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

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

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.’”

Youth Demographics

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>5-11 years</td>
<td>24</td>
<td>26%</td>
</tr>
<tr>
<td>12-18 years</td>
<td>14</td>
<td>16%</td>
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</table>

Service System Involvement

<table>
<thead>
<tr>
<th>Service System Involvement</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMH Care</td>
<td>16</td>
<td>43%</td>
</tr>
<tr>
<td>Child Welfare Services</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>MH/NSM</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>ICF &amp; Institutional Home</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Community Mental Health Ctr only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric/Medication Ctr (PMC)</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Intermont County Medical Services only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home or Parent Child Welfare Services</td>
<td>18</td>
<td>43%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Disagree very much</th>
<th>Disagree moderately</th>
<th>Disagree slightly</th>
<th>Neither agree nor disagree</th>
<th>Agree slightly</th>
<th>Agree moderately</th>
<th>Agree very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Low: Disagree very much; Low: Disagree moderately; Low: Disagree slightly; Neutral: Neither agree nor disagree; Enhanced: Agree slightly; Enhanced: Agree moderately; Enhanced: Agree very much.

Quantitative Analysis of Domains

<table>
<thead>
<tr>
<th>Community-Based</th>
<th>Impact</th>
<th>Child-Centered &amp; Family Focused</th>
<th>Culturally Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>M 5.24</td>
<td>SD (1.04)</td>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>M 4.90</td>
<td>SD (1.39)</td>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>M 4.43</td>
<td>SD (1.37)</td>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>M 3.34</td>
<td>SD (1.18)</td>
<td>Low</td>
<td></td>
</tr>
</tbody>
</table>

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 underinsured, 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