



## Washington County Coalition for Children

# Washington County CATCH Initiative *Summary of Activities/Findings*

Children's Mental Health Summit  
May 25, 2005

### Background

In 2001, concerned about increasing numbers of children "falling through the cracks," members of the Washington County Coalition for Children (formerly known as the Washington County Risk Response Team) began focusing their efforts on filling in gaps in services. In 2002, the WCCC conducted a comprehensive needs assessment, compiling information about children and families in Washington County and analyzing that information in relation to existing services. A detailed report was subsequently published as: *The Status of Children and Families in Washington County: A Comprehensive Needs Assessment*. During the preparation of that report, the Coalition heard anecdotal information about children's mental health needs and the inadequacy of existing services in Washington County. However, the Coalition was unable to find data to document these mental health needs and gaps in available services.

To address this absence of information, the Coalition, in partnership with Pediatrician, Robert Maltz, MD, applied for a CATCH (Community Access to Child Health) Planning Grant from the American Academy of Pediatrics in 2002. The purpose of the CATCH Planning Initiative was to:

- Document the mental health needs of children in Washington County;
- Identify gaps in services available to meet those mental health needs;
- Research options that other communities have used to address those needs; and
- Recommend ways that Washington County can "fill the gaps" in services available for children with mental health needs and their families.

In the Spring of 2003, participants in two community Children's Issues Forums, validated Coalition concerns and identified children's mental health services as a priority for action (Only affordable housing was a higher priority).

In August 2003, the Coalition formed a subcommittee - the Children's Mental Health Advisory Board - to oversee implementation of the CATCH Children's Mental Health Initiative. Since few reliable sources of data could be identified to document children's mental health needs in Washington County, the CATCH Children's Mental Health Initiative implemented four strategies to generate information about local issues and needs:

- Key Informant Interviews;
- Focus Groups with Stakeholders;
- Surveys of parents with children receiving mental health services; and
- System Assessment Interviews.

Some details for each strategy are provided below:

### **Key Informant Interviews**

Forty representatives from a broad cross-section of agencies, organizations and institutions involved with children and families in Washington County were interviewed in 2003 and 2004. The "Key Informants" included:

- Child Care Providers
- Early Intervention Staff
- School Personnel
- Head Start Staff
- Residential Treatment Program Staff
- Medical Providers
- Mental Health Providers
- Substance Abuse Treatment Providers
- CEDARR Center Staff
- RI Dept. of Community Youth and Families Personnel
- Recreation Program Staff
- Police
- Clergy
- Parent Advocacy Groups

The question posed during Key Informant Interviews was:

*"What are the most significant challenges facing children and families with mental health needs in Washington County?"*

Key Informant Interviews were conducted through a "snowball" strategy where each person interviewed was asked to identify others in the community who should also be interviewed.

Information gained through Key Informant Interviews was used to frame and guide the design of the Parent Survey and Focus Groups.

### **Focus Groups**

Seven focus groups, involving 80 participants, were conducted between February and December 2004 as follows:

- 2 Groups for Parents of children with emotional, behavioral, mental health or substance abuse needs (one group was held in Westerly and one in Wakefield)
- Pediatricians
- Child Care Providers
- Head Start Staff
- Mental Health Providers
- Special Education Directors

Discussion during focus groups centered around these topics:

- Most significant challenges facing children with mental health needs
- Barriers faced in obtaining needed mental health services for children
- Identification of services that are most helpful
- Identification of services that are needed but not currently available
- Identification of supports needed by parents
- Ideas for improving services for children

## Parent Surveys

During a six-month period from February to July 2004, written questionnaires were distributed to parents who have children with mental health needs.<sup>1</sup> The questionnaires were distributed by 19 community partners that provide services to these children. Surveys were obtained by 145 parents/caregivers who were reporting information about 194 children (39 families reported having two or three children) with emotional, behavioral, or mental health problems including substance abuse.

## Systems Assessment Interviews

25 interviews were conducted in December 2004 to learn about the linkages that are made among programs in the current 'system of care' for Washington County children with mental health needs and their families. System of care functions, referral procedures and communication loops were delineated for the following eight systems:

- Mental Health Services
- Social Services
- Educational Services
- Health Services
- Substance Abuse Services
- Vocational Services
- Recreational Services
- Juvenile Justice Services

## Findings

The Children's Mental Health Advisory Board's four information gathering strategies – key informant interviews, focus groups, parent/caregiver surveys, and systems assessment interviews – each generated similar findings.<sup>2</sup> Together, these results provide a fairly detailed understanding about the mental health needs of Washington County's children and their families.

Key issues can be organized into these 8 categories:

**Capacity** - The capacity of our current continuum of services, from prevention to in-patient resources, needs to be expanded.

**Community Systems** - Four system-wide issues need to be addressed: 1) Early detection and identification of mental health problems, 2) Coordination and integration of services, i.e. "a seamless, cohesive stream of help is needed," 3) Training (both training for professionals and community-wide, public education), and 4) Reimbursement issues.

**Family Support** - Additional family supports are needed, including: crisis intervention, respite care, parent education programs, support groups, home-based services, and peer support/advocacy.

**Communication** - Effective communication about the current services available and among various service providers to coordinate patient care are both essential to improving services.

**Child Care/School Issues** - The County's major institutions caring for children (i.e. child care centers, schools, YMCA's, etc.) need: behavioral consultation for child care settings, clinical support to deal with crisis situations in schools, improved transitions as children move from one program to

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<sup>1</sup> Due to funding constraints and confidentiality policies, it was not possible through this CATCH Initiative to conduct a parent/caregiver survey that would obtain a random and large enough sample for a statistical representation of the County's population.

<sup>2</sup> The results of the CATCH Mental Health Needs Initiatives were recently supplemented with information from a study conducted by South County Hospital Emergency Department. The Hospital studied patients from June 2003 through May 2004 who presented with behavioral health issues.

another, appropriate and timely evaluations, improved relationships (less adversarial) between parents and schools, and after-school programming for children with mental health needs.

**Cultural/Social Issues** - Denial, fear, stigma/prejudice and a lack of understanding of cultural practice and spiritual beliefs often interfere with children getting the services they need.

**Insurance/Costs** - Insurance coverage varies widely from plan to plan, and affects both access to, and effectiveness of, treatment. The lack of parity between health and mental health services is also an important underlying policy issue.

**Transportation** - Many families must travel out of the area in order to secure needed mental health services for their children. This places additional demands on these families such as travel costs, time constraints, child care for siblings, etc.

Members of the Children's Mental Health Advisory Board concluded:

***Significant gaps in services exist; and children's mental health needs are simply not being adequately met in Washington County.*** These 8 issues are complex and will require a coordinated and multi-faceted approach in order to improve service delivery.

### **"Models That Work"**

The Advisory Board researched a number of "models that work" to identify models and strategies that might be replicated in Washington County. Models studied included:

- **TeleKidcare** (telepsychiatry consults via school nurses) at the Center for TeleMedicine and TeleHealth, Kansas University Medical Center (KS)
- **Collaborative Study Group**: Psychosocial-Developmental Aspects of Child Health (continuing education/consultation program for area pediatricians and mental health providers) at Dartmouth-Hitchcock Medical Center (NH)
- **Wraparound Milwaukee** (a publicly operated Care Management Organization that serves children with serious emotional, behavioral, and mental health needs) in Milwaukee County (WI)
- **Collaborative Care Model** (an integrated health/mental health care model) at Armstrong Pediatrics (PA)
- **Psychiatric CNS in Primary Care Setting** (Psychiatric CNS provides evaluations/medication management) at Thundermist Health Center of South County (RI)
- **Multisystemic Therapy** (evidence-based, home/school/community based model) currently implemented in Chariho School District (RI)

Several other successful school-based models were discussed as well. Collaboration is a critical component of all of these models, both in fostering the needed relationships with partners to effectively carry out projects and in securing the needed funding (often from multiple sources). In studying these models, the Board came to understand that models can be easily replicated, however, support for these new programs must be embedded in the community in order for them to be sustained over time. Otherwise, they disappear as changes in the administration, staffing, or funding occur. In addition, the Board learned that it is important not to pinpoint only 1 system for change. Change must be directed to multiple systems within the 'system of care' in order to increase the likelihood of sustainability.

### **Bottom Lines:**

- The mental health needs of Washington County children and their families outstrip the capacity of the area's mental health providers to fill these needs.
  - This is a problem across the continuum from prevention programs to in-patient resources.
- Numerous barriers prevent many area children with mental health needs and their families from receiving the services and resources they need. Often families travel out of the area or endure long waiting lists and delays to obtain services for their children.

- Parents and Service Providers alike are often not aware of all the mental health services and resources available in the area or how to access those services. Thus, parents and service providers need a local resource directory or "information road map" to the available mental health services.
- The area's "system of care" does not provide adequate coordination and communication among service providers and between service providers and parents.
  - This is a source of frustration for both parents and service providers.
  - "Systems Navigators" are needed to assist families in finding and coordinating services and facilitating communication among providers.
- Additional training is necessary for the area's medical providers, child care providers, after-school programming staff, recreation staff, teachers, clergy, youth group leaders and police about children's developmental needs, behavioral and mental health issues, and crisis intervention.
- The area needs additional parent and family supports including: crisis intervention, respite care, parent education programs, support groups, and home-based services.
- Reimbursement/Funding issues negatively impact care for children with mental health needs.
  - Many families lack insurance coverage or have private insurance that does not cover mental health services. In fact, children with private insurance or without any insurance (who comprise 82% of the county's child population) are more likely to receive less service than those children covered by RIte Care/Medical Assistance (18%).
  - Some mental health providers don't accept insurance payments because reimbursement rates are inadequate.
  - Parents and physicians report that insurance company referral policies frequently require children to receive their mental health services from providers who lack the specialized expertise that would best address children's issues and needs.
  - Some private insurers or school departments won't cover diagnostic evaluations or services needed by some children.
  - Inadequate wages for program staff lead to high staff turnover. As a result there is a lack of stability in treatment.
- Current screening for children's mental health problems, early intervention and community-based prevention programs are inadequate in Washington County.
- A public information campaign is needed to dispel myths, reduce stigma and to teach common signs and symptoms of substance abuse and depression.
- Many of the county's major institutions caring for children (i.e. childcare centers, schools, YMCA's, etc.) do not have access to the resources they need to adequately accommodate children with mental health needs.
  - Schools and childcare centers need increased clinical support to deal with crises and clinical emergencies and for consultation on children's mental health needs;
  - Transitions are poorly planned and implemented when children with behavior problems and mental health needs move from one program to another (ie. from Head Start to School, and between residential settings and community schools).
- Cultural and social issues such as denial, fear, guilt, stigma, prejudice, and misunderstanding of cultural practice and spiritual beliefs often interfere with children getting the mental health services they need.
- Transportation issues pose barriers for some families obtaining access to mental health services for their children.