions about the mental health service referrals for your child, specifically if an appointment has been made with a therapist, if an assessment has occurred and if the child is receiving therapy.
Participation: Your participation in•this study is voluntary. You may withdraw at any time with no negative consequences.

Anonymity: All information is anonymous and will be kept in a locked box. Only the researcher will have access to the research information which will be destroyed at the end of Spring 2018 Quarter.
Duration: This survey should take approximately 3-5 minutes of your time.
Risks: There are no foreseeable risks in asking the questions.
Benefits: This study has the potential to advocate for and bring awareness to the need of jncreased mental health service access for children who have suffered abuse. Your participation will also serve as valuable information to the Children's Assessment Center and social work profession.

Contact: If you have any questions about the research participant rights, please contact Dr. Deirdre Lanesskog at 909-537-5501.

Results: Results for this study can be obtained after September 2018 at the Pfau Library, CSUSB,
Verbal Confirmation Statement: Do you acknowledge that you have been informed of the nature and the purpose of the study. Do you freely consent to participate and acknowledge that you are at least 18 years of age?

_____ _____

Place an X mark here Date

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you for your participation. This survey you have just completed was designed to increase access to mental health services for children who have been abused. If you have any questions about the study, please feel free to contact Dr. Deirdre Lanesskog, at 909-537-5501. Results will be located in the California State University, San Bernardino Pfau Library after September 2018.

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