

# National Information Needs Sensing Survey

## OVERVIEW

In the spring and summer of 1997, the Center for Effective Collaboration and Practice (CECP) conducted a National Information Needs Sensing Survey to assess the information needs of those who live and work with children and youth with emotional and behavioral problems. The survey sought to gauge the priority of information topics and formats for six groups involved with this population: teachers, families, Head Start personnel, juvenile justice workers, mental health counselors, and child welfare workers. Demographic data were also collected for each group. This report of the CECP summarizes the process and findings of that survey.

Children and youth with emotional and behavioral problems are placed at risk of achieving dismal educational and social outcomes. The *National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbance (SED)* and *A System of Care for Children and Youth with Severe Emotional Disturbances* present blueprints for change. However, at present, there is a significant gap between what we know from research and development about how to better serve these children and the actual practice of serving them. The U.S. Department of Education's Office of Special Education Programs has funded the Center for Effective Collaboration and Practice (CECP) to work with other Federal agencies to surmount the barriers to collaboration and knowledge use in the multi-disciplinary, multi-stakeholder, multi-ethnic context in which children with emotional and behavioral problems live and are served.

The CECP seeks to facilitate and to expand effective interagency collaboration, to identify and develop useful and useable information, and to foster the exchange of such information. In order to achieve these objectives, the CECP is undertaking a series of strategic activities designed to help SED community members develop a greater capacity to produce, access, and use information, and to collaborate. These activities, in order to be focused and effective, must be consumer-driven and grounded in the needs of those they are designed to serve. The National Information Needs Sensing Survey addresses the challenge of meeting, within diverse contexts, the needs of children and youth — the object being to understand, transmit, and actively focus upon the concerns of “end users” of sought-after information. The Survey allows the CECP to identify such information for several parties; and it allows both researchers and policy makers to concentrate their efforts on identifying or developing “products” (e.g., fact sheets, videos) that meet the requirements identified by the Survey.

## INTRODUCTION

Working with the National Technical Assistance Center for Children's Mental Health at the Georgetown University Child Development Center, the CECP developed, administered, and analyzed surveys designed to discern informational priorities within six populations that work with children and youth with emotional and behavioral problems: families, teachers, Head Start staff, mental health professionals, child welfare workers, and juvenile justice personnel. For each population, the goal of the surveys was twofold: to find out what information topics would help respondents better serve children with emotional and behavioral problems (e.g., behavior management, medication, funding options); and what information formats are preferable and effective (e.g., workshops/conferences, journal articles, Internet, postal mail). This knowledge will enable the CECP, in collaboration with Federal, state, and local agencies, researchers, and professional organizations, to better target efforts to develop and disseminate truly useful and usable information products.

In this report, we review the development, administration, and analysis of the survey instruments and data, and the conclusions suggested by the results. The Methodology section details how the survey instruments were developed, how respondents were selected, how the survey was administered, and how the analysis of the data was conducted. The Summary and Discussion section provides a synopsis of survey results for each population, as well as discussion of various aspects of the data, such as write-in answers and unexpected results. The Conclusion section draws from the results of each group and outlines plans for distribution of the findings via the Internet and the CECP's toll-free number, identification of existing products, and development of new products to address the needs identified.

Generally, we found that there were no consistent patterns or trends, either within individual survey populations, or within the group as a whole, confirming our hypothesis that not only do people serving children and youth with emotional and behavioral problems need information on a wide variety of topics, but there are a variety of ways to present that information to them. The surveys also provided valuable insight into the experiences of members of each population--insights that can not only guide the CECP's efforts to develop and disseminate information, but inform policy decisions on a variety of Federal, state, and local levels.

## METHODOLOGY

Six populations were surveyed regarding their information needs in working with children and youth with emotional and behavioral problems: teachers, families, juvenile justice, mental health, child welfare, and Head Start. The Center for Effective Collaboration and Practice developed survey instruments, built and maintained databases of respondents, and analyzed data for four of the six groups: (teachers, families, juvenile justice personnel, and Head Start personnel). The National Technical Assistance and Child Development Center at Georgetown University performed similar work for the mental health and child welfare professionals. The development and design of the survey instruments, administration of the questionnaire, and analysis of the responses were performed according to the methods discussed below.

### **Instrument Development and Design**

CECP staff with experience as special educators developed a prototype survey for teachers, and tested the questions for relevance with an informal focus group of special education teachers. The prototype contained several demographic questions, followed by questions on information needs (topics such as behavior management and medication), access to information (resources such as professionals and libraries), and information formats (media such as workshops and Internet). The questionnaire concluded with opportunities to provide further insights and correspondence information.

Generally, each survey followed the design described in the preceding paragraph. Demographic questions included current position, ages, grade levels, and special characteristics of youth served, years of experience, hours per day spent in direct service, and professional affiliations. There was variation in the questions asked and the options available, with the questions tailored in language and topic to fit the survey populations. Specific variations with each section of the survey (demographics, information needs, information access, information format and correspondence information) are discussed below.

#### ***Demographics***

The family survey omitted questions regarding special characteristics and years of experience or hours per day in direct service. Respondents were asked to indicate the kinds of emotional and behavioral problems about which they would be most interested in receiving information. The juvenile justice survey divided the “current position” question into title and primary role in order to get a sense of the range of information needs across positions. The mental health survey included questions on employment, service setting, services provided, and geographic setting. The child welfare survey separated the years of experience question into experience in the child welfare field, and experience working with children who have emotional and behavioral problems and their families. Additionally, the child welfare survey asked what percent of children in the respondent’s caseload have emotional and behavioral problems. The demographic questions were mostly in checkbox or short answer form, although the mental health survey question on “services provided” included a list of services, and asked the respondent to rank them by frequency (if they provide more than one service).

### ***Information Needs***

The questions for this section listed several information topics, directing the respondent to rank them, and included “other” as an option and space to write in topics not on the list. These questions primarily focused on assessment, intervention, working with families, and special families. During the development of the juvenile justice survey, we found that some professionals do not always work with families, therefore, a “yes/no” question about working with families was included on the survey for that population. Family-specific information needs included areas such as supporting one’s child, working with schools, and working with best systems and service providers, as well as particular topics (service terminology, SSI/Medicaid benefits or advocacy). Information needs for mental health and child welfare surveys included questions on emotional and behavioral problems, components and principles of a system of care, and financing issues, as well as a final item on the major categories of information need. The child welfare survey also included sections on working with judges and courts, and maximizing community resources.

### ***Information Access***

Questions for the teacher, Head Start, and juvenile justice surveys were quite similar. The first question asked the respondent to rate the accessibility of various professionals and resources (including “other” and write-in space) for information on a scale of 1 - “very accessible, 2 - “somewhat accessible,” 3 - “not very accessible.” The respondent then ranked his/her “best sources” of information (i.e. where s/he would go first). The next questions asked whether there was someone in the school, district or facility whose job it was to provide assistance in obtaining new information, and what is that person’s title. The respondent also was asked to indicate if s/he would care to know more about other professionals’ responsibilities and how to collaborate with them. The final question in the section asked the respondent to rank a list of professionals and resources in terms of what has been most helpful.

The family survey followed a similar format, with the exception of the questions on assistance and collaboration. The mental health and child welfare surveys asked slightly different questions. The first question asked about currently utilized sources of information, ranked according to “most likely” source; the next question focused on the frequency (0- never, 1- sometimes, and 2-often) with which the respondent accessed various professionals for information; the final question mirrored the assistance question from mentioned above, but included “don’t know” in addition to “yes” and “no.”

### ***Information Format***

This section began with an open-ended question asking the respondent to recall an example of information that was helpful, and to describe what made it useful. The subsequent questions inquired about the format of that example, the respondent’s preferred way to receive

information (ranked according to “most preferred”), and whether and where the respondent had E-mail or Internet access. If a respondent wished to include an E-mail address, space was available. The mental health and child welfare surveys omitted the open-ended question and its follow-up on format. All surveys included a series of open-ended items, offering the respondent an opportunity to report what s/he saw as the major barrier to improving services for children and youth with emotional and behavioral problems, and to add anything else s/he wished regarding his/her information needs. The mental health and child welfare surveys also asked the respondent to report on strategies that have most helped him/her provide effective services. The child welfare survey included a question on what impact the new welfare laws, are having on families with whom the respondent is working.

### ***Correspondence Information***

In this section, the respondent was asked for contact information and permission to keep him/her on the mailing list. All of the surveys included space for the respondent to write his/her address and phone number, and (with the exception of mental health and child welfare) to request a CECP Information Booklet. During the first phase of administration, the surveys were numbered and keyed to a database of respondents, so the address and phone information was used for updating. However, during later administration phases, contact information was collected and added to the existing database. The surveys also included a cover letter explaining the purpose of the survey, and a sheet of completion instructions that requested the survey be returned by a specific date.

### **Administration**

***Teachers.*** The Council for Children with Behavioral Disorders assisted the CECP in contacting teachers for the survey. State chapter presidents were asked to nominate two teachers from their state who work with children who have emotional and behavioral disorders to complete the survey. In order to achieve a random sample of grade levels, the contact in the first state was prompted to nominate an elementary and a middle school teacher, the second, a middle and a secondary school teacher, and the third, an elementary and a secondary school teacher. The sequence was repeated beginning with the fourth contact. Surveys were mailed to the nominated teachers. Surveys were received from teachers in all but a few states. Follow-up calls were made to contacts in states not yet represented among respondents.

***Families.*** The Federation of Families for Children’s Mental Health (FFCMH) provided the Center with their list of 150 state contacts, consisting of statewide organizations, local chapters or parent/family advocates. Surveys were sent on FFCMH letterhead to each of these contacts, and were, in turn, received from families in all but a few states. Follow-up calls were made to contacts in states not yet represented among respondents.

***Head Start.*** The Center utilized the National Directory of Head Start Grantees and selected two facilities from each state at random. Surveys were sent to the attention of the Disabilities Coordinator in the first state, the Education Coordinator in the second, the Social Services Coordinator in the third, and the sequence was repeated beginning with the fourth. Surveys were

received from Head Start personnel in all but a few states. Follow-up calls were made or new facilities were contacted in states not represented among respondents.

**Juvenile Justice.** The Correctional Education Association provided the Center with a list of juvenile facilities in the United States that contained information for five types of juvenile facilities: detention, corrections, parole, probation, and court. Two facilities were chosen from each state, distributed among the five types. Surveys were mailed to the attention of the Director, Supervisor, or Administrator, and the cover letter asked that the survey be passed along to a staff member who works with youth with emotional and behavioral problems. Surveys were received from juvenile justice personnel in all but a few states. For the remaining states, respondents were selected at random from the juvenile section of the 1991 American Correctional Association Directory of Juvenile and Adult Correctional Departments, Institutions, Agencies, and Paroling Authorities. Facilities were contacted and staff asked to participate in the survey. The questionnaire was then faxed to the contact's attention, completed, and returned. Follow-up calls were made or new facilities were contacted in states not represented among respondents.

**Mental Health.** Intended respondents for the survey were: (1) professionals in the mental health field who worked *directly* with children experiencing emotional and behavioral disorders and their families; and (2) professionals who supervised persons who worked directly with children experiencing EBD and their families. The Georgetown Technical Assistance and Child Development Center contacted the State Mental Health Representative for Children and Youth (SMHRCY), for each state and the District of Columbia. The SMHRCY was asked to nominate two direct mental health providers who work with children with EBD and two supervisors of direct mental health providers in their state to receive the needs sensing survey. Surveys were mailed to the contacts provided. In instances where the SMHRCY did not provide contacts, the participant lists of several conferences on mental health service delivery for children and families were used to obtain names of providers in the states for which data was incomplete.

**Child Welfare.** Intended respondents for the survey were: (1) professionals in the child welfare field who worked *directly* with children experiencing emotional and behavioral disorders and their families; and (2) professionals who supervised child welfare workers who worked directly with children experiencing EBD and their families. The Georgetown Technical Assistance and Child Development Center contacted the representative of the National Association of Public Child Welfare Administrators (NAPCWA) for each state and the District of Columbia, requesting the nomination of two direct child welfare providers who work with children with EBD and two supervisors of direct child welfare providers in their state. Surveys were mailed to the contacts provided. For states in which the NAPCWA representative did not nominate potential respondents, a national directory of child welfare offices was used to obtain names of providers. A sample of three to five child welfare offices were selected from each state, with attempts to vary the sample by geographic setting (i.e., rural, suburban, urban). For each child welfare office, an administrator was contacted and asked to distribute the surveys to three child welfare professionals who either work directly with or supervise persons who work directly with children with emotional and behavioral problems and their families.

A total of 497 surveys were received. All 50 states and the District of Columbia were represented within each of the 6 survey populations, with the exception of the family survey, which does not have data from any contacts in Alaska. Returned surveys were read by CECP and Georgetown staff, and responses were recorded in databases for analysis.

<u>Target Group</u>	<u># of States Represented</u>	<u># of Responses</u>
Teachers	50	85
Families	49	81
Head Start Personnel	50	51
Juvenile Justice Personnel	50	64
Mental Health Personnel	50	109
Child Welfare Personnel	50	107

## Analysis

The surveys were developed with the intent that the needs identified would guide the course of the CECP’s work. The data were entered into a database as they were collected. Once the majority of states were represented within each population, we performed brief summaries of questions common to all six surveys: information needs, access and format items, Internet and E-mail access, and barriers. These summaries were distributed, along with raw data on teachers, families, Head Start personnel and juvenile justice personnel, to a team of professionals in education, family advocacy, and human services. The team discussed with CECP staff whether the data reflected a reality these professionals experienced in their daily work. With the ideas raised by these discussions in mind, CECP staff concluded the data collection and analyzed the results for all questions according to the process outlined below. [Note: this section details the analysis of only the surveys under the jurisdiction of the CECP: teachers, families, Head Start and juvenile justice.]

Microsoft Access 7.0 was used to store and analyze data. For numerical questions, such as age and grade range, data were entered, and averages calculated for upper and lower reaches of the range. For questions that asked respondents to rank options, we counted the number of times each option was selected as 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>, so the top choice was the one chosen as first priority the most number of times. For yes/no questions, such as “do you have access,” “yes” answers were counted as marked, while the total for “no” answers included checked “no” answers, and questions left blank (de facto “no”).

Responses to open-ended questions were entered into the database verbatim in the case of shorter answers, and paraphrased, in the case of answers longer than 255 characters. Responses were then examined to determine whether the answers could be described by a series of three to eight categories. As these questions were often skipped, at times as few as two similar answers constituted a category. As it was impossible to come up with categories to describe all of the answers, items that did not fit into the category framework were grouped under “other.” The data were then classified according to these categories and counted. The following section summarizes and discusses the results.

## SUMMARY AND DISCUSSION

The summary of the results follows each discussion section. As a rule, if the respondent failed to rank the choices in accordance with the directions, the first option chosen from the list counted as their first choice, and so on. Additionally, if they failed to respond to a yes/no question, it was counted as a “no.”

### Teachers

Eighty-five special education teachers were surveyed. Most commonly, respondents taught special education at a “regular” (general education) school, but many also taught special education classes in “special” (not general education) schools, or taught in a resource room. Only one answer was scored for this question, so if a respondent chose more than one, the first marked option on the list was recorded. The average ages of students ranged between 10 and 16 years old. The database measured values between 6 and 21, so ages falling outside that range were entered as those endpoints. The average grade levels ranged from 4<sup>th</sup> grade to 9<sup>th</sup> grade. Kindergarten was entered as a “0,” and there were no responses beyond 12<sup>th</sup> grade.

The majority of teachers surveyed taught in classrooms that served students with emotional and behavioral problems. Most classrooms contained students with EBD and LD, but a number of respondents reported students with both emotional and behavioral problems and other disabilities. Almost as many respondents served students with only emotional and behavioral disabilities as served students with a variety of disabilities. Some respondents did not identify their classes or students as having emotional or behavioral problems.

The teachers had been teaching an average of 10 ½ years, 5 ½ hours per day. The database measured to 20 years, but some respondents reported teaching longer than that, so the measured average of years experience is somewhat lower. Most of the respondents for this survey were identified through the Council for Children for Behavioral Disorders, a division of the Council for Exceptional Children, so it comes as no surprise that most respondents reported membership in one of the two organizations. A number of teachers mentioned the National Education Association. Other organizations included Phi Delta Kappa and the American Federation of Teachers.

In the area of assessment, teachers most frequently indicated the need for information regarding curriculum relevant assessment. Ongoing assessment was the second most common first choice, and assessment for identification, third. In terms of interventions, teachers most frequently chose strategies to prevent emotional and behavioral problems, with teaching social skills and problem solving a close second. However, curricula to meet the academic needs of students with behavior problems was the top-ranked second choice, selected by almost as many respondents as the second-ranked first choice. Indeed, for most of these questions, not only is there no clear majority, but most of the choices were the top priority of at least one respondent. Additionally, there were a few respondents who failed to rank the choices. In those cases, the first choice marked counted as top priority. In terms of working with families, teachers were most interested in coordinating school and home efforts, but connecting families to service

providers and establishing effective communication also were highly ranked first choice answers. The majority of teachers were interested in strategies for working with hard to reach families.

Teachers rated other special educators, school administrators, and general education teachers as the most accessible resources for information. School counselors, school psychologists, and behavioral consultants/analysts/specialists also were considered accessible resources. There were a few “others” written in as accessible, such as curriculum team leaders, specialists and psychiatrists. On the other hand, teachers generally found probation officers/juvenile justice workers, mental health counselors, social workers, and resource centers to be less accessible.

Teachers most commonly chose school psychologists as their first choice for new information, but professional workshops/conferences were also popular. “Other” was quite high here – some of the written-in answers included university professors and personal research. Other special education teachers were a top ranked second choice answer. More than half of the teachers said there was someone in their school or district whose job it was to provide them with new information in their fields. Among those who answered “yes,” the special education supervisor was most commonly identified as the person with that job. However, if the respondent left the question blank, it counted as a “no” answer.

Teachers were most interested in receiving information on collaborating with mental health counselors, probation officers, and social workers. They most commonly identified special education teachers as the most helpful professional, but school psychologists and administrators also ranked high. There were a number of write-in answers, which included workshops/conferences, professional organizations, publications, university professors, and special education supervisors.

When asked to describe an example of helpful information, teachers most frequently identified it as coming from workshops/conferences, or from other professionals, and found it helpful most often because it was relevant, specific, immediately useable and practical. The most popular formats included workshop/conference materials and written materials. Teachers identified both workshops/conferences and the Internet (accessed from both home and work) as their most preferred ways of receiving information. Postal service and peer also ranked highly among the top choices.

More than two-thirds of teachers indicated they had access to the Internet, and slightly more than half had an E-mail address. Some examples of additional comments included “I’ve learned a lot through workshops and “networking”/collaborating with other teachers - but generally the info I need is student specific. Sometimes contacting the appropriate people to get info is difficult,” “I feel that I am not connecting to any organizations, publications and few peers in my specialty area. The information I receive does not usually apply to my target population (workshops, current research, etc.),” and “No one really uses audio much. I commute daily, audio cassettes in the car would be a big time saver.” Teachers identified lack of money, time and family support as the major barriers to improving services.

## *Summary of Teacher Data*

The sample includes 85 teachers, with at least one respondent representing each state and the District of Columbia. Items receiving the most first choices are listed for each question.

**Average Number of Years Teaching Students with EBD:** 10.55 years

**Average Number of Hours Per Day Spent with Students with EBD:** 5.55 hours/day

<b>Current Teaching Situation</b>	<b># of Respondents</b>	<b>Percent</b>
Special class in regular school	32	38%
Special class in special school	16	19%
Resource Room	16	19%

<b>Student Grade Level</b>	<b>Average of Range</b>
Low Grade (avg)	4.89
High Grade (avg)	8.45

<b>Age of Students</b>	<b>Average of Range</b>
Low Age (avg)	10.28
High Age (avg)	15.26

<b>Special Characteristics of Students</b>	<b># of Respondents</b>	<b>Percent</b>
EBD and LD	25	29%
Mainly EBD and others	18	21%
Variety (none specified)	17	20%
All EBD	16	19%

<b>Professional Affiliations</b>	<b># of Respondents</b>	<b>Percent</b>
Council for Exceptional Children	39	46%
Council for Children with Behavior Disorders	29	34%
National Education Association	28	33%

<b>Assessment</b>	<b># of Respondents</b>	<b>Percent</b>
Curriculum relevant assessment	36	42%
Ongoing assessment	14	17%
Assessment for identification	13	15%

<b>Interventions</b>	<b># of Respondents</b>	<b>Percent</b>
Strategies to prevent ebp	25	29%
Teaching social skills/problem solving	21	25%
Instructional methods	14	16%
* Curricula	12	14%

<b>Working with Families</b>	<b># of Respondents</b>	<b>Percent</b>
Coordinating school and home efforts	32	38%
Connecting families to service providers	27	32%
Establishing effective communication	20	24%

<b>Working with Special Families</b>	<b># of Respondents</b>	<b>Percent</b>
Hard to reach families	70	82%
Culturally/linguistically diverse families	6	7%

<b>Information Resources “Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
Special Education Teacher	64	75%
School Administrator	57	67%
General Education Teacher	54	64%
School Counselor	52	61%
School Psychologist	30	35%
Behavior Consultant/Analyst/Specialist	25	29%
Social Worker	24	28%
Professional workshops/conferences	22	26%
Professional Libraries	13	15%
Mental Health Counselor	11	13%
Resource Centers	9	11%
Probation Officer/Juvenile Justice	4	5%

<b>Information Resources “Not Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
Probation Officer/Juvenile Justice	42	49%
Mental Health Counselor	36	42%
Social Worker	36	42%
Resource Centers	29	34%
Professional Libraries	24	28%
Behavioral Consultant/Analyst/Specialist	23	27%
Professional workshops/conferences	12	14%
School Psychologist	12	14%
School Counselor	10	12%
General Education Teacher	7	8%
School Administrator	4	5%
Special Education Teacher	3	4%

<b>To Whom Do You Go For Information?</b>	<b># of Respondents</b>	<b>Percent</b>
School Psychologist	18	21%
Professional workshops/conferences	14	16%
Other	11	13%
* Special Education Teacher	6	7%
* Professional workshops/conferences	6	7%

<b>Is There Someone To Give This Assistance?</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	53	62%
No	32	38%

<b>Title of the Above Person</b>	<b># of Respondents</b>	<b>Percent</b>
Special Education Supervisor	18	21%
Behavioral Specialist/Consultant	15	18%
School Administrator/Personnel	11	13%

<b>Collaborating with Other Professionals</b>	<b># of Respondents</b>	<b>Percent</b>
Mental Health Counselors	59	69%
Probation Officers	58	68%
Social Workers	35	41%
School Psychologists	27	32%
School Counselors	20	24%
General Education Teachers	16	19%
Special Education Teachers	16	19%
Administrators	15	18%

<b>Most Helpful Professional</b>	<b># of Respondents</b>	<b>Percent</b>
Special education teachers	24	28%
Other	24	28%
School psychologists	12	14%
* Administrators	7	8%

<b>Helpful Information (Type)</b>	<b># of Respondents</b>	<b>Percent</b>
Workshops/conferences	19	22%
Other professionals	13	15%
Internet/E-mail	12	14%

<b>Helpful Information (Reason)</b>	<b># of Respondents</b>	<b>Percent</b>
Relevant/specific	15	18%
Immediately usable	13	15%
Other	9	10%

<b>Helpful Information (Format)</b>	<b># of Respondents</b>	<b>Percent</b>
Workshops/conferences	53	62%
Written materials	43	51%
Other teacher	17	20%
Internet	16	19%

<b>Preferred Way(s) To Receive Information</b>	<b># of Respondents</b>	<b>Percent</b>
Workshops/conferences	17	20%
Internet, accessed at home	11	13%
Internet, accessed at school	11	13%
Postal service	10	12%
Peer	10	12%

  

<b>Access to the Internet</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	59	69%
No	26	31%

  

<b>E-mail address</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	45	53%
No	40	47%

  

<b>Barriers</b>	<b># of Respondents</b>	<b>Percent</b>
Lack of money	18	21%
Lack of time	17	20%
Lack of family support	16	19%
Lack of support from school	14	16%

**N.B.** \* = Most popular choice from second choice list.

## Families

Eighty-one families were surveyed. The children of the respondents averaged 13 ½ years of age, but some of the respondents had grown children, and answered the questions in retrospect. The database measured values between 4 and 18, so ages falling outside that range were entered as those endpoints. The children were most commonly served in a resource room or a regular classroom, but many respondents wrote in a new option under “other,” such as college or university, department of rehabilitation, or withdrawn/dropped out/suspended. One respondent wrote in “Nothing -- suspended from regular school, cannot pay for day treatment.” If a respondent chose more than one option, the first one marked was counted as top priority.

Families were interested in receiving information regarding a wide variety of emotional conditions and behavioral problems – the answers given were grouped into categories. Most commonly, families were interested in information on disruptive behavior disorders (such as conduct disorders, ADD/ADHD, oppositional defiant disorders), mood/affect disorders (such as bipolar disorder and depression), or a broad overview of disorders. Many of the respondents identified themselves as parent advocates, and therefore wanted as much information as possible for their clients.

As respondents were contacted via the Federation of Families for Children’s Mental Health (FFCMH), it followed that many of them identified themselves as members of either FFCMH or of a state or local chapter of the Federation. As the chapters’ names did not reflect their affiliation with FFCMH, it was difficult to discern whether or not a particular organization had ties to the Federation. When a respondent specifically identified an organization as an affiliate of the Federation, it was counted as such. However, when this affiliation was not clear, the organization was counted as “state/regional” if a region was indicated, or as “other” if no region was indicated. Hence, the number of respondents in those two categories are quite large.

The most common information need under the subject of helping one’s child was techniques to manage behavior in various settings. Families also tended to be interested in obtaining knowledge on respite care and getting along with brothers and sisters. Behavior management plans were the most frequent top priority in the area of working with schools, followed by legal rights and responsibilities and collaboration with the school. In regards to working with systems and service providers, families were interested in information on what to expect from providers, as well as how to identify and connect with parent support groups and become a more assertive and effective advocate. Families identified understanding special education, mental health, and other systems and terminology as a top priority, as well as affecting policy decisions and improving advocacy.

Respondents to the family survey identified support and advocacy organizations, as well as other families and libraries, as the most accessible resources of information, while finding school psychologists and probation officers to be more difficult to access. Not surprisingly, families tended to identify support and advocacy organizations and other families as “best sources” for information. The number of respondents attending workshops/conferences were equal to the

number who received information via a mental health counselor. These same choices (support and advocacy organizations, other families, and workshops/conferences) were identified as “most helpful” sources of information.

When asked to describe an example of helpful information, respondents often mentioned paper based media that was clear and concise, interactive and easily distributed. Written materials were the most popular format for information, along with workshops/conferences, and informal discussions with other families. Examples of comments included “I could ask as many questions as I needed,” “Family support group: opportunity to ask questions and receive instant answers,” and “timely, written in family friendly language, interesting, useful.” Workshops/ conferences were the top ranked first choice for preferred way(s) to receive information, with postal service and Internet as second and third most preferred ways. Toll-free phone numbers were also a popular choice.

Of the 81 respondents, more than half said they had access to the Internet, and almost half had an E-mail address. These numbers are quite high, and can be explained through the choice of respondents. The FFCMH contacts tend to be much more connected to technology and information than the majority of families. But information from the Internet can be easily distributed, which were criteria identified by respondents as characteristics of helpful information. So, although the rate of access to computer technology seems inflated, a family advocate could find a website with useful information, which could then be printed and copied for distribution. Additional comments were grouped into five categories, the most common of which were “I need information on available services” and “Information needs to be easy to access and use.” Families identified lack of cooperation and/or understanding on the part of professionals as one of the major barriers to improving services.

### ***Summary of Families Data***

The sample includes 81 families, with at least one respondent representing each state and the District of Columbia, with the exception of Alaska. Items receiving the most first choices are listed for each question.

**Average age of child:** 13.53 years

<b>Type of Classroom Where Child is Served</b>	<b># of Respondents</b>	<b>Percent</b>
Resource room	23	28%
Regular classroom	17	21%
Special classroom at a special school	9	11%

<b>Emotional/Behavioral Problems</b>	<b># of Respondents</b>	<b>Percent</b>
Disruptive behavior disorders	27	33%
Mood/affect disorders	23	28%
Overview of disorders	14	17%
Anxiety disorders	12	15%

<b>Parent Organizations</b>	<b># of Respondents</b>	<b>Percent</b>
State/regional organizations	21	26%
National FFCMH	19	23%
State chapters of FFCMH	12	15%
<b>Helping My Child</b>	<b># of Respondents</b>	<b>Percent</b>
Behavior management in other settings	34	42%
Respite care	13	16%
Getting along with brothers and sisters	10	12%
<b>Working With Schools</b>	<b># of Respondents</b>	<b>Percent</b>
Behavior management plan development	19	23%
Legal rights and responsibilities	10	13%
Collaborating with the school	8	10%
<b>Working with Systems &amp; Service Providers</b>	<b># of Respondents</b>	<b>Percent</b>
Expectations of providers	17	21%
Parent support and advocacy groups	13	16%
Assertive and effective advocacy	13	16%
<b>Other Information Needs</b>	<b># of Respondents</b>	<b>Percent</b>
Understanding terminology	15	18%
How to affect policy decisions	14	17%
How to become a better advocate	11	14%
<b>Information Resources “Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
Family Support and Advocacy Organization	61	72%
Libraries	52	64%
Another Family	52	64%
Mental Health Counselor	36	44%
Social Worker	31	38%
Professional workshops/conferences	30	37%
Special Education Teacher	26	32%
General Education Teacher	22	27%
School Administrator	22	27%
Behavioral Consultant/Analyst/Specialist	21	26%
School Counselor	18	22%
School Psychologist	14	17%
Probation Officer/Juvenile Justice	8	10%

<b>Information Resources “Not Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
School Psychologist	33	41%
Probation Officer/Juvenile Justice	27	33%
General Education Teacher	25	31%
Behavioral Consultant/Analyst/Specialist	21	26%
School Counselor	21	26%
Social Worker	20	25%
School Administrator	19	23%
Special Education Teacher	19	23%
Mental Health Counselor	14	17%
Professional workshops/conferences	14	17%
Another Family	10	12%
Family Support and Advocacy Organization	6	7%
Libraries	5	6%

<b>Source of Information</b>	<b># of Respondents</b>	<b>Percent</b>
Family support and advocacy organizations	55	68%
Another family	18	22%
Workshops/conferences	9	11%
Mental health counselor	9	11%

<b>Most Helpful Source of Information</b>	<b># of Respondents</b>	<b>Percent</b>
Family support and advocacy organizations	47	58%
Another family	10	12%
Workshops/conferences	5	6%

<b>Helpful Information (Type)</b>	<b># of Respondents</b>	<b>Percent</b>
Paper based media	16	20%
A professional or an organization	14	17%
Workshop/Conference/Seminar	6	7%

<b>Helpful Information (Reason)</b>	<b># of Respondents</b>	<b>Percent</b>
Clear and concise	11	14%
Interactive	7	9%
Easily distributed	7	9%
Relevant	3	4%

<b>Helpful Information (Format)</b>	<b># of Respondents</b>	<b>Percent</b>
Written materials	39	48%
Workshops/conferences	29	36%
Information discussions - families	27	33%

<b>Preferred way(s) to Receive Information</b>	<b># of Respondents</b>	<b>Percent</b>
Workshops/conferences	22	27%
Postal service	14	17%
Internet, accessed at home	13	16%

  

<b>Access to the Internet</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	42	52%
No	39	48%

  

<b>E-mail address</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	34	42%
No	47	58%

  

<b>Barriers</b>	<b># of Respondents</b>	<b>Percent</b>
Lack of cooperation/understanding	21	26%
Money	14	18%
Stigma of mental and emotional problems	8	10%

## Head Start

Fifty-one surveys were returned by Head Start personnel, most commonly by the Disabilities Coordinator. A few respondents failed to answer the first question which identified their position. The average age of children within the Head Start programs ranged from almost 3 to almost 5. The staff tended to be experienced, with degrees, although some facilities reported non-degreed, experienced parents on staff. Respondents identified the children most commonly as “at risk/special needs.” Respondents had been in their current position for 7 years, on average. They spent an average of 2 ½ hours per day working with the children, and almost 5 hours per day working with staff. The National Association for the Education of Young Children and the National Head Start Association were among the most popular professional affiliations, which included a wide variety of organizations.

In the area of assessment, respondents were most commonly interested in screening for potential emotional and behavioral problems, and measuring the home environment. Curriculum relevant assessment was also a popular priority. In terms of interventions, strategies to prevent emotional and behavioral problems was the most popular first choice, followed by techniques for managing behavior in the classroom. Respondents were quite interested in coordinating Head Start and home efforts, and in establishing effective communication channels. The majority placed top priority on strategies for contacting hard-to-reach families.

Respondents found Head Start personnel, professional workshops/conferences, and technical assistance providers to be the most accessible resources of information. Other accessible professionals who were written in included university counselors and child development services. Behavioral consultants/analysts/specialists, professional libraries, and psychologists were identified as less accessible. Interestingly, mental health counselors were identified among both the top most accessible and least accessible professionals. However, when asked to indicate a “best source” of information, almost half chose mental health counselors as their top first choice, followed by psychologists, and behavioral consultants/analysts/specialists.

More than three-quarters of the respondents said there was someone in their Head Start program whose job it was to assist them with acquiring new information, most frequently identified as a Special Service or Mental Health Coordinator. Head Start personnel were most interested in information about collaborating with mental health counselors, technical assistance providers, social workers and psychologists. They identified special education teachers and mental health counselors as most helpful in obtaining new information about working with children who have emotional and behavioral problems.

Respondents often described an example of helpful information as a person-to-person communication or a publication. Workshops/conferences and written material were the most popular information formats. Head Start respondents included workshops/conferences and videotapes among their most preferred information formats. Slightly less than half had Internet access or an E-mail address. When asked for additional information, some respondents mentioned the importance of the Internet and teleconferencing. Head Start personnel identified

access to services and resources as the major barrier to improving services to children in the program, as well as difficulties in coordinating and collaborating with families.

### ***Summary of Head Start Data***

The sample includes 51 Head Start staff, with at least one respondent representing each state and the District of Columbia. Items receiving the most first choices are listed for each question.

<b>Current Position</b>	<b># of Respondents</b>	<b>Percent</b>
Disabilities Coordinator	23	45%
Education Coordinator	13	25%
Social Services Coordinator	12	24%

<b>Age of Students</b>	<b>Average of Range</b>
Low Age (avg)	2.88 years
High Age (avg)	4.88 years

<b>Characteristics of Head Start Personnel</b>	<b># of Respondents</b>	<b>Percent</b>
Mostly degreed - CDA/BA/MA	16	31%
mix of degreed and non-degreed	6	12%
non-degreed experienced parents	5	10%

<b>Characteristics of Head Start Students</b>	<b># of Respondents</b>	<b>Percent</b>
At risk/special needs	5	10%
Diverse	3	6%
Inner city/urban/rural	3	6%
Low income	3	6%

<b>Average Number of Years at Current Position</b>	<b># of Years</b>
Disabilities Coordinators	5.70
Education Coordinators	8.15
Social Services Coordinators	8.25

<b>Average Hours/Day Working with Children Enrolled in Head Start or Their Families</b>	<b># of Hours/Day</b>
Disabilities Coordinators	2.56
Education Coordinators	2.38
Social Services Coordinators	2.92

<b>Average Hours/Day Working With Head Start Personnel</b>	<b># of Hours/Day</b>
Disabilities Coordinators	4.96
Education Coordinators	5.31
Social Services Coordinators	4.25

<b>Professional Affiliations</b>	<b># of Respondents</b>	<b>Percent</b>
NAEYC	13	25%
NHSA	13	25%
CEC/DEC	6	12%
NASW	4	8%

  

<b>Assessment</b>	<b># of Respondents</b>	<b>Percent</b>
Screening for potential e/b problems	18	35%
Measures of home environment	10	20%
Curriculum relevant assessment	8	16%

  

<b>Interventions</b>	<b># of Respondents</b>	<b>Percent</b>
Strategies to prevent e/b problems	17	33%
Classroom behavior management techniques	13	25%

  

<b>Working with Families</b>	<b># of Respondents</b>	<b>Percent</b>
Coordinating Head Start and home efforts	25	49%
Effective communication channels	14	27%
Connecting families to other service providers	10	20%

  

<b>Working with Special Families</b>	<b># of Respondents</b>	<b>Percent</b>
Contacting hard-to-reach families	31	61%
Working with culturally diverse families	18	35%

  

<b>Information Resources “Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
Head Start Administrator	42	82%
Mental Health Counselor	30	59%
Professional workshops/conferences	30	59%
Technical Assistance Provider	30	59%
Psychologist	21	41%
Resource Centers	20	39%
Professional Libraries	17	33%
Behavioral Consultant/Analyst/Specialist	15	29%

  

<b>Information Resources “Not Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
Behavioral Consultant/Analyst/Specialist	16	31%
Professional Libraries	11	22%
Mental Health Counselor	9	18%
Psychologist	9	18%
Resource Centers	7	14%
Professional workshops/conferences	4	8%
Technical Assistance Provider	3	6%
Head Start Administrator	0	0%

<b>To Whom Do You Go For Information?</b>	<b># of Respondents</b>	<b>Percent</b>
Mental Health Counselor	20	40%
Psychologist	15	29%
Behavior Consultant/Specialist/Analyst	10	20%
Head Start Administrators	10	20%
Technical Assistance Provider	10	20%

<b>Is There Someone to Give This Assistance?</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	45	88%
No	6	12%

<b>Title of Person Above</b>	<b># of Respondents</b>	<b>Percent</b>
Special Service/Mental Health Counselor	15	29%
Support Center/RAP	14	27%
Specialist or Consultant	10	20%

<b>Collaborating with Other Professionals</b>	<b># of Respondents</b>	<b>Percent</b>
Mental Health Counselor	32	63%
Technical Assistance Provider	31	61%
Social Workers	28	55%
Psychologists	27	53%
Teachers	22	43%
Other Head Start Personnel	21	41%
Administrators	15	29%

<b>Most Helpful Professional</b>	<b># of Respondents</b>	<b>Percent</b>
Special Education Teacher	19	37%
Mental Health Counselor	12	22%
Social Worker	8	16%
Psychologists	8	16%

<b>Helpful Information (Type)</b>	<b># of Respondents</b>	<b>Percent</b>
Information given in-person (workshop, etc.)	15	29%
Publications (bulletin, pamphlet, flyer)	10	20%
Specific information/practical examples	9	18%
Easy to read or use/concise/understandable	9	18%

<b>Helpful Information (Format)</b>	<b># of Respondents</b>	<b>Percent</b>
Workshops/conferences	30	59%
Written material	22	43%
Audio or video tapes	8	16%

<b>Preferred Way(s) to Receive Information</b>	<b># of Respondents</b>	<b>Percent</b>
Workshop	18	35%
Workshops/conferences	15	29%
Videotapes	10	20%

  

<b>Access to the Internet</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	24	47%
No	27	55%

  

<b>E-mail Address</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	21	41%
No	30	59%

  

<b>Barriers</b>	<b># of Respondents</b>	<b>Percent</b>
Access to services and resources	12	24%
Coordinating/collaborating with families	9	18%
Stigma of mental health issues	5	10%
Lack of adequate training	5	10%

## Juvenile Justice

Sixty-four juvenile justice personnel were surveyed, most of whom identified themselves as an administrator of the unit or facility. The majority said their primary role was administrative, but some had teaching or treatment roles. Youth in the facilities averaged between 10 and 18 years of age and between 4<sup>th</sup> and 12<sup>th</sup> grade. Respondents described the youth in their facilities by type of offense and type of disability – most said the youth were there for a variety of offenses, including drug and alcohol possession, property crimes, assault, rape, and murder. They also identified the youth as having a variety of disabilities, naming emotional and behavioral disorders most frequently, along with learning problems.

Respondents had been working in the juvenile justice system for an average of 15-16 years. Over half of the respondents said they worked directly with youth who have emotional and behavioral problems, on an average of 15 hours per week. The major professional organizations identified by respondents included the American Correctional Association, the National Association of Social Workers, the National Juvenile Detention Association, the Correctional Education Association, and the National Association of Juvenile Corrections Agencies.

In the area of assessment, juvenile justice personnel chose assessment for identification as their top priority, but the prereferral process and ongoing assessment also ranked highly. In terms of interventions and accommodations, they identified preventing emotional and behavioral problems as a high priority, along with teaching social skills, managing behavior problems in settings other than the classroom, and meeting the academic needs of youth with behavior problems. More than three-quarters of the respondents reported that they work with the families of the youth in their facilities, and indicated that information on establishing effective communication channels would help them be more effective in that work. They also identified working with and connecting families to other service providers in the community as a priority. The majority were interested in information on strategies for contacting “hard-to-reach” families.

When asked about the accessibility of various professionals for information, juvenile justice personnel reported special education teachers, unit directors, facility counselors, general education teachers, and school administrators as most accessible. However, they reported professional libraries, resource centers, and professional workshops/conferences as not very accessible. Respondents most often said they went to professional workshops/conferences for new information in their field, but unit directors and probation officers were also popular sources.

Almost two-thirds of the respondents said there is not someone in their facility whose job it is to provide them assistance in acquiring new information. However, if respondents left this question blank, it counted as a “no” answer. Of those who did have someone, it tended to be a staff development professional, or the responsibility was shared among various personnel. The majority of juvenile justice workers were interested in learning about and collaborating with mental health counselors and probation officers. In terms of most helpful information resource, probation officers received top rank, followed by mental health counselors and facility psychologists.

Juvenile justice personnel described an example of helpful information as generally coming from a publication or workshop/conference/seminar. The most helpful information was relevant to their needs, well organized, and interactive. Generally, it came in the form of written materials or presentations at workshops/conferences. Respondents chose the postal service most frequently as their preferred way to receive information. About half the respondents reported having access to the Internet, and slightly less than half have an E-mail address.

The majority of respondents did not have any further comments, but of those who did, most frequently they wanted to know how to find and use various tools to access information, such as the Internet. Examples of comments included: “A website dedicated to residential treatment issues (specifically juvenile corrections-focused) would be helpful,” “If you focus on high tech methods of distribution, you will not be available to those of us in rural areas or small agencies without the capital to access those services,” and “Any information concerning juvenile law (changes) as they occur.” Funding and resources were the most common barriers identified by juvenile justice personnel.

### ***Summary of Juvenile Justice Data***

The sample includes 64 professionals in the juvenile justice system, with at least one respondent representing each state and the District of Columbia. Items receiving the most first choices are listed for each question.

**Average number of years working in the juvenile justice system:** 15.25 years

**Working directly with youth with emotional/behavioral problems:** 35 respondents (55%)

**Average hours per week working with youth:** 14.83 hours/week

<b>Current Position</b>	<b># of Respondents</b>	<b>Percent</b>
Administrator of unit	25	39%
Administrator of facility	20	31%
Other	6	9%
Mental health specialist	4	6%
Assistant administrator	4	6%
Teacher	2	3%
Staff development professional	2	3%

<b>Primary Role</b>	<b># of Respondents</b>	<b>Percent</b>
Administrative	51	80%
Treatment	24	38%
Teaching	16	25%

<b>Student Grade Level</b>	<b>Average of Range</b>
Low Grade (avg)	4.45
High Grade (avg)	11.11

<b>Age of Students</b>	<b>Average of Range</b>
Low Age(avg)	10.88
High Age (avg)	17.98

<b>Special Characteristics of Youth</b>	<b># of Respondents</b>	<b>Percent</b>
Various offenses	46	72%
Various disabilities	21	33%
E/BD	14	22%

<b>Professional Affiliations</b>	<b># of Respondents</b>	<b>Percent</b>
ACA	21	33%
State	16	25%
NASW	8	13%
NJDA	7	11%
CEA	6	9%
NAJCA	3	5%

<b>Assessment</b>	<b># of Respondents</b>	<b>Percent</b>
Assessment for identification	17	27%
Ongoing assessment	13	20%
Prereferral process	13	20%
Assessment related to curriculum	11	17%

<b>Interventions/Accommodations</b>	<b># of Respondents</b>	<b>Percent</b>
Preventing emotional/behavioral problems	18	28%
Teaching social skills	14	22%
Managing behavior problems in other settings	11	17%
Meeting the academic needs of students	10	16%

<b>Do You Work with Families?</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	52	81%
No	12	19%

<b>Working with Families</b>	<b># of Respondents</b>	<b>Percent</b>
Effective communication channels	30	47%
Working with and connecting families	12	19%

<b>Special Families</b>	<b># of Respondents</b>	<b>Percent</b>
Contacting hard to reach families	36	56%
Culturally/linguistically diverse families	10	16%

<b>Information Resources - “Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
Unit Director	44	69%
Special Education Teacher	42	66%
Facility Counselor	39	61%
General Education Teacher	36	56%
School Administrator	33	52%
Facility Psychologist	27	42%
Mental Health Counselor	27	42%
Social Worker	27	42%
Probation Officer	24	38%
Professional workshops/conferences	22	34%
Professional Libraries	14	22%
Behavior Consultant	13	20%
Community-based Centers	13	20%
Advocacy Groups	13	20%
Resource Centers	6	9%

<b>Information Resources - “Not Very Accessible”</b>	<b># of Respondents</b>	<b>Percent</b>
Professional Libraries	19	30%
Resource Centers	14	22%
Professional workshops/conferences	10	16%
Facility Psychologist	9	14%
Mental Health Counselor	8	13%
Behavior Consultant	8	13%
Community-based Centers	8	13%
Advocacy Groups	7	11%
School Administrator	6	9%
Social Worker	5	8%
Facility Counselor	4	6%
Probation Officer	4	6%
General Education Teacher	2	3%
Unit Director	1	2%
Special Education Teacher	1	2%

<b>To Whom Do You Go For Information?</b>	<b># of Respondents</b>	<b>Percent</b>
Professional workshops/conferences	26	41%
Unit Director	21	33%
Probation Officer	18	28%
Special Education Teacher	16	25%

<b>Is There Someone to Give This Assistance?</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	23	36%
No	41	64%

<b>Title of Above Person</b>	<b># of Respondents</b>	<b>Percent</b>
Staff Development Professional	5	8%
People share the responsibility	5	8%
Administrator of Facility	4	6%
Administrator of Unit	3	4%
Social Worker	2	3%
Administrative Assistant	2	3%

<b>Collaborating with Other Professionals</b>	<b># of Respondents</b>	<b>Percent</b>
Mental Health Counselor	41	64%
Probation Officer	33	52%
Social Workers	26	41%
Facility Psychologists	23	36%
Administrators	23	36%
Special Education Teachers	20	31%
Advocacy Groups	19	30%
Community-based Centers	17	27%
General Education Teachers	13	20%

<b>Most Helpful Professional</b>	<b># of Respondents</b>	<b>Percent</b>
Probation Officers	13	20%
Mental Health Counselor	11	17%
Facility Psychologists	9	14%

<b>Helpful Information (Type)</b>	<b># of Respondents</b>	<b>Percent</b>
Publications	16	25%
Workshops/conferences/seminars	9	14%
Colleagues	5	8%

<b>Helpful Information (Reason)</b>	<b># of Respondents</b>	<b>Percent</b>
Relevant to needs	8	13%
Discernible/well-organized	7	11%
Live/Interactive	6	9%

<b>Helpful Information (Format)</b>	<b># of Respondents</b>	<b>Percent</b>
Written materials	27	42%
Workshops/conferences	16	26%
Colleagues	11	17%

<b>Preferred Ways to Receive Information</b>	<b># of Respondents</b>	<b>Percent</b>
Postal	20	31%
Workshops/conferences	10	16%
Peer	6	9%
Internet accessed at facility	6	9%

<b>Access to the Internet</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	32	50%
No	32	50%

  

<b>E-mail address</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	28	44%
No	35	55%

  

<b>Barriers</b>	<b># of Respondents</b>	<b>Percent</b>
Lack of resources/funding	16	25%
Staff inadequately trained/personnel shortage	6	9%
Attitude/patterns of denial	6	9%
Miscommunication with other agencies	4	6%

## **Mental Health (Georgetown)**

One hundred and nine mental health professionals were surveyed. They most frequently identified themselves as program administrators or supervisors, working in private, not-for-profit settings, although many worked at community mental health centers or public agencies. Most reported 11-20 years experience working with children and youth with emotional and behavioral problems and their families. However, the majority provided direct services only 1-5 hours per week, or not at all. The largest number of respondents reported working with children between the ages of 6 and 12, and second largest with youth age 13-18. Most mental health professionals said they worked in a rural or small city setting.

For mental health professionals, financing issues and mental health services were the most important major categories of information need, as well as assessment of children and families. Within the assessment category, the most popular first choice was conducting strength-based assessments, but outreach/identifying children in the community and assessment for creation of behavior plans were also often identified. Respondents identified information on prevention of EBD and behavior management at home as their top priorities among topics related to clinical interventions. Family therapy methods and drug/alcohol treatment were also popular choices.

When asked about problem areas on which they would like information, mental health professionals most commonly chose conduct disorders, aggressive/oppositional behaviors, and attention problems/impulse control. Respondents identified various components of a system of care as information priorities, including intensive family based services/in-home services, individual wraparound services, and respite care. In terms of system of care principles and family based practices, respondents chose creating a community-based service array as their top priority, followed by involving families in driving the system of care and planning for their children. Among financing issues, the top priorities included information on pooling funds from several sources and operating in a managed care environment. Financing issues were a higher priority for administrators, whereas direct providers most frequently identified a need for resources on mental health services.

Mental health professionals most commonly listed professional workshops/conferences as their number one resource for information, but consultation with professionals within the same discipline was also highly ranked. Respondents reported accessing other mental health professionals, social workers, and psychiatrists most often for new information, but rarely accessed developmental pediatricians, public health nurses, occupational/physical therapists or speech/language pathologists. The postal service was the most preferred way of receiving information, with fact sheets and newsletters as a close second.

Almost half of the respondents knew of someone at their agency or organization whose job it was to provide assistance in obtaining information. About a third said there was no such person at their agency, and the rest did not know. A majority of respondents had access to the Internet, and half had an E-mail address. Administrators tended to have access to computer technology more often than direct service providers did. Among the most commonly identified barriers were financing, problems with collaboration, and resource availability/system overload.

## ***Summary of Mental Health Data***

The sample includes 109 mental health professionals, with at least one respondent representing each state and the District of Columbia. Items receiving the most first choices are listed for each question.

<b>Current Position</b>	<b># of Respondents</b>	<b>Percent</b>
Program Administrator/Supervisor	60	55%
Social Worker	16	15%
Psychologist	13	12%
Counselor	7	6%
Case Manager	7	6%
Psychiatrist	2	2%

<b>Employment Setting</b>	<b># of Respondents</b>	<b>Percent</b>
Private Not-for Profit	40	37%
Community Mental Health Center	33	30%
Public Agency	24	22%
Public/Private Partnership	7	6%
Solo Private Practice	2	2%
Private for-Profit Organization	1	1%

<b>Years Experience</b>	<b># of Respondents</b>	<b>Percent</b>
Less than one year	2	2%
1-5 years	8	7%
6-10 years	23	21%
11-20 years	48	44%
Over 20 years	28	26%

<b>Hours/Week in Direct Service</b>	<b># of Respondents</b>	<b>Percent</b>
None	31	28%
1-5 hours	27	25%
6-10 hours	12	11%
11-15 hours	4	4%
16-20 hours	13	12%
21-30 hours	9	8%
Over 30 hours	12	11%

<b>Age of Children</b>	<b># of Respondents</b>	<b>Percent</b>
0-3 years	2	2%
3-5 years	5	5%
6-12 years	45	41%
13-18 years	43	39%
18+ years	2	2%

  

<b>Geographic Setting</b>	<b># of Respondents</b>	<b>Percent</b>
Rural	34	31%
Small city	33	30%
Large city	24	22%
Suburban	14	13%

  

<b>Assessment</b>	<b># of Respondents</b>	<b>Percent</b>
Conducting strength-based assessments	38	35%
Assessment for creation of behavior plans	13	12%
Identifying children in the community	13	12%
Diagnostic classification	12	11%

  

<b>Mental Health Services</b>	<b># of Respondents</b>	<b>Percent</b>
Prevention of EBD	32	29%
Behavior management at home	30	28%
Family therapy methods	12	11%
Drug/alcohol treatment	12	11%

  

<b>Problems Experienced by Children &amp; Adolescents</b>	<b># of Respondents</b>	<b>Percent</b>
Conduct Disorders	32	29%
Aggressive/Oppositional Behaviors	19	17%
Attention Problems/Impulse Control	17	16%
Sexual Offenses	7	6%

  

<b>Components of a System of Care</b>	<b># of Respondents</b>	<b>Percent</b>
Intensive family based/in-home services	21	19%
Individual wraparound process	19	17%
Respite care	9	8%

  

<b>Principles of a System of Care</b>	<b># of Respondents</b>	<b>Percent</b>
Creating a community-based service array	19	17%
Involving families in driving system of care	16	15%
Early identification/intervention	12	11%
“Child-centered, family-focused” services	12	11%

<b>Funding/Financing</b>	<b># of Respondents</b>	<b>Percent</b>
Pooling funds from several sources	39	36%
Operating in a managed care environment	20	18%
What to do when services are not covered	15	14%
Impact of welfare reform	11	10%

<b>Major Categories of Information Need</b>	<b># of Respondents</b>	<b>Percent</b>
Mental health services	28	26%
Financing issues	28	26%
Components of a system of care	20	18%
Assessment of children and families	15	14%

<b>Information Source</b>	<b># of Respondents</b>	<b>Percent</b>
Professional workshops/conferences	33	30%
Consultation within the same discipline	29	27%
Inservice training	7	7%

<b>Accessing Other Professionals</b>	<b>Average of Rating (0- 2)</b>
Mental Health Clinician/Counselor/Therapist	1.49
Social Worker	1.25
Psychiatrist	1.15
Parent Advocate	0.93
School Teacher	0.87
Probation Officer/Juvenile Justice	0.82
School Counselor	0.81
Behavioral Specialist	0.73
School Administrator	0.65
General Physician	0.50
Speech/Language Pathologist	0.50
Occupational/Physical Therapist	0.38
Public Health Nurse	0.37
Developmental Pediatrician	0.27

<b>Preferred Way(s) to Receive Information</b>	<b># of Respondents</b>	<b>Percent</b>
Postal service/hard copies	34	31%
Factsheets/newsletters	25	23%
Workshops/conferences	18	16%

<b>Access to a Resource Specialist (State/Local)</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	51	47%
No	38	35%

<b>Access to the Internet</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	68	62%
No	39	36%

  

<b>E-mail address</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	55	50%
No	52	48%

  

<b>Barriers</b>	<b># of Respondents</b>	<b>Percent</b>
Financing - lack of/limited/erratic	44	40%
Problems with collaboration	32	29%
Availability of resources and system overload	29	27%

## **Child Welfare (Georgetown)**

One hundred seven child welfare professionals were surveyed. Respondents most frequently identified themselves as program administrators and supervisors working in a public agency. About a third had been working in child welfare for 11-20 years, but had worked with children with emotional and behavioral problems for over 20 years. Almost half described their caseload as 71-100 percent children with EBD. Most child welfare workers reported working in either a rural setting or a large city. More than half the respondents felt they did not need more information about the criteria or process for making decisions that ensure the safety of children. However, more than two thirds felt they needed more information to ensure the safety of children with emotional/behavioral disturbance.

The major categories of information needs were ensuring the safety of children and adolescents and problems experienced by children and adolescents. In regards to assessment, respondents placed top priority on determining whether a report is based on mental health needs rather than child protection needs. Assessment of a child's emotional health also ranked quite high. In terms of interventions, child welfare professionals were most interested in information on coordinating services across environments and on preventing EBD. Behavior management at home or residential placement also counted among the top choices.

When surveyed about information on problem areas, child welfare professionals placed top priority on attachment and separation issues. Aggressive/oppositional behaviors, sexual offenses, conduct disorders, and attention problems/impulse control were also areas identified as important information needs. Information needs for working with families included helping families care for a child with EBD and involving families in service planning for their children. Making presentations in court and preparing children and families for court ranked high in the section on judges and courts.

When asked about maximizing community resources, child welfare professionals identified tapping into extended family, friends, or church, and obtaining and using community resources, as well as developing individualized family plans across environments. About 40 percent of respondents felt they needed information about what a system of care is or how child welfare is incorporated into a system of care. Early identification of children at risk and providing "child-centered, family-focused" services were among the top system of care principles and practices identified by child welfare professionals. Information needs priorities among financing issues included pooling funds from several sources and the impact of welfare reform on children and families.

Child welfare professionals identified workshops/conferences and consultations with their supervisor or colleagues as their most utilized sources of information. Other child welfare workers, supervisors and mental health counselors were most frequently accessed for new information, while university professors, occupational/physical therapists, speech/language pathologists, and public health nurses were accessed least frequently. The most preferred ways to receive information included professional workshops/conferences and factsheets/newsletters. Almost half of respondents knew of someone at their agency or organization whose job it was to

provide assistance in obtaining new information. Over a third said there was no such person, and the rest did not know. Less than half the respondents have access to the Internet, but over half had an E-mail address. Administrators tended to have access to computer technology more often than providers did.

### ***Summary of Child Welfare Data***

The sample includes 107 child welfare workers, with at least one respondent representing each state and the District of Columbia. Items receiving the most first choices are listed for each question.

<b>Current Position</b>	<b># of Respondents</b>	<b>Percent</b>
Program Administrator/Supervisor	40	37%
General Caseworker	14	13%
CPS Investigator	13	12%
Family Preservation Worker	10	9%
CPS Intake	9	8%
Family Support Caseworker	5	5%
Clinician/Therapist	4	4%
Adoption Caseworker	4	4%
Therapeutic Caseworker	4	4%
Foster/Adoptive Home Recruiter/Trainer	1	1%
Trainer/Educator	1	1%
Case Manager	1	1%

<b>Employment Setting</b>	<b># of Respondents</b>	<b>Percent</b>
Public Agency	89	83%
Private Not-for-Profit Organization	9	8%
Private For-Profit Organization	5	4%

<b>Years Experience in Child Welfare</b>	<b># of Respondents</b>	<b>Percent</b>
Less than one year	2	2%
1-5 years	25	23%
6-10 years	25	23%
11-20 years	33	31%
Over 20 years	24	22%

<b>Years Experience with Children with EBD</b>	<b># of Respondents</b>	<b>Percent</b>
Less than one year	1	1%
1-5 years	20	19%
6-10 years	28	26%
11-20 years	26	24%
Over 20 years	32	30%

<b>Percent of Children on Caseload with EBD</b>	<b># of Respondents</b>	<b>Percent</b>
1-10%	2	2%
11-30%	14	13%
31-50%	17	16%
51-70%	22	21%
71-100%	49	46%

  

<b>Geographic Setting</b>	<b># of Respondents</b>	<b>Percent</b>
Rural	37	35%
Large city	30	28%
Small city	24	22%
Suburban	11	10%

  

<b>Safety of Children &amp; Adolescents</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	46	43%
No	55	51%

  

<b>Safety of Children &amp; Adolescents w/ EBD</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	72	67%
No	26	24%

  

<b>Assessment</b>	<b># of Respondents</b>	<b>Percent</b>
Determining basis for report	24	22%
Assessment of child's emotional health	22	21%
Identifying children & families prior to report	16	15%

  

<b>Interventions</b>	<b># of Respondents</b>	<b>Percent</b>
Coordinating across environments	20	19%
Prevention of EBD	18	17%
Behavior mgt at home/residential placement	12	12%

  

<b>Emotional/Behavioral Problems</b>	<b># of Respondents</b>	<b>Percent</b>
Attachment and Separation Issues	39	36%
Aggressive/Oppositional Behaviors	15	14%
Sexual Offenses	13	12%
Conduct Disorders	9	8%
Attention Problems/Impulse Control	9	8%

  

<b>Practices: Families</b>	<b># of Respondents</b>	<b>Percent</b>
Helping families care for a child with EBD	21	20%
Involving families in service planning	12	12%
Coordinating across environments	9	9%

<b>Practices: Judges and Courts</b>	<b># of Respondents</b>	<b>Percent</b>
Making presentations in court	24	22%
Preparing children and families for court	23	21%
Working with the court system	21	20%

  

<b>Practices: Community Resources</b>	<b># of Respondents</b>	<b>Percent</b>
Tapping into extended family, friends, church	28	26%
Obtaining and using community resources	25	23%
Developing family plans across environments	23	21%

  

<b>General Information on System of Care</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	43	40%
No	48	45%

  

<b>Principles of a System of Care</b>	<b># of Respondents</b>	<b>Percent</b>
Early identification/intervention for at risk	20	19%
“Child-centered family-focused” services	19	18%
Creating a community-based service array	15	14%

  

<b>Financing Issues</b>	<b># of Respondents</b>	<b>Percent</b>
Pooling funds from several sources	23	21%
Impact of welfare reform	20	19%
Operating in a managed care environment	16	15%

  

<b>Major Categories of Information Needs</b>	<b># of Respondents</b>	<b>Percent</b>
Ensuring the safety of children/adolescents	30	28%
Problems experienced by children/adolescents	24	22%
Maximizing community resources	12	11%
Working with families	11	10%

  

<b>Information Sources</b>	<b># of Respondents</b>	<b>Percent</b>
Professional workshops/conferences	26	24%
Consultation with a supervisor	21	20%
Inservice training	16	15%
Consultation within the same discipline	16	15%

  

<b>Access to Professionals</b>	<b>Average of Rating (0- 2)</b>
Child Welfare Worker	1.42
Child Welfare Supervisor	1.39
Mental Health Clinician/Therapist	1.24
School Counselor	0.87
Probation Officer	0.84
Psychiatrist	0.81
Behavior Specialist	0.80

School Administrator	0.76
Physician	0.74
Parent Advocate	0.68
Developmental Pediatrician	0.60
Public Health Nurse	0.45
Speech-Language Pathologist	0.44
Occupational/Physical Therapist	0.38
University Professor	0.25

<b>Preferred Way(s) to Receive Information</b>	<b># of Respondents</b>	<b>Percent</b>
Workshops/conferences	26	24%
Factsheets/newsletters	20	19%
Postal service/hard copies	18	17%

<b>Access to a Resource Specialist (State/Local)</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	51	48%
No	38	36%

<b>Access to the Internet</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	43	40%
No	61	57%

<b>E-mail Address</b>	<b># of Respondents</b>	<b>Percent</b>
Yes	58	54%
No	44	41%

<b>Barriers</b>	<b># of Respondents</b>	<b>Percent</b>
Financing	20	42%
Service coordination	17	35%
Availability of services and system overload	17	35%

## CONCLUSION

As the preceding discussion and summary indicated, there are a wide variety of information needs among the people who work with children with emotional and behavioral problems. Although challenging to quantify, the data sketch a detailed road map for the CECP's future work. The results of this survey will be available on the website, and in hard copy via the CECP's toll-free telephone number. The CECP will host an online discussion of the results beginning in the summer of 1998. The findings will be used to guide the development and dissemination of new information products, as well as to assist the CECP in planning and strengthening strategic alliances among groups and organizations. The CECP has distributed these results to our team members to map the existing infrastructure of information products that meet the needs identified. Staff are compiling a database of the products, which will be reviewed by a panel of family members, researchers, providers, and consumers. The database will ultimately be made available for the public to search via the website, or by contacting the CECP through the toll-free number.