

System of Care Practice Review's Impact Home & Abroad (Iowa & Ottawa) Iowa Children's Mental Health System Evaluation Utilizing the SOCPR

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DHS Collaborates with USF

The *Division of Mental Health and Disability Services* is focused upon the *system design for children with disabilities* and their families that began in 2004.

The SOCPR multi-site review is part of a project between FMHI and DHS (Division of Mental Health and Disability Services) to assist with the system design with attention to children with mental health issues.

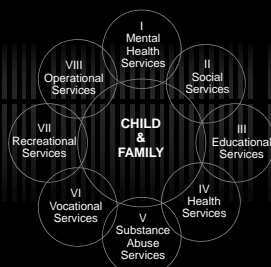
SOCPR Purpose

Purpose: to determine the extent to which the local service system reflects the system of care (SOC) philosophy at the level of practice.

Core Values of SOC

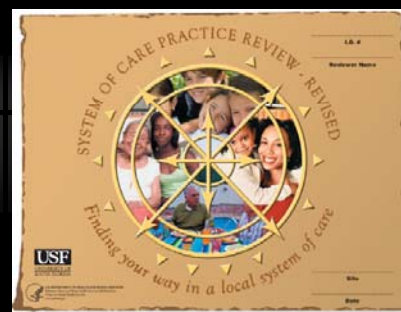
- ✓ Child-Centered and Family-Focused
- ✓ Community-Based
- ✓ Culturally Competent
- ✓ Impact (outcome driven)

System of Care Framework



From Stroul, B & Freidman R. (1986). *A system of care for children and youth with severe emotional disturbances*

SOCPR Methodology & Protocol



Specific Components of the Case Study Protocol

- ✓ Demographic Profile
- ✓ Document Review
- ✓ Primary Caregiver Interview
- ✓ Child/youth Interview
- ✓ Case Manager/provider Interview
- ✓ Informal Helper Interview
- ✓ Summative Questions

SOCPR Data for Iowa

- ✓ 43 Case File Reviews
- ✓ 2 - 4 Interviews per Case
- ✓ 33 Key Stakeholder Interviews

Iowa SOCPR Site Visits

- ✓ Des Moines/ Polk County
- ✓ Clinton/ Clinton County (part of CMHI)
- ✓ Clarinda/ Page, Fremont, & Montgomery Counties
- ✓ Le Mars/ Plymouth, Cherokee, & Sioux Counties

Findings of Iowa SOCPR

“Across Iowa, respondents stated that there is ‘community ownership in taking care of our kids,’ and providers ‘are willing to do what is needed.’ ”

Iowa System of Care Practice Review (SOCPR)

Youth Demographics

	Number	%
Age		
0-5 years	3	7%
6-12 years	24	56%
13-18 years	16	37%
Gender		
Male	26	60%
Female	17	40%
Living Environment		
Non-residential Care	41	95%
Residential Care	2	5%
Family Arrangement		
Adopted	7	16%
Foster care	2	5%
Living with relatives	5	12%
Living with Biological Parent(s)	29	67%
Race/Ethnicity		
Caucasian	34	79%
African-American/Caucasian	6	14%
Hispanic/Caucasian	2	5%
African-American	1	2%

Service System Involvement

	Number	%
Service/Involvement (not mutually exclusive)		
CMH Waiver	18	42%
Child Welfare Services	4	9%
MR Waiver	4	9%
Ill and Handicapped Waiver	1	2%
Community Mental Health Center only	7	16%
Psychiatric Medical Inpatient Center (PMIC)	2	5%
Remedial Services only (including targeted case management through Title XIX Medicaid funds)	8	19%
Previous or current child welfare involvement	18	42%

Quantitative Analysis Scoring

- ✓ Summative questions (SQ) relating to specific domains and sub-domains were scored
- ✓ Scores were also converted to allow for additional statistical computation

Disagree very much	Disagree moderately	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree moderately	Agree very much
-3	-2	-1	0	1	2	3
1	2	3	4	5	6	7
Low	Low	Low	Neutral	Enhanced	Enhanced	Enhanced

Quantitative Analysis of Domains

Community-Based	M 5.24 SD (1.04)	Enhanced
Impact	M 4.90 SD (1.39)	Neutral
Child-Centered & Family Focused	M 4.43 SD (1.37)	Neutral
Culturally Competent	M 3.34 SD (1.18)	Low

Overall Strengths

- ✓ Assessment findings are included in service planning.
- ✓ Youth & their families actively participate in service planning & service delivery.
- ✓ Services are provided in environments that are comfortable & convenient, often in the home.

Overall Strengths (cont.)

- ✓ Communication between team members is positive and frequent.
- ✓ Overall, children and youth who have received services have improved.
- ✓ There is commitment, collaboration, and steps toward clarity in Iowa's System of Care for families with children who have serious emotional disturbance.

Overall Strengths (cont.)

- ✓ CMH Waiver & Title XIX Remedial Services are providing good access to children & families who have previously lacked service coordination.
- ✓ The Mental Health Centers are providing collaborative, quality care to many consumers; often within public settings such as schools or health clinics.

System Challenges

- ✓ Assessments lack some life domains.
- ✓ There is lack of integration across multiple plans serving the same family.
- ✓ Strengths of the child & family are not consistently recognized or incorporated into service plans.
- ✓ There are few informal helpers identified or utilized in service planning & provision.

System Challenges (cont.)

- ✓ Often, the system does not respond when the child first begins experiencing problems, or when children transition to adulthood.
- ✓ Providers in rural communities have constraints regarding flexibility of scheduling and supervision, often limiting respite and in-home services.

System Challenges (cont)

- ✓ There is no system-wide tracking of children with serious mental health concerns.
- ✓ There is limited access to quality crisis intervention, psychiatric care, medication management, and respite for families in rural communities.
- ✓ There is very little access to services for under-insured, and working poor families.

System Challenges (cont.)

- ✓ There is a need for better understanding of cultural differences, dynamics, and strengths in all aspects of the system.
- ✓ "Family voice" is lacking in the system.
- ✓ Services & supports to families could benefit from improved understanding of family dynamics, flexibility, funding, and coordination.

And now for the rest of the story...

- ✓ Why we choose the SOCPR process
- ✓ Reactions to the SOCPR findings
- ✓ Update on system's change
- ✓ Iowa's plans for the SOCPR in the future