



Project LAUNCH

Environmental Scan Report

**For the Ohio Counties of
Athens, Hocking, Meigs and Vinton**

March 2010



INTRODUCTION

The goal of Project LAUNCH for Appalachian Ohio is to create a shared vision for young child wellness that builds a solid foundation for sustaining effective, integrated services and systems to support and promote the wellness of young children and their families in rural southeast Ohio.

Nestled along the Ohio River and in the foothills of southeast Ohio, Athens, Hocking, Vinton, and Meigs counties fall within the 29 Appalachian counties in the State of Ohio. Although each county has some unique and distinctive qualities, this southeast region is marked by hilly terrain, lack of economic development, poor tax base, non-existent public transportation, and a homogeneous population that is 97% Caucasian. 128,501 people reside in a service area that is approximately 1,773.2 square miles. All are Mental Health Professional Shortage Areas (MHPSA), represent a full or partial Medically Underserved Area/Population (MUA/MUP), and all but Athens County are Health Professional Shortage Area (HPSA) ([http://bhpr.hrsa.gov/shortage](http://bhpr.hrsa.gov/shortage;);). Additionally, the Appalachian Regional Commission classifies Athens, Meigs and Vinton counties (2009) as distressed (www.arc.gov, retrieved 5/13/09). Table 1 below provides further detail:

Table 1: Demographic Characteristics of 4 Appalachian Counties and the State of Ohio

Demographics	OHIO	Athens County	Meigs County	Hocking County	Vinton County
Population (2007)	11,466,917	63,275	22,895	28,959	13,372
% < 8 yr old (2007)	10.7%	7.5%	8.7%	10.1%	11.2%
Number < 8 yr old, '07	1,230,595	4,748	2,007	2,938	1,498
Average Size Household (2000)	2.49	2.4	2.47	2.54	2.59
Unemployment rate, '09	10.1 %	8.0%	15.4%	11.6%	14.2%
% Below poverty, '07	13.1%	29.4%	19.8%	16.0%	18.9%
% Completing less than High School. (05-06)	13.9%	6.3%	21.5%	2.3%	9.4%

Sources: www.ers.usda.gov/Data/Education; www.ers.usda.gov/Data/Unemployment; <http://factfinder.census.gov>; <http://quickfacts.census.gov/qfd/states/39000.html>; <http://www.ers.usda.gov/data/unemployment/RDLList2.asp?ST=OH>; <http://www.ers.usda.gov/data/povertyrates/PovListpct.asp?st=OH&view=Percent&longname=Ohio>; <http://lmi.state.oh.us/LAUS/Ranking.pdf>. All data retrieved May 13, 2009

Stakeholder Participation

Integrating Professionals for Appalachian Children (IPAC) undertook the environmental scan process to map out the systems, programs, and services that exist to serve children from birth to eight years of age and their families. IPAC is an interdisciplinary group of concerned professionals who joined together to work on strengthening the community's ability to meet health and mental health needs of Appalachian children and their families. IPAC is governed by a 15 member board of directors representing seven constituency groups: Early Childhood and Education, Mental Health and Community Health Programs, Medical and Nursing, Allied Health, Consumers, Community Businesses, System Oversight agencies. IPAC's vision is to develop functional and clinical integration in the network of care providers, increasing access to quality services for children.

In addition, IPAC members worked collaboratively with the local Young Child Wellness Council (YCWC) to identify additional stakeholders such as early childhood professional providers, schools, parents and other caretakers of children (listed in the methodology) for diverse participation in the scan process. The scan collected feedback from a variety of sources, both on the regional and individual county levels. With the information collected from the scan, the Young Child Wellness Council and IPAC are reviewing and analyzing the data for the development of a strategic plan, which will address the needs and well-being of the region and its communities.

METHODOLOGY

In order to collect the data needed for the Environmental Scan, multiple resources in each county were utilized. Information was gathered through online research, individual interviews and focus groups held within each of the four participating counties. In addition, a regional, five-parent panel discussion of the general discussion topics (as used in the county focus groups) was held at the IPAC/Young Child Wellness meeting, on March 3, 2010. 20 agency professionals attended along with Ohio State Departments of Health and the Medicaid office who participated by teleconference.

In each of the counties, the Family and Children First Council, a local planning body, were utilized as the coordinators for the county interviews and focus groups because of their wealth of knowledge in area resources and their network of parents and caregivers in their counties. Each focus group was held for a three-hour time frame to gather and verify the environmental scan data, and to discuss each of the five general topic areas and their guiding questions as provided in the "Environmental Scanning and Strategic Planning Guidance 2009". Parents who participated received stipends for their time.

In total, the 47 professional participants represented multiple agencies and various disciplines including health, mental health, developmental services, intervention, and educational services. And, 54 additional caretaker participants included parents, grandparents and others in parental guardian roles.

Each county's individual methodology:

Athens: Staff from seven public agencies gathered for an Athens County focus group, on February 17, 2010 at the Athens County Help Me Grow office for three hours. Parents were invited to this focus group, however heavy snow kept them from attending, so five parent interviews were done by phone or on an individual basis for their input.

Hocking: Staff from five public agencies and two private preschools was interviewed separately as part of the scan. All participants were asked to respond to the same set of questions as outlined in the Scan Guidance. In addition, participants were asked to identify what programs for the 0-8 age population were working in Hocking County, what programs were not working, identify gaps in services for this population and identify programs they would like to see implemented for this population. Each interview lasted from one and half hours to two hours. Those interviewed included: an administrator for Logan Hocking School District; director of Logan Head Start; case manager for Help Me Grow; director of nursing with the Hocking County Health Department; Principal of the Laurelville Elementary School; a teacher with Westminster Preschool; and a teacher with Nazarene Preschool.

A parent focus group was held on January 26, 2010 at Health Recovery Services, in Logan, Ohio. Twelve parents were recruited from the Hocking County Family and Children First Council, the Logan Hocking School District, Help Me Grow, Logan Head Start and Behavioral Health Care. The session lasted for two hours. The participants were asked to respond to most, but not all, of the same questions presented to the provider group.

Meigs: The Meigs County Family and Children First Council collected data for the Environmental Scan through data collection by the FCFC Coordinator and the ISC President/Facilitator for Project Launch. Data was collected from previous resources that included the County Strategic Plan for HB289, Revised Plan for the Partnership for Success, Meigs County Summit on Children Resource Manual, and the Meigs County Chamber of Commerce Resource Manual.

Once data was collected in draft format a Focus Group was held during the Intersystem Collaborative Committee on January 15, 2010 to review and analyze scan data. The Intersystem Collaborative Committee includes: Coordinator of Meigs County FCFC, Social Workers with Integrated Services, Homeless Education Liaison for the Athens-Meigs Educational Service Center, Grants Coordinator of Meigs County Juvenile Court, staff of Woodland Centers Inc., ISC President/Facilitator/Psychologist with Riverbend Behavioral Health, and the Counselor/ISC secretary/Grant Coordinator for Southern Local School District.

A second focus group with two parents and five service providers was completed on February 12, 2010. The Early Childhood Collaborative Committee discussed and analyzed data to assist in identifying services not available and the implementation of the Regional Child Find Coordinator.

Vinton: The original scan was begun by the Vinton County Help Me Grow Director/FCFC; when she was hired through LAUNCH to become the HMG Outreach Coordinator, then the Jackson-Vinton Head Start Program took over the scan process on January 20, 2010. The parent representative selected to help with the Environmental Scan was also very helpful in obtaining information from parents in the community through individual interviews in people's homes and by phone, which lasted from 15-60 minutes each. On February 23, 2010, a stakeholder meeting was held with eight service agencies and one parent to discuss and review information about the local programs and services of the county.

SUCCESSSES AND CHALLENGES OF THE SCAN PROCESS

The environmental scan process was successful overall. Each county had highly diverse groups of professional providers and parents involved in their county-level scans, which provided for a wealth of information sharing and thoughtful discussions of program and service administration. The process helped to validate successful programs and to identify issues and gaps in service. Especially insightful

was the parent voice, for their perceptions, experiences, successes and needs for the health and wellness of their children and families, which will be essential in helping to define the strategic plan of Project LAUNCH.

Challenging to the overall process was the timing of the focus groups with winter weather. Several counties had to reschedule their groups due to bad weather and poor road conditions. As a result, the weather conditions prohibited some participants from attending the focus groups and may have limited the feedback and scope of the discussion; compared to if the group had been in full attendance.

An additional challenge reported from the counties was the difficulty with using the templates. There was some difficulty in trying to fit programs under one category of the template due to the broad programming and multiple missions of some agencies. Counties expressed a desire for another way to include such agencies to avoid being redundant in the template categories. The funding amounts and sources were also challenging due to the complexity of funding with some agencies and the limited information available, depending on the administrative level or knowledge of the participants involved in the scan process.

We also could have done a better job of reaching out to the general children's wellness community. Everyone that participated had a vested interest in problems related to health for children. We should have broadened that view by making sure children's art and recreation were better represented.

Individual County Successes and Challenges Reported:

Athens: Athens County found the scan process of the programs and agencies fairly easy to complete due to previous inventories and directories that exist for the county. Meeting with the providers in a group allowed for discussion, clarification, and collaboration on completing the templates. Athens County was challenged by the winter weather to hold the focus group and to have participants attend. The focus group, on the rescheduled date, was made up of only providers due to cancellations of the 5 parent participants. However, without the parent focus, this allowed the group to pursue a discussion around systems, how they work, and what they need to be successful. We did miss the parent voice and may have lost some of the depth and scope that occurs when discussions take place in a larger group. Athens County, due to its size and owning of Ohio University, is perceived by the adjacent counties as having many more resources for families, and that those resources are limited to Athens County. Athens has to be cognizant that this is a perception problem, and sometimes a reality problem, in the 4-county area.

Hocking: Meeting one-on-one with providers allowed them to open up more regarding how their agency or school was or was not, addressing the needs of the 0-8 population. Meeting with the providers in their workplace, at a time that was convenient for them, made them helpful in providing information and they appeared to be very interested in the project.

The parent focus group provided a cross-section of socio-economic levels and education. There were parents of children with developmental delays and mental health issues, parents of preschoolers, parents of elementary aged children, parents who were able to actively seek services for their children, and parents who were not aware of where to begin to access services. It appears the experience was a positive one for those who did attend. Some lingered after the meeting and exchanged phone numbers. Those who were fairly quiet at the beginning of the meeting opened up by the end. The focus group facilitator liked the fact that they did not have the parents and providers together in a focus group.

Some parents may have been a little intimidated in a group with providers and may feel unable to speak out.

In terms of challenges, the group found that many of the questions in the guidance to be somewhat confusing in the wording, especially for the parent focus group. Also, some of the questions were inappropriate for a parent group and so they were not used entirely by the facilitator.

Although the template was helpful in organizing the data, many people had difficulty in identifying the funding source and amount for their particular programs. They also found it difficult to know into which category some programs fell, as they could potentially be included in more than one category, e.g. Kid Palooza, a children's fair sponsored by local child serving agencies, is a socialization activity for children but is also an event for parents to get information on various programs.

Overall, Hocking County reported the experience was a positive one for all involved. Many of the providers stated they had never before considered many of the questions presented to them and may now be looking at their programs a little differently.

Hocking County is located to the north & east of the other counties. It is within 15 miles of a major town, Lancaster, and a major city, Columbus, Ohio. Access to specialized services is easier because of their location.

Meigs: While completing the environmental scan for Meigs County, one success was in incorporating the review and analysis into existing collaborative meetings and framework that pre-existed the Environmental Scan. This enabled the Coordinator and Facilitator to minimize the workload and time demands of the participants from the stakeholder agencies.

Challenges arose as we completed the environmental scan. Because of its size, the same people participate in every event and they reported the scan participation was creating fatigue from agency members. Previously, similar tasks had been completed and participants felt the scan was duplication. This leads to the challenge of buy-in to participate, and a frustration with large assessments and strategic plans, while funding for direct services or retaining existing funding for services continues to decline.

Vinton: One of the challenges that arose while completing the environmental scan was the hesitancy among agencies to share information about program funding and amounts. Agencies were quick to share what resources they were offering to the community, but it was much more difficult to get specific funding information. A possible reason for this might be that the individuals who are knowledgeable about the services may not have knowledge about the business of the organization. It was also difficult to locate information about services that are brought into the county from outside agencies to benefit county residents. These out-of-county services, such as mobile clinics from out-of-town hospitals, tend to not be well advertised and local individuals appear to be skeptical of their success in the community. Vinton County, of the four counties, culturally expresses the most reservations about “outsiders”, especially if those outsiders are perceived as “rescuing this poor down-trodden community”.

SUMMARY OF FINDINGS AND CONCLUSIONS

From the regional parent panel held at the IPAC/Young Child Wellness meeting, the parents involved reiterated much of the same feelings, issues, and ideas that were expressed at the county level focus groups. Ultimately, the parent panel concluded: All children, regardless of income or other barriers, need access to care, to be served and taken care of. Parents are often feeling overwhelmed, in not only trying to find the correct access point they need, but in the navigation of the multiple systems, paperwork (amounts and redundancy), and in the requirements of eligibility they must wade through to get the services their families need. They have felt the impacts of budget cuts of agencies, but feel the information about changes are not adequately being communicated to them; and that changes are not done in a thoughtful enough manner to recognize programs and services with the most impact and effectiveness for families. The parents want easier and convenient access to programs and services, improved communication, sensitivity and customer service from agencies, more specialized/certified professionals available locally to them, and to have the tools and support they need to help provide care to their children.

Most focus group participants agreed that young children are not receiving the services they needed because of early identification barriers (lack of screening and an awareness of its importance), professional barriers (working in silos, lack of coordination), and family factors (overwhelmed and lack of access). The system challenges are compounded by the complexity of the socioeconomic, transportation, and mental health challenges confronting families in our region.

Sensitivity to the cultural values and history of the region is essential when designing local solutions. The cultural identification of much of the target population is Appalachian. Individualism, self reliance, and pride of the population are mixed with a reliance on personal experience and distrust of authority. Participants from an Appalachian background are likely to base their response to a program based primarily on their personal experience with the “front line” clinician. Moreover, the people in Appalachian Ohio will not be concerned with evidence based models or the research behind this project. Rather the value of the program will be judged by the attitude of the providers delivering services and the program’s local reputation. Although the Appalachian culture presents unique challenges to providing services, because of the values of fierce self-reliance, “making do” with available resources, and a distrust of outsiders, the strong values of kinship and pride within the region provide a powerful, positive energy once it is harnessed.

Family Support and Parenting Education

Providers were able to name most of the programs in their counties, but the parents indicated that there aren’t many education programs available to parents, or that many parents don’t know what they need or know where/how to ask. Services that are available are not well advertised in a manner used or accessible to most parents. Many get their information from other parents informally. Information by word of mouth tends to be the strongest mode of communication in the region.

It was felt there were more supports and programs for parents with special needs children than for the general population. Parents report services are not offered until there is a problem, and some of those programs have limited access. Programs need to be available across socio-economic barriers to broaden exposure and reduce stigma. It was noted that programs tend to be centralized in each county seat (Logan, McArthur, Athens, Pomeroy). This can create a transportation problem for those living in

the more rural areas of the counties. There is often low attendance at events due to transportation issues. Working parents have different challenges with transportation, child care, and accessibility.

Head Start, Help Me Grow and some schools were identified as providing family-centered and family-led programs. However, the agencies and families are seeing gaps in services widen as a result of budget cuts and programming changes over recent years. Local churches do a good job of family support and activities. The churches could possibly be better utilized for reaching more families in crisis (financial, emotional and spiritual assistance) and passing along information. Faith-based programs are not the solution; they too suffer from too little financial and other resources.

Parents reported the most successful support programs are Help Me Grow and Head Start parent classes, or informal group meetings where parents can learn and exchange information while children are cared for in a safe environment, in locations spread throughout the county or through home-based services.

Most agency program guidelines precluded many parents from participating, especially those who were over income or don't fit into other defined eligibility. Parents reported services are often not easy to find and they have to fit the right "box" for eligibility to access services. Generally families who are connected to an agency do not receive any help on how to advocate for their children and to find the services they need. Some parents will not share personal information, especially with formal agencies and programs, because they feel they are protecting their family's privacy or due to fear of consequence (real or imagined) that may occur from sharing information.

Parents felt there is often too much top-down, red tape and hoops to jump through to access service. There can be a feeling of intimidation, condescending attitudes toward clients and poor customer service from many agencies, which deter families from wanting to access service or follow-up care – even when necessary for the well being of the family. Programs and their staff need to have an understanding and sensitivity to the limitations and issues of the parents/caregivers and adjust their expectations of them. They must also recognize and adjust programming for grandparents who are raising grandkids and more dads that are the custodial parent.

Parent recommendations include a need to reduce confusion of multiple systems, agencies, and resources. Centralizing applications and forms would reduce duplicating information on for multiple service providers. A one-stop center would be helpful for a single entry into the systems, along with staff available to help navigate families through the complexity of the systems. 2-1-1 service has just become available in Athens County and would be beneficial to expand into each county (9-1-1 service just became available in 2009 in Meigs County). Ideal would be a "campus" of social and health services, located (within the smaller communities) so they are more accessible to individuals who have limited transportation and allow for more collaboration among services used by individual families. Families aren't pieced out and they don't function in silos, so agencies should not work in silos to serve families or individuals in the families.

A few agencies involve parents in the policy and planning process through boards and committees. Parents stated they would like to become more involved in the planning and implementation of services but they are not always aware of opportunities to participate.

Currently, parents do not view evidence-based programs as necessarily helpful – just as they also see early childhood mental health as "playing" not treating. Communities need choices and options for programs. One cookie cutter program won't work for all. The parent need is for more unstructured, parent to parent discussion, support and guidance through creative discussion and exploration. Parents

want parent-driven programs that empower and educate them to make wise choices. Parents indicated evidence-based works for things like testing and evaluation, but doesn't always work to use as curriculum for parenting education. Evidence-based practices are the tool box to use with relationships and gives structure and consistency as a basic road map. Success of the programs requires staff with skills to present and support families and able to build trust with families. At-home services help with trust and security for families. In-home programs also solve transportation and other participation issues for safe, secure, in own environment for the benefit of the child and family. Early childhood programming is provided currently by Help Me Grow, Head Start, public-private preschools and Developmental Disabilities.

Mental Health and Social and Emotional Wellness:

Families felt it was not easy to get information on mental health consultations unless they were linked with an agency. Many families can't afford the services, or they can't access services unless they are Medicaid eligible or they must fit the eligibility criteria to gain access. There is a strong need for more services provided at earlier ages for children. Often families cannot get help within the county or region due to a shortage of specialized providers or lack of program resources to meet the demand. There is a need for more people trained in early childhood mental health and more awareness of resources by other providers to make quality referrals. Some felt they could talk to their doctor, but others felt this was not realistic. Parents reported they felt practitioners did not always know where to make referrals or they were reluctant to diagnose.

Parents tended to get more involved if given services in a neutral area, like schools or community centers. The parents identified as barriers: having to drive out of the county to obtain services, not being able to afford the mental health services, and not enough local providers who provide specialized therapy. Respite care is desperately needed, so parents and their children can have some time to regroup and re-energize. If parents could get the same support systems foster families can access, parents probably would have the support needed to maintain their families.

The parents and providers strongly support early childhood programs like HMG, Head Start, preschool public and private programs. They believe early education works, and they support identifying children at a younger age when behavior or emotional problems begin to emerge. The frustration is the limited accessibility to those services. Even more limited is screening and diagnosis. A child showing up at a kindergarten screening with major problems is a child who has fallen through the cracks.

The parents commented on how hard it is to get services from various adult serving agencies and to coordinate family services. Some parents said they gave up seeking services due to the frustration of dealing with the agencies and the poor customer service they have received. Mental Health services for adults serve those with insurance or Medicaid. Uninsured cannot afford to access services.

The faith-based programs (including vacation bible school), boy scouts and the girl scouts, 4-H, sports/recreation programs were viewed as promoting social and emotional wellness. Libraries play a big role as a positive addition to the socio-emotional health as a community oriented place. More collaboration is needed with faith-based groups, libraries and other community and civic organizations to support emotional and social wellness. Children also need access to art and recreation, not for treatment but for establishing healthy alternatives early in life.

Early Care & Education:

There are currently mental health providers in the public preschools, Head Start, Help Me Grow and grades K-3 in the schools. There is overwhelming support from parents to have access to these programs in order that they can work, go to school, and that the child receives nutrition and early intervention.

Home-based child care providers, if licensed, are only required to have basic child care training and are not trained in screening and referrals for developmental delays, resulting in kids missing screenings for developmental delays at early stages.

There is a lack of child care providers trained in disabilities to deal with special needs of kids. There is a need for certification/specialization for child care settings tailored for children with disabilities and other special needs. Additionally, more parent to parent support groups and respite care opportunities would be beneficial for families and children with special needs.

Primary Care:

Many kids in the region are not connected to a medical home. Education on the importance of a medical home, prevention and well child care is needed in the region. Quite a few of the children are not up-to-date with immunizations or well checks, as well as vision, dental and hearing health care are major areas of unused services, for various reasons: lack of transportation and lack of parent involvement, lack of local pediatricians and specialists, due to beliefs or stigmas that you can't get a quality doctor in small towns or in rural areas.

Most of the eligible children in the region are covered by Medicaid card (Healthy Start). However, that does not mean families take their children for appointments. Medicaid HMOs are a problem in the region as most area providers only take Molina; and many of the Medicaid or HMO network providers are not within the counties, requiring long travel distances for patients.

Each county in the four-county area has a Family Quality Health Care site. In some communities, they are seen as largely for low-income, Medicaid clients, or for those with no insurance. The reality is they provide a broad range of services and are open to all types of coverage for their patients. More public information and marketing is needed for better understanding of their eligibility and services as a valuable resource available within the counties.

Suggestions were made for health clinics at the schools, availability of health care in evenings, at combined "one-stop" locations, or utilizing the health departments and community centers for well checks, immunizations and other health care services. If working parents are supported by accessing health and wellness programs in convenient locations and at hours conducive to their families' schedules, this would help reduce employee absences, which in turn helps parents retain employment, indirectly increasing productivity in the workforce.

Systems Development

Governance and Interagency Coordination & Collaboration

Each county is mandated through the State of Ohio to have certain entities in place that provide coordination and collaboration for the young child population. (The State of Ohio places children's

programs in individual state department silos. Efforts are underway to change that system.) The three coordinating systems are the Family & Children First Council (FCFC), the Southern Consortium for Children (SCC), and the Early Childhood Coordinating Committee (ECCC). These groups represent a cross-section of organizations and services for children. These groups have limitations within their systems: The FCFC is primarily for the older child with mental health diagnosis, although they also manage the administrative side of Help Me Grow; the ECCC is simply a “collaborating” body – they have no power to institute real change for families. And the SCC was eliminated this year during Ohio’s major budget cuts. Since both of the existing programs do not have the clout to advocate for families or do systems development, the door opened for the establishment of IPAC, a group of individuals representing a cross-section of services and organization, specific to the young child population, who are advocates and engaged in cross-systems coordination and service delivery. IPAC includes members of both the private and public sector, and parents all who represent a broad range of systems.

Family and Community Involvement

The focus of this Environmental Scan was to primarily tap the voices of the family and their broader community. Parents participated at every level of the scan process. Their voice has been captured as they addressed the positive and negative aspects of the service delivery system in this region. Their voice and guidance will be used as we develop the Strategic Plan for LAUNCH.

Evidence-based practices

Prior to LAUNCH, several EB practices were in place in the local community. They include such programs as Strengthening Families, Creating Lasting Connections, Girl Power. These programs are not always implemented using the required EBP. Complaints about EBP within the agency community include: cost of purchasing the required materials, a family’s needs do not always fit within the required program and those needs should be addressed first, providers are not always trained in the EB program, or are not given the resources to implement the program. Rarely has there been a system of cross-agency data collection or service evaluation. If that system is truly working, it is usually because Ohio University is involved in the data collection and implementation of fidelity to the program. The following evidence-based programs, to change that thinking, are in the LAUNCH grant:

- **ASQ/ASQ-SE:** The Ages & Stages Questionnaires® (ASQ) and ASQ:SE are a parent-completed, child-monitoring system that screens and monitors a child’s development between 4 months and 5 years of age.
- **M-CHAT:** The Modified Checklist for Autism in Toddlers (M-CHAT) is a 23 item parent report checklist developed to screen children ages 16 months to 30 months old, specifically for autism.
- **Edinburgh Scales:** The Edinburgh Postnatal Depression Scale designed to screen for maternal depression at the 6 – 8 week postpartum examination.
- **PHQ-9:** Patient health Questionnaire-9 is based directly on the Diagnostic and Statistical Manual Fourth Edition (DSM-IV) to screen for major depression.
- **The Devereux Early Childhood Assessment (DECA) Tools** are standardized, norm-referenced behavior rating scales for children.

- **Early Childhood Mental Health Consultation (ECMHC)** is used to increase knowledge, awareness, resources and skills necessary for communities to meet the behavioral health needs of young children and their families.
- **The Incredible Years** is an award-winning parent, teacher, and child social skills training for the treatment for children with conduct problems.
- **Parents As Teachers** curriculum provides parents with knowledge about their child’s development and offers parent groups, activities for parents to complete with their child, and information about parenting skills.
- **PCIT/PCIT-A:** Parent-Child Interaction Therapy (PCIT) is a play-based, empirically-supported treatment for young children at risk for developing conduct-disorders. PCIT Applications (A) was developed to further expand the use of PCIT to families where children have experienced trauma, up to age 12.
- **Ounce of Prevention:** Ounce of Prevention is Worth a Pound is a toolkit developed to address childhood obesity and makes use of anticipatory guidance during well-child visits.
- **TF-CBT:** Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is a therapeutic intervention program designed to help children and their families cope with exposure to trauma.
- **IMPACT:** Improving Mood--Promoting Access to Collaborative Treatment (IMPACT) is an evidenced based treatment protocol for depression.

Funding

We were surprised to realize just how many programs, services, providers, and agencies exist in this region, especially when that evidence is countered by parent focus groups universally indicating a “lack of awareness of services”, lack of access to those services, not being eligible for services, and “not knowing what exists in the community to access...”. Parents also reported they desire to have services offered at non-traditional times and places, that parent groups be “parent powered”, i.e. parent and family-driven, that individuals not be restricted by the child’s diagnosis in accessing parent groups and other related services, and that programs are accessible within *their* local community (not the main town where all services are offered). The funding stream analysis indicated gaps in services for children. They include: very limited options for children with autism or severe socio-emotional problems (treatment, support services, respite care, child care, crisis intervention, education); restricted access to health services including few pediatricians, no occupational therapy, limited physical therapy, and limited child psychiatry. Parents reported there is extremely limited collaboration between the adult and child systems. While funding streams are maximized in this region, it should be noted that funding streams are not always amenable to this area. Telemedicine could be implemented in rural, poor communities, but the funding (except for telepsychiatry) is not an approved billable service. Health insurance for adults is another barrier to health care for young children. Children with parents who have substance abuse, depression, trauma, or just general health care issues can affect a child’s health & wellness. Budget cuts were documented by parents as extremely detrimental to the young child population (Help Me Grow, Job & Family services). The Medicaid provider, which serves large numbers of children in this community, is frequently not matched to the Medicaid care source, which means families living in poverty must drive to a provider that is approved by the system.

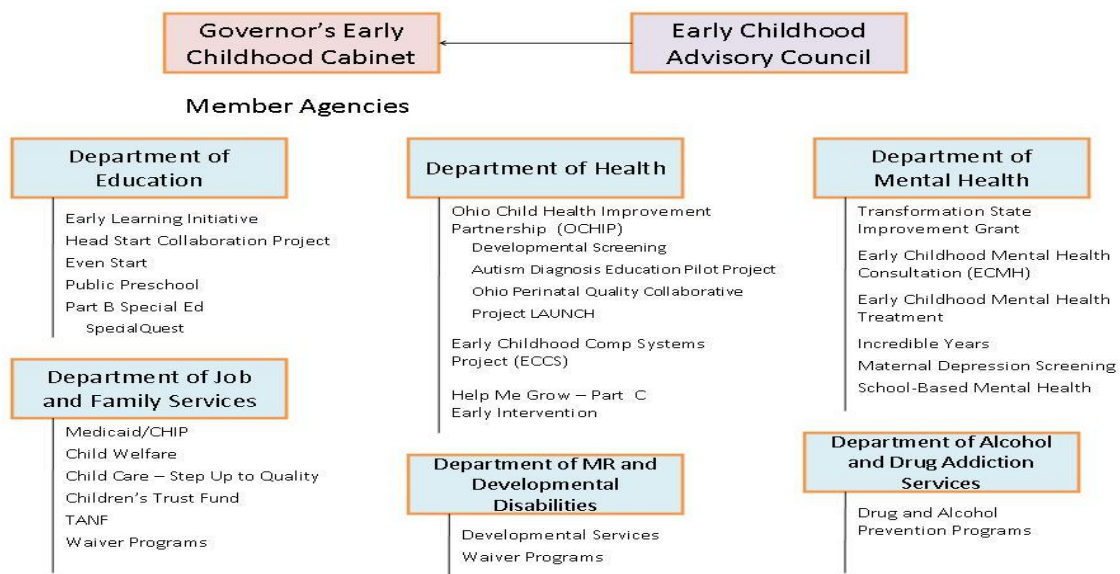
IPAC, and now LAUNCH, has been helping to move the existing programs into a collaborative model for young children. The primary care sites, HMG, Head Start, private and public preschools, and elementary schools are moving towards becoming the medical home or central hub for children and families. This is being achieved by implementing co-locator mental health providers in these settings, expanding the doctor’s offices to include EB screening systems for the young child and depression screenings for the parent, and developing projects that address children’s health from a wellness, prevention, intervention perspective.

Current Systems and Cross-System Coordination: State Level

Ohio has made substantial progress in addressing young children’s mental health needs, strengthening the quality and scope of our early care and education system, and closing the gap in children’s access to health insurance coverage. Since 2004, through the Early Childhood Comprehensive Systems (ECCS) grant, Ohio has increased young children’s access to health insurance and a medical home, as well as invested in social-emotional development, early care and education/child care, parenting education and family support.

In March 2007, Ohio’s Governor Strickland created, through executive order, the Early Childhood Cabinet charged with uniting key state agencies around the common goal of promoting school readiness by setting and coordinating state policy and programs that serve Ohio’s young children.

Diagram of Ohio’s Early Childhood Systems:



Consistent with the goals of SAMHSA’s Project LAUNCH initiative, Ohio’s Early Childhood Cabinet aims to ensure that all Ohio children have access to early childhood experiences that optimally support development -- socially, emotionally, physically and intellectually. To accomplish this vision, efforts have focused on increasing access to screening, early childhood consultation and treatment to address their social, emotional and physical development needs. The Cabinet’s structure challenges previously siloed systems to collaborate and diverse stakeholders have the opportunity to identify common agendas and leverage synergies.

The Cabinet has created the Early Childhood Advisory Council, a 45-member body comprised of parents, early childhood service providers, representatives of local social service, governmental and education agencies and advocacy organizations. A workgroup created from the Advisory Council will serve as the Project LAUNCH State Council with representation from our *Local* Child Wellness Council.

Specifically, Project LAUNCH will allow Ohio to:

- Build awareness about the importance of early identification through evidenced-based screenings in primary care across all provider systems (medicine, education, etc.),
- Improve coordination of care from the point of identification, through the referral process, and the provision of evidenced-based services so that consumers and those who serve young children share a vision of the components of strong families and young child wellness, and
- Develop policies and infrastructure to solidify supports that enable local communities to transform systems by leveraging community assets and cultural values.

Current Systems and Cross-System Coordination: Local Level

Holding forth the vision of ensuring healthy development for all children, Integrating Professionals for Appalachian Children (IPAC) brings enthusiasm, a focused vision and a history of successful collaboration to our State’s proposal. IPAC, which began meeting in October 2003, is a community-consumer-university rural health network. Incorporated in 2006, IPAC is governed by a 15 member board of directors representing seven constituency groups: Early Childhood and Education, Mental Health and Community Health Programs, Medical and Nursing, Allied Health, Consumers, Community Businesses, System Oversight agencies. Project LAUNCH offers an opportunity to collaborate for State policy and infrastructure reform.

IPAC’s development has been guided by two SAMSHA Programs, Circles of Care and Starting Early, Starting Smart. Whereas our Circles of Care underscored the importance of assessing community readiness (reported above) and monitoring potentially conflicting missions and core values; Starting Early, Starting Smart highlighted the importance of strengthening cross-program relationships through “joint staffing, ...cross-training and family involvement” (2001, p 6) – all goals IPAC shares. IPAC’s capacity to effect change has grown as we’ve evolved from meeting to “hear” about what is going on, to “planning” to do things together. To date, IPAC has been awarded four grants, three from the HRSA’s Office of Rural Health Policy to formalize our network and strengthen our local efforts to identify, to refer and to provide comprehensive coordinated care to young children with socio-emotional and developmental needs. The chart below lists the agencies, representatives, roles and responsibilities, and prior relation to IPAC for each participant who has committed to serving on our Local Young Child Wellness Council.

Local Young Child Wellness Council: Tri-County Mental Health and Counseling, Ohio University, Health Recovery Services, Inc., Athens County Children Services, Athens County Help Me Grow, Athens-Meigs Educational Services Center, Vinton County Help Me Grow, Hocking-Athens-Perry Head Start, Community Health Outreach/Family Navigator at Ohio University, Family Healthcare (FQHC), University Medical Associates, Athens County WIC, Athens City-County Health Department, consumer/parent representatives, Dairy Barn Arts Center, Southern Consortium for Children, Athens County Family and Children First Council, Ohio Department of Health, Voinovich School of Leadership and Public Affairs at Ohio University.

Three years ago, behavioral health services for children were not delivered through primary care in our four-county region. Today, because of the efforts of IPAC, four primary care offices now have mental health providers on-site. Given the complexities of the financial reimbursement structures, two fiscal models have emerged dependent on the type of organizations involved. The federal reimbursement system that supports integration of services through the federally qualified health centers enables a contractual partnership between one of our community mental health centers and the FQHC. Those advantages disappear for group practices that are not FQHCs. Our local integration efforts have had to blend together community mental health center providers and private practitioners to create access for all children.

Challenges to integrating mental health providers into primary care are not just limited to financial barriers. Organizational dynamics which include cultural differences inherent in discipline-specific assumptions and biases, time considerations, infrastructure issues (scheduling, billing, communication) and expectations regarding outcomes also inform outcomes. Whereas shared planning and jointly defined goals are essential to advancing collaborative models of care, they will not prevent tensions that arise. However, the power of holding a shared vision for change will encourage participants to examine and learn from the tensions that do emerge and will inform successful integration efforts (Hamel-Lambert J. & Murphy C., 2008).

Proposed Evidence-Based Service/Practice

Project LAUNCH for Appalachian Ohio will create a shared vision for young child wellness that builds a solid foundation for sustaining effective, integrated services and systems to support and promote the wellness of young children and their families. In response to the local needs, notable for high levels of poverty, low educational attainment and family risk factors, we propose the following evidenced-based assessment and treatment strategies. Whereas the selected screening tools and early intervention and consultation practices target the individual child, treatment strategies and home visiting programs are aimed at improving the well-being of parents, optimizing their ability to parent. Situated within Appalachia, our efforts respect the strong family values, fierce independence and pride of its people. We aim to empower families, not only by building their capacity of caregivers and the knowledge and skills of local providers, but also by strengthening the integration across systems to reduce fragmentation which has historically burdened families to coordinate their own care.

Coordination and Goals

The goal of Project LAUNCH is to create a shared vision for young child wellness that builds a solid foundation for sustaining effective, integrated services and systems to support and promote the wellness of young children and their families. At the state level Project LAUNCH will allow Ohio to (a) Build awareness about the importance of early identification through evidenced-based screenings in primary care across all provider systems (medicine, education, etc.) (b) Improve coordination of care from the point of identification, through referrals and the provision of evidenced-based services such that consumers and those who serve young children share a vision of what strengthens families and optimizes young child wellness, and (c) Develop policies and infrastructure to solidify supports that enable local communities to design system reforms that leverage community assets and respect local cultural values.

Locally, Project LAUNCH has two goals. Goal 1 addresses services and will (a) increase the number of sites and the types of developmental screening tools used in the region, (b) increase the number of primary care sites with integrated behavioral health services offering evidenced based treatments (PCIT, TF-CBT, IMPACT), (c) implement EBPs Home Visiting program, (d) provide

EMCH-CL in primary care, preschools, homes, and early childcare settings, and (e) strengthen families through expansion of the Family Navigator Program, parent skills training, nutrition counseling, art and recreation programs. Goal 2 strengthens local infrastructure and develops workforce capacity. Working together the State and Local Young Child Wellness Council will accomplish systems integration and advance public understanding of the multiple determinants of child wellness.

Analysis and Conclusions of the Environmental Scan

It is fairly clear, after conducting the Environmental Scan, that the grant writers for Project LAUNCH were visionary in seeking funding for re-defining the systems of early children's health and wellness. After four county focus groups, 54 parent participants including over 25 individual parent interviews, and a regional parent panel discussion, the parents' voice has been actively sought out and heard. The following reflects their voice, and recommendations for the development of the strategic plan.

Unmet Needs: All children are not receiving well-child visits and immunizations even though clinics are located in their communities. Parents point to a lack of access and transportation, and general wariness of the system as reasons why this basic care is not occurring for all children. Parents do not have much of a voice in the decision-making for their child, which is something they desire.

Problems not addressed by existing services: Parents reported children with severe socio-emotional, autism, or are medically fragile do not have easy access to medical care or programs that would help that family. Some services are available, but limited. And for other services (OT, child psychiatry, medical specialists), families must travel a minimum of 50 miles one-way to access. Parents also report a lack of access to existing programs and who those programs are meant to serve. Programs are also "problem-specific": the child or family must have a specific problem to access the service, i.e. Strengthening Families (an EBP parent program) for families already in the mental health system. Other barriers in accessing services: waiting lists, loss of funding, not enough qualified interventionists. A lack of basic access also exists: cell phone contact is sporadic, internet access is very expensive and inaccessible in the rural communities, no public transportation, services are provided only in central locations, and a lack of the basics, that occur in highly impoverished areas.

Wellness promotion and prevention programs: Historically the focus has been on treatment services rather than prevention or early intervention programs. With limited funding at the state, local, and federal level, the priority for funding goes towards the most at risk. The parents emphasized early intervention through evidence-based programs is critical for a child to achieve school success. They would also like to see normal, healthy activities such as going to the library, participating in young child sports or art programs available to all children, not just those who can afford it and access it.

Duplication of services or programs: Typically this has not been the case in our region. Programs and services are limited by size, and that is a problem. The concern is more for gaps in services rather than duplication. Parents report they may be actively involved in a specific system, their child ages out or no longer qualifies by problem-area, and the service they grew to depend upon ends. Transitioning then becomes an issue, and a real fear that children drop through the cracks becomes a reality.

Blending of funding across programs: The 4-county Appalachian region has experienced a general lack of resources, compared to the State of Ohio in general. This has forced the local communities to enter into informal and formal partnerships, such as IPAC, in order to leverage better services within the community. Programs have, however, continued to function in silos, which is a restrictive way of

helping children. IPAC, with the Project LAUNCH grant, will be leveraging funding to develop a better *system of care* that will further maximize the limited resources we have into better systems for children and their families.