

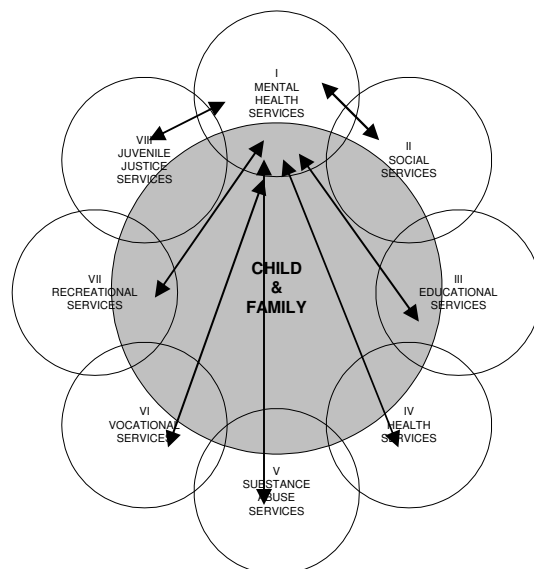
**Washington County CATCH Initiative:**  
*Identifying Children's Mental Health Needs*

Summary of Systems Assessment Interviews  
January 2005

## Systems Assessment Summary

A total of 25 interviews were completed by Board members in December 2004 to assess the linkages in our current "System of Care" for children in Washington County. Interviewers included: Laura Jones, Sandy Keenan, Valerie McGuire, Susan Orban, Yvonne Phillips, Ginny Stack, Cheryl Ursillo, and Carol Whitman.

**I. Mental Health** - Respondents in this domain represented Family Service of RI, South Shore Mental Health Center, CASSP, and Parent Support Network.



**Connections:** Those interviewed noted connections with all 8 domains.

**System Functions:** Agencies and organizations carried out most if not all of the system of care functions listed.

**Typical Referrals:** The long list of referrals could be categorized as follows:

- 1) Higher levels of care (typically in-patient hospital programs),
- 2) Specialty care (Example: sexual abuse, substance abuse),
- 3) Care coordination (CEDARR, CASSP),
- 4) Advocacy/support services (RI Disability Law Center, RIPIN, PSN),
- 5) Recreational activities (YMCA, summer camps), and
- 6) Community supports (RIte Care, SCCA, etc.).

**Communication Loops:** Some agencies/organizations had established feedback loops regarding referrals, others reported they provide information and empower parents to make their own referrals and choices.

**Care Coordination Responsibilities and Associated Costs:** Care coordination activities are embedded in the services these agencies/programs provide and costs could not be separated.

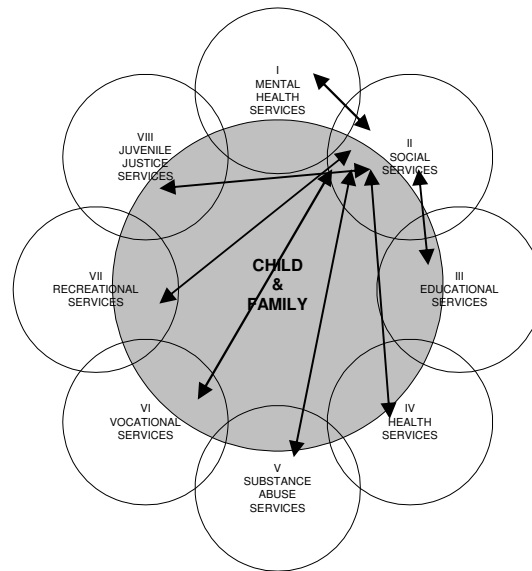
**Sources of Information for Referrals:** All reported they rely on multiple sources of information in determining where to refer children and families, i.e. experience, written assessments, recommendations from parents and colleagues, resource directories, etc.

**Impact of Health Insurance on Services:** Health insurance often limits the services that can be provided to families.

### Recommended Systems Changes:

- A local in-patient facility so families do not have to travel so far if their child is hospitalized
- More intermediate levels of care (partial hospital programs/intensive outpatient programs)
- More supervised recreational/socialization opportunities for children with developmental disabilities or behavioral issues
- More respite services
- Increased public transportation
- More mental health services within the context of the school environment.
- More after-school programs
- More mentoring programs to support youth in community activities
- Job coaching
- Greater connectedness and understanding of what is available; Networking is needed between CEDARR's, SCCA, RIPIN, DCYF and the Schools - There is a lack of consistency, communication and networking among agencies and service providers.

**II. Social Services** - Respondents in this domain represented Parents As Teachers, Perspectives, RIPIN, and Big Brothers/Big Sisters.



**Connections:** None of the agencies/programs interviewed noted linkages in all 8 domains. However, when combined linkages did occur across all 8 domains

**System Functions:** The agencies/programs interviewed did engage in most of the systems functions identified. Crisis services and transportation were not listed as functions in all of those interviewed.

**Typical Referrals:** Because community linkages are a key component of the PAT Program, this program noted multiple referrals in 7 of the 8 domains (all except Juvenile Justice). Big Brothers/Big Sisters referrals focused on counseling services, financial support, tutoring programs, YMCA's, and vocational supports. Perspectives noted similar referrals, but added contact with health services and CIS, CASSP, and CEDARR Centers

**Communication Loops:** Those interviewed indicated somewhat informal communication loops reporting they "sometimes" or "generally" get feedback from referrals they initiate.

**Care Coordination Responsibilities and Associated Costs:** Care coordination activities are embedded in the services these agencies/programs provide and costs could not be separated.

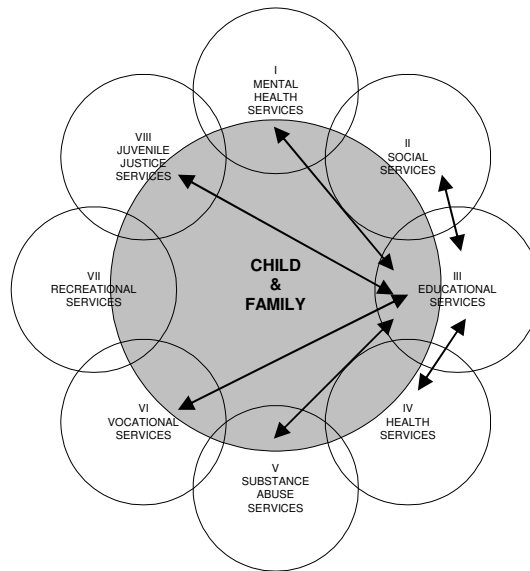
**Sources of Information for Referrals:** All reported they rely on multiple sources of information in determining where to refer children and families, i.e. experience, written assessments, recommendations from parents and colleagues, resource directories, etc.

**Impact of Health Insurance on Services:** Medicaid coverage required for HBTS, but other programs unaffected by health insurance coverage.

**Recommended Systems Changes:**

- More residential services for children are needed
- Long waiting lists for services must be eliminated
- Inadequate reimbursement rates for HBTS workers must be addressed in order for families to get the services they need - this is contributing to the long waiting lists
- Better availability of child psychiatry services (often children end up being seen by those lacking the expertise needed to provide adequate care)
- More parent education
- More collaboration -"It doesn't happen."
- More screening at an early age (prior to entry to Kindergarten)
- Earlier intervention and linkages to parenting support services/education while children still young

**III. Educational Services** - Respondents in this domain represented Westerly Public Schools and Exeter-West Greenwich Public Schools. Feedback was obtained during an area meeting of Special Education Directors.



**Connections:** Special Education Directors indicated that school social workers facilitated most of the linkages between the school system and outside agencies/services. They noted contact with most domains except recreational services. Westerly reported increased involvement with the Juvenile Justice domain since the implementation of Drug Court. School nurses often have contact with other Health Services. Vocational Services largely serve Special Education populations.

**System Functions:** The schools interviewed noted they engaged in most of the systems functions identified.

**Typical Referrals:** Referrals for school-age children include: clinical evaluations, psychiatric work-ups, and neurological evaluations. Young children are often referred for full developmental evaluations. Other referrals are based upon the family needs identified by school social workers.

**Communication Loops:** Dependent upon school social worker to follow-up with referrals.

**Care Coordination Responsibilities and Associated Costs:** Care coordination activities are embedded in the services these schools provide and costs are not itemized.

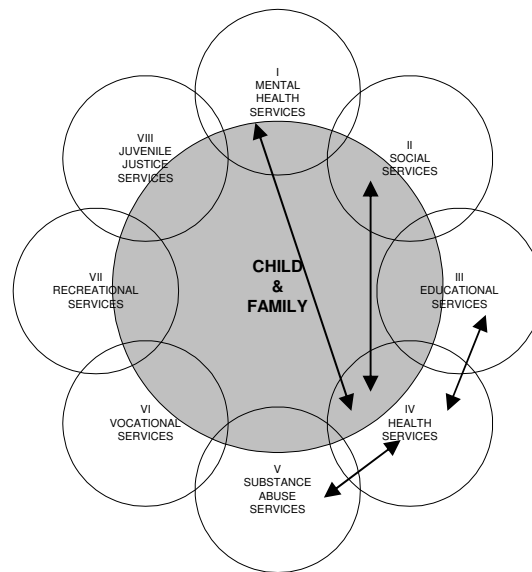
**Sources of Information for Referrals:** These Special Education Directors reported they primarily rely upon their past experience with providers, written assessments, recommendations from colleagues in determining who to refer to for evaluations.

**Impact of Health Insurance on Services:** Schools seek reimbursement for services provided to Medicaid eligible children.

**Recommended Systems Changes:**

- Better access to child psychiatry services
- More providers with expertise with specific age groups, especially young children
- More local resources for victims of child sexual abuse
- Increased parent education resources
- More positive intervention/support programs
- Delineation of behavioral programs vs. mental health programs

**IV. Health Services** - Respondents in this domain included: South County Pediatric Group, Pediatrician Robert Trivett, Trudeau Early Intervention, VNS Home Health Services, and Wood River Health Services.



**Connections:** Health Care Providers indicated primary linkages with Mental Health Services, Social Services, Substance Abuse Services, and School Services. Only South County Pediatric Group indicated linkages with all 8 domains, probably reflective of the PPEP (Pediatric Practice Enhancement Project (PPEP) in place there.

**System Functions:** Health Care Providers indicated they engage in the majority, but not all System of Care Functions

**Typical Referrals:** Common referrals among Health Care Providers include: mental health services, CDC assessments, medical specialists, dental services, substance abuse treatment, Early Intervention, WIC, DHS, SCCA, Food Pantries, Jonnycake Centers, Literacy Programs, RIPIN, and Parents As Teachers.

**Communication Loops:** Feedback regarding referrals is not obtained consistently across health care providers.

**Care Coordination Responsibilities and Associated Costs:** Health Care Providers and support staff (including PPEP-Parent Consultant) take on the responsibility for care coordination. At Trudeau Early Intervention, these responsibilities are carried out by the service coordinator. The costs for carrying out these tasks are absorbed in the coordinator's salary. At Wood River Health Services, this work requires 2 FT and 1 PT staff. Costs for these tasks are absorbed through revenues, reimbursement for patient visits, and grants.

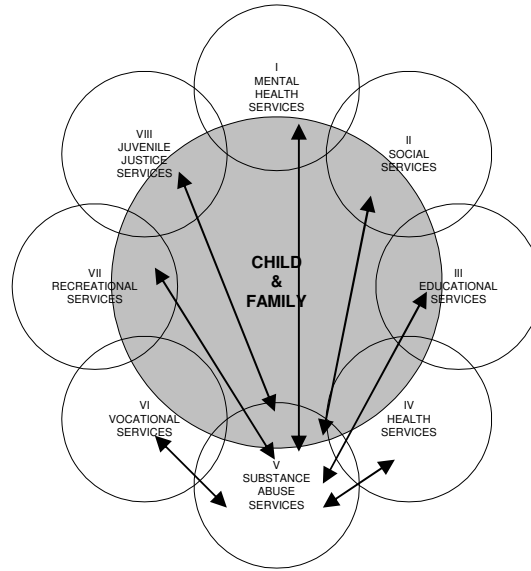
**Sources of Information for Referrals:** Health Care Providers utilize a variety of sources of information in basing their decisions upon where to refer children/families for services including: experience with previous providers, written assessments of other children, recommendations of parents and colleagues, resource manuals, RIPIN, and professional networks/organizations.

**Impact of Health Insurance on Services:** Health insurance impacts options for treatment depending upon coverage.

**Recommended Systems Changes:**

- "Follow-up is the weakest part of the system."
- "Systems work well-We need 0-3 resources for behaviorally disordered children and families."
- Greater reimbursement to increase the # of providers
- Families need better awareness of services and how to access them.
- More local providers are needed
- Expansion of the continuum of care available

**V. Substance Abuse Services** – Respondents interviewed in this domain included: Meadows Edge Treatment Center, CODAC, Corkery House/CARITAS, Inc., and RIEAP.



**Connections:** Student Assistant Counselors noted connections in all 8 domains. CODAC acknowledged connections in all domains except vocational services. Corkery House and Meadow’s Edge reported connections in all domains except vocational and recreational services.

**System Functions:** Substance Abuse Providers indicated they engage in almost all System of Care Functions listed.

**Typical Referrals:** Typical referral categories include: other substance abuse services (including residential treatment options), mental health agencies, private therapists, specialty medical services (such as ADHD clinic), juvenile justice programs.

**Communication Loops:** Feedback regarding referrals is sought with a signed consent form.

**Care Coordination Responsibilities and Associated Costs:** Substance Abuse providers reported care coordination responsibilities are factored into clinical positions. Only Meadows Edge could enumerate specific costs for these activities: 25% of Intake Coordinator and 10% of each therapist’s time.

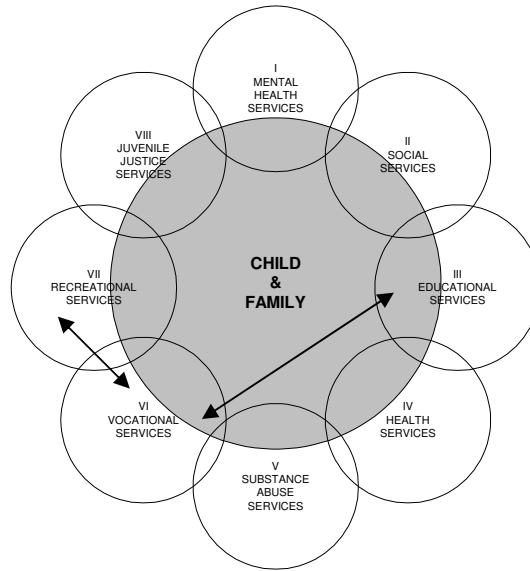
**Sources of Information for Referrals:** Substance Abuse Providers also utilize a variety of sources of information in basing their decisions upon where to refer children/families for services including: experience with previous providers, written assessments of other children, recommendations of parents and colleagues, resource directories, parent advocacy organizations, and professional networks/organizations.

**Impact of Health Insurance on Services:** Health insurance is a factor often prohibiting appropriate services. There are a limited # of network providers and most have waiting lists. Out-of-network provider services take time, effort, persistence, and MD approval to get authorized.

**Recommended Systems Changes:**

- More intensive adolescent outpatient services
- Local Crisis-Stabilization unit for kids
- Health insurance coverage for re-evaluations
- Local residential bed availability
- Another residential substance abuse treatment program or 2
- Better health insurance coverage
- More local child psychiatrists
- Access for adolescents in treatment to vocational, GED, Driver’s Education services

**VI. Vocational Services** – Only one agency/organization agreed to be interviewed in this domain: W.A.V.E.S. (Work Adjustment Vocational Evaluation Services).



**Connections:** The WAVES Program indicated connections with only 2 domains: Educational and Recreational Services.

**System Functions:** The WAVES Program reported that they only carry out 5 of the 20 System of Care Functions listed: System Entry/Access, Screening/Assessment/Evaluation, Provider Network, Protecting Privacy, and Transportation.

**Typical Referrals:** The WAVES Program accepts referrals from schools, ORS, and DDD for vocational and day program services. They do not generally make referrals.

**Communication Loops:** The WAVES Program submits written evaluation/progress reports to their referral sources (i.e. schools, ORS and DDD).

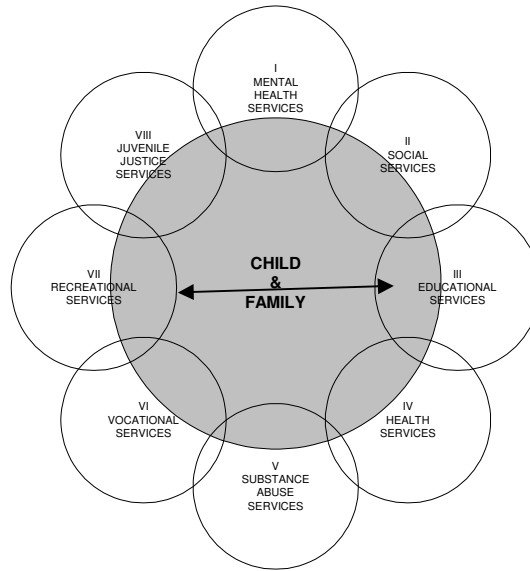
**Care Coordination Responsibilities and Associated Costs:** No comments provided.

**Sources of Information for Referrals:** No referrals made.

**Impact of Health Insurance on Services:** No comments provided.

**Recommended Systems Changes:**  
No comments provided.

**VII. Recreational Services** – Two agencies/organizations agreed to be interviewed in this domain: South Kingstown Parks and Recreation and Girl Scouts.



**Connections:** South Kingstown Parks and Recreation noted a complementary connection between their activities and education ( “not academics-just learning a new skill i.e. cooking, sewing, playing basketball, etc.). The Girl Scout Leader interviewed reported, “As a Girl Scout Leader, I have not needed to make any connections with any of these services.”

**System Functions:** The Recreational Programs interviewed in this domain reported they do not engage in any of the System Functions listed. Although both programs acknowledged that they do have frequent contact with families.

**Typical Referrals:** Both programs reported that they do not generally make referrals. South Kingstown Parks and Recreation noted that they occasionally make referrals to the specialized preschool program at Hazard School. “I have not made any referrals as a Girl Scout Leader,” the other interviewee commented.

**Communication Loops:** South Kingstown Parks and Recreation noted they do get feedback from the referrals they make to Hazard School.

**Care Coordination Responsibilities and Associated Costs:** The Preschool Teacher generally makes the referrals to Hazard School. Costs for this care coordination is absorbed in the budget.

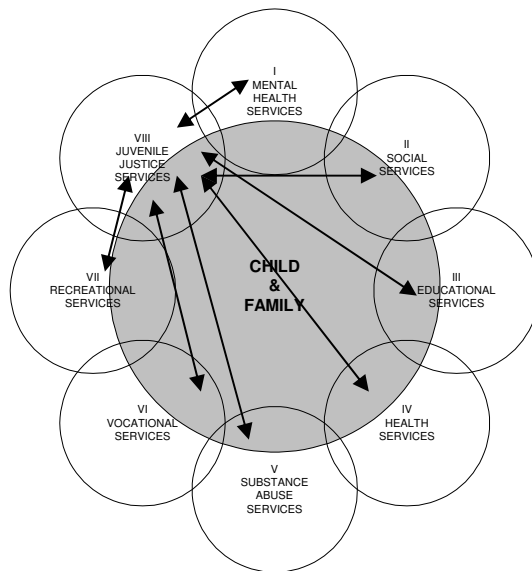
**Sources of Information for Referrals:** Past experience and parents are the primary sources of information used to facilitate referrals.

**Impact of Health Insurance on Services:** No comments provided

**Recommended Systems Changes:**

-“I would love to see an outreach program for more children to be involved with Scouting Programs.”

**VIII. Juvenile Justice Services** – 6 persons were interviewed for this domain representing several units within DCYF (Juvenile Probation, Care Management Team, and Southern Region) as well as the Juvenile Officer for the South Kingstown Police Dept.



**Connections:** DCYF staff interviewed from the Regional Office and Care Management Team noted connections in all 8 Domains. Those from Probation did not cite connections in Recreation or Social Services. The Juvenile Officer cited connections in all areas except Health and Vocational Services

**System Functions:** Some DCYF staff indicated involvement in the majority of System of Care Functions listed. Those in Probation were involved in much fewer functions. The Juvenile Officer only noted involvement in 2 System of Care Functions: Evidence-Based Practice and Outreach and Referral.

**Typical Referrals:** Typical referral categories include: residential placements, home-based services (i.e. YDP, WCJJP, Key Program, CIS, CES, etc) , mental health services (i.e. psychological/psychiatric evaluations, day-treatment programs, outpatient counseling, anger management, CASSP, etc.), substance abuse services, day care or after-school programming, educational services (i.e. educational testing, tutoring, GED, vocational training, etc.)

**Communication Loops:** Feedback regarding referrals is sought with a signed consent form.

**Care Coordination Responsibilities and Associated Costs:** Juvenile Justice providers reported care coordination is part of their job responsibilities. Exact costs are unknown but built into services provided.

**Sources of Information for Referrals:** Juvenile Justice Providers utilize a variety of sources of information in basing their decisions as to where to refer children/families for services including: experience with previous providers, written assessments of other children, recommendations of parents and colleagues, resource directories, parent advocacy organizations, and professional networks/organizations.

**Impact of Health Insurance on Services:** Health insurance dictates services that can be obtained. Different insurance coverage hinders access to services.

**Recommended Systems Changes:**

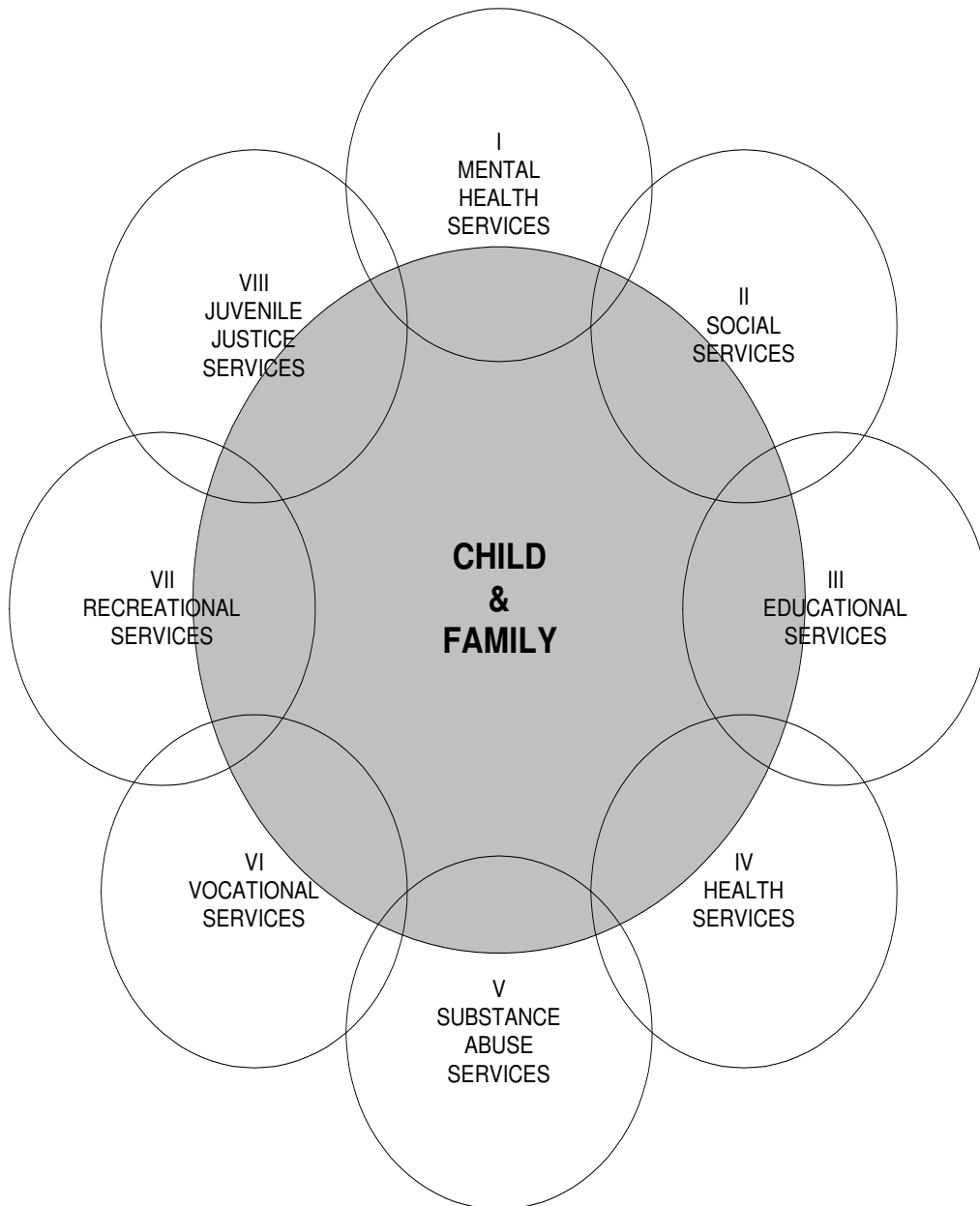
- Need a program in South County for females similar to Ocean Tides
- “Duplicating services, too many agencies providing the same service, services are not cost effective- Too many administrators and supervisors/managers- Too few persons actually providing services.”
- “A network could be created that has shelter through higher end residential, along with home-based services.”

# Washington County CATCH Initiative: Systems Assessment

**Agency:**  
**Contact Person:**  
**Title:**  
**Phone:**  
**E-mail:**

**Interviewer:**

In an effort to identify gaps in services for children with mental health needs in Washington County, we are conducting a systems assessment of current services. We are interested in learning about the various connections that are made among programs on behalf of and with families. As you look at this diagram of the system of care what linkages does your agency routinely make with other types of services? Draw arrows to connect services.



All systems of care carry out specific functions. Which of the following functions is your agency involved with?

### System of Care Functions

Planning (Strategic Planning, Vision)

Evidence-Based Practice

Outreach and Referral

System Entry/Access (also referred to as Intake; how children, youth and their families enter the system and what happens when they get there)

Screening, Assessment, and Evaluation (3 separate functions but are important to link)

Decision-Making and Oversight at Service Delivery Level (including:

-Care Planning (also called treatment or service planning: planning of services and supports for individual children and their families)

-Care Authorization

-Care Monitoring and Review

Crisis Management at the Service Delivery and Systems Levels

Utilization Management (is usually concerned with the following questions: How are staff spending their time and resources? What does the supervision structure look like? How are services being used? How much service is being provided? What specific services are provided? What is the cost and quality of those services?)

Family Involvement, Support, and Development

Staff Involvement, Support and Development (proper staff on board)

External and Internal Communication

Provider Network (Network of services and supports)

Protecting Privacy and Ensuring Rights Transportation

Billing and Claims Processing and Information Management

Quality Improvement and Evaluation (*Note within both client & program*)

System Exit (How families leave the system: what happens when they leave?)

Cultural Competence

Purchasing/Contracting

Revenue Generation and Reinvestment

Please list the typical referrals you make for children and families and to whom:

How are these referrals made?

Prescription

E-mail

Phone Call

Give Phone # to Parents

Written referral form

Other (Please specify): \_\_\_\_\_

Do you get feedback from the referrals you make?

Yes  No

How do you know if the child received services? What is the communication loop for the referrals you make?

Written report

E-mail

Phone Call

Report from patient/parent

Other (Please specify): \_\_\_\_\_

Who is responsible for making these referrals in your organization?

What is the cost factor associated with providing these linkages with resources?

How do you pay for the administrative costs associated with these referrals?

How do you know where to refer children/families?

What information do you use to determine where to refer children/families?

- Experience with previous providers
- Written assessments of other children
- Recommendations of colleagues
- Recommendations of parents
- Resource directories
- Parent Advocacy organizations
- Professional networks/organizations
- Other (Please specify): \_\_\_\_\_

How do you address confidentiality issues?

How does health insurance coverage help or hinder the process?

How does diagnosis help or hinder the process?

What systems changes do you think are most needed in Washington County?

*Thank you for taking the time to complete this interview as part of our Systems Assessment in Washington County.*