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

www.urbanhealthinitiative.emory.edu
Homeless
Homeless
Lazy
Criminal
Addict
Insane
Carefree
Poor choices
Bum
Taking Advantage
Forte (2002)
Another view…

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.

Georgia Department of Community Affairs (2015)
GA experienced one of the largest declines in overall homeless, but less change for families

From 2014 to 2015:

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

Georgia Department of Community Affairs (2015)
In GA, homeless children are more commonly in rural areas and small towns

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

Grant, et al. (2013); Bassuk, Richard, & Tsertvadze (2015); Rigual-Lynch, et al., 2006; Chiu, DiMarco, & Prokop (2013)
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

Grant, et al. (2013); Zima, et al. (1997); Fantuzzo, et al. (2012)
What can be done to help homeless families?
• 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

Bassuk, et al. (2016); Thomas & So (2016); Masten (2012)
So, what did we do?
Phase 1. Focus Group Discussions with Providers

**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

https://www.focusgroupit.com/
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.”
Phase 2. Quality Improvement Initiative

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

- **Plan**
  - Complete analysis
  - Compare to prediction
  - Summarize learnings

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

- **Study**
  - Complete analysis
  - Compare to prediction
  - Summarize learnings

---

Speroff & O’Connor (2004)
Phase 2. Quality Improvement Initiative

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

<table>
<thead>
<tr>
<th>Shelter A</th>
<th>Shelter B</th>
<th>Shelter C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Case Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Providers</td>
<td>Administrative Staff</td>
</tr>
<tr>
<td></td>
<td>Executive Director</td>
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</table>
### Behavioral and Emotional Screening Measures Used

<table>
<thead>
<tr>
<th>Strengths and Difficulties Questionnaire (SDQ-2)</th>
<th>Pediatric Symptom Checklist (PSC-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3-17 years</td>
<td>• 4-16 years</td>
</tr>
<tr>
<td>• 25 items</td>
<td>• 17 items</td>
</tr>
<tr>
<td>• Parent version</td>
<td>• Parent version</td>
</tr>
<tr>
<td>• Sensitivity: 63-94%</td>
<td>• Sensitivity: 82-96%</td>
</tr>
<tr>
<td>• Specificity: 88-96%</td>
<td>• Specificity: 77-95%</td>
</tr>
<tr>
<td><strong>Subscales</strong></td>
<td><strong>Subscales</strong></td>
</tr>
<tr>
<td>• Emotional Problems</td>
<td>• Internalizing Behaviors</td>
</tr>
<tr>
<td>• Conduct Problems</td>
<td>• Attention</td>
</tr>
<tr>
<td>• Hyperactivity/Inattention</td>
<td>• Externalizing Behaviors</td>
</tr>
<tr>
<td>• Peer Relationship Problems</td>
<td></td>
</tr>
<tr>
<td>• Prosocial Behavior</td>
<td></td>
</tr>
</tbody>
</table>

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*

**Act**  
**Plan**  
**Study**  
**Do**

**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*

**Act**

**Plan**

**Do**

**Study**

**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

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

**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

**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

**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
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

**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.

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

Speroff & O’Connor (2004); Kritchevsky & Simmons (1991)
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

Application

Speroff & O’Connor (2004); Murphy & Tobin, 2011
Let’s give ‘em the best shot we can.


References


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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
Definition of Homelessness

- 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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness Each Month</td>
<td>1x</td>
</tr>
<tr>
<td>Extended Care Post-birth</td>
<td>2x</td>
</tr>
<tr>
<td>Chronic Problems</td>
<td>3x</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>4x</td>
</tr>
<tr>
<td>Respiratory Infections</td>
<td>5x</td>
</tr>
<tr>
<td>Hospitalized Asthma</td>
<td></td>
</tr>
<tr>
<td>Stunted Growth</td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
</tr>
</tbody>
</table>

Family Housing Fund (1999)
Screening Instruments

**Screening Instruments**

**Strengths and Difficulties Questionnaire**

1. Do you feel the school is running well?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

2. Teacher, how would you rate the quality of teaching?
   - [ ] Good
   - [ ] Average
   - [ ] Poor

3. How often does the child have problems with peers?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Always

4. How often does the child have problems with teachers?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Always

5. How often does the child have problems with classmates?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Always

6. How often does the child have problems with homework?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Always

7. How often does the child have problems with peers?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Always

8. How often does the child have problems with teachers?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Always

9. How often does the child have problems with classmates?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Always

10. How often does the child have problems with homework?
    - [ ] Never
    - [ ] Sometimes
    - [ ] Always

11. How often does the child have problems with peers?
    - [ ] Never
    - [ ] Sometimes
    - [ ] Always

12. How often does the child have problems with teachers?
    - [ ] Never
    - [ ] Sometimes
    - [ ] Always

13. How often does the child have problems with classmates?
    - [ ] Never
    - [ ] Sometimes
    - [ ] Always

14. How often does the child have problems with homework?
    - [ ] Never
    - [ ] Sometimes
    - [ ] Always

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

**SDQ-2 [Link]**

**Pediatric Symptom Checklist (PSC)**

1. Flare-ups of health problems that have been noticed by you:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

2. Sore throat that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

3. Earache that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

4. Coughing that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

5. Nosebleeds that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

6. Headaches that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

7. Diarrhea that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

8. Nausea that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

9. Abdominal pain that you have noticed:
   - [ ] Never
   - [ ] Sometimes
   - [ ] Often

10. Vomiting that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

11. Constipation that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

12. Difficulty in sleeping:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

13. Behavioral problems that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

14. Emotional problems that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

15. Developmental problems that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

16. Learning difficulties that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

17. Social problems that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

18. Other problems that you have noticed:
    - [ ] Never
    - [ ] Sometimes
    - [ ] Often

**PSC-17 [Link]**