*Deliverable #3d: Community Input Session on Primary Prevention*

The Boone County Children's Services Board (BCCSB) is taking steps to understand more about children's services in Boone County. BCCSB contracted with the Institute of Public Policy (IPP) in the Truman School of Public Affairs at the University of Missouri to organize and moderate five Community Input Sessions. BCCSB wishes to make wise expenditures of the Children's Services Fund and seeks targeted information from local services aligning with the Missouri Statutes 67 & 210. This feedback document provides an overview of the information shared with the Board during the fourth input session and will help guide BCCSB's future funding strategies.

Missouri State Statute 67.1775 authorizes a local sales tax of one-quarter of one cent to be levied by Missouri counties for the purpose of establishing a Children's Services Fund. This tax was made possible in Boone County following voter approval on November 6, 2012 and is estimated to raise $6.5 million dollars annually. According to Missouri Statute 210.861, the Children's Services Fund may be expensed to purchase the following services for children age 0-19 within Boone County:

1. Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
2. Respite care services
3. Services to unwed mothers and unmarried parent services
4. Outpatient chemical dependency and psychiatric treatment programs
5. Counseling and related services as a part of transitional living programs
6. Home-based family intervention programs
7. Community-based family intervention programs
8. Crisis intervention services (inclusive of telephone hotlines)
9. Prevention programs which promote healthy lifestyles among children and youth and strengthen families
10. Professional counseling and therapy services for individuals, groups, or families
11. Psychological evaluations
12. Mental health screenings

***Overview:*** The BCCSB hosted Boone County social services agencies at their bi-monthly board meeting on April 10, 2014. The topic of this session was *Primary Prevention* which centered on prevention programs which promote healthy lifestyles for individuals, groups, or families. A total of 38 agencies were invited to participate, of which 17 were able to attend. A total of 19 agencies prepared and submitted formal comments on worksheets which addressed the Board members' predetermined questions. Table 1 is a reference guide to the Community Input Session #4 and quantifies the number of agencies engaged in the convening.

| Table 1: Community Input Session #4 By the Numbers | | |
|---|---|---|
| Session #4 | Date: | April 10, 2014 |
| | Topic: | Primary Prevention |
| | Funding categories: | 9 |
| | Number of invited participants: | 38 |
| | Number of scheduled participants: | 17 |
| | Number of worksheets received : | 19 |
| | Number of individuals in attendance: | 31 |

***Methodology:*** Boone County agencies having services which apply to Category #9 were invited to attend the BCCSB meeting on April 10, 2014. When an agency confirmed their desire to participate in the meeting they were provided with a worksheet containing five pre-established questions developed by the Board. A copy of the agency worksheet may be found in Appendix A. Invited agencies were given two directives: first, agency representatives were encouraged to submit their written responses to the Board's five questions in advance of the meeting. These responses may be found in Appendix B, and are organized by agency name. Second, agency representatives were instructed to use their meeting participation time to answer these questions. Each respondent was given a total of five minutes.

The Board's pre-established questions are as follows:

Question #1: *What are the top two issues you feel need to be addressed in your service population for primary prevention?*

Question #2: *Are there systemic obstacles to your success when working with primary prevention services?*

Question #3: *Where is the gap in your primary prevention services?*

Question #4: *What is a quantitative measure of your success when working with primary prevention services?*

Question #5: *Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.*

***Findings:*** The following responses are organized by question and have been de-identified. This allows the aggregated responses to point toward themes and topics rather than agency-level information shared as a byproduct of the participant's responses during the input session. When possible, responses in bulleted lists are categorized by topic: *Shelter, mental health, transportation, basic needs, education, access, structure/systems, early intervention, provider skills/development, substance abuse, case management, school-based interventions, community initiatives,* and *parenting skills*. The "other" category is catchall for items that do not readily fit into the aforementioned groups

## Top Two Issues

During the community input session, the following were mentioned in response to the question: *What are the top two issues you feel need to be addressed in your service population for primary prevention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

**Transportation**

- Transportation both in and out of Columbia

**Basic Needs**

- Access to stable housing
- Affordable housing
- Long-term effects of poverty on mental health of children
- Poor adult skills means inability to keep a job, finish school, respond appropriately to authority
- Poverty in general

**Education**

- Mental health education
- Negative stigmas of mental health

**Access**

- Accessibility to mental health services in the home
- Need for additional home-visitation services
- Services are not in out-county areas
- We have a long wait for our home-based prevention services

**Provider Skills/Development**

- Lack of applied classroom-based coaching for teachers
- Lack of teacher training in early learning centers

**Substance Abuse**

- Mental health in regards to substance abuse
- Substance abuse in general

**Community Initiatives**

- Reserve funding dollars for collaboration efforts which represent a good portion of the market share so you can see community level change
- The community must be aligned around positive outcomes for kids
- The community must establish a shared target to move toward and take steps, like data sharing, to overcome barriers and traditional rivalries
- The community should promote positive youth development

**Parenting Skills**

- Parent knowledge of child development is limited***
- Increasing numbers of children entering kindergarten are not emotionally or socially ready to do so**
- Parents of ADHD children lack knowledge of management of this issue (they need in-home counseling, training, educating)
- Education, training, parenting skills are needed to prevent problems from arising
- Keeping parents engaged as a way to continue to educate them and serve as a resource
- Lack of coping skills seen among the parents of our service population
- Parenting education in general
- Parents of obese/overweight children lack knowledge and training

**Other**

- Obesity
- Targeted evidence-based programming
- Violence prevention (bullies, gangs, domestic violence)

*Summary:* The top two issues identified by providers at this community input session on primary prevention focused on the need for more knowledge. A lack of knowledge was expressed at both the teacher-level and at the parental-level. Looking first at teachers, the argument for more education is twofold. First, there appears to be a less than adequate accreditation process by the State of Missouri for daycare providers. This is then compounded by a lack of training and coaching of early childhood care givers in the field. Second, child care providers/teachers often lack the specific training necessary to identify and address red flag mental health issues in young children. In regards to parental knowledge, an overwhelming number of providers participating in this community input session noted the need for parent education in the form of training. Parents appear to lack knowledge of basic child development and many children are entering kindergarten emotionally and socially not ready to do so. One provider said, "*Education, training, and parenting skills are needed to prevent problems from arising in children."* The theme of parenting skills is a separate category while the teacher skills are grouped under *Professional Skills/Development.*

The issue of *Community Initiatives* was raised by a number of providers participating in this community input session. The sentiment they expressed focused on the concept that prevention is indeed a community-level issue and therefore community-level approaches are necessary. These approaches could include: data sharing, common measures, authentic collaboration, and community-wide agreement on prioritization of issues.

**Systemic Obstacles to Success**

During the community input session, the following were mentioned in response to the question: *Are there systemic obstacles to your success when working with primary prevention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

**Shelter**
- Homelessness in general

**Transportation**
- Limited transportation options**

**Basic Needs**
- Unemployment

**Education**
- Mental health stigmas*
- Due to stigma of mental health, we see a denial of substance abuse as a problem and a disregard for warning sings
- Lack of funding for low-literacy engagement with a focus on mental/emotional well-being

**Access**
- The workforce is ill-equipped to handle mental health needs of families; there is a shortage of professionals to address intervention needs
- Lack of care for the un/underinsured
- Long wait times at agencies
- Shortage of mental health professionals

**Early Intervention**
- Intervention needs to happen birth to 3-years

**Structure/Systems**

- No shared data systems across agencies**
- Agency referrals only happen intra-Columbia
- Fragmented services across agencies mean most at-risk families fall through the cracks
- Fragmented, uncoordinated, redundant services with poor referrals and follow-up outcomes
- Health insurance maze
- Insurance eligibility requirements means kids have to be in really great risk
- Lack of county-wide practices and policies
- Lapse in funding from the state
- Medicaid cut point is age 17 means kids lose medication coverage

**Provider Skills/Development**

- Lack of training and inexperienced teaching staff to identify and respond to mental health red flags presented by parents
- Limited teacher training hours
- Little sustained government financing for teacher training and coaching
- Teachers lack knowledge on the indicators of mental health and early childhood development

**Case Management**

- One-on-one coordination of services does not happened until the first intervention

**Community Initiatives**

- Community-level indicators of success need to be selected
- Lack of community-wide vision
- Safe and affordable recreation

**Parenting Skills**

- Low awareness/education among parents

**Other**

- Funding process encourages silos
- Lack of funding for prevention programs
- Lack of prioritization from agencies on the issues of healthy lifestyles
- Limited access to healthy foods
- Population is often distrustful of providers
- Transient nature of the population

*Summary:* Providers participating at this community input session on primary prevention expressed their systemic obstacles to success as they relate to the overarching structure and systems problems present in the county. These problems include no shared data systems across agencies, fragmented services across agencies, and uncoordinated services in general. Access issues often prevent services from being obtained, while low-literacy of mental/emotional wellbeing, and a general stigma associated with mental health, perpetuates the systemic obstacles of primary prevention.

Teacher preparedness is classified here under the *Professional Skills/Development* theme. This theme gained momentum throughout the community input session on primary prevention and as seen here, "*...a lack of early learning teacher training, limited coaching hours, and non-sustainable government funding continue to educate teachers*," were identified as systemic obstacles. It may be worth examining if teacher preparedness ought to be a subcategory of the *Professional Skills/Development* category.

## Gap in Services

During the community input session, the following were mentioned in response to the question: *Where is the gap in your primary prevention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

**Shelter**
- No shelter options for children with mental, physical, or extreme aggression issues

**Basic Needs**
- Access to stable low income housing

**Mental Health**
- Group therapy for autism
- Mental health services for parents are needed

**Education**
- Lack of funding to support community education (nutrition, child development, time management)

**Access**
- Lack of family therapy services
- Shortage of professionals willing to serve children and families
- Supply *vs.* demand of in-home programming services

**Structure/Systems**
- Difficulty in accessing Medicaid, daycare assistance, TANIF
- Due to legal constraint, we do not have a complete picture of the family and are unaware of other services they are receiving
- There is no county-wide coordination to foster collaboration or to build capacity aimed at addressing mental health and substance abuse issues

**Provider Skills/Development**
- Increased promotion of evidence based programming
- Non-existent funds for evidence based program training

**Case Management**
- Case managements services***

**School-based Interventions**
- Coordination in schools and healthcare community sectors
- Difficult to coordinate prevention services with schools because of time constraints

**Community Initiatives**
- Lack of alternative activities for youth outside of Columbia
- No coordinated county-wide program to promote healthy lifestyles

**Parenting Skills**
- Parent education on all factors from child development to time management to nutrition

**Other**
- Need for more funding
- We could do more if we had more

*Summary:* Case management was identified multiple times as a gap in primary prevention services by providers at this community input session. Issues surrounding the theme of access, structure/systems, school coordination, need for evidence based programming, and the desire for meaningful collaboration are defined as a gap in services in this and previous community input sessions.

**Quantitative Measures of Success**

During the community input session, the following were mentioned in response to the question: *What is a quantitative measure of your success when working with primary prevention services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

- Knowledge gained**
- Academic course failures
- Assessments of cognitive and socio-emotional kindergarten readiness
- Community level indicators
- Comprehensive data systems for tracking outcomes
- Conducting a comprehensive agency-level study
- Consumer level indicators
- Decreased dependency on TANF or other social services
- Healthy People 20/20
- Increased immunization rates
- Juvenile referrals
- Many measures address immediacy of need
- Missouri Student Survey of Behaviors
- Number of children screened
- Number of referrals to services
- Number of WIC checks redeemed
- Pounds of food grown in community gardens
- Pre/post surveys
- Provider and patient satisfaction surveys
- Reduced child maltreatment
- School dropout rate
- Self-sufficiency
- Smoking cessation
- Social emotional competencies
- Student engagement survey
- Teen pregnancy rate
- Transition rate out of government housing
- Tri-ethnic community readiness survey
- We have long and short term outcomes
- We not only track our referrals, we follow-up
- Youth outcome surveys

*Summary*: Responses to the question asking about quantitative measures of success indicated that all participating agencies have some method in place for tracking performance. The most common agency measure reported here was knowledge gained by programming recipients. Most measures mentioned by providers at this community input session on primary prevention tend to gravitate toward indicators of client established goals, knowledge gained, evidence-based programming measures, and annual performance reviews.

**Potential Collaboration**

During the community input session, the following were mentioned in response to the question: *Please describe potential collaborations you envision for addressing primary prevention services.* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

- Churches
- Collaboration is difficult when everyone is simply trying to stay afloat
- Collaboration must be across sectors
- Collaboration should happen using neighborhood based services such as community centers and churches for program implementation
- Collaboration would be strengthened with regards to in-home services if we could reduce redundancy
- Family and education training collaborations are vital
- MAPP process
- Need to improve the interfaces between primary and early childcare providers
- We want/need more collaboration
- We would like to be involved with more teen mentoring in rural areas
- Yes, we make referrals to other organizations

*Summary:* Many agencies simply listed the name of organization and individuals with which they collaborate. As seen in previous community input sessions, agencies use this "collaboration question" as an opportunity to articulate collaboration shortfalls and voice the desire for meaningful connections with agencies in the county.

***Conclusion***

BCCSB's process of hearing input from agencies that provide primary prevention services was useful in identifying common themes. Top emerging themes include: educating and training parents; thorough preparation of teachers; and shared collaboration in data, referrals, and agency coordination. The theme of community initiatives emerged and pointed toward the desire for community-level approaches to prevention. Providers with these sentiments expressed that a community approach to prevention cannot be conducted in "*name only*," but rather a community approach must be supported by agreed upon goals which are specific, measureable, attainable, realistic, and timely.

Some clarification is needed in regard to the emerging theme of teacher preparedness and training. During the course of the primary prevention community input session, participant comments and worksheets indicated that teacher preparedness was lacking. However, it was not made clear whether the issue lie with (a) the nuanced characteristics of teachers (such as accreditation levels), or (b) their specific shortcoming with regards to mental health, or (c) both. To the first point, it appears the accreditation for the early learning centers needs further examination to ensure basic teacher competency, which is largely a *Systems/Structure* issue. To the second point, comments made in this session, and in previous sessions, point toward a lack of skills/training/knowledge among all teacher groups as to appropriate mental health development of children, youth, and adolescents. The need for greater knowledge of children's mental health also extends parents.

**Appendix A:** Boone County Children's Services Board's Community Input Session Worksheet from April 10, 2014

INSTITUTE of PUBLIC POLICY
Harry S Truman School of Public Affairs

Dear Service Provider,

You will have between three and eight minutes to address the Children's Services Board. They will expect you to answer the following five questions. If you would like to submit your answers in advance (or in lieu of attending) please use this worksheet. Email your completed worksheet to Jacqueline Schumacher (schumacherja@missouri.edu).

**Boone County Children's Services Board**
**Community Input Session Worksheet**
**April 10, 2014**

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

***2) Are there systemic obstacles to your success when working with primary prevention services?***

***3) Where is the gap in your primary prevention services?***

***4) What is a quantitative measure of your success when working with primary prevention services?***

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

**Appendix B:** Boone County Children's Services Board's Community Input Session Competed Worksheet from April 10, 2014

| **Agency:** | **Respondent:** |
|---|---|
| Big Brothers Big Sisters | Ms. Heather Dimitt |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- One of the biggest needs we see on our caseloads is parents who have little to no knowledge about basic child development (physical, psychological and educational), how to provide a safe and structured home environment for a child and a very limited to non-existent support system.
- Similarly, there is a gap in the community's knowledge, and thus in the pool of people from whom Big Brothers Big Sisters can recruit mentors, in regards to child and adolescent development benchmarks and in ways to build or strengthen developmental assets.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Because of the stigma attached to mental health issues and what often seems to be a denial of substance abuse issues, people tend to not recognize the warning signs of problems. When you don't recognize the warning signs, you are less likely to know the kinds of environments and supports that prevent problems from happening in the first place which means people don't always realize that changes need to occur in our community and that they need to be active in that change.

***3) Where is the gap in your primary prevention services?***

- Because of legal constraints and other agency regulations, we may not always have a complete picture of the family's and children's needs or the entirety of the services that they are receiving.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- Our primary focus is on increasing a child's developmental assets and resiliency. We use a measure called the Youth Outcomes Survey (YOS). The YOS is a researched based survey developed by Big Brothers Big Sisters of America to measure the child's developmental assets. It is given at the child's intake interview and then again at the yearly anniversary of the match. We also track educational progress, out of school suspensions and juvenile referrals for many of our children.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- Because we are not a site dependent program (i.e. we pair individual adults with individual children to engage in activities), we can partner with any school district, church or other organization to provide mentors to children that those organizations or parents feel need a mentor. We have already had conversations with other youth serving organizations about ways to provide this individualized support to their neediest children and to recruit older teens to serve as mentors themselves.

| **Agency:** | **Respondent:** |
|---|---|
| Central Missouri Community Action | Mr. Darin Preis |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- Accessibility to mental health services, particularly "in-home" providers, including those who represent cultural diversity (African-American and Latino). Given the complexity of daily life for low-income families, whose basic needs take priority over health and emotional well-being, scheduling and keeping offices visits is not typical. Further, their employment positions don't generally allow for time off to accommodate therapy services. Services that could be delivered to families in their own environments, and on their terms, would likely create stronger levels of buy-in to the process and lead to more interest in voluntary participation. Many times, those we see involved with mental health services are either court ordered or are seeking disability determination, as opposed to being voluntarily sought for the purposes of health and happiness.
- Additional Home Visitation/Family Development Advocate Services (not mental health specific but, with nearly half of the referrals received as the result of some pressing crisis, mental health was identified by families themselves, as being a core need on top of the other types of crisis being experienced). Over the 2012-13 (most recent data available) we found that 46% of all referrals receives for FDA (Family Development Advocate) services during the 2012-13 program led to families identifying a current mental health issue and, 23% of those were successfully connected with mental health services. During periods of crisis, usually relating to unmet immediate needs, families tend to more vulnerable. With the probing of a skilled professional, and partnership conversation with a family advocate with whom a relationship exists, emotional issues (relating to the consuming stress of the current situation) can be used as a door opener to the need for mental health services and/or long-standing patterns of unmet mental health needs. The family advocate who is familiar with navigating the insurance/Medicaid systems, and who have established contacts with the local mental health providers, can facilitate referrals for immediate services where this is much more challenging for the families themselves.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Eligibility requirements often prevent families from having access to needed mental health services, especially when it comes to expediting services. Generally, there has to be documentation of an extreme risk to get services in place quickly and when families are most vulnerable (for example - suicidal ideations, child abuse, arrest, etc.). Further, services are typically very time limited with approval for only a few sessions. This doesn't accommodate primary prevention. Services are very "deficit" driven. If we could engage families in mental health services based on the strengths they present (for example - their abilities to function despite extreme adversities, their desires to buffer kids from traumatic family life events and their willingness to engage with a mental health service provider as a means of strengthening their parenting capacities, based on their acknowledgement of need and interest in services) we would reach far more who need and would respond well to treatment and would be building family developmental assets in the process.
- Very few opportunities for the uninsured to receive mental health services. Where there are organizations that serve the uninsured who receive some form of public assistance, waitlists are long and treatments provided are only minimal.
- With many of the families served by CMCA Head Start, there seems to be a negative stigma attached with mental health services. This is oftentimes based on previous experiences with mental health providers who were involved with their families as the result of very negative experiences and, those services are viewed as threats to the stability of their families. This oftentimes stems from experiences in their own childhoods that involved the court systems. In other words, mental health services are viewed as dangerous as opposed to helpful.
- Lack of funding to coordinate "low-literacy" engagement opportunities with a focus on mental/emotional well-being. We have been funded to provide low-literacy health and dental health trainings and, over the course of more than 7 years, have collected data to show very promising outcomes of these training gatherings. We can almost guarantee strong levels of participation if funding would allow for the coordination of such training events targeting mental health, and ideally trained mental health providers would be available for screening and supporting families based upon identified mental health needs.
- Lack of training and inexperience of staff in regard to identification and response to mental health red flags presented by parents. We have a strong system in place for screening and responding to mental health concerns identified in children, but have consistently seen correlations between the child's mental health and issues present in their home environments.

***3) Where is the gap in your primary prevention services?***

- Service coordination for parents relating to adult mental health and, the lack of family therapy services in response to mental health issues identified with children.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- The social-emotional competencies of each child entering into CMCA Head Start's programs are screened using a nationally-normed assessment, The Devereux Early Childhood Assessment, within the first 45 days of their enrollment. This assessment evaluates, by both parents and teachers, the three primary protective factors of attachment, initiative and self-control. If a child fails this screening, another is administered no later than the his/her 166th day of enrollment and, if the second screening results in another fail, formal follow up is coordinated, the DECA-C (clinical) is conducted and families, teachers are equipped with individual strategies to support enhanced competency and, referrals for additional evaluations and/or services are made when determined necessary.
- Over the course of the current year, in Boone County only:
    - 42 infants and toddlers were screened using the DECA-IT and 4 failed their first screening. Of those, 3 families received follow up services from our Mental Health Administrator.
    - 127 pre-school aged children were screened using the DECA. Of those, 35 failed their first screen and are currently undergoing the second screening. Thus far, 10 have failed the second screen and, will be evaluated using the DECA-C, to develop strategies for families and teachers to implement in response to areas of delay or concern.
    - Central Missouri Community Action Head Start entered into partnership with Crittenton Children's Center to implement the Head Start, Trauma Smart initiative in September of 2013. The focus of Head Start Trauma Smart is to help Head Start agencies create trauma (toxic stress) informed communities that support the social/emotional and educational needs of young children who have experienced trauma and he caregivers (parents and Head Start staff). The Head Start Trauma Smart Model involves three components; 1) trauma -focused staff/parent training 2) classroom consultation 3) trauma-focused support for children/families affected by trauma.
    - Since the partnership was developed between CMCA Head Start and Crittention Behavioral Health, each of our teaching staff have participated in 20 hours of training which incorporates didactic learning, discussion and experiential learning exercises. Each of our classrooms are incorporating the ten primary concepts having been taught. These concepts are taught in the ARC model, which is recommended by the National Traumatic Stress Network, and two licensed clinical social workers are consulting with staff in their classrooms on a very regular basis to reinforce the principles/building blocks of the ARC model and to ensure they are being applied. These building blocks are:

- Attachment - including caregiver affect management, attachments, consistent response, routines and rituals.
- Self-Regulation - including affect identification, affect modulation, and affect expression.
- Competence - including executive function, self-development and identity, and trauma experience integration.
- In addition, 19 children have/are receiving individual therapy with the Head Start Trauma Smart Therapists and families are learning to understand how to meet their needs through a trauma sensitive parenting approach. Eight of those children and families reside in Boone County.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- Columbia Cares for Kids Coalition
- University of Missouri, Child and Family Assessment and Consultation Clinic
- Family Impact Center
- True North
- Children's Division and Juvenile Court
- Burrell Behavioral Health and Family Counseling Center
- Boone County Health and Human Services
- State of Missouri Medicaid and MC+ providers
- Lutheran Family and Children's Services
- Pathways Community Behavioral Healthcare
- Parentlink
- Rainbow House

| **Agency:** | **Respondent:** |
|---|---|
| Columbia Housing Authority Low-Income Services | Ms. Becky Markt & Mr. Phil Steinhaus |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- We see a need to prevent long-term effects of poverty on the mental and emotional health of the children living in housing supported by the Columbia Housing Authority. We know that the stress of growing up in poverty can cause biological changes that dampen a child's ability to develop Executive Function skills. Children raised in these fragile families are more likely to reach adulthood with lower education, which means lower income as adults, and are therefore more likely to raise their children in the same type of environment and repeat the cycle of poverty.
- We believe that fragile families should have access to targeted and coordinated evidence-based supports that build upon each other over time to produce emotionally

healthy homes. Growing up in nurturing, enriching environments from birth can create a sturdy foundation for later school achievement, economic productivity, and good citizenship.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Fragmented services targeting the general public often miss the most at-risk families served by the CHA. The population is often distrustful of service providers, transient, and fearful. Families move in and out of the CHA all the time. With the current model, true one-one-one coordination of services doesn't begin until the first intervention, and may be limited to an agency or organization. A lack of coordination through a central point means that service providers may not know what other service providers are already doing for the family.

***3) Where is the gap in your primary prevention services?***

- One-on-one coordination or case management of primary prevention services for the low-income families living in public housing and in Housing Choice Voucher system through Boone County.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- CHA Low-Income Services, Inc. has aligned their programming with the Search Institute's 40 Developmental Assets and the America's Promise Alliance -5 Promises All Kids Need to Succeed. We are also aligned with the Columbia Cradle to Career Network and the United Way Community Impact Project. There are many indicators that can be used to measure forward movement as the family and child progress toward family health, self-sufficiency, and success. Our ultimate goal is to have our families successfully transition from government assistance to full self-sufficiency.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- CHA Low-Income Services, Inc. already collaborates with many service providers and will continue to seek out new partnerships in order. To develop a targeted primary prevention system for families we envision collaborating with Central Missouri Community Action Center, Big Brothers/Big Sisters, First Chance for Children, Parents as Teachers, COMPASS, Burrell, Columbia/Boone County Health Department, Adult Basic Education, and Columbia Public Schools. CHALIS could collaborate with these agencies to provide families receiving CHA housing assistance in Boone County with case management, referrals, service coordination, pre-

assessment of needs, home visits, transportation assistance, evidence-based prevention strategies and incentives to complete desirable activities.

| **Agency:** | **Respondent:** |
|---|---|
| Child Care Aware of Missouri | Ms. Joanne Nelson |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- Issue #1: The knowledge and skills baseline about young children's indicators of mental health (i.e., emotional and social skill development), among teaching and program administration staff working in early care and education programs, including child care. National research findings predict that at least 10 to 15 percent of Missouri children from six months to five years of age are either already experiencing social and/or emotional deficits, or are at risk of developing them.[i] Some national studies indicate that as many as 32 percent of children at this age have behavioral problems.[ii] A 2011 pilot project, funded through an American Recovery and Reinvestment Act (ARRA) grant, provided social/emotional training and follow up coaching to early childhood educators. A pre-intervention screening revealed that 21 percent of 1,768 Missouri children, ages birth – five, scored as delayed. In fact, six percent had screening scores *twice as high* as the cut-off for determining a mental health concern in their age group, or higher. Early care and education teachers participate significantly in promoting mental health in young children. Yet, in Missouri, many child care teachers have no pre-service education in child development.[iii] "Understanding early social [and] emotional development will enable a [teacher] to enhance her relationships" with the children in her classroom.[iv]

- Issue #2: In general, the minimal training required for teaching and program administration staff who work in early childhood programs, including child care, doesn't translate to adoption of best classroom practice that are more supportive of children's overall development. Data from our *Framework for Accountable Service Delivery* (outcomes/performance indicators) show that, although there is and average gain of 13.75 points from pre- to post test scores for our training workshops, only 71% of participants report any change in their approach to children and families after these training sessions. Recent research syntheses conclude that features such as the content and intensity of training are critical to understanding the effectiveness of professional development (Weber & Trauten, 2009; Whitebook, Gomby, Bellm, Sakai, Kipnis, 2009; Zaslow, Tout, Halle, Vick & Lavelle, 2010). Furthermore, the degree to which professional development is individualized and emphasizes the application of knowledge to practice is emerging as a critical factor in professional development.[v]

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- No statewide requirements for pre-service education for teaching staff in early care and education programs; licensing requirements are for 18 years of age and free of TB, with no high school diploma necessary.

- Minimal training requirements in licensing rules; just 12 clock hours of documented workshop content per year for all teaching staff.
- Few standards for training quality, although training is approved by the Department of Health and Senior Services/Section for Child Care Regulation; no approval of trainers' education and experience backgrounds as appropriate for their content.
- Licensing rules do not incorporate any way for staff to get credit for coaching they receive, as they do for training in which they participate.
- The service population tends to have salaries at or not far above minimum wage, with few opportunities for advancement, even with higher education.
- Staff turnover in the service population is high (measured in MO at 28% in 2011), so investments made in training and coaching follow the individual staff member to new employment when there is turnover.
- There is little sustained government financing for the professional development (training and coaching) of early care and education staff; various program strategies from several departments of Missouri state government target different sub-groups within the service population, with different approaches.

***3) Where is the gap in your primary prevention services?***

- Most of the training that we provide now—with funding from Department of Social Service, United Way of Central Missouri, and other funders—is not followed by any coaching, to promote and assure changes in teachers' practices with children and families. Even in projects that provide support for coaching, there may be insufficient coaching time to help staff at some programs make the needed changes.

- Also, the amount of training being financed is insufficient for the potential need. In Boone County, the estimated 900 staff in licensed programs need to earn a total of 10,800 clock hours each year. If every workshop is full at 40 participants, then Boone County needs 270 hours per year of high-quality training, followed by coaching. As one training organization, we have contracts to deliver just over 40 hours of training, not all inside Boone County.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- In general, participants in our training demonstrate an average gain of 13.75 points from pre- to post test scores for our training workshops. Approximately, 71% of training participants also report at least one change in their approach to children and families after these training sessions. By fall 2014, there will also be data showing changes in teachers' practices with children and families following this combination of training and coaching.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- If we realize that the need for services is greater than can be provided (e.g., diagnostic testing), we already make referrals to:

  - Burrell Behavioral Health
  - Departments of early childhood special education in the Columbia Public Schools and other school districts in Boone County
  - First Steps in Boone County
- Waiting lists at other organizations (e.g., Thompson Center, Family Health Center), which slow families' access to related services or next steps in addressing their needs and goals.

- To address the systemic challenges identified in #2, above, we work through the voice of our CEO, who is a Governor-appointed representative on the Missouri Coordinating Board for Early Childhood, and a Commission-elected representative on the Missouri Children's Services Commission

End notes:

i) Feil, E.G., Small, J.W., Forness, S.R., Serna, L.A., Kaiser, A.P., Hancock, T.B. et al. (2005). Using different measures, informants, and clinical cut-off points to estimate prevalence of emotional or behavioral disorders in preschoolers: Effects on age, gender, and ethnicity. *Behavioral Disorders*, 30(4), 375-391; Kaiser, A. P., Hancock, T. B., Cai, X., Foster, E. M., & Hester, P. P. (2000). Parent-reported behavior problems and language delays in boys and girls enrolled in Head Start classrooms. *Behavioral Disorders*, 26(1), 26-41.

ii) West, J., Denton, J. & Reaney, L.M. (2001). The kindergarten year: Findings from the Early Childhood Longitudinal Study Kindergarten class of 1999-1999. Washington, DC: US Department of Education, National Center for Education Statistics.

iii) Child care licensing regulations in Missouri do not even require a high school diploma; teaching staff must be 18 years of age and tested for tuberculosis.

iv) CSEFEL. (2008). *Infant mental health and early care and education providers*. Nashville: Vanderbilt. Retrieved from the web on August 13, 2011 at http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf.

v) Isner, T., Tout, K., Zaslow, M., Soli, M., Quinn, K., Rothenberg, L., & Burkhauser, M. (2011). Coaching in early care and education programs and quality rating and improvement systems (QRIS): Identifying promising features. Washington, DC: Child Trends. Taken from the internet on March 20, 2014 at http://www.childtrends.org/wp-content/uploads/2013/05/2011-35CoachingQualityImprovement.pdf

| **Agency:** | **Respondent:** |
|---|---|
| City of Columbia/Boone County, Missouri<br>Department of Public Health and Human Services | Ms. Stacia Reilly |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- The Columbia/Boone County Department of Public Health & Human Services (PHHS) provides multiple services in this domain including the Teen Outreach Program (TOP); Women, Infants and Children (WIC); HIV/STD prevention; immunizations; tobacco cessation; and a community garden program.
- PHHS and its partners have collected data over the past year through our Mobilizing for Action through Planning and Partnerships (MAPP) process. Based on data gathered through state sources, stakeholder interviews and county-wide surveys and focus groups, the top two issues are:
  1. Chronic diseases, to include obesity

2. Behavioral health (defined to include mental health and substance use prevention)

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Obstacles include:
  - Priorities of agencies (lack of resources, including people and money dedicated to these issues)
  - Cultural barriers
  - Lack of behavioral health services
  - Environments which are not supportive of healthy lifestyles (includes schools, workplaces and communities in general)

***3) Where is the gap in your primary prevention services?***

- While we have the WIC program, tobacco cessation and a community garden program and have partnered with other organizations on various chronic disease related programs, there is not a coordinated county-wide program to promote healthy lifestyles. In addition, some of our prevention services can be difficult for citizens outside of Columbia to access.

***4) What is a quantitative measure of your success when working with community-based programs and/or family intervention services?***

- Some measures of success include:
  - School dropout rate
  - Course failure rate
  - Teen pregnancy rate
  - Number of individuals who quit smoking
  - Pounds of food grown in the garden and given away to WIC families
  - Number of WIC checks redeemed

***5) Please describe potential collaborations you envision for addressing challenges in the community-based programs and/or family intervention services service area?***

- Through the MAPP process mentioned previously there have been five strategic issue areas identified county-wide, and two of those are Healthy Lifestyles and Behavior Health. Action Teams have been developed to identify goals, strategies and specific activities to address these issues. Members of the Action Teams include representatives from the city, county, University, various non-profits and social service agencies. Other members will also be sought.

| **Agency:** | **Respondent:** |
|---|---|
| Cradle to Career | Dr. Philip Peters, Jr. |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- **Cradle to Career Columbia** (C2C) hopes to work closely with the Children's Services Board to foster more effective preventive practices. We wish to collaborate with the Board, not to receive funding from it. C2C itself does not provide direct services.
- Cradle to Career Columbia is a coalition of community leaders working to measurably improve student success in Columbia and eventually all of Boone County through more systematic and durable collaboration between the school district and the other community and governmental agencies that serve infants, children and youth. Our philosophy is to use local data to identify strategies that work and to replicate them. As a result, we will emphasize measurable outcomes and data-based decisions.
- Cradle to Career Columbia will target student success at five key stages on the cradle to career path:

    1. Kindergarten readiness
    2. 3rd grade reading proficiency
    3. Successful transition into and out of middle school
    4. Graduation from high school ready for college or career
    5. Enrollment in college or career training and completion

- Student emotional well-being and mental health is a core aspect of student progress at each of these stages. As a result, we would like to collaborate as much as possible with the Boone County Children's Services Board.
- Collaboration and alignment of effort will be especially important at two stages where the goals of Cradle to Career Columbia most significantly align with the mission of the Children's Services Board. The first is readiness for kindergarten. We hope you will join us in encouraging the Columbia public schools to adopt a comprehensive measure of kindergarten readiness that will allow us to track not only pre-literacy skills (which the district already measures) but also child development in other domains such as emotional well-being and self-regulation. A more comprehensive assessment will help us measure the effectiveness of local efforts to foster children's emotional development. Later this spring, we will convene an Early Childhood Collaborative Action Network that will mine local data to identify effective practices and spread their use. We hope that the Board and its agencies will play an important role in the Network.
- The second area of substantial shared interest is the transition into and out of middle school. C2C will be tracking several community-level indicators to measure how well our youth are handling those transitions (see below). A number of those indicators are signals of student mental health (such as attendance, student engagement, and, in the future, disciplinary referrals). We are encouraging the district to regularly administer a reliable and comprehensive assessment of student psycho-social well-being and risky behavior. The resulting data could greatly inform the work of the Children's Services Board and its grantees, so we hope that you will participate in the upcoming discussions. We are inviting several faculty from MU to inform those brainstorming sessions. The result could be a major improvement in our ability to monitor success and to make well-informed investments.
- In short, we will be tracking the success of local prevention efforts and helping providers and funders make evidence-based decisions. We hope to collaborate with the CSB as much as possible.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Working separately, our community organizations are often unable to measurably change the outcomes of our children. To change that, our entire community will have to work together in an unprecedented way. School, nonprofits, philanthropies, parents, and government agencies must collaborate as they rarely have before--aligning their goals, sharing data, and putting aside old rivalries. Cradle to Career Columbia was created to foster that collaboration.
- Our collaborative action networks will use the same continuous quality improvement methods that have been successful in the business sector. That means collecting, sharing, and analyzing data on student outcomes in order to identify promising opportunities to improve outcomes and strategies shown to make a difference. The networks will create action plans based on that data and then they will measure the impact of their plans on student thriving to determine whether those strategies should be expanded, refined or replaced.
- We very much invite the participation and guidance of the Children's Services Board as the networks shape their collaborative strategies and select metrics by which to measure their success.

***3) Where is the gap in your primary prevention services?***

- Our collaborative action networks will mine local data to determine the service gaps whose closure has greatest potential to affect community-level outcomes. They could, for example, use geomapping or disaggregation of needs data by student demographics to identify the most promising targets and strategies. They will also emphasize using existing resources more effectively.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- Cradle to Career Columbia will annually report on more than a dozen community-level indicators that we are using to measure student thriving at five key stages in the cradle to career path. We will work to align these metrics with any selected in the future by the Board
- Comprehensive assessment of cognitive and social-emotional readiness
- Student engagement survey
- Engagement
- Attendance
- Missouri Student Survey of Behaviors

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- In addition to the collaborative steps outlined above, we hope to work with the Children's Services Board and other local funders to maximize the extent to which C2C's target outcomes align closely with the targets that you have asked your grantees to improve.

That targeted focus will increase the odds of actually improving community-level outcomes.

- We encourage you to select specific community-level outcomes that you hope to improve so that you can measure the effectiveness of your grants and recalibrate over time.
- We encourage you to set aside a portion of your funding for collaborative action plans and to require that the plans include measureable outcomes aligned with your own community-level targets.
- We encourage you to employ one or more data analysts to assist local agencies in making the cultural shift to data-based decision-making and outcomes measurement that your RFPs will likely require. This shift requires trained staff that few agencies currently have.

| **Agency:** | **Respondent:** |
|---|---|
| Family Counseling Center of MO & Pathways | Ms. Karen Wallace & Ms. Linda Frost |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- The top issues needing to be addressed in our service population for primary prevention are:
    - Violence Prevention including bullying, suicide, gang violence, and domestic violence.
    - Mental health awareness and literacy including issues related to adverse affects on mental health related to alcohol and marijuana use.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Systemic obstacles related to our success when working with primary prevention include:
    - Lack of district wide policies; practices and programs; lack of community awareness of mental health issues and literacy; lack of collaboration between various community groups as well as communities; territorial boundaries; lack of community wide vision; lack of prevention experts and knowledge at the local as well as school level to lead prevention efforts, fragmented mental health system; no systemic way to screen, identify or refer people for services; and environmental factors conducive to risky behaviors such as easy availability of alcohol, reluctance to advocate for evidence based policies, lack of community data, and denial of problems

***3) Where is the gap in your primary prevention services?***

- Gaps in primary prevention services include: lack of funds to provide staff, training, materials, and to implement evidences based practices and programing; difficulty engaging or reaching parents in prevention efforts; lack of youth prevention groups; lack of alternative activities for youth outside of the Columbia area; lack of positive

opportunities for youth to engage in communities; disconnect between prevention, early intervention and treatment resources; lack of prevention programming at the preschool, early childhood level; and lack of programming to promote positive asset building, coping skills and wellness in youth.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- A variety of quantitative measures are utilized to measure success when working with primary prevention including: pre and post tests; number of participants receiving services, number of people reached; number of evidenced based programs in place; and review of data such as Missouri Student Survey, MICA, Youth Behavior Risk Survey, Kids Count, status reports to analyze for trends and to evaluate effectiveness of programming. We also conduct community assessments yearly to identify specific community needs to develop a strategic plan including measure goals and objectives to address the identified needs.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- Potential collaborations would include: daycare providers and early childhood education providers; Children's Division; schools, local coalitions and grass roots community groups; law enforcement; youth service providers and faith based organizations.

| **Agency:** | **Respondent:** |
|---|---|
| Family Health Center | Ms. Gloria Crull |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- Children with ADHD whose parents lack an understanding of the management of this disorder. Specifically for children diagnosed in kindergarten or 1st grade, families need access to family counseling and parenting training. In home counseling/parenting training would work best because the families tend to miss appointments due to transportation, work conflicts, etc.

- Obese/overweight children whose parents lack an understanding of nutrition, long term effects of obesity, the role of exercise, etc. Families need access to nutritional education, and education about healthy behaviors and the long term effects of poor nutrition.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- We target the medically underserved population. Common obstacles to success include: lack/failure of transportation to services; work conflicts that interfere with schedule appointments resulting in cancelled/missed appointments; difficulty with ready access to co-pays for visits; lack of access to convenient training; and lack of access to safe, affordable exercise/recreation.

***3) Where is the gap in your primary prevention services?***

- There is a lack of funding to support educational services for patients. Services currently are limited to adult diabetes and nutrition education. Services could be expanded to include additional diagnostic categories such as ADHD, as well as child development, parenting, general nutrition and exercise, time management, etc. Children's group therapy services are lacking and would positively impact development of appropriate social skills in children diagnosed with ADHD, and other autistic spectrum disorders. Additional affordable child psychiatry services are needed.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- Healthy People 2020 guides success measurement in federally qualified health centers such as Family Health Center. Measures are aligned with national standards; many are disease specific. An example would include hemoglobin A1c for diabetic patients, or in the case of childhood obesity the BMI. Outcomes are reported annually via the Uniform Data System (UDS) and compared to state and national norms for all other federally qualified health centers.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- Family education and training collaborations with the Boone County Department of Public Health and Senior Services, University of Missouri School of Medicine, Nursing and Human and Environmental Sciences would be helpful and should be feasible. To address safe, affordable, accessible recreation possible collaborations might be the City of Columbia Parks and Recreation Department, the Columbia Police Department, the Columbia Housing Authority. Access to group therapy and child psychiatry partnerships might include area mental health providers and the University Of Missouri Department Of Psychiatry. Funding partnerships might include the MO Department of Mental Health, federal agencies and private foundations.

| **Agency:** | **Respondent:** |
|---|---|
| Great Circle | Ms. Lanette Bowring |

1) ***What are the top two issues you feel need to be addressed in your service population for primary prevention?***
   - Great Circle prevention services target the highest need parents with an overarching goal of preventing child abuse and neglect through on-going education, support and linkage to community services including medical care.
   - Thus,
     1. Parenting education on bonding/attachment and milestone development
     2. Medical access to promote well women's health, child wellness, and immunizations
2) ***Are there systemic obstacles to your success when working with primary prevention services?***
   - The population targeted for primary prevention has a variety of systemic challenges including the following:
     1. Transient nature of the population making it difficult to maintain contact, link to services
     2. Lack of transportation and telephone access creates barriers to services
     3. Difficulty accessing welfare services such as Medicaid, Food Stamps, TANF, and daycare assistance
3) ***Where is the gap in your primary prevention services?***
     1. Case management services to support primary prevention services
     2. Mental health services for parents - both therapy and psychological evaluations
     3. Lack of access to stable, low income housing
4) ***What is a quantitative measure of your success when working with primary prevention services?***
   - Specified program outcomes including:
     - Reduced child maltreatment;
     - Increased utilization of prenatal care and decreased pre-term, low weight babies;
     - Increased immunization rates.
     - Decreased dependency on welfare, or TANF (Temporary Assistance to Needy Families) and other social services;
5) ***Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***
     1. Collaborations with other home visitation programs to promote partnership and lack of duplication of services
     2. Embed services within local schools, health clinics and community collaborations to reach the high risk families

| **Agency:** | **Respondent:** |
|---|---|
| LOVE INC. | Ms. Jane Williams |

1) ***What are the top two issues you feel need to be addressed in your service population for primary prevention?***
    - Lack of coping skills that can result in poor decisions, such as substance abuse and unplanned pregnancy. Poor interpersonal and conflict resolutions skills that lead to inability to get and keep a job, finish school, and respond appropriately to authority.
2) ***Are there systemic obstacles to your success when working with primary prevention services?***
    - Lack of funding to implement programs, including funding for staff, materials, and possibly transportation, although we believe neighborhood-based programs are optimal.
3) ***Where is the gap in your primary prevention services?***
    - Our agency has an informal life skills program for adults and children that is primarily implemented through volunteers. In order to better serve the community, we would like to enhance the program and offer it in multiple neighborhoods/locations.
4) ***What is a quantitative measure of your success when working with primary prevention services?***
    - Pre- and post-surveys that measure increased knowledge and application of new knowledge.
5) ***Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***
    - Collaboration with neighborhood facilities such as community centers and churches to host classes or groups and use of community volunteers to help implement the programs.
        - not being met on either side.

| **Agency:** | **Respondent:** |
|---|---|
| Mary Lee Johnston Family Learning Center | Ms. Meg Bartlette |

1) ***What are the top two issues you feel need to be addressed in your service population for primary prevention?***
    - For all children in this community to have high quality early childhood experiences which starts as they leave the hospital through kindergarten entry and success to graduation and beyond. This also means that the costs associated with childcare must be dividedly affordable for every child, regardless of family situation to have the same potential access to quality success.
    - There remains a huge gap in what we as a society are learning about nutritional needs and the changes within family's lives to accomplish that change for the next generation. Eating healthier costs more, and the convenience of over processed foods in already stressed lives has become a survival choice.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- In order to provide high quality care and educational programing for the children preparing them for school readiness; providing the highest level of nutritional value in the foods served, and utilizing current materials to meet the needs of each individual child, there is expense. Professionally trained staff with Bachelor's Degrees within this profession are paid at a rate equal to a high school graduate working as a receptionist. Purchasing whole grain, unprocessed, fresh foods costs more than empty calories. Material usage of very young children is hard on their longevity as children begin and learn the respect and care of materials. Additionally the time it takes to build trusting relationships with the families when they begin to open up their individual family needs and struggles takes time. Time equals money.
- All of that to say: our success is linked to our ability to obtain and sustain funding

***3) Where is the gap in your primary prevention services?***

- Our greatest gap comes in parent education. Although this is an area we attempt to assist; parents, especially young single parents, are still establishing self-survival skills: learning to budget, set priorities, complete school, hold a job, and many lack parenting skills. Need for quality care, positive interactions, nutritional meals, and understanding the stages of development are all available to parents however responses have been less than desired.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- We utilize the ASQ-3 and ASQ-SE (indicators for cognitive and social emotional concern) every six months to track the individual children in our program. A parent teacher conference is offered after each completion for the parents and staff to discuss current development, projected milestones within the next six months, and any individual or family concerns.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- We currently are a community partner with Central Missouri Community Action with their Early Head Start Partnership housing children that are dually enrolled in our facility and EHS. They are able, with broader funding to get deeper involved in family activities, expectations, and trainings. We have desired for some time to pull community resources to include ALL our parents in a social assistance support of our parents to provide these same level services.

| **Agency:** | **Respondent:** |
|---|---|
| Nora Stewart | Ms. Cheryl Howard |

1) ***What are the top two issues you feel need to be addressed in your service population for primary prevention?***
    - In regards to childcare assistance from the State, families need to be able to integrate family strengthening approaches in order to maintain and keep a functioning family. We at Nora Stewart provide a secured environment for children while mom or dad are at work or school. There needs to be a social worker in place to communicate between our facility and the state.

2) ***Are there systemic obstacles to your success when working with primary prevention services?***
    - We, as childcare providers, are left to the unknown with a child's childcare assistance case. At times this can cause a barrier for communication to the family and facility. The families are left sometimes deciding on how they are going to get the financial funding to pay for childcare services, which at times, leaves the family with no choice, other than to leave the child at home, unsupervised or with someone who is not qualified to supervise.

3) ***Where is the gap in your primary prevention services?***
    - Receiving and losing funding for the families at the last minute, which leaves us no choice but to relieve the families from our program for non-payment. The families are not aware that they have lost the funding, nor is the facility aware, that they have lost the funding which is a lack of communication from the state.

4) ***What is a quantitative measure of your success when working with primary prevention services?***
    - Being able to maintain families and affordable tuition rates. Communication between state and provider

5) ***Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***
    - Having an assigned social worker who could be a facilitator between the state, and our program. We are unable to hire a social worker and the state is unable as well, so therefore the family's needs are not being met on either side.

| **Agency:** | **Respondent:** |
|---|---|
| Parents as Teachers – Centralia School District | Ms. Mary Ann Sander |

1) ***What are the top two issues you feel need to be addressed in your service population for primary prevention?***
    - #1The Parents as Teachers curriculum provides families with basic information on many facets of a healthy lifestyle: nutrition, benefits of active play, well-checks,

immunizations, dental health, effects of smoking and others. There are many times, however, that families would benefit from more in-depth information or classes in various aspects of healthy lifestyles or referrals to a professional and these are almost never offered in our community. We need Columbia based services to be willing to come to the out-county areas to offer these types of services since transportation is almost always an issue for families who need these services.

- #2 Mental health definitely affects one's physical health and interest in having a healthy lifestyle. Even after identifying a family, based on screenings we do with the families, that would benefit from mental health services we have basically no place to refer them. Access to mental health services is almost non-existent within our local community.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- One huge systemic obstacle is the lack of referrals to PAT from other agencies that serve families with young children. Physicians, hospitals, WIC, Department of Health and other agencies located in Columbia need to refer out-county families with preschool aged children to the appropriate Parents as Teachers program so that they can begin receiving basic information on healthy lifestyles for their family. While our program has received an occasional referral from Columbia PAT from contact they have made at WIC or childbirth classes, we have <u>never</u> received a referral from any other individual or agency based in Columbia.
- We serve many families who fit the definition of the working poor. Services they may qualify for are often difficult to access because of location or hours. For example, even though we have a food pantry distribution site for the Food Bank for Central and Northeast Missouri, the hours of operation are 9-11am two Mondays a month. Families are assigned a day to come based on the first letter of their last name. This makes it difficult for the working poor to access without missing work. Several families we work with have commented that they have felt "looked down upon" for using the food pantry by those staffing the pantry. Lack of space at the local distribution site makes the ability to offer privacy when doing client intake difficult and volunteers doing the intake may not be aware of the importance of privacy in maintaining family dignity. Families have told us they do not use the local food distribution site because of these issues. They also do not travel to Columbia because of the cost of travel. The out-county food distribution sites often have a more limited choice of food options and are not able to offer the quantity of fresh or frozen food that is offered in Columbia because of storage limitations. This reduces access to more nutritious food for out-county families who use the local distribution site.
- The fact that many primary prevention services are not offered in our local community is a huge obstacle. We have few choices as to where to send them locally for anything other than food. We are not aware of any nutrition, food preparation, family exercise,

smoking cessation or any other healthy lifestyle related services offered at no or low cost in our community. Immunization clinics are unavailable locally. We have a number of parents who may have state funded insurance for their children but who are uninsured themselves and therefore have no access to medical or dental care.

***3) Where is the gap in your primary prevention services?***

- There is a gap in being able to serve all families who desire to participate in Parents as Teachers and to serve them with model fidelity services. Model fidelity services would mean that families with one or no high risk indicators would receive at least monthly visits and families with two or more high risk indicators would receive twice monthly visits. We are far short of the funding required to meet the demand for these services. Being able to meet with families once or twice a month during the entire time the family was eligible for PAT services (beginning in pregnancy with their first child and continuing as long as they had a child not yet in school in their home) would give parent educators time to work with families on the many aspects of a healthy lifestyle for their family.
- The services discussed above need to be more accessible to families in terms of location, hours of operation and programs that are offered in the out-county areas.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- Making community resource referrals is an integral part of Parents as Teachers services. We track resources suggested to families by parent educators on our computerized record keeping system and then follow-up later with the family to see if they accessed the resource. We then enter the result of the referral into our data base. Research has shown that three of the five short term outcomes produced by participation in Parents as Teachers are directly related to healthy lifestyles: 1) Increase in healthy pregnancies and improved birth outcomes, 2) Early detection of developmental delays and health issues, and 3) Improved family health and functioning.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- We would be interested in exploring collaboration with all other providers working toward healthy lifestyles. We currently collaborate with First Chance for Children, Project Launch, and Head Start. Centralia PAT just recently agreed to collaborate with the Smile dental program to bring a 2 day dental clinic to our community for children ages 1-8 who do not have a regular dentist. Private pay, private insurance and Medicaid are accepted and a limited amount of free dental care will be provided.

- Although Centralia is fortunate to have a community recreation center, the reasonable admission/membership fee is still out of reach for many families. A reduced or subsidized fee on select days or hours during the late fall, winter and early spring would be desirable and increase the ability of families to be active in all types of weather.
- Parents as Teachers works with families on an individual basis and has regular, personal, in-home contact with families. Using PAT staff and other school personnel is an effective way to disseminate information to families with school-aged children in rural communities and inform them of healthy lifestyle classes, counseling and/or other services being offered locally.

| **Agency:** | **Respondent:** |
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| Parents as Teachers – Columbia Public Schools | Ms. Belinda Masters |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- The short term outcomes produced by PAT participation are:
  - Increase in healthy pregnancies and improved birth outcomes
  - Increase parent's knowledge of their child's emerging development and age appropriate child development
  - Improved parenting capacity, parenting practices and parent-child relationships
  - Early detection of developmental delays and health issues
  - Improved family health and functioning
- #1…When PAT can enroll parents during the prenatal period, the ability to retain them in the program over time and ability to produce outcomes listed above improves greatly. We need the health care community to recommend participation in PAT to all of their at risk patients. We need the ability to work closely with birthing centers to enroll at- risk parents. Many other hospitals in Missouri allow PAT Staff to visit patients during either antepartum stays or during post-partum stays.

- #2…We have a significant wait list for interested parents. All families who are currently waiting have one or more risk factors. I anticipate that the wait list will continue to grow over time as we see increased levels of poverty in the Columbia Public School District. We have not had an increase in our funding for over 5 years. Just 4 years ago we suffered a 60% decrease in funding from DESE…significantly limiting the number of families who could continue receiving PAT personal visits…in FY 2009 we were able to serve about 2,900 families. Today we have the budget to serve about 1,200 families.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Our community could benefit by creating a pathway of intervention from prenatal to adulthood…beginning with PAT participation and moving children through various levels of service. There needs to be a cohesive process to transition a child and family

from one step to the next. All of the providers need to work together in building relationships with each other and the families we serve so that at each level, the current service provider can build a bridge for the family from their current service to the next.

***3) Where is the gap in your primary prevention services?***

- Inability to meet the demand for APT services from parents in our community

***4) What is a quantitative measure of your success when working with primary prevention services?***

- See comments above

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- PAT would like to strengthen our current partnerships with health care providers (physicians-Obstetricians, Pediatricians, Family Practice), medical social workers, county health departments, WIC office, birthing hospitals.

| **Agency:** | **Respondent:** |
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| Preferred Family Healthcare | Ms. Paula Brawner |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- Educating the public on the definition and importance of prevention. Prevention programming needs to start as early as grade K, programming should be consistent throughout the year , Prevention program needs to have supportive services connected to it like early intervention to help teach and develop resiliency skills and other protective factors, access to parents in the early grades is critical and there needs to be ongoing community awareness activities

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Difficultly involved with measuring outcomes over time. The school system plays a vital role in information gathering and being able to follow-up over time with identified participants.
- Limited resources to deal with the number of school aged children. Data on Youth in Boone County shows that 37% are enrolled in free/reduced lunches, 28.9 per 1,000 youth have been a victim of child abuse and/or neglect. Additionally 7.1% of youth reported using marijuana thirty days prior to the Missouri student survey, and 21.3% reported using alcohol. According to Missouri Kids Count, in Boone County 65 out of every

1,000 youth have been referred for juvenile law violations. The above numbers may be actually higher due to under-reporting because of the attached Stigma.

***3) Where is the gap in your primary prevention services?***

- The difficulty in identifying a specific time for prevention program in the school setting is on-going issue. Overcoming this issue is dependent upon communication with the school officials and the ability to remain flexible with scheduling program and activities

***4) What is a quantitative measure of your success when working with primary prevention services?***

- Prevention programming success can be measured with the use of pre-tests, post-tests, satisfaction survey. We also monitor grades, attendance and the number of referrals for disciplinary action within the school.
- Our current experience working with youth in schools (St. Charles, St. Louis, Lincoln and Franklin Counties) shows impact of this intervention with 89% of youth served gaining knowledge of substance abuse and/or mental health issues; 81% of youth reported development of risk management skills; 85% of youth reported improvement in school engagement and/or performance. Additionally, in our tax based outpatient services 82% of youth reported an improvement in school engagement and/or performance, and 84% of youth reported an improvement in relationships with family members/caregivers.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- It is vitally important to have good communication with families, school officials, and community agencies that are involved with the students or offering services that are supportive of families in need of services.

| **Agency:** | **Respondent:** |
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| Project LAUNCH | Ms. Isabel Rife |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

1. An increasing number of children entering kindergarten not socially or emotionally ready to learn
2. Providers lacking social-emotional competence to adequately support/serve needs of children and families

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Yes, several including:
    1. Fragmented, uncoordinated, sometimes redundant services with poor referral/follow-up outcomes
    2. Workforce ill-equipped to handle mental health needs of families; shortage of mental health professionals to address early identification and intervention needs
    3. Low awareness of importance of social-emotional health in children and lack of knowledge regarding available community resources
    4. Absence of data sharing mechanisms across agencies

***3) Where is the gap in your primary prevention services?***

- Per above, shortage of mental health professionals limits access to appropriate prevention/early intervention services within a reasonable time frame; greater coordination is needed between schools, health care, and community sectors; increased promotion of evidence-based practices and improved standards of care

***4) What is a quantitative measure of your success when working with primary prevention services?***

- Quantitative measures include: number of children screened for developmental and social-emotional delays; number of referrals to services; reduction in child care expulsion rates; number of providers trained to address mental health needs of families; number of families receiving evidence-based parent education resulting in decreased parent stress and improved parenting practices; provider and parent satisfaction surveys

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- Potential collaborations could encompass improved interfaces between early care and education (ECSE, child care providers, school-based preschools, elementary schools) and primary care providers; another collaborative approach would focus on the integration of behavioral health in primary care

| **Agency:** | **Respondent:** |
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| Rainbow House | Ms. Jan Stock |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

1) Poverty (which leads to issues such as substance abuse, domestic violence, child abuse, criminal activity, homelessness, etc.)

2) Getting parents of Rainbow House clients to engage in a way that allows us to remain a resource for them even after their child is no longer in residence or on our caseload.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Health care insurance maze Fragmented, uncoordinated, sometimes redundant services with poor referral/follow-up outcomes
    - Only qualify if you make below a certain amount of money, and then you have to provide for your own insurance (don't accept promotions unless they make substantial enough more money for the person to feel comfortable paying their own insurance)
    - Medicaid stops for youth who turn 19. Many of them are taking medications for mental health diagnoses. Without medication, their ability to function productively would be negatively impacted. Not all organizations will serve a person with no insurance or other way to pay for the service, so they are unable to access a psychiatric evaluation.
- Homelessness is a circular issue that is almost impossible to overcome.
    - Unemployment or underemployment can lead to homelessness
    - No permanent residence causes instability and inability to ensure basic needs are met
    - Difficult to find a job when you can't shower, eat and sleep regularly

***3) Where is the gap in your primary prevention services?***

- Availability of affordable mental health services for children and families.
- Availability of emergency shelter for special needs children who require intensive mental or physical health services, and/or who have extreme aggression/behavioral issues.
- Emergency shelter beds for children whose parent is in crisis and the child is not safe, when Rainbow House beds are full
- Emergency shelter beds for homeless youth when Rainbow House beds are full or the youth does not fit the criteria of the program

***4) What is a quantitative measure of your success when working with primary prevention services?***

- Every child and family served by Rainbow House is entered into the data system which allows us to generate a large variety of reports. We consider every activity to be a prevention activity. We know that if the child is residing in our teen or children's shelter they are safe at least for the time they are at Rainbow House.

- For children served at the Child Advocacy Center, even if they have already suffered some abuse, it is our opportunity to engage with the parent/family and educate them about keeping the child safe in the future.
- All parents/families are provided with information about abuse/neglect, are given resource lists in Boone and the surrounding counties, and they will receive followup calls from staff in the particular program that served their child for a period of at least three months, but for as long as they are responsive and/or request our help.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- This is a list of agencies Rainbow House frequently deals with, and we are happy to expand our list when other collaborative efforts are available: Children's Division, Juvenile office, law enforcement, counselors, school personnel, homeless shelters in Boone and the surrounding counties, Job Point, Burrell Behavioral Health, Phoenix Programs, Empowerment Zone, True North, Lutheran Family & Children's Services, Boone County Health Department, University of Missouri Health Care and other physicians and specialists, and others.

| **Agency:** | **Respondent:** |
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| Voluntary Action Committee | Mr. Nick Foster |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- Access to affordable housing
- Access to stable housing

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- Long waits at agencies that provide service for low-income clients
- Long waits for affordable housing
- Limited transportation options
- Limited access to healthy food

***3) Where is the gap in your primary prevention services?***

- Gaps in services are due primarily to limited resources available to the agency. VAC is currently in the process of a comprehensive study to determine where there are gaps in services and to determine how the agency can best respond.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- VAC keeps significant data identifying clients. Service effectiveness is measured through the use of follow up surveys by phone and on return office visits. Since VAC is primarily a safety net provider, services are measured primarily in terms of immediate effectiveness. Surveys indicate a very high (above 90%) satisfaction rate with services provided.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- VAC maintains a broad range of partnerships with many other service-provision agencies in our community. VAC's services often work in a complementary fashion, enhancing the services of others. In other words, VAC is able to provide supports for clients that the other agencies themselves are not able to provide. VAC is open to exploring closer ties and collaborations in order to make these services more seamless.

| **Agency:** | **Respondent:** |
|---|---|
| Youth Community Coalition | Mr. Ryan Worley |

***1) What are the top two issues you feel need to be addressed in your service population for primary prevention?***

- **Environmental Change-** The environments that a child grows up in are very influential on their overall health. This includes their home, neighborhood, school, and broader community. In order to promote positive mental health outcomes, the overall Boone County environment must be developed to provide youth with the supports they need for each step of their development. In order to have the optimum success on a clinical level, the community must be aligned around positive outcomes for kids. This provides a mutually reinforcing environment where what happens in a youth program is echoed in the broader attitudes, norms, and values of the town.
- **Positive Youth Development-** Simply preventing problems is not enough. Our local communities must promote the comprehensive positive youth development of each child. This includes addressing individual and community risk factors, but also includes developing the assets they need to thrive. This builds on the idea that problem free is not fully prepared and fully prepared is not fully engaged.

***2) Are there systemic obstacles to your success when working with primary prevention services?***

- **Program Rich & System Poor-** One of the biggest challenges to changing a community is when resources, partnerships, and programs are not supported by a well-developed system. Such a system would facilitate data sharing, collaboration, continuous quality improvement, and capacity building.
- **Lack of Community Wide Youth Needs Assessment-** Boone County is desperately in need of a quality youth needs assessment to track the trends in mental health and social/emotional well-being.

***3) Where is the gap in your primary prevention services?***

- **County Wide Prevention Coordination & Support-** Currently there is a lack of a county wide network to foster collaboration and build capacity of local communities to respond to the substance abuse and mental health challenges they are experiencing. Ideally, such network would be a multi sector partnership of local stakeholders who see the value of raising up local leaders to be youth mental health champions. These local leaders would be best equipped to foster the positive changes in their local community environment needed to better support youth outcomes.

***4) What is a quantitative measure of your success when working with primary prevention services?***

- We focus on two levels of quantitative measurement. First, we focus on community level indicators to assess the local community conditions and understand the most urgent needs for intervention. Second, we focus on consumer level indicators to measure the effectiveness of our programs and the individual progress a youth makes toward the identified outcome. Examining both the community level data and individual level data allows us to have a more complete picture of how a youth is doing and how the program itself is doing in addressing local community conditions.
- We found success in using an assessment tool called the Developmental Asset Profile created by the Search Institute. We also use community assessment tools like the Tri-Ethnic Community Readiness Survey to examine the readiness of community stakeholders to address issues in their town.

***5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.***

- The Youth Community Coalition consists of members that represent education, public health, parks and recreation, civic organizations, faith communities, treatment, prevention, housing, business, and other social services. This multi-sector approach has been very successful in addressing local conditions and achieving positive outcomes for youth. The Youth Community Coalition would like to build upon these partnerships and scale up the effective work of the Coalition to create positive community changes throughout Boone County.