Louisville Youth Behavioral Health Landscape Assessment

2021 Report

Kentucky *youth* Advocates

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Section 1 – Project Summary

Purpose

The purpose of this project is to gather qualitative and quantitative data to produce a landscape assessment of the behavioral health needs of adolescent youth in Louisville, including current supports and gaps, and solutions toward better meeting those needs. The project also prioritizes connecting with cross-sector, youth-serving stakeholders, parents, and youth to inform them of the findings and convene them for a behavioral health summit to make connections and collaborate on solutions to improve the behavioral health system in Louisville.

Goals/Deliverables

The primary goals and deliverables for this project are:

1. Conduct a landscape assessment of the available behavioral health preventive and intervention services and supports for adolescent youth in Louisville.
2. Analyze results from the assessment to determine existing gaps and solutions for improvement.
3. Produce materials to summarize findings and share with stakeholders and community.
4. Convene stakeholders and community for a behavioral health summit to create connections among stakeholders, unveil findings, and begin working collaboratively towards solutions.

Stakeholders of Focus

The stakeholders of focus for this project represent a diverse group of professionals, parents, and youth in Louisville. While the focus of this project is youth behavioral health needs, we intentionally engaged cross-sector professionals to ensure we were gathering a variety of perspectives from youth-serving organizations. Professionals included those working in juvenile justice, primary care, behavioral health, residential care, case management, community support, and education. In addition, we engaged both parents and youth to gain insight from those with lived experience navigating the behavioral health system in Louisville.

Section 2 – Focus Groups

Overview

Given the impacts of the COVID-19 pandemic and in the interest of everyone's health and safety, the focus groups we conducted were all done virtually using the Zoom platform and lasted between 1.5-2 hours. A total of ten focus groups were conducted between September and November 2020 with 71 participants total. Each focus group targeted a different sector or group and community partners helped recruit relevant participants. All participants were compensated for their time. The focus groups included: parents, school faculty, residential providers, behavioral health providers, pediatricians, community support organizations, juvenile justice professionals, health department professionals, and two groups of youth. Participants were given the opportunity to opt in to receive follow-up information, results, and an invite to the behavioral health summit.

Themes

Qualitative analysis of focus group recordings and notes revealed the following themes.

Part I – Current service providers and types of services available to Louisville youth
1. The top five most referenced service providers in Louisville were:
   - Seven Counties Services
   - Jefferson County Public Schools (JCPS)
   - National Safe Place Network
   - The Brook Hospital
   - Norton Children's Hospital
2. Types of services available to youth in Louisville include:
   - Applied Behavior Analytics (ABA) therapy
   - Case management
   - Eating disorder treatment
   - Family therapy
   - In-home therapy services
   - Inpatient services
   - Life skills
   - Medication management
   - Mentorships
   - Outpatient services
   - Peer support
   - Psychiatric care
   - School-based services
   - Substance and alcohol recovery
   - Telehealth
   - Therapy

Part II – Gaps in services and barriers to youth accessing needed services

1. There is not enough racial and ethnic diversity among behavioral healthcare providers, which was noted as a major factor in youth feeling comfortable and continuing their care with a provider. In addition, cultural barriers are also present for many youth and families that have limited English proficiency, with a lack of interpretive services and bilingual providers.
   a. "A teenage boy [or an] African-American family who wants a Black male therapist, and ... there's maybe five or ten that we're aware of, and ... they're always filled up and don't have openings."
   b. "It's such a barrier that they, the places will put children of different languages on prolonged wait lists."

2. Cost can be a key factor preventing individuals from accessing behavioral health. Though there was not talk of uninsured youth – likely due to the Kentucky Children's Health Insurance Program (KCHIP) and Medicaid expansion – cost was discussed for both public and private insurance consumers. Many providers do not accept Medicaid, and too many who do are not conveniently located for many Louisville youth. In addition, the out-of-pocket cost for those with private insurance can be too expensive to access the care they need.

a. "They're going to have to pay that copay every time they see a therapist, which is a stickler for some people ... just because the family can afford private insurance doesn't mean they can afford a $30 copay."

b. "I don't know of any agencies that have ... providers seeing clients in home with commercial insurance."

c. "I think one of the challenges that sometimes our kids experience is accessibility to those based on their insurance. So, ... there's a lot of private providers that don't take Medicaid."

3. The COVID-19 pandemic has made it difficult to access in-person services and some patients do not find telehealth to be an effective option for care.

a. "I think the NTI [non-traditional instruction] has been a huge problem for families and children. So that kids that have been on the brink of issues are really stressed and parents and families are extremely stressed."

b. "I truly think our youth are missing stability and just having a consistent routine."

4. Within Louisville, services are not equally available to all youth and some Louisville youth do not have transportation to travel to other areas of the city for needed services. Specifically, the West and South Louisville areas are not well equipped to provide needed behavioral health services to local youth.

a. "You may have to go further out to get the resources you need ... or you may have to go to the other end of town to get the services you need."

b. "If I didn't have a vehicle, I would have to find transportation or I would have to take three TARCs to get me there. It's not local for me."

c. "Is it convenient to someone who's in … in the West end, is it all your services in the West end? No."

5. There is not adequate communication or coordination between various service providers to help youth navigate the behavioral health system and ensure their needs are met.

a. "I had a student that would call and they would send them to [other providers]. … They would say, well, you need to call this line. And then they would call that line. It was ... no, you need to call this line. So they would be calling five or six different lines to get to the actual location they needed to get."

b. "If they don't have support, I think that's where they can fall through the cracks because it can be confusing. They don't know who to call. And then … they have to call several different places to get referred to someone who takes their insurance. And … it's hard for them to navigate when they're already having issues."

6. Additional gaps/barriers mentioned include:
- Wait lists/not enough providers
- Programming not designed for specific needs (youth aging out of care, specific disorders/disabilities, age restrictions, time limited)
- Youth are misdiagnosed
- Youth who are not hospitalized are overlooked
- Failure of providers to better inform the public of what they offer
- Difficulty working with a family due to:
    - Lack of awareness from parents about services or needs

- Family not approving of treatment
- Failure to follow-up or communicate with provider
- Similar program was unsuccessful or unsure if program will be successful
- Barriers for families:
  - Homelessness or other instability makes it difficult to engage in services
  - Socioeconomic status
  - Lack of time/parents working during treatment times
  - Being undocumented
  - Fear of CPS involvement
  - Discrimination/racism
  - Generational trauma
  - Stigma
  - Lack of internet
  - Telehealth not effective for the youth or family

Part III – Solutions or ideas for improving the current behavioral health system in Louisville

Beyond improving access to care, disparities in health outcomes can be addressed by:

1. Improving the cultural relevance of care, including cultural competency training for providers and providing interpreter services for patients not fluent in English and by adding more providers of color to the behavioral health system in Louisville through dedicated education and development programs.

2. Investing in and developing additional preventive programming options for youth to access in addition to intervention services, including mentorship programs and education on mental health, substance use prevention, and violence prevention.

3. Increasing collaboration and communication among providers, community members, and schools to ensure youth are connected to the services they need.

4. Bringing behavioral health services into existing locations where youth are such as primary care offices, community centers, and libraries to create a more integrated environment.

5. Making services more affordable and expanding the number of providers that accept both public and private health insurance.

6. Additional suggestions included:
   - More policies focused on trauma
   - Increase parental awareness and education
   - Streamline services by increasing communication between schools and service providers, including primary care providers
   - Offer more services via telehealth
   - Offer universal preschool
   - Increase training available for educators focused on behavioral health
   - Increase affordability of provider education programs

- Increase funding and investments in programming for youth
- More intentional follow-up with youth and families
- Offer transportation for youth to access services
- Develop more community activities for youth that are low-cost or free
- More providers focused on:
    - Family involvement in services, including grandparents
    - Prescription monitoring
    - Transition to adulthood for older youth
    - Group therapy
    - Gender issues
    - School psychology and counseling
    - Individual and family advocacy
    - In-home services
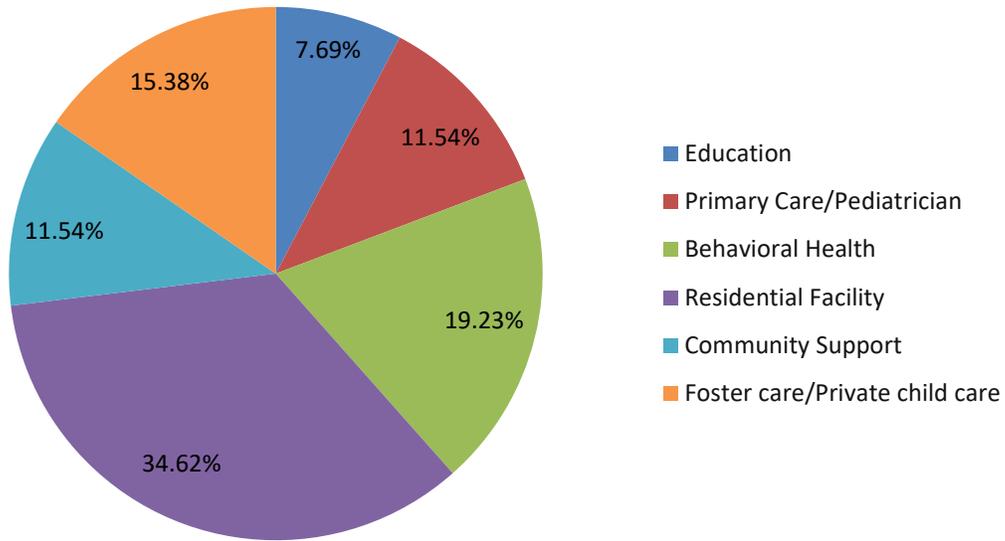
Section 3 – Survey

Overview

In addition to the focus groups, an online survey was conducted in November 2020. The survey consisted of 18 questions, both multiple choice and open ended, and received 26 total responses. The purpose of the survey was to allow additional stakeholders to respond to the general project questions on the behavioral health supports currently available to youth in Louisville, what is missing, and how the system can be improved. The survey was disseminated through the same networks as the focus group invitations and garnered responses from professionals in juvenile justice, education, community health, behavioral health, primary care, foster care, and residential care.
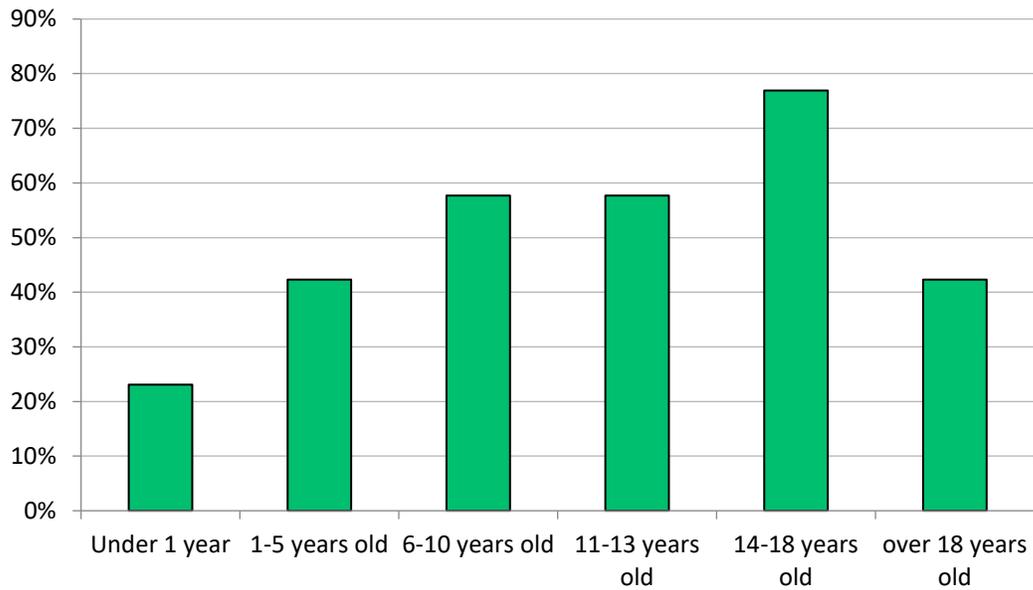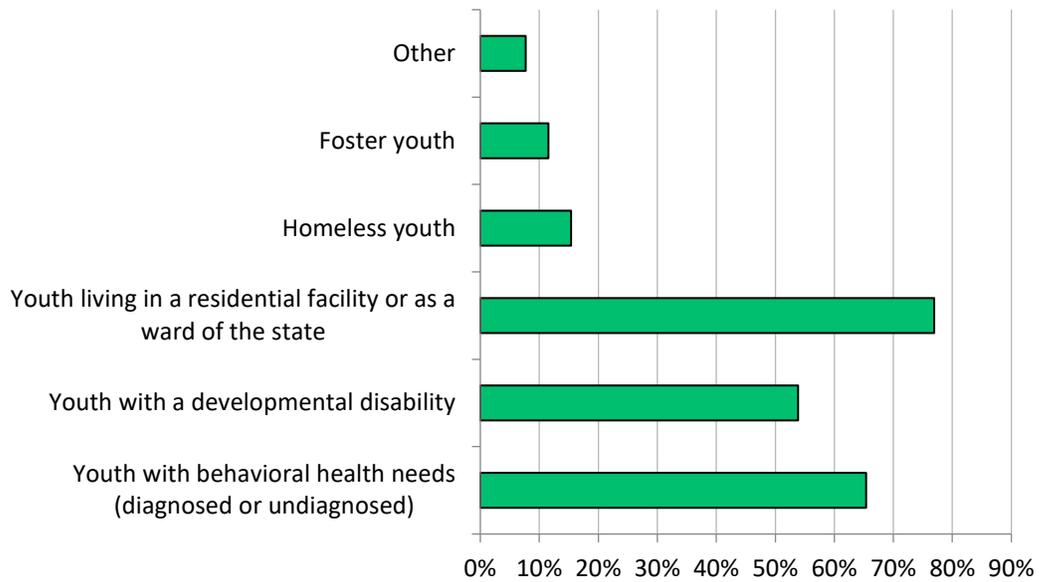
Findings

What is your race? (26 responses)

- White
- Black
- Asian
- Other

3.85%
3.85%
26.92%
65.38%
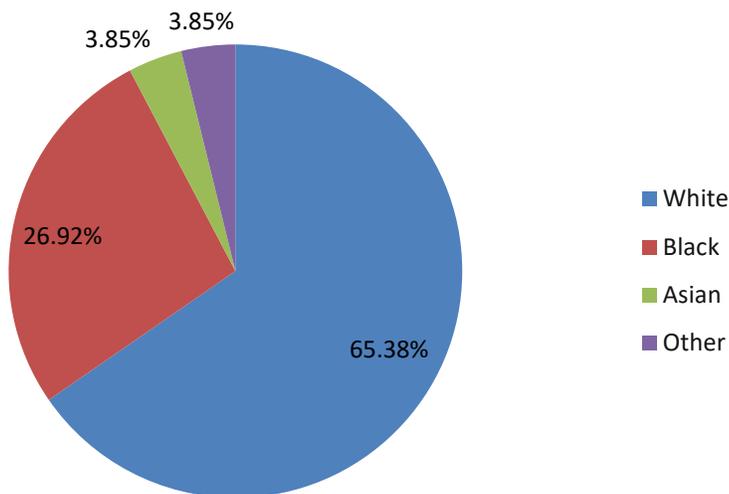
In what sector do you work? (26 responses)

- Education
- Primary Care/Pediatrician
- Behavioral Health
- Residential Facility
- Community Support
- Foster care/Private child care

What age groups do you primarily work with? (26 responses)

**What populations do you primarily work with?** (26 responses)

Other

Foster youth

Homeless youth

Youth living in a residential facility or as a ward of the state

Youth with a developmental disability

Youth with behavioral health needs (diagnosed or undiagnosed)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Other responses include: JCPS students, and other youth.

How many years have you worked in this field? (26 responses)

8%

12%

50%

31%

- Less than 1 year
- 1-5 years
- 6-10 years
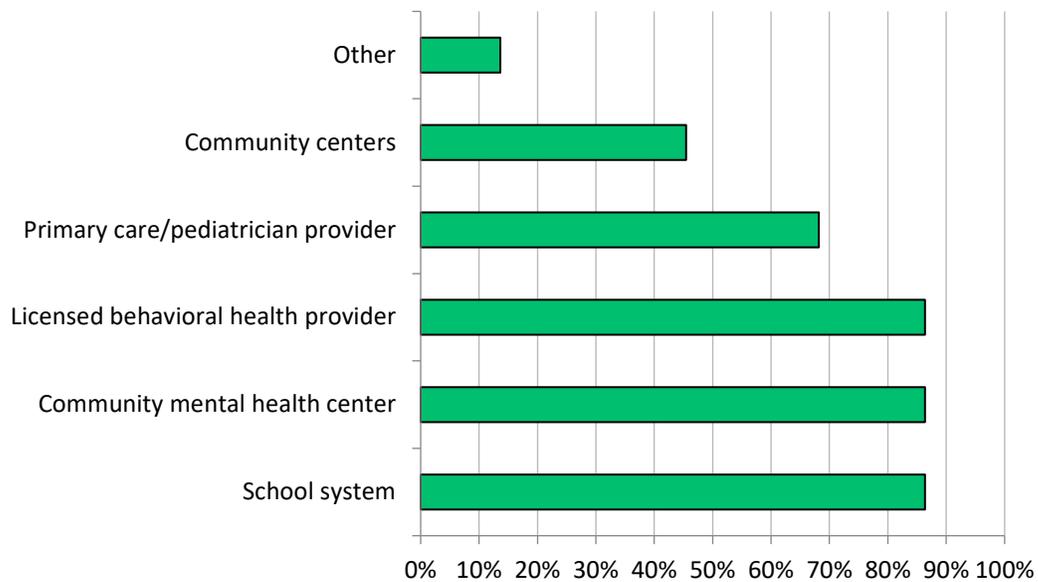- more than 10 years
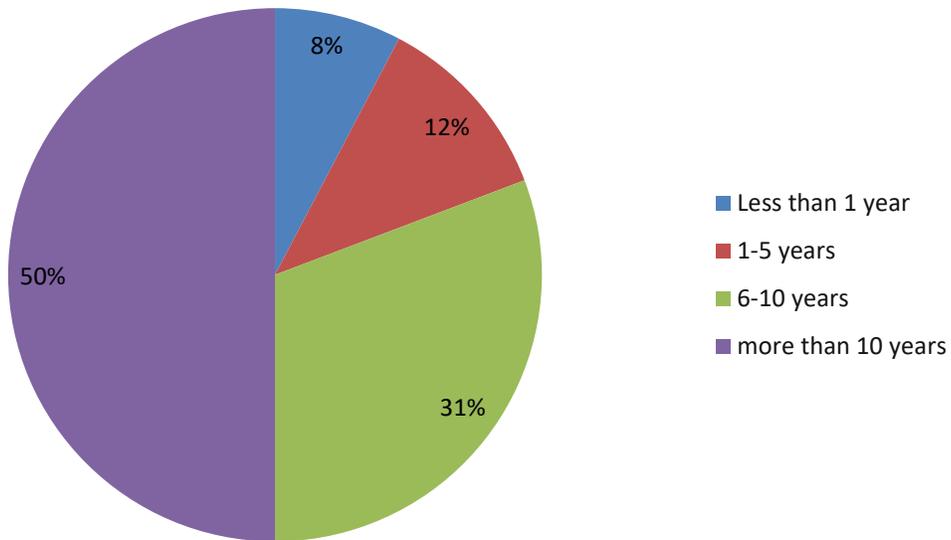
What kind of behavioral health services of supports are currently available to youth in Louisville? (22 responses)
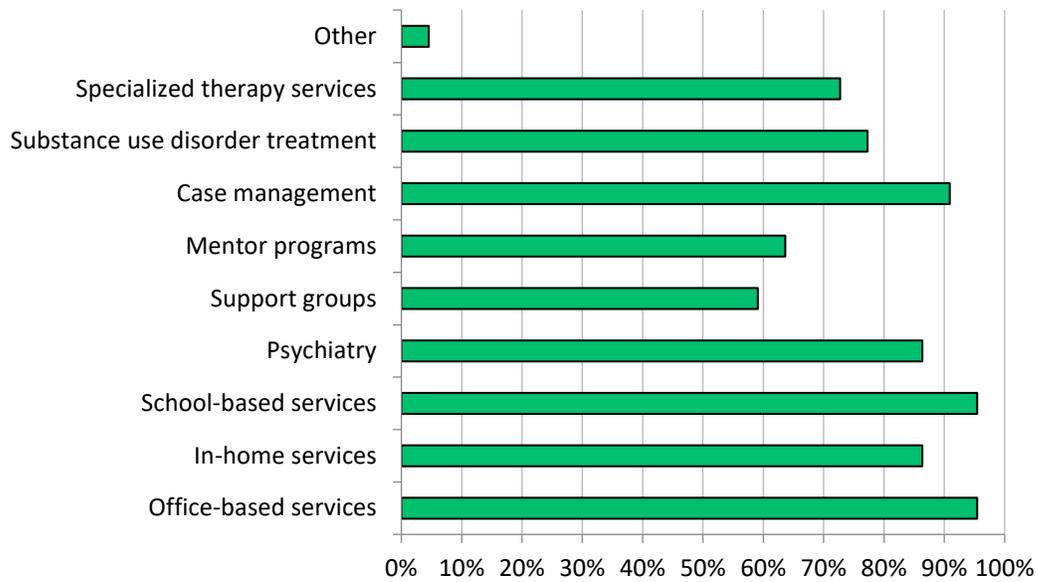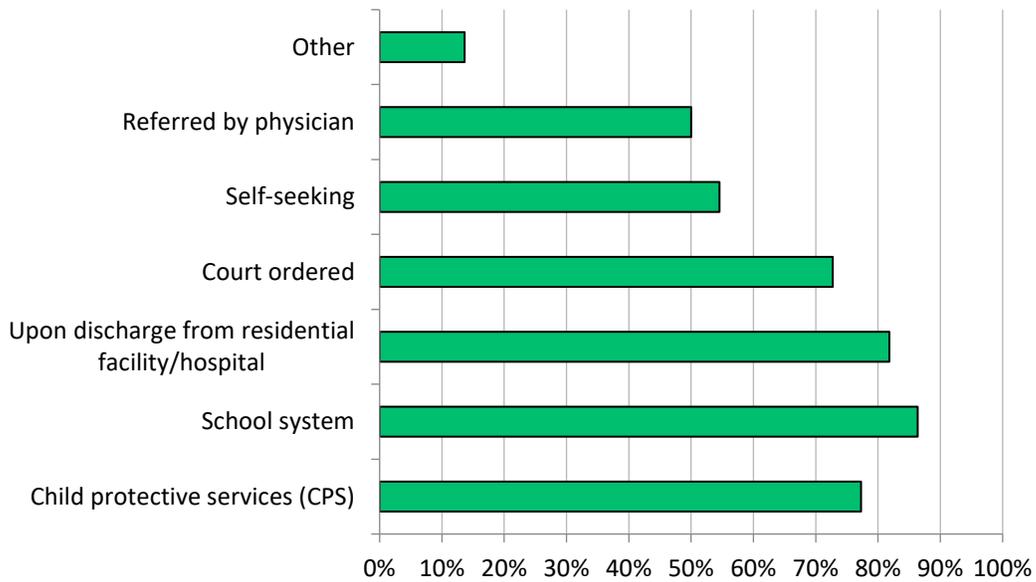

Other responses included: TAYLRD drop-in center.

Who provides these services? (22 responses)

Other responses included: foster care facility or agency, and residential facility.

**How are youth connected to care?** (22 responses)

Other responses included: interagency referrals, as part of treatment at a therapeutic foster care agency, and case managers.

Are these services available in all neighborhoods/regions of the city? (21 responses)

Yes — 19%
No — 71%
Other — 10%
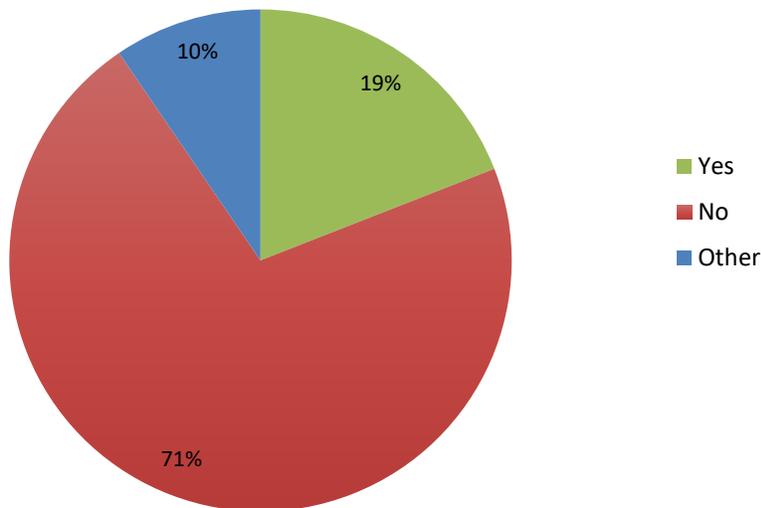
Other responses included: not enough in West and South Louisville, and unsure outside of school district.

Are these services accessible to minority youth? (21 responses)
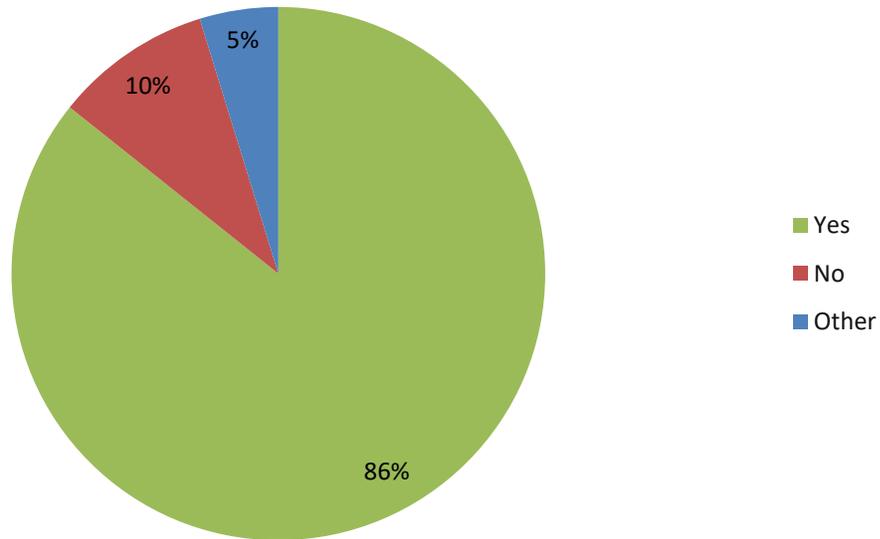
Other responses included: minority youth who are not in residential facilities or some other affiliated organizations may not have access to these services or know how to access the services.

What prevents youth from accessing preventative or treatment services? (20 responses)

- Parent/guardian not supportive/uneducated about mental health (11)
- Transportation/location of providers (7)
- Financial/insurance (6)
- Not enough providers (4)
- Stigma (3)
- Other basic needs are more important (2)
- Other responses with one mention each included:
  - Family's religious beliefs are a barrier to treatment
  - Difficulty navigating system after being in out-of-home care
  - Many programs' criteria to qualify are too narrow
  - COVID-19 restrictions

What behavioral health services or supports are missing for youth in Louisville? (20 responses)

- Psychiatry (5)
- Testing/evaluation (3)
- Psychologists/therapists (2)
- School providers (2)
- Services for minority groups (2)
- Support groups (2)
- Other responses with one mention each included:
  - Support persons
  - Culturally appropriate providers/services
  - Long-term mental health care
  - Intensive case management
  - Employment and life skills
  - Private insurance providers
  - Transportation to services
  - Mentoring

Do you see your answer to the above questions affecting everyone, only certain groups, or certain groups more than others? (19 responses)

- Certain groups more than others (7)
  - Low socioeconomic status/poverty, people of color, vulnerable groups such as homeless or at-risk for trafficking
- Affects only certain groups (6)
  - Medicaid recipients, uninsured/undocumented, people of color, low socioeconomic status/poverty
- Everyone (2)

What types of behavioral health service or supports would you like to see offered in Louisville that are not currently available? (17 responses)

- More community locations for mental health/integration in current community locations (7)
  - Bring mental health services to community centers and libraries
  - Integrate within primary care clinics
- More school-based services for youth (3)
- More services for young adults with specific needs (3)
- More psychiatric care for youth (2)
- Other responses with one mention each included:
  - Parental and family services
  - Support for international youth

What are solutions to address the barriers and gaps in youth behavioral health services in Louisville?
(14 responses)

- More school-based services and staff (3)
- Services available for all youth regardless of insurance status or ability to pay (2)
- Other responses with one mention each included:
    - Investing time, money, energy, efforts into downtown Louisville
    - Providing a pipeline from the Medical School, U of L or U of K school of psychology as a means of correcting the lack of providers/meeting the patient's needs
    - Placing professionals in centers throughout the city, like Neighborhood Place/community centers/libraries/the L&N building
    - Additional outreach services for the international community
    - More supports and family preservation services
    - Funding stream that supports youth who are no longer in state's custody but are at risk for homelessness
    - More robust mentoring programs that involve adults who are fully committed to long-term involvement; programs that assist DCBS in finding families/supportive adults to remain committed to youth
    - Discussion groups/forums
    - Programs that help break down systemic racism and offer equality to all
    - Improve communication between behavioral health providers and primary care providers
    - Improve transitioning of hospitalized patients back into the home and community, some of them do not have follow-up with outpatient child psychiatrists and therapists

Section 4 – Current Provider List

Throughout the focus groups and survey, we gathered information on the current behavioral health services and supports available to youth in Louisville. In addition to the types of providers that are outlined in the above findings, we compiled a list of specific providers or organizations that are providing behavioral health services to youth in Louisville. This list is based on participant responses to the survey and during focus groups. We recognize that this is not an exhaustive list of all providers in Louisville.

- Americana Community Center
- Bingham Clinic
- Boys and Girls Haven
- The Brady Center
- Bridges of Hope
- The Brook Hospital
- The Cabbage Patch Settlement House
- Catholic Charities of Louisville
- The Center for Promoting Recovery and Resilience
- Center for Women and Families

- Community Ministries
- The Couch Immediate Mental Health Care
- Crossroads Treatment Centers
- Family and Children's Place
- Health Access Nurturing Development Services (HANDS)
- Home of the Innocents
- Jefferson County Public Schools (JCPS)
- Kentuckiana Works
- Kentucky IMPACT program
- Lighthouse Academy
- Little Hands, Little Feet
- Maryhurst
- Metro United Way
- National Safe Place Network
- NECCO Foster Care and Counseling
- Norton Children's Hospital
- Peace Academy
- Peace Hospital
- Seven Counties Services
- Shawnee Christian Healthcare Center
- Spalding University
- TAYLRD Drop-in Center
- Transformations Louisville
- University of Louisville
- Wellstone Regional Hospital

The approximate locations of the above providers are mapped across Jefferson County:
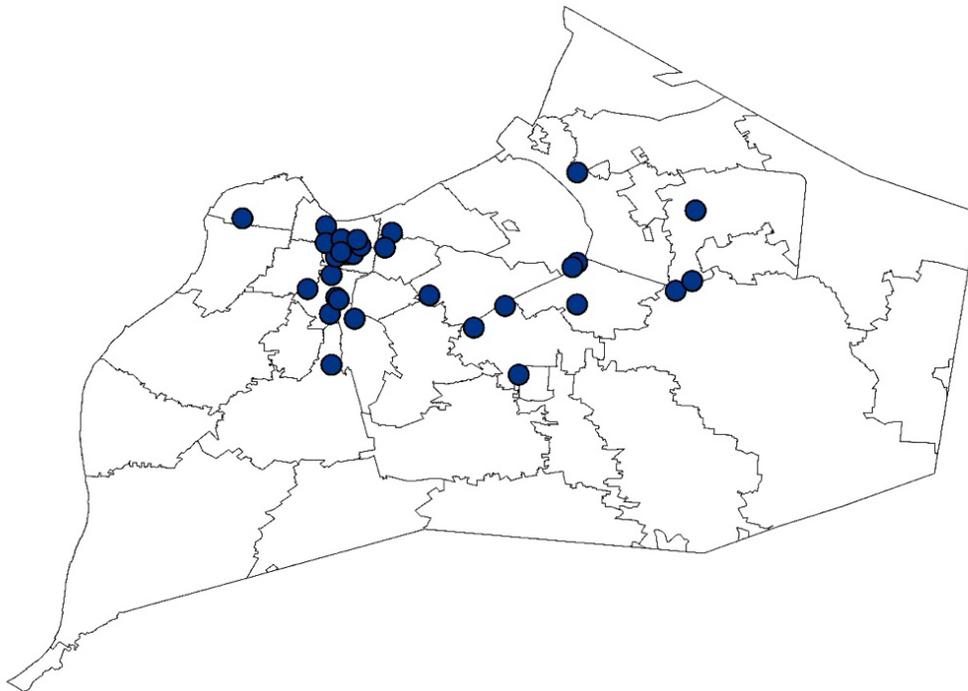
Section 5 – Supplemental Data

In addition to the data gathered in our own research through focus groups and an online survey, we are requesting supplemental data from two sources regarding youth behavioral health in Louisville. In order to complete the context for the youth behavioral health landscape in Louisville, we are requesting data from Jefferson County Public Schools (JCPS) on IEPs/504 plans (the number of students that have IEP or 504 plans in grades 6-12, disaggregated by race and gender). We are also requesting JCPS share data compiled by REACH of Louisville for the most recent Kentucky Incentives for Prevention (KIP) survey for each grade level that completed it (grades 6,8,10, and 12). KIP data will show how many student self-reported factors like safety, intimate partner violence, bullying, drug and alcohol use, and depression that contribute to behavioral health needs. Each of these data requests will help provide context to be presented at the behavioral health summit.

Section 6 – Thank You to Funder and Partners

This project could not have been completed without the support of the staff and board of the Jewish Heritage Fund for Excellence and our partner organizations, though the findings and conclusions of this report do not necessarily reflect their opinions. Kentucky Youth Advocates thanks the following people and organizations for stepping up and helping gather information for this Jewish Heritage Fund grant. They helped plan and convene local focus groups, and review and distribute surveys. We could not have done this without them. Please let us know if we failed to include your organization! We are so excited to complete our assessment and move into implementation of local solutions to address the behavioral health needs of Louisville adolescents.

- 15th District PTA
- Family Health Centers Louisville
- Jefferson County Public Schools
- Jewish Heritage Fund for Excellence Board of Directors
- Louisville Metro Criminal Justice Commission
- Louisville Metro Health Department
- Louisville Youth Group
- Omni Community Health
- Pediatric Behavioral Health Alliance
- St. Joseph's Children's Home
- All participants in our focus groups and online survey