

# Community Circle of Care

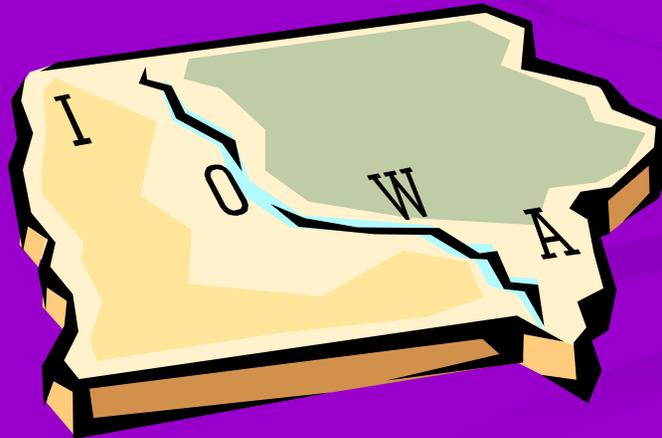


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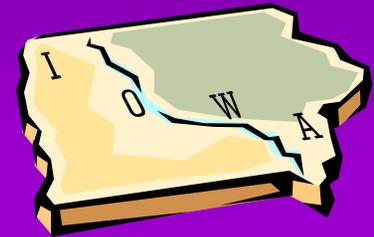
# Objectives

- Describe the progression of building a grassroots System of Care, for youth with emotional and behavioral challenges in Iowa .
- Discuss the vision for a comprehensive System of Care (SOC) for Children with Special Healthcare needs in Iowa (CSHCN).
- Define SOC values, principles, and practice shifts as system is locally built and refined.
- Provide information regarding service array, community collaboration, model of care family partnership, and family and youth supports.



# Progression of State of Iowa and Children's Mental Health

- 1992 State of Iowa established DECAT funding
- 2003- 2007 the state operated without a mental health/disabilities division
- 2005 – the BI/MR/DD/MH Commission assigns a workgroup to study children's services and make recommendations to improve the children's' service array.
- 2006 – Children's oversight Commission finalizes recommendations for a SOC for Iowa's children.
- 2006 Mental Health and Disability Division recreated at DHS
- 2007 Children's Bureau was created within the division of MH/DD
- 2010 DHS is restructured. New organization has fewer staff in MH/DD division and no Children's Bureau.



# Progression of CHSC and Children's Mental Health

- 1997-Needs Assessment
- 1999-Future Search
- 2001-Governor's White Paper
- 2002-Creston Project
- 2003-Magellan and CHSC
- 2004-CHSC Statewide Implementation
- 2005-Oversight Committee
- 2007-SAMHSA System of Care



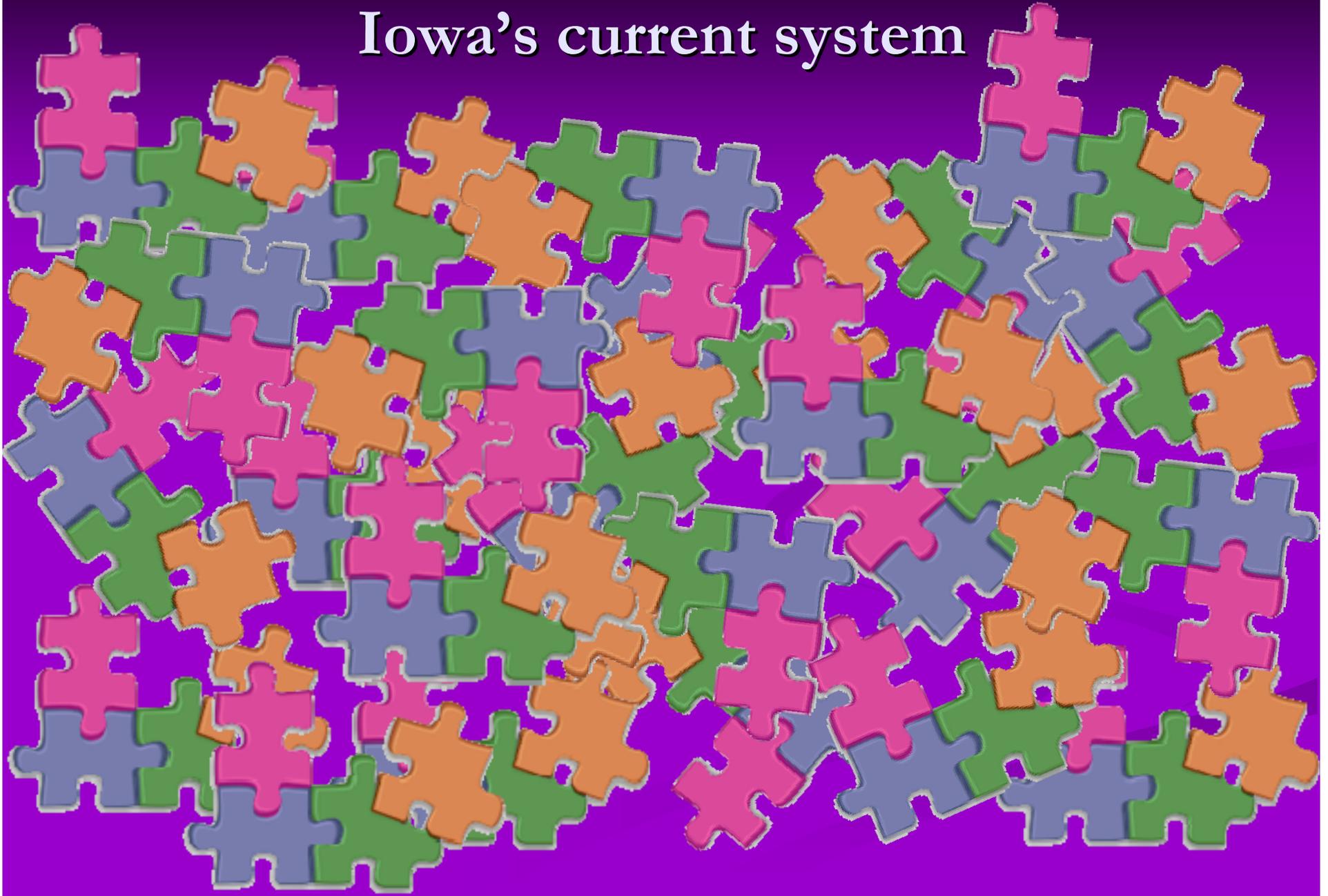


# Progression of Northeast Iowa and Children's Mental Health

- 1992 -1998 Dubuque DHS Service area receives CASP funding, promotes case facilitation and crisis stabilization services for youth at risk of entering DHS programming..
- 2000 Dubuque County uses DECAT \$\$ to fund crisis intervention programs with goal of decreasing shelter and family foster care placements.
- 2004 Early Intervention programs funded from DECAT \$\$ Local Advisory Councils established for each catchment area. Advisory groups direct and guide the way the local pot of money is spent.
- 2004 youth task advisory board re-convenes. Providers in Dubuque County use this forum to collaborate and exchange information.
- DHS essentially becomes the place to go when children have emotional and behavioral challenges, few community programs exist.
- 2004 MH Block Grant awarded to LSI to implement the CARE program.
- 2006 – DHS is redesigned - children can now access in home and limited crisis services while on Medicaid.. **Do not need DHS services to access.**
- Fall 2006 – SOC award from SAMHSA
- **April 2007 - Community Circle of Care is created.**



# Iowa's current system



# Iowa's Vision for an Integrated System of Care for Children with Special Healthcare needs.

## ■ Children's Oversight Commission Model

- Lighthouse – no wrong door
- Navigators
- Coordinated care plan of services, supports, and resources
- Governance structure
- Family Driven
- Youth Guided

## ■ Community Circle of Care Model

- Information and referral - No wrong door
- Care coordinators
- Individualized and coordinated Wrap Around plan for services and supports
- Governance structure including local and regional advisory boards
- Family Driven
- Youth Guided

# Children's Oversight Committee Vision for an Integrated System of Care for Children with Special Healthcare needs.

All Iowa children with serious emotional disturbances, mental retardation, developmental disabilities and brain injury and their families will have access to a statewide system of care that is child-focused, family driven, flexible and coordinated with effective, quality services supported by sufficient funding and a structure to assure families are supported and children reach their greatest potential.



# Systems of Care grantees



Funded Communities

Date	Number
1993-1994	22
1997-1998	23
1999-2000	22
2002-2004	29
2005-2006	30

# System of Care Values

- Family Voice and Choice
- Youth Voice and Choice
- Strength Based
- Culturally Competent
- Team Based
- Natural Supports
- Individualized
- Collaboration
- Community Based



# Wrap Around – what is it?

Wrap Around is a planning process that follows a series of steps, to help children and their families realize their hopes and dreams.





# What Wraparound is Not

- A system of care
- A new funding source
- A “service”
- A way to get “stuff” – services that are not typically reimbursable
- Only for a small group of kids
- Case management
- A specific intervention or program
- A categorical approach where services reflect what’s available rather than what’s really needed

# Building Governance Structure

## Keep the Principles Always Visible



**Goal: Implement the mental health care component of the CMHI in Northeast Iowa.**

Child, family & community

- Population – C&Y ages 0-21 with behavioral & MH challenges
- Strengths & needs drive service planning
- Training & supports empower families
- Services reflect & build on community context

Child, family & community strategies

- Family Team Process
- Family-driven, youth guided services
- Data informed planning & service delivery
- Family support & empowerment

Short & intermediate outcomes

- Increased awareness of MH services & supports
- Attainment of plan goals
- More access, options, & continuity
- Service gaps identified

Long-term outcomes

- Improved child & family functioning
- fewer days hospitalized
- better school performance

**Goal: Develop SOC infrastructure using a bottom up approach.**

Local, community & regional

- Geography & distance
- Socioeconomic status
- Available service capacity
- Cultural & historical traditions
- Sense of community
- Political will & collaboration
- Social networks
- Community diversity

Local, community & regional

- Expand service and support capacity
- Communication & outreach
- Develop youth & family capacity to inform local & regional service system development
- Empowerment strategies

Local, community & regional

- Greater service and support capacity
- More access, options, & continuity
- Increased collaboration
- Increased awareness of mental health options
- Families, youth and community leaders are fully involved

Point of entry characteristics

- Service capacity
- Administrative culture, rules, regulation, service hours, etc.
- Differential access and services by agency, school or school district
- Staff characteristics, education & training

Point of entry strategies

- Navigation team & wraparound process
- Data drive service provision
- Timely access to services
- Implement family advocate models
- Ongoing staff training & development
- Communication & outreach
- Supports to 'non' MH system partners

Point of entry outcomes

- Full continuum available
- Efficient, effective services
- Enhanced service quality
- Continuity of care assured
- Increased staff competencies
- Increased awareness among providers & families

Long-term outcomes

- Increased family satisfaction
- Increased provider satisfaction

System processes / procedures

- Policy & regulation
- Fiscal / Financial practices (reimbursement)
- Cultural/social attitudes & understanding
- Capacity for family and youth organization

System strategies

- Change rules & regulations
- Data driven decisions & accountability
- Increase family & youth Voice
- Relationship building

System level outcomes

- Braided / blended funding
- Increase system efficiency
- Services are truly family & youth driven
- Siloed systems will become a culture of collaboration
- Increased sustainability

# Community Circle of Care is...





# Characteristics of Systems of Care as Systems Reform Initiatives

## FROM

## TO

Fragmented service delivery	→	Coordinated service delivery
Categorical programs/funding	→	Blended resources
Limited services	→	Comprehensive service array
Reactive, crisis-oriented	→	Focus on prevention/early intervention
Focus on “deep end,” restrictive	→	Least restrictive settings
Children/youth out-of-home	→	Children/youth within families
Centralized authority	→	Community-based ownership
Creation of “dependency”	→	Creation of “self-help”

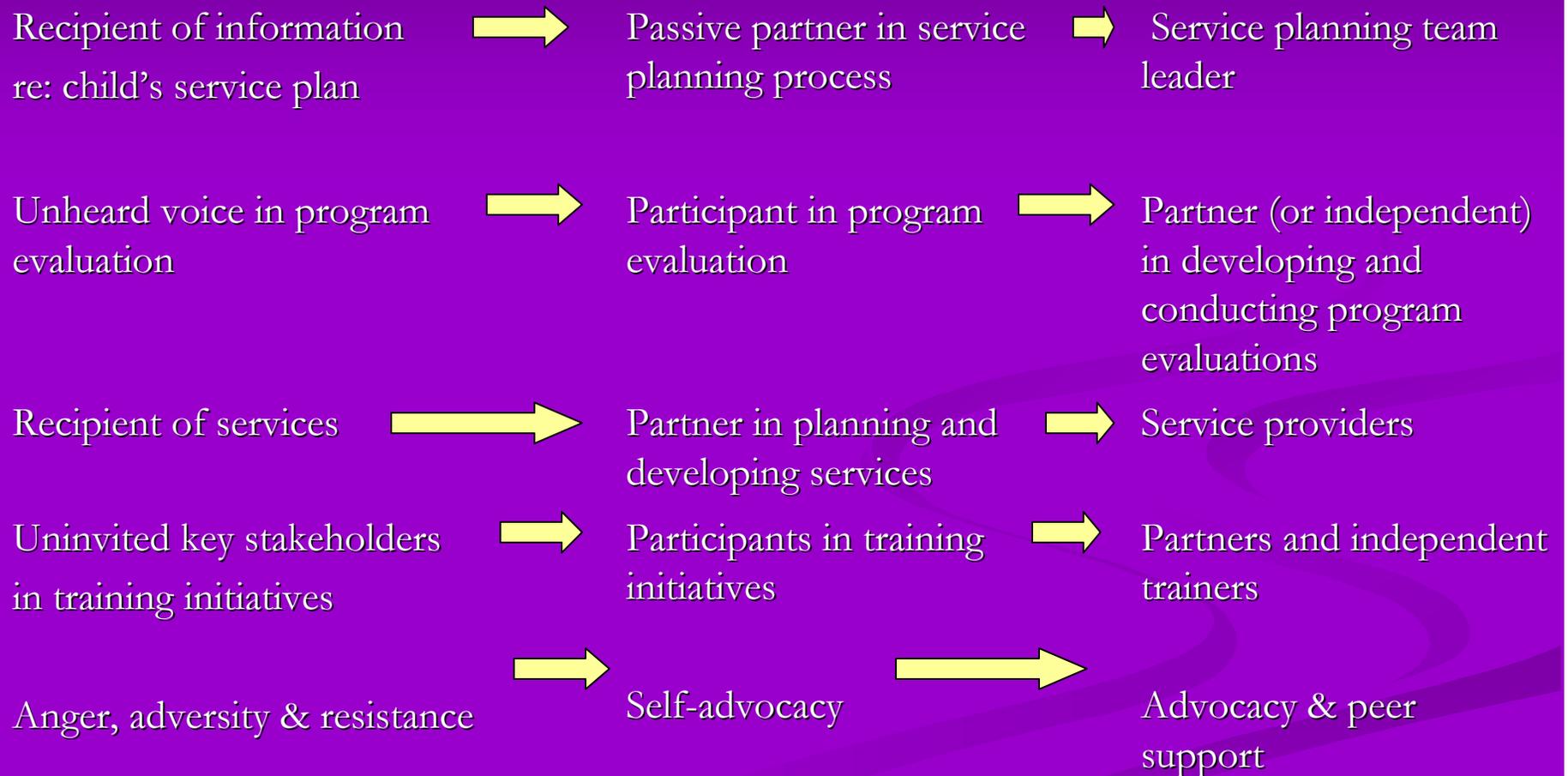


# Frontline Practice Shifts

Control by professionals ( <i>I am in charge</i> )	→	Partnerships with families/youth (acknowledging a power imbalance)
Only professional services	→	Partnership between natural and professional supports and services
Multiple case managers	→	One service coordinator
Multiple service plans (meeting needs of agency)	→	Single, individualized family plan (meeting needs of family)
Family/youth blaming	→	Family/youth partnerships
Deficits focused	→	Strengths focused
Mono Cultural	→	Cultural Competence

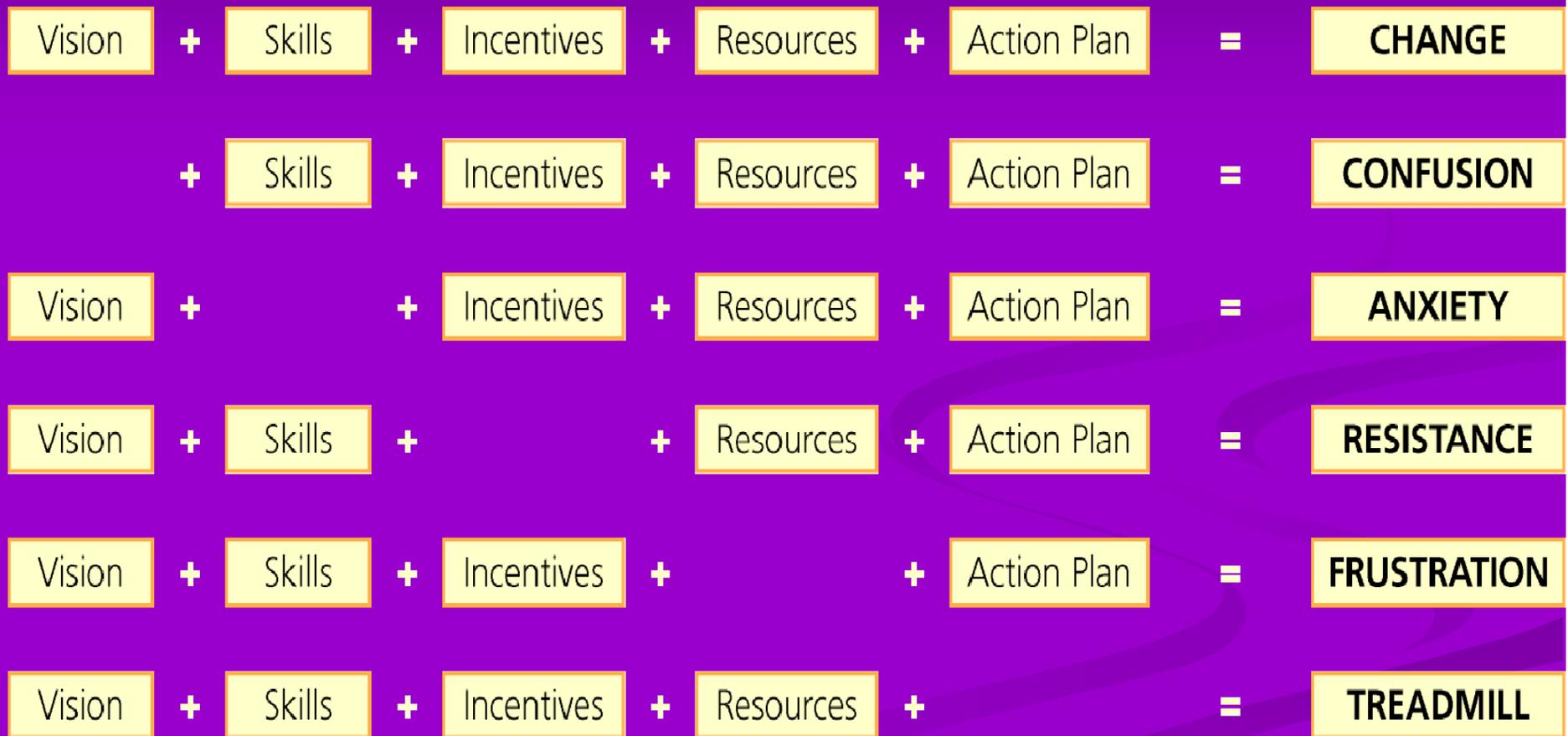


# Examples of Family Members and Youth Shifts in Roles and Expectations





# Building Local Systems of Care: Strategically Managing Complex Change

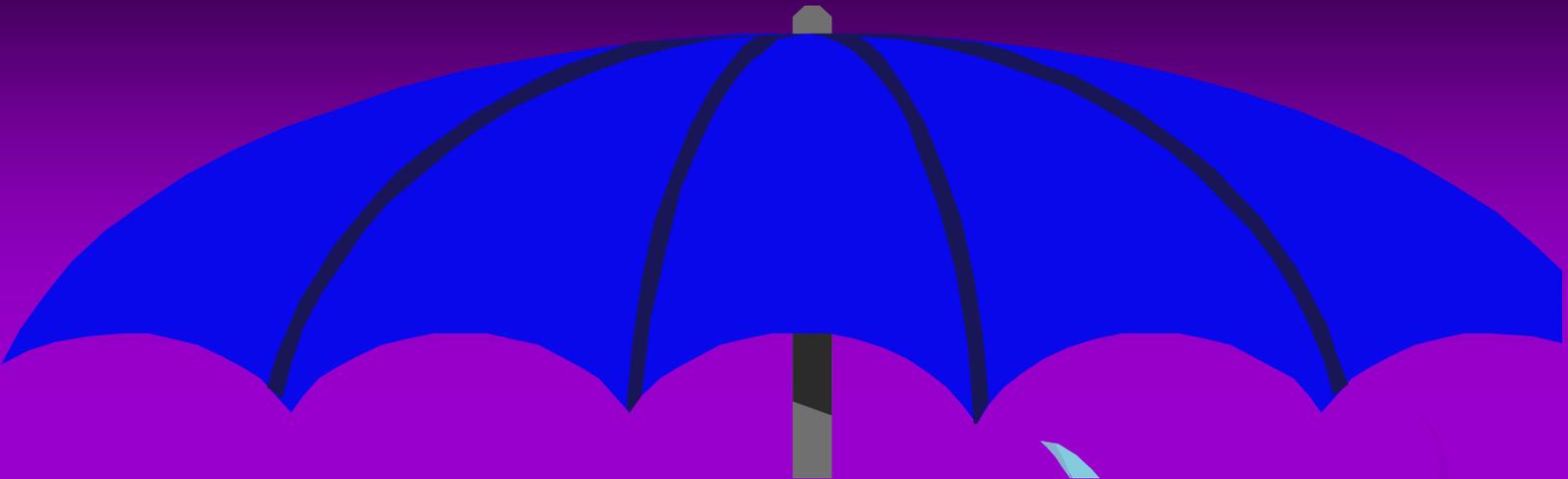




# Types of Services in Systems of Care

- Assessment and diagnosis
- Outpatient psychotherapy
- Medical management
- Home-based services
- Day treatment/partial hospitalization
- Crisis services
- Behavioral aide services
- Therapeutic foster care
- Therapeutic group homes
- Residential treatment centers
- Crisis residential services
- Inpatient hospital services
- Case management services
- School-based services
- Respite services
- Wraparound
- Family support/education
- Youth peer support
- Transportation
- Mental health consultation
- Early intervention and prevention services
- Other, specify

# Community Circle of Care Buchanan, Delaware, Fayette



Lamont Kids night –  
community youth  
summit

Brenwood Shelter  
Services

B and D skill building  
services

Hillcrest Shelter  
Services

LSI Crisis  
Intervention Services

Four Oaks Skill  
Building Services

Positive Peer  
Connections  
Backbone Mental

Psychiatric Services  
(local providers or UI)

Monthly Parent  
Support group – Days  
Inn

Physical Assessment  
and medical screening

Department of Human  
Services, FSRRP  
services

Care Coordination  
Services

Outpatient therapy –  
area agencies

Lutheran Services in  
Iowa Early  
Intervention services

Express yourself art  
events

Education, advocacy  
and training  
opportunities

LSI Respite Services

Local Medical Home  
for mental health  
needs

# CCC Model of Care

- Family Team Meeting including natural supports
- Medical Assessment and Diagnosis (if needed)
  - Multi-disciplinary team
  - Tele-medicine
  - Medication management
  - Practice Parameters
  - Return to medical home
- Care Coordination
- Social Supports



# Care Coordination

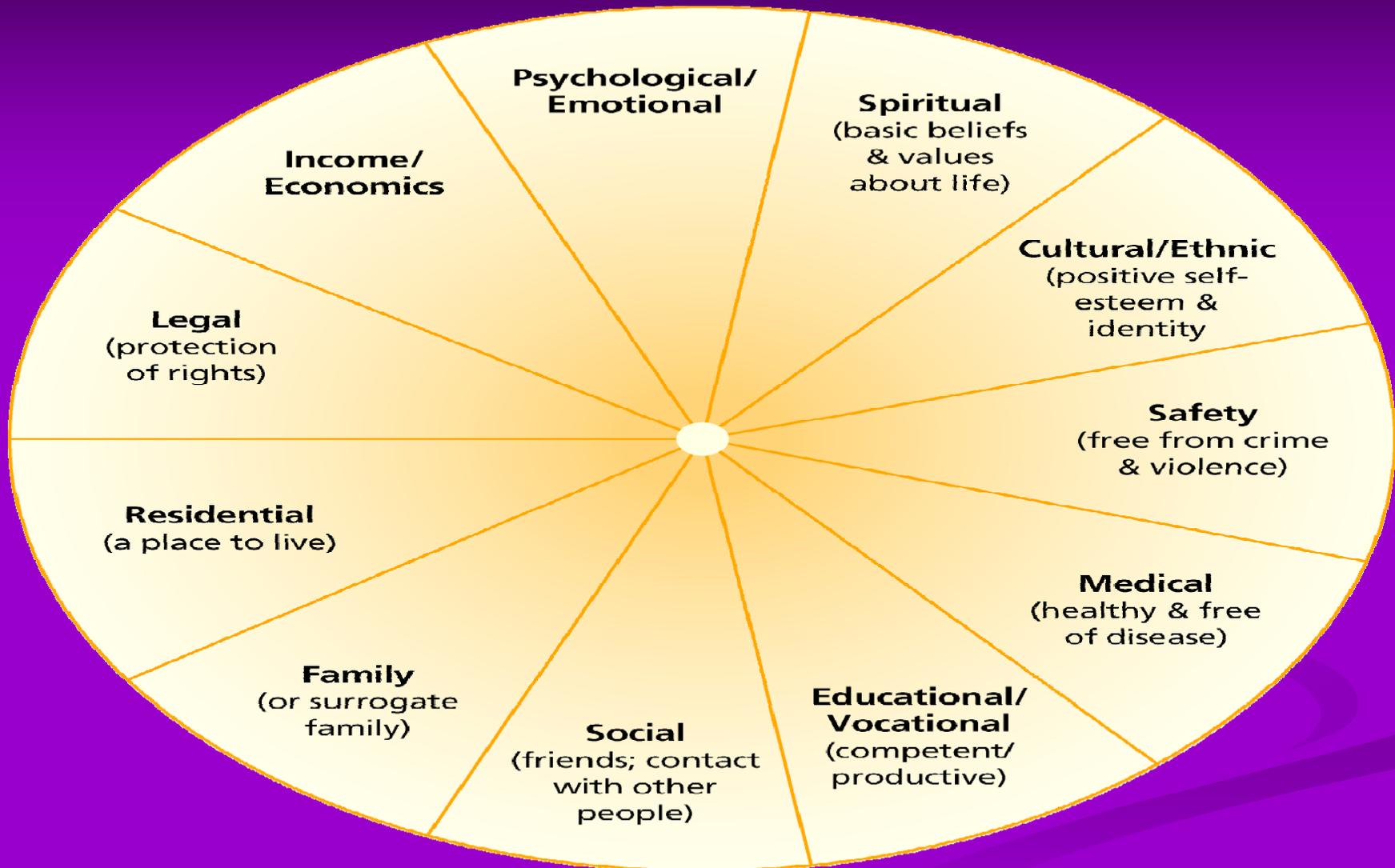
- Care Coordinators are responsible to navigate the service systems and link the family to needed services. Care Coordinators are nurses, social workers and Parents:
  - Lead family team meetings
  - Develop Care Plan
  - Research resources and make referrals
  - Assist with insurance/waiver/support paperwork
  - Assist patient/family in coordinating appointments, IEP meetings, etc
  - Assist patient/family in finding funding for ancillary services like respite, mentoring, and transportation

# Family Team Meeting

- Natural Supports identified
- Agenda set by family/youth
- Community supports Family Team Meeting Concept, (providers attend and provide input, they offer to host meetings at their location)
- Families report feeling empowered - like they really have choices
- Barriers to services, or service gaps discovered during family team meetings, are taken to local community advisory meetings for solution focused discussion among stakeholders including family, youth, providers, community members, and other interested stakeholders.



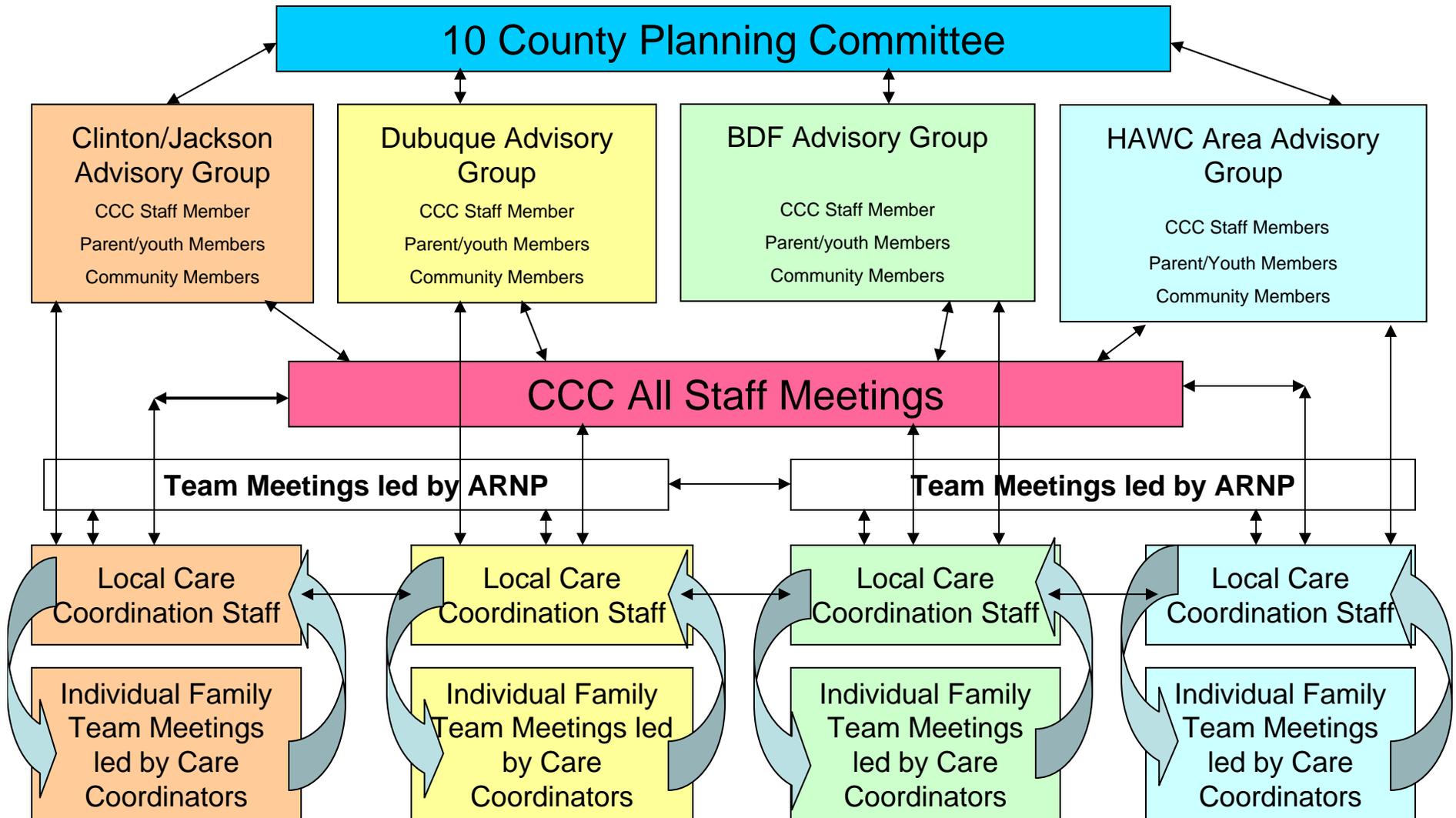
# Life Domain Areas – Medical Assessment



# Social Supports

- Caregiver and family education, advocacy and support groups
  - Parent Consultants provide parent to parent support.
  - Nurtured Heart Parenting class
  - Crisis de-escalation strategies
  - Regular occurring support groups
- Youth expression/prevention/awareness activities
  - Digital storytelling
  - Youth advisory board
  - Elevate

# Community Circle of Care CQI Process



# Lesson's Learned: The process of developing a SOC takes time

- Time consuming processes
  - Building relationships with individuals, agencies, communities and statewide partners
  - Gathering Community Stakeholders and creating a vision
  - Spreading the vision to all levels of stakeholders
  - Hiring those who strongly identify with SOC values and principles, and who have the resourcefulness to grow a grassroots initiative



# Lessons Learned - Community Based Resources

- Building on existing Community Based Services is:
  - Empowering to the agency providing the service
  - Better for youth and families (fewer out of town trips saves gas, energy, and time)
  - Creates better relationships with the service agencies and forces communication among providers and the SOC which results in less duplication of efforts.
  - **SOC values and principals are taught and applied on a local level, creating a common thread between service entities**



# Lessons learned - workforce

- Workforce issue
  - Lack of Psychiatry time
  - Lack of Psychiatrists, ARNP's, and MH professionals specializing in the care of children in Iowa.
  - The Iowa board of medicine website lists 112 licensed child/adol psychiatrists in Iowa.  
[www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov)

# Lessons Learned - EBP

- Evidenced based practices are used in some child and youth serving agencies; however, there is no system to track who provides an EBP and there is no data to track outcomes on these EBP except in the rare case that an agency tracks this individually.
- Although important, EBP are not the only consideration in forming a System of Care. We know that respite, parental support, and building natural supports around the family are quite effective.

# Lessons learned - respite

- Respite options are needed.
  - CCC has a way to pay for respite; however, finding these providers is difficult, especially in rural communities and especially given the behavioral and emotional realities of these youth.
  - Foster parents seem to be the best equipped to manage kids with SED; however, foster parents are stretched already with the number of children in the child welfare system who are placed in foster care.



# Cross System Partnership

- **Lessons learned** – providers are willing to be flexible and provide individualized and creative family driven service – but they have to be able to pay their staff for their time.
  - **Decent rates**
  - **Flexibility and control**
  - **Timely reimbursements**
  - **Back up support for difficult administrative and clinical challenges**
  - **Access to training and staff development**
  - **Less paperwork**

# Local System Building Partners

- Department of Human Services (Dubuque Service Area)
- Juvenile Court Services (within CCC 10 counties)
- U of I Department of Psychiatry
- Schools
- Child Welfare Providers
- Decat Boards
- Empowerment Boards
- Family Practice Physicians
- Pediatricians
- Therapists
- Mental Health Centers
- Children at Home
- Dubuque Community Foundation
- Multicultural Center
- Hospitals
- Visiting Nurse Association
- Mental Health America
- NAMI
- Area Education Association
- YMCA/YWCA
- Community Wellness Centers
- Restaurants
- Wal-Mart
- Local Libraries
- Faith Communities
- Youth Groups

# Challenges to Building a SOC

- More need than resources
- Teaching providers, policy makers, and others in leadership roles that youth and families are key stakeholders in developing a SOC that works.
- Shortage of mental health providers, not just psychiatrists, but also therapists, social workers, and paraprofessionals trained to work with children.
- Reasonable/equitable pay for the work.
- Regular systematic training to provide interventions that are EBP or Promising Practices.
- Data collection

# CCC Outcomes

- Better accessibility of services
- Fewer hospitalizations
- Fewer group home/RT placements
- Less utilization of PMIC
- Decrease in Foster Care placements due to mental health and behavioral challenges of the child.



# Results

July 1, 2008 – June 30, 2009

- 4 clinic sites
- 507 patients served in clinical services
- 355 patients received support services
- 862 total served
- 650 Information and Referral encounters
- 7 short term hospital committals
- 17 voluntary short term hospital placement (less than 3 days)
- 11 PMIC in Iowa
- 1 out of Iowa PMIC
- 6 residential treatment in Iowa
- 0 out of state residential treatment
- 5 foster care placements

# www.communitycircleofcare.org



**Community Circle of Care**

Every child needs a chance.

[About Our Programs](#) · [Our Facilities](#) · [Contact Us](#) (641) 380-7262

## Youth Resources

Community Circle of Care is dedicated to providing the best youth resources and programs to teens in Iowa. Our programs focus on Mental and substance abuse treatment as well as social rehabilitation.



[Youth resources](#)   [Family/Caregiver Resources](#)   [Social Marketing](#)   [Upcoming Events](#)   [Related Links](#)

## Our Youth Programs

We offer child and adolescent mental health services in collaboration with state and local resource facilities. Our goal is to manage and care for Iowa's youth and maintain a standard of excellence in Iowan communities.

### Current Programs and location

-  [Youth Development Program](#) [Learn more >](#)
-  [Health and Wellness Program](#) [Learn more >](#)
-  [Youth Activity and Recreation Initiative](#) [Learn more >](#)
-  [New Mother Wellness Program](#) [Learn more >](#)
-  [Educational Awareness Plan](#) [Learn more >](#)



To learn more, [download our information brochure >](#)

## Youth Artwork



By Tommy Smith  
04/12/2008



By Jean Rose  
04/12/2008



By Aaron Switzer  
04/12/2008

## Social Rehabilitation

In terms of social rehabilitation, our kids are very capable students and even better citizens.

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