

Wood County Needs Assessment

Integrative Summary of Existing Reports

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Executive Summary

The current report summarizes six major studies relevant to the needs of children and families in Wood County, conducted between 1998-2010. Problems facing children and families were identified in the following areas:

- Substance Abuse (Based on data from the Biennial Wood County Youth Surveys in 2008 and 2010, and the Wood County Community Health Assessment Survey, 2007-2008)
 - Alcohol is the most commonly used substance, with 34%* of 12th graders reporting using alcohol within the past 30 days
 - 15% of Wood County youth smoked cigarettes within the past 30 days
 - 12% of Wood county youth smoked marijuana within the past 30 days
 - Use of narcotic painkillers is higher than national averages, with 17% of Wood County 12th graders reporting use within the past year
 - Across all substances, rates of use are lowest among young adolescents and increase as youth age
 - Youth who use substances also tend to report having additional problems such as fighting more often, engaging in risky sexual behaviors, and having mental health problems; youth who use more than one substance report the most problems
- Mental Health (Based on data from the Biennial Wood County Youth Surveys in 2008 and 2010, and the Wood County Community Health Assessment Survey, 2007-2008)
 - 8% of youth report mental health problems in the severe to intense range (2010)
 - Another 15% of youth report moderate mental health problems (2010)
 - 17% of youth reported having thought about suicide within the past year, 5% reported having made a suicide attempt (2010)
 - Almost half of youth reported having been bullied within the past year (2007-2008)
 - A sizable minority of youth (5%-26%) reported engaging in risky sexual behaviors such as not using a condom, using substances prior to having sex, or being forced to engage in sexual behaviors
- Physical Health (Based on the Wood County Community Health Assessment Survey, 2007-2008)
 - 39% of youth had not seen a doctor within the past year
 - Obesity rates were slightly higher than national averages, with 16% of Wood County youth identified as obese
 - 29% of youth reported not having seen a dentist within the past year

*Note: all statistics in this report are rounded to the nearest integer

- Perceptions of Needs of Wood County Children and Families (Based on four studies, conducted between 1998-2009)
 - Parents in Wood County need more support, including help learning to manage child behavior
 - Several mental health services need greater support or availability, including early screening, residential and intensive home-based treatments, and better substance abuse treatment services
 - Service providers in Wood County need to increase their data sharing efforts, pool evaluation-related resources, and are in need of greater funding

The following recommendations are made for future needs assessments to be conducted with children and families in Wood County:

- More studies directly surveying youth and their parents are needed
 - May include both the problems they report, and their own perceptions of the needs of Wood County youth and families
- Detailed surveys on specific mental health and physical health problems may be useful
 - Common mental health problems not currently assessed include anxiety, ADHD, learning problems, defiance or conduct problems, and autism spectrum disorders
 - Areas of physical health to be explored may include youth awareness of wellness programs, availability of health care, frequency and rates of common physical problems such as diabetes, asthma or injuries

Introduction

This report comprises a review of existing findings from a variety of studies of children and families in Wood County. This report was commissioned by members of the Wood County Family and Children First Council as part of comprehensive needs assessment project conducted by faculty and graduate students in the Department of Psychology at Bowling Green State University. Every effort has been made to identify and review all recent research studies pertinent to the mental and physical health needs of children and their families in Wood County, Ohio. While the research team acknowledges that any such integrative review may have its limitations, we hope that this report may assist key stakeholders by providing an overview of existing findings and suggestions for future services and programs.

Studies Reviewed

Six major studies were reviewed for this integrative report. Each of these studies had a distinct focus, and the studies employed varying methods. A brief overview of reports reviewed is provided in Table 1. The following section briefly summarizes the methodology and targeted focus for each report.

Table 1: Reports reviewed

<i>Name of report</i>	<i>Year completed</i>	<i>Source of information</i>
County-Wide Assessment of the Needs of Families and Children	1998	201 county residents, 112 key informants ¹
Wood County Alcohol Drug Addiction and Mental Health Services System Assessment (ADAMHS)	2006	34 key informants ¹
Strategic Alliance Partnership Grant	2007	Review of evaluation projects and reports (1992-2006); interviews with 22 key informants, status assessments of 19 agencies
Wood County Community Health Assessment Survey (WCHA)	2007-2008	492 youth aged 12-18 (adult survey not reviewed)
Wood County Summit on Children	2009	Approximately 50 key informants ¹
Wood County Youth Survey (WCYS)	2008, 2010	9529 adolescents in 2008, 8486 adolescents in 2010

¹”Key informants” was defined primarily as service providers and other professionals involved in the welfare of children and families in Wood County

The 1998 County-Wide Assessment of the Needs of Families and Children was conducted by the Psychological Services Center (PSC) at Bowling Green State University for the Wood County Family and Children First Council. Interviews were conducted with 201 county residents and 112 key informants (i.e., professionals who work closely with families and children) to assess behavioral health (alcohol, drug addiction, and mental health), education,

human services, juvenile justice, mental retardation/developmental disabilities, and public health needs of the county.

The Wood County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) System Assessment interviewed key stakeholders in 2006 to obtain insight and perspective about the Wood County ADAMHS service delivery system. Relevant demographic, service, and expenditure data were also reviewed and analyzed to identify priority populations and services, to identify service gaps and to compare Wood County to statewide averages.

In 2007 the Strategic Alliance Partnership Grant awarded to the Children's Resource Center provided a report regarding the service delivery systems of the Wood County Family and Children First Council (FC²) partners. A thematic analysis was completed identifying relevant themes (community indicators) of 13 evaluation projects and annual reports completed by county agencies from 1992 to 2006. Interviews were conducted with FC² agency representatives from other counties regarding characteristics of collaborative efforts and barriers to collaborative efforts. An online survey was then developed based on the thematic analysis and FC² interviews that asked about evaluation and assessment needs, the positives and negatives of interagency data sharing, resources, and assessment challenges. Twenty-two child and family-serving professionals completed the online survey in 2006. Finally, a collaborative status assessment was administered to 19 Wood County FC² agencies in January 2007 regarding the current perceptions of collaborative purpose, structure, and process of FC².

The Wood County Health Assessment was completed in 2007-2008 and consisted of two written surveys, one given to adults (age 19 and older) and the other given to adolescents (ages 12-18) in the county. Only the data collected from the adolescent survey is described here as youth are the focus of this report. A cross-sectional data collection method was used. The adolescent survey was assembled by health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio and consisted of 73 multiple-choice items that were developed from the Youth Risk Behavior Surveillance System Survey. Schools and grades were randomly selected from Wood County and passive permission slips were mailed home to parents of students in classrooms selected by the school principal. 492 adolescents between the ages of 12 and 18 completed the survey.

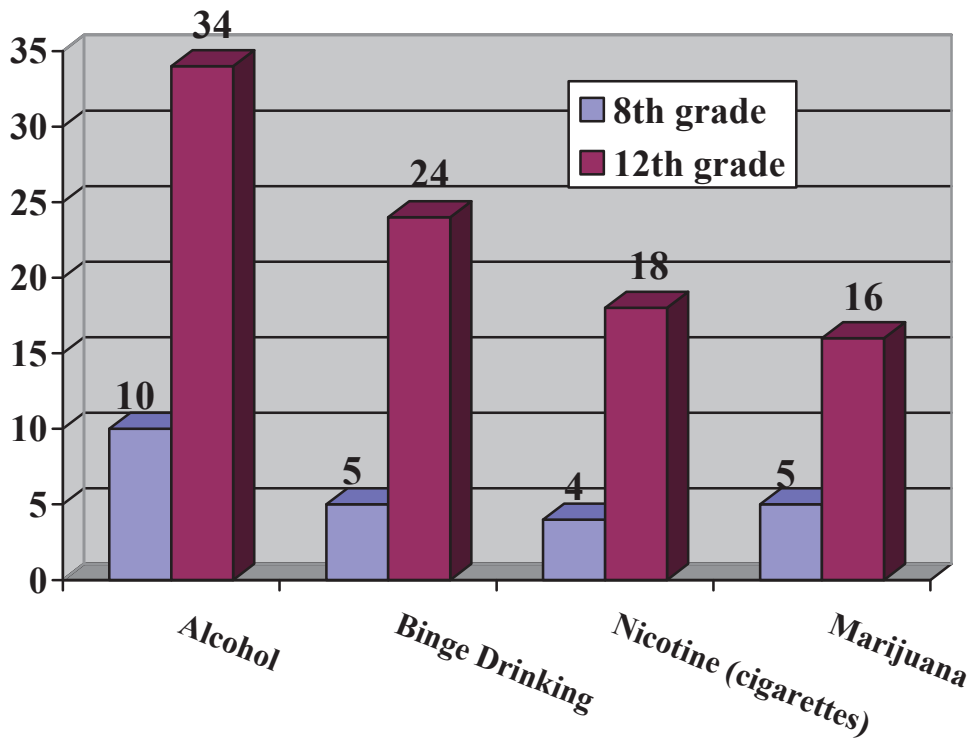
In October of 2009 more than 50 child and family-service providers gathered at the Wood County Summit on Children to discuss the needs of the county's youth. Discussion groups were formed which assessed the needs of the county, challenges to meeting those needs, and possible solutions to the identified needs.

The Wood County Youth Survey (WCYS) was completed in 2008 and 2010. Analyses were reported from surveys of 9529 adolescents (grades 5-12) in February 2008 and 8486 adolescents (grades 5-12) in February 2010 who attended public schools in Wood County. The goal of the survey was to assess trends in substance use among this population. Substance use items were taken from the "Monitoring the Future" study by Johnston, O'Malley, and Bachman (The University of Michigan's Institute for Social Research).

Substance Abuse

The Biennial Wood County Youth Surveys (WCYS 2008, 2010) and the Wood County Community Health Assessment Survey (WCHA 2007-2008) provided information for the county-wide assessment of substance abuse. Both reports analyze trends in substance abuse, specifically nicotine, alcohol, and marijuana. WCYS 2008 and 2010 also report on frequency of poly-substance abuse and prescription drug use in Wood County. The description of substance abuse in Wood County will be organized by type of substance, with the following categories: prevalence of use; demographic differences in use; correlates of substance abuse; and trends in substance abuse.

Fig 1. 30-day prevalence (%) of substance use by grade (WCYS, 2010)



Alcohol

According to WCYS (2010), alcohol use had the highest prevalence rate compared to all other substances. However, compared to national statistics, Wood County youth reported rates lower than annual and monthly prevalence rates, and rates of use appear to have been decreasing since 2008 (WCYS 2010). The typical age of initiation of alcohol use was around 13-14 years old, according to WCYS (2010). As with nicotine, use of alcohol increased across ages, with 2% of 6th graders reporting drinking within the past 30 days, to 34% of 12th graders drinking alcohol within the same time period. A corresponding decrease in reported disapproval of alcohol use was noted, with older teens both reporting a lower perception of harm of alcohol use, and a lower perception of parental disapproval of use.

The WCYS also documented binge drinking rates and gender differences in alcohol consumption. Binge drinking has continuously declined in all grades since 2004 (WCYS 2010), but it was noted in the WCHA 2007-2008 that binge drinking is relatively common among youth who consume alcohol, with 68% of youth who reported drinking within the past month also reporting engaging in binge drinking. According to the WCYS 2010, males are at higher risk for both drinking alcohol and engaging in binge drinking.

The WCHA 2007-2008 report noted that drinkers engaged in a greater number of risky behaviors than non-drinkers, including physical fighting, marijuana use, and sexual intercourse. Mental health problems were also found to be greater among alcohol users, and youth who had been bullied within the past month were more likely to report alcohol use (WCYS, 2010).

Nicotine

According to the WCHA 2007-2008 report, 15% of youth ages 12-18 smoked at least once in the past 30 days. Both the WCHA 2007-2008 and the WCYS 2010 found that older youth used tobacco at higher rates than younger; for example, the WCYS 2010 report found that 18% of 12th graders reported smoking cigarettes within the past month, while only 1% of 5th graders reported smoking over the same time period. Males were found to have higher rates of nicotine use than females for cigarettes, cigar/cigarillo, and smokeless tobacco (in all grades except for 9th grade). Besides gender and age, no other demographic differences were reported. Compared to the data collected in 2004, there was a decline in nicotine use across all grades. However, smokeless tobacco had increased in grades 11 and 12, particularly among males (WCYS, 2010).

In terms of correlates of cigarette use, the WCYS 2010 demonstrated a positive relation between severity of mental health symptoms on the Ohio Scales and use of cigarettes within the past 30 days. Higher rates of cigarette use were also found for those who had been bullied in the past month compared to participants who were not bullied in the past month. The WCHA 2007-2008 report demonstrated that compared with non-smokers, smokers reported greater frequencies of a number of risky behaviors, including physical fighting, alcohol use, marijuana use, and sexual intercourse.

Marijuana

The WCHA 2007-2008 survey assessed prevalence of marijuana use for the past month, found that 12% of Wood County youth reported using marijuana in the last 30 days. The WCYS (2010) reported that 5% of 8th graders and 16% of 12th graders reported using marijuana in the past 30 days. Rates were higher for reported use within the past year (7% of 8th graders and 29% of 12th graders). Overall, more males (18%) than females (6%) reported marijuana use in the past month (WCHA 2007-2008).

According to the WCYS 2010, monthly rates of marijuana use have declined in all grades over the past two years. Annual rates of use have declined in all grades except for grades 11 and 12 (where prevalence was marginally higher). Compared to national averages, Wood County has lower rates and “does not resemble the national increase in teen pot use” (WCYS, 2010; p. 21). Initiation of marijuana use tended to begin later than alcohol and nicotine. The most common age range for initiation of marijuana use was between 13 and 16 years. Availability of marijuana was

also assessed, with a drastic increase in the percentage of youth who could obtain marijuana from a friend in 7th grade (12%) to 12th grade (44%).

Ohio Scales were also given to participants and WCYS (2010) reported on prevalence of marijuana use by problem severity scale. Mental health problem severity was found to be greater among those who use marijuana. Higher rates of marijuana use were found for those who had been bullied in the past month compared to participants who had not been bullied in the past month.

Poly-Drug Use (Alcohol, Nicotine, Marijuana)

The WCYS (2010) report also compared individuals who used only alcohol, with individuals who used nicotine and/or marijuana in addition to alcohol (“poly-drug users”). Poly-drug users were much more likely than alcohol-only users to: engage in heavy monthly alcohol consumption, begin drinking at a younger age, binge drink more frequently, miss school because of their use, and attend school under the influence of a controlled substance. Poly-drug users also reported a higher prevalence of risky behaviors, including riding in a car with a driver who has been using alcohol or other drugs, driving a car after using alcohol or marijuana, thinking of killing themselves or attempting suicide in the past year, and living in a home with a loaded and unlocked firearm (WCYS, 2010).

Prescription Drug Use

The WCYS (2010) presented prevalence and trends of use of stimulants (e.g., Ritalin, Concerta, Adderall) and narcotic painkillers (e.g., Demerol, Darvon, Dilaudid, OxyContin, etc.). The highest percentage of stimulant users was in the 12th grade (10% within the past year), increased from 8% in 2008. There was a similar increase in stimulant use among 11th graders, with all other grades indicating a decline in stimulant drug use since 2008. Males reported a higher prevalence of use than females; on a positive note, for those who did report using stimulants in the past year, most indicated that they used only 1-2 times in the past year.

Rates of use of narcotic painkillers in Wood County were found to be much higher than national rates. The WCYS (2010) report indicated that 6% of 8th graders, and 10% of 12th graders have used a narcotic painkiller at least once in the past 30 days, with annual prevalence rates at 10% of 8th graders and 18% of 12th graders. Generally, males used at higher rates than females (except for grades 7 and 9). In comparison to the 2008 WCYS, there has been a decline in monthly narcotic painkiller use among all grades.

Suggestions for Future Assessment of Youth Substance Abuse

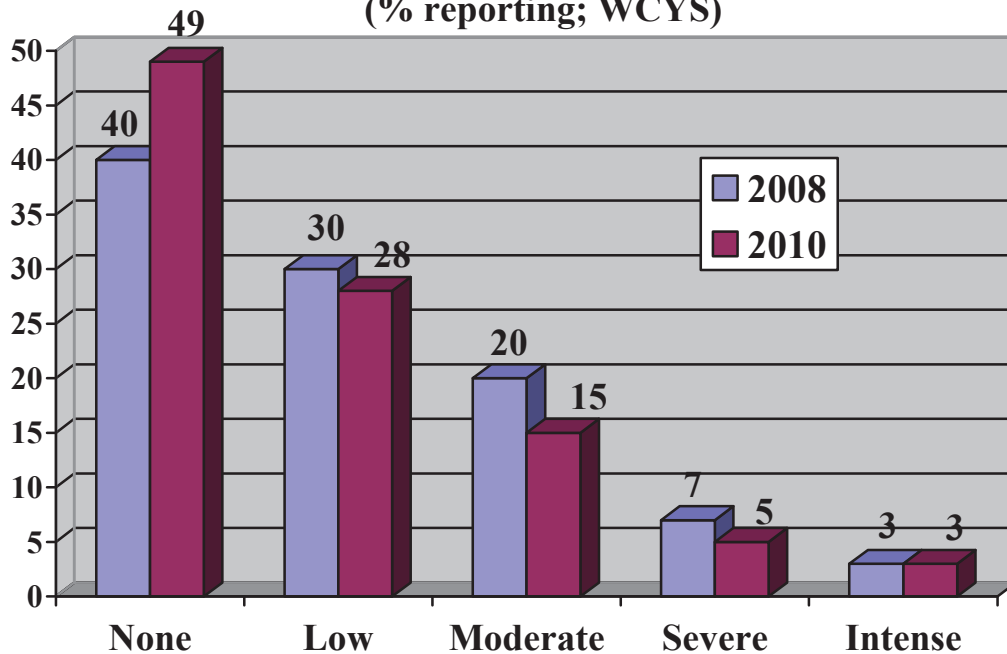
Frequency and prevalence of substance abuse was reported by the WCYS (2010 and its previous biennial reports) and by the WCCHAS (2007-2008). More information on *significant* age and gender differences would be informative, in addition to extent of substance abuse. For example, although frequency charts allowed for ease in reading, it would also be illuminating if contrasts were reported by other demographic areas (e.g., family structure, race, community-level indicators). The WCYS (2010) should be recognized for presenting numerous correlates of substance abuse (e.g., using the Ohio Scales and bullying measures). Future needs assessments

may strive to provide further details on the county-wide extent of substance abuse and consequences of use among youth (e.g., delinquency, sexual assault, driving under the influence, etc.), which in turn could inform county policy. Such additional information on substance abuse and its consequences in Wood County could provide more theoretically-derived predictors of substance abuse, including possible demographic predictors such as age and gender, or more psychologically-based predictors such as co-occurring mental health problems. A better understanding of these predictors could inform school-based substance abuse prevention programs. Continuing to compare substance abuse prevalence rates among students who have received school-based prevention programs to those who have not (e.g., *LifeSkills* curriculum; WCYS, 2010) is also important so that the community is aware of currently implemented effective programs and that county funding of these programs is continued.

Mental Health

The Wood County Youth Survey assessed the general prevalence of mental health problems in 7th to 12th grade students in Wood County schools using the Ohio scales (WCYS; 2008 & 2010). The WCYS used the Problem Severity Scale as a rough estimate of the prevalence of Wood County youth who reported mental health problems. Distribution of overall problem severity is reported in Figure 2. Overall, most respondents reported having either no mental health problems, or a low level of mental health problems; however, a sizable minority of respondents reported having mental health problems of at least moderate severity. Youth who reported greater severity of mental health problems also tended to report greater frequency of substance abuse and other risky behaviors such as driving under the influence of substances. Differences in problem severity by age, gender, or ethnic group were not available. More details on specific types of mental health problems are provided below.

**Fig. 2 Intensity of Mental Health Problems by Year
(% reporting; WCYS)**



Depression and Suicide

Due to the relatively high rate of suicide in the state of Ohio (WCHA, 2007/2008), information on rates of depression and suicidal ideation are extremely important. The Wood County Youth Survey (WCYS; 2008 & 2010) found that 74% of youth in 7th through 12th grade fell in the “not depressed range,” 21% fell in the mid-range stating that they “occasionally” experience symptoms of depression and 5% fell within the more severe range of depressive symptoms. There was no significant gender difference found in rates of depressive symptoms, although significant race differences were found with Latino/a students being more likely to experience symptoms of depression than Caucasians and African Americans. Both the WCHA 2007-2008 and the WCYS 2010 report found that older youth were more likely than younger youth to report symptoms of depression, although specific breakdown of symptoms by age or grade were not available. Over two-thirds (69%) of youth reported they had people to turn to for help when they felt sad or hopeless, while 6% did not have anyone to turn to, and the remainder either never felt sad or hopeless or did not know how to answer the question.

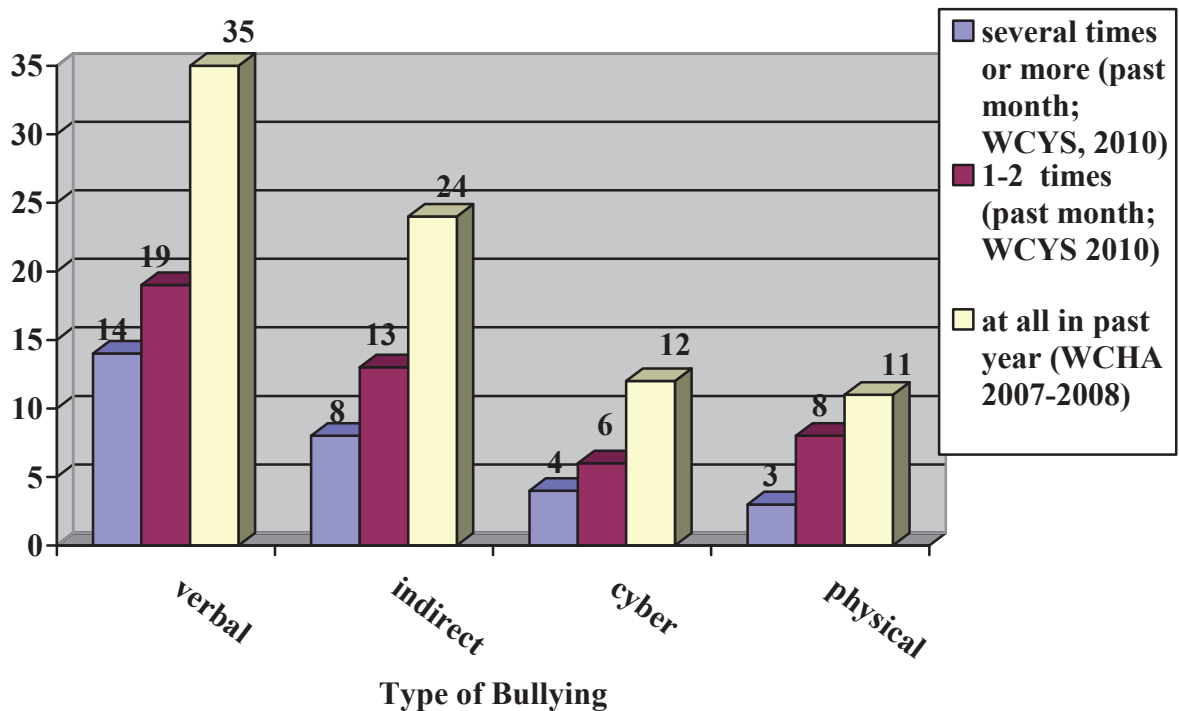
The WCYS 2008 report found that 17% of students in 7th through 12th grade experienced suicidal ideation over the past year, while 5% reported having made a suicide attempt. The WCHA (2007/2008) reported slightly lower numbers in their sample of 12-18 year olds, with 9% of Wood County youth reporting seriously considering attempting suicide in the past year, 4% reporting having made a suicide attempt, and 2% having made more than one attempt. Both

suicidal ideation and suicide attempts were more common among students who also experienced symptoms of depression, and among those who reported higher levels of general mental health problems.

Bullying

While bullying and being the victim of bullying are not considered mental health problems on their own, they have found to be related to many mental health problems and disorders including depression, aggression, and low self esteem. There are several types of bullying including physical (e.g., hitting, kicking), verbal (e.g., insults, threats), indirect (e.g. excluding from a group, spreading rumors), and cyber bullying (e.g., using the internet to insult or threaten others). The 2010 WCYS assessed all four types of bullying using the question “In the past 30 days, how many times have you been bullied?” in 7th to 12th grade students. Detailed results are presented in Figure 3. It is noted that most students reported not being bullied at all within the past 30 days, across all types of bullying. The WCHA 2007-2008 assessed reports of being bullied over the past year, and found that 46% of youth reported any type of bullying over the past year. Both reports found verbal bullying to be most prevalent in Wood County, followed by indirect bullying.

Fig 3. 30-day prevalence (%) of bullying by type



Safety and Violence

The 2007/2008 Wood County Health Assessment also examined the frequency of several safety and violence behaviors exhibited by 12 to 18 year olds that can be related to mental health problems. In 2008, 10% of all Wood County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, with males reporting a higher rate (16%). In the past year, over one-quarter (28%) of youth had been involved in a physical fight and 17% on more than one occasion. Additionally, 10% of youth reported being physically assaulted by an adult or caregiver within the past year, while 4% of youth reported being physically assaulted by a boyfriend or girlfriend. Almost one-quarter (22%) of youth intentionally hurt themselves during their life, including by cutting, hitting, or other means.

Risky Sexual Behaviors

Early sexual behavior has been shown to be associated with mental health problems. The WCHA (2007/2008) examined sexual behavior in youth 12 to 18 years old. The report found that just under one-third (31%) of Wood County youth reported having sexual intercourse, increasing to 54% of those ages 17 and over. The overall number is lower than the national rates of adolescents reporting sexual activity in 2005 (47%), although rates are higher among older adolescents. Of those youth who were sexually active in their lifetime, 39% have had one sexual partner, 61% have had multiple partners, and 12% had six or more partners.

In regards to contraception and sexually transmitted disease prevention, 74% of Wood County youth report using a condom during their last sexual intercourse experience and 28% of youth reported using birth control pills. These figures are higher than national figures for youth (63% for condom use and 18% for birth control pills). One-fifth (20%) of sexually active youth in Wood County reported using alcohol or drugs within a few hours of their last sexual intercourse.

The report also found that 5% of youth were physically forced to have sexual intercourse when they did not want to, and 10% of youth reported being touched in an unsafe (sexual) way in the past 12 months. Finally, 8% of youth were asked to meet someone they had met in a computer chat room and 3% have participated in sexual activity with someone they met in a computer chat room.

Suggestions for Future Assessment of Youth Mental Health

Whereas the Wood County Youth Survey (2008 & 2010) and Health Assessment (2007/2008) have assessed several mental health problems and behaviors related to mental health problems exhibited by Wood County youth, many areas have been left unexamined. These self-report surveys asked youth 12 to 18 years of age about general mental health problems, depression and suicide, bullying, safety and violent behaviors related to mental health problems, and early sexual behaviors. Areas not reported on included separate measures of internalizing (such as anxiety) and externalizing behaviors (such as defiance or oppositionality), questions about the prevalence of common mental health problems such as ADHD and learning problems, and information on the prevalence of cognitive and developmental disorders (e.g., autism spectrum disorders). Although these two surveys thoroughly assessed youth's self report of the problems listed above, other reports, such as parental reports of their children's mental health

and related behaviors, were not assessed. Additional reports may provide information that youth are uncomfortable reporting or of which they are unaware. Also, no information was reported on children ages 0 to 12-years-old, which means little is known about the mental health problems and needs of this age group in Wood County. Future studies could focus on gathering information on other mental health problems youth experience, employing both self-report and parental measures of children ages 12 to 18 years old, and gathering parental reports on children ages 0 to 12 years old.

Physical Health

Only one of the reports reviewed (Wood County Health Assessment Report 2007/2008) provided information about the physical health of children and adolescents in the county. Sixty-one percent of youth reported seeing a doctor within the past year, indicating that a significant minority are not receiving regular annual checkups. Sexual health statistics are summarized above in the section on mental health, with obesity and oral health reviews provided below.

Obesity

According to the 2007-2008 Wood County Health Assessment Report, 16% of Wood County youth were obese according to Body Mass Index (BMI) by age for males and females and 70% of youth were of normal weight. The prevalence of obesity among youth in the county is higher than the national rates of obesity reported for 2005 (13%). Thirty percent of county youth described themselves as slightly or very overweight.

Nutrition and exercise statistics indicate that 36% of Wood County youth reported drinking fruit juice or eating fruit at least once per day in the past week, 36% had eaten vegetables, and 60% drank at least one glass of milk per day in the past week. Females reported eating more vegetables, but males reported drinking more milk. 62% of youth participated in at least twenty minutes of moderately strenuous physical activity on three or more days in the past week, which is about equal to the state and national levels.

A number of youth also reported engaging in unhealthy behaviors to lose weight. Eleven percent of youth reported not eating for 24 hours or more on at least one occasion within the past 30 days, 5% of teens took diet pills, powders, or liquids, and 3% took laxatives in an effort to lose weight within the past 20 days.

Oral Health

In regards to oral health, the 2007-2008 Wood County Health Assessment Report states that 71% of Wood County youth had visited the dentist in the past year for a check-up, exam, teeth cleaning, or other dental work. Seven percent of youth reported that it had been more than two years since their last dental visit. Females were slightly more likely to report visiting a dentist in the past year than males, and younger youth were more likely to visit a dentist than older teens.

Suggestions for Future Assessment of Youth Physical Health

Overall, Wood County youth have higher rates of obesity than others their age at the state and national level; however, it is noted that the county data are from 2007-2007, and the national comparison data used were from 2005. Although there is some evidence that youth are attempting to engage in healthy eating and exercise, there is substantial room for improvement. This information is important since overweight and obese youth have an increased chance for heart disease, diabetes, other health problems, depression, low self-esteem, and being obese as adults and exercise is important for decreasing the likelihood of becoming obese.

Additional areas of youth physical health to be explored may include: overall impressions of health, health care coverage and accessibility, frequency and rates of physical disabilities, illnesses (e.g., diabetes, asthma), injuries, and preventative health measures (e.g., immunizations and vaccinations). The physical health of Wood County youth under the age of 12 (6th grade) should be addressed by future assessments.

Perceptions of Needs of Wood County Children and Families

All of the studies reviewed were designed with the aim of providing useful data for addressing the needs of their target populations, and as such all made recommendations about needs remaining to be met. The current section of this review summarizes some of the findings of studies that explicitly asked respondents to report on their perceptions of the needs of Wood County children and families. Due to varying approaches and question formats, it is somewhat difficult to summarize across studies, so we present a more holistic summary of perceptions of needs. For a quick summary of needs identified across studies, see Table 2.

The Wood County Needs Assessment report from 1998 identified as its “flagship” problem a need for better parental supervision and better childcare options in Wood County. Parent problems managing child behaviors was identified as a major problem in the WCNA (1998) report, reflected by the perception of a need for more parent training services in the Key Informant Survey (2004) for the Wood County Alcohol Drug Addiction and Mental Health Services (ADAMHS; 1996), and need for more parent support mentioned during the Wood County Summit on Children (2009). The Wood County Summit on Children (2009) more specifically indicated that parents and children needed help with stress reduction, and in regards to social functioning children needed more affordable social activities and role models. The fact that an explicit need for better childcare did not appear in later reports may be due to efforts following the 1998 needs assessment report that resulted in a remediation of this problem, or perhaps because later reports focused more explicitly on mental health issues.

Table 2: Needs of parents, children, and the families that serve them

<p><i>Needs of parents:</i></p> <ul style="list-style-type: none"> • Child supervision/child care • Parent training, help managing child behavior • Stress reduction • Education/awareness about results of trauma • Help with finances • Help with transportation to services <p><i>Needs of agencies serving children and families:</i></p> <ul style="list-style-type: none"> • Greater collaboration <ul style="list-style-type: none"> ○ Increased data sharing ○ Pool resources • Increased funding 	<p><i>Needs of children:</i></p> <ul style="list-style-type: none"> • Problems of children: <ul style="list-style-type: none"> ○ Child physical and emotional needs ○ Child abuse/neglect ○ Teen substance abuse • Mental health services: <ul style="list-style-type: none"> ○ Early screening for mental health needs ○ Residential treatment for mental health problems ○ Therapeutic foster care for children with serious emotional disturbances ○ Intensive home-based counseling ○ cross-training between law enforcement and behavioral health professionals ○ Aftercare services ○ Ethnic, racial, and culturally sensitive services for children with serious emotional disturbance • Substance abuse treatment needs: <ul style="list-style-type: none"> ○ Early screening for substance abuse problems ○ Residential substance abuse treatment ○ Intensive outpatient substance abuse treatment ○ Dual-diagnosis services • Other needs: <ul style="list-style-type: none"> ○ Role models ○ Affordable social activities ○ Stress reduction
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Mental health services were a key theme in many of the reports. The WCNA (1998) report, the Key Informant Survey (2004), and the Wood County Summit on Children (2009) identified a number of mental health problems and apparent needs for mental health related services. Child emotional and behavioral problems, particularly among 6-12 year olds, was identified as a problem by the WCNA (1998) survey and the Wood County Summit on Children identified that children’s emotional and physical needs needed to be addressed. The ADAMHS Key Informant Survey (2004) also identified a number of perceived needs pertinent to child emotional and behavioral problems, including needs for more residential treatment for mental health problems, intensive home-based counseling, early identification and screening for mental health and substance abuse problems, cross-training between law enforcement and behavioral health professionals, and more ethnic, racial, and culturally sensitive services for children with serious emotional disturbance. The need for early intervention was again brought up in the Wood County Summit on Children (2009).

A need to address issues associated with substance abuse/use was also identified across studies. Both the WCNA (1998) survey and the ADAMHS Key informant Survey (2004) indicated that teen alcohol and drug abuse are perceived as serious problems in Wood County. The ADAMHS Key Informant Survey (2004) suggested that there is a need for residential substance abuse treatment, intensive outpatient substance abuse treatment, dual-diagnosis services, and aftercare services. The Wood County Summit on Children (2009) also recognized a need for further services addressing substance use and mental health issues.

Additionally, the WCNA (1998) survey identified child abuse and neglect as a problem among 0-5 year olds, and the ADAMHS Key Informant Survey (2004) reported a need for more therapeutic foster care for children with serious emotional disturbances and the Wood County Summit on Children (2009) acknowledged a need for more education on the effects of childhood trauma. Two remaining problems identified by the WCNA (1998) survey, serious illness within a family and general problems running a household, were not directly addressed in the ADAMHS Key Informant Survey (2004). The Wood County Summit on Children (2009) detailed further barriers for families with children who need services including difficulties with transportation.

Another approach to assessing the needs of Wood County children and families was to identify needs within agencies that stood as barriers to children and families receiving services. According to the Strategic Alliance Partnership Grant (2007), previous surveys had identified a greater need for collaboration and coordination among the agencies that provide services to children and families in Wood County. This finding was also evident in the later Wood County Summit on Children (2009), which highlighted a continuing need for collaboration among agencies. The Strategic Alliance Partnership Grant (2007) involved gathering information from Wood County child and family service providers to study the collaboration between agencies and make suggestions for improving collaborative efforts. The Strategic Alliance Partnership Grant identified the following barriers to collaborative data sharing among child and family service providers: lack of access to useful data, lack of time to complete assessments, lack of personnel to complete these assessment activities as well as evaluation activities, and lack of data sharing among agencies. As a result of this lack of data sharing, multiple agencies are collecting similar data resulting in duplicate data collection efforts among agencies with limited resources to begin with. A need was identified for an analysis of possible areas of overlap to determine how to better pool resources. The need to pool resources is accentuated by the overwhelming agreement at the Wood County Summit on Children (2009) that lack of adequate funding was a significant barrier in regards to the services provided by agencies to Wood County children and their families.

Suggestions for Future Assessments of Youth Perceptions of Needs

A common approach to assessing perceptions of needs of children and families in Wood County is to interview “key informants”, or individuals who provide services to this demographic. One study, the WCNA (1998) study, directly asked Wood County families about their perceptions of common problems experienced by families; however these data are now over ten years old and it is likely that families may be experiencing different stressors. The Strategic Alliance Partnership Grant (2009) identified the need for a current county wide needs assessment, recommending following best practice in developing a collaborative assessment of community needs building upon previous efforts. Future research may combine key informant interviews with broad surveys of families’ perceptions of their own needs and the needs they

perceive among their neighbors. In addition, it would be beneficial to build upon the queries of previous Wood County needs assessments to determine how needs have changed or remained constant over time.

Summary and Conclusions

The reports reviewed raised a number of important points regarding the mental and physical well-being of children and their families in Wood County. Although rates of substance abuse problems appear to be declining over time, still a significant proportion of Wood County youth consume alcohol, tobacco, and other drugs. Use of these substances is associated with a variety of mental health problems and risky behaviors, supporting the assertion across reports that co-occurring mental health and substance abuse treatment services are an important need in Wood County. Mental health surveys identified depression as a problem for a sizable minority of Wood County youth, with bullying, risky sexual behaviors, and exposure to other types of violence also being reported by many Wood County adolescents. Although data on physical health problems of youth were sparser, obesity and irregular doctor's and dentist's visits emerged as common health issues.

Across reports, a number of needs for future services were identified. Most corresponded to identified problems, such as needs for a variety of mental health services, services to help parents better support their children, and better coordination among existing service providers. However, an additional need is for assessments to fill gaps in the evidence provided by existing studies. For example, many studies relied on interviews with service providers to assess perception of needs of children and families in Wood County. More information on how families themselves perceive their own and their neighbors' needs for services may be useful in better understanding how families prioritize needs. In a related vein, more information on whether families are aware of existing services, and/or how they may experience barriers to accessing those services, may be of vital importance to service providers. Regarding assessment of mental and physical health problems, none of the reports reviewed assessed problems among children younger than 10 years old. In addition, although the reports were comprehensive in their coverage of some topics, such as substance abuse, other topics, such as a broader variety of common mental and physical health problems, remain to be assessed in more detail.