

Improving screening for problem behaviors among homeless children in Georgia

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Improving Screening for Problem Behaviors among Homeless Children in Georgia

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Emory Urban Health Initiative

UHI forges vital university and community partnerships in health care, education, and community planning, with all partners working to change the trajectory for the children, youth, and families of Metro Atlanta and the state of Georgia.

Four focus areas:

- Community programs
- Community engaged learning
- Training of health professionals
- Research



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Homeless

Taking Advantage

Addict

Poor choices

Lazy

Criminal

Bum

Insane

Carefree



Another view...



Women and Children's Emergency Homeless Shelter, San Diego Rescue Mission (2015)

<https://www.youtube.com/watch?v=QYIQo4NSgwo>

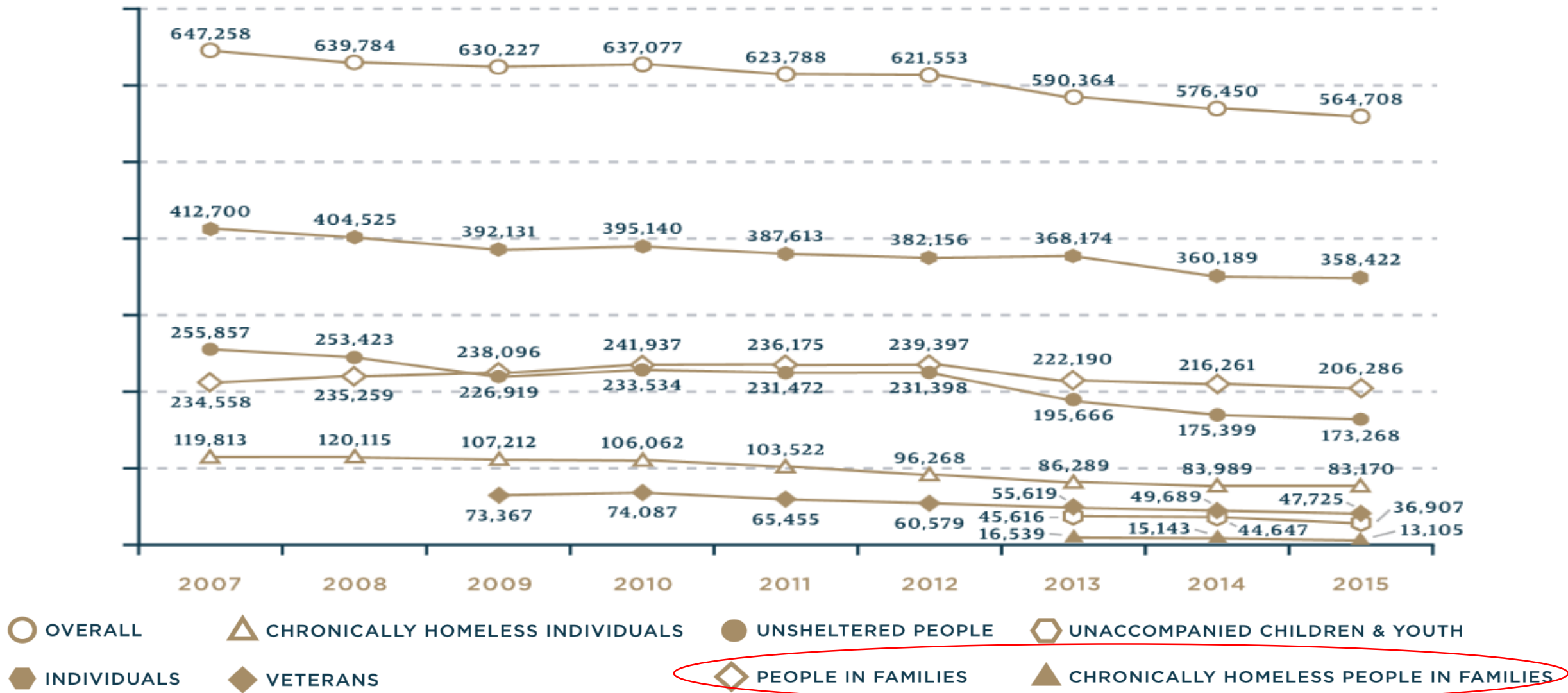
A Series of Questions

- What does family homelessness look like in Georgia?
- What impacts does homelessness have on kids and families?
- What can be done to help?
- What did we do?
- What did we learn?
- *How do we apply it?*

**What does family
homelessness look like
in Georgia?**



Promising trends, but progress for families has been slow



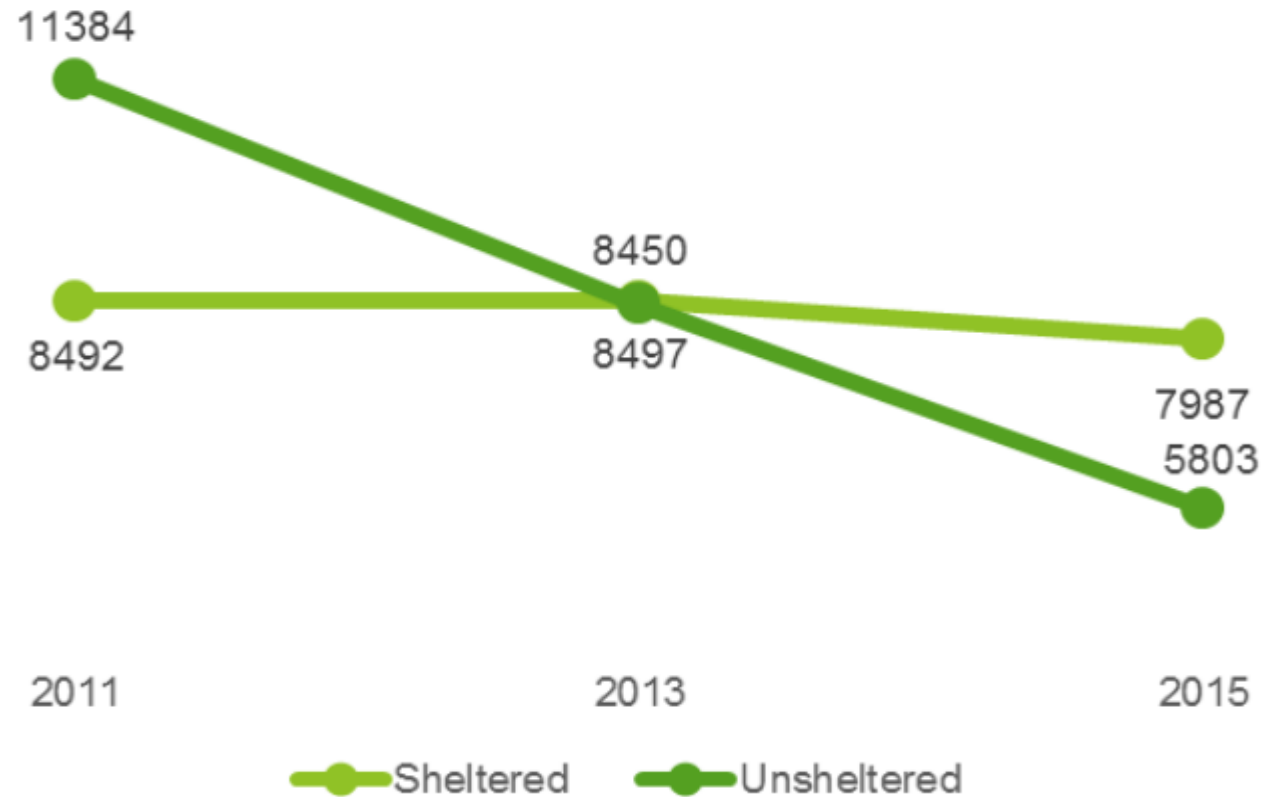
National Alliance to End Homelessness (2016); U.S. Department of Housing and Urban Development (2015)

On a given night in 2015, 1 in 3 homeless individuals were in a family with children



GA experienced one of the largest declines in overall homeless, but less change for families

Sheltered and Unsheltered Homeless Counts
2011-2015

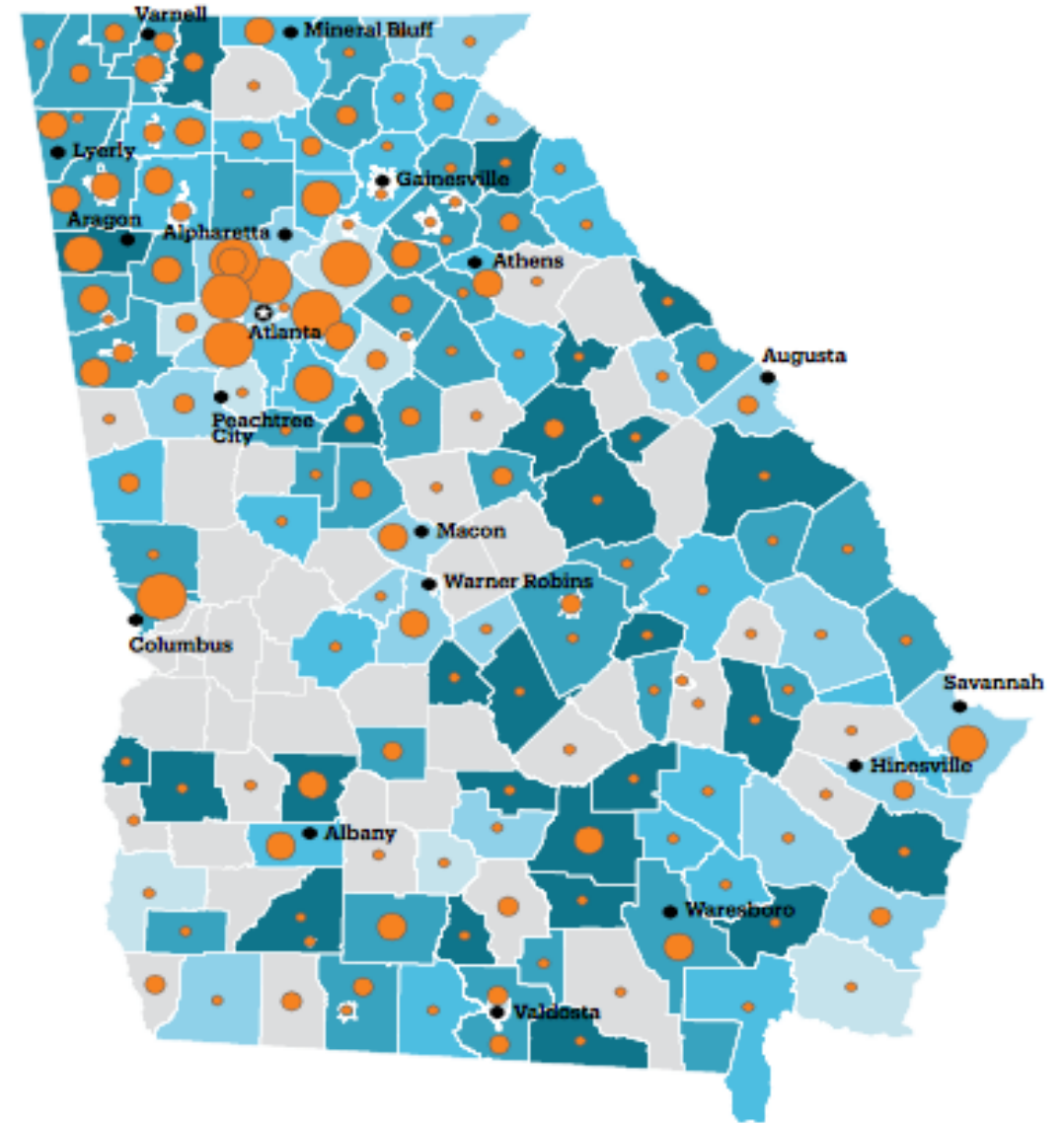
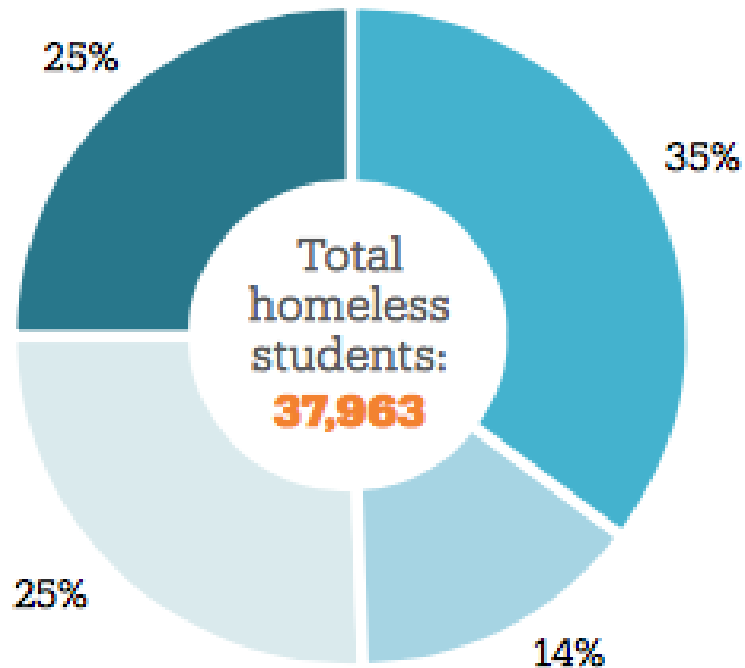


From 2014 to 2015:

- Overall homelessness declined 17% (**2,731** people)
- Family homelessness declined <1% (**30** people)

In GA, homeless children are more commonly in rural areas and small towns

■ Cities ■ Suburbs ■ Towns ■ Rural Areas



Institute for Children, Poverty, & Homelessness (2016); U.S. Department of Education (2014)

What impacts does homelessness have on kids and families?



Physical Health



- More environmental exposures
- Nutritional deficits related to food insecurity and shelter conditions
- More chronic conditions including childhood overweight/obesity and dental decay

Mental Health



- Higher rates of child mental health problems
- Higher rates and intensity of depression
- Common exposure to violence and trauma
- Parental depression and mental health problems often related to higher child psychiatric issues



Academic

- Vocabulary deficits, reading delays, and learning disabilities
- Lower rates of referrals to special education than other low-income children
- Similar absenteeism and standardized test performance to other low-income kids, but more enrollment instability



Child Development

- Higher rates of delayed speech and language development
- Higher rates of emotional-behavioral problems and hyperactivity / inattentiveness

**What can be done to help
homeless families?**



Lifting Up What Works

- Enhanced coordination across players in a family's system of care (e.g., schools)
- Addressing barriers pertaining to safety, transportation, and access
- Evidence-based programs to enhance child resilience and manage behaviors
- *Screening for developmental delay and behavioral problems in the shelter setting*

So, what did we do?



Phase 1. Focus Group Discussions with Providers

The screenshot shows a web interface for a 'Pied Piper Customer Focus Group'. At the top left is the 'pied piper' logo. To the right are links for 'Groups' and 'Jared D'. Below the logo is the title 'Pied Piper Customer Focus Group' and navigation tabs for 'Topics', 'People', and 'About'. Two large grey boxes are overlaid on the page. The left box, titled 'Provider Participants', lists: Physicians (MD, DO), Nurses (RN, NP, etc.), Psychologists, Social Workers, and Therapists (LPC, MFT, etc.). The right box, titled 'Ideas Generated', lists: Training shelter personnel on developmental milestones, Educating families on child development while in shelter, and Placing screeners in shelter-based clinics*. Below these boxes, a comment from 'Bachmania' is visible, stating: 'I loved the speed of the algorithm and the way that it was so easy to use. I also loved the team behind the app and the story of it all! There is nothing I dislike about it. Seriously, it's amazing Richard, amazing...'. The comment is dated 'Posted 1 minute ago' and has 'Comment Agree (0)' below it.

Provider Participants

- Physicians (MD, DO)
- Nurses (RN, NP, etc.)
- Psychologists
- Social Workers
- Therapists (LPC, MFT, etc.)

Ideas Generated

- Training shelter personnel on developmental milestones
- Educating families on child development while in shelter
- Placing screeners in shelter-based clinics*

Bachmania

Closing

I loved the speed of the algorithm and the way that it was so easy to use. I also loved the team behind the app and the story of it all!

There is nothing I dislike about it. Seriously, it's amazing Richard, amazing...

Posted 1 minute ago

Comment Agree (0)

AAP Recommendations

“Administer a standardized developmental screening tool for children who appear to be at risk of a developmental disorder at the 9-, 18- or 30-month visit”

“Children should be screened at regular intervals for behavioral and emotional problems with standardized, well-validated measures beginning in infancy and continuing through adolescence.”

POLICY STATEMENT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening

Council on Children With Disabilities
Section on Developmental Behavioral Pediatrics
Bright Futures Steering Committee
Medical Home Initiatives for Children With Special Needs Project Advisory Committee

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Promoting Optimal Development: Screening for Behavioral and Emotional Problems

Carol Weitzman, MD, FAAP, Lynn Wegner, MD, FAAP, the SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COUNCIL ON EARLY CHILDHOOD, AND SOCIETY FOR DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

abstract

By current estimates, at any given time, approximately 11% to 20% of children in the United States have a behavioral or emotional disorder, as defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Between 37% and 39% of children will have a behavioral or emotional disorder diagnosed by 16 years of age, regardless of geographic location in the United States. Behavioral and emotional problems and concerns in children and adolescents are not being reliably identified or treated in the US health care system. This report provides guidance to increase behavioral and emotional screening in the medical home.

Phase 2. Quality Improvement Initiative

- Complete analysis
- Compare to prediction
- Summarize learnings

Act



Plan

- Objectives
- Questions and Predictions
- Plan to carry out the cycle



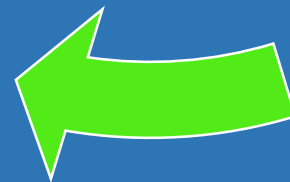
- Complete analysis
- Compare to prediction
- Summarize learnings

Study

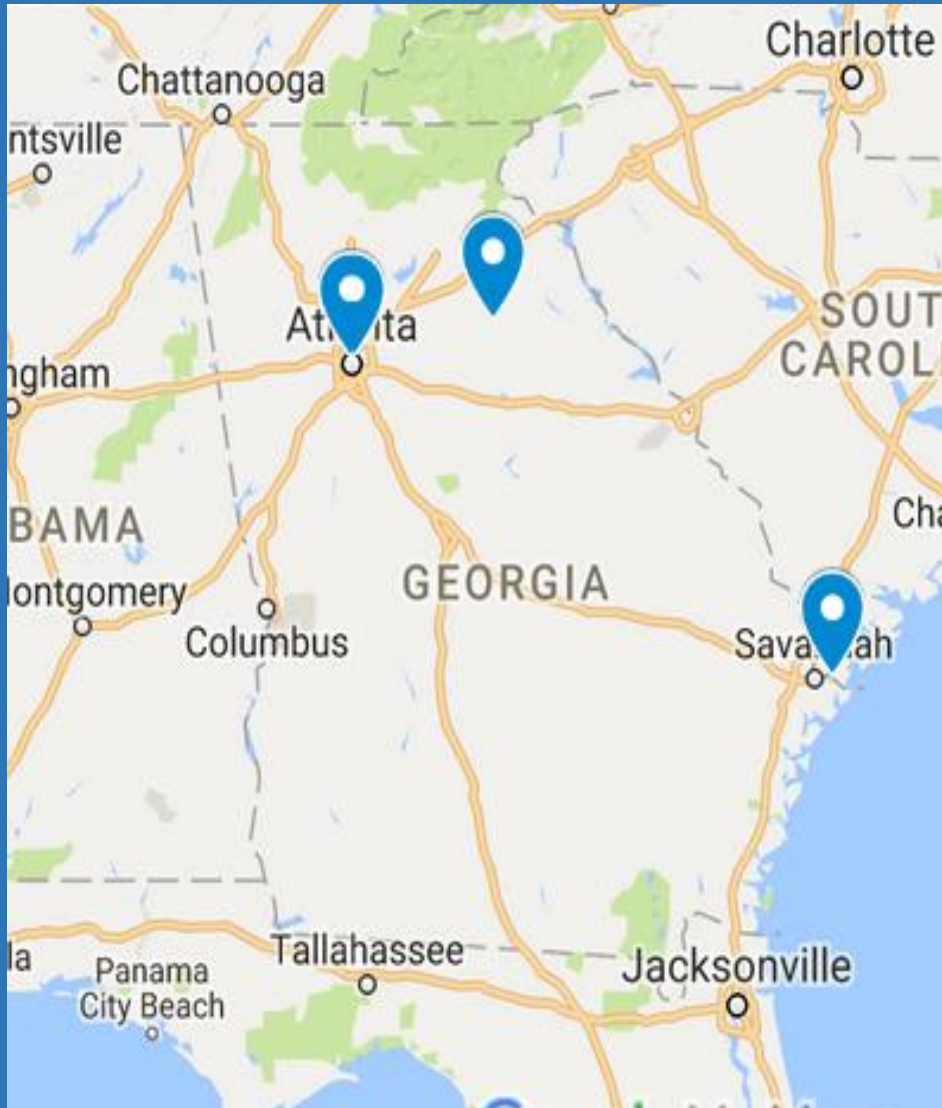


Do

- Carry out the plan
- Document problems, unexpected findings
- Begin data analysis



Phase 2. Quality Improvement Initiative



- 3 shelters representing distinct geographies
- QI training via Practice Improvement Modules
- Multiple meetings per month

Shelter A	Shelter B	Shelter C
Consumers		
Case Management		
Medical Providers		Administrative Staff
Executive Director		

Behavioral and Emotional Screening Measures Used

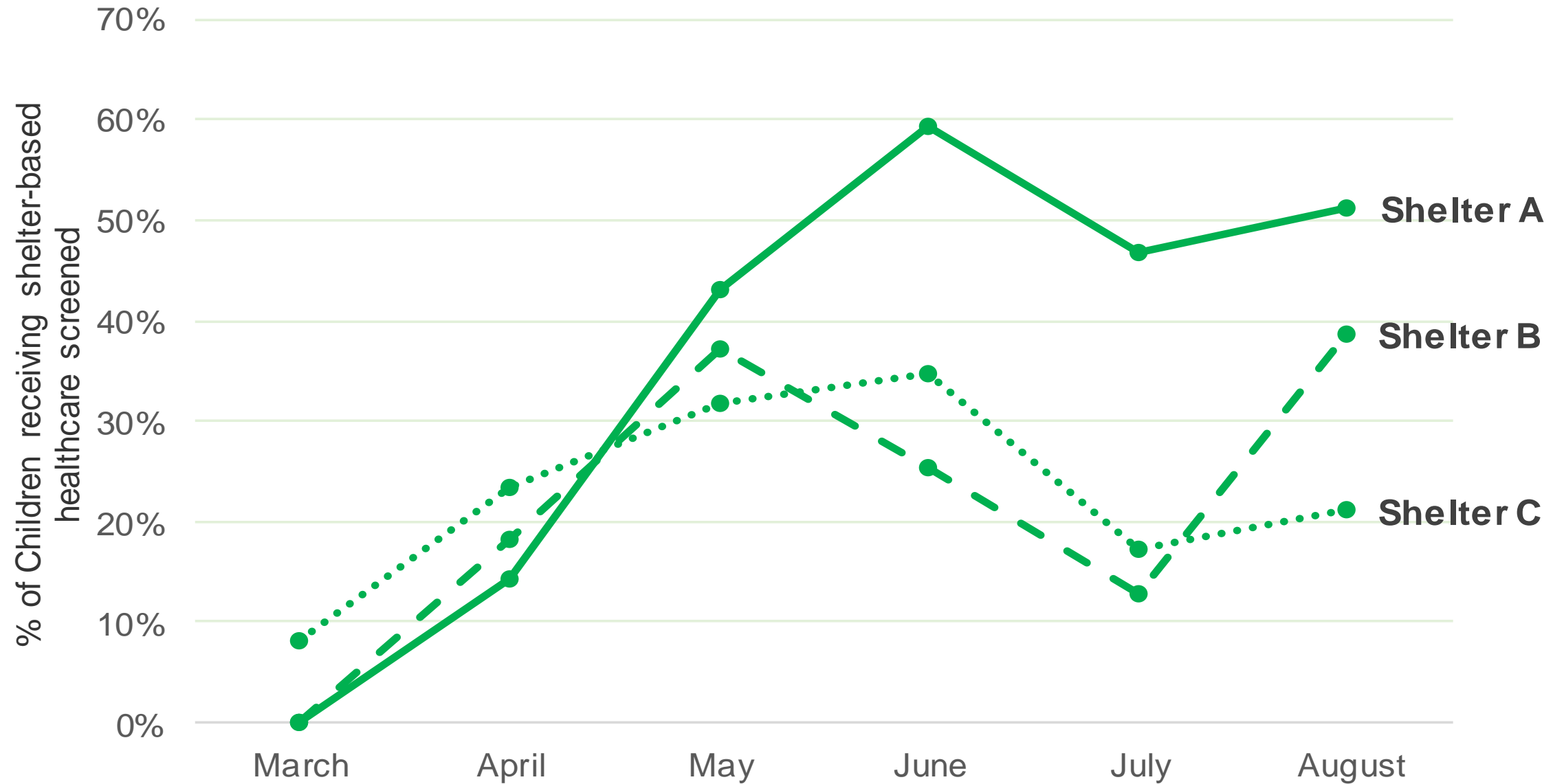
Strengths and Difficulties Questionnaire (SDQ-2)	Pediatric Symptom Checklist (PSC-17)
<ul style="list-style-type: none">• 3-17 years• 25 items• Parent version• Sensitivity: 63-94%• Specificity: 88-96% <p><i>Subscales</i></p> <ul style="list-style-type: none">• Emotional Problems• Conduct Problems• Hyperactivity/Inattention• Peer Relationship Problems• Prosocial Behavior	<ul style="list-style-type: none">• 4-16 years• 17 items• Parent version• Sensitivity: 82-96%• Specificity: 77-95% <p><i>Subscales</i></p> <ul style="list-style-type: none">• Internalizing Behaviors• Attention• Externalizing Behaviors



What did we learn?



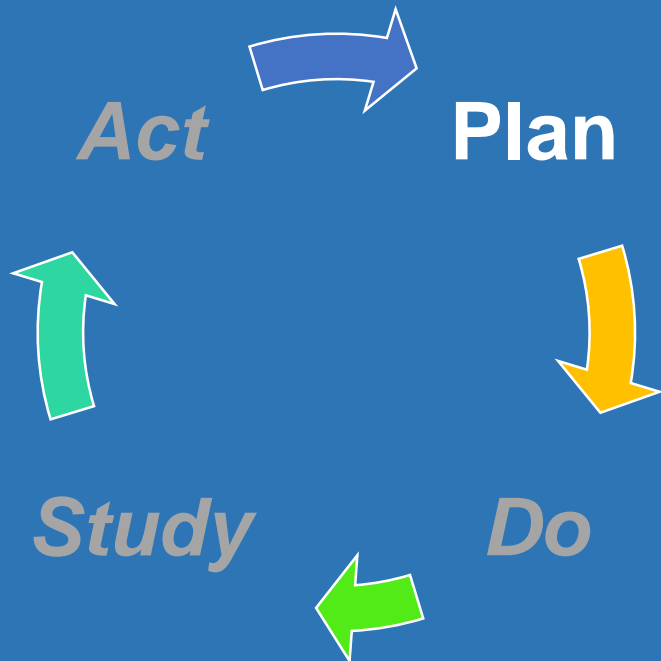
Aim 1. Characteristics of screening rates over time



Aim 2. Barriers and Facilitators to PDSA Cycle

Plan

Identify the issue and plan for change



Primary Facilitator: Previous QI Experience

“It really helped get everyone on the same page and thinking in a cyclical manner. This isn’t how we normally approach problems at [this shelter], so that was sorely needed”

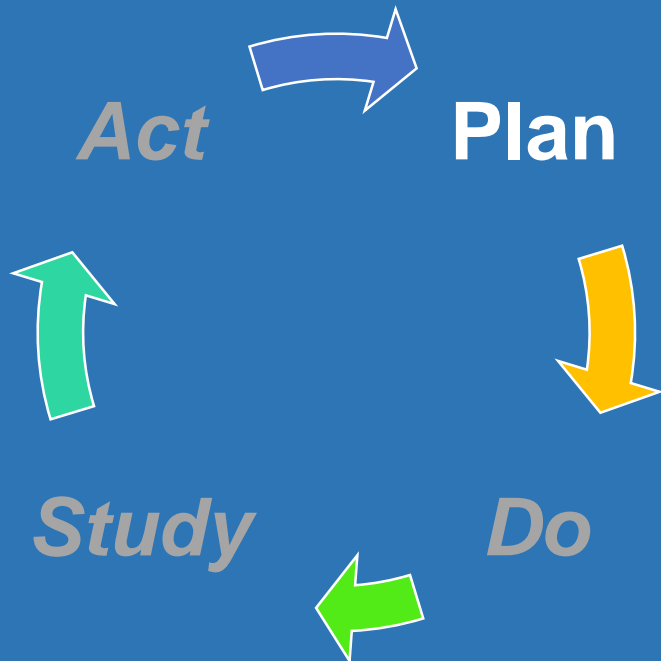
Secondary Facilitators

- Having meetings routinely scheduled in advance
- Facilitating meetings using a structured, rather than free-form or open-ended approach

Aim 2. Barriers and Facilitators to PDSA Cycle

Plan

Identify the issue and plan for change



Primary Barrier: Lack of Time/Commitment by QI Team Lead

“I care about this work so much, but to be honest it just isn’t feasible to add another task to [my] workload.”

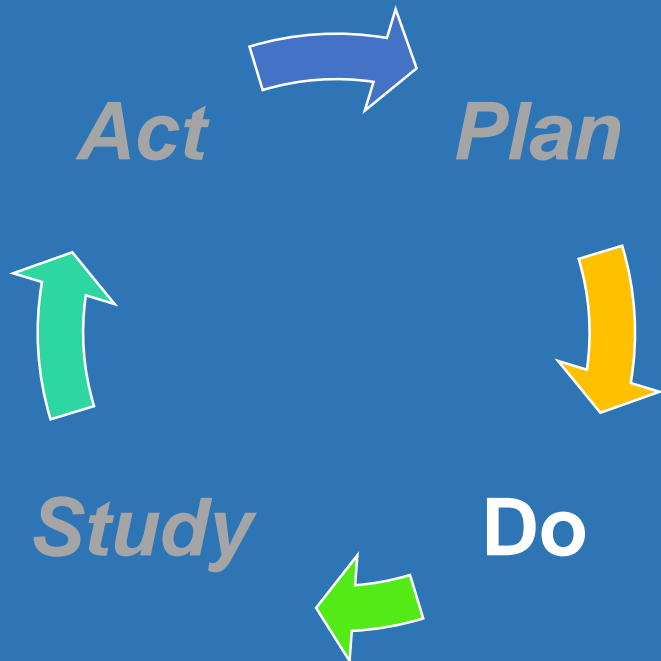
Secondary Barriers

- Lack of logistical pre-considerations
- sense of hopelessness about the QI team’s ability to create change in shelter
- challenges inherent in having participants from varied roles collaborate

Aim 2. Barriers and Facilitators to PDSA Cycle

Do

Execute the plan



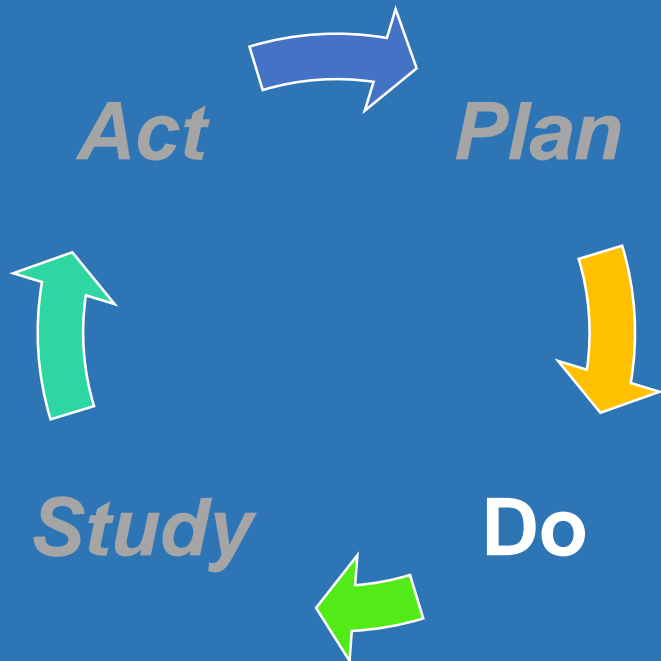
Primary Facilitator: Provider Engagement with Shelter

“It would have been very easy for this project to live and die in isolation, separate from everything else. We have the technology room where moms are trying to find jobs, we have addiction programs... how does the kid fit into the picture right there, aside from playing with them? You see, [the medical provider] doesn't just help families in clinic. He gets out there, goes door-to-door...The families see him and his commitment.

Aim 2. Barriers and Facilitators to PDSA Cycle

Do

Execute the plan



Primary Barrier: Provider Time/Commitment

“If families are lining up outside my door, you can bet this is the first thing that gets dropped. I end up having to prioritize.”

“Screening kids is unfortunately not as vital as making sure a family gets the shots they’ll need for school or a TB test to stay in shelter”.

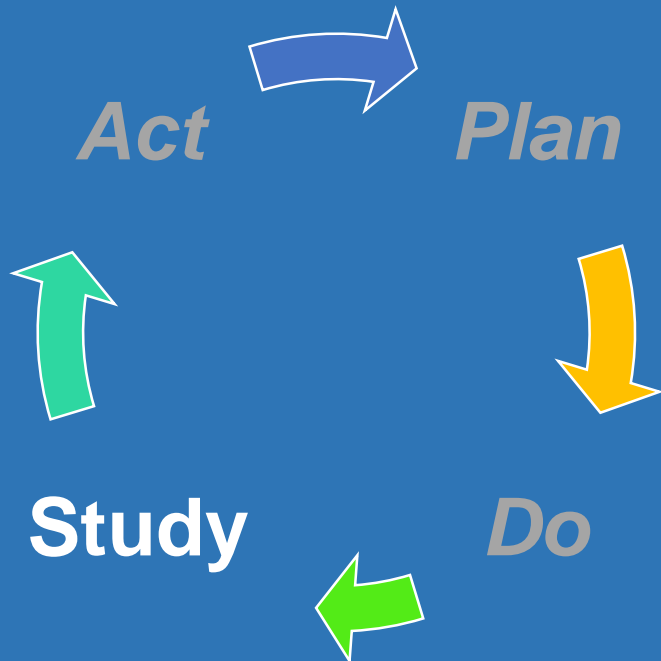
Secondary Barrier

- Lack of knowledge regarding appropriate medical codes for screening

Aim 2. Barriers and Facilitators to PDSA Cycle

Study

Analyze data and discuss implications



Primary Facilitator: “Improvement Culture”

“It’s how we run the ship around here.”

“This is what we’ve always done. In our weekly team meetings, we take stock of what works and what doesn’t cutting across each of our programs.”

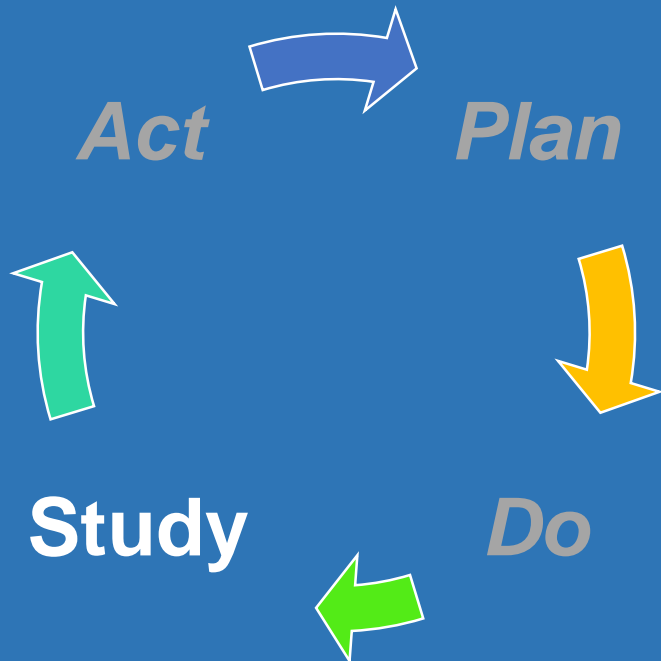
Secondary Facilitators

- QI experience on the team
- Medical provider on the team
- Applied project management and facilitation tools

Aim 2. Barriers and Facilitators to PDSA Cycle

Study

Analyze data and discuss implications



Primary Barrier: Shelter Leadership on Team

“We’re lucky to have the voice of a leader here at the table. But at the same time, it makes me feel like I need to hold my punches when talking about what could be improved around [the shelter].”

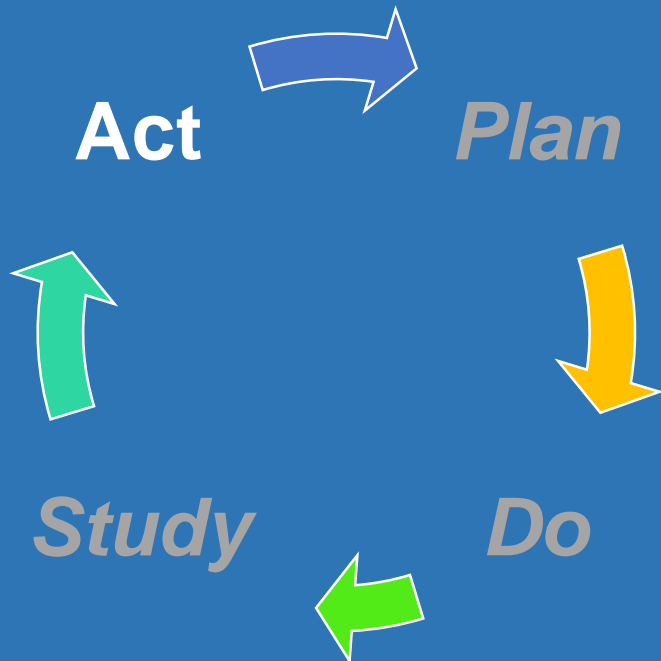
Secondary Barrier

- Lack of ideas about how to best present and facilitate discussion of electronic health record data

Aim 2. Barriers and Facilitators to PDSA Cycle

Act

Adjust approach based on learning



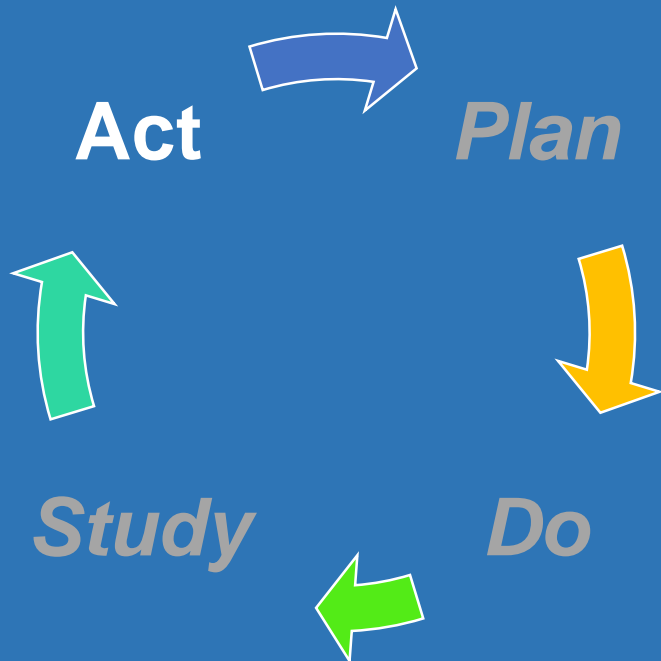
Primary Facilitator: Diverse Perspectives

“The catalyst to overcoming the standard of practice is throwing a case manager, some [shelter] guests, and a doctor in the same room. You know how often that happens? Never. But in this case, it made all the difference – [the doctor] was able to tell us what he needed to accomplish with each of his patients in clinic, while the guests were quick to advocate for their and their kids’ own needs. I think moving the needle could only really have happened with all of us there.”

Aim 2. Barriers and Facilitators to PDSA Cycle

Act

Adjust approach based on learning



Primary Barrier: Provider Resistance to Change

“When I was in school, we never really thought about systems, or about continuously improving the way we conducted our clinical practice. It was very much identifying symptoms and providing treatment.”

Secondary Barriers

- Lack of child development knowledge/expertise
- Shelter organizational policies
- Family resistance to screening

How do we apply it?



Interdisciplinary teams that received basic training in QI concepts were able to measurably increase screening rates for children being seen in shelter-affiliated clinics within a ½ year.

We found sustained change in a community setting that often faces challenges to implementing prevention efforts.

Application

Key Influences on QI Initiative Success

- Team Management, Cohesion, Composition
- Sufficient Training is Needed
- Attention must be paid to both Individual and Institutional Factors

Application

Future Research Needs

- Does screening in shelter actually yield improvements in health and developmental outcomes?
- Could a similar approach be used in other community-based setting serving families at risk for emotional and behavior issues?
- How feasible would it be for non-clinical shelter staff to screen children?
- What does parent engagement look like with families that are homeless?

Considerations

- Small number of pilot sites
- Observer effect bias
- Lack of balancing measures



Let's give 'em the best shot we can.

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Questions or Comments?

For more information, contact Marvin So

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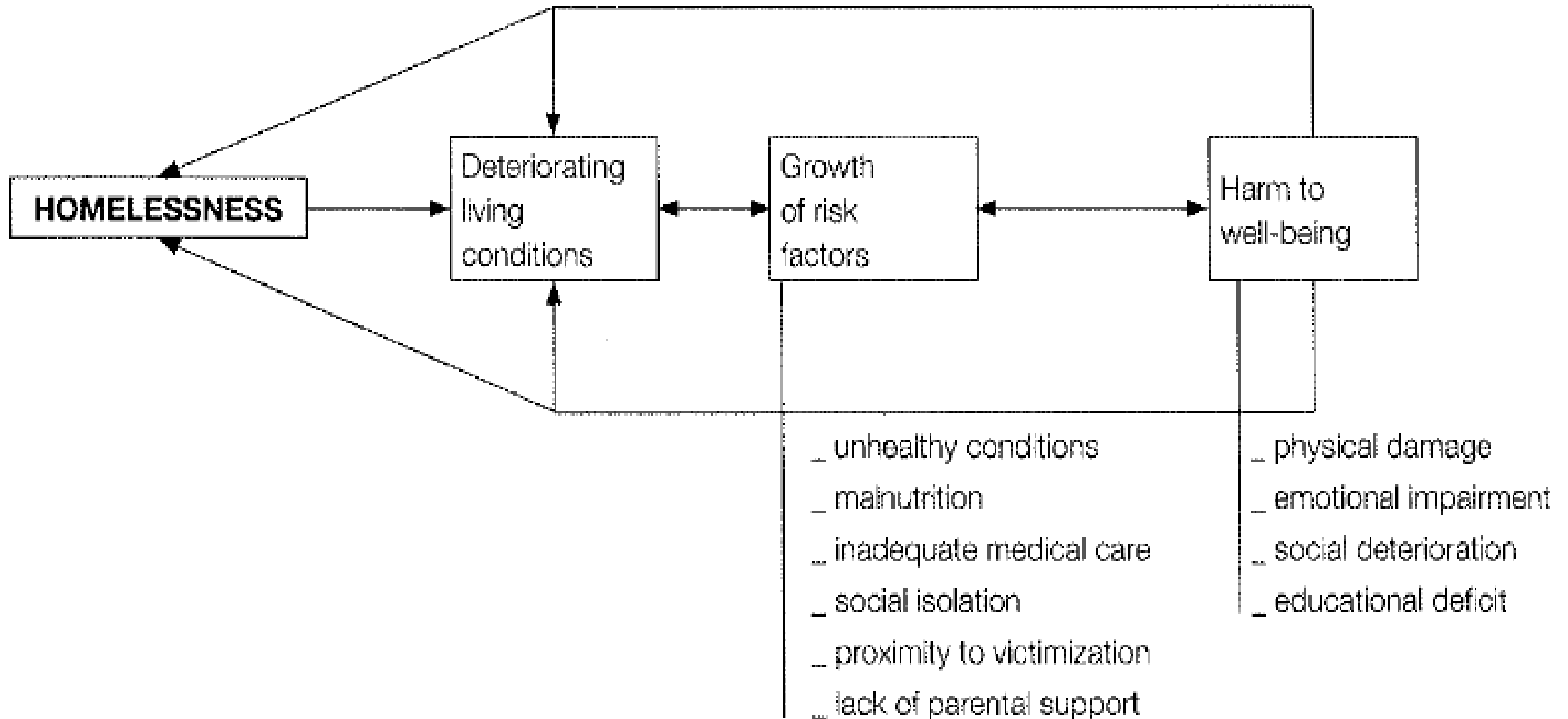
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Emory School of Medicine, Atlanta Children's Shelter, Greenbriar Children's Shelter, Interfaith Hospitality Network, or Emory Rollins School of Public Health.

Additional Slides

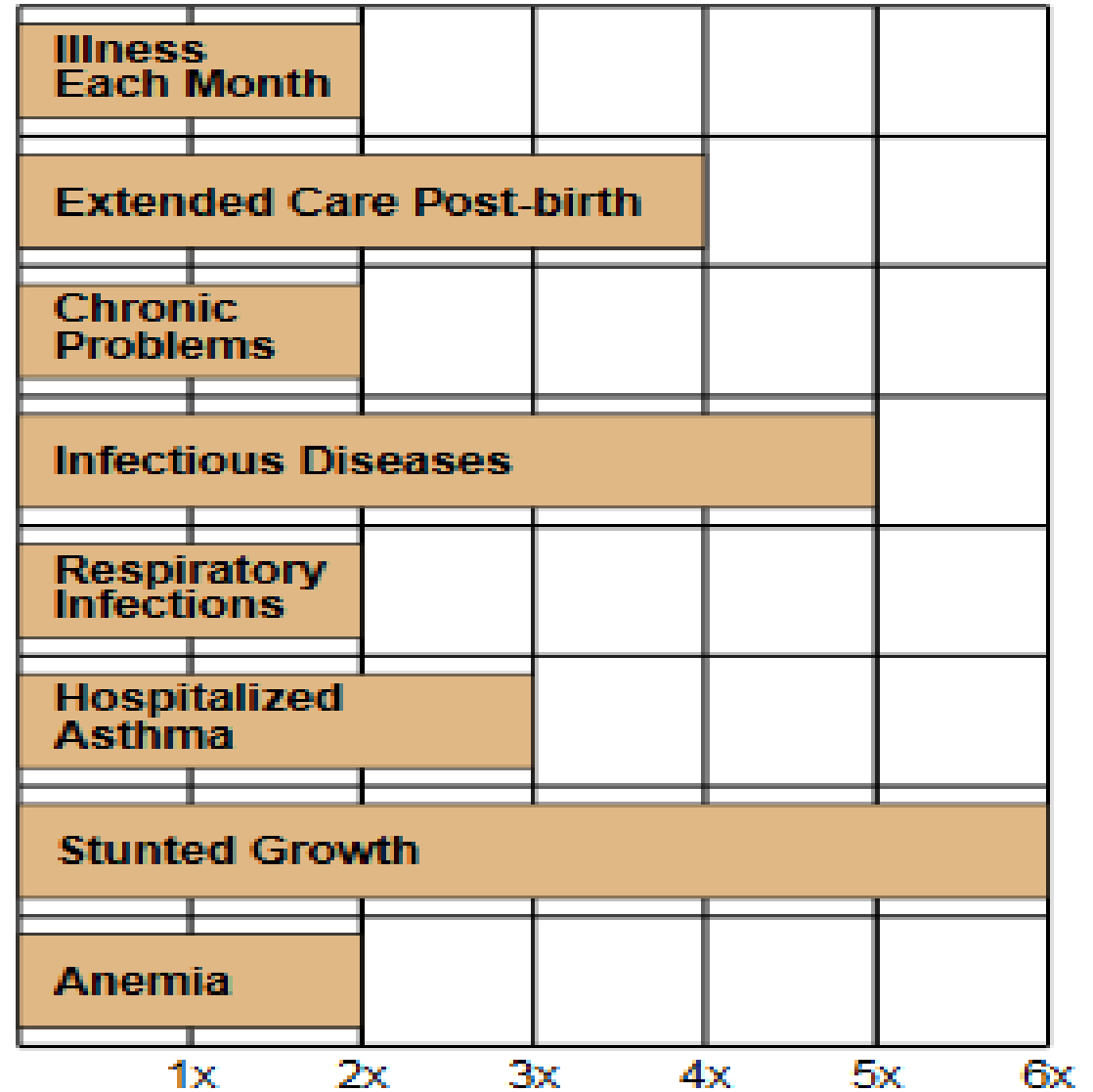
Homelessness and Children: A Model of Impact



Definition of Homeless ness

- Camping with no permanent home to return to
- Doubling-up temporarily with another family
- Having no permanent place to return to after hospitalization
- Living out of a car
- Living in an emergency or transitional shelter

Health Issues among Homeless Children vs. Low-Income Housed Children



Screening Instruments

Strengths and Difficulties Questionnaire T-4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems dull? Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name: Male/Female:

Date of Birth:

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Either solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

SDQ-2 [\[Link\]](#)

Name: _____ Date: _____

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions.

Please mark under the heading that best describes your child.	Never	Sometimes	Often
1. Complains of aches and pains			
2. Spends more time alone			
3. Tires easily, has little energy			
4. Fidgety, unable to sit still			
5. Has trouble with teacher			
6. Less interested in school			
7. Acts as if driven by a motor			
8. Daydreams too much			
9. Distract easily			
10. Is afraid of new situations			
11. Feels sad, unhappy			
12. Is irritable, angry			
13. Feels hopeless			
14. Has trouble concentrating			
15. Less interested in friends			
16. Fights with other children			
17. Absent from school			
18. School grades dropping			
19. Is down on him or herself			
20. Visits the doctor with doctor finding nothing wrong			
21. Has trouble sleeping			
22. Worries a lot			
23. Wants to be with you more than before			
24. Feels he or she is bad			
25. Takes unnecessary risks			
26. Gets hurt frequently			
27. Seems to be having less fun			
28. Acts younger than children his or her age			
29. Does not listen to rules			
30. Does not show feelings			
31. Does not understand other people's feelings			
32. Teases others			
33. Blames others for his or her troubles			
34. Takes things that do not belong to him or her			
35. Refuses to share			

Does your child have any emotional or behavioral problems for which s/he needs help? () Y () N
If yes, what behaviors are you concerned about?

Completed by: Relationship:
Address: Phone:
School: Grade: Room:

Family Services of Chemung County, Inc., 1019 E. Water St., Elmira, NY 14901

website:

PSC-17 [\[Link\]](#)