

Cross-System Assessment Comparison

Linkages Interview Module

(Hurlburt et al., 2004)

- Focus on “Linkages”
 - strength of ties existing between child welfare and mental health agencies at the local level
- Huge Sample Size: 2823 youth
- NSCAW: Nationally Representative
- Implicit content validity based on development of items
 - Items drawn from the ACCESS Program, which drew from theories from the literature (*see below*)
- Psychometric characteristics have not be assessed
- Findings:
 - Local interagency linkages increase the focus of specialty mental health service delivery to children with clinical levels of need.
 - strength of interagency ties also seems to affect racial/ethnic disparities in service use

ACCESS Program System Integration Strategies *(Definitions available in Coccozza et al., 2000)*

Interagency Coordinating Body
State-Interagency Coordinating Body (added later)
Co-Location of Services
Systems Integration Coordinator Position
Cross-Training
Interagency Agreements/Memorandums of Understanding
Interagency Management Information Systems/Client Tracking Systems
Pooled/Joint Funding
Uniform Applications, Eligibility Criteria, and Intake Assessments
Interagency Service Delivery Team/Provider Coalition
Flexible Funding
Use of Special Waivers

(Stiffman et al., 2000)

- Grounded in Network-Episode Model (Pescosolido, 1991)
- Focus on “Gateway Providers”
 - manage gap between MH service needs and MH service receipt among youth
 - i.e., primary health, child welfare, juvenile justice, and education providers
- Large Sample Size: 792 youth and 222 providers in the St. Louis area
- Providers averaged approximately 16 contacts (SD = 10.4).
- Internal consistency was high (Chronbach’s alpha = .92)
- Test-retest reliability was good ($r = .84$)
- Providers reported:
 - personal contact with a 1/4 of all domains
 - Not familiar with resources in 37% of the areas
- Findings:
 - Contact with mental health resources (conceptualized as familiarity with resources, referral to and from resources, and personal contact with resources) was found to influence (39% of the variance) referral or recommendation to services.
 - Stiffman et al. suggested screening would be a key factor for enhancing access to service but speculated that gateway providers who are unfamiliar with the resources available to address problem may be reluctant to identify problems. However, training was found to promote resource connectivity among gateway providers.