

2013

**Final Evaluation Report: LINKING SYSTEM
OF CARE and PUBLIC HEALTH**



Table of Contents

Executive Summary	3
Introduction	5
Method	7
Findings: Team Summaries	7
Findings: Think-Plan-Do	11
Discussion, Successes, & Lesson Learned	13
Recommendations	16
Appendix A: Individual Team Summaries	18
Appendix B: Think-Plan-Do Survey	42
Appendix C: Example Materials developed by Teams	44

Executive Summary

In 2005 the Missouri Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS) developed a partnership to promote Bright Futures. Based on the strong foundation of the previous Bright Futures/Show Me Bright Futures work the partnership continued and began to connect with the Systems of Care teams. In 2012 the Children's Trust Fund, Department of Mental Health, and the Department of Health and Senior Services extended the partnership to promote the expansion of the public health approach and System of Care in Missouri. The purpose of the 2012-2013 Linking System of Care and Public Health initiative was to improve quality of life for children, youth, and families living in Missouri by: (1) increasing the number of System of Care teams in Missouri, (2) incorporating public health approaches in System of care teams, and (3) improving the functioning of existing System of Care and Show Me Bright Futures teams.

After surveying and interviewing 11 teams and receiving responses from 40 people during the summer of 2013, several important findings and recommendations emerged.

- SOC teams report increased representation of public health stakeholders on their teams.
- SOC teams deepened their understanding of public health and plan to move toward integrating public health approaches in their work.
- Two of the three Show Me Bright Future teams who previously focused on public health are pursuing System of Care sanctioning.
- All teams report improved functioning, increased attendance, and more diverse representation.
- Many teams want assistance in learning to interpret local data and to use local data to make collaborative decisions to improve the overall quality of life for children, youth, and their families in Missouri.
- Staff turnover at the local and state level is a challenge. Turnover among staff has occurred for a variety of reasons, and changes in members and leaders can lead to gaps in stakeholder representation and delays as new members learn the culture and function of this work (e.g., basics of System of Care and Public Health). Members in local teams, as well as the state team, are also responsible for disseminating this work back to their primary agency. Staff turnover can also negatively impact that communication process as well. Preparing for turnover with cross-communication and training as well as periodically re-examining goals are suggested ways to address staff turnover.

- In order to expand the Linking System of Care and Public Health initiative an understanding and acceptance of the goals and values of the initiative is imperative. Including all levels of local and state child serving agencies in the planning process will allow for smooth implementation. In addition, a commitment from all stakeholders is essential.
- Teams learned valuable lessons which can and should be shared with other teams through peer-to-peer learning
- A three tiered model or approach presents a promising framework for linking SOC and public health.

Introduction

The roots of the efforts to link public health and system of care run deep. The Children's Comprehensive Plan, in response to Senate Bill 1003, *Reforming Children's Mental Health Services in Missouri* written in 2004 used a public health approach as the foundation for system reform. The model used to organize the system components in the Plan followed the public health approach of the 1994 Institute of Medicine publication *Reducing Risks for Mental Disorders*. The public health approach was further bolstered by work of the Department of Health and Senior Services (DHSS).

Historically, in response to the Department of Health and Senior Services (DHSS) requirement that all programs become outcomes based, the Maternal Child Health (MCH) Program and the School Health Services Program began independently looking at health outcomes data as well as infrastructure needs. The program managers noted that local public health agencies (LPHA) and school districts were working on similar issues (tobacco use prevention, access to care, obesity prevention, child abuse and neglect, injury prevention, and suicide prevention) but independently. The Maternal Child Health program manager had a Health Resources and Services Administration (HRSA) grant on workforce development and began including the school health contractors in regional workshops where LPHA staff sat alongside the school health staff by county.

Both groups participated in a needs assessment. It was striking that both groups rated social marketing, evidence based decision-making, building community collaboration, program evaluation, and cultural competency as their top priority learning needs. These five issues became the "pillars" for all professional development activities for both groups. Workshops to address these needs were instituted and the partnerships between LPHA's and School Health Services personnel became institutionalized.

One outcome of this partnership was the formal realization from each group that mental health was a major part of the challenges they were facing. The Department of Health and Senior Services then sought funding to address mental health issues using a public health approach. It was determined that regional "learning tables" would be broadened to include mental health professionals. The goal of the meetings was a paradigm shift from the current approach focused on treating illness (or "deep end kids") to a public health approach focused on prevention, early recognition, and de-stigmatization as identified or driven by a region's surveillance data. Over 800 individuals representing local public health agencies, mental health agencies, schools, early care and education, and parents met for two years learning about mental health and mental health promotion. Training materials included *Bright Futures in Practice: Mental Health*. Communities began to communicate with each other, share resources, and identify others who needed to be at the table. The MCH program manager and the School Health program manager recognized that this initiative, *a public health approach to mental health*, needed to be part of a

shared agenda with other state agencies and entities and began looking for a new way of doing business. Additional partners were identified and a Bright Futures state planning team was identified to carry on the work first identified by two public health nurses as a need for their communities.

The Bright Futures state team affirmed the original purpose of the initiative: To develop skill sets using the *Bright Futures in Practice: Mental Health* resources; foster the development of leadership teams involving regional staff from mental health, public health and education; and to develop a community development “training academy” to build community capacity to implement the public health approach to mental health. The Bright Futures Leadership team (formed in 2008) represented public health, mental health, education, Head Start, the Children’s Trust Fund, Missouri School Boards’ Association, The Missouri Student Success Network, The University of Missouri-Columbia, the St. Louis University School of Public Health, and the Missouri Foundation for Health with each member committing resources and designated staff to the planning and oversight process. The effort emerged with funding by the Missouri Foundation for Health to fund three pilot communities to implement a public health approach to children’s mental health. The project was the Show Me Bright Futures grant and the three pilot communities were Rolla, Joplin, and Moberly.

Based on the strong foundation of the previous Bright Futures work, the partnership continued and began to connect with the Systems of Care teams. In 2012, the Bright Futures state team transformed into the Public Health Committee under the auspices of the Comprehensive System Management Team (CSMT). Subsequently, the Children’s Trust Fund, Department of Mental Health, and the Department of Health and Senior Services extended the partnership to promote the expansion of the public health approach and System of Care in Missouri. The purpose of the 2012-2013 Linking System of Care and Public Health initiative was to improve quality of life for children, youth, and their families living in Missouri by: (1) increasing the number of System of Care teams in Missouri, (2) incorporating public health approaches in System of care teams, and (3) improving the functioning of existing System of Care and Show Me Bright Futures teams,

This work represents the first known state-driven initiative to train communities in the public health model, its applicability to the mental health system and the potential for aligning with SOC. In general, in our nation, mental health systems are focused on severely emotionally disturbed individuals and upon service delivery to those individuals, including children and adolescents. There is limited funding or focus on prevention, health promotion, identification of risk and protective factors, early identification of children at risk, or early intervention. However, there is a growing interest, from the federal level (for example from Substance Abuse and Mental Health Services Administration – SAMHSA), in exploring the linking of System of Care and public health and its applicability to the children’s mental health field. The public health model promotes three core functions: assessment/surveillance, planning and policy development, and assurance. These core functions work synergistically to propel systems

planning and development toward prevention, health promotion, the identification of risk and protective factors, and the deployment of service delivery strategies based upon community and state-wide surveillance results. This represents a significant paradigm shift for the entire spectrum of the children's mental health system – including the state mental health authority, mental health service providers and practitioners, consumers and family members, and the community.

Method

In April 2013 nine SOC and two Bright Futures teams applied for and were awarded \$1600 per team for projects and goals that connected SOC and public health. This project evaluation was designed to assess individual team progress and needs of those funded teams as well as the cumulative results of the overall system initiative success. Consequently, the evaluation procedure combined assessments that were unique to individual sites with measures that were collected across sites. Representatives of local sites completed Team Summaries (Appendix A) which provide information specific to each local team's effort. Secondly, teams received the Think-Plan-Do survey (Appendix B) and participants were asked to complete the survey online or as a team activity. The Think-Plan-Do questionnaire was designed to collect both quantitative and qualitative feedback about the Linking System of Care and Public Health initiative. Items developed from the previous Think-Plan-Do evaluation tool used to evaluate the three Show Me Bright Futures teams were adapted to incorporate System of Care values and principles. Respondents were asked to indicate the point on a continuum which best described their perception of where their team was functioning on the item statement. The questionnaire quantitative statement ranged from Thinking to Planning to Doing and a five point numeric scale applied to the Think-Plan-Do continuum. The qualitative portion of the questionnaire solicited participant opinions to open-ended items:

Additionally, new teams emerged during the course of the initiative, so attendance, participation, and qualitative information was collected from new teams as they emerged. Consequently, the report discusses the progress from both mature and emerging teams during 2013. The inclusion of data from emerging teams is enlightening because it illustrates the growth and lessons of unfunded teams. However, the inclusion of emerging team information and the timelines of the project limit the ability for pre and post data reporting. Nevertheless, the methodology accurately represents the evolution and growth of individual teams impacted by the initiative and reflects the technical assistance needs from a developmental perspective.

Findings: Team Summaries

Thirteen teams completed a Team Summary form (Appendix A). The completed Team Summaries represented eleven current SOC or SMBF teams including Adair, Andrew-Buchanan, Clay-Platte, Franklin, Jackson, Jefferson, Lincoln-Pike, Randolph, Ray, Phelps, and St. Charles. Additionally, two emerging teams, Gasconade and Osage, also completed Team Summaries

(Osage became sanctioned in July and Gasconade in September, 2013). The Team Summary form included four items: Project Summary, Successes in Strengthening/Maintaining your SOC Team, Successes in Expanding/Maintaining the Public Health Model in your SOC Team, and Lessons Learned (What other teams can learn from you).

Project Summary

The Project Summary section of the Team Summary provided a brief description of the specific local project and reported on the team's progress toward their goal(s). The projects can be categorized based on the nature of their activities into Training Activities, Awareness Activities, and Data Activities. However, since many projects involved multiple activities, some team data is reported under more than one category. Therefore, categorical totals exceed thirteen.

- (1) **Training Activities:** Twelve of the thirteen team projects involved training activities which were designed to increase participant understanding of SOC, Public Health, agency roles, and services and/or children's mental health through Youth Mental Health First Aid (YMHFA). Generally, teams with longstanding experience with SOC focused their training on Public Health while teams with Public Health experience targeted training on SOC. Only five teams reported the number of participants who attended their training event on Team Summaries, but those five teams reported a total of 331 attendees. Similarly, all teams reported increased participation at their meetings from more diverse community groups indicating success in growing team participation and diversity. Further, several teams reported that the training activities helped to engage or re-engage members and renew enthusiasm. Seven teams held SOC 101 training events (Osage,/Gasconade, Greene, Adair, Jackson, Ray, Andrew/Buchanan and Phelps) and Adair, Jackson, Ray, Andrew/Buchanan and Phelps, five teams, had Public Health 101 events. DMH provided additional attendance data for some of the events which were not reported in Team Summaries. This information combined with the Team Summary data reflects a total attendance across all events which exceeds 500 individuals.
- (2) **Awareness Activities:** Two teams reported projects designed to create awareness of children's mental health and the local SOC team by developing promotional materials and community resources. One team produced 2800 resource magnets and 9000 information cards to distribute throughout the community. Another team created a local resource guide, a SOC brochure featuring a parent perspective, and magnets with organizational and crisis line information.
- (3) **Data Activities:** All thirteen teams reported that they are beginning to collect data on attendance, agency representation and participation to track their overall progress in increasing participation. Additionally, seven teams reported examples of using data to inform their projects. For example, teams were creative in the ways they used data. One team conducted a survey of the community to identify concerns to aid in developing the content of their training events. Another team reported a training event focused on using

a local database system for tracking referrals and improving access to services. A third team began reviewing data from their local hospital to ascertain utilization patterns to inform their work. A fourth team administered a satisfaction survey after conducting Public Health training. Two existing teams, Adair and Ray, and one emerging team, Howell, used data activities to demonstrate surveillance during their local training events.

Successes in Strengthening/Maintaining your SOC Team

In the Team Summary forms (Appendix A), teams identified a variety of ways in which this project helped to strengthen or maintain their existing SOC team by:

- Increasing the understanding of each agency involved with SOC.
- Incorporating the Public Health model with SOC.
- Gaining access to a comprehensive list of service providers.
- Allowing frontline staff from different agencies to connect.
- Increasing the number and diversity of participants on SOC.
- Understanding the benefits of a Public Health approach.
- Providing a mechanism to enhance public education about children's mental health
- Solidifying their core team.
- Emphasizing the importance of all roles (transportation, parks & recreation, schools, etc.).
- Getting started as a SOC team.
- Providing materials and presentations to spread the word with frontline staff.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

Likewise, teams identified in their Team Summary forms (Appendix A), a variety of ways in which this project helped to expand or maintain the Public health Model in their existing SOC team by:

- Having District Nurse Consultants and the local Public Health Director join their team.
- Giving a new direction to their team.
- Learning how to access to critical data and service information.
- Focusing on the broader issues, understanding that SOC is more than staffing kids.
- Enhancing their membership and increasing their awareness of the Public Health Model.
- Developing a grant writing resource.
- Helping them to think bigger.
- Embracing the Think-Plan-Do model.
- Increasing awareness of public health.
- Focusing on all agencies/team members as a whole.
- Adding the local health department to team membership.

Lessons Learned (What other teams can learn from you)

A particularly important component of this initiative was the emphasis on learning from peers. The format of sharing team information on group conference calls and the distribution of team summaries fostered the sharing of information and allows teams to learn from their colleagues. Based on information reported in the Team Summary forms (Appendix A), teams mentioned several lessons they learned, including:

- It is important to be specific with information about SOC.
- We learned the value of involving families at all levels.
- It is easy to get off topic.
- Never stop networking.
- Focus on systems to address things globally.
- It is critical to have strong and continuous leadership.
- Not to slip into “small town” discussions about families.
- Allowing families to be part of the system is critical.
- Members vary on how much staffing should take place.
- Clients appreciate when agencies are responsive.
- Resource mapping is a powerful tool.
- There are a lot of existing resources but service providers may not be aware of them.
- Reaching frontline staff is critical.
- Teaching the masses is easier when you have “buy in” from system partners.
- Global education and prevention is possible if we plant a seed and let it grow.
- One person has to serve as the point person when developing conferences.
- It takes a lot of time and effort to plan training events.
- We must continually reach out to new partners.
- A clear vision and mission helps us articulate the benefit of SOC.
- When folks have ways to participate meaningfully, they come back.
- Need data to drive decisions.
- Timing is everything.
- There are creative ways to involve youth.
- We balance staffing with population-based activities.
- We learned that we need to have a spark to move ahead.
- People want to do something.
- Working on a project brought our team together.
- Balancing staffing with a broader focus requires effort from all partners.
- Rotating leadership helps develop ownership.
- Work as a community for success.
- We really are good at what we do.

- Our infrastructure supports a balance between staffing and population-based activities.
- At times teams need to step back, reflect and be encouraged.

Findings: Think, Plan, Do

40 participants from 9/11 funded teams completed the Think-Plan-Do survey (Appendix B). Since participants were asked to complete the survey online or as a team activity, the number of responses from teams varied resulting in disproportional responses from some teams. For example, 22/40 participants were from 2 teams while several teams were represented by 1-2 participants. Participants varied in terms of their professional role, their years as a team member, and their participation in trainings (e.g., prior summit, Public Health 101 webinar). The Think-Plan-Do questionnaire was designed to collect both quantitative and qualitative feedback about the *Linking System of Care and Public Health* initiative. Items developed from the previous Think-Plan-Do evaluation tool used to evaluate the Show Me Bright Futures teams were adapted to incorporate System of Care values and principles. Respondents were asked to indicate the point on a continuum which best described their perception of where their team was functioning on the item statement. The questionnaire quantitative statement ranged from Thinking to Planning to Doing and a five point numeric scale applied to the Think-Plan-Do continuum. The qualitative portion of the questionnaire solicited participant opinions to open-ended items.

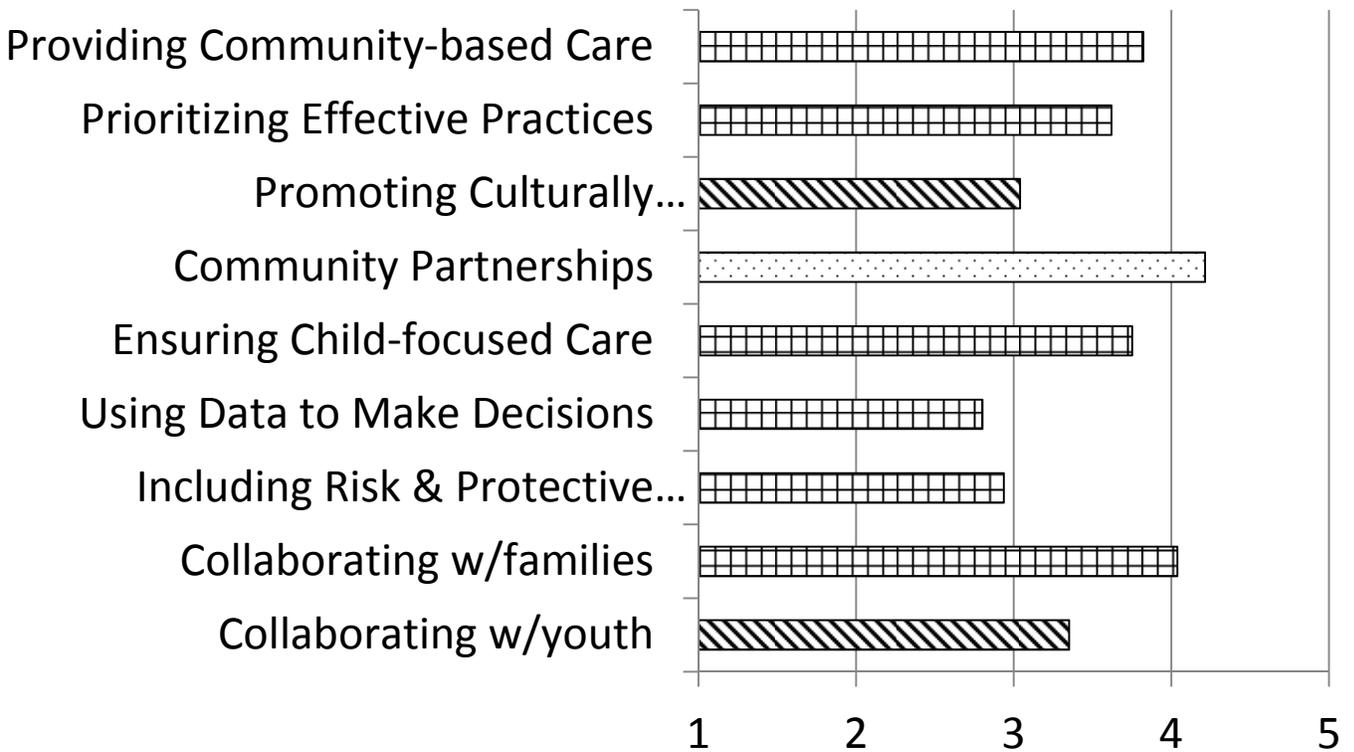
The quantitative survey items included:

What phase is your team at with regards to:

1. Collaborating with youth
2. Collaborating with families
3. Including both risk and protective factors
4. Using data to make decisions
5. Ensuring child-focused care
6. Building & relying on community partnerships
7. Promoting culturally-competent care
8. Prioritizing activities & services by what has been proven to be effective
9. Providing community-based care

Participants were asked to indicate the point on a continuum ranging from one to five which best described their perception of where their team was functioning on the item statement. One indicates the “Think” stage, three the “Plan” stage, and five the “Do” stage. The mean (average)

scores for each item are displayed below. Patterns represent differences in variability for each item, discussed in further detail below.



Overall, responses indicate that participants perceive their local teams are in the “planning” phase for most components, with further progress to the “do” phase for the community partnerships, collaborating with families, providing community-based care, and ensuring child-focused care. Notably, the two areas rated lowest are Using Data to Make Decisions and Including Risk and Protective Factors.

The range of responses in the data provides information about the variability or consensus of team opinion on the items. Variability is illustrated by the patterns on the graph. The dot pattern indicates the lowest level of variability (more agreement), the box pattern indicates a medium level of variability (some agreement), and the diagonal line pattern indicates a high level of variability (less agreement). For example, participants agreed most on their ratings of their teams’ progress in terms of building and relying on community partnerships (dot pattern). Nearly 80% of participants rated building & relying on community partnerships as a 4 or higher. Thus, participants within and across different teams perceive this to be an area of strength and significant progress. In contrast, participants were highly variable in their perceptions of activities associated with promoting culturally competent care and collaborating with youth. That is, participant responses varied from Think to Plan to Do for these components. Similarly, participants within each team varied in their ratings for all components, indicating different perceptions of team progress within each component.

The qualitative responses reflected the progress felt by team members as shown in the figure below.



Discussion, Successes, and Lessons Learned

Discussion and Successes

The purpose of the Linking System of Care and Public Health initiative was to improve the quality of life for youth living in Missouri by: (1) increasing the number of System of Care teams in Missouri, (2) incorporating public health approaches in System of care teams, and (3) improving the functioning of existing System of Care and Show Me Bright Futures teams.

Both the quantitative and qualitative components of the evaluation procedure support the success of the initiative.

1. Increasing the number of System of Care teams in Missouri is demonstrated by the increase in sanctioned SOC teams and by the number of emerging teams who are considering becoming sanctioned. Two new SOC teams became sanctioned, Osage and Gasconade. Two of the Show Me Bright Futures teams, Rolla and Moberly, are actively pursuing becoming sanctioned SOC teams. Additionally four emerging teams, Barry/Lawrence, Howell, Greene, and Scott, attended the Summit, participated in training to introduce them to SOC, and are actively pursuing becoming sanctioned.
2. The desire to expand the number of teams who were incorporating public health approaches in System of care teams was achieved. Nine teams expanded membership to

include representatives from the public health sector, including District Nurse Consultants from the region. Notably, five teams held face-to-face training events specifically focusing content on learning about public health. Furthermore, the District Nurse Consultants recorded a video presentation, *Public Health 101*, which is being maintained on the DMH website for teams to reference. Several teams encouraged their members to watch *Public Health 101* or viewed it together at a team meeting.

3. A number of activities designed to improve the functioning of existing System of Care and Show Me Bright Futures teams occurred during the Linking System of Care and Public Health initiative. Efforts began with six webinars devoted to topics of interest as determined by team data. The six topics were: Bringing partners to the table, Becoming a sanctioned team, Bringing families to the table, Understanding public health, Improving team functioning, and Current resources. Multiple teams and individuals participated on the webinars and the Public Health 101 video was posted on the DMH website for ongoing access. In addition to the webinars, several teams elected to hold face-to-face training events. Seven teams held SOC 101 training events (Osage,/Gasconade, Greene, Adair, Jackson, Ray, Andrew/Buchanan and Phelps) and Adair, Jackson, Ray, Andrew/Buchanan and Phelps, five teams, had Public Health 101 events. This information combined with the Team Summary data reflects a total attendance across all events which exceed 500.

Lessons Learned

Although the initiative is still underway and there remains much work ahead to see the widespread linking of SOC and public health in Missouri, the preliminary lessons are promising. Ongoing progress will require the continued dedication and support of all the state and local partners, but the lessons learned to date can provide direction for a sustained implementation of SOC and public health. All the participating teams have gained valuable knowledge and changed attitudes, so all the teams have important lessons to share. The unique individual local team lessons are reported in the Team Summaries in Appendix A. Some of the common lessons learned from multiple teams are described below.

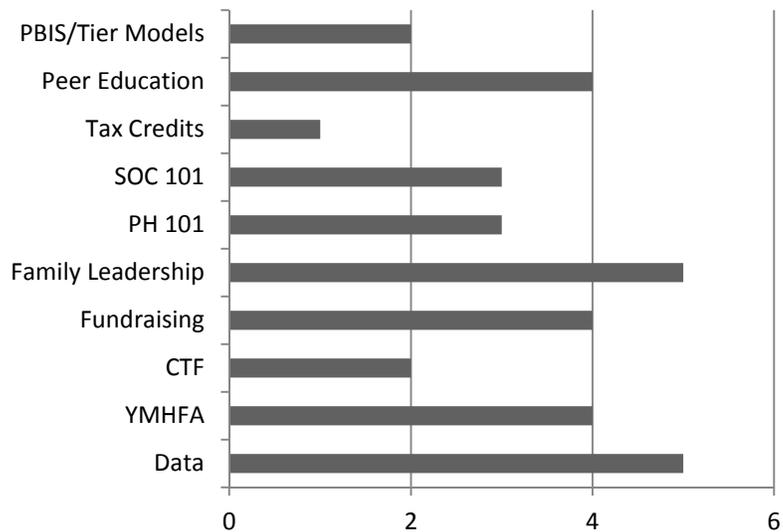
Two teams, Adair and Jefferson, particularly focused on the “real life” process for linking SOC and public health approaches. Both teams are experienced SOC teams with a longstanding history of success. Further, both teams have received recognition for their work using the Quality Service Review, developed by Human Systems and Outcomes, Inc. and adopted by Missouri to evaluate the progress of SOC teams. Jefferson is working towards developing a basic model that incorporates local data and community assessments conducted by their regional hospital. Adair and Phelps (emerging SOC team, formerly a public health coalition) teams want to put the concepts of this initiative into practice by exploring the applicability of using a three tier model based on three components or levels. In public health the three levels are universal,

selective, and targeted or primary, secondary, or tertiary. Similarly, Positive Behavior Interventions and Supports (PBIS), which is an approach used in many schools relies on a three tier model. The three tier model is often illustrated in a triangle which is familiar across many disciplines. Consequently, the three tier model offers a promising method for conceptualizing the linking of SOC and public health in a way that is recognizable to team members. Therefore, teams may be more willing to embrace the linking of SOC and public health because they can relate the three tier model to their professional orientations. The lessons learned by Adair and Jefferson position both teams to provided support to other teams in the future.

Two teams (Franklin and St. Charles) conducted Youth Mental Health Fist Aid (YMHFA) training events as their projects. The two teams reached 65 individuals in their communities representing a variety of stakeholders. The experience of these teams suggest that offering YMHFA is a viable first step toward engaging broader participation on the team, reducing stigma, and introducing a preventative approach to the community. These two teams can share with other teams the value of YMHFA and their lessons gained from it.

Three teams gained experience in developing social marketing tools. Lincoln/Pike and Adair created informational materials that were distributed in a variety of formats (magnets, cards, brochures). Consequently, these two teams cans offer assistance to other teams interested in social marketing, reducing stigma, and increasing community awareness of SOC and public health. Another team, Franklin, created a resource guide and a booklet of poetry written by a youth with mental health issues.

Finally, a questionnaire was completed by all the teams attending the Systems of Care/Bright Futures Networking Summit which included an Action Plan and two items asking for teams to identify resources and/or technical assistance needs related to accomplishing their next steps. The graph below illustrates team responses.



Five teams requested further support with using data and developing family leadership. Of next importance regarding resources and technical assistance were Youth Mental Health First Aid, Fundraising, and Peer Education. However, Peer Education might best be considered as a method for delivering TA than as a specific area of need for TA.

Recommendations

The overall evaluation limitations related to small sample size and disproportionate representation of some teams negates the ability to evaluate statistical significance. Nevertheless, several key findings and recommendations clearly emerge from the multiple forms of assessment. The analysis of the combined results from surveys, summaries and interviews with key stakeholders suggests the following findings and recommendations:

- SOC teams report increased representation of public health stakeholders on their teams.
- SOC teams deepened their understanding of public health and plan to move toward integrating public health approaches in their work.
- Two of the three Show Me Bright Future teams who previously focused on public health are pursuing System of Care sanctioning.
- All teams report improved functioning, increased attendance, and more diverse representation.
- Many teams want assistance in learning to interpret local data and to use local data to make collaborative decisions to improve the overall quality of life for children, youth, and their families in Missouri.
- Staff turnover at the local and state level is a challenge. Turnover among staff has occurred for a variety of reasons, and changes in members and leaders can lead to gaps in stakeholder representation and delays as new members learn the culture and function of this work (e.g., basics of System of Care and Public Health). Members in local teams, as well as the state team, are also responsible for disseminating this work back to their primary agency. Staff turnover can also negatively impact that communication process as well. Preparing for turnover with cross-communication and training as well as periodically re-examining goals are suggested ways to address staff turnover.
- In order to expand the Linking System of Care and Public Health initiative an understanding and acceptance of the goals and values of the initiative is imperative. Including all levels of local and state child serving agencies in the planning process will

allow for smooth implementation. In addition, a commitment from all stakeholders is essential.

- Teams learned valuable lessons which can and should be shared with other teams through peer-to-peer learning
- A three tiered model or approach presents a promising framework for linking SOC and public health.

APPENDIX A

(Contact information is included with Team Summaries and readers are invited to contact local teams for more information if desired.

Team: Adair County System of Care

Contact Person/e-mail address: Linda Bowers/ linda.bowers@dmh.mo.gov

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

Although we have a long-standing team with a history of being a sanctioned System of Care (SOC) site, the goal of this project was to expand our focus to include the Public Health (PH) model and engage the community in children’s mental health using a PH approach —getting new team members on board and using community data to inform training events and ultimately expand to a population-based approach. We used our TA funds for a conference in which Sheri Williams, Dr. Ed Morris, Kristi Scoville, Dr. Rogers, Dr. Bigby, all spoke about moving SOC to a public health model. Dr. Lovy did a follow-up conference on psychotropic medications the pros and cons. We conducted a survey of the community to assess knowledge about SOC and awareness of the use and complications of psychotropic medications and alternatives to medicating the youth in Adair. We had 171 individuals for the public health and schools complete the survey. The survey data led us to hold two mini-conferences. The first highlighted SOC, PH, and the three tier model incorporating a mix of presentations and interactive table discussions. The second mini-conference targeted psychotropic medications. We maintain attendance information on participation and 83 individuals attended the first event and 75 are registered for the second event. Participation in the survey and events reflects the diversity of Adair and includes: CD, JO, Youth services Mental Health, Teachers, Nurses, Doctors, Representatives from 3 of the colleges, Health Dept, Drug and Alcohol, Developmental Disabilities and Local Crisis Units were represented. After the psychotropic medication workshop, we plan to use the evaluation data gathered from the two events to chart our course moving forward. We are evaluating success by collecting attendance information, using a community survey of SOC and medications, and using satisfaction surveys to gain feedback on events. We plan to use these data to improve future events and define our next steps while partnering with the local universities

We also created a resource guide, SOC brochure, and magnet which list organizations, websites and crisis lines at a glance to provide community members with information about services and resources as a part of our community engagement strategy.

Successes in Expanding/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by helping to increase the understanding of each agency involved with SOC. It gave us greater understanding of our individual services as well as understanding how SOC and the Public Health Model should work to be one and the same.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by having PH director and other attending the Summit and Sheri Williams, District Nurse collaborating with the team).

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) lesson(s) learned it is important to be specific with information (e.g., not such broad health information) so practitioners understand how to refer to SOC and what SOC does. 2) We learned the value of involving families at all levels, in the brochure, as a presenter, on SOC, 3) We also created a resource guide, SOC brochure, and magnet which lists organizations at a glance to provide community members with information about services and resources as a part of our community engagement strategy.....

Some additional "lessons learned" include: 1) it is easy to get off-topic with so many organizations on board so we have a structure we use with a designated leader, an agenda, circulating minutes, inviting parents ... ;2) you never can stop networking and finding organizations/resources; 3) try to stay broad and focus on how to work out systems to address things globally; 4) strong and continuous leadership helps sustain the work; 5) important not to get pulled into "small town" discussions about specific families; 6) process must include families; add any others

Team: Andrew-Buchanan System of Care

Contact Person/e-mail address: Chris Kimsey / Christopher.R.Kimsey@dss.mo.gov

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

Although we have a long-standing team with a history of being a SAMHSA funded of System of Care (SOC) site, the goal of this project was to expand our focus to include the Public Health (PH) model—getting team members on board and identifying new members for the team to expand to a population-based approach. Additionally, our other goal was to rejuvenate our existing team and restore enthusiasm for SOC. We have received training/TA from Dr. Ed Morris and Barb Spaw. We are collecting attendance information on participation and 2 new members have attended representing a diverse agencies including: We focused our recent summer meetings on determining our future direction, identifying new partners, and learning about Public Health. Our next step will be discussed at our next meeting, but we are considering inviting another SOC/PH team to present to our group so we can learn from them. We are evaluating the success by collecting attendance information, using a survey to gain feedback on the PH presentation and we plan to use these data to define our next steps.

Successes in Strengthening/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by looking at different to evaluate our services and how to help families by incorporating the public health model.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by giving us a new direction to go with our team.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) the majority of the team wants to broaden to a population-based focus but we still want to continue relationships and the ability to support individual child and family needs.

Some additional “lessons learned” include: 1) allowing the families to be part of the system is critical—having families at the table makes us talk *with* youth and parents not *about* youth and parents; 2) team members vary in their perspective on how much staffing should take place during meetings—staffing may help drive systemic action

Team: Clay Platte System of Care

Contact Person/e-mail address: Dennis [Meier/DMeier@SynergyServices.org](mailto:DMeier@SynergyServices.org)

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

The goal of this project was to provide Northland mental health, social service, and all providers associated with the Clay Platte System of Care the opportunity to be registered and trained in the use of a referral-linking system called Kansas City Recovery Oriented System of Care (KCROSC) which is designed to coordinate client care. Agencies fully using this database can access resources, make referrals, and schedule appointments. We collaborated with First Call and the Platte County Health Department to complete this project. We trained 10 individuals from 8 agencies whose services range from mental health, child protection, juvenile justice, developmental disabilities, and hotline services. Our next step is to collaborate with First Call and the Platte County Health Department is to consider what kinds of data are collected through this system and how we can use those data to expand use of the public health model by our SOC. We also want to use these data to track client satisfaction and improved outcomes that result from more integrated care.

Successes in Expanding/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by assisting each team member/agency to gain access to one of the most comprehensive list of service providers in Kansas City metropolitan area. Each service provider in the database agrees to maintain accurate contact information, capacity information, areas of specialty, and appointment possibilities. This training lead to discussion about how this access could support treatment integration, integrated treatment planning, and referrals. This project is foundational to the development of a common database used by SOC agencies to coordinate care with primary health care, mental health, and social service agencies across the community to improve client care.

Successes in Expanding/Maintaining the Public Health Model

This project helped our team expand/maintain the Public Health Model in our SOC team by leaning how

to get access to critical information about other providers. Additionally, client/consumers can also access this database and participate in treatment planning. The Clay Platte SOC team uses these data to focus on population-based activities that prevent mental illness. For example, agencies can see whether clients/consumers have utilized certain services before and which primary health and mental health domains these services were in. This project could generate ideas for how public health and the SOC team might identify certain domain clusters around mental health and homelessness, for example.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) the success of these types of referral systems is dependent upon agencies regularly using the system and keeping their information current; 2) clients appreciate when agencies are responsive (i.e., respond in person in a timely manner and follow-through) and help connect them to directly to resources (rather than giving them a phone number); 3) Technology in resource mapping is a powerful tool, but funds for training in both integrative care and technology are lacking and make implementation more difficult.

Some additional “lessons learned” include: 1) there a lot of existing community resources, service providers may not be aware of them; 2) There are several resource mapping tools in the community, but they are not well coordinated, yet.

System of Care/Bright Futures Networking Summit
September 27, 2013

Team Summary

Team: Franklin County System of Care

Contact Person / E-mail: Annie Schulte / fccrboard@gmail.com

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

The goal was to expand the role of System of Care to be more inclusive of the public health model by providing a basis of knowledge that we can all begin to use in concert. In order to do this we wanted to familiarize community providers with common risk signs and processes for preventing and addressing mental health crises among youth. Our project focused on providing Youth Mental Health First Aid training to agency partners who participate in our System of Care team. We collaborated with the Department of Mental Health and the Franklin County Community Resource Board to facilitate these trainings. We trained 24 people representing eight different agencies/groups. Our next step is to broaden this training so that everyone in the community who interacts with youth (e.g., public librarians, coaches, teachers, etc) is familiar with warning signs associated with youth mental health crises and knows how to respond. We anticipate that this could eventually positively impact our local youth suicide rate.

Success in Strengthening and Maintaining Your System of Care

This project helped our team strengthen/maintain our SOC team by facilitated networking among representatives from those organizations. In particular, allowing frontline staff from different agencies to connect. In addition one of the participating agencies is fairly new to the community, Grace's Place the Franklin County Crisis Nursery. This allowed for the other agencies to meet the staff of Grace's Place building trust with the newest agency. Since the training, many of the other agencies have been utilizing Grace's Place services at a higher rate than before.

Success in Expanding/Maintaining the Public Health Model in your SOC

This project helped our team expand/maintain the Public Health Model in our SOC team by focusing on the broader issues related to prevention and global knowledge; understanding that SOC is more than staffing kids.

Our plan for maintaining and expanding this knowledge is two-fold. The first is that through community partnerships with National Council on Alcoholism and Drug Abuse, the Mental Health First Aid for Youth training is being provided to community members. They are concentrating on the community as a whole, working on getting librarians, coaches, youth volunteers, pastors, and others who are contact on

a regular basis with youth trained. They have already had one training and have another scheduled. Both trainings are full. Second the Franklin County Community Resource Board in collaboration with other County's Children's Services Funds are hosting and funding a train the trainer for school personnel to become certified trainers of Mental Health First Aid for Youth. In Franklin County we have ten (10) districts within the boundaries of the county and another whose student population is 26% from Franklin County. Out of the eleven (11) school districts, eight (8) people will be trained, representing seven (7) of the districts. The plan is for those eight people to then train the personnel in their respective districts and hopefully train the personnel in adjacent districts that were unable to send a representative.

The more people in Franklin County we have trained in Mental Health First Aid for Youth, the more eyes and ears we have on the ground to hopefully catch kids before a true crisis occurs. Over the course of the past 12 months we have had five (5) youth commit suicide. Our goal is to reduce that to zero or at least reduce it to where it's not a yearly occurrence.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that:

- 1) Reaching frontline staff is critical—it's important to engage with agency leaders but we also need to reach out to frontline staff. The more the frontline staff is engaged with one another, the better outcomes we have.
- 2) Teaching the masses is easier when you have “buy in” from the system partners. We have found that many people in the community look up to our front line staff as the experts, as they should, and that if the frontline staff has experienced positive results with a method or training, they encourage others to use that same method or training. Franklin County is very much a “word of mouth” community that like programs and trainings that grow from within.
- 3) That Global Education and Prevention is possible if we start with a seed and let it grow.

Team: Jackson County System of Care Policy Group

Contact Person/e-mail address: Teresa [Molina/tmolina@ccharities.com](mailto:tmolina@ccharities.com)

Project Summary

The goal of this project was to host a town hall meeting to educate community partners and agencies, including representatives from public health, on System of Care. We also sought to include family and youth representatives as part of this training and provided incentives to them to facilitate their participation. We collaborated with Kristi Scoville on the town hall. Overall, 46 people attended, representing 27 agencies including DMH, mental health residential and community providers, schools, MPACT, DHSS, CASA, Fire Dept., religious services, community advocacy, probation and parole, children’s shelter services and transitional service providers. We were unsuccessful in getting youth and family attendance with the cited reason being that the conference fell on a school day early in the year. It should be noted, however, that several of the agency providers present noted also being parents of special needs children. We learned that while financial incentives are important in engaging parent and youth attendees that we also need to be diligent in ensuring our meeting times and locations are convenient to family and youth schedules. Our next step is to track ongoing participation among town hall attendees, including youth and parent/guardians, at our regular SOC meetings. Technical assistance received in this process included training on System of Care and Family Involvement from DMH and on Public Health Model from DHSS.

Successes in Strengthening/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by helping to increase the number and diversity of participants on our team. We gained commitment from 14 new members/agencies to start participating with us as of October 2013. Additionally, we had interest expressed from 9 additional member/agencies to be added to our mailing list for minutes and these will be potential resources as issues come up that they have interest in.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by enhancing our membership and increasing the awareness of the public health model, with a focus on maintaining positive health rather than just in treating issues after the fact, as it relates to children’s services in Jackson County.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) there needs to be one person to serve as the point person when developing future conferences; 2) it takes a lot of time and effort to plan an event like this. Even though we had the grant to assist in the conference, there is a lot of effort and commitment required of the agencies in making this successful;

Some additional “lessons learned” include: 1) we must continuously reach out to new partners; 2) when folks come to meetings and have ways to participate meaningfully they stay and come back; 3) a clear vision and mission helps us articulate what we have to offer and how the SOC can benefit youth;

Jefferson County SOC
Team Survey

Project Summary (Summary of Results): The goal of the project was to enhance the ability of the SOC team to:

- a. Understand the PHM and identify effective ways to link SOC and Public Health in Jefferson County.
- b. Support and partner with other agencies to implement the PHM throughout Jefferson
- c. County.

Results: Overall the project is viewed as being highly successful based on the quality of the discussion on this topic during the last several meetings, the show of interest and support from the SOC Board, and the responses received on questionnaires completed by members of the SOC Board. NOTE: One of the questions asked if the member had any concerns about moving towards incorporating a Public Health Approach into the SOC. Only two members of the ten responding indicated concerns. One concern was only a caution to ensure a smooth evolution to the Public Health Approach. The other concern questioned if the level of commitment to a system which now focuses on dependent youth will be retained as the system evolves to embrace prevention.

Successes: The most visible sign of success was the results of the exercise conducted by Dr. Maras which involved board members placing a star in the area of the population where services are delivered currently and then place a star in the area(s) of the population where services would be delivered in an ideal model. In the first scenario, all but one of the stars were placed in the area designated high-risk youth, in the second scenario, the stars were fairly equally distributed throughout all populations. This exercise indicated that the board members understood the potential benefits to the community the Public Health Model could provide. The discussions held at the meetings since commencing this project have been supportive, however, there was some apprehension noted due to limited resources and funding, and concern that the quality of services now being delivered could be adversely affected. However, even these concerns were welcomed since it did reflect the consideration being given to this topic, and, it allowed each member of the board to state their views and volunteer his/her time and services. These concerns have subsided considerably with the awareness that this expansion to include the Public Health Model is not something that will take place overnight, but can be managed in a cautious, methodical manner by identifying a small project and use this to begin the move into the direction of the PHM. The board believes that the first project should be to develop a survey which can be completed by school personnel and officials as an effort to identify the primary problem areas in the county and populations to be served.

Lessons Learned: Perhaps the most important lesson learned from this experience is the need to have data available to drive the decision-making process. As a team we all want to take action but we want to ensure that our efforts are in the best interest of the County and that our actions address valid and confirmed needs of youth and their families in the County. This concern was the reason for the decision to develop the above survey for school personnel and officials. Cannot stress how important this component is, until the decision to implement the survey we were stuck in neutral and were unsure of our first step towards action. Additional Lessons Learned: The importance of expanding the team membership was acknowledged by the members, I believe that the team appreciates the benefits of the PHM but was a bit overwhelmed by the perceived enormity of this task. The need to expand the membership was roundly viewed as necessary to effectively implement the PHM. Strategies are currently being discussed by the membership on recruiting new members from professions not

currently represented within the membership, along with the need to ensure parental presence among the membership. -Also- The team is in the early stages of developing a grant-writing resource, at least two current members of the team have extensive experience in writing grants and have volunteered to contribute to this effort. It is believed that the grant-writing component will be small-scale and intended to supplement the teams expansion to a PHM.

Team: Lincoln-Pike System of Care

Contact Person/e-mail address: Jim Ruedin/jruedin@aol.com

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

The goal of this project was to increase awareness of available Systems of Care resources (associates with participating agencies) to the citizens of Pike and Lincoln Counties through the development of resource materials (e.g., magnets, information cards). These materials will be used as part of a longer-term awareness campaign intended to increase awareness of and subsequent access to resources. We produced 2800 magnets and 9000 information cards. Our next step is to deliver a series of presentations to community groups/organizations as part of the awareness campaign. We will evaluate the success of our campaign by tracking numbers of referrals to the Systems of Care teams and other methods.

We are also working with the local public health agencies to assess social & economic factors which correlate to children's mental health needs. We will assess these factors among participating SOC agencies this Fall to serve as a baseline indicator and continue work with the local public health agencies to add these items to their annual community needs assessment. We plan to use these data to evaluate gaps in resources and inform our SOC's efforts to connect and collaborate with other community groups/agencies to address these gaps.

Successes in Expanding/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by providing a mechanism to enhance our public education efforts. By getting print material to the public, we increase the likelihood that we can intervene early in situations thereby reducing the potential for future crises.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by helping us to think "bigger" about the SOC role in the community. The brainstorming led to ideas about incorporating the public health approach into everything we do, rather than a separate piece of the puzzle.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) timing is everything...if you want to work with the schools you have to get with them before May...annual surveys have their own timeline in terms of development and collection; 2) the process of including youth (by asking them to create artwork, etc.) may be as or more beneficial than the product itself (e.g., now youth know generally about our team because they saw the flyer); 3)there are creative ways to involve youth outside of the SOC meetings such as forums during school time to solicit ideas about barriers to accessing services.

Some additional “lessons learned” include: 1) we balance individual staffing needs with broader population-based, prevention activities through our infrastructure which includes regular meetings of our interagency team (staffing) and our SOC team (broader); 2) we continue to expand our ideas of agencies and individuals who should be at the SOC table.

Team: Show Me Bright Futures—Randolph County

Contact Person/e-mail address: Jackie [Drage/jackiedrage@rcccpmo.org](mailto:jackiedrage@rcccpmo.org)

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

The goal of this project was to consider transitioning our SMBF public health team to a sanctioned Systems of Care team. We consulted with Ellen Kagen from Georgetown (and additional associates) to learn more about Systems of Care at the national level and identify next steps for moving our local group forward with the sanctioning process. We also consulted with our district nurse consultant, Sheri Williams. We had 2 phone consultations with Ellen, that were one on one. The formal consultation took place on August 28th and we tracked the number of team members who participated in that call (8 people/call) representing 5 groups/agencies. The call(s) helped us move forward in Finding our SPARK. As far as Think-Plan-Do, we have been in the Think Stage for a while. As we start planning, we need to make sure the issue is something our community is concerned about and can get behind. Our next steps are to continue collaboration with the consultant and focus on collecting the data from families/agencies that identify that Spark.

Successes in Expanding/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by... 1) In our past, this group was mostly made up of “doers.” We had around 20 different agencies involved back in the *glory days* of the Provider Network. As the PN transformed into a SMBF team, we began strategic planning. Agencies that wanted to *do* fell to the wayside as we started the thinking process. As we transition to a SOC team, I started to notice something interesting. The small group that remains is mostly made up of agency leaders, the perfect people for a SOC Team. It just happened naturally.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by really solidifying our team. After years of being “doers”, the small group that remains has really embraced the think-plan-do model. Our focus becomes more population based every day. This project has been a great experience to really learn more about SOC and the Public health Model and how they work together

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) It doesn't matter how many power point presentations, webinars or conferences we attended, SOC wasn't sinking in. We had heard the term culturally competent over and over and that the main role of SOC is to identify the issue and change policy. During our consultation, we asked point blank-What does this mean? She gave an example of Latino women not putting their babies in a car seat. The government did a huge campaign to teach on the dangers specifically aimed at the Latino population, to no effect. People in charge met with the local priest. The priest explained that in the Latino community, the safest place for a baby is in its mother's arms. To put a baby in a car seat was bad parenting (in the Latino culture). In order to overcome this, policy had to be changed. This group and the priest came up with a solution. The priest blessed the car seats. The blessed car seats were an extension of the mother's arms, just as safe.

Some additional "lessons learned" include: 1) people want to do something, they want to come and see that they're making progress and really helping—sometimes we get bogged down in planning but I'm excited about the opportunity to make changes and improve policy in the community; 2) When Ellen talked to us, one of the first things she asked was "What have you accomplished as a group?" I think she could tell we were a little discouraged. We had been in the think process for so long, people were getting weary. As people started to answer the question, I could tell the entire group was being encouraged. In a couple minutes we had a list of 7 major accomplishments. Number 7 was "We are Still Here!" So the Lesson Learned is there are times we need to step back, reflect and **be encouraged**. I think we can all say, working with families and agencies can be trying at times. Sometimes just being able to say "We are still here!" is enough to get us up and back out there.

Team: Ray County System of Care

Contact Person/e-mail address: Janet Williams/ janet.k.williams@dss.mo.gov and Stephen Roberts/
raycountysb40sr@mchsi.com

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

The goal of this project was to engage and re-engage key community partners to participate in local SOC by hosting an event that focuses on resources for transition-age youth. We held a luncheon to share resources and present on SOC and Public Health (PH). We are collecting attendance information on those attending the luncheon and 7 new members have attended representing a diverse composition of agencies including: Access II, Probation and Parole, and Missouri Valley Human Resources/Head Start. Additionally, we developed a planning committee to plan the luncheon which re-engaged our school partner and drew additional family member participation with the parent of a consumer. Dr. Ed Morris, Dr. Melissa Maras, Kristi Scoville, and Barb Spaw provided training/TA. Our next step is to invite participants from the luncheon to join and SOC and monitor results by collection attendance and agency composition information.

Successes in Strengthening/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by a re-emphasis of the importance of all roles, such as transportation services, parks and recreation and schools in addition to the traditional service agencies (Children’s Division, DMH, Juvenile Office). We have brought in more specific partners in an attempt to move from meeting “to meet” to having a specific purpose. Additional partners took leadership roles and stepped in to assist when called upon at the last minute.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by increasing awareness of public health to the local team. This has created an opportunity to engage more partners in the process, and an emphasis on setting goals and successfully accomplishing them.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) Working on the planning committee

brought together a dedicated group of experienced and new partners; 2) balancing staffing of youth with a broader population-based function requires effort of all partners.

Some additional “lessons learned” include: 1) teams can become stagnate and lose members if everyone does not feel some benefit from their participation in SOC: 2) rotating leadership roles helps develop a sense of ownership; 3) even if you have a highly effective team, it can always be strengthened.

Team: Phelps County Family Care Team

Contact Person/e-mail address: [Sindy Armstrong/sarmstrong@pbhc.org](mailto:Sindy_Armstrong@sarmstrong@pbhc.org); [Jamie Meyers/jamie@preventionconsultants.org](mailto:Jamie_Meyers/jamie@preventionconsultants.org)

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

The goal of this project was to build the capacity of our existing team to develop into a Systems of Care team which included engaging additional community stakeholders to be members of our team. We hosted a SOC 101 prior to receiving this funding. We worked with Kristi Scoville and Ghada Sultani-Hoffman (from Jefferson County) to better understand the SOC philosophy and process for sanctioning, and team members also visited other SOC teams to learn more about what this looks like in other communities and opportunities for using a tiered approach with this work. We will be measuring progress by documenting attendance at our meetings, and the attendance suggests that over the next three months we will have engaged new participants to help represent at least 6 agencies. Our goal would be to have a representative from Children’s Division, Pathways, Prevention Services, Heath Department, Juvenile Offices, and other private agencies. Our next step is to continue to build our local SOC team and continue considering the use of a tiered approach for SOC in our community. We will focus on the value of an SOC in helping participating agencies develop a shared vocabulary and increasing referrals at all levels.

Successes in Strengthening/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by providing us with a start to develop and implement a SOC team.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by starting to focus on all agencies/team members as a whole.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: 1) that it takes an entire community to build a SOC team.

Some additional “lessons learned” include: 1) Focus on all members of the team. 2) Work as a community for success.

Team: St. Charles

Contact Person/e-mail address: Stacey [Goodwin/Stacey.Goodwin@dmh.mo.gov](mailto:Stacey.Goodwin@dmh.mo.gov)

Project Summary

What was your goal? How did you measure progress? What outcomes did you achieve? What any TA/consultation outside of your teams did you receive?

The goal of this project was to make front line staff more aware of common risk signs to prevent crises. Our project focused on providing Youth Mental Health First Aid training to agency partners who participate in our System of Care team. We collaborated with the Department of Mental Health and all System of Care team members to facilitate these trainings. We trained 60 people representing DMH, local advocating agencies, Children’s Division, local schools and other provider agencies. Evaluation results from that training suggest that people were really happy with the training and the materials they received after the training so they can help train more front line folks. Our next step is to extend this training to other community partners who have access to the broader population (e.g., faith-based organizations, businesses, public health). We hope this broader understanding in our community will allow us to be more proactive in providing prevention and early intervention services to families at earlier signs of risk to avoid escalation to crisis. The true measure of our success will be whether fewer families are escalating into higher level of crises involving placements or other significant emergency procedures.

Successes in Expanding/Maintaining your SOC Team

This project helped our team strengthen/maintain our SOC team by providing the needed materials to spread the word to many front line staff in an effort to be more proactive in the crisis situations that come up with many of our families. This effort has also helped us to bring a public health entity St Charles County Health Department to our table for all future meetings. They will not play more of an active role on our System of Care team.

Successes in Expanding/Maintaining the Public Health Model in your SOC Team

This project helped our team expand/maintain the Public Health Model in our SOC team by adding the St Charles County Health Department to our system of care team. They will be able to provide the public health piece that we’ve been missing for years.

Lessons Learned (What other teams can learn from you...)

Based on our experience with this project, we learned that: We really are good at what we do. We have a successful System of Care that has operated very well for so many years. We are very lucky to be a leader in many ways and yet we still have the opportunity to learn more by bringing the public health piece to our table. It will allow us to see things a bit more differently and be more proactive in our discussions rather than reactive after a family is in crisis.

Some additional “lessons learned” include: balancing individual staffing needs with broader population-based, prevention activities through our infrastructure which includes quarterly meetings of the SOC that focus on systemic issues. Then as needed staffing meetings that are more specific individual based called ‘911’ meetings where many of the team members meet to help a family out of crises by pooling our many resources together.

Gasconade County System of Care

The Gasconade County System of Care has continued to meet on a monthly basis since its inception. We completed all paperwork to become a sanctioned team by the State of Missouri and are waiting to hear back about the acceptance. We are working diligently on adding some missing pieces to our team and to encourage those that do not make it regularly to meetings to do so.

The Chair, Co-Chair, Recorder, family advocate and several other members completed Next Steps Training provided by the state, as well as training from a family advocate. We also received Public Health 101 training.

Each month we have one organization within our SOC present on their services offered, as well as their needs. We then discuss how that agency can be of assistance to other organizations/agencies and how other agencies represented at the meetings can be of assistance to the presenter's agency. We do this in an effort to provide the best services possible to the families we serve; though one agency may not be able to assist a family with a specific need, they are able to immediately identify the agency that could assist and already have a contact person in mind.

The team is hard at work on developing our PowerPoint presentation; each organization is completing a slide to guide others in what services are provided and what the referral processes are. This will serve to educate front line staff at various organizations as well as new members of our team.

In addition to one family representative on our team we have representation from the following organizations and groups:

1. MPACT
2. Gasconade Co. School District, school liaison
3. Juvenile Office
4. Division of Youth Services
5. Rape & Abuse Crisis
6. Children's Division
7. Gasconade County Health Department
8. Pathways
9. Gasconade County Special Services
10. State of Missouri Department of Mental Health
11. Head Start
12. Owensville-Rosebud Ministerial Alliance
13. Owensville Police Department

Osage System of Care

The Osage System of Care has continued to meet on a monthly basis since its inception. We completed all paperwork to become a sanctioned team by the State of Missouri in July. We have developed letterhead that illustrates our vision and mission, lest we forget. Since that time we have tried to add some missing pieces to our team and now have two family members represented as well as the clergy.

We completed Next Steps Training provided by the state, as well as training from a family advocate. The training was valuable to the team not with just what our next steps would be, but reinforcing the style in which we will operate. We will strive to partner with our families as they navigate the current health system. We also received Public Health 101 training, bringing our team closer together in our effort to connect families with hard to find solutions.

The team is hard at work on developing our PowerPoint presentation; each organization is completing a slide to guide others in what services are provided and what the referral processes are. This will serve to educate front line staff at various organizations as well as new members of our team.

In addition to two families on our team we have representation from the following organizations and groups:

APPENDIX B

Please answer these items regarding your board's progress and ongoing support needs. There are no right or wrong answers, and your opinions are very important. Your responses are private and will not be linked to your name. Thank you for your time and contribution.

What is your name?

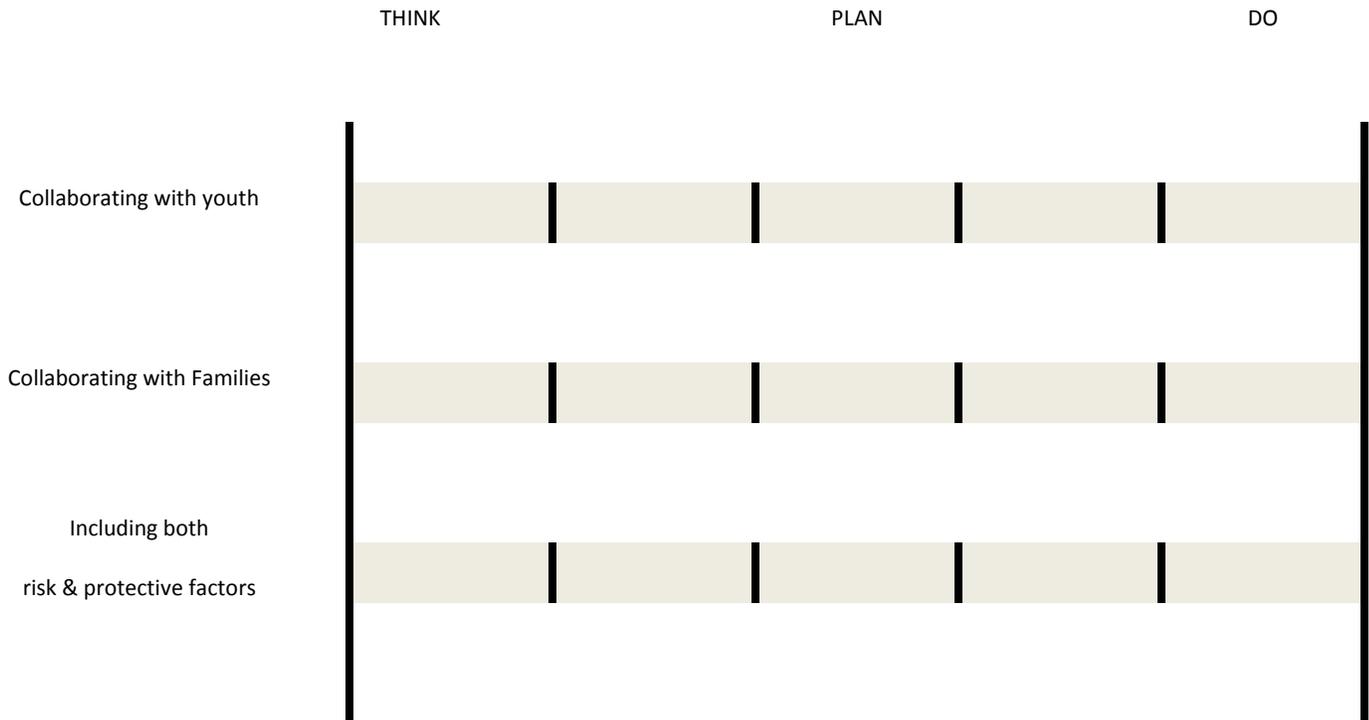
Which (if any) of the following trainings did you attend?

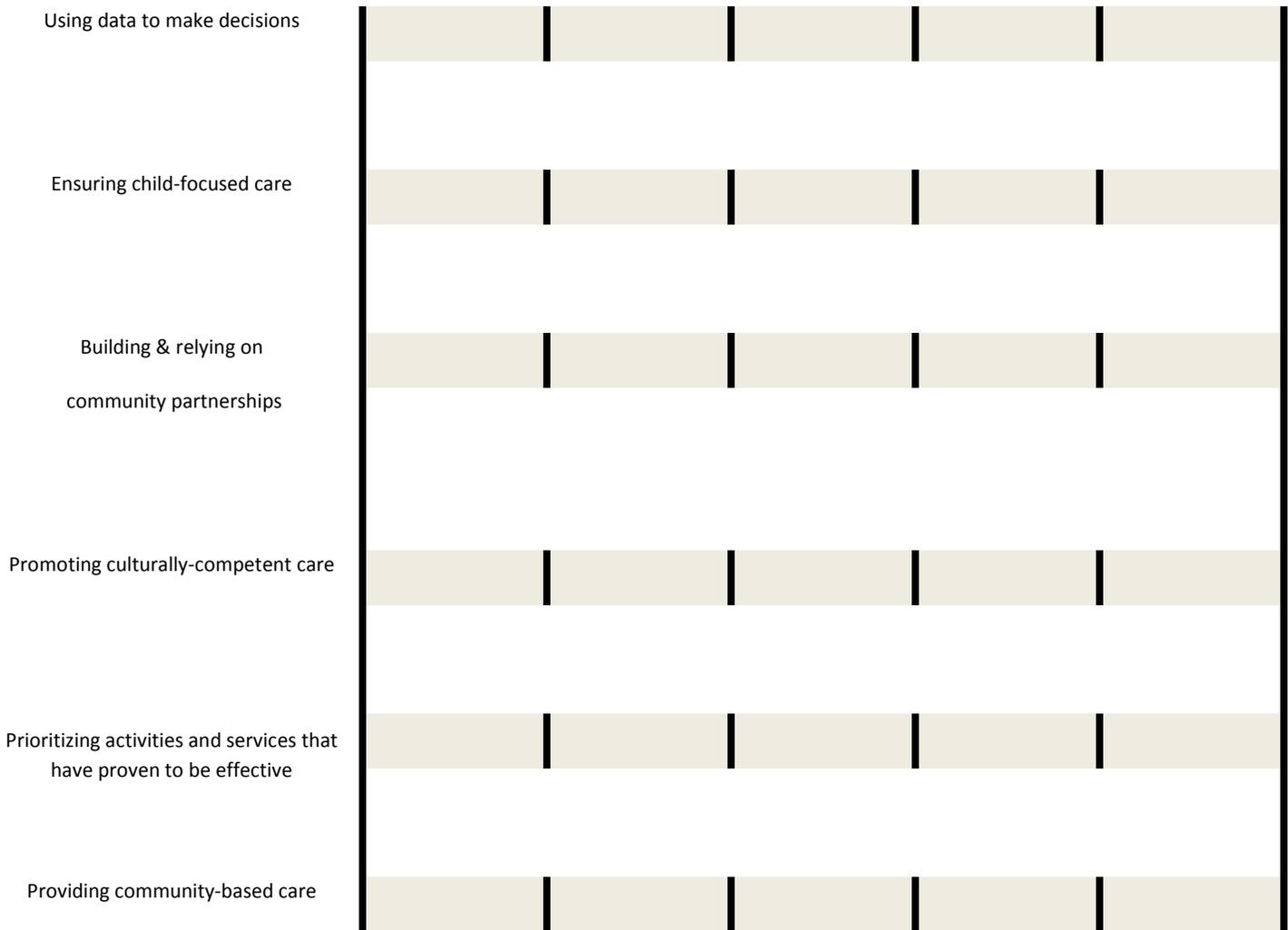
- Expanding the View: Linking SOC & PH (Fall 2012)
- Bringing Partners to the Table Webinar
- Increasing Family Involvement Webinar
- Improving Team Functioning Webinar
- Public Health 101 Webinar
- Becoming a Sanctioned SOC Team Webinar
- Understanding Public Health Webinar
- Current SOC Resources Webinar

How long have you been a member of your System of Care team?

What is your title/role?

For each of the following components of the Public Health model and/or System of Care, please indicate where you think your System of Care team is on the Think-Plan-Do continuum. In the "Think" phase, teams are thinking, brainstorming, and talking about big ideas. The "Plan" phase is characterized by more concrete and specific plans. Teams in the "Do" phase are implementing and evaluating their activities.





Additional Comments:

1. How has your team changed as a result of this funding?
2. What next step will your team take in bridging Public Health and System of Care?
3. What kind of training/technical assistance does your team need to accomplish your next step?

APPENDIX C

Below are examples of materials developed by teams for their projects.

Adair County System of Care developed an informational brochure for their team (below left), as well as a resource magnet with agency contact information (below right).



The brochure included general information about the purpose and goals of a System of Care team, the mission of the Adair System of Care team, the family member's perspective of the SOC, members of the SOC, and FAQs (front and back of brochure below).

Who are the SOC Members?

1. Family Members
2. Children's Division
3. Family Court / Juvenile Office
4. Division of Youth Services
5. Public School System
6. Adair Health Department
7. Mark Twain Behavioral Health
8. Adair Co. SB40 DD Board
9. Kirksville Regional Office
10. Preferred Family Health Care
11. Various other Child and Family Serving Agencies specific to the Community
12. Medical Services
13. Law Enforcement

Join today at:
missouridsh.typepad.com/system_of_care/adair.html

The Mission of the Adair County System of Care (SOC) is to cultivate a partnership with families, their natural supports, and community based services in order to cooperatively support positive change regarding the emotional, behavioral, physical, and mental health challenges of the individuals and their families. A System of Care helps children, youth, and families function better at home, in school, in the community and throughout life.

**Adair County
System of Care**

For more information, contact Matt Shannon or Sus Gibson at the Kirksville Regional Office.

Kirksville Regional Office
1702 E Lafayette St.
Kirksville, MO 63501

Phone: 669-785-2500
Fax: 669-785-2507
E-mail: Matthew.Shannon@dnh.mo.gov
E-mail: Tammy.Gibson@dnh.mo.gov

SOC
Supporting Children and Families

Adair County System of Care



For more information, contact Matt Shannon or Sus Gibson at the Kirksville Regional Office.
Tel: 669-785-2500

What is System of Care?

A SOC brings the right people together, at the right time, to deliver the right service!

In a System of Care (SOC) mental health services (psychiatric, developmental disabilities, alcohol and drug abuse), as well as other service and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools, and their own communities.

Primary Goals of the SOC:

1. Identify children and youth who are in need of coordinated services and supports.
2. Enhance communications between agencies regarding children and youth who are served by multiple agencies.
3. Share resources when available.
4. Work to identify service gaps and services delivery barriers, and actively work to promote effective changes.
5. Share data and findings to make lasting changes at the local and state level.

All Services are Confidential

What does the SOC look like from a family's perspective?

Each family served by the System of Care will receive services delivered through a Family Support Team (FST) model. The FST is a family driven membership of natural and professional supports working with the child and family to work on identified goals.

The services provided are based on the family's strengths. All services are provided using a wraparound philosophy. This includes an individualized planning process that identifies needs, sets goals, resulting in a plan created specifically with and for the family, taking into consideration their unique talents, desires, and culture. No two plans are alike! The System of Care serves children and youth ages 0–18 years of age.



Shirley Lee is one of Adair County's System of Care successes. Through SOC, she was able to access a multitude of services both for herself, her children, and her family as a whole. She found success through financial stability, home and vehicle ownership, and learned how to be an advocate for herself and her children. She graduated from Project STIR (Steps Toward Independence and Responsibility) which included training in self-advocacy and self-determination. She found her voice and created a life worth living through a system of care.



Below is a flyer the Adair SOC team developed to increase awareness of a professional development opportunity they delivered.



**Hosted by
System of
Care**



Presenter:
Andrew Lovy, DO, F.A.C.N.

Dr. Lovy is a graduate of the Chicago College of Osteopathic Medicine and is Adjunct Professor in the Department of OMM at A. T. Still University of Health Sciences. He is board certified by the American Osteopathic Board of Neurology and Psychiatry, the American Academy of Pain Management, and is a Diplomat of the American Board of Forensic Medicine.

Dr. Lovy conducts onsite psychiatric consultation and management for residents of eleven longterm care facilities in the northeast Missouri region, as well as the psychiatric supervision of two area nurse practitioners. Dr. Lovy's experience spans nearly 40 years in the field of psychiatry as a physician, educator and published author.

Please RSVP To:
Debbie Lee at 660-785-
2500

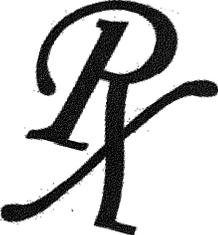
SAVE THE DATE!

AN UPDATE ON PSYCHOTROPIC MEDICATIONS: THE PROS AND CONS

September 10, 2013 from 1:00 pm—4:00 pm

**AT THE MISSOURI DEPARTMENT OF
CONSERVATION BUILDING
3500 S BALTIMORE**

Cost: Free



The Lincoln/Pike System of Care team developed social marketing materials to increase awareness of the purpose of their team and the services they provide. It also includes a section of FAQs.

