assess
the service environment
strategies to assess the service environment

Because mental health problems are common in primary care settings, information on the availability of mental health professionals and referral resources is important to pediatricians and other primary care clinicians who serve children with mental health needs. However, navigating complex health and social service delivery systems to identify available mental health services and resources can be a challenging and time-consuming task.

The delivery of mental health services is complex—it is primarily organized at the local level, can differ for public and private insurance coverage, and, for public services, may be provided by numerous community agencies. As a result, the availability of mental health services varies by community, county, and region. Adding to these complexities, there is a significant shortage of mental health professionals within mental health care, particularly child psychiatrists. The shortage is most significant in rural areas and for mental health professionals who serve children and adolescents.

Because of the widespread recognition that mental health professional shortages exist and services can be hard to access, many state and local mental health agencies and other organizations are working to address access to, and the availability of, mental health services. These efforts, however, vary by state and by community. They may include 2-1-1 Information and Referral Systems (see the following text), activities by state mental health agencies and other entities (eg, universities) to study or “map” the availability of providers and provider shortage areas, and community mental health professionals’ information and resource listings. For example, many community mental health agencies and other related organizations likely will have information on available providers in a given community or region, and whether these providers serve publicly and/or privately insured children.

2-1-1 Information and Referral Call Centers
Health and human services Information and Referral telephone call centers exist or are in development in several states and in many communities across the country. Accessed by 2-1-1 dialing codes, these centers (“2-1-1 centers”) are staffed by trained specialists who link callers to a variety of health and social services, including mental health services. The centers are available for no charge, 24 hours/7 days a week, and have multilingual capabilities. Implementation of 2-1-1 centers is being spearheaded by United Way and comprehensive and specialized information and referral agencies in states and local communities. They are funded through local and state funding sources, including local United Ways and other nonprofit organizations, foundations, businesses, and state and local governments.

Currently, every operational 2-1-1 center consists of a single, centralized call center servicing a locality or a very small state. With the exception of Connecticut, Hawaii, and Minnesota, no state currently provides statewide access to 2-1-1 centers. However, many local systems have goals for eventual statewide coverage. Implementation of these systems can be met with numerous challenges, including lack of support from state regulatory bodies, prohibitively high phone rates from local telephone companies.
for the delivery of 2-1-1 service, and opposition from other potential service providers (eg, providers of 9-1-1 coverage).4

What Does This Mean for American Academy of Pediatrics Chapters?
Chapters can provide a significant service to their members by assessing whether key groups (eg, state and community mental health agencies, mental health associations, local United Ways, and universities) have undertaken efforts to identify, “map,” and/or provide information on the availability of mental health services and resources in a state and/or given locality. Because the mental health delivery system is so complex, it may be more realistic for chapters to initially assess existing state and/or local efforts in this area rather than conduct an independent analysis of their own. This baseline information can help chapters know whether they need to take further steps to identify available mental health services and resources, issues regarding provider availability and shortages statewide and at the community level, implications for primary care clinicians, and related key strategies.

Finally, chapters may want to consider providing their members with guidance on how to develop a community mental health resource guide, if one does not exist in their community. (See the Community Mental Health Resource Guide Template in this section.)

Chapter Strategies for Assessing the Availability of Mental Health Services
Chapters may want to identify and consider a range of strategies for assessing and improving the availability of mental health services in their state and at the community level. Key strategies include the following:

- Collaborate with state mental health agencies and other key state agencies (eg, public health agencies) to fund and conduct statewide and community-based studies that examine the availability of mental health professionals (eg, psychiatrists, psychologists, social workers) who serve children and their families, provider shortage areas, and the implications of the findings for the primary care system. (See Additional Tools and Resources in this Chapter Action Kit for National and State Data Sources on Children’s Mental Health.)
- Recommend that state mental health agencies and other relevant state agencies (eg, public health agencies) include information about how to access community-based mental health services for children on their Web sites and in other relevant materials and dissemination mechanisms.
- Encourage the development of community-based mental health service and resource directories by working with community mental health agencies and other key mental health organizations to inform, develop, and maintain such directories, and to include information about mental health and substance abuse treatment referral sources that are relevant to primary care clinicians. (See the Tools and Resources of this section for the Community Mental Health Resource Directory Guidance and Template.)
- Partner with local United Way agencies and other groups to support advocacy and programmatic efforts to implement and maintain 2-1-1 Information and Referral Centers, and to include information about mental health and substance abuse treatment referral sources that are relevant to primary care clinicians.
- Inventory the psychiatrists, psychologists, social workers, and community-based organizations (eg, community mental health agencies, local public health
departments, school health clinics, and schools) that see children and take referrals. (See the Mental Health Professional Sample Letter and Survey, and Mental Health Professionals List in the Tools and Resources section for a sample survey instrument, cover letter, and provider listing.)

- Since many families are unsure where to turn when their child has a serious behavioral or substance abuse episode, where the child poses a serious threat to themselves or others, particularly at night, families bring their child to the emergency room for help. Emergency rooms are not always equipped to handle children in immediate need of mental health or substance abuse services. Having a community protocol for emergency situations is an important service to have available and known by primary care clinicians.

References
Community Mental Health Resource Directory Guidance and Template
This resource provides an overview of key considerations and a template for developing a community resource guide.

Mental Health Professionals Sample Letter and Survey
This tool is a sample survey and cover letter for obtaining information from mental health professionals on their practice, interest in referrals from primary care clinicians, and interest in a co-location model.

Mental Health Professionals List Sample
This tool is a sample chart for summarizing key information on mental health that accept referrals.

Considerations in Developing Community Children’s Mental Health Emergency Services Protocols
This tool outlines key issues to consider in developing children’s mental health emergency service protocols in communities. Information on a similar protocol developed by the Idaho Council on Children’s Mental Health, Task Force on Crisis Response, is included.
Information on available community mental health programs and services is important both to families seeking services and to primary care clinicians. It can provide a critical link to needed services, identify the range of community resources available for children with mental health needs, and help facilitate critical links between families and mental health professionals and primary care clinicians. Moreover, a comprehensive community mental health resource directory can provide critical information not only about mental health professionals that serve children but also about other available community mental health resources, such as local support groups, child care programs, respite care, and parenting groups.

Many community mental health agencies, local health departments, local hospitals, and other related mental health organizations may have information on available mental health professionals, programs, and other resources in a given community or region. Since the mental health delivery system is so complex, chapters may want to first determine the availability and scope of existing community mental health resource guides. Once an initial assessment of existing guides is completed, chapters may then determine whether development of a guide is needed and, if so, the focus and scope of the guide, particularly in cases where existing guides are limited to a specific geographic area or mental health specialty. Finally, chapters may wish to partner with a community mental health professional or agency in the development and maintenance of the guide.

Assess the Availability and Scope of Existing Community Mental Health Resource Guides

- Contact and consult with representatives from the community mental health agency, community hospitals, local health departments, child care programs, schools, and other child-serving entities with an interest in children’s mental health to determine the availability of a community mental health resource guide.
- Assess the comprehensiveness and scope of existing mental health resource guides, considering whether information, including, but not limited to, the following is listed:
  - Mental health professionals that serve children, their area(s) of specialty, payment type accepted (eg, Medicaid or private insurance), office hours, and location.
  - Public community mental health services (eg, community mental health agency).
  - Community mental health programs and resources (eg, support groups, respite care, parenting education).
- Determine the availability of existing guides.
  - Is the guide readily available to all families and primary care clinicians or just certain subgroups (eg, families with private insurance or clinicians that serve infants, children, and adolescents enrolled in Medicaid)?
• Determine the accessibility of existing guides.
  o Is information provided in Spanish and/or other prominent languages that are spoken by families living in a local community or region?
  o Is information written at a reasonable readable level?

• Determine the reliability of the resource guide information.
  o How often is the resource guide updated and by what means (eg, community surveys or electronic updates)?
  o What types of mental health professionals (eg, all mental health professionals or only providers that pay for a listing) are listed and how is that determined and by whom?

Community Mental Health Resource Guide Template
The following template provides an overall guide to key information for inclusion in a community resource guide:

1. Type of provider (please check one):
   - [ ] Mental health professional
     Please specify type (eg, psychiatrist, psychologist, or licensed clinical social worker):
   - [ ] Community mental health agency
   - [ ] Hospital
   - [ ] Local health department
   - [ ] Other, please specify:

2. Age groups of children served (please check all that apply):
   - [ ] Birth to 11 months
   - [ ] 1 to 4 years
   - [ ] 5 to 10 years
   - [ ] 11 to 21 years

3. Types of evidence-based child and adolescent psychosocial interventions provided to children and their families (please check all that apply):
   - [ ] Cognitive behavioral therapy
   - [ ] Behavior therapy
   - [ ] Parent training
   - [ ] Educational support
   - [ ] Interpersonal therapy
   - [ ] Family therapy
   - [ ] Applied behavioral analysis
   - [ ] Other, please specify:
4. Any programs provided to children and their families (please check all that apply):
   - Consultation to child-serving organizations and providers
     (eg, early childhood programs or primary care clinicians)
   - Home visiting
   - Parenting education
   - Respite care
   - Outpatient treatment
   - Day treatment
   - Others *

5. Payment type accepted (please check all that apply):
   - Private insurance (list all that are applicable)
   - Medicaid
   - Self-pay
   - Sliding scale
   - Other:

6. Hours of operation (please list):

7. Office location(s) (please list):

8. Any targeted services provided (eg, multilingual speaking staff, interpreters, or outreach to underserved families):

9. Other pertinent information:

References
1. Evidence-Based Services. Hawaii State Department of Health. Available at:
   Accessed March 28, 2007

* For examples of other programs to list, please visit the Web site of the Department of Pediatrics at Wake Forest University Health Sciences and the Northwest Area Health Education Center at:
   http://northwestahec.wfubmc.edu/mhi/index.cfm
Mental Health Professional
Address

Dear mental health professional:

I am writing to you at the request of our clinical staff here at __________. 
Describe the practice demographics, insurance accepted, services provided, and professionals on staff, and what other professionals/organizations your practice collaborates with outside of the office.

Our clinical staff is keenly aware of, and concerned about, the mental health needs of our patients and families, and we are very interested in collaborative and/or co-location arrangements with mental health professionals.

We would like to know more about your practice and your interest in referrals from our practice, as well as any interest you may have in a co-location model. Please complete the enclosed survey to better assist us in making appropriate referrals. I would be glad to communicate with you further if desired, and would be glad to arrange an introduction to our pediatricians and nurse practitioners.

Thank you in advance for your response.

Sincerely,
mental health professionals survey

Name of Professional ____________________________________________________

Professional Degrees  ____________________________________________________

Name of Practice  _______________________________________________________
  Address  _______________________________________________________
  _______________________________________________________

Ages Served    Birth to 5 years ______   6 to 12 years ______   13 to 19 years ______

Specialty Areas _________________________________________________________
  _______________________________________________________
  _______________________________________________________
  _______________________________________________________

Therapy Types  _________________________________________________________
  _______________________________________________________
  _______________________________________________________
  _______________________________________________________

Office Hours    _________________________________________________________
  _______________________________________________________
  _______________________________________________________

Type of Insurance _______________________________________________________

Payment Accepted ______________________________________________________

Office Contact for Referrals
  Name   _______________________________________________________
  Phone   _______________________________________________________
  Fax   _______________________________________________________

Please Fax To:  Name of practice
  Attn: Name of primary care clinician
  Fax number

3-12
<table>
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<tr>
<th>Names and Addresses</th>
<th>Ages Served</th>
<th>Specialty Areas</th>
<th>Therapy Types</th>
<th>Office Hours</th>
<th>Types of Insurance Accepted</th>
</tr>
</thead>
<tbody>
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<td>Jane Doe, LPC</td>
<td>6-12 years</td>
<td>Addictions, PTSD, Childhood abuse, ACOA, depression, anxiety</td>
<td>Individual, group, couples</td>
<td>Monday–Wednesday 8:00 am–3:00 pm Thursday–Friday 3:00 pm–8:00 pm</td>
<td>Medicaid and most other insurances</td>
</tr>
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<td></td>
<td>13-19 years</td>
<td>Adult Geriatric</td>
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<td></td>
<td>19 years</td>
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<td></td>
<td></td>
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<tr>
<td>The Center</td>
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<tr>
<td>222 W Holland St</td>
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<td>Greensboro, NC 27401</td>
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<td>336/555-1212 (Phone)</td>
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Emergency mental health services are a critical component of a comprehensive children's mental health system. These services typically are provided to children younger than 18 years whose mental or emotional state (1) poses a significant threat to self, (2) poses a significant threat to the safety of others, or (3) poses a significant risk of substantial deterioration in the child's condition. Within the public mental health system, community mental health agencies are required to establish 24-hour, 7-days-a-week, emergency/crisis care services for all children and adults, regardless of their ability to pay.¹

Protocols for the provision of children's emergency mental health services can provide important guidance to primary care clinicians and other professionals who serve children and their families. Because numerous systems serve children and their families, these protocols are best developed by and among the multiple systems that serve this population (eg, primary care clinicians, schools, mental health agencies, public health agencies, child welfare agencies, and juvenile justice systems). Chapters could provide a significant service to their members by providing information on strategies for establishing and strengthening children's mental health emergency service protocols. This template provides general guidance on key considerations in the development of these protocols.

Assess the Existing Policy Environment for Children’s Mental Health Emergency Services

- Consult with representatives in the child and adolescent services program of the state mental health agency regarding state rules, regulations, and/or requirements for provision of children’s mental health emergency services in general and in community mental health agencies.
- Consult with representatives in the state mental health agency regarding any programs, policies, and/or guidelines related to emergency mental health services (eg, pre-screening policies and services and efforts to promote access to services in the least restrictive environment and to minimize or prevent hospitalizations).
- Review state mental health code regarding regulations for development of children’s mental health emergency services.
- Contact community mental health agencies to obtain information and a copy of agency protocols for provision of emergency mental health services.
- Review state confidentiality statutes for information on state minor consent laws and their relevance for children’s mental health emergency services.

¹ The Community Mental Health Services Block Grant, administered by the Substance Abuse and Mental Health Services Administration, requires that states agree to provide a core set of community mental health services, including 24-hour emergency care.
Engage in dialogue with mental health professionals about professional and ethical standards for provision of emergency mental health services to children and adolescents.

**Identify and Develop Core Components of the Emergency Mental Health Services Protocol**

- Educate chapter members about the epidemiology of psychiatric emergencies (e.g., suicide rates, homicides involving youth as victims or perpetrators, psychiatric hospitalization rates, and emergency room utilization), clinical guidelines, and service algorithms (e.g., suicide prevention) related to the provision of emergency children's mental health services.
- Guide members in convening regional task forces of stakeholders to develop the protocol or offer a statewide conference, inviting teams of stakeholders from each region. Regions may be defined by the mental health system's state, regional and/or community administrative units, emergency room catchment areas, or a combination of the two. Stakeholders include representatives of child-serving systems and agencies, including, but not limited to, mental health (especially the medical director and those involved in screening, triage, and referral services and mobile crisis response), public health, juvenile justice, child welfare, law enforcement, education, hospitals (especially emergency room staff), mental health professional groups, child advocates, primary care physicians, and consumers. Involvement of an Area Health Education Center may facilitate meeting logistics and, ultimately, dissemination of the protocol.
- Identify a common mission and set of core values for the system.
- Establish program goals (e.g., timeliness, cost-effectiveness, provision of services in least restrictive environment, and minimize hospitalization) for development of the system.
- Identify and address ethical standards, confidentiality statutes, and other federal and state laws regarding provision of emergency mental health services.
- Specify the target population who will receive mental health emergency services.
- Identify points of access to emergency children's mental health services (e.g., where, when, and how services are accessed) and by whom (e.g., self-referral, parent referral, third-party referrals).
- Identify an emergency/crisis intervention model outlining steps to be taken in an emergency or crisis situation.
- Establish the continuum of children's mental health services (e.g., hotline, education on warning signs, mobile crisis response) and/or identify needs and a systematic plan to address them.
- Develop administrative procedures, including forms for exchange of information between primary care physicians and sources of emergency services.
- Disseminate the protocol to members and other interested groups and offer continuing medication education on its use.

**References**

1. Center for Mental Health Services. *Transforming Mental Health Care in America. Community Mental Health Services Block Grant Application Guidance and Instructions, FY 2007.* Washington, DC: US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration. Available at:

### Resources for Further Information


State Mental Health Agency Contact Information
