Deliverable #3b: Community Input Session on Community-based Programs & Family-intervention Services

The Boone County Children's Services Board (BCCSB) is taking steps to understand more about children's services in Boone County. BCCSB contracted with the Institute of Public Policy (IPP) in the Truman School of Public Affairs at the University of Missouri to organize and moderate five Community Input Sessions. BCCSB wishes to make wise expenditures of the Children's Services Fund and seeks targeted information from local services aligning with the Missouri Statutes 67 & 210. This feedback document provides an overview of the information shared with the Board during the second input session and will help guide BCCSB's future funding strategies.

Missouri State Statute 67.1775 authorizes a local sales tax of one-quarter of one cent to be levied by Missouri counties for the purpose of establishing a Children's Services Fund. This tax was made possible in Boone County following voter approval on November 6, 2012 and is estimated to raise $6.5 million dollars annually. According to Missouri Statute 210.861, the Children's Services Fund may be expensed to purchase the following services for children age 0-19 within Boone County:

1. Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
2. Respite care services
3. Services to unwed mothers and unmarried parent services
4. Outpatient chemical dependency and psychiatric treatment programs
5. Counseling and related services as a part of transitional living programs
6. Home-based family intervention programs
7. Community-based family intervention programs
8. Crisis intervention services (inclusive of telephone hotlines)
9. Prevention programs which promote healthy lifestyles among children and youth and strengthen families
10. Professional counseling and therapy services for individuals, groups, or families
11. Psychological evaluations
12. Mental health screenings

Overview: The BCCSB hosted Boone County social services agencies at their bi-monthly board meeting on March 13, 2014. The topic of this session was *Community-based Programs & Family-intervention Services* which centered on respite care, home-based treatment, and community-based treatment. A total of 16 agencies were invited to participate, of which 11 were able to attend. A total of 11 agencies prepared and submitted formal comments on worksheets which addressed the Board members' predetermined questions. Table 1 is a reference guide to

the Community Input Session #2 and quantifies the number of agencies engaged in the convening.

Table 1: Community Input Session #2 By the Numbers		
Session #2	Date:	March 13, 2014
	Topic:	Community-based Programs & Family-intervention Services
	Funding categories:	2, 6, & 7
	Number of invited participants:	16
	Number of scheduled participants:	11
	Number of worksheets received :	11
	Number of individuals in attendance:	25

Methodology: Boone County agencies having services which apply to Category #2, #6 and #7 were invited to attend the BCCSB meeting on March 13, 2014. When an agency confirmed their desire to participate in the meeting they were provided with a worksheet containing five pre-established questions developed by the Board. A copy of the agency worksheet may be found in Appendix A. Invited agencies were given two directives: first, agency representatives were encouraged to submit their written responses to the Board's five questions in advance of the meeting. These responses may be found in Appendix B, and are organized by agency name. Second, agency representatives were instructed to use their meeting participation time to answer these questions. Each respondent was given a total of five minutes.

The Board's pre-established questions are as follows:

Question #1: *What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?*

Question #2: *Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?*

Question #3: *Where is the gap in your community-based programs and/or family intervention services?*

Question #4: *What is a quantitative measure of your success when working with community-based programs and/or family intervention services?*

Question #5: *Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services area.*

Findings: The following responses are organized by question and have been de-identified. This allows the aggregated responses to point toward themes and topics rather than agency-level information shared as a byproduct of the participant's responses during the input session. When

possible, responses in bulleted lists are categorized by topic: *Shelter, mental health, transportation, basic needs, education, access* (meaning shortages, bottlenecks, agency capacity), *structure/systems* (meaning collaboration, billing, state-level issues), and *early intervention.* The "other" category is catchall for items that do not readily fit into the aforementioned groups.

Top Two Issues

During the community input session, the following were mentioned in response to the question: *What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

Mental Health

- Behavior health needs (maternal depression, toxic stress in children, substance abuse, and chronic mental illness)
- Mental health services specialized in child welfare
- Trauma Informed Care* is child-specific

Basic Needs

- Basic needs furniture and housewares

Education

- Education for the families that inspire change in the social beliefs and norms
- In-home service providing parent aid/education
- Parents are not able to adequately gather information about services available to them or how to access services
- Parents have little to no knowledge about basic child development
- Provide training to parents and teachers to help identify, respond to, and manage behavioral health needs

Access (shortages, bottlenecks, agency capacity)

- Access to services quickly
- Huge lack of services for older youth
- Securing access to services that are tailored to a child's specific need

Early Intervention

- Prevention** and early intervention that is integrated in schools and the community
- Utilization of the school system to reach adolescents and families with valuable behavioral health education, prevention, and treatment
- A sheer lack of protective factors that, if present, could mitigate or eliminate risk in families

Structure/Systems (collaboration, billing, state-level issues)

- Comprehensive in-home family services coordination with other agencies
- Mental health issues/needs is extensive for our clients, but lack of insurance limits access to therapy
- Services must be delivered in home, school, neighborhoods, i.e. not a clinical setting

Other

- Actions to address dangerous/hazardous environment to the kids (we engage in hotlines, but we have no follow-back for hotline results). Additional information sharing is need this this regard
- Lack of personal life-skills
- Limited social support
- Lack of support services for our clients, they need specifically case management
- Services must be evidence-based

Summary: Education, training, and knowledge sharing appears to be an inherent part of the community- and home-based intervention process and can have a positive impact on parents and caregivers. Agencies often struggle with working though the dilemma of serving with clients who lack insurance. The most commonly mentioned issue among agency representatives is the

need for prevention and early intervention services. Follow-up comments noted that an integrated prevention system in the schools and community would allow for access to adolescents and families.

Systematic Obstacles to Success

During the community input session, the following were mentioned in response to the question: *Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

Transportation

- Lack of transportation for clients to participate in community-based programs

Basic Needs

- Lack of basic needs (employment, housing, transportation)
- Lack of quality infant care and early child education
- Lack of safe, healthy, affordable housing
- Underemployment

Education

- Stigma around mental health and lack of knowledge

Access (shortages, bottlenecks, agency capacity)

- Difficulty accessing entry into services for smaller communities in Boone County (i.e. transportation, and awareness of services)**
- Delays in service provisions can extend a child's time in state custody
- Lack of agency capacity to provide more in-home services
- Therapy and psychiatry services are not readily available after hours due to a lack of availability of licensed providers.

Early Intervention

- Early identification of children and families in need
- Early screening

Structure/Systems (coordination, billing, state-level issues)

- Collaboration – there is a tendency to work in silos
- Eligibility criteria related to the qualifying diagnosis and insurance
- Lack of affordable services for the un/underinsured
- Eligibility expiration and timely execution of services when funding is slow
- Kids are involved in multiple systems that don't always talk to one another
- Lack of healthcare coverage including behavioral health and oral health
- Lack of integration between agencies

Other

- Consensus of the community in identifying areas of collaboration
- Expense for on-going professional development for mental health providers in evidence-based practices
- Funding
- Generational poverty
- Lack of funding in the field
- Systematic exclusion of fathers from impoverished families

Summary: Systematic obstacles to success in community- and home-based interventions circle back to two themes – the first is access and the second is the structure/systems in place. In this categorization scheme, access refers to shortages, bottlenecks in care, and a lack of agency capacity to serve more clients. Here, access issues range from the limited availability of services outside of Columbia, MO to agencies' lack of capacity to meet the demand for more in-home services. Client awareness of services, followed by transportation for Boone County residents

living outside of Columbia, MO proves to be problematic. Structure/system issues point toward agency integration and coordination, client eligibility, and billing issues.

Gap in Services

During the community input session, the following were mentioned in response to the question: *Where is the gap in your community-based programs and/or family intervention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

Shelter
- Shelter provisions for homeless
- Transitional living slots

Mental Health
- Mental health services for parents
- We lack the opportunity to screen the individual, identify the need, and connect them to services

Transportation
- Reliable transportation

Basic Needs
- Basic needs furniture
- Need for additional foster homes at all levels

Access (shortages, bottlenecks, agency capacity)
- Shortage of licensed therapists and psychiatrists* (outside of Columbia, MO)
- Children often need services immediately and they cannot be seen due to lack of available services in the area and/or long wait time for admissions into treatment
- Demand/need exceeds capacity
- In-home services are provided only to a limited number of our clients, we would like to serve more and increase staff and volunteer capacity
- Lack of case management services (we are operating at capacity all the time and have to turn away clients)
- There is a tremendous need for programs and services that are not only family-based, but community-based and evidence based
- We know we are not serving all the kids we could, but if we were to increase our referrals, we would me met with limitations in the supply of services

Early Intervention
- We fall short of identifying families and kids at an early stage of need

Structure/Systems (coordination, billing, state-level issues)
- Counseling services for people without health insurance
- Collaboration to create ongoing communication and network opportunities with other agencies who can supplement our services
- Current billing practices limit the availability of types of specialized therapists
- Limited menu of community and home-based services that are billable through Department of Mental Health
- More collaboration among agencies may prevent kids from falling in the gap
- We don't have a structured relationship outside of the schools and housing authority – we have a gap in forming relationships with other agency caseworkers or therapists who may already be working with our families

Other
- Autism evaluation and services

Summary: The gap in community- and home-based care is consistently described as a gap in access. Here, access is described as shortages in services, bottlenecks in care, and limited agency capacity. One agency representative astutely described her situation as the following – *My community-based organization is aware of the vast number of kids who we do not reach. We have the ability and desire to serve more youth – But, if we increase the number of youth served*

in our program we know that means sending more kids onto the waiting lists to receive counseling and mental health services from our partnering agencies. By us doing more of our work, we simply continue to flood the already strapped system for mental health treatment services. We are not a mental health agency, we do community-based work and we see firsthand the need of families but we cannot always help them get expedited mental health services. A different respondent mentioned – *We can usually get a child in to see a mental health provider for a first-time appointment or in a crisis situation. The problem is with follow-up visits. The child's second visit with a care provider is often pushed out 2 or 3 months.*

Quantitative Measures of Success

During the community input session, the following were mentioned in response to the question: *What is a quantitative measure of your success when working with community-based programs and/or family intervention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

- Birth outcomes
- Birth spacing
- Change of attitudes
- Child harm (hospitalizations, abuse, neglect)
- Client surveys
- DECA
- Decreased incidents
- Depression, stress, anxiety measurements
- Domestic violence incidents
- Each program goal is associated with a quantitative measure
- Early entry into prenatal care
- Early entry into WIC
- Establishing permanency for a child
- Expediting permanency for children, length of time to achieve permanency, number of placements, re-entry rate in to foster care
- Health insurance coverage
- Improved resiliency
- Improved quality of life
- Increased medication compliance
- Measurement of needs met and knowledge gained
- Multiple assessments
- Number of healthy pregnancies
- Number of single parent households
- Our measures are research and evidence-based tools
- Parenting skills curriculum with pre and post tests
- Pre and post measurements prescribed by evidence-based programs
- Success based on surveys, performance, desired level of performance and action items for their achievement
- Surveys
- Tobacco use
- Tracking if family remains intact at 3-6-12 month intervals
- Youth Outcome Survey (YOS)

Summary: Responses to the question asking about quantitative measures of success indicate that all participating agencies have some method in place for tracking performance. However, there is no clear theme represented here. Responses vary by sophistication level of data collection. Inherent to the topic of this input session, it should be noted that community-based "programs" are measured differently from family-based "interventions." The theoretical differences in prevention *vs.* intervention approaches should be taken into consideration when examining measurements of success.

Potential Collaboration

During the community input session, the following were mentioned in response to the question: *Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services area.* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

- Brokering case plans with all agents involved in new client care
- Coordination, and performance measurement for the home visitation programming in Boone County
- Promote and welcome networking opportunities among community agencies
- There is a monthly meeting of local agencies on the topic of home visitation – these organization are planning a potential collaborative systems of intake,
- We are looking to create partnerships with local treatment centers, therapists, and counselors
- We see the opportunity for increased collaboration outside of Columbia, MO
- Work with Columbia Transit Authority to allow discounted bus passes
- Yes, as part of our CPR, we collaborate with multiple community agencies
- Yes, we collaborate by design
- Yes, through public awareness campaigns
- Yes, we collaborate with many partners to ensure our clients are getting the most comprehensive services possible
- Yes, we offer joint life skills classes
- Yes, we work with others and will continue to do so

Summary: The apparent theme from providers is that, "yes", many do actively collaborate and place value on the joint process of serving youth and families. Through the community input process, agencies appear to have the intuitive nature to pool resources and eliminate redundancy through collaboration. However, an interesting and perplexing note revealed itself during the input session. Some agency representatives mentioned a lack of collaboration as a shortcoming and expressed a desire for better agency coordination. In addition to the critique that agencies work is silos, the example was given – *At times we are serving a family in our home-based program and we are unaware that a second agency is also working with that family. If we had known this and had better information sharing among agencies, we could have coordinated a joint approach.* A different respondent said – *We just cannot send one of our clients down the street to the next agency for specialized services. Often we need to escort them there. Better yet would be to have a representative from the agency come our offices to meet our client for whom we are establishing a bridge of services.*

Conclusion:

Community-based programs and home-based interventions facilitate service providers to meet families outside of clinical settings and to link them into services. The range of services can identify needs, offer primary prevention, and, if needed, make the connection to mental health or medical professionals. Most importantly, community-based and home-based approaches can ease the client's burden of transportation.

While Boone County providers see the value in meeting clients in the community, many are faced with a volume of demand that they are incapable of meeting. At times, service gaps can be mended with agency-level coordination, collaboration, and referrals; but, more often than not, the shortage of service processional in the field sustains the dearth of community-based and family-based services. In the meantime, continued education, training, and knowledge transfer from providers to parents/caregivers during the process of community- and home-based services may serve as a protective factor among families.

At the close of the meeting, Board members asked informal questions of participants. Questions surrounded a variety of topics, but most notably were themes of Medicaid reimbursements, match funding, un/underinsured clients, and Boone County's shortage of mental health professionals. These questions, and responses, circle back to the theme of access as it relates to shortages in services, bottlenecks in care, and a lack of agency capacity to meet the demand.

Appendix A: Boone County Children's Services Board's Community Input Session Worksheet from March 13, 2014

INSTITUTE of PUBLIC POLICY
Harry S Truman School of Public Affairs

Dear Service Provider,

You will have between three and eight minutes to address the Children's Services Board. They will expect you to answer the following five questions. If you would like to submit your answers in advance (or in lieu of attending) please use this worksheet. Email your completed worksheet to Jacqueline Schumacher (schumacherja@missouri.edu).

Boone County Children's Services Board
Community Input Session Worksheet
March 13, 2014

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

3) Where is the gap in your community-based programs and/or family intervention services?

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

Appendix B: Boone County Children's Services Board's Community Input Session Competed Worksheet from March 13, 2014

Agency:	**Respondent:**
American Home Care Management	Ms. Carmelita White

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- Limitations in actions that could be taken with families in respect to addressing environments that could be a potential endangerment.
- Education for families that would inspire a change in attitudes, beliefs, and social norms.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- Eligibility and requirements being rendered in a timely manner

3) Where is the gap in your community-based programs and/or family intervention services?

- Collaborations to create ongoing communication between the funders and the community based agencies
- Initiatives for networking that will open access to additional resources for families

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- Surveys/research that provided reflections of current level of performance, desired performance, and how goals will be achieved.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

- Promote/welcome networking and collaboration opportunities amongst community agents to ensure that advantage is taken with any opportunity where two or more agencies work could complement one another.
- Institutes new programs that will educate families
- Brokering case plans with all agents involved in clients care

Agency:	**Respondent:**
Big Brothers Big Sisters of Central Missouri	Ms. Heather Dimitt

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- One of the biggest needs we see on our caseloads is parents who have little to no knowledge about basic child development (physical, psychological and educational), how to provide a safe and structured home environment for a child and a very limited to non-existent support system.
- Another concern we have is that parents are not able to adequately gather information about the services available to them or how to access those services.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- As we go into homes for parent and child interviews, a part of our screening process is asking questions that identify child abuse, domestic violence and substance abuse. When we detect those concerns, we don't know to where we should refer families for treatment and/or counseling.

3) Where is the gap in your community-based programs and/or family intervention services?

- We don't have a structured relationship outside of the schools and housing authority with any other agency caseworkers or therapists who may be working with our families to help us identify additional areas where our children need help building resiliency.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- Our primary focus is on increasing a child's developmental assets and resiliency. We use a measure called the Youth Outcomes Survey (YOS). The YOS is a researched based survey developed by Big Brothers Big Sisters of America to measure the child's developmental assets. It is given at the child's intake interview and then again at the yearly anniversary of the match. We also track educational progress, out of school suspensions and juvenile referrals for many of our children.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

- Since our organization matches children with caring adults in the community for a minimum of one year, we can help provide the community support that is a crucial part of a treatment, therapeutic or counseling plan. We are looking to create partnerships with local treatment centers, therapists and counselors to help create a community support system for higher needs children. (All of our children now are from single parents, children of prisoners, in long-term foster care or referred by their teacher or school counselor.) The higher needs children would fit our base criteria but will also have additional risks such as child/parent is in therapy for a substance abuse problem, mental health issue, child abuse/domestic violence, etc.; child is a pregnant teen; child is

receiving services for a learning disability or behavior disorder. All of these children will be assigned to one Match Support Specialist (our caseworkers) who will have some therapeutic training and/or experience. This Match Support Specialist will work closely with the current child/family therapist to identify the resiliency skills most likely to help the child. The Match Support Specialist will then communicate these necessary skills to the mentor and help him or her generate a plan of action to help the child start building those skills. Mentors matched with children on this caseload will need special guidance and training beyond the standard training and support all of our mentors receive.

- These partnerships would also help us develop a relationship with treatment services in the community which would then help us make appropriate referrals for problems that we identify during our screening process.

Agency:	**Respondent:**
Burrell Behavioral Health	Ms. Julie Arment & Ms. Marlene Howser

Burrell's Comprehensive Psychiatric Rehabilitation Program is a community and home based program that serves children and adolescents with a mental health diagnosis and their families'. A Community Support Specialist visits the family (at least once a week) to assist the family with various aspects of treatment, including, but not limited to the following:

Communication skills training
Family conflict resolution
Anger management
Stress management
Socialization skill building
Accessing and coordinating other needed services
Monitoring behavioral progress (classroom and home)
Consultation with schools
Parenting skills training
Re-establishing family roles
Liaison with other agencies providing services to the child

1) ***What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?***

- **Prevention & Early Interventions** are foundational to a tiered system of support. Prevention provides education and support to the community-at-large. Schools have a major role in providing this foundational information to students in school through their counseling program for example, bullying, being safe, and healthy choices.
- There is a role for community providers to educate stakeholders (including medical doctors, pediatricians, school staff, community agencies, families, etc.) about issues related to mental health and wellness. Prevention also includes early interventions to address at-risk signs and prevent future, more severe types of social-emotional-behavioral concerns. This work is done most effectively in an integrated system with schools.
- Another issue is that of **Trauma-Informed Care**. Given all we know about trauma today, how traumatized children experience themselves, their environment, ourselves as

practitioners and how they experience the world must guide us in our assessment, care of and treatment of traumatized children.

- The primary philosophy of trauma-informed care is to "do no harm," by not making assumptions that children must be traumatized by what they have been exposed to, or if traumatized, that all children need the same intervention.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- Our community and home-based services are provided through our case management program which has **eligibility criteria** determined by the state. One of the systemic obstacles is related to the qualifying diagnosis and insurance. Families who are private pay are not able to access these services because the insurance won't cover it and they can't afford it. There are many children and families in need of this level of support who we cannot serve due to the criteria we are required to follow.
- Another obstacle is the **difficulty accessing** entry into services **for smaller communities** in Boone County (such as transportation and awareness of services available).
- Also, adjunct mental health services such as **therapy and psychiatry are not readily available** after hours due to lack of availability of licensed providers.
- In addition, **the lack of integration between** agencies and divisions is an obstacle. Each have different eligibility criteria and there is no unified system to get families into services. Some families do not have the resources to navigate these services. (For example, Intellectual Disability, Substance Abuse, Mental Health.)
- Lastly, **the expense for on-going professional development** for mental health providers in evidenced-based practices can make these necessary treatment modalities prohibitive to agencies.

3) Where is the gap in your community-based programs and/or family intervention services?

- We believe there are two primary gaps in community and home-based services. One is a **shortage of licensed therapists and psychiatrists.**
- Another is a **limited menu of community and home-based services that are billable** through the Department of Mental Health. In particular, home-based family therapy is non-billable. Funds not tied to Medicaid restriction would allow us to access and serve children and families where , when and how it's best for the consumer.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- The quantitative measure we use is a research and evidenced-based tool that looks at 20 areas of functioning that has been normed within the general population from ages 6 to 80 years old. It assesses if people are within normal limits of functioning.

- This tool is accepted by CMS (Center for Medicaid & Medicare Services), CARF (Commission on Accreditation of Rehabilitation Facilities), JCAHO (Joint Commission on Accreditation of Healthcare Organizations).
- This tool provides scales in the areas of mental health, substance abuse and intellectual disabilities.
- We also are currently using the **DECA** for youth under age 6.
- These tools are used to monitor progress and as outcome data measures.
- Additional information guides treatment planning for example, in school/out of school suspensions, office referrals, grades, teacher, parent student surveys, behavior plans, treatment goal progress.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

- We presently collaborate with multiple community agencies on a regular basis as part of the treatment provided through CPR.
- However we see increased potential for collaboration with outlying communities and providers that serve those youth and families.
- Also ensuring collaboration between divisions for youth who are dual-diagnosed.

Agency:	**Respondent:**
City of Columbia/Boone County, Missouri Department of Public Health and Human Services	Mr. Steve Hollis

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- The Columbia/Boone County Department of Public Health and Human Services (PHHS) provides multiple services in this domain including managing City of Columbia social services funding, prenatal case management services, and the Healthy Families home visiting program. *Based on our decades of experience in providing these services, the top two issues are:*
    - Behavioral health issues (e.g., maternal depression, toxic stress in children, substance abuse, and chronic mental illness)
    - A lack of protective factors. Protective factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities and that, when present, increase the health and well-being of children and families. Protective factors help parents find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Examples include nurturing and attachment between the parent and child, social connections, parental resilience, and knowledge of parenting skills and of child and youth development.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- Overall, obstacles include a lack of quality infant care and early child education; lack of safe, healthy and affordable housing; lack of healthcare coverage including behavioral health and oral health; underemployment; and systematic exclusions of fathers from impoverished families.

3) Where is the gap in your community-based programs and/or family intervention services?

- The primary gap is that the demand/need for services greatly exceeds capacity.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- The Healthy Families home visiting program utilizes a performance measurement logic model comprised of twenty four (24) short-term, intermediate, and long-term outcomes. Examples of outcomes measured include:
    - Single parent households,
    - Domestic violence,
    - Early entry into prenatal care,
    - Health insurance coverage,
    - Tobacco use,
    - Birth outcomes,
    - Birth spacing,
    - Depression,
    - Physical and social/emotional development (Ages and Stages Questionnaire (ASQ and ASQSE)
    - Child harm (hospitalizations/abuse/neglect)
- The prenatal case management program utilizes a standardized risk assessment too to identify risks among pregnant women. The desired program outcomes are:
    - Early entry into prenatal care
    - Access to health insurance coverage for the pregnancy
    - Early entry in WIC

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area?

- The administration of Parents as Teachers, Lutheran Family Children's Services, First Chance for Children, and the PHHS Division of Human Services currently meet monthly regarding home visitation. These organizations are planning a potential collaborative system of intake, coordination, and performance measurement for the home visitation programming in Boone County. As part of this planning, a common web-based database

is being considered. A common database would reduce barriers for families, avoid duplication of service, and facilitate performance measurement at the individual level.

- Our department is currently participating in the following collaborations:
    - Collaboration with the State of Missouri Department of Social Services to provide presumptive eligibility for pregnant women (temporary Medicaid) and serve as the "front door" to services for low-income pregnant women. In this role, we coordinate with numerous community, state, and federal agencies in providing prenatal services with the common goal of healthy pregnancies and positive birth outcomes, and;
    - Member of the Networking Early Childhood Team (NET) which serves as a networking and resource opportunity for front-line home visitors.

Agency:	**Respondent:**
Family Counseling Center of Missouri	Ms. Karen Cade
Pathways Community Health	Ms. Libby Brockman-Knight

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- Pathways and Family Counseling Center in the Boone County area provide services for children of all ages – from birth through adolescence. The first top issues that we feel need to be addressed in our service population are prevention services specifically targeting the identification of mental health issues and connection to and coordination of services (through programs like MHFA) and Bullying prevention. Our second issues that we feel needs to be addressed within our community is Targeted in-home family services to include parenting skills training, in-home family therapy and wraparound community support services for at risk families in order to Break the cycle of vulnerability and repetition for high-risk children and families ,Support children and their caregivers in forming strong, functional and resilient attachments, Provide an enriched environment to support all domains of child development and Support parents in their own emotional development and in developing parenting skills in a supportive setting

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- Some systemic obstacles in providing these services include
    - Identification of families and children in need
    - Early screenings for at risk youth – especially in early childhood – from birth until school age
    - Consensus from community and community agencies of the need and support of programs through community collaboration
    - Funding

3) Where is the gap in your community-based programs and/or family intervention services?

- In addition to the gaps just mentioned, one particularly exists for at risk children from the ages of birth until school age due to the lack of opportunities to screen and identify children and connect them with the appropriate services.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- Through prevention and Family based services, Pathways and Family Counseling Center measures success by completion of community trainings and awareness of issues, decreased incidents of bullying and violence, attitudinal changes measured by assessment tools and surveys, decreased hospitalizations, satisfaction surveys, improvement in family functioning and resiliency, completion of treatment goals and improvement in quality of life.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area?

- Pathways envisions that through Collaborations with our schools, United Way, Juvenile office, Division of Family services, Housing Authority, University Hospital Center and High risk OBGYN Clinic as well as many other community agencies that we can increase identification for at risk children and families and help bridge the gaps in services.

Agency:	**Respondent:**
Great Circle	Ms. Susan Reeves & Ms. Julia Adami

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- Increased commitment to both primary and secondary prevention focused on stabilizing families is essential. For those who come into contact with our foster care program or intensive in home program, maltreatment is only one of a multitude of adverse experiences. Other experiences often seen are: family dysfunction, drug & alcohol abuse, involvement with criminal justice system, mental health for children and adults, homelessness and educational issues.
- Thus,

    1. In-home services providing parent aide/education, supervised visitation in homes.

    2. Mental health services specializing in child welfare oriented issues along with a trauma informed care focus within schools and homes.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- Collaboration - tendency to work in silos which may be due to the intensity and demands of the work. Greater collaboration improves the continuum of care. For example, a streamlined referral process that focuses on early identification of at-risk families across the board or that recognizes early signs of trauma.

3) Where is the gap in your community-based programs and/or family intervention services?

Respite/Placement options:

- An increase in shelter provisions for homeless youth or youth in crisis would be beneficial.
- Great need for additional foster homes at all levels; including, Therapeutic Foster Care- offers less restrictive environment than residential.
- Transitional Living slots need to be increased. Great Circle has 8 beds currently.
- Mental health services for parents - both therapy and psychological evaluations.
- Autism Evaluations & Services, the waiting list at the Thompson Center is approximately 6 to 8 months out.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- For foster care, we measure success by establishing permanency for a child. That could be reunification with their parents, an adoption or guardianship but ultimately moving the child out of the foster system.
- For Intensive In-Home Services we track whether or not the family remains intact at the 3, 6 and 12 month mark.
- Grant funded programs we use pre and post measures from evidence based evaluations such as the Parenting Stress Index or the Eyeburg.
- For Older Youth we track where and how they are doing every two years up through age 21.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

- Public Awareness & Educational Campaigns
- School-based programs
- Respite Services/Therapeutic Foster Care
- Transitional Living Programming

Agency:	**Respondent:**
Heart of Missouri CASA	Ms. Anna Drake

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- CASA's service population is very clearly defined. We only serve children who are already involved in the child welfare system and in custody of the 13th judicial circuit, that includes Boone and Callaway counties. There are currently 483 children in custody in Boone County, approximately 3/4ths of the total for the circuit. These children have multiple needs, including services in other service areas and categories defined by MO Statute 67. i.e. transitional living services, professional counseling and therapy, etc. To meet our overarching outcomes of expedited permanency for these children, our volunteers must be able to access multiple services that are tailored to client need. And they must be able to access those services quickly. Our main concern is the rising number of abuse and neglect cases in Boone County that are straining already overburdened resources (see below) and a lack of services for older youth.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- Yes and No. Yes, in the sense that these children are involved in multiple complex systems, including the courts and the Children's Division (CD) that are beyond the scope of this group, or any one service area to address. There are two DJOs in Boone County who handle most child abuse and neglect cases. GAL's represent up to 75 cases, and CD staff carry 30 – 35 cases. Only the volunteer CASA is able to focus on these child's best interest—that often includes their family as almost half of these children return home. No, in the sense that we are generally able to access services because funding for those services is available, though our partners' limited capacity can sometime delay entry. Delays in service provision can extend a child's time in state custody and delay permanent placement.

3) Where is the gap in your community-based programs and/or family intervention services?

- We have our own gap in service provision, currently serving less than 20 percent of our 13 Judicial Circuit's cases. Were we to serve a higher percentage of cases, it is likely that our volunteers would encounter more difficulty in securing necessary services. Overall, the rise in cases is partially attributable to lack of prevention services and delays or limitations in providing substance abuse treatment to their families. Current billing practices limit the availability of therapists trained in dialectical behavior therapy (DBT) with children, a technique that has been proved effective in some cases.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- CASA has a proven record of shifting children from being system-dependent to being system contributors. Like Children's Division and the Court, we use Length of Time until Permanency is Achieved as a primary quantitative measure of success. Children with a CASA are more likely to reach permanency (a safe, stable home) sooner than those children without a CASA. Furthermore, children with a CASA are less likely to re-enter foster care and less likely to bounce from home to home. Children with a CASA volunteer also will receive more targeted services while in foster care than those children without a CASA volunteer. (Visit www.casaforchildren.org for more information about this and other metrics.) Our measure of success in working with our partners is whether their intervention contributes to achieving these goals.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

- CASA is collaborative by design. Because we do not deliver therapeutic services, our success depends on good relationships with other service providers. Our staff build those relationships through active participation in many community collaborations so that we know the array of services available to our volunteers. Our volunteers benefit from provider presentations at our trainings and monthly in-service meetings. Each volunteer is also a collaborator, attending Family Support Team meetings, and working with the team to ensure the child's best interests. Finally, because they establish one-on-one connections with the children and families involved in their case, the CASA is a collaborator in establishing the child's best interests and becomes a unique and integral part of the team as an advocate for those interests. Our program design is built upon and depends upon ALL these collaborative relationships to improve outcomes for these children. Our most formal collaborative relationship is with the Boone County courts, with whom we have a Memorandum of Understanding for the provision of services. While we are an independent agency, our staff and volunteers are sworn in as Officers of the Court and as such we abide be the parameters set forth by that court.

Agency:	**Respondent:**
Love INC.	Ms. Jane Williams

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

1. Limited social support (persons or organizations to turn to in time of crisis emotional support, employment networking) and lack of personal life-skills

(money management, interpersonal skills needed for successful employment and healthy relationships)
2. Basic needs furniture and house wares.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- The two factors that most hinder our provision of services are lack of transportation for clients to participate in community based programs and lack of agency capacity to provide in-home services.

3) Where is the gap in your community-based programs and/or family intervention services?

- Our organization continually seeks to identify gaps in services in our community and find ways to fill them. In some cases we have begun to respond to the gap but do not have the capacity to provide all that is needed. Examples include:
    1. Reliable transportation – Love INC provides a limited number of clients with gasoline, car repairs and bus passes. We are developing a program to help clients shop for and maintain affordable cars. An average of 6 donated cars per year are awarded to families participating in our programs. We would like to expand all of these areas.
    2. Basic needs furniture – In 2013, Love INC provided furniture/houseware to 257 families but frequently had a waiting list for beds and dressers and in some cases were not able to fulfill the need.
    3. In-home services are provided to a limited number of clients through our professional social work staff and community volunteers. We would like to serve more families but are limited by staff capacity to provide direct services and recruit/train volunteers.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- Our organization counts "needs met" per client to measure provision of basic needs area. We use client surveys to measure increased knowledge/applied knowledge and improvement in life situation, and goals met. Specific measurement tools we use are Social Occupational Function Assessment (SOFA) and the Readiness for Change stages which are used in conjunction with our own psychosocial assessment.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area?

- At its core, our organization is a network of local churches and volunteers that seeks to pool resources and strategize together to work more effectively with individuals/families in need and address complex issues that would be beyond the scope of individuals or single organizations. By uniting the faith community through a clearinghouse we are better able to partner with community agencies and enhance the outcomes of all.

- For example, Love INC collaborates:
    - To provide life skills classes to the community. Partnerships include: Memorial Baptist Church (facility), Christian Fellowship Church (bus/drivers), MU Service Learning (childcare workers), and multiple churches/agencies (instructors/refreshments).
    - To provide support for single mothers. Love INC brought to Columbia The Caring People (nonprofit that assists communities to a establish a support group network), provides free office space for their regional director and facilitated establishment of a Latino group in conjunction with our life skills program.
    - To facilitate city bus travel. Columbia Transit Authority allows Love INC to distribute half price bus passes to those identified as low income. Love INC offers classes/individual lessons to teach clients how to ride the city bus.
    - To create church "gap" ministries to fill voids in local services. Examples include: Job Club, hygiene products closet, tots clothing closet, bunk bed frames, sewing center, home bound food delivery, transitional housing.

Agency:	**Respondent:**
Lutheran Family & Children's Services	Ms. Christine Corcoran

2) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- Nurturing Kids offers services to children at risk for abuse and neglect. Child abuse and neglect is a serious issue in Missouri with more than 93,000 children involved in hotline calls and over 11,000 children (monthly average) in the custody of the Children's Division due to child abuse and neglect in 2012. Our target population is Boone County children, generally from birth through age six, who are at risk of child abuse and neglect and their families.
- The top two issues we experience when working with the parents we serve are:
    1. Lack of support services: Stability-housing, employment, transportation, parenting, and education. We utilize case management to address the obstacles that these issues bring consistently through their individualized treatment plans. Our clients often do not have the coping mechanisms and problem solving skills to overcome the obstacles that they incur that inhibits their overall well being. Last year LFCS turned away at least 60 clients that would have benefited from case management intervention services. Those 60 potential clients were just clients that were referred but turned away due to high case loads. Many referral resources didn't refer to us because they knew our case loads were at capacity. We believe that the need for services is much greater than what was documented.
    2. Mental health needs/ issues. Counseling is a key service to decreasing stress, anxiety, overcoming childhood and familial patterns for the clients and increasing stability. Prevention of abuse and neglect. The majority of our clients are uninsured which greatly limits their access to therapy. With additional therapists we could provide counseling services to meet the needs of our clients.

- With additional clinical social workers we could accept more referrals for case management and counseling services.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- Our clients face a variety of obstacles including a lack of housing, child care, transportation, and employment opportunities. The majority of the clients we serve have grown up in generational poverty and in households where there was domestic violence and child abuse and neglect. We are able to help clients break the cycle of poverty through increasing their employment opportunities, parenting skills, overall mental health and relationships

3) Where is the gap in your community-based programs and/or family intervention services?

- There is a huge gap in counseling services for people who don't have health insurance. In our current caseloads, unless a client is pregnant they are uninsured.
- There is also a gap in case management services (assisting clients with resources, providing counseling and support on an ongoing basis). Our staff maintain full caseloads and routinely have to turn referrals away.
- Our demonstrated outcomes affirm that the services offered are crucial to the success of our parents and their children.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- Currently we measure the following:
    1. Healthy pregnancies- Our clients are at higher risk of having an unhealthy pregnancy due to their lack of resources and isolation. The state average for healthy pregnancies is 73%, our rate for 2013 was 93% of babies born were healthy.
    2. Depression, stress and anxiety- we utilize the Burns depression inventory and our clients have shown a 80-90% decrease in depression, stress and anxiety after our intervention
    3. Parenting skills- LFCS utilizes the Nurturing Parents curriculum which is an evidenced based model. We provide pre and post tests after parenting sessions and case management/ counseling intervention. Our clients have consistently shown a 100% increase in parenting knowledge

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area?

- The agencies providing home visiting services (Parents as Teachers, Boone County Health Department, First Chance for Children and Central Missouri Community Action) in the community meet monthly to discuss ways to work together and meet the demands of referrals.

- LFCS collaborates with many community partners, such as schools, health clinics, Parents as Teachers and First Chance for Children. We would continue to partner with these agencies to ensure that our clients are getting the most comprehensive services possible and that LFCS is being a responsive service provider in the community.

Agency:	**Respondent:**
Preferred Family Healthcare	Ms. Paula Brawner

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- Preferred Family Healthcare (PFH) has over 33 years' experience providing treatment for substance use disorders and mental health services, while also operating as the largest provider of adolescent substance use disorder treatment services in Missouri. Through this experience, PFH has found that some of the most effective services are those which are devised in response to the community's identified needs, and which can prevent further problems in a given area. Accordingly, we have examined county needs assessments and listened to adolescents, adults, families, schools, and providers to learn what areas PFH can most effectively deliver its behavioral health services. From this information, PFH identified the following two areas of great need for the target population:
    1. Utilizing the school system to reach adolescents and their families with valuable behavioral health education, prevention, and treatment services for at-risk youth and youth suffering from substance use disorders and/or mental health issues.
    2. Provide training, guidance, and opportunities for increased involvement of parents, teachers, and other supports to help identify, respond to, and manage social, emotional, and behavioral needs of our youth

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- PFH sees one of the largest obstacles to success as "need versus resources." According to a 2012 assessment conducted by the Missouri Department of Mental Health, an astonishing 39,000 of Missouri's youth were identified as needing substance abuse treatment, but did not receive services. Factors only complicating this need include:
    a) Limited resources to respond to adolescent needs in behavioral health care
    b) Lack of affordable services for uninsured or underinsured.
    c) Limited transportation

3) Where is the gap in your community-based programs and/or family intervention services?

- PFH understands this gap to be the availability of services at the time of need. In many cases, a child needs behavioral health services *immediately*, instead of when the next

appointment is available. The lack of available services in the area may cause wait time for admissions. Also complicating a child's need for immediate services is the necessity of working around the child's school and family schedule, which can further delay care. The current children's services have the potential to bridge this gap by increasing the increase the supply of services in the community.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

5)

- PFH has a significant presence in the school systems in St. Charles, St. Louis, Lincoln, and Franklin Counties, providing prevention, early intervention, and treatment services for adolescents. Quantitative measures demonstrate that this service is making a positive impact on youth. For example, 89% of youth served demonstrated gaining knowledge of substance abuse and/or mental health issues; 81% of youth reported development of risk management skills; and 85% of youth reported improvement in school engagement and/or performance. Additionally, in our tax based outpatient services 82% of youth reported an improvement in school engagement and/or performance and 84% of youth reported an improvement in relationships with family members/caregivers.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

- PFH will continue to work with the many strong community resources, such as Boone County Coalition of Providers, as well as other healthcare and community service providers that may enhance our consumer's care and/or their potential for success in the community.

Agency:	**Respondent:**
University of Missouri	Dr. Chuck Borduin

1) What are the top two issues you feel need to be addressed in your service population for community-based programs and/or family intervention services?

- Youths in the juvenile justice system need services that are (1) evidence-based and (2) delivered directly in their natural ecology (home, school, neighborhood). To qualify as "evidence-based," services should be informed by the research literature on the causes and correlates of youth antisocial behavior and should be supported by randomized clinical trials. Delivery of services in the natural environment of the youth and family reduces barriers to service access, promotes family cooperation and collaboration, and provides ecologically valid assessment and clinical outcome data.

2) Are there systemic obstacles to your success when working with community-based programs and/or family intervention services?

- No. The treatment model that we have developed (Multisystemic Therapy) delivers family- and community-based interventions directly in the settings in which problems occur. This requires flexibility in scheduling and intervention delivery, but it promotes positive outcomes for youths and their families.

3) Where is the gap in your community-based programs and/or family intervention services?

- There is a tremendous need for juvenile justice programs and services that are not only (a) family-based and (b) community-based but also (c) evidence-based. Research has shown which interventions are most effective, but those interventions are seldom the ones being funded or provided in our community.

4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?

- Multisystemic Therapy is designed to help youths (a) live at home, (b) be successful in school and/or at work, and (c) have no new arrests. Each of these goals also represent quantitative measures of success. In addition, we use a comprehensive set of assessment tools (based on self-report, other-report, and observational instruments) to measure changes from pretreatment to posttreatment in youth, family, peer, and academic functioning.

5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area.

- We have successfully collaborated with the Juvenile Office in Boone County to deliver Multisystemic Therapy to youths and their families since 1983. We have also enjoyed excellent cooperation from school systems in Boone County with interventions designed to help youths achieve academic success.