INSTITUTE *of* PUBLIC POLICY

Harry S Truman School of Public Affairs
University of Missouri

SUMMARY OF THE COMMUNITY INPUT REPORT

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SUMMARY REPORT

INTRODUCTION

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 residing 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 parents
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

The Boone County Children's Services Board (BCCSB) contracted with the Institute of Public Policy (IPP) in the Truman School of Public Affairs at the University of Missouri in an effort to better understand children's services in Boone County and make wise use of the Children's Services Fund. The following is a list of IPP data collection strategies which aimed to assist the Board in aligning and operationalizing their initiatives:

#1: Create an inventory of Boone County providers and services eligible for funding

#2: Construct a synthesizing document which draws from multiple county and local-level reports on children's services

#3: Organize, moderate, and analyze five Community Input Sessions

#4: Conduct ten key informant interviews

METHODOLOGY

The Heart of Missouri United Way 211 database served as the starting point for this provider inventory. Three Boone County organizations (*Putting Kids First in Boone County Coalition*, *The Youth Community Coalition*, and *Voluntary Action Center*) shared their lists of partnering agencies. The lists were cross referenced to identify Boone County service providers who were not listed as part of the 211 database. The City of Columbia, Boone County, Heart of Missouri United Way's social service funding allocations (FY2013), and Heart of Missouri United Way certified partner agencies identified additional social service agencies not yet included in the inventory. Finally, the Missouri Department of Mental Health's Division of Comprehensive Psychiatric Services publishes an annual list of providers in Missouri's Central Region. This list was canvassed for Boone County providers not yet included in the inventory. Thorough review of service provider websites determined the agencies' service classification within the 12 categories. Phone calls were made to some provider agencies to ensure classification accuracy.

The second source of information the BCCSB hoped to take advantage of was from previous efforts to assess and analyze the need for services in Boone County. The Board selected reports commissioned by the Heart of Missouri United Way, the Putting Kids First Coalition, the City of Columbia, Boone County, and the Columbia Public School District. Together, the reports offered a county-level understanding of the community at-large and its children, youth, and families. BCCSB requested that IPP conduct a synthesis of five reports to extract common themes and any other information relevant to services in Boone County.

A third strategy requested by the board was the use of community input sessions. Boone County service providers, previously identified through the provider inventory, were invited to attend input sessions that matched the services they provided. Participants were given a worksheet containing five pre-established questions developed by the Board. The Board's pre-established questions for this input session were:

> Question #1: *What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?*
>
> Question #2: *Are there systemic obstacles to your success when working with shelter and/or at-risk populations?*
>
> Question #3: *Where is the gap in your shelter and/or at-risk population services?*
>
> Question #4: *What is a quantitative measure of your success when working with shelter and/or at-risk populations?*
>
> Question #5: *Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area.*

Invited agencies were encouraged to submit written responses to the Board's five questions in advance of the meeting and were instructed to use their meeting presentation time to answer those questions. The purpose of the sessions was to gather information from providers on a variety of topics including their perception of need, their description of obstacles, and their hopes for collaborative opportunities. Results were analyzed to identify common themes and topics in each service area.

The final source of information came from the key informant interviews. Key informant interviews were in-depth conversations with local individuals who actively contribute to the community and who have knowledge of community-level issues. BCCSB selected ten individuals to be contacted for more detailed information. Of those selected, some had participated in the community input sessions and some were new community members. Each key informant was placed into one of five sectors: medical, local school, academic research, provider, and community/primary prevention. Participants were asked a handful of sector specific questions. These questions were developed using the information gathered during the five community input sessions and the submitted provider worksheets. Key informants who did not participate in the community input sessions were also given the five questions posed during the input sessions. Interviewers strategically left all questions open-ended to facilitate a flexible and comfortable interview process.

FINDINGS

Provider Inventory

The inventory serves as a starting point for the Board, as it provides information on the breadth and depth of services within Boone County. The inventory identified 60 Boone County agencies that have one or more services/programs which fit into the statutes' service areas. In total, these agencies provide 128 services/programs to the local community. The majority of services (37 percent) fall under the prevention category. The inventory provides a view of the provider landscape in Boone County, but it is not an exhaustive list. For more information on the provider inventory please see *The Community Input Findings Report* (IPP, 2014).

Synthesis of Existing Reports

The findings from the BCCSB's data collection efforts were compared to the synthesis of previous studies and needs assessments. Together, the existing reports examine the current state of social service need in the community, attempt to measure gaps, gauge community perspective, and point toward findings that may guide new resource allocations. However, because individual report findings vastly differed, in part due to the variation in report-level

methodology, audience, and purpose, these reports do not collectively suggest a singular theme or service area of primary need. It should be noted that some of the findings from the synthesized reports have interesting correlations with emerging themes from the community input sessions and the key informant interviews. These correlations will be analyzed in the following sections. For more specific information on the synthesis and its findings please see *The Community Input Findings Report* (IPP, 2014).

Community Input Sessions

Participants offered a wealth of valuable insight into their respective service areas over the course of five community input sessions. In the end, the many ideas shared were grouped into three main themes. The first theme is the issue of access. Access is defined here as: shortages, bottlenecks, and limited agency resources to meet the current demand in the community for services. Considering the input received across the five sessions, the access issue can be understood as provider shortages and the need for home-based and family based services. The former speaks to the long wait times to receive services, lack of emergency services, the absence of night and weekend appointment times with providers, and the urban versus rural disparity of provider availability. The latter points toward the need for services that better address the home and family environment of the child.

The second theme focuses around the issues of structure/systems. Structure/systems are defined here as: collaboration barriers, billing, and other systemic challenges. The input received across the five sessions provided some detail on the systemic obstacles that organizations face in trying to address the needs of the community. Below are some of the more frequently cited systemic issues.

- Lack of insurance
- Complexity of health insurance systems
- Need for family-based services coordination between agencies
- Chronically working in silos
- Lack of integration between mental and physical health systems
- Limited billable services for non-clinical settings
- Lack of insurance coverage for prevention services

While the above listed systemic issues are the result of larger state level or even federal policies, the resulting outcome creates difficulty for individuals who need access to services.

The third theme was that of education. Education is defined here as three separate concepts:

- Professional development
- Mental health stigma among parents and the community-at-large

- Parenting skills in general

Professional development took on a number of forms. First, continued professional development of mental health providers is needed to ensure use and fidelity of evidence-based practices. Second, teachers need to be better trained in identifying mental health issues as well as general classroom management. Third, early childcare providers lack qualifications/appropriate training. Finally, social workers/case managers need to be better trained in home-based and family-based services. The stigma around mental health services was brought up multiple times related to parents' willingness to accept assistance for their child and to fully commit to the process. Parenting skills took on a number of forms and came to include: general parental knowledge of child development, effective disciplinary strategies, parents' lack of coping skills, and parents' lack of knowledge around nutrition. For more specific information on the community input sessions and its findings please see *The Community Input Findings Report* (IPP, 2014).

Key Informant Interviews

In total, 10 interviews were conducted with key informants in the areas of local schools, academic research community, mental health service providers, medical professionals, and community/primary prevention. The intent of the interviews was to gather additional information on the common themes, and other important issues were raised during the community input sessions. Over the course of the interviews, several concepts emerged; some of which were new and others reemphasized ideas presented during the input sessions. The following are the five most commonly agreed upon priorities for Boone County:

- Family-based care
- Classroom management skills and mental health awareness
- Case management services
- Psychiatrists
- Parenting skills and child development education

It was the belief of many of the key informants that in order to best treat the child, the home environment needs to be addressed. Similarly, the lack of basic parenting skills and understanding of child development was seen as one of the root causes of many negative child outcomes. The school environment was also seen as highly influential on a child's development. With this in mind, it was the belief of multiple key informants that this environment needed improvement. Specifically, the key informants were of the opinion that teachers simply do not have the necessary classroom management skills or awareness of mental health issues. The shortage of child psychiatrists in Boone County was cited several times by interviewees in multiple sectors. Lastly, the most commonly identified need was that of case management. Medical professionals discussed the need for 'care managers' to follow-up with, educate, and advise patients. School representatives discussed case management in terms of the difficulty in

tracking at-risks students and their families as they move from school to school. It was also pointed out that once a student is referred to a provider, there is often little to no follow-up from the provider to communicate the situation to school personnel. This gap in communication leaves schools unable to make adjustments to the student's school experience in order to account for their unique situation. Lastly, providers see the need for case managers as they attempt to ensure children and family members attend scheduled appointments, manage medications correctly, and address other challenges (i.e., food, clothing, medical, housing) that require attention in order to successfully address the patients mental health needs. For more specific information on the key informant interviews please see *The Community Input Findings Report* (IPP, 2014).

CONCLUSION

In an attempt to tie together the information from each data collection strategy, the three general themes established from the input session (access, systems/structures, and education) will be used to frame the final conclusion.

Access

The issue of access can be understood as community members not being able to acquire the following three priorities identified through the research process: mental health services, home and family-based services, and case management.

The perceived shortage in mental health service providers is consistent with the results of the *Putting Kids First Assessment*, which identified mental health services as the area that is most underfunded. Key informants also supported this finding by pointing to long wait times in getting appointments scheduled. More specifically, the difficulty in accessing child *psychiatrists* was mentioned by multiple interviewees.

Home-based and family-based services were discussed during the community input sessions and then reemphasized by multiple key informants. While there appears to be broad consensus that the ideal child therapy model would include the family and home environment, there does not seem to be enough providers willing and/or able to deliver this service. In addition, it was the belief of some that home and family-based services may provide an opportunity to deliver another priority service, that of parenting skills and child development education.

Another access problem, for which there appears to be broad consensus, is that of case management. Across the different sectors (schools, academic research community, medical, community/primary prevention, and providers), case management was seen as a necessary service for addressing the needs of the target population. As families seek services from

providers many need hands-on help with navigating the often complex medical and social service systems, finding transportation, maintaining a schedule, understanding what services are covered, securing and paying for child care, and communicating with employers to express the need for a flexible work schedule. It is the belief of many community members that case managers should fill this role and that it is an essential element to families' long-term success.

Structures/Systems

While access to services quickly became the mantra among community input participants, it was also evident that access issues were often a result of systemic barriers. Over the course of the Community Input Sessions the phrase "lack of health insurance" became synonymous with families who are underinsured or carry extremely high deductibles. This finding is consistent with results of the *Boone Issues Analysis of Mental Health* (Institute of Public Policy, 2012), which cited the primary reason for not receiving treatment among 12+ year olds as lack of health insurance. A medical sector key informant noted some effects of the Affordable Care Act (ACA). On one hand ACA increased access to medical treatment, but many are misinformed when it comes to types of services that are and are not covered. In addition, those who select less expensive coverage options often fail to understand the impact of extremely high deductibles. For some, ACA coverage parameters and deductibles serve as a deterrent of care.

Providers face systemic barriers as well. While case management and home/family-based services are considered vital, Medicaid requirements make it very difficult, even impossible, to bill for such services. From a provider perspective, services like case management and family-based therapy may be more effective, but they are also more resource intensive in both time and money. Therefore, it is very difficult to implement them when resources are already stretched in trying to meet the need for services that are billable.

Systemic issues such as the individuals being un/underinsured, billing difficulties for vital services (i.e., family-based services and case management), or navigating the complex Medicaid system all eventually lead to access issues as well. Consequently, efforts should be made to address these systemic inefficiencies rather than continually funding remedies for the symptoms of larger issues.

Education

In order to properly serve the children of Boone County it is evident there needs to be significant improvement in the education of mental health providers, school staff, and parents.

It is important that schools, and more specifically classrooms, teach social skills to all children as well as allow for and support children with mental health/behavioral issues. It was the belief of several in the community input sessions, and confirmed by key informants, that teachers lack the classroom management skills needed to provide an environment that supports the development of appropriate social skills. This finding is consistent with the *School Based Mental Health*

Report (Columbia Public Schools, 2013) that found – (1) a lack of shared understanding and knowledge of appropriate emotional development and mental health for children and teens, (2) a lack of communication between parents and teachers, and (3) the need for universal promotion of mental health awareness. In addition, a critique regarding the lack of a formalized system among schools in dealing with mental health issues that was raised during the input session was confirmed during key informant interviews.

The need for parenting skills was expressed in each community input session and reinforced during several of the key informant interviews. It came to include general parental knowledge of child development, effective disciplinary strategies, parents' lack of coping skills, and parents' lack of knowledge around nutrition. While the need for parenting skills was widely agreed upon, opinions on how to best implement this service differed. Some of the suggestions included parent support groups, connecting it to the child's intervention, home-based interventions, and linking it to the receipt of social services.

In regard to the mental health stigma issue, there appeared to be some disagreement on how problematic this actually is. It was the opinion of several providers that they have techniques for reframing the idea of therapy that de-stigmatizes it and allows parents to feel comfortable permitting assistance for their child and for themselves. However, it may be the case that many referral sources do not make use of the same reframing techniques and therefore have difficulty convincing clients to accept services.