

# Perceptions of mental health assessment and service linkage in child welfare: Why kids aren't getting the services they need

Paige M. Milewski, BA, Lilliana Conradi, BA, Marisa Sklar, PhD, Danielle L. Fettes, PhD

## Background

- Half of youth within child welfare (CW) services meet the criteria for at least one mental health diagnosis, illustrating high mental health services need for CW-involved youth.
- Historically minoritized youth are disproportionately represented in CW and face systemic disadvantages.
- Child and family team (CFT) meetings are mandated interventions to identify needs and facilitate service connection. CFT meetings coordinate a variety of support persons and aim to encourage shared decision-making for developing the youth's service plan.
- The Child and Adolescent Needs and Strengths (CANS) Assessment evaluates well-being and behavioral and social needs, supporting decision-making and service planning for every CW-involved youth within the first 30 days of their case.
- Including families in shared decision-making is fundamental to successful service linkage and improving safety, permanency, and physical and mental well-being of youth and families.
- However, CFT meetings and CANS assessments are implemented with low fidelity, and youth and parents believe they have little input and voice in the process.

## Methods

- This mixed-methods study aims to improve CFTs by adapting and testing the after-action review, a debrief for enhancing team performance to improve youth mental health services linkage.
- 8 informant interviews and 8 focus groups (n=75) included former foster youth (FFY), CW services leadership, CW-involved parents, resource caregivers, CFT meeting facilitators, facilitating agency leadership, service providers, Protective Social Workers (PSWs), and Developmental Screening and Enhancement Program (DSEP) staff.
- UCSD researchers completed the California Statewide CFT Meeting Observation Tool (2022) to measure fidelity and took extensive qualitative notes regarding mental health and the CANS assessment for 55 CFTs across 4 San Diego County regions.
- Rapid analysis and descriptive statistics were explored for themes, including mental health services need.

## Discussion

- Despite the best of intentions, CFTs are failing to fulfill their promise of shared decision-making, especially for mental health service connections, as youth and caregivers are not meaningfully included in the discussions.
- CANS is implemented with poor fidelity, impacting youth ability to receive vital mental health services.
- Perceptions of CFTs and the completion of the CANS vary significantly among different CFT participants.
- When CFTs and CANS are unable to connect youth to needed services, it can contribute to ongoing disadvantages for minoritized youth.
- Enhancing CANS assessment training and implementation is crucial for improving its accuracy, ensuring implementation fidelity, and facilitating effective mental health service linkage for CW-youth.

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## Results

### The California Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS)

CANS

Your Voice!



A tool that supports the Child and Family Team to make sure children, youth, and family's stories are heard and valued!

Your input into the CANS is so important! We want you to share your thoughts, experiences, and opinions. As a team, we will develop a case plan and identify what to work on.

Note. From California Department of Social Services, 2020. (<https://www.cdss.ca.gov/Portals/9/ISU/CANS/2020-cans-flyer.pdf>)

### CANS Intended Protocol

#### Step 1: Hear the Story

The person who completes CANS asks youth, family, caregivers, and others about the youth and their strengths and struggles

#### Step 2: Rating the CANS Tool

Using the information gathered, the needs and strengths are rated to identify areas of need. The information is reviewed in the CFT

#### Step 3: Prioritize Together

The team discusses and agrees on what needs are the most important to prioritize and includes them on the case plan

#### Step 4: Tracking Change

At least every 6 months the CANS will be updated to mark progress and identify changes

VS

### Perspectives of CANS

"...They just start rapid fire talking about the CANS, the social worker answers everything, and then we're done." – Resource caregiver

"So, maybe one out of 100 CANS is addressed." – Provider

"...feels like we're here to check a box and not to have a conversation that's really focused on the needs of the child." – DSEP staff

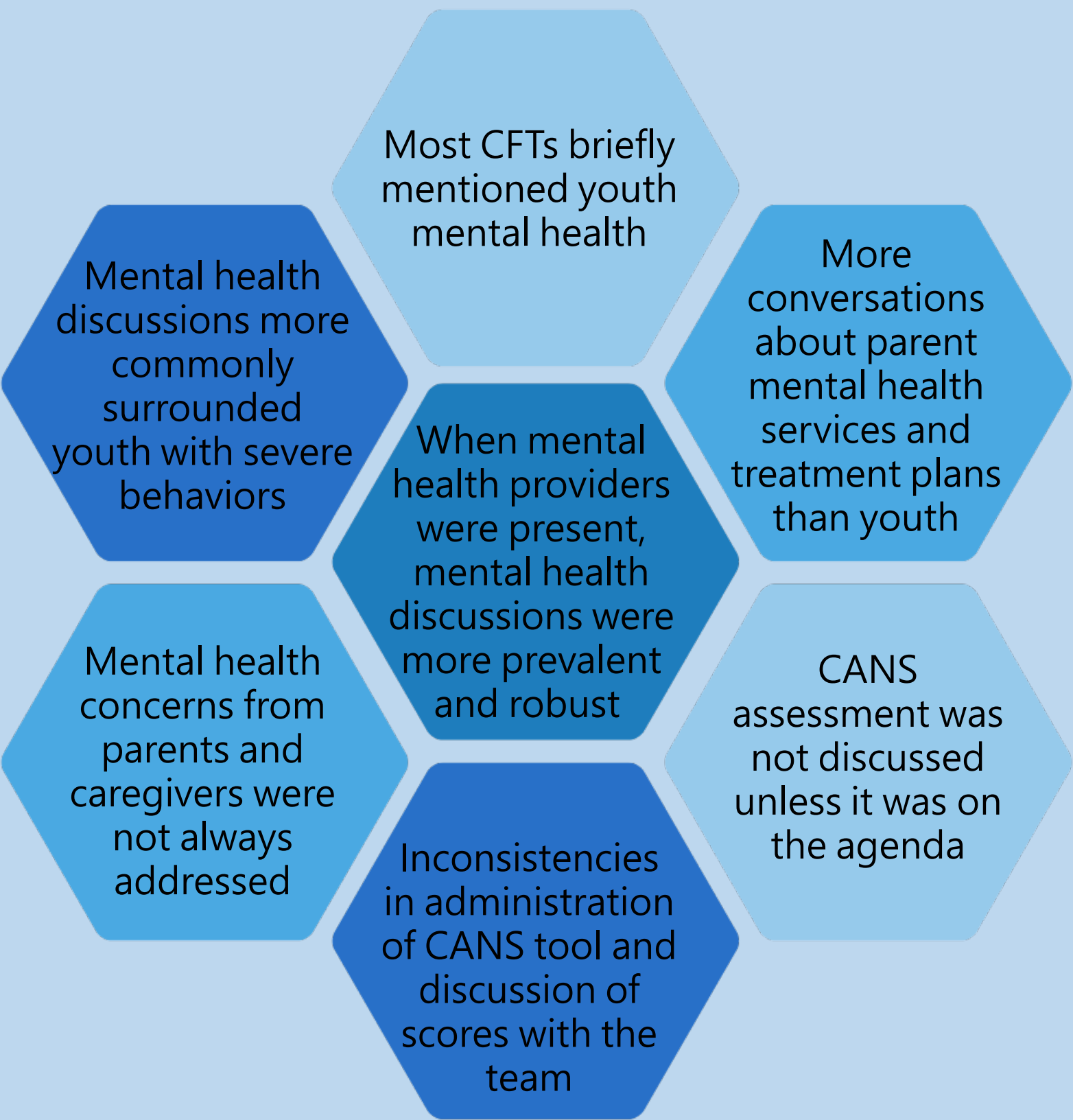
"I've never seen an action come from that, as a result of what they went through on CANS...they'll go over it in one CFT, and there's never a follow-up that I've experienced" - Resource caregiver

"[CANS is] the document used to justify any direction agency wants to go on." – Biological parent

"I don't think [the CANS helped connect youth to mental health services] for my case, I had to seek everything out myself." – FFY

"I would say 90% of the CFTs I've been involved with don't even do CANS. I didn't even really know what CANS were..." – Resource caregiver

### CFT Observation Tool Findings



Information from the CANS was incorporated into discussion of worries/needs and strengths.

