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Accessing Children's Mental Health Services In A Rural Northern California County

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ACCESSING CHILDREN'S MENTAL HEALTH SERVICES IN A RURAL

NORTHERN CALIFORNIA COUNTY

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Deborah Lynne Wingate

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ABSTRACT

When children are detained and enter the foster care system, social workers screen them to determine if mental health services are needed. Formal referrals to mental health providers are made, however there is a significant wait time between referral and service delivery.

The focus of this study was to explore these barriers to mental health services in an effort to identify approaches that might improve service access. Qualitative face-to-face interviews were conducted with key stakeholders using an Ecological Systems Theory to fashion a hermeneutic dialect and a joint construct toward a shared action plan. Data was collected from the interviews and thematically analyzed.

The project informs service delivery systems of mental health for children and adults, both for micro and macro practice, by highlighting the need for increased collaboration between agencies and growing family engagement and empowerment to reduce stigma. These efforts will improve communication, define expectations, and diminish silos. The project also contributes to child welfare practices and policies for referrals of children's mental health services by noting the need for an embedded mental health therapist within child welfare to accept referrals for services; the addition of one study site contractual children's mental health service provider in the rural county that will accept referrals for children and families. In summary, the study identifies strategies to reduce wait

time for service delivery, how those services are best accessed, as well as efforts

to better engage families in treatment.

ACKNOWLEDGEMENTS

I would like to thank everyone who supported me throughout my educational excursion over the past three years. Thank you for your words of encouragement, patience and sincere empathy because it was not an easy endeavor.

To my immediate and extended family, I thank you all. Dave, Tim, Beth, Bud, you listened and cheered me on when I needed it most. I am blessed to have you all. Your support, guidance, and words of encouragement have meant so very much to me. To my work family, you have been such a great inspiration. Leslie, you are the reason I pursued this degree, you pushed me to realize my potential and truly believed in me. Thank you.

To my research advisor, Dr. Lanesskog, I thank you for serving as a guiding source, and for your thoughtful words of encouragement throughout this research process. Your dedication has taught me the importance of the steadfast pursuit of my goals and to allow myself some "me" time along the journey.

A thank you to all of the agencies who gave permission for their staff to participate in interviews for this research project. This endeavor would not have been possible without you; a special thank you to those stakeholders who took the time out of their busy schedules to participate in interviews and provide input.

DEDICATION

I dedicate my research to my mother, Wanda L. Wingate. Her unwavering belief that her children would be amazing adults was inspiring. Her spirit continues to motivate me, even in the late-night hours while in pursuit of my second Master's degree. She instilled the values of education and hard work in me and set a good example of how to be a better person. Although you are no longer with me in person, you will forever be with me in spirit Mom, thank you.

TABLE OF CONTENTS

CHAPTER ONE

ASSESSMENT

The focus of this research project was centered around children's mental health services in a rural northern California county. The study's goal was to identify approaches to improve collaboration related to accessing these services. This project was intended to determine how mental health services are obtained on behalf of children by various entities in the county, and what successful strategies were used to access services. Further, the project examined stakeholders' approaches to improve collaboration and to reduce barriers related to accessing mental health services for children, including: methods to improve the length of time between referral and service delivery, strategies for staff retention that may impact service delivery, ideas for funding/fiscal measures that may improve the range of services or service authorization process, and strategies to improve family engagement.

Introduction

The constructivist paradigm was used for this study. This model permits the researcher to gather qualitative data from face to face interviews. The interviews were conducted with key stakeholders with knowledge about children's mental health services in a small rural northern California county. Data was gathered relative to methods for improving collaboration and approaches to

reduce barriers related to accessing these services. The constructivist paradigm allowed the researcher to be intimately involved in the process and make necessary adjustments based on information ascertained from key stakeholders and the literature review.

The expectation was that the study would inform the generalist social worker how to effectively advocate for quality mental health services for children in the child welfare system in a rural northern California county. The study provided suggestions on how to improve collaboration between the study site and the child welfare system, as well as other agencies who access mental health services on behalf of children. The study also provided suggestions on how to improve collaboration between other agencies who provide mental health services for children or those who make referrals for mental health services on behalf of children. Quality mental health services may include receipt of services from various providers such as the existing county behavioral health agency, contractual agencies or private nonprofit organizations, or private providers. It is also important to note that successfully accessing timely services and supports also included approaches and efforts to engage families in treatment.

Research Question

The focus of this study was how mental health services are accessed for children, and what successful strategies are used for accessing these services, in a rural northern California county by entities that make referrals. Further, the

study examined strategies for how the entities who provide mental health services for children might increase collaboration and reduce barriers to services. The study explored financial or fiscal recommendations that might have improved access, as well as strategies for improving family engagement.

When children are detained and enter the child welfare foster care system, social workers screen them to determine if mental health services are needed. Formal referrals for mental health services are made to the local behavioral health agency via intraoffice mail service or facsimile, or to a local nonprofit organization that provides grant funded children's mental health services. When services are not initiated, the child welfare social worker follows up with the mental health agency by phone, email, or fax to determine the status of services.

Often, there is a long wait time between referral for mental health services and the receipt of services for foster care children in the county; whether the referral is made to the local behavioral health agency or a non-profit agency that provides grant funded mental health services. Both agencies contend there are waiting lists for intakes and receipt of services. Agency representatives of the behavioral health agency indicated they have a severe shortage of therapists currently.

Increased collaboration between child welfare and agencies that provide mental health services for children, or agencies that make referrals for mental health services on behalf of children, may ultimately improve the length of time between referral and service delivery. Increased collaboration between agencies

may also produce strategies to improve family engagement in children's mental health services.

This study aimed to inform child welfare how to increase collaboration with agencies that provide children's mental health services or make referrals for children's mental health services; which would improve services for children in a rural northern California county. Quality mental health services may include receipt of services from various providers such as the existing county behavioral health agency, contractual agencies or private nonprofit organizations, or private providers. It is also important to note that successfully accessing timely services and supports may also include approaches and efforts to engage families in treatment.

<div align="center">Paradigm and Rationale for Chosen Paradigm</div>

The constructivist paradigm is unique as it takes into consideration that those involved in the project would construct their own reality, and the context of the project would be unique to its time and place. This paradigm would be one piece of the hermeneutic construct and would include the perspectives of participants, the literature review, and the researcher, in the development of the shared construct. The constructivist paradigm was chosen for several reasons, first, based on the ability to ask exploratory, explanatory, and action questions of key stakeholders (Morris, 2013) that can get to the heart of the research focus. The second was the ability to infuse oneself into the human experience as a

subjective reality (Morris, 2013, p. 64). Lastly, the collaboration and new

knowledge gained about the human experience from individual interpretations

and perspectives from key stakeholders and joint constructs which created a

hermeneutic dialectic (Morris, 2013, p. 64). This approach was the most

appropriate for this project because it allowed the researcher, the key

stakeholders', and the literature review, to develop a shared construct from

various perspectives to inform the child welfare system at the micro and macro

level of service delivery.

Literature Review

The literature review consisted of research related to services provided by

mental/behavioral health agencies, explicitly defining mental health services for

children and statistical information regarding children's mental health. In the

constructivist paradigm research study, the focus of the study is split between the

study participants and researcher, and the literature review. Greater emphasis

was placed on mental health services to children in a small rural county in

northern California and the barriers to accessing those services, as well as

strategies for engaging families. The literature review was adjusted or expanded

as new or different information emerged from key stakeholder interviews.

Barriers

There have been systemic qualitative and quantitative studies regarding

barriers to accessing treatment for mental health problems in children.

Stigma. One study cited parental views regarding treatment and the stigma associated with seeking treatment as contributing factors to their reluctance to seek treatment for children (Reardon, Harvey, Young, O'Brien, & Creswell, 2018). Further, public perceptions and attitudes about topics such as exaggerated violence; of particular note, school shootings. Forced secrecy among families, and the lack of understanding and acceptance of mental health disorders all contribute to stigma (Perry, Pescosolido, Martin, McLeod, & Jensen, 2007).

Lack of Trust. In the same vein as stigma, parents' perception of blame by professionals or they felt dismissed and not listened to by experts. The lack of trusting relationships with those charged with treating their children and concerns surrounding confidentiality were listed as significant barriers to services (Reardon, Harvey, Baranowska, O'Brien, Smith, & Creswell, 2017).

Logistics. The location of supports, the lack of transportation, and even the location of specialty services was included in the list of barriers. (Reardon, 2017).

Complicated System. One study indicated cumbersome administrative systems and various aspects of an appointment system as a perceived barrier to services. (Reardon, 2017). Systemic problems include wait times and referral criteria as these two issues complicate access to services (Reardon, 2017).

Prevalence

California reported there were 37,253,956 children in the state under the age of 18 in the year of 2010 (United States Census Bureau, 2010). There are conflicting reports about the number of children who are diagnosed with a mental health disorder and who have not received treatment in the state for assorted reasons. According to the California Healthcare Foundation's report on mental health care in California, 1 in 13 children in the state has a mental illness that impacts their ability to participate in daily activities such as school (Holt & Adams, 2013). More specifically, the Northern and Sierra region of California has a higher percentage of children diagnosed with serious emotional disturbance than other regions, that being 7.9% compared to 7.0% in the Bay area region (Holt, 2013). Of those with mental health needs in California, approximately one half of the adults receive treatment and only one third of the adolescents receive mental health treatment, according to the Healthcare Foundation (Holt, 2013).

However, California provided information to the Substance Abuse Mental Health Services Administration (SAMHSA) for Fiscal Year 2016, indicating that there were 227,214 children from 0-17 years of age, served by community-based programs in the state (SAMHSA Uniform Reporting System, 2016). One might surmise from the data that not all children who sought treatment were served, or there may have been other circumstances for why children did not receive mental health services.

<u>Historical Information</u>

To gain a better understanding of how services are funded and delivered in the state, funding streams and administration of services were researched. According to the Mental Health Services Oversight Accountability Commission (MHSOAC) Solutions Report (2016), California's mental health system is administered and overseen by the California Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission at the state level. School-based mental health programs are supported by the California Department of Education; in-patient hospital care is administered by the California Department of State Hospitals; and other state agencies (Mental Health Services Oversight and Accountability Commission, 2016).

Unfortunately, despite the plethora of oversight and funding streams, children still have difficulty gaining timely access to services in a rural northern California county. One might surmise from the statistics and administrative oversight that not all children who sought treatment were served, or there may have been other complicating factors or circumstances for why children did not receive mental health services. Therefore, this study examined reasons children were not accessing services or receiving timely services in rural communities.

Theoretical Orientation

The research study focused on accessing children's mental health services in a rural northern California county and identified any barriers

associated with accessing services. The appropriate theoretical framework for

this study project was the Ecological Systems Theory. The Ecological Systems

Theory can be defined as social and environmental influences on an individual's

human development at three levels of the environment: the microsystem,

mesosystem, and macrosystem (Hepworth, Rooney, Rooney, & Strom-Gottfried,

2013). The microsystem refers to practice at the individual or family level.

Whereas the mesosystem or mezzo-level practice refers to relationships that are

less intimate. For example, relationships with individuals at an organizational or

institutional representative level, or relationships with individuals in a self-help

group, among peers at work or school. The macrosystem level refers to social

work practice or relationships at a level where systems change is the focus, such

as the development and work with community groups and organizations,

program development and planning, and administration and evaluation of

programs.

By utilizing this theory, the researcher can begin "assessing the sources of

problems and determining the foci of interventions" (Hepworth et al., 2013, p. 17).

Hepworth and colleagues contend sufficient assessments of human problems

and resulting plans of interventions must consider how environmental systems

and people interact and influence one another at various levels, or layers; these

interactions are reciprocal (Hepworth, 2013). Further, the Ecological Systems

Theory provides a broad scope where the researcher and key stakeholders were

able to analyze complex variables including the strengths, resources, and

challenges of the identified system and barriers to accessing mental health services for children in a rural northern California county to develop a joint construct for action steps at the individual, family, group, and agency level.

Contribution of Study to Social Work Practice

This study provided practice contributions at the individual level and systems level for child welfare social work practice. Specifically, the project had the potential to inform and change the method of how child welfare social workers make referrals on behalf of children for mental health services, including follow up, assessment, and on-going treatment; which may include strategies for family engagement. The project also had the potential to inform policy and procedures that would change and improve the service delivery system of mental health services in the county for children and adults.

Summary

The focus of this research study project was centered around children's mental health services in a rural northern California county and to identify any barriers associated with accessing these services. A constructivist paradigm was chosen to carry out this study project. The researcher, key stakeholders' interviews, and literature review fashioned a hermeneutic dialect, and a joint construct resulted in a shared action plan. An Ecological Systems Theory was drawn on to analyze the strengths, resources, and challenges to accessing

mental health services for children in a rural northern California county to develop

a joint construct for action steps at the individual, family, group, and agency level.

CHAPTER TWO

ENGAGEMENT

Introduction

Strategies for engaging key stakeholders and determining a study site are important attributes of a constructivist research study project. The researcher must be cognizant that as an integral part of the constructivist research paradigm there is an opportunity to impact or influence the stakeholders. Therefore, it is imperative for the researcher to be aware of any biases and to be adequately prepared for interviews and interactions with stakeholders. Biases may also include diversity, ethical, and political issues. Communication between key stakeholders and the researcher was positively influenced by the use of technology, such as an application for recording and transcription of purposive interviews of key stakeholders, along with the literature review.

Study Site

Each year the study site disseminates a report on initiatives that are important for the rural county based partially on public input. The County Mental Health Services Act Annual Report for 2017-2018, included the following initiatives: the reduction of time to first clinical appointment, and to maintain access to child welfare children by the provision of assessments and services for children who meet the subclass criteria for Katie A. (Heaney, 2018).

<u>Katie A.</u>

Katie A. v. Bonta is a class action lawsuit filed in federal court on behalf of children in foster care and those who are at risk of being placed in care. The lawsuit was initially filed in 2002, and was done so to improve access to mental health services in the community through California Medi-Cal. Subclass members have significantly higher and more complex needs and are to be provided a more intense array of mental health services.

According to the report by Heaney, the Five Guiding Principles of the MHSA: "Consumer and Family Involvement, Culturally Responsive, Community Collaboration, Integrated Services Delivery, and Wellness and Recovery" (2018, p.1). Services that the study agency provide included a wide array of services from short-term to intensive, based on need. Services are typically time-limited and designed to foster healthiness and promote wellbeing. Mental health counseling and therapy, alcohol and other drug treatment and services, case management, and out-patient services are among the services offered in this rural county.

According to the report by the study site for 2017/2018, the population of the county is a little over 18,500, with just over 21% being under the age of 18 years old (Heaney, 2018). The region has one primary office located in the county seat. There are four satellite offices in other areas of the county. The town where the county seat is located has a population of 1,728; however, the surrounding community has a population of approximately 7000 (Heaney, 2018).

Three other small populated areas of the county are situated no less than 30-45 minutes' drive from the county seat. Public transportation has been a barrier to services in this geographically rural area. Anyone requesting services was required to contact the study site for an intake appointment where an initial assessment was completed, and staff assigned, depending on needs of the client.

Engagement Strategies for Gatekeepers

Engaging individuals at the study site was a difficult endeavor. There was a high degree of confidentiality at the study site agency as they serve a vulnerable population with rights to privacy. However, involvement in committee work with staff and key stakeholders who are employed at the study site, provided an opportunity to discuss the research study project. Engagement strategies included contacting gatekeepers and advising them about the research study project where we discussed the parameters of the project, confidentiality issues, and the identification other key stakeholders who could have been involved, and possible outcomes. Other advantages for engagement with gatekeepers came from networking opportunities with other collaborative agencies that work with the study site, such as nonprofit organizations, Department of Education partners, Public Health, and others. Initial conversations regarding the focus of the research project took place and a

collaborative spirit of the project was key to the success in a small rural community.

Other methods for engagement included rapport building with key gatekeepers, including staff who were responsible for reporting activities in accordance with the Mental Health Services Act (MHSA). The researcher attended a public hearing meeting that was facilitated by the MHSA gatekeeper. This meeting was designed to solicit stakeholder input regarding MHSA activities in the county. More specifically, how MHSA funding was spent, and input into the MHSA plan for the rural county.

Active listening skills were utilized to ascertain additional information about the study site. The information included the services that are provided, public perception about the study site, and barriers to services for children. A meeting was held with the MHSA Coordinator for the study site to discuss the research project and stakeholder involvement and input only, not to gather data, this interview occurred later.

A study site representative, a member of probation, and researcher/investigator are active participants on a committee to review the provision of mental health services for a specific population of child welfare, or probation children, who need specialty mental health services. This committee held a meeting once per month in an effort to attempt to work through referral issues and for children who require mental health issues. As a macro project and representative from child welfare, a form was developed for use by social

workers and probation to identify children who may need specialty mental health services and as such meet the specific criterion for the Katie A. sub class. This document is then faxed to the study site to expedite the mental health services process (Katie A. v Bonta, 2002). This engagement activity was developed and implemented by consensus decision of the Katie A. committee of the rural county.

An additional opportunity for engagement was identified when the researcher contacted a student services coordinator that is located in one area of the rural county to discuss the research project. This individual was very interested in the project and was anxious to learn more as the project began. The stakeholder was open to the idea of modifying their data collection system to include referrals made on behalf of child welfare children and sharing that information for the research project, since the data has no child-specific identifying information.

As gatekeepers and stakeholders were identified it was important to remember that the constructivist paradigm research project required a certain amount of flexibility. As the project unfolded and stakeholders were identified and interviewed, there were additional stakeholders that were recognized with additional insight or input. Being cognizant of the need for flexibility as the project developed and conveying the message to the stakeholders of the importance of their input, perspectives, and joint constructs created a hermeneutic dialectic, which was essential for the constructivist paradigm.

Self-Preparation

As gatekeepers and stakeholders were identified it was important to remember that the constructivist paradigm research project required a certain amount of flexibility. As the project unfolded and stakeholders were recognized and interviewed, there were additional stakeholders that were identified with additional insight or input. It was important to be cognizant of the need for flexibility as the project developed and adjust as necessary.

There was also an awareness of the sensitive nature of the research project as the individuals who were attempting to seek services on behalf of children or had been unable to access services may have been unwilling to step forward to discuss any discord with the study site agency for fear of retaliation, reprisal, and apprehension, which may have negatively impacted their ability to share information. Having been employed as a professional advocate for individuals with disabilities for many years and also having a disability provided the necessary sensitivity and awareness to broach sensitive topics with individuals. This keen awareness allowed interviewees the dignity to decline to respond to questions or to an interview based on their level of comfort. Further, the spirit of collaboration between the stakeholders and the study site was maintained.

Diversity Issues

The research study project took place in a rural northern California county that encompassed many diverse cultural and socio-economic backgrounds. Because the constructivist researcher became an integral part of the study project, along with the key stakeholders and the literature review, it was important to be aware of and acknowledge personal and implicit biases and any potential impact this may have had on the construct of the project. The focus of the project included a vulnerable population, children with mental health issues, whose rights deserved protection and dignity. There may also have been issues with power differential between those who were seeking services on behalf of children with mental health issues and the agencies that provide those services. Individuals who seek services on behalf of children may view the study site as an authority of power. This unique perspective was important to be cognizant of throughout the study.

Ethical Issues

Social workers as researchers should be cognizant of any ethical issues connected with our research study projects, we have guiding principles including the NASW code of ethics to remind us of the duty to protect the participant's right to anonymity and confidentiality (Morris, 2013). Despite the protections that have been put into place, such as the Human Subjects Review process and the Institutional Review Board, as researchers we have a duty to constantly be

aware of possible harm and renegotiate to protect the rights and dignity of participants (Morris, 2013). Further, the opinions and choices of those involved were respected by providing them with the option of whether or not to participate in the research project via invitation. The key stakeholders were provided with information about the project that enabled them to make an autonomous choice regarding their participation. An informed consent was ascertained that included the purpose of the project, a description of the role of the stakeholder, the delineation of any foreseeable risk of harm, and assurance that the study was voluntary.

<div align="center">Political Issues</div>

Morris contends that political issues in the constructivist project are negotiated before the study commences to ensure the "sharing of power, honesty, and intense commitment" (2013, p.83). Study participants did receive information about the process and shared constructions determining discern of both areas of agreement and disagreement and developed an action plan necessary to make suggested improvements in the situation (Morris, 2013).

One political issue that surfaced as part of the study was be the issue of consistent staff turnover at the study site. Being aware of this issue and the history of this matter had been a topic of concern, both internally at the study site, external with the public, and with those responsible for oversight. The recruitment and retention of qualified staff have and continue to impact every

agency. However, the agency's recruitment and selection alternatives are often

influenced by the very nature of the operating environment (Pearce & Robinson,

2005). According to Pearce and Robinson (2005), the permanency of an agency

in the community, how well it compensates and values its employees, and

whether or not the agency is truly concerned with the welfare of its employees is

what impacts turnover and retention. This issue was openly discussed with study

participants; it was brought up as a concern or a barrier to accessing children's

mental health services. Lastly, the anonymity of any service recipients who were

key stakeholders, the study site, and the rural county were important to maintain

throughout the project. The spirit of collaboration was utilized and was

successful in efforts to thwart any scrutiny of individual perspectives.

The Role of Technology in Engagement

The role of technology played a positive role and significantly assisted this

project in various ways. For example, the use of the Internet for the literature

review. The use of texting and email to follow up with participants and key

stakeholders once rapport was built during the face to face meetings. The use of

an application for recording and transcribing the face to face interviews of key

stakeholders. Lastly, the use of a computer program to do coding and analysis.

Summary

The process of engagement is vital to the achievement of a constructivist research project, particularly involving the researcher's ability to employ active listening skills when building rapport with the principal gatekeepers and key stakeholders. The researcher also has a duty to be self-prepared throughout the study project to maintain a level of professionalism, to adhere to the NASW code of ethics, and to ensure the validity of the study. Self-preparation also encompassed being cognizant of and addressing any issues of diversity, ethics, and political issues that arose.

CHAPTER THREE

IMPLEMENTATION

Introduction

Once key stakeholders or study participants were identified, and informed

consents secured, individual interviews were conducted. Active listening skills

were used to gather qualitative data and discrete constructs for the constructivist

project. The data that was collected was analyzed using the bottom up and

opening coding process along with the Atlas-ti 8 data program that was

purchased for use during the project. The common themes that emerged during

the data analyzing process were shared with key stakeholders who were

provided an opportunity to weigh in and where those who participated launched a

hermeneutic dialect and agreed upon an end joint construct. The findings were

shared, and a final report was prepared for dissemination, the success of the

project was celebrated by those who participated, and the project was

terminated.

Study Participants

Study participants/key stakeholders who make referrals to the study site

agency on behalf of children may include: child welfare social workers, the local

education agency that employs student service coordinators at elementary

schools around the county (4 in total), the local nonprofit organization that has

resource centers located around the county and whose employees make referrals on behalf of children/family members to the local behavioral health agency in the county, employees of Wellness Centers that are operated by the local behavioral health agency that may make referrals on behalf of children, and home visiting nurses that are employed by the public health agency who may make referrals on behalf of children to the behavioral health agency. These key stakeholders all had information regarding the referral process and how long children wait to receive services from the study site agency; as well as ideas for how to engage families in children's mental health services and supports. It was advantageous to interview stakeholders who were unable to access mental health services for children, as well as stakeholders who were successful in accessing services for children from the study site.

Selection of Participants

When determining which key stakeholders were selected for interviews, random sampling is not the most advantageous way to gather data, rather, the most appropriate approach was to conduct "purposive" sampling, where key stakeholders were chosen based on their ability to provide the most complete data about the study focus (Morris, 2013, p. 144). Maximum variation sampling strategy was utilized for this study project to get a full range of constructions. Utilizing this sampling strategy provided in-depth descriptions of specific cases that had unique sets of circumstances and shared patterns of common cases

that were referred to county behavioral health for children's mental health services (Morris, 2006). These example referral cases included records from various ethnic groups, as well as records from various age groups, geographical areas of the county, and any other pertinent dimensions of diversity relevant to the area of the state.

Participants or key stakeholders from child welfare were chosen by consultation with management at child welfare, beginning with social workers at Child Protective Services who had made referrals on behalf of children who needed mental health services to the survey site agency. When face to face interviews occurred, recommendations from the interviewees were sought for other stakeholders who may have experience with the survey site agency. This form of participant selection equates to purposive sampling (Morris, 2013, p. 144). This form of sampling provided a more thorough selection of interview participants for the project. However, the most significant key stakeholders were those individuals who had been unable to access services on behalf of children from the study site agency.

Data Gathering

Key stakeholders began the personal interview process. Informed consent was ascertained prior to the commencement of the interview along with proper orientation to the research study and the particular interview; including assurance that no harm was to come to any interviewee and answering

questions that might arise by the interviewee (Morris, 2013). The results of the interview provided qualitative data and an individual construct. Self-preparation for data gathering began by developing a set of leading questions for the personal interviews that helped direct the conversation and interviews. It was during that stage of data gathering and active listening that the researcher became an integral part of the endeavor but also a blueprint for maintaining the focus of the constructivist project. Skilled questioning, focused observation, and disciplined reading was utilized to also collect data.

The interview was divided to partitions that helped to build a rapport of comfort between researcher and interviewee. These phases include, "engagement, development of focus, maintaining focus, and termination" (Morris, 2013, p. 186).

The leading questions that were included in the face to face interviews included: interview/data questions, opinion/values questions, knowledge questions, sensory questions, and lastly, background/demographic questions (Morris, 2013, p. 209).

Phases of Data Collection

Data collection occurred in phases that included disciplined reading during the literature review, active listening, and skilled questioning during the personal interviews with key stakeholder participants. Key stakeholder participants were provided with material regarding the study project including the following: the

purpose, the estimated amount of time the interviews were to take, information about the joint construct process and member check-in, and an informed consent form to execute. At the end of the interviews, key stakeholders were asked if they could recommend anyone else who had information that was viable for the focus of the project; these individuals were considered for interviews and some were interviewed.

Personal interviews began by asking permission for the interview to be digitally recorded as this was the most efficient method to capture data during the interview. Questions during the interview were both open ended and closed ended and focused on the topic of the study. Before the interview ended, the participants were asked termination questions such as their opinion about anything that was discussed in the interview, as well as any individual constructs that were brought to the forefront during the individual interview. Lastly, salient parts of the interview were summarized, significant issues or ideas for collaboration or parent participation that were brought up by the study site, as well as contact information was provided for any follow up questions or additional detail that needed to be conveyed.

Once the interviews were completed, they were transcribed.   Each typed transcript was reviewed to ensure accuracy and that the essence of the participant's constructs was adequately captured. The common themes that emerged during the data analyzing process were shared with key stakeholders

who were provided an opportunity to weigh in and where those who participated launched a hermeneutic dialect and agreed upon an end joint construct.

Data Recording

The qualitative data collected from personal interviews was digitally recorded. No recordings occurred without permission from those being interviewed. If digital recording was not possible or plausible, note taking was utilized as an alternative option. As this was a constructivist paradigm research project, it was important to be cognizant of the sensitivity or vulnerability of the population that was being interviewed, such as the power differential between the employees of the study site and those seeking services.

To assist in the project, there were two research journals utilized throughout the duration of the project. One journal was used to record entries associated with thoughts about the topic of the project, reflections about the research site, key stakeholders, discussion about possible outcomes of the project, reflections of the data collection process, developments of individual and joint constructs. The second journal assisted by including more detailed information about the data collection process; the researchers contact with the research site, the interviews, observations, constructs, clarity of data, and more information leading to the research report.

Data Analysis Procedures

The Atlas-ti 8 software program assisted in the data analysis portion of the project. Following the process of review and approval of each individual construct, the process of evaluating the data using a "bottom-up" approach via the open coding process was started. Using this process, which is open ended, enabled data to be analyzed in chunks or bits of common information. These practices are rooted in the field of sociology (Morris, 2013, p. 257). Morris (2013) purports during the open coding process the transcripts of narrative data can be analyzed, coded, and grouped into categories of concepts, properties of concepts, and common themes will subsequently emerge. These identified themes can then be refined and synthesized by the researcher to present at the member check-in (hermeneutic dialectic circle) to establish a joint construct where those who are present agree on a precise end construct (Morris, 2013).

Termination and Follow Up

Termination and follow up are important steps in the constructivist research project. It is equally important to inform key participants of the progression of the project including steps necessary to follow through on the action plan and procedures for ending the project. During the member check-in the concepts of terminating a research project and ending relationships with participants were restated; including reviewing and celebrating the goals of the project that were accomplished, as well as developing the action plan. Contact

information for follow up questions only were provided as follow up regarding the outcome of the project. Further, it was hoped the study site agency would utilize the findings of the project to improve access for children's mental health services.

<div align="center">Communication of Findings and Dissemination Plan</div>

The findings of the project and action plan were disseminated at the check-in where the researcher was available to answer any questions. The comprehensive report mentioned hereafter was made available to all key participants and the study site. It was hopeful that other groups in the community may be interested in the findings of the project such as the Board of Supervisors and Mental Health Commission as these entities have oversight responsibilities for the study site agency. These entities may be interested in celebrating the successes of the study site and action plan.

A comprehensive final report was completed and included the following information: a detailed description of the research focus and study site, a description of the data gathering and data analyzing techniques utilized for the study, information about the member check-in and those who participated in the hermeneutic dialectic process, the joint constructs that were produced as part of the member check-in, and a shared plan of action (Morris, 2013). Key stakeholders were personally interviewed to gather qualitative data of individual constructs. Data was analyzed using bottom up and open coding, along with the Atlas-ti 8 computer program. The common themes that emerged via analyzing

the data was shared with key stakeholders via member check-in. The

hermeneutic circle agreed on a joint end construct. The findings of the project

and conditions of termination were shared at the check-in and the final report

was disseminated.

CHAPTER FOUR

EVALUATION

Introduction

This chapter presents and discusses the demographics and information

shared by those who were interviewed for this study. There is discussion

regarding the themes identified in the data regarding access to children's mental

health services, as well as participants' suggestions for improvement. There is

also an analysis regarding the study findings' impact on micro and macro level

social work practice.

Presentation of Findings

<u>Demographics</u>

For this study, a sample of eleven participants completed the interviews

during a period of eight months beginning in June 2018. Participants were asked

to provide demographic information which included: age, level of education,

status of employment, job title, gender, and ethnicity.

Of the 11 participants, one was male, who made up 9% of the sample,

while women made up 91% of the sample. The median age of those who

participated in the study was 47. The oldest person who participated in the study

was 62 years old, while the youngest was 32 years old. In regard to the age

groups of 30-40, there were four participants. Regarding the age group of 41-50,

there were five participants. The study included 1 participant from the age range of 51-60, and one participant from the age group from 61-70.

In regard to ethnicity, the sample group included ten participants who identified as Caucasian, and one who identified as South Pacific Islander.   The sample group included individuals with varying educational backgrounds. One participant had a high school diploma with some college credits and one participant finished college with an Associate's degree. Two of the participants had obtained a bachelor's degree, and seven participants obtained a master's degree.

All eleven participants were residents of the rural county. The median length of residency in the rural county was 17 years. The shortest length of residency was 4.5 years and the longest length of residency was 39 years of those who participated in the study. Regarding employment, all eleven participants have full time employment within the rural county. The sample included participants from the following professions: child welfare, behavioral health, community organizations, education and law enforcement.

Results

Once the interviews were transcribed and coded several themes emerged. The themes were separated into two different categories; barriers and facilitators. Facilitators include belief in the interventions utilized by the study site agency, knowledge about policy and/or practices to improve the study site agency, and

services provided by the agency. Barriers include obstacles faced by potential service recipients, family members, or those who referred children to the study site for services such as high staff turnover with therapists and directors, and the lack of communication by the study site agency. Participants' recommendations were solicited for inclusion in the study and are listed following the categories of facilitators and barriers.

Facilitators

Decentralized Intake. When individuals wish to access services from the study site agency, they must first contact a lay person, or administrative staff, who would take demographics and general identifying information from the caller, walk in, or individual seeking services on behalf of a child, and relay that information to another staff member who would then input that information into a database to conduct an intake at the agency's centrally located office. The actual intake for services would not be conducted during the first contact with the study site agency, the intake process would be scheduled by an 'intake staff person' who would ascertain additional information about the proposed client/child to determine eligibility for services. Once this intake process was completed at the study site agency's central office location, the client/child would then have to schedule an additional appointment to meet with a therapist to, once again, discuss why they needed an appointment for services. The initial intake process could take anywhere from three to four appointments before a client/child would actually begin to see a clinician for services; which could mean

that the family would have to travel from outlying areas of the county to the central office location three or four times (or three to four hours one way) to seek mental health services for a child. In an attempt to eliminate the need for travel to/from the study site agency's central location, the study site agency opened offices in outlying areas of the county.

Of the participants that were interviewed, the most widely recognized facilitator of access for children's mental health services through the study site agency was the decentralized intake process. "We have decentralized to increase our services in outlying areas so that people are getting served in their communities; and that should help address wait times" (Participant #7). Previously, intakes for services were only completed at the central study site office. However, more recently there have been wellness centers opened in three other towns in outlying areas of the county where intakes are also completed at a specified timeframe by therapists. This decentralized intake process allows individuals to access services in their home community, rather than traveling to the central study site.

Therapist Performed Intakes. In addition, participants reported that having intakes for services performed by mental health therapists, as opposed to nonclinical staff or administrative staff, at the outlying wellness center offices of the study site agency made the process more streamlined for those seeking mental health services on behalf of children at the study site agency.

They [children and families] go to behavioral health and they actually see

someone and they feel safe to tell that whole story…and then to find out

you're not even the person that you're going to see that feels really

violating to people (Participant #6).

Further, by having therapists complete the intake process, the individuals

seeking services on behalf of children no longer have to tell the story to

administrative staff who take demographics and general information for utilization

management purposes and then the client/child must recite the story again to a

therapist who would then begin to develop a case plan.

Contractual Mental Health Provider. Another recognized improvement

was the impending contractual agreement between the study site agency and a

nonprofit organization for the provision of mental health services for children who

may not meet the criterion for severe emotional disturbance. More specifically,

the study site agency would only serve children who met the criteria for severe

emotional disturbance. If the child did not meet the criteria for that diagnosis,

there was no other provider of services in the county for those children. Having

another provider agency, through a contractual agreement with the study site

agency, would allow other children who may have a less severe diagnosis, but

still desperately needed services, begin to now receive those services. Further, it

was also stated that the same nonprofit organization that was to begin

contracting with the study site agency would also begin billing Medi-Cal for

children's mental health services that they would provide to families; this is a new endeavor for this agency as they have typically been a grant funded organization.

Like we have these kids who are right in the middle of crises and they are not functioning, it's like we feel like it'd be short term counseling, get them in and you know, and so that's kind of what the contracted nonprofit organization has been listening and saying okay, and the paperwork for Medi-Cal is more strenuous. But that was something that they decided to do because they were seeing this need (Participant #2).

Previously, the nonprofit organization was able to provide children's mental health services under grant funded projects only. Although the nonprofit organization and the study site agency still had logistical items to work through, such as referral and release of information processes, it was recognized by participants interviewed in the study that this improvement may reduce wait times for some children seeking mental health services in the county. "I do notice a significant difference when kids are getting counseling regularly…because I see it at the contracted nonprofit organization, those kiddos and that organization, they are kind of like dual case manager and counselor together…they aren't as confined" (Participant #2). "The nonprofit organization does really well, they schedule meetings with stakeholders" (Participant #8). Decentralizing the intake process and having therapists perform the function of intake by the study site agency was recognized by the participants as significant improvements for

accessing children's mental health services. Further, having a contractual

agency that will provide services to children with mental health needs in the

county will significantly improve access for children's mental health services in

the rural northern California county.

Barriers

Staff Turnover. The most widely recognized barrier for those seeking or

attempting to access children's mental health services in the rural northern

county was high staff turnover. More specifically, ten out of the eleven

interviewed suggested that the turnover rate of therapists at the study site

agency was problematic. "So, children get used to having one therapist, that

therapist is then changed, so the children have to tell their story again; which

from a therapist perspective can retraumatize a child, which is a concern"

(Participant #9). One participant stated that because the study site is located in a

rural area, employees come to the area to receive experience and then move to

a more urban area where they can receive more pay and have a more

specialized practice. This participant indicated that the turnover negatively

impacted staff and clients. "There was a different position almost every six

months and clients also got transferred; so, they feel the same instability as the

staff does" (Participant #5). Still another participant shared, "Clinicians are

underpaid and asked to carry a caseload that is unreasonable. Things are

constantly moving around and in flux, there wasn't a lot of consistency or stability

and a growing sense of mistrust" (Participant #10). Nearly all of the study

participants reported that high staff turnover negatively impacted the agency's ability to effectively serve clients.

With respect to the turnover in directors, several participants interviewed during the study could recall administrative turnover being a barrier for access to services for children's mental health services. Moreover, one participant interviewed during the study stated, "There's been something like nine directors in six years" (Participant #6). Another participant recalled experiencing seven directors in four years. Still, another participant recalled there being six directors in three years at the study site agency. Despite the differences in numbers cited by the participants, the barrier of turnover in administrators and therapists was specifically noted by all eleven participants as a significant barrier to service delivery for children.

Lack of Communication. Another barrier that was cited by all 11 participants was the lack of communication by the study site agency, especially about the agency's recent decentralization of its intake process. Individuals or agencies who make referrals for children's mental health services are not aware of the decentralized intake process; these individuals or agencies may not be aware of the hours of operation of the intake process at the wellness centers that are located at various outlying areas of the county. "I think people don't understand it [intake process] and that would be great if there was more information about how the process works" (Participant #9). Another participant shared, "But what I saw was students being referred and if we did hear anything

back [from the study site agency] we would hear, we don't have enough therapists" (Participant #8).

Some study participants indicated they take the extra step to ensure the child or family received services once they were referred to the study site agency. One participant stated,

I really make sure to hand them off or stick with it until I know that something's going to happen. I'm not just going to call and be like, okay, here's somebody I need you to see. I follow up with them (Participant #10).

Another participant stated children who have been referred to the study site agency often get dropped from services because no call back is received from the parent. "When they [students] get dropped from services, the child is assigned to another clinician and the child has to tell their story all over again, or the therapist cannot see the child because they need a signature from the parent" (Participant #2). One study participant indicated that the study site agency has a motto 'staff are not allowed to work harder than the client'.

When you are dealing with parents who are mentally unstable and may be drug addicted, or having their own difficulties, and you're asking them to come get a signature; it's different when a kid's involved that saying doesn't really work (Participant #2).

Another study participant indicated that once a referral is made to the study site there is no communication received from the study site back to the

referring party; even though the referring party has a release of information to receive confirmation that the family had been contacted by the study site agency. "I don't really know what happens to that paperwork after we send it there [to the study site]" (Participant #6). "We did not have adequate communication processes between the two agencies to determine what happened after the referral was made" (Participant #6). There was one participant who had a statement regarding why she believed everyone, across agencies, needed to improve communication.

> I don't believe anyone gets into social services or behavioral health,
> or being a sheriff without a desire to make a difference, make a
> change, and make life better. I think if we get back to those basics,
> it gives us a lot more compassion, empathy, and understanding;
> and trying to move forward in a way that best serves all of our
> agencies, that best serves the kids (Participant #1).

Recommendations

All of the participants were asked about recommendations for improving the current system relative to making referrals and for accessing children's mental health services in the rural county.

Increased Collaboration. Ten of the eleven participants stated that increased collaboration between the study site agency and other agencies in the community, such as child welfare, the department of education, law enforcement, and nonprofit organizations in the community would reduce existing silos,

improve communication, define expectations, and work toward reducing sigma. "We have such a siloed approach in our county" (Participant #5).

Participants in the study recognized the need for demonstrated increased communication which would reduce the silo effect between staff in each agency that serves children. "Families don't see that we're working collaboratively, like we're two different agencies, but the actual goal of having healthy families is a shared goal" (Participant #3). Bridging the gap of communication between organizations was a topic that was discussed by several participants. One participant stated,

> …having someone who is a bridge between the two agencies [child welfare and the study site agency] can bring that connection to families so they see this is a community project of having healthy families, not just one agency against another (Participant #3).

Another participant added, "Building the long-term relationships between child welfare social workers and therapists helps build that trust" (Participant #4).

One participant was very poignant in her description of what collaboration should look like between existing agencies that serve children in the rural county:

> Collaboration needs to be consistent, predictable, but flexible. So, there has to be different ways for that collaboration to occur, whether it's *Google hangouts* or whether it is scheduled predictable phone calls, or what that collaborative care looks like. I think you have to

take consistent, thoughtful purposeful measures to find out where the siloing is happening and as an overall collection and umbrella of people working toward the same end, you all have the same goal. And, you have to have all leadership in all departments make a concerted effort to not let that happen or to address it in an open, honest way. Like, I'm feeling like your policies and procedures in your department are causing undue siloing and I have the same problem over in my department. How are we going to reconcile this to maintain the privacy of our clients, but also to address the problems that these families, real families, real children are having (Participant #6).

One participant expressed a loss of connection between agencies based on lack of communication:

We've really lost connection with so many of the agencies here that really play a part. Law enforcement is one, the schools, and that's another one that I feel like is really siloed. Like they get this, they're desperate for us to help because these kids are showing all these issues in the classroom. But they don't always meet medical necessity for mental health services. So, there's just kind of this push and pull kind of thing happening. If everybody could just be at the same table and have the same understanding of what was provided, it would be helpful (Participant #5).

Increasing Family Engagement. Other participants recognized that increasing family engagement would be a method of empowering families and reducing stigma associated with services being provided by government run organizations. "If we're not informing these families and empowering them, we're just going to keep running in circles" (Participant #1). One participant recommended instituting some program or service that educates and provides information to families, like public service announcements or public forums. "Family engagement is what saved me, I had family who wasn't only supportive but had a knowledge base to support me" (Participant #1). Five participants specifically expressed concern regarding the lack of parent participation in the child's mental health services and the need to engage and educate families. "And their family says you don't need to talk to anybody. We don't let anybody know what our problems are. If their family's not supportive or doesn't believe in counseling or asking for help, it can be a barrier" (Participant #11).

> I think for kids; a big barrier is their parents a lot of the time. So, I've had kids where they really want services, they want to be seen weekly, but you can't get the parent to bring them in, it's really sad (Participant #10).

Participants in the study recognized the need to make services family friendly to ensure participation and involvement in children's mental health services.

…probably something to just really make sure we're making individualized for the families, to like being willing to have that conversation with them about what would work better for you guys, how can I make sure that you're more involved? If I shift my schedule so that I can meet with you at 5:00 as opposed to 2:00 in the afternoon, would that work? So I think having those conversations too with families and the community that's just as important… (Participant #5).

Contribution of Study to Micro and/or Macro Social Work Practice

Micro Practice

This study improves social work at the micro practice level by improving the knowledge base of child welfare social workers relative to making referrals to the study site agency; referrals are now made to a study site therapist that is embedded within child welfare. More specifically, the embedded therapist will perform screenings on all children who enter the child welfare system to determine if mental health services are needed. Should services be required or needed, the embedded therapist will notify the child welfare social worker who in turn will then ensure the child receives the appropriate intake service at the wellness center associated with the child's residence. This improved screening and referral process will reduce the wait time for children within the child welfare system who need mental health services from the study site agency. Social

44

workers can continue to utilize person-centered approaches to social work to achieve individual and family goals for reunification (Rowe, 2011, p. 58).

Additionally, adding another contractual mental health services provider for children's mental health services within the county will improve micro practice by refining services for children. Child welfare social workers can now make direct referrals for children who need mental health services to the contracted mental health services provider, thereby decreasing the wait time for services for children and families involved in the child welfare system and increasing the number of providers and choice of providers for families. Further, the desired impact could be child welfare social worker's differential response referrals to service providers for children's mental health and service provision within a timely manner; thereby potentially reducing the number of children entering the foster care system.

<u>Macro Implications</u>

Variable forms of mental health services are now available in the rural county because there are now more providers of services. The study site agency now contracts with a non profit organization to provide mental health services to children and adults in the county who do not meet the criterion for severe emotional disturbance. Child welfare social workers could now make referrals to more than one organization/agency for services on behalf of families who need mental health services and supports, depending on need. The research findings contained in this study could promote, improve performance, make policy

changes or recommendations relative to social work practices that would improve

mental health services for children and families in a rural northern California

county, or any county, in California.

Summary

Some findings of the study, specifically related to barriers, were indicative

and consistent with the literature review, particularly in the areas of logistics and

a complicated system. For example, Reardon, Harvey, Baranowska, O'Brien,

Smith & Creswell (2017), discussed the barriers of the location of supports, the

lack of transportation, and the physical location of specialty services as

significant barriers identified by parents who were accessing psychological

treatment for children and adolescents. A cumbersome administrative structure,

including aspects of an appointment system that included wait times and referral

criteria were also identified by Reardon and colleagues (2017). The barriers

identified by Reardon and colleagues, as well as the study participants, were

systemic in nature and were perceived as complicating access to services.

In summary, this chapter highlighted the demographics and specific

information that was shared by the participants. This information was presented

by the 11 participants and featured the constructs and findings presented as

facilitators and barriers to accessing children's mental health services in a rural

northern California county. In addition, recommendations by the 11 participants

were provided in a joint construct and presented as an action plan to inform child

welfare practice and policy.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

The following chapter offers a discussion based on findings from the interviews of participants conducted in this research study. This chapter also discusses the relationship continuation and termination with the study site and study participants. Lastly, a dissemination plan for the study findings is provided.

Discussion

Accessing mental health services for children can be complicated and impacted by many things. The rural northern California county where the study site was located can be considered unique related to prevalence. The Northern and Sierra region of California has a higher percentage of children diagnosed with serious emotional disturbance than other regions of the state, that being 7.9% compared to 7.0% in the Bay area region (Holt, 2013). One might surmise that not all children who sought treatment received treatment, or there may have been complicating factors and circumstances for why those seeking services for children had not received them. Whatever the case, reducing barriers to mental health access for children in this region is particularly important.

This study's analysis revealed several themes related to children's receipt of mental health services in the rural county. The decentralized intake system

within the rural county and having therapists/clinicians conduct intakes within the study site agency facilitated access to care. This is consistent with prior research that suggests systemic improvements in access to services have the potential to positively impact families on several levels; such as that indicative with the Ecological Systems Theory (Hepworth, et al., 2013).

In addition, a recent interview with the new director of the study site agency revealed further evidence of the impact of improvements on the system. The director stated that the number of intakes the clinicians completed doubled in a five-month period since the study site agency opened the wellness centers in outlying areas across the county; and that the wellness centers welcome people "with open arms" (Director, personal interview, April 2019). The agency also embedded a mental health therapist within the child welfare agency in an effort to reduce the wait time for children in the child welfare system who needed or required mental health services and supports. The director of the study site agency further stated that he will begin holding regular meetings between his agency and representatives of the school system (student services coordinators) to increase communication, reduce barriers, and increase family engagement efforts (Director, personal interview, April 2019).

Termination of Study

Hepworth, Rooney, Rooney, & Strom-Gottfried (2013), contend that sufficient assessments of human problems and resulting plans of interventions

must consider how environmental systems and people interact and influence one another at various levels or layers. The interactions between the study site agency, child welfare, the education system, and other organizations, along with the families, take into consideration the Ecological Systems Theory of program development and planning, and administration and evaluation of programs (Hepworth et al., 2013). As such, the researcher and stakeholders were able to analyze complex variables including strengths, resources and challenges of the system. The in-depth analysis of the children's mental health system by key stakeholders was beneficial for providing a well-rounded perspective of not only the study site agency, but all partner agencies and organizations to determine gaps in services, a historical perspective of the service delivery system, and recommendations for improving the existing system. The task of making the necessary recommendations has been completed, the plan for the report dissemination was made and the study was terminated.

Communication of Findings to Study Site and Study Participants

Communication of the findings of the study have been shared orally with the Director of the study site agency. A written copy of the findings of the study will be provided to the Director of the study site agency and study participants once the report has been approved by graduate studies at California State University at San Bernardino.

Ongoing Relationship with Study Participants

Relationships with the study participants will continue only as related to our professions, not related to the study. Each participant member of the study was briefed prior to their interview regarding the separation of the role of student/researcher and the role of professional. Each study participant understood the distinction between the two roles and understood that the relationship of the student/researcher would come to an end when the study was terminated.

Dissemination Plan

The dissemination of the study will be as follows: a copy of the study will be provided to the Director of the study site agency, a copy of the study will be provided to the Director of the child welfare agency, a copy of the study will be provided to the Chair of the Mental Health Commission of the rural northern California county, a copy of the study will be provided to the Chair of the Board of Supervisors, a copy of the study will be provided to study participants, at request.

APPENDIX A

INVITATION TO PARTICIPATE IN A RESEARCH STUDY

INVITATION TO PARTICIPATE IN A RESEARCH STUDY

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

Pursuant to our previous conversation(s), you are being asked to participate in a research study about exploring approaches to improve collaboration related to accessing children's mental health services, reducing barriers to mental health services including improving length of time between referral and service delivery, and strategies for improving family engagement in a rural northern California county.

As we discussed, you will be asked to sign an Informed Consent form before we begin our personal interview.

Keep in mind, your responses to questions will remain anonymous and data will be reported in group form only!

Your interview has been scheduled for the following date/time:

_____(date) _____(time)

_____(location)

Should you need to reschedule, please contact me at (530) 394-7385 phone or text; or email, debwingate222@gmail.com

College of Social and Behavioral Sciences
School of Social Work

Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Deirdre Lanesskog at 909- 537-5501 (email: dlanesskog@csusb.edu).

If you would like to obtain a copy of the group results of this study, please contact the ScholarWorks database (http://scholarworks.lib.csusb.edu/) after September 2019.

APPENDIX B

INFORMED CONSENT

College of Social and Behavioral Sciences
School ofSocial Work

The study in which you are asked to participate is designed to explore approaches to improve collaboration related to accessing children's mental health services, reduce barriers to mental health services including improving length of time between referral and service delivery, and strategies for improving family engagement in a rural northern California county.

The study is being conducted by Debbie Wingate, a MSW student under the supervision of Dr. Deirdre Lanesskog, Assistant Professor, in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work SubCommittee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore approaches to improve collaboration related to accessing children's mental health services, reduce barriers to mental health services including improving length of time between referral and service delivery, and strategies for

improving family engagement in a rural northern California county.

DESCRIPTION: Participants will be asked a few questions related to accessing services, strategies for improving length of time between referral and service delivery, strategies for improved collaboration, and strategies for improved family engagement and some demographics.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: The interview will take 30 minutes to one hour.

RISKS: There are minor risks to participants such as feeling uncomfortable resulting from the nature of questions asked during the survey. Participants are free to refuse to answer those questions or to withdraw any time without consequences. After the completion of the interview, participants will be provided a debriefing statement in which mental health agencies are identified including contact information in case they become uncomfortable or upset as a result of participating in the study.

BENEFITS: There will not be any direct benefits to the participants.

College of Social and Behavioral Sciences
School of Social Work

CONTACT: If you have any questions about this study, please feel free to contact Dr. Deirdre Lanesskog at 909-537-5501 or email: dlanesskog@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after December 2019.

This is to certify that I read the above and I am 18 years or older.

_____   _____

Place an X mark here   Date

I agree to be tape recorded: _____ Yes _____ No

APPENDIX C

INTERVIEW QUESTIONS

Interview Guide

Developed by the Researcher

1.   Could you tell me what your experience is with the study site agency and making referrals for children's mental health services?

2.   Could you tell me your thoughts about the study site and the referral process used by the study site, the success of accessing services?

3.   Are there are barriers to access, what is your opinion about those and tell me more about them?

4.   What is your understanding of the services provided by the study site agency?

5.   What is your knowledge about the Katie A v Bonta case and entitlements for sub-class members?

6.   What are the end results for children who are unable to access mental health services?

7.   Are other members of the family impacted?

8.   Can you tell me how long you have lived in this county?

9.   What is your age?

10.   Please identify your gender?

11.   What is your job title?

12.   Would you mind giving me your ethnicity?

13.   What is your educational background?

14.   Do you have suggestions for improvement in the current system, including suggestions for increased collaboration and family engagement?

15.   Are there other individuals you would recommend that should be interviewed that have knowledge regarding the topic of this research project?

APPENDIX D

DEBRIEFING STATEMENT

College of Social and Behavioral Sciences
School of Social Work

The study you have just completed was to explore approaches to improve collaboration related to accessing children's mental health services, reduce barriers to mental health services including improving length of time between referral and service delivery, and strategies for improving family engagement in a rural northern California county. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Deirdre Lanesskog at 909- 537-5501 (email: dlanesskog@csusb.edu).

If you would like to obtain a copy of the group results of this study, please contact the ScholarWorks database

(http://scholarworks.lib.csusb.edu/) after September 2019.

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