Scott County Kids

Scott County Children’s Mental Health System of Care

Focus Group Results: Summary Version

Ryan Bobst, MSW, LMSW

June 1, 2011 - October 4, 2011
Scott County Children’s Mental Health System of Care

Focus Group Results

Summary Version

June 1, 2011 - October 4, 2011

Prepared By:

Ryan Bobst, MSW, LMSW
Community Planner
Scott County Kids
Children’s Mental Health System of Care Initiative
600 W 4th Street, 6th Floor
Davenport, IA 52801
563-326-8221
ryan.bobst@scottcountyiowa.com
Executive Summary
Scott County Kids is a community planning and funding agency that seeks to address and overcome systemic challenges that interrupt the lives of children ages birth to eighteen while increasing access to and streamlining resources throughout the area. Per this mission, the Scott County Decategorization Program has funded a Children’s Mental Health System of Care Initiative through a Memorandum of Agreement with the Iowa Department of Human Services, Child Health Specialty Clinics, the University of Iowa Center for Disabilities and Development, and Scott County Kids. A system of care has values consisting of the following: family-driven and youth-guided care, culturally and linguistically competent, and community based. In order to begin this process, Scott County Kids conducted 32 focus groups in the community with 348 youth; family members; and mental health, substance abuse, and physical health providers in order to gain an understanding of the current state of children’s mental health in Scott County, Iowa.

The results of the focus groups indicate that youth:
- Want to be served in their home community;
- Want a say in their service provision;
- Want to be more involved/engaged in the community through volunteer opportunities and extra-curricular activities; and
- Want to be heard in a nonjudgmental atmosphere.

Family members:
- Want to be valued as a treatment team member among providers;
- Want to be heard by providers and decision-makers;
- Want their culture and background to be respected;
- Want one person/place to start with who can help them navigate the mental health system;
- Want less paperwork and restrictions to treatment;
- Want to have access to services when challenges first arrive and before challenges become more severe;
- Want more educational opportunities about mental health and what they can do; and
- Want a service directory focused on providing options and linkage to appropriate services with as few steps as possible.

The provider community:
- Wants a centralized person/location that can help both providers and families navigate the mental health system;
- Wants to improve communication and collaboration between providers;
- Wants more professional development opportunities;
- Wants more education and training to assist children younger than five years of age; and
- Wants a service directory to help providers link families to the most appropriate services in the community.

Based on these results, Scott County Kids’ Children’s Mental Health System of Care was able to identify four priorities within its action plan:

1. Family Navigator Personnel
2. Universal Release of Information
3. Professional Development Opportunities
4. Comprehensive Service Directory for Children’s Mental Health

These priorities are unique to Scott County, Iowa and will be implemented through the use of community-driven panels or committees revolving around youth, families, and providers. Additionally, an Operational Planning Committee will assist the governing organization - Scott County Children's Mental Health System of Care Commission - in operationalizing the planning to prepare the community for implementation. A majority of the focus group participants will serve on these panels in order to continue to share their input and collective voice (Refer to p. 17 for visual reference).

Introduction

It has been well documented that children and youth with mental health challenges often experience many unfortunate outcomes in life. Children and youth with mental health challenges are more likely to:

- drop out of school (National Federation of Families for Children's Mental Health [NFFCMH], 2008);
- be arrested (NFFCMH, 2008);
- be involved in the juvenile justice and child welfare systems (NFFCMH, 2008);
- experience low levels of employment (NFFCMH, 2008);
- experience poverty and homelessness at high levels (NFFCMH, 2008);
- have parents who are stressed and frequently miss work (Brannan, Heflinger & Bickman, 1997).

These startling statistics, coupled with the fact that youth with mental health challenges cost the US an estimated $247 billion annually (National Research Council & Institute of Medicine, 2009), and that suicide is now the third leading cause of death among youth (US Department of Health & Human Services [USDHHS], 2008) give cause for alarm.

Given this national stage, Scott County Decategorization (ADBA Scott County Kids) hosted four community forums for Scott County Iowa in November 2007 to determine what some of the issues were in the local community. Participants clearly identified our local mental health system as fragmented and inaccessible; with the state of Iowa experiencing low reimbursement rates, high staff turnover and an increase in complex clients seeking mental health services (Quad City Health Initiative, 2010; Scott County Health Department 2010; Quad City Vitality Scan, 2007; Quad City Vitality Scan, 2010; Rasche, 2009; Rasche, 2010). It was recognized that a community-wide transformation was necessary in order to impact any systems changes. Within this community context and readiness for change, the Scott County Children’s Mental Health System of Care Commission was established to facilitate the development of a children’s mental health system of care.

Scott County Children’s Mental Health System of Care Commission

In order to address this growing issue and the impact of children’s mental health on the community, the Iowa Department of Human Services, Community Circle of Care (Northeast Iowa), in partnership with Child Health Specialty Clinics and the Center for Disabilities and Development at the University of Iowa, and Scott County Decategorization (doing business as Scott County Kids) entered into a Memorandum of Agreement (MOA). The MOA formed the foundation of the development of a system of care in Scott County for children from birth to age twenty-one, with emotional and
behavioral challenges and their families. The initial leadership team that formed, known as the Commission, were key community stakeholders who were identified as having the following characteristics:

- Time and resource investment into the Scott County Children’s Mental Health System of Care project;
- Influence and credibility by guiding the steering and planning process;
- Use members for a “think tank” to test internal and external perspectives; and
- Would not be a potential service contract holder.

Based on these targeted characteristics, the initial membership of the Scott County Children’s Mental Health System of Care Commission can be viewed in the table below.

<table>
<thead>
<tr>
<th>Initial Commission Members</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair:</strong> Scott Hobart, Chief Juvenile Court Officer</td>
<td>7th Judicial District of Iowa</td>
</tr>
<tr>
<td>Marcy Mendenhall, Executive Director</td>
<td>Scott County Kids</td>
</tr>
<tr>
<td>Dr. Robert Anderson, Pediatrician</td>
<td>Genesis Health Group</td>
</tr>
<tr>
<td>Kim Riley, Parent</td>
<td>Scott County</td>
</tr>
<tr>
<td>Julio Almanza, Superintendent</td>
<td>Davenport Community Schools</td>
</tr>
<tr>
<td>Scott Crane, Executive Director</td>
<td>United Way of the Quad Cities Area</td>
</tr>
<tr>
<td>Matt Mendenhall, Vice President of Programs</td>
<td>Community Foundation of the Great River Bend</td>
</tr>
<tr>
<td>Gary Lippe, Service Area Manager</td>
<td>Iowa Department of Human Services, Eastern Service Area</td>
</tr>
<tr>
<td>Nicole Mann, Coordinator</td>
<td>Scott County Decategorization</td>
</tr>
<tr>
<td>Vickie Miene, Program Director</td>
<td>Community Circle of Care (Technical Assistance)</td>
</tr>
</tbody>
</table>

It was through these diverse leaders that a process of facilitating the development of a system of care was initiated. The Commission developed a project charter, which outlined the vision, scope, action steps, and function of the Commission. The vision of the Commission is:

*The Children of Scott County will have accessible, effective and equitable resources to optimize their mental and behavioral health.*

The scope of the Commission is defined as:

*The purpose of the Scott County Children’s Mental Health System of Care Commission is to research, recommend and design a mental health system of care inclusive of family driven and youth guided, community based, and culturally and linguistically competent. The Commission will provide oversight and governance following the implementation of the mental health system of care.*

The action steps of the Commission include:

*To conduct process mapping; to facilitate focus groups; to initiate a Family Navigator pilot project; to organize a directory of children’s mental health services; to promote professional development; to create community driven panels; to report findings, recommendations and designs of system of care; and to pursue sustainable system of care for children’s mental health.*

The function of the Commission is to:

*Provide leadership, governance and oversight of the development, implementation and evaluation of the Scott County System of Care.*

A system of care would be the dynamic philosophy and value base on which to build our community-specific solutions.
System of Care
A system of care is defined as “A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life” (Stroul, Blau & Friedman, 2010). Stroul, Blau and Friedman (2010) identify the core values of a system of care to include:

- Family Driven & Youth Guided
- Community Based
- Culturally & Linguistically Competent

In addition to the core values, the system of care has thirteen guiding principles defined by Stroul, Blau and Friedman (2010) as designed to:

- Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports
- Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family
- Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families
- Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate
- Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation
- Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management
- Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs
- Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings
- Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed
Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents

Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals: fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level

Protect the rights of children and families and promote effective advocacy efforts

Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences

This exhaustive list is the focal point of our work as a Commission and the activities that we plan, implement and support.

The benefits of system of care philosophy are many and necessary. As previously stated, the mental health system in Scott County was fragmented and inaccessible, thus leaving youth, families, providers and the community all siloed from each other. Even within community providers in Scott County, confusion and lack of communication existed about capacity and services. The system of care is a process and philosophy that will help our community build on our current strengths in order to collaborate more meaningfully, and serve youth and their families in the community.

The prevalence pyramid shown on p. 10, demonstrates the current system estimates on the left-hand side of the pyramid (Kids N’ Care, 2011). The right-hand side of the pyramid demonstrates the estimates of children with mental healthcare needs in Scott County (US Census Bureau, 2009) based on 20% of children have mental illness and/or serious emotional disturbance ages birth to 19. Therefore, the estimates in Scott County equate to approximately 456 children with the most serious and complex mental healthcare needs. Approximately 1,367 children with mental healthcare needs in Scott County have moderate needs and need accessible, high-quality services. Approximately 7,291 children with mental healthcare needs in Scott County have less complex needs, but need access to assessment, prevention and health promotion. This also demonstrates the projected work and role to be done by Scott County Children’s Mental Health System of Care. The work to be done also includes all local community providers and assets to build support and resiliency around youth with mental healthcare needs and their families.

With the shared power of the community and the values and philosophy of a system of care, there is confidence that Scott County can spend fewer resources on children with the most intense needs, and be able to serve them in their home community. There is also confidence around building on our local strengths to provide access and support to
FOCUS GROUP RESULTS – Summary Version

children and their families when they need it, thus preventing challenges from becoming more severe.

The top tier of the prevalence pyramid includes Family Navigator Personnel, who are individuals who can provide emotional support and assistance to families trying to navigate the mental health system. Family Navigators have been described differently by different families, but with similar traits and responsibilities in mind. This unique role is played by people who have direct experience with a child with mental health care needs. Navigators also link families and providers to necessary services with the aim of preventing youth and families from floundering and having challenges become more serious. It is also important to note that many local agencies offer “Navigator-ish” positions with intensive case management and care coordination. The system of care will work to bring those providers together in order to support ongoing efforts and provide training and support to enhance these efforts. Additionally, the Family Systems Coordinator and the Youth Coordinator have participated in Family Team Meeting Facilitation Training, which allows family-involved persons to help identify strengths and needs, as well as creative and innovative solutions to those needs. Family support funds have been made available through the Scott County Children’s Mental Health System of Care Commission in order to cover costs of individualized resiliency supports. An example of such a support could include funds to purchase a pet fish to help improve quality of life. Again, all of these services and supports are meant to surround the youth and family with the services and support necessary to be served in the community, while utilizing fewer resources than in our current system.

The middle tier of the pyramid incorporates the roles of the Family Systems Coordinator and Youth Coordinator to: identify and address systems barriers, advocate with and on behalf of youth and families with mental healthcare needs, and link community members to appropriate resources. In addition, a decision-making tree and a local service directory have been identified through focus group feedback as necessary to tease out local resources and having youth with mental healthcare needs, their family members, and local providers understand what to do when an individual and unique challenge present.

The lowest tier of the pyramid involves System of Care staff building community capacity within our local service providers by instilling the System of Care values and philosophy. In addition, resiliency supports are hoped to be enhanced in order to prevent youth from moving up the pyramid in complexity and intensity.
Focus group sites can be seen in the table below.

<table>
<thead>
<tr>
<th>Location</th>
<th>Date(s)</th>
<th>n = number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethany for Children and Families</td>
<td>6/7/11</td>
<td>13</td>
</tr>
<tr>
<td>Center for Alcohol and Drug Services</td>
<td>9/7, 9/26 &amp; 9/28/11</td>
<td>46</td>
</tr>
<tr>
<td>Community Focus Groups</td>
<td>7/13, 7/14 &amp; 9/19/11</td>
<td>92</td>
</tr>
<tr>
<td>Department of Human Services</td>
<td>7/14/11</td>
<td>25</td>
</tr>
<tr>
<td>Early Childhood Coordinating Council</td>
<td>6/1/11</td>
<td>7</td>
</tr>
<tr>
<td>Edison Academy</td>
<td>9/29/11</td>
<td>3</td>
</tr>
<tr>
<td>Eldridge Police Department</td>
<td>8/3/11</td>
<td>1</td>
</tr>
<tr>
<td>Elevate (now AMP)</td>
<td>6/23/11</td>
<td>6</td>
</tr>
<tr>
<td>Edgerton/WIC Clinic</td>
<td>9/9/11</td>
<td>1</td>
</tr>
<tr>
<td>Families First</td>
<td>9/26/11</td>
<td>5</td>
</tr>
</tbody>
</table>
FOCUS GROUP RESULTS – Summary Version

Thirty-two focus groups were completed between June 1st and October 4th, 2011. The total number of participants (n) was 348. The pie chart to the right depicts the breakdown of youth (n=40); family members (n=85); providers (n=201); and community members (n=22). The average number of participants per focus group was 10.9.

**Values**

The exercise in attitudes, values and cultural competence results aided in understanding Scott County community-wide values.

In response to the statement, "We need to have everybody at the table to be effective in building a system of care for children and families involved or at risk for involvement in child welfare," the community had strong agreement with 92.7% of respondents agreeing to the statement. The statement, "We need to focus on prevention and early intervention before problems become severe," found the community with 96.6% of respondents in agreement. The statement, "Cultural competence means paying attention to cultures of all families," found the 91.3% of respondents in agreement.

**Implications**

The implications of these results are many. An initial observation is that focus groups in Scott County have been able to engage people from a variety of backgrounds in the Children’s Mental Health System of Care. This is evidenced by the number of participants (n = 164) who have requested to participate further in our planning process. This appears to demonstrate the fact that those who wish to continue to participate have felt that their voices were heard and that they would like to participate in our decision-
making process through standing committees focusing on addressing specific gaps and needs.

Second, we are able to share this information with youth, families and providers in the community. This has been beneficial for the community to observe the perspectives that have been shared and where these perspectives aline and where they conflict. This information will then be presented to the community as a baseline, with the community dictating through the aforementioned committees, which issues to address and how to address them.

Third, the entire process of conducting focus groups as a whole, allowed Scott County’s Children’s Mental Health System of Care to follow the core value of community-based. Focus groups allowed us to hear the unique perspectives and stories of people living in our community and experiencing the issues related to children’s mental health as it stands in Scott County.

Finally, these results will help the system of care in Scott County move forward with community-driven panels that have decision-making authority to guide the implementation process. The future structure will look something like the following organizational chart. The System of Care Staff are responsive to all levels of community stakeholder involvement.

**Conclusion**

The process of conducting focus groups and collecting feedback will allow us to move forward from purely a planning process to a much more active and engaging implementation process to begin to address the identified stressors and gaps of our local children’s mental health system. The participation in our community was truly amazing, and in reality, essential to begin implementation of a system of care with the community navigating all of us towards family driven and youth guided care, community-based services, and culturally and linguistically competent practice.
References


Quad City Health Initiative. (18 March, 2010). Hearts and Minds Subgroup Meeting Discussion.


Scott County Health Department. (2010). Community health needs assessment: Health information profile.

