Executive Summary

Sometimes providing for vulnerable individuals in our society can appear to be at cross purposes with stimulating the economy. However, thoughtfully constructed programs can simultaneously support vulnerable populations and generate wealth by creating jobs, reducing or preventing disability, and exploiting prevention strategies. This project is designed in this spirit.

NEED: Many children struggling with mental disorders do not have adequate access to treatment, especially in rural locations. The reasons for this are complex and include financial limitations, stigma, and shortages and maldistribution of mental health professionals. This proposal focuses on professional workforce shortages and maldistribution, challenges that are especially serious in cases involving severe mental disorders. Many rural communities must resort to unnecessary hospitalizations to gain access to professional expertise. This strategy can impose a significant financial hardship for the family and the community. Hospitalization is a poor substitute for ongoing treatment in the community. The outcomes of ineffective treatment are high rates of school failure, unemployment, substance abuse, and criminal behavior, resulting in an enormous long-term negative impact on the community’s economy.

APPROACH: We propose to use broadband-based videoconferencing technology to (a) directly enhance childhood mental health services and (b) improve the training of nonmedical mental health professionals. We will achieve these goals through two programs, the Vulnerable Child Clinical Consultation (VCCC) Program and the Child and Adolescent Psychopharmacology at a Distance (CAP-D) Program. The VCCC program will use broadband-based videoconferencing to deliver approximately 1,000 hours of specialized professional mental health services to rural mental health clinics and school districts. The CAP-D program will deliver 7,000 student class sessions of specialized instruction to graduate mental health professional training programs. These services will ultimately generate sustainable program income beyond the grant award period. Moreover, we propose an ambitious dissemination plan and will pursue replication of these programs, and nationwide.

The VCCC program will use a collaborative team approach. Our partners include the Wisconsin Department of Public Instruction (DPI) and the Wisconsin Department of Health Services (DHS). DPI staff will communicate the availability of this service to Wisconsin school districts and prioritize cases for service delivery. DPI staff will also provide technical support on compliance with the regulations governing instruction of students with special needs. DHS staff will coordinate care, provide case management consultation, and gather background information. We anticipate that many of the children served will be in DHS-related programs e.g., foster care, adoption, and other child protection services.
Videoconferencing will allow all of the involved agencies to efficiently share information, plan for common goals, and coordinate care.

The CAP-D program will use videoconferencing to provide education in child and adolescent mental health and psychopharmacology to nonmedical professionals working with school-age children. Current estimates are that 5%–25% of such children are being treated with psychiatric medications. But professionals such as special education teachers, school psychologists, and social workers are rarely trained to work with this population. Most graduate training programs recognize the need for such training but lack access to qualified instructors. Furthermore, these children are often in the care of primary care physicians with only the most basic knowledge of psychiatric medications. The CAP-D program will provide much-needed education in psychopharmacology and other topics of specialized mental health education.

TARGET POPULATIONS: We will reach two target populations: (a) individuals directly served by the VCCC and CAP-D programs and (b) clinical and academic leaders interested in replicating these programs. During the award period, the VCCC will directly improve the mental health care of approximately 800 children and families affected by severe mental illness, primarily in the state of Wisconsin. The CAP-D will enhance the education of approximately 500 school psychology doctoral students, nationwide. The dissemination and replication portion of the project will reach at least 400 clinical and academic leaders, nationwide.

QUALIFICATIONS: Dr. Johnston is a board-certified child and adolescent psychiatrist with a national reputation for excellence in child and adolescent psychopharmacology. He is the medical director of the Wisconsin Bureau of Mental Health and Substance Abuse. Dr. Kratochwill is a licensed psychologist and director of the Educational and Psychological Training Center at the University of Wisconsin–Madison. He is also internationally recognized in the area of evidence-based mental health and educational services.

JOB CREATION/PRESERVATION. Good health, including good mental health, is a critical part of the nation’s work force human infrastructure. There is a well-established interaction between mental illness and economic status: mental illness is a robust predictor of unemployment, and unemployment is a significant risk factor for mental illness, substance abuse, and domestic violence. The proposed project will have a direct impact on individuals served by the VCCC and CAP-D programs and an even larger impact through program replication. In addition, the efficiencies created by the proposed approach will in themselves contribute to economic stimulus.

COST: The overall startup costs of the project over the three-year award are $4,584,663.