



Washington County CATCH Initiative:
Identifying Children's Mental Health Needs

Summary of Key Informant Interviews
March 2004

In an effort to begin to identify issues related to children's mental health needs in Washington County, 36 interviews were held with 40 community providers and stakeholders. Those interviewed represented a wide cross section of agencies, organizations, and institutions involved with children and families in the county; including: child care providers, Early Intervention staff, school personnel, Head Start staff, residential treatment program staff, medical providers, mental health/substance abuse treatment providers, CEDARR Center staff, DCYF personnel, recreation program staff, police, clergy, and parent advocacy groups. Interviews were conducted over a one-year period by Susan Orban, LICSW, and Quality Management Unit staff from Family Service of RI. The majority of these interviews were conducted in person, although a significant portion were completed by telephone.

All of the interviews involved an open discussion triggered by the same question:

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

Following this discussion, interviewees were informed about others whom we planned to contact to get their perspective regarding this question. Those interviewed were then asked:

"Can you think of anyone else who could provide valuable information to us?"

We used the answers to this second question to guide us in determining who else to interview.

The issues identified through these interviews are numerous and complex. An analysis of these interviews revealed that identified issues could be grouped into the 8 different categories listed below:



More detailed information about the specific issues in each category are provided in the following pages.

Capacity Issues

"lack of resources is worse in Washington County than the rest of RI"

Among those interviewed there was near unanimous consensus that the continuum of mental health services in Washington County is inadequate and needs to be expanded. The limited capacity of our current continuum results in the following:

- Significant waiting lists for appointments, services, and diagnostic evaluations
- Children lingering in the Emergency Rooms of local hospitals waiting for psychiatric beds to open
- Children requiring psychiatric hospitalization or re-admissions to psychiatric facilities (due to the lack of adequate in-home support services)
- Children requiring placement outside their homes in foster care/residential settings (due to the lack of adequate in-home support services)
- Families being forced to travel outside the region to obtain needed services
- Families going from agency to agency seeking services
- Only children with the most severe problems getting services
- Children failing to get the services they need to improve their lives and reach their potential

Our capacity needs are significant and extend across the continuum of services from prevention programs to in-patient psychiatric hospitalization. Specific capacity needs identified by those interviewed include:

- Limited # of psychiatrists practicing in Washington County - The need for our community mental health center to recruit and retain a child psychiatrist was underscored as imperative given the needs of the children served there
- Inadequate supply of psychiatric hospital beds for children in RI
- Need for local in-patient resource for psychiatric emergencies and evaluations
- Limited # of therapeutic foster homes in Washington County (resulting in many children being placed outside the area and away from family, friends, and schools)
- Limited capacity of HBTS and therapeutic recreation programs
- Limited funding for wrap-around services
- Limited capacity of home-based services for families
- Limited case management services
- Limited # of mental health providers for children, particularly for young children and children with complex or specialized needs, i.e. eating disorders, Asperger's Syndrome, etc.
- Limited sources for comprehensive diagnostic evaluations and parent-child evaluations
- Limited treatment programs for children with behavioral disorders, such as ADHD and Oppositional-Defiant Disorders
- Limited services for children between ages 18-21 with mental health disorders in need of vocational/independent living skills

- Limited group services for children, including social skills groups
- Lack of school-based health centers in the county
- Limited mentoring programs i.e. Big Brothers/Big Sisters, particularly for middle schoolers who are alienated and without positive role models
- Limited prevention services

In addition, our current services are not designed to meet the specific needs of Washington County residents as many services are time-limited or have strict eligibility criteria.

Community Systems

The need to look beyond individuals and focus on issues "system-wide" was noted. Schools are often relied upon too heavily to address the needs of children and families. Given their limited finances, "they are not always the best source." They provide but a piece of the puzzle. *"We do a good job in this state providing adult mental health services, but not so good with children. We could learn a lot from our adult mental health system of care."* Several system-wide issues are described below:

Early Detection and Identification of Mental Health Problems

Early intervention can significantly change the trajectories of children with behavioral and mental health problems. However, this intervention is dependent upon early detection and identification of mental health problems. Too often, problems are normalized and intervention delayed. Three contributing factors in our failure to intervene earlier were cited:

- 1) Some health care providers have limited behavioral or mental health skills
- 2) Current screening tools used by Child Outreach largely neglect the social/emotional component of development
- 3) Obtaining competent developmental or psychological/educational testing to adequately diagnose and treat disorders is difficult

Coordination and Integration of Services

Current services are often fragmented with multiple providers involved. More effort needs to be made to coordinate and streamline services for families. Because children spend time at home, at school and in the community, effective treatment focuses on all three of these areas and integrates services. *"We need to handle children's mental health services in a comprehensive way."* The Multi-Systemic Therapy Model, currently used by Chariho School District, was suggested by 2 interviewees as an effective approach to service delivery for children with severe behavior problems.

Training

Both community-wide education programs and training for professionals were listed as needs in Washington County. Community-wide education geared toward dispelling myths, reducing stigma, and teaching area residents about common signs and symptoms of substance abuse, depression, etc. were recommended. Training for the following professionals was also recommended:

<i>Who?</i>	<i>Type of Training</i>
▪ Child Care Workers	Identifying Children At-Risk for Behavior Problems; Understanding Children's Developmental Needs & Applying Appropriate Behavioral Interventions With Young Children
▪ Church Youth Group Leaders/ Clergy/Teachers	Identifying Signs/Symptoms of Childhood Mental Health Disorders/Substance Abuse Problems
▪ Early Childhood Educators	Identifying Children At-Risk for Behavior Problems;

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|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| | Understanding Children's Developmental Needs & Applying Appropriate Behavioral Interventions With Young Children |
| ▪ Police | Behavioral Interventions with Children with Disabilities |
| ▪ Pediatricians/Family Physicians | Recognizing & Treating Childhood Mental Health/Substance Abuse Problems; Prescribing Psychotropic Medications |
| ▪ School Personnel | Identifying Signs/Symptoms of Childhood Mental Health Disorders/Substance Abuse Problems; How to Deal With Students in Crisis Situations |

One interviewee noted a recent incident where a student in a manic episode was placed in handcuffs and taken away from the school by the police. Others noted that crisis situations can be escalated by professionals who lack training in behavioral interventions with children. Pediatricians and family practice physicians are also often put in the position of having to prescribe psychotropic medications with very little training or experience doing so. *"Many professionals are uncomfortable dealing with children with behavior or mental health disorders because no one has taught them how to do it."*

Reimbursement Issues

Inadequate reimbursement rates for providers significantly impact quality of care. As noted previously, poor reimbursement rates for child psychiatrists are problematic and are contributing to a statewide shortage of child psychiatry services. The depth of the problem is reflected in this comment by one of the psychiatrists we interviewed, *"Outpatient psychiatry services cannot exist on their own...they must have other sources of payment to keep afloat."*

Low reimbursement rates and pay scales for HBTS and child care workers affect the ability of agencies/centers to recruit and retain qualified staff. Staff turnover in these programs is high, causing unnecessary disruptions in treatment for children and families. Since consistency in providers is an important factor in effective treatment, the use of incentives was suggested as a strategy to retain staff to work 2-3 years with the most challenging families.

Family Support Issues

Because parenting children with behavioral and mental health issues can be challenging, support is essential. Many of those interviewed cited the limited availability of support services for parents in Washington County. Specific needs identified by those interviewed include:

- respite care
- parent support groups
- parent education/counseling, particularly regarding limit-setting and behavior management techniques and use of psychotropic medications
- availability of crisis intervention/support services 24 hours per day/7 days per week
- coaching for parents as to how to navigate the system and obtain needed services

The point was made that few services support families in ways that work for them. More prevention services are needed so that children and families do not have to get into trouble in order to qualify for services. Parents can become overwhelmed by their children's needs. If adequate support services were available, some emergency placements could be avoided. In addition, services need to be available non-traditional hours to accommodate working families. Supports, such as child care, transportation, refreshments, and a social component, need to be incorporated into parenting education and support groups. Also, time restrictions imposed on CES (Comprehensive Emergency Services) and CIS (Children's Intensive Services) do not meet the needs of many families, who either need longer-term or less intensive services.

The needs of parents, particularly those who have mental health issues of their own, must be met in order for them to be able to adequately care for their children. Few service providers were cited as able to meet the complicated needs of families when both parent and child have mental health problems. To be most effective, services should be "family focused" rather than "child focused." Too often the focus of CIS and HBTS intervention is only on the identified child. *"Providers need to work with children in the context of their families and engage other family members into treatment."*

Communication/Navigation Issues

Effective communication about current services available and among various service providers were both noted as important issues in obtaining needed mental health services for children in Washington County.

Both service providers and parents could benefit from knowledge of:

- what mental health services are available in the community
- how to access available services, i.e. required referral procedures, insurance approvals, etc.
- where to turn for help in the event of a crisis

With a better understanding of the services available, children and families could be linked with providers that best meet their needs, including age-appropriate services.

The need for improved and on-going communication among pediatricians, parents, mental health providers, child care providers, and schools was underscored by those interviewed. More multi-disciplinary team consultations were recommended to facilitate communication and coordinate treatment plans. Schools, Early Intervention, and HBTS (Home-Based Treatment Services) were noted as often untapped resources of information about how children are responding to treatment/medication.

Child Care/School Issues

A number of issues were identified related to the major institutions that care for children outside their families: Child Care Programs and Schools. Issues affecting young children, who hold the greatest promise for intervention, include:

- Toddlers being kicked out of child care settings due to behavioral problems
- Public schools being reluctant to serve children <age 5 -except as required for developmental delays
- Poor transitions for children with behavior/mental health needs from Head Start to school

Identified issues for older children include:

- Pediatricians and other health care providers making few referrals to existing school programs
- Significant delays in obtaining needed school evaluations, particularly for children with learning disabilities, Asperger's Syndrome and other autism spectrum disorders
- Poor school transitions for children entering residential settings and returning to their community schools
- Lack of after-school programming for children with mental health needs

Given the fact that 73% of children in Washington County have all parents in the workforce, the need for structured, non-sports related, after-school activities cannot be understated. *"Too many children are left unsupervised after school and get into trouble."*

Cultural/Social Issues

A number of cultural and social factors were cited as interfering with children getting the mental health services they need, including:

- Stigma/Stereotypes about mental health
- Parents' fear that their child will be "labeled" and not encouraged to reach their potential
- Children being "labeled" unnecessarily
- Prejudice
- Cultural practices and spiritual beliefs misinterpreted
- Denial
- Parents' fear that "it must be my fault" and hesitancy to seek help
- Providers' "blaming parents" for their children's mental illness and alienating parents
- Males often find it difficult to talk about their problems/feelings
- Norms deemed in child care and school settings are often developmentally inappropriate
- Environmental influences, such as poverty, domestic violence, substance abuse, are viewed as critical contributing factors

Insurance/Cost Issues

Although children enrolled in the state's RIte Care or Medicaid Program have access to case management and other home-based services, most children with private health insurance are not entitled to these benefits. Only 15% of the children in Washington County are enrolled in RIte Care or Medicaid, the remaining 85% are covered by private health insurance or are uninsured. Insurance coverage for mental health services varies widely from plan to plan. Benefits are often limited, affecting both access to and effectiveness of treatment. Area providers noted the following issues:

- Unraveling the "red tape" with health insurance companies to gain approval for services and link patients with "approved providers" is difficult and time consuming
- Insurance companies often dictate referrals to certain providers who may not have expertise in the particular areas needed, i.e. eating disorders, depression, Asperger's, etc.
- Some private insurers or school departments won't cover diagnostic evaluations or services needed by some children
- Affordable children's mental health services are needed

Insurance reimbursement rates for child psychiatry services are among the lowest in the nation. Child psychiatrists are reimbursed at the same rate for children as they are for adults, yet treating children takes twice the time since collateral contacts with parents and schools are required. For this reason, only half of the child psychiatrists in the state of RI participate in insurance panels. The other half work fee-for-service only, requiring families to pay up-front for services. Families who

cannot afford to pay up-front for services often find it impossible to find "In-Network" child psychiatrists. *"Middle income families are the ones most often unable to secure services for their children as those on RIte Care/Medicaid are covered and the wealthy can afford to pay."*

Another concern raised by those interviewed was the fact that state funding for children's mental health services is not reliable given our state's current budget problems.

Transportation

Washington County consists of 367 square miles of extensive rural and suburban areas that stretch between historic villages and town centers. Given Washington County's development patterns, residents require automobiles or public transportation for their travel needs. While access to automobiles is routine for most Washington County families, owning and operating a car is expensive and unaffordable for some families. In Washington County, public transportation is limited and simply not available in some areas. Therefore, transportation often poses a barrier to families attempting to access mental health services. Those interviewed cited the following:

- Transportation to appointments is frequently a problem
- Families must travel considerable distances to obtain services, especially "specialty services"
- Distance factors sometimes disrupt treatment as families find travel requirements too heavy a burden and terminate treatment prematurely
- Many families find it difficult to juggle the needs of their other children/family members and travel long distances to appointments
- Many families are reluctant or unable to travel to the 45-60 minute trip to each way to Providence to obtain needed services

From these interviews, we can assert that our current 'system of care' is inadequate in meeting the needs of children and families in Washington County. And, as one of our interviews noted, the *"the rural environment lends itself to a unique set of solutions in South County."*

List of Key Informants Interviewed

Jacob Abraham, MD, South County Child and Family Consultants
Stephen Barreto, Exeter House
Rev. Clay Barry, Paster, Wakefield Baptist Church
Kathy Blais, Chariho School District
Dale Blumen, URI Family Therapy Clinic
Diana Clarkin, ARC - South County Chapter
Michelle Cameron, Trudeau Early Intervention
Anne Marie DiMatteo, Ph.D., South Kingstown School Dept.
Maureen Egan, DCYF
Greg Fritz, MD, Child Psychiatrist affiliated with Brown Medical School, RI/Hasbro/Bradley Hospitals
Wenonah Harris, Narragansett Indian Tribe Child Welfare
Richard Hill, CODAC
Donna Howard, NAMI
Jeff Hunt, MD, Brown Medical School and Adolescent Inpatient Unit Director at Bradley Hospital
Katherine Immohr, Frank Olean Center-HBTS
Tom Kaminski, Delta Consultants
John Kimpton, Ph.D., Evie Martin, and Ellie Mirsky, Westerly Public Schools
Chris Kinder, Valley Community School
Randy Kulman, Ph.D., South County Child and Family Consultants
Cathy Larlham, Neighborhood Guild
Jacqueline Lebel, MD, formerly of South Shore Mental Health Center
Kim Maine, Child Care Association Director
Bob Maltz, MD, Narragansett Bay Pediatrics/South County Hospital
Lesley Mellor, Easter Seals RI CEDARR Family Center
Andrea Menard and Yvonne Phillips, Child Care Support Network
Haven Miles, The Providence Center Early Childhood Institute
Sally Mitchell, Westerly Integrated Social Services Program (WISSP)
Heidi Nordman, SCCA Head Start
Brenda Pukas, Little People of Westerly
Brother Joseph Shaffer, Ocean Tides
Judith Strickland, South Shore Mental Health Center
Kerry Strickland, Thundermist Health Center of South County
Detective Patrick Strickland, Juvenile Officer
Julie Valladares, Options for Working Parents
Pam Watson, Family Service of RI
Cynthia Gardiner, RIPIN Family Voices
Richard Woodrum, Arcadia House