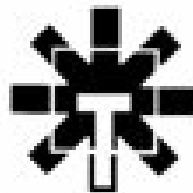




**EARLY CHILDHOOD
MENTAL HEALTH**

COMMUNITY NEEDS ASSESSMENT

September, 2008



*A collaboration of Transitions of
Western Illinois and the AOK Network*

EARLY CHILDHOOD NEEDS ASSESSMENT

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BACKGROUND / ACKNOWLEDGEMENTS

In order to improve the system of care for Adams County children birth to age 5 with social / emotional needs, Transitions of Western Illinois and the AOK Network began a needs assessment process to identify the gaps and strengths of early childhood mental health services in Adams County.

Starting in December, 2008, an Early Childhood Mental Health Committee was developed which included stakeholders who agreed to assist in steering the needs assessment process. Our plan was to complete the planning process so it could be considered in the communitywide AOK plan for this upcoming year as well as Transitions implementation of new early childhood therapy grants.

Thanks to the following individuals and organizations who served on the committee:

- Mark Schmitz, Transitions of Western Illinois
- Kim Gray, Adams County Health Department
- Brook Linenfelser, Child and Family Connections
- Denise Conkright and Susan Bowen, PACT Head Start
- Jim Sohn and Karen Baird, Loraine Elementary
- Julie Schuckman, Quincy Early Childhood and Family Center
- Katie Bowen, West Central Child Care Connections
- Lisa Sams, Walter Hammond Child Care Center
- Terry Jenkins, Cheerful Home Child Care Center
- Ruth Royalty and Carolyn Zimmerman, Central Schools
- Sharon Tenhouse, Liberty Schools
- Sandra Ham, Transitions Child Care Consultant
- Jennifer Lyons, Transitions Parent Advocate
- Jeanette Edwards and Phyllis Mast, Transitions Early Childhood Therapists
- Jennifer Harvey, Transitions Parents as Teachers

Many others also participated in the survey and focus group process. Our sincere thanks goes out to all who participated in making this planning process a reality. Thanks!

Community members and agencies are encouraged to use the key findings in this report to form their future planning efforts as well as to assist in bolstering their future grant applications and should feel free to quote from the report without seeking further permission.

ADAMS COUNTY EARLY CHILDHOOD MENTAL HEALTH COMMUNITY NEEDS ASSESSMENT EXECUTIVE SUMMARY



REASON FOR THE ASSESSMENT AND ASSESSMENT PROCESS

Starting early is the key. Children birth to age five who have social and emotional problems early in life are more likely to experience later problems as children as well as to develop serious mental illnesses later in life. For this reason, the early childhood system of care (child care, schools, physicians, mental health providers, etc.) in our community needs:

- **to be effective at identification of children** who are showing the first signs of problems
- **to know how to successfully approach parents** to discuss concerns about their child's development
- **to make sure parents know where to turn for help** with their child.
- **to assure that evidence-based services for children 0-5** are available.
- **to include parents in the planning and evaluation of services.**

THE ASSESSMENT PROCESS

The planning process included:

- **a key informants survey** which was distributed to parents and professionals throughout Adams County.
- **a review of key demographics** which could provide a backdrop for understanding the other data gathered.
- **focus groups** which were aimed at providing more qualitative information to aid in the assessment process. Groups were help including the following stakeholders: 1) mental health providers 2) home visiting program providers and 3) school psychologists and social workers.

KEY FINDINGS

The assessment resulted in the identification of the following areas where our service system for children 0-5 with social / emotional concerns could improve:

- Parents feel it is hard to know **how to access help when they need it.**
- **Lack of access to child psychiatric or diagnostic services** for young children under age 5 (including ADHD, autism, and sensory integration issues)
- **Lack of access to a sufficient number of mental health professionals who are well trained** in providing services to young children and their families.
- **Lack of knowledge about what mental health services are available and how to make a referral** among parents and professionals.
- **Transportation / location of the service** remains a barrier for many families, especially in the rural parts of Adams County.
- **Lack of knowledge of developmentally appropriate behavior** - on part of parents, MH professionals, and physicians.
- **Lack of parental acceptance of a problem / engagement into services** OR services often aren't delivered in a way that engages parents who are reluctant.
- **Lack of access to parent education with an emphasis on high risk parents** in need of hands on in home parenting instruction.

KEY FINDINGS - Issues identified in survey results, focus groups, and data research.

- Parents feel it is hard to know **how to access help when they need it.**
- **Lack of access to child psychiatric or diagnostic services** for young children under age 5 (including ADHD, autism, and sensory integration issues)
- **Lack of access to a sufficient number of mental health professionals who are well trained** in providing services to young children and their families.
- **Lack of knowledge about what mental health services are available and how to make a referral** among parents and professionals.
- **Transportation / location of the service** remains a barrier for many families, especially in the rural parts of Adams County.
- **Lack of knowledge of developmentally appropriate behavior** - on part of parents, MH professionals, and physicians.
- **Lack of parental acceptance of a problem / engagement into services** OR services often aren't delivered in a way that engages parents who are reluctant.
- **Lack of access to parent education with an emphasis on high risk parents** in need of hands on in home parenting instruction.

OTHER SYSTEM ISSUES SURFACED – BUT NOT ACROSS ALL STAKEHOLDERS

- **Need for more support for teachers / counselors in school** to help deal with child in classroom
- **Pediatricians minimizing parent concerns or making serious MH diagnoses without sufficient training**
- **Low functioning parents unable to advocate effectively** for themselves
- **Cultural barriers** – social class, race, lack of minority staff
- **Cost of Services**

IDEAS FOR ADDRESSING THE NEEDS – Ideas surfaced to potentially address areas of need. Ideas are listed in no particular order and represent only brainstorming, not consensus items.

KEY FINDINGS - Issues identified in survey results, focus groups, and data research	POSSIBLE STRATEGIES FOR IMPROVEMENT
<ul style="list-style-type: none"> ○ Parents feel it is hard to know how to access help when they need it. ○ Lack of knowledge about what mental health services are available and how to make a referral among parents <u>and</u> professionals. 	<ul style="list-style-type: none"> ■ At parent institutes / gatherings – have info about MH services available ■ Education of medical providers / their staff about services available since they are a critical access point for services. Creation of a one page referral list for health care providers might be a plus. ■ “Linking system” – to make referrals and check on status – Like planned by Access Health Adams County. Important to make sure early childhood services are identified. ■ Targeting of all primary care doctors (not just pediatricians). ■ Education of child care providers about how to make referrals / access care on behalf of the families they serve. ■ Make provider listing of MH providers willing to serve young children available on the AOK website. Link / educate church community / faith based organizations
<ul style="list-style-type: none"> ○ Lack of access to child psychiatric or diagnostic services for young children under age 5 (including ADHD, autism, and sensory integration issues) 	<ul style="list-style-type: none"> ■ Telemedicine for psychiatry 0-5 ■ Develop plans to recruit a developmental psychologist ■ Advocate with Blessing Hospital for meeting needs of children 0-5 through their physician services / psychiatry. ■ Creation of a resource list for use by all early childhood providers listing all specialty providers of assessment diagnostic services, including providers of multidiscipline autism assessments, neuropsychological testing, etc. ■ Create relationships with specialty providers outside Quincy to make referral / service access more easy.
<ul style="list-style-type: none"> ○ Lack of access to a sufficient number of mental health professionals who are well trained in providing services to young children and their families. 	<ul style="list-style-type: none"> ■ MH Authority target training to 0-5 ■ Quincy isolated geography results in few training opportunities to encourage specialization - Partner with medical groups to increase training opportunities ■ Seek community resources to fund training ■ Suggest possibility of early childhood counseling elective classes at QU Counseling program. ■ Make sure early childhood providers are on MH authority trainings listing.
<ul style="list-style-type: none"> ○ Transportation / location of the service remains a barrier for many families, especially in the rural parts of Adams County. 	<ul style="list-style-type: none"> ■ Hubs in the community for therapy during non school hours. ■ The Wal-Mart of early childhood services – assessments / medications / therapy ■ Make services available in early morning hours (in addition to evening hours). ■ Continue trend towards more home-based vs. clinic based services.
<ul style="list-style-type: none"> ○ Lack of knowledge of developmentally appropriate behavior - on part of parents, MH professionals, and physicians. 	<ul style="list-style-type: none"> ■ Social marketing – to inform average parent on child development – when to be concerned. ■ Meet parents where they gather to share information. ■ Find creative ways to embed child development training into parent gatherings. ■ Partner with marketing firm to create commercials on child development / parenting tips. ■ Team with businesses like Kohl’s / Wal-Mart to disseminate child development information.

<ul style="list-style-type: none"> ○ Lack of parental acceptance of a problem / engagement into services OR services often aren't delivered in a way that engages parents who are reluctant. 	<ul style="list-style-type: none"> ■ Educating "front line" workers on how to engage families / what's available / what help would look like ■ Train workers on how to talk to parents about their parenting or their child's development. ■ Use play groups or family activities as a way to help parents compare other child's development to other children's. ■ Educate medical teams, sending in support person to talk to parent right away after serious diagnosis. ■ Key to attendance continues to be offering a meal and child care. ■ Having a male teach the classes has also helped attendance. ■ Incentives for attendance (like Mommy bucks through Care Net) is a plus in attracting families.
<ul style="list-style-type: none"> ○ Lack of access to parent education with an emphasis on high risk parents in need of hands on in home parenting instruction. 	<ul style="list-style-type: none"> ■ Quincy Early Childhood Center continues to provide Love and Logic Classes to community members as space exists. ■ Pursuing multiagency sponsorship of parenting classes might create more availability.

KEY INFORMANTS SURVEY RESULTS SUMMARY

An "x" indicates the top 3 items for that group or at least 20% marking "disagree or "strongly disagree"

For families with children 0-5 that have mental health concerns, how well do you think we do in Adams County ...

	All Surveyed	Parents Using Services	Parents Not Using Services	MH Professionals	Early Childhood Professionals
Identifying children/families in need of mental health care		X 15%		X 30%	X 28%
making sure needed services are available	X 26%			X 42%	X 52%
making it easy for a parent to know how to get help	X 39%	X 22%		X 65%	X 70%

The mental health services currently available in Adams County for children 0-5 and their families...

	All Surveyed	Parents Using Services	Parents Not Using Services	MH Professionals	Early Childhood Professionals
are affordable			X 16%		X 35%
are offered at times that parents are able to participate			X 11%		X 31%
are provided in locations parents prefer			X 9%		X 32%
provide care based on research about what works				X 23%	

Mental health professionals (therapists, caseworkers, etc.)...

	All Surveyed	Parents Using Services	Parents Not Using Services	MH Professionals	Early Childhood Professionals
are well trained on serving children 0-5.	X 20%			X 63%	X 23%
respect the culture of the child / family.					
include parents / caregivers as part of the services					

Early childhood professionals (pre-K, childcare, home visitor staff)....

	All Surveyed	Parents Using Services	Parents Not Using Services	MH Professionals	Early Childhood Professionals
are well trained on spotting children's emotional problems			X 14%	X 9%	
know how to approach parents about their child's problems				X 38%	
know what services are available and how to refer	X 24%	X 19%		X 45%	X 50%

What mental health services or supports do you think are needed but are not available (or affordable) for children 0-5 and their families?

- Psychiatric / diagnostic access for young children under age 5 (including ADHD, autism, and sensory integration issues) - 10 comments
 - Many psychiatrists are not open to seeing children under age 4
 - An MD specifically trained in treating 0-5 population. Therapist trained in play or art therapy.
 - Psychiatric evaluations for children under age 5.
 - Psychiatric services for those children ages 3 and 4. Many of our town's psychiatrists won't see a child this young.
 - People willing to diagnose children with mental health concerns early on in childhood.
 - More diagnostic evaluations
 - ADHD help before age 5.
 - Autism
 - Sensory Disorder Assessment is poor and lacking. Only moderate to severe autism is identified. The rest are misdiagnosed. Very few therapist seem well trained to work with children under five.
 - My child showed symptoms of ADHD early on but I had trouble getting anyone to believe me or treat it because he was so young.
- MH Providers aren't knowledgeable / ready to serve children under age 5 -5 comments
 - Research-based, appropriate and effective interventions.
 - More knowledge of how to assess problems and to treat them.
 - Helping those involved with children become more knowledgeable about potential mental health problems and where to go would be a big step.
 - Mental Health services are generally geared towards children older than five years of age.
 - Behavioral education / family therapy
 - It seems as if we are seeing more interest in therapy services for younger children (4-5-6 yr olds). While most cases end up with a diagnosis of mild depression, anxiety or attention related problems and are helped with both individual and family therapy, other are exhibiting problems that are not as easily diagnosed (Asperger's, PDD, etc). I think as a team (all of us who see children), we need to be more knowledgeable about these including when and where to refer.
- Parental education, / parent support isn't available - 5 comments
 - Parenting classes should be recommended routinely
 - Parenting services
 - City wide parenting classes for ALL families, regardless of income.
 - Parent support groups at agency level.
 - A support group where parents can discuss issues that offers child care while they are there.
- Services in locations convenient and accessible to parents
 - Access to therapy services in rural areas.
 - In home parent training.(I am not sure the extent to which this is available, but I worry about skills presented in an agency setting being transferred to home.)
 - Home based services.
- Grandparent groups
- Teachers need to have more direct access to mental health practitioners, rather than having to go through "channels" and vice versa.

SURVEY COMMENTS - BARRIERS

What barriers do you see that prevent children 0-5 and their families receiving the mental health services they need?

Lack of knowledge / awareness of what's currently available on part of professionals and parents. (10)

- I think there needs to be awareness of these programs.
- Getting the word out on what's available.
- People don't know they are there.
- Knowledge of what is available and how to access
- Families are not very aware of the mental health services available
- People being unsure of what is available to them and their children.
- Do not know where to go
- Lack of knowledge on the part of professionals and parents. Early intervention is not stressed enough.
- As a parent I don't feel like I know what is available because I have not needed mental help for my children. And this survey is very confusing to me and I have been involved in child development for 5 years.
- I am aware of some place to refer, but not familiar with all of the options that can be given to families.

Location of services / transportation (9)

- Transportation at times
- Transportation/ Location Accessibility
- Sometimes it is hard for those parents who live in the country.
- Location
- Parents who are only given the option of coming to the provider.
- Some families don't have transportation
- Transportation
- Transporting to offices is hard for parents.
- The major barrier is transportation or meeting the parents at the most convenient location.

Parental acceptance of a problem / engagement in services (8)

- Parental motivation/knowledge
- For parents acceptance that their child has a need for mental health support.
- Lack of knowledge of age appropriate behaviors, stigma of asking for help, assumptions that the child "will grow out of it".
- Sometimes parents are unable or unwilling to follow through.
- They don't think they need it
- Parents following through, lack of comfort when asking for help.
- Parents frequently have difficulty recognizing problems early-on and so "not knowing" is quite a barrier.
- Follow through...parents often want results immediately and don't follow through if that isn't seen.

Cost (5)

- Finances, imitations on services available.
- Cost
- Money
- Cost,
- Costs and availability of services (but getting better all the time)

Time constraints of parents (4)

- Time
- The other problem is of course time, especially for single parents who have little family support.
- Organizational skills or energy to get to the appointments.
- Time management skills, and the ability to deal with day to day issues that often take priority over the long term goals that need to be met.

Timing of Services (2)

- availability of evening hours
- scheduling

Other

- Parents not being taken seriously. Poor communication between school and mental health care providers. I felt the school was unwilling to help in this area.
- School staff not recognizing a mental health problem and instead blaming it on a behavior problem.
- Sometimes child psychiatrists. just do medication treatments and don't emphasize other support systems.(e.g. counseling)
- Services are not seen as culturally appropriate and there is an attitude of being judged.
- Understanding of services.
- Too many hoops to jump through to get to see a psychologist for a child.

SURVEY COMMENTS – OTHER COMMENTS

Other comments:

- I am very happy with my child's progress.
- I am very grateful for the program.
- I'm so please that Transitions can now see some of our families in their homes.
- Services need to be in the community and should be based on wht the family/child needs, rather than the family/child being made to fit current treatment programs.
- Many families are so stressed with survival that mental health becomes a luxury.
- Jeanette Edwards was a good choice for the new program.

FOCUS GROUP RESULTS

MENTAL HEALTH PROVIDERS FOCUS GROUP - 02/13/08

GAPS IN SERVICES

What evidence-based mental health services are needed for children 0-5 but not available (or accessible) in Adams County?

11	Deliver services in such a way that high risk families are able to engage
10	Need for more support for teachers / counselors in school to help deal with child in classroom
8	Child psychiatrist who will serve young children
7	MH services in daycares
6	Increase knowledge about what services are available
4	Family support groups
3	Lack of OT / in home services not easily accessible
2	Services of a developmental psychologist
1	Transportation to services
0	Not always sure where to refer
0	Educate people about the process of treatment
0	Increased PDD concerns but lack of specialization
0	Primary care physicians not always aware of resources

BARRIERS TO SERVICES

What barriers in our current service system do you see that prevent children 0-5 and their families receiving the mental health services they need?

4	Very few minority providers
4	Duplication of services – everyone needs to be a generalist making it difficult to specialize
3	Transportation
3	Motivation
3	Parent not identifying issue as a problem
3	Lack of belief in outcomes
3	Reimbursement issues – not getting paid
2	Biracial issues – lack of identity
2	Quick fix expectation
1	Hours of service availability
1	Location of services
1	Demand for services
0	Child care
0	Systems not always prepared to respond (capacity)
0	Parents feeling guilty
0	Cultural issues not identified – socioeconomic status – minorities
0	Private pay individuals don't want to get services from primarily public funded providers but who may have expertise

STRATEGIES FOR IMPROVEMENT

What strategies should our community adopt to make improvements in the -access -evidence-based practice -coordination of care -staff readiness for children 0-5 with mental health concerns?

8	Agencies unite in request to Marion Garner / other foundations for grant to support 0-5 awareness / treatment.
5	Telemedicine for psychiatry 0-5
5	Link / educate church community / faith based organizations
4	MH Authority target training to 0-5
3	Develop plans to recruit a developmental psychologist
3	Quincy isolated geography results in few training opportunities to encourage specialization - Partner with medical groups to increase training opportunities
3	Seek community resources to fund training
2	Develop incentives to attract / increase minority providers
2	Apply for grants for training
2	Demonstrate outcomes
0	City to incent providers of services – tax breaks – student loans

FOCUS GROUP RESULTS

SCHOOL PSYCHOLOGISTS / SOCIAL WORKERS - 02/13/08

GAPS IN SERVICES

What evidence-based mental health services are needed for children 0-5 but not available (or accessible) in Adams County?

11	Lack of knowledge of developmentally appropriate behavior - on part of parents, MH professionals, and physicians.
10	Therapists trained in play / art modalities – non talk types of therapies
9	Staff trained to serve children 0-5, including pediatricians minimizing parent concerns or making serious MH diagnoses without sufficient training
1	Kids high risk due to placement with non parent
1	Kids inaccurately diagnosed by psychiatrists.
0	Access to developmental assessments

BARRIERS TO SERVICES

What barriers in our current service system do you see that prevent children 0-5 and their families receiving the mental health services they need?

12	Site of services – rural parts of county, at school, at home,
8	Low functioning parents unable to advocate effectively for themselves
5	Cultural barriers – social class, race, lack of minority staff
4	Confusion being involved with multiple providers
2	Stigma about mental health services
0	Providers not knowing what is available – how to make use of existing resources

STRATEGIES FOR IMPROVEMENT

What strategies should our community adopt to make improvements in the -access -evidence-based practice -coordination of care -staff readiness for children 0-5 with mental health concerns?

9	At parent institutes / gatherings – have info about MH services available
8	Hubs in the community for therapy during non school hours.
7	The Wal-Mart of early childhood services – assessments / medications / therapy
6	Single application
1	More emphasis on parent training
0	In Service training for daycare on MH issues
	More coordination between Transitions and early childhood programs
	More home based services
	A site close to early childhood in Quincy so parent could come who didn't want home based.
	Coordination with local physicians.

FOCUS GROUP RESULTS

HOME VISITORS - GAPS IN SERVICES

What evidence-based mental health services are needed for children 0-5 but not available (or accessible) in Adams County?

10	Parent understanding of age appropriate activities / development.
5	Need for more therapists to do home based therapy than is available.
4	Pediatricians not being willing to assess young children.
4	Social emotional screening not occurring unless EI eligible.
2	Pediatric ophthalmologist access
1	Payson – no prevention initiative 0-3 program
1	EI – home based service access in rural Adams County.
0	Psychiatrists not willing to see young children.
	Pediatric neurology access
	EI – wait for some services

BARRIERS TO SERVICES

What barriers in our current service system do you see that prevent children 0-5 and their families receiving the mental health services they need?

8	Parents unaware of how to access services and what is available
6	Transportation to services – cost of gas
5	Financial – cost of services
4	Reluctance of medical field to diagnose / assess a problem – taking a wait and see approach
4	Stigma of mental health services
0	EI – only 1 developmental therapy provider serving rural Adams County.
0	Cultural barriers – race, culture, own family, rural/city

STRATEGIES FOR IMPROVEMENT

What strategies should our community adopt to make improvements in the -access -evidence-based practice -coordination of care -staff readiness for children 0-5 with mental health concerns?

7	Social marketing – to inform average parent on child development – when to be concerned. Explore strategies like direct mailings to parents at the time needed and finding out where parents get most of their information
6	Education of medical providers / their staff about services available
6	Connecting children served by agencies (Transitions, Chaddock, Child and Family Connections) to schools prior to age 3.
4	“Linking system” – to make referrals and check on status
4	Training of workers on mental health issues.
4	Educating “front line” workers on how to engage families / what's available / what help would look like
0	If children enters early special education and has a sibling – trigger a screening
0	Rural transportation to increase access
0	Database to track status
0	Inclusion of Addus in coordination meetings

DEMOGRAPHIC INFORMATION

Adams County Children	All Children - All Income Levels	100% Federal Poverty Level	185% Federal Poverty Level	400% Federal Poverty Level
Number of Children ages 0-5	4,800	817	1,807	4,089
Percent of Children 0-5		17%	38%	85%

Poverty

	All Children - All Income Levels
% children under poverty level	17.0%
% children living in female household, no husband present below poverty level	31.2%

Early Intervention

	N	Rate - of children 0-3
Children EI Eligible - 2007	115	4.95%
Children with Social-Emotional Concerns (rated by the Ages and Stages - SE).	20	0.86%

EI Services Provided to Children with SE Concerns	
Speech Therapy	18
Physical Therapy	7
Occupational Therapy	5
Nutrition	1
Developmental Therapy	20
Social Emotional	17

Children Eligible for Early Childhood Special Education

	N	Rate - of children 0-5
Children in Early Childhood Special Education	125	2.60%
# of those with MH concerns	16	0.33%

Children 0-5 Served in Psychiatric Crisis

	2005	2006	2007
Crisis services to children 0-5 by Transitions due to a Psychiatric Crisis			
○ Screenings	3	4	23
○ Children Served	3	3	15
Blessing Admissions for Children 0-5 due to Mental Disorders	-	-	5

SUMMARY OF TOP RATED ITEMS FROM ALL DATA SOURCES

KEY INFORMANT SURVEY RESULTS

We do a good job making it easy for a parent to know how to get help	39%
We do a good job making sure needed services are available -	26%
Early Childhood Professionals know what services are available and how to refer	24%
MH Professionals are well trained on serving children 0-5.	20%

GAPS

KEY INFORMANT COMMENTS - GAPS

- Psychiatric / diagnostic access for young children under age 5 (including ADHD, autism, and sensory integration issues)
- MH Providers aren't knowledgeable / ready to serve children under age 5
- Parental education, / parent support isn't available

MH PROVIDERS FOCUS GROUP - GAPS

- Deliver services in such a way that high risk families are able to engage
- Need for more skills / understanding for teachers / counselors in school to help deal with child in classroom
- Child psychiatrist who will serve young children

SCHOOL PSYCHOLOGISTS / SOCIALWORKERS FOCUS GROUP – GAPS

- Lack of knowledge of developmentally appropriate behavior - on part of parents, MH professionals, and physicians.
- Therapists trained in play / art modalities – non talk types of therapies
- Staff trained to serve children 0-5, including pediatricians minimizing parent concerns or making serious MH diagnoses without sufficient training

HOME VISITORS FOCUS GROUP – GAPS

- Parent understanding of age appropriate activities / development.
- Need for more therapists to do home based therapy than is available.
- Pediatricians not being willing to assess young children.

BARRIERS

KEY INFORMANT COMMENTS - BARRIERS

- Location of services / transportation
- Lack of knowledge / awareness of what's currently available on part of professionals and parents.
- Parental acceptance of a problem / engagement in services

HOME VISITORS FOCUS GROUP – BARRIERS

- Parents unaware of how to access services and what is available
- Transportation to services – cost of gas
- Financial – cost of services

SCHOOL PSYCHOLOGISTS / SOCIALWORKERS FOCUS GROUP – BARRIERS

- Site of services – rural parts of county, at school, at home,
- Low functioning parents unable to advocate effectively for themselves
- Cultural barriers – social class, race, lack of minority staff

MH PROVIDERS FOCUS GROUP - BARRIERS

- Very few minority providers
- Duplication of services – everyone needs to be a generalist making it difficult to specialize
- Transportation