# Clay County Collaborative Strategic Planning Survey

## Summary Results

## December, 2016

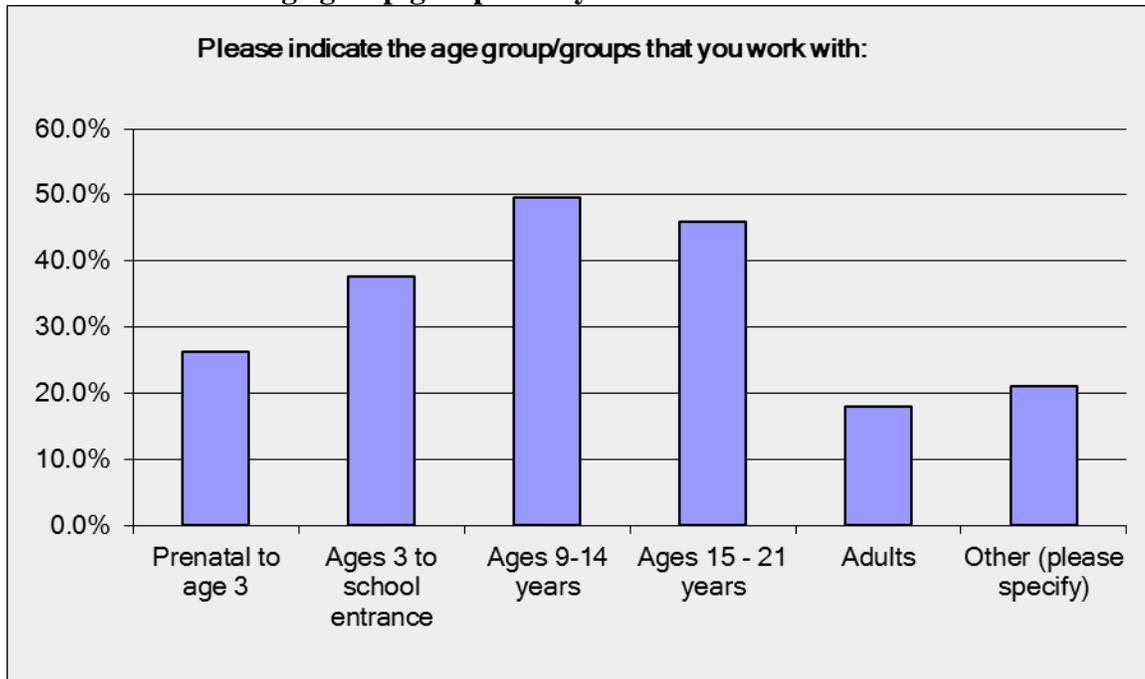| The Collaborative is made up of many partnering agencies. Please indicate which category the agency you are associated with best fits under ? | | |
| --- | --- | --- |
| Answer Options | Response Percent | Response Count |
| Local county or city government | 21.6% | 29 |
| Mental Health provider | 11.2% | 15 |
| School district | 50.7% | 68 |
| Non-profit agency that supports families but does not provide direct mental health services | 6.7% | 9 |
| Parent | 1.5% | 2 |
| Work Group member | 0.0% | 0 |
| Other (please specify) | 8.2% | 11 |
| answered question | | 134 |
| skipped question | | 0 |
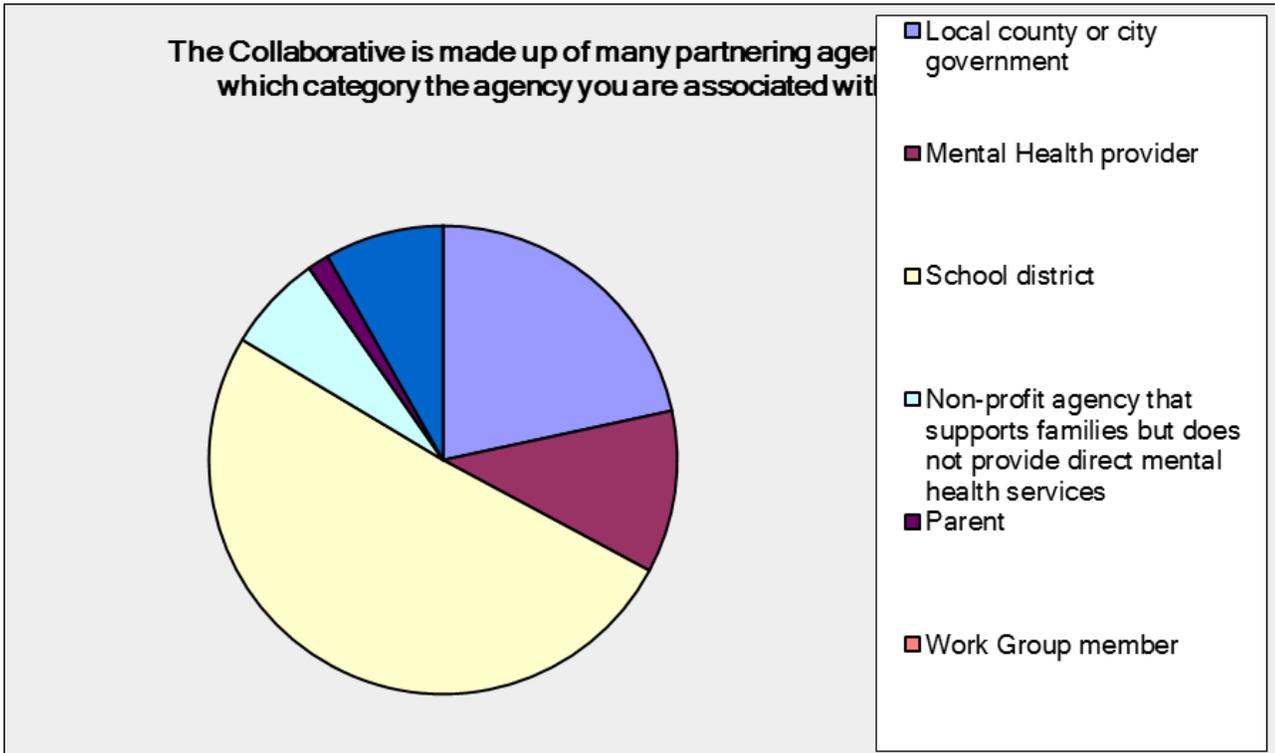


**Please identify your current role in providing services to children and families**

- Home visitor: 6%   Program Coordinator: 10%
- Case Manager: 9%   Parent: 2%
- School staff: 32%   Family Advocate: 1%
- Mental Health provider: 11%   Juvenile Justice: 5%
- Agency/school/city/county representative 5%
- Health Care: 2%
- Social Service staff: 5%
- Other: CTSS provider; Para; Reentry Service Transitional Worker; County Board; Social Worker; district facilitator; Public Health; Center Director;

**Please indicate the age group/groups that you work with**:

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| Age Group | Percentage |
|-----------|-----------|
| Prenatal to age 3 | ~26% |
| Ages 3 to school entrance | ~38% |
| Ages 9-14 years | ~49% |
| Ages 15 - 21 years | ~46% |
| Adults | ~18% |
| Other (please specify) | ~21% |

Do you participate in one of the Collaborative work groups?

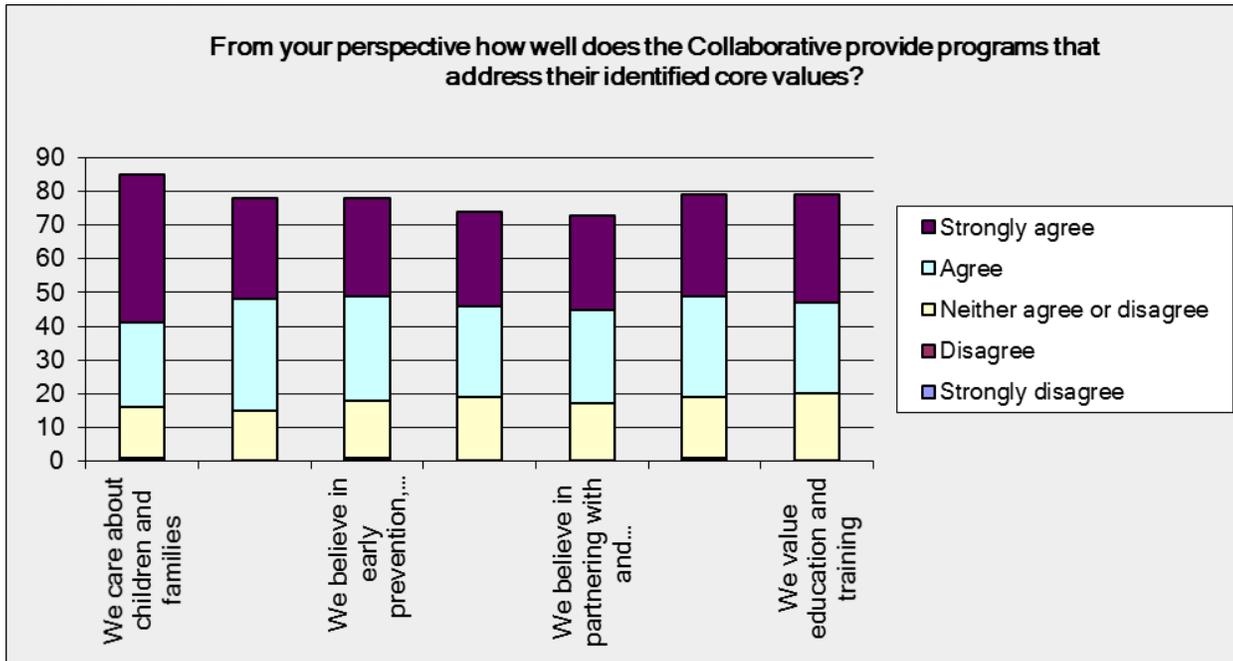| Work Group | Percentage |
|-----------|-----------|
| Children's Mental Health | ~24% |
| Family Support Model | ~5% |
| Reentry Services Project/Restorative Justice | ~9% |
| School Age Disability Work Group | ~6% |
| Substance Abuse Work Group | ~6% |
| Do not participate on a Collaborative work group | ~64% |
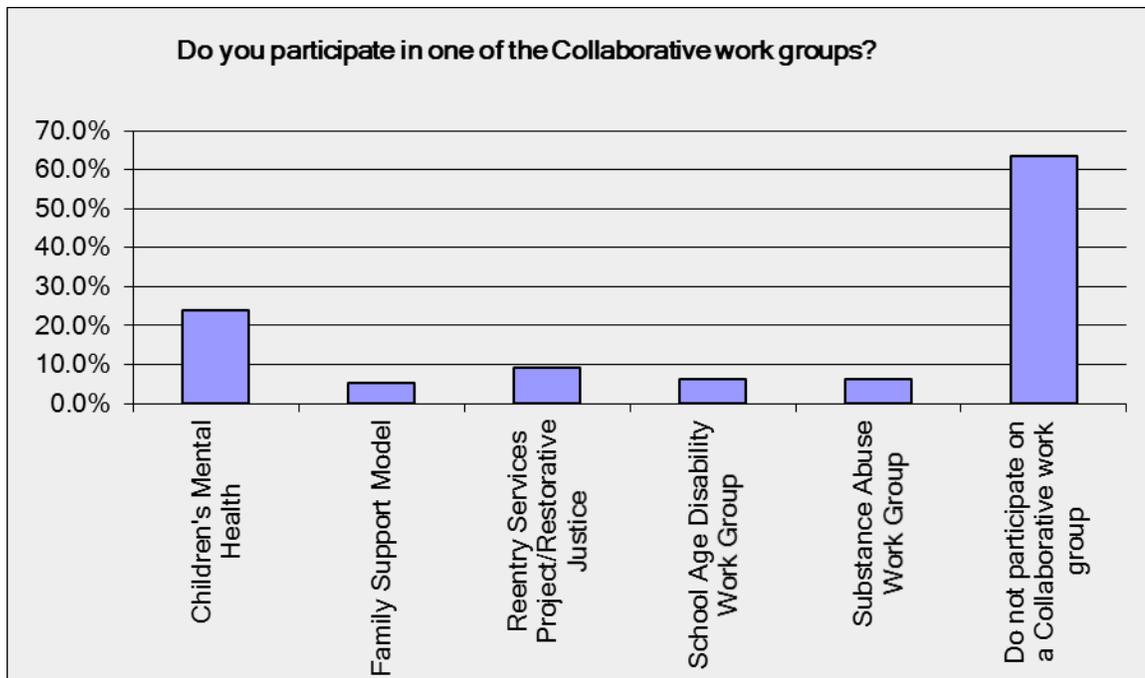
**The mission of the Collaborative is to work in partnership and collaboration to empower and provide oppostunities for children and families. From your perspective do you feel the Collaborative is meeting that mission?**



Legend:
- Yes
- No
- Somewhat
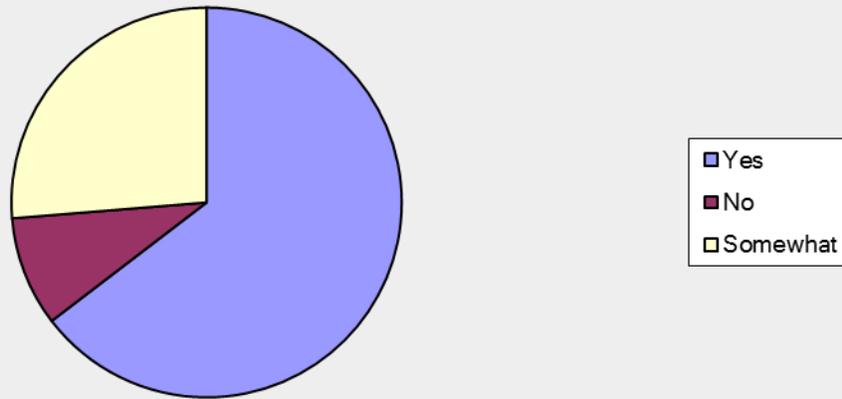
- Random moment participants are not familiar with Collaborative and what we do.
- I feel like services for mental health are limited to those who have medical assistance. Families with insurance have few options.
- As a school counselor in a rural district. I feel a bit disconnected from knowing what resources are available and accessing those resources. Its challenging to know who to be part of the collaborative process, which is unfortunate when schools are on the frontline of working with all children in our community. I believe the Collaborative believes strongly in partnership and collaboration, but the execution of how tha5t happens and is communication) at least related to non-special ed students in the schools) may be hindering how well that partnership and collaboration actually happens.
- Is not easily visible. So much happens to make it this way so it's good.
- I think we have established some very important and needed services through the Collaborative. But the Collaborative isn't the "think tank" that problem solves unmet needs as we were in the beginning. It seems like the boundaries between agencies and the red tape is more pronounced. I think that funding is often a driver in this. I have to own my part too, but it is a reason that I have not been as involved in the Collaborative as I used to be.
- Opportunities are provided to children and families, yet the county has not integrated services
- Good opportunities to network and learn at meetings. I think identifying a specific thing or two to collectively do would add to the value of the collaborative.

**Meet Core Values:**



From your perspective how well does the Collaborative provide programs that address their identified core values?

Comments:
- I think the Clay County Collaborative meets its core values as intended.
- Not familiar with the Collaborative and its programs to answer
- Seems to be an organization that focuses on needs in the community.
- I am unaware of the benefit to any programs to Barnesville students or their parents
- I don't think there is any doubt that ae all agree, believe and value the statements. Do we operationalize this in our practice across entities? Are we committed to removing barriers and refraining from territory protection with a "can do" spirit? Not always, there is definitely room for improvement.
- My work with the Collaborative has been beneficial to both individuals I work with as well as the collaborative in promoting learning with children.
- I do think that we do "believe" in early prevention, however, we mostly act as a reaction team, and Pro-active.

**Indicate which Collaborative programs you have worked with or are currently working with:**
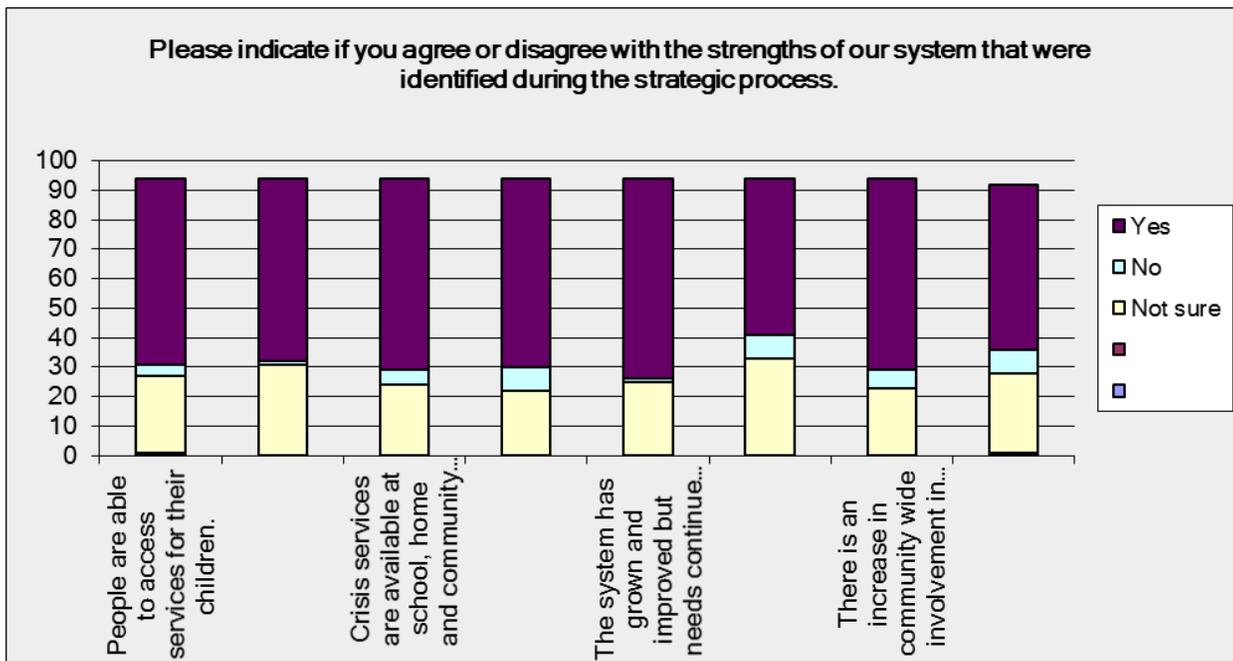
| Program | Have worked with | Currently working with | No experience |
|---|---|---|---|
| Truancy Intervention | 26% | 15% | 57% |
| Reentry Services Project | 15% | 12% | 72% |
| Restorative Justice Program | 20% | 10% | 68% |
| Wraparound Program | 33% | 20% | 45% |

**Indicate how effective the programs you have worked with are for children and youth you have or are currently working with.**

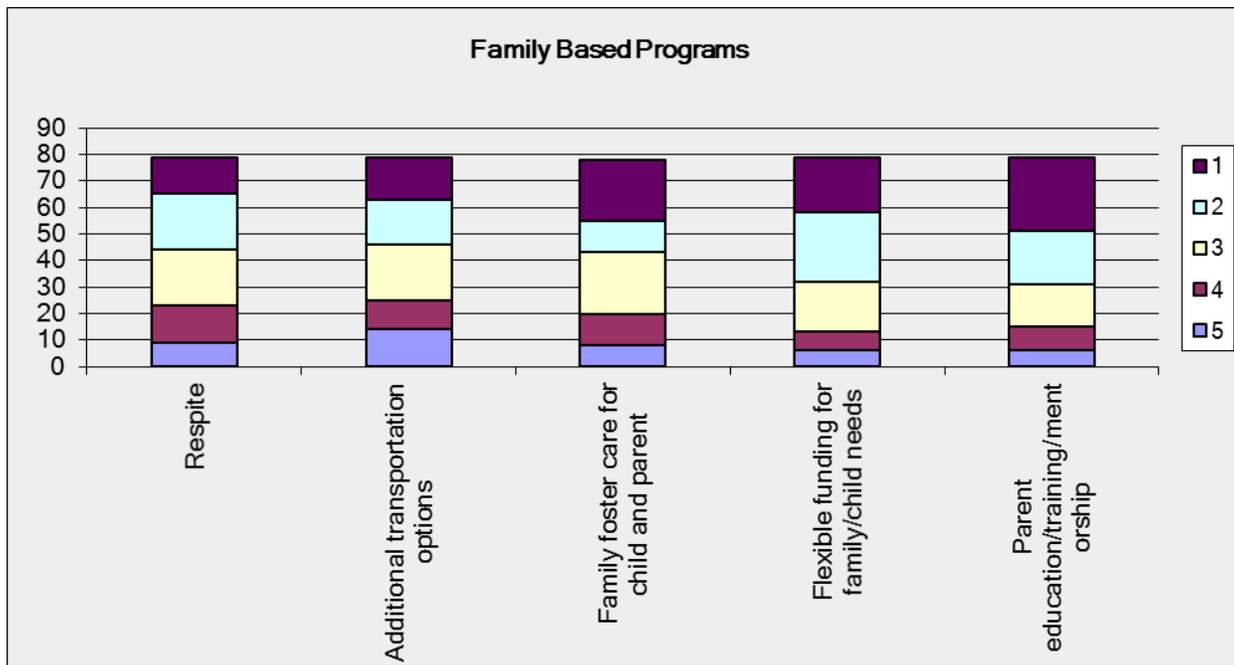| Program | Very Effective | Effective | Neither effective or ineffective | Ineffective | NA |
|---|---|---|---|---|---|
| Truancy Intervention | 7% | 23% | 12% | 3% | 55% |
| Reentry Services | 14% | 12% | 6% | 1% | 67% |
| Restorative Justice | 9% | 15% | 7% | 2% | 66% |
| Wraround | 16% | 39% | 9% | 1% | 44% |

**Comments:**

- The student that I case managed had wraparound and I feel they gave the mother way too much and the mother took advantage of everything she could and the services did not help that family.
- The truancy program's hands are somewhat tied by the school district and the county. Many of the services are voluntary and then families don't participate (i.e. they are invited to CAMP multiple times, year after year they don't attend and still the attendance issues continue.
- I've been very disappointed with this program this past year. It seems to have moved from a supportive program that facilitates problem solving and support for all parties to an intrusive prescriptive role that is not helpful. I think it is important to review the role of the facilitator in the process and to define boundaries in the process.
- Truancy program is challenged with staff turnover and conti9nuity of work from year to year. The work day hours, limited resources such as cell phones an interpreter funds lead to challenges to connect with parents. Unclear what data shows as the most successful intervention with students.
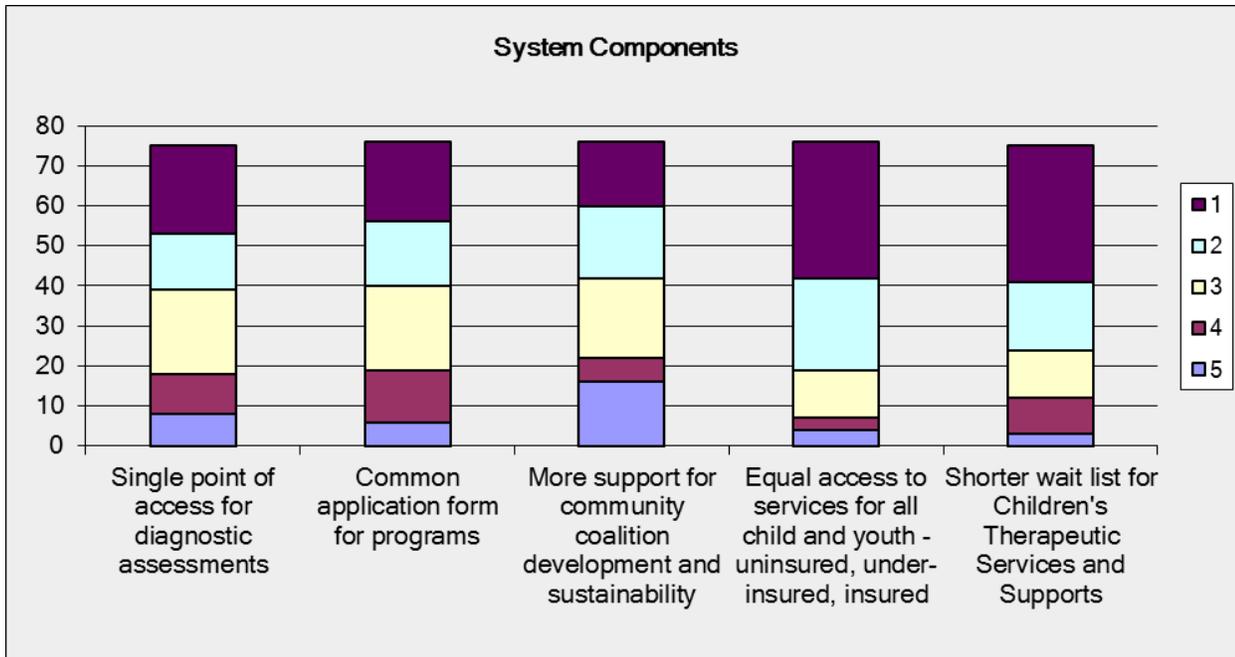


Please indicate if you agree or disagree with the strengths of our system that were identified during the strategic process.

**Comments:**

- Carolyn is a great coordinator
- Our collaborative coordinator is on top of all of the above and does a superlative job.
- I would say that some of these areas are more somewhat then a yes or no
- The system works for some but not for others. Poverty and families/children that do not know how to advocate for themselves. Event through we know that families in crisis facing day to day struggles do not always follo0w through with expectation, we continue to allow this to be a reason for children to be left behind.
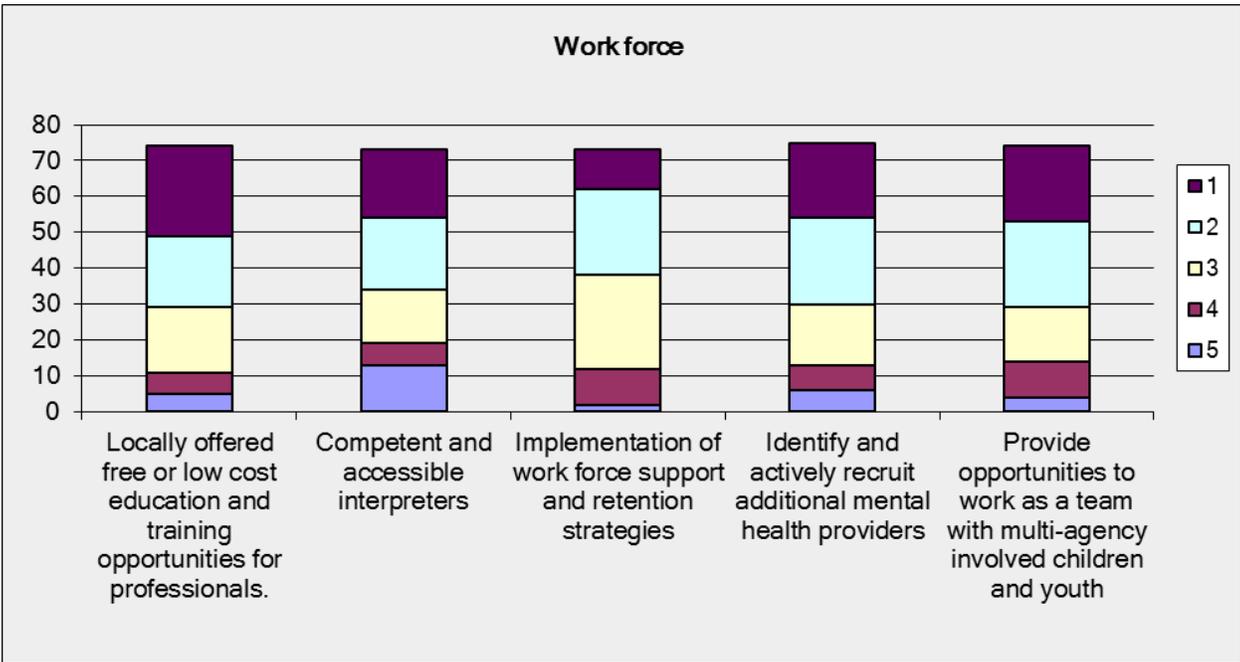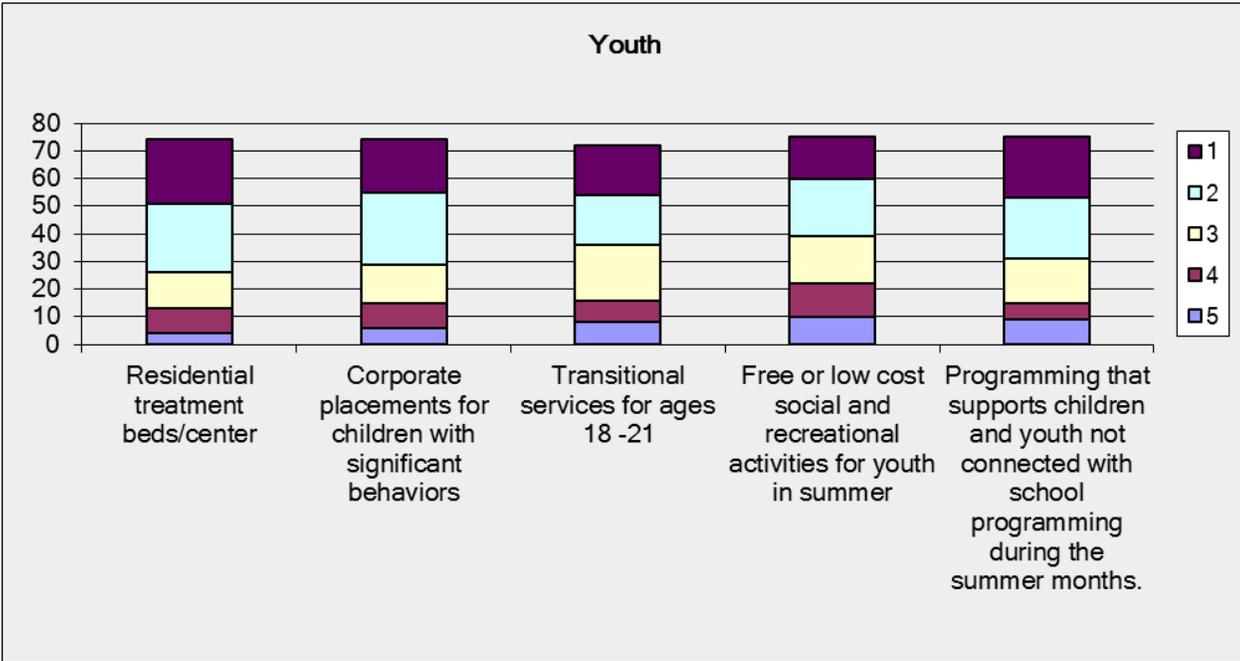
**Rank the following programs from #1 being the highest priority for the Collaborative to #5 as the lowest priority.**

## Family Based Programs

Legend: 1, 2, 3, 4, 5

Categories: Respite; Additional transportation options; Family foster care for child and parent; Flexible funding for family/child needs; Parent education/training/mentorship
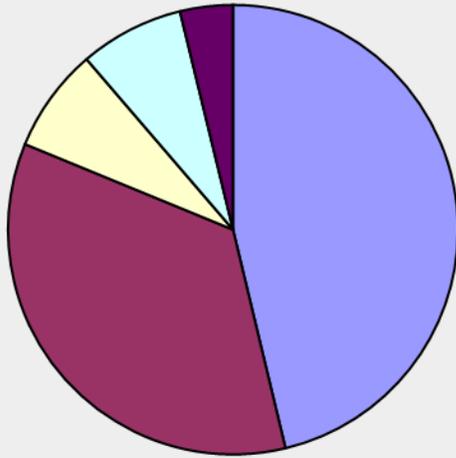
- Respite, transportation and family foster care are huge needs but things that will take a lot more work than Collaborative can impact, due to eligibility, time, staff, statutes, funding, etc. Parent education and flexible funding are more practical things for the Collaborative e to address in effective way.
- Parent education/training materials/mentors are very important but not all parents are willing to attend which prevents so many from getting help.

## System Components

Legend: 1, 2, 3, 4, 5

Categories: Single point of access for diagnostic assessments; Common application form for programs; More support for community coalition development and sustainability; Equal access to services for all child and youth - uninsured, under-insured, insured; Shorter wait list for Children's Therapeutic Services and Supports

- These may be out of the realm of what the Collaborative is able to influence
- Adolescents from families with chronic issues continue to be left behind.
- In some cases, youth have to go through a diagnostic assessment at three places before finding services. This is not only time consuming for their support network but very draining and can create a sense of hopelessness for the youth.

## Youth

|  | 80 70 60 50 40 30 20 10 0 | Residential treatment beds/center | Corporate placements for children with significant behaviors | Transitional services for ages 18 -21 | Free or low cost social and recreational activities for youth in summer | Programming that supports children and youth not connected with school programming during the summer months. | ■1 □2 □3 ■4 □5 |

## Work force

|  | 80 70 60 50 40 30 20 10 0 | Locally offered free or low cost education and training opportunities for professionals. | Competent and accessible interpreters | Implementation of work force support and retention strategies | Identify and actively recruit additional mental health providers | Provide opportunities to work as a team with multi-agency involved children and youth | ■1 □2 □3 ■4 □5 |

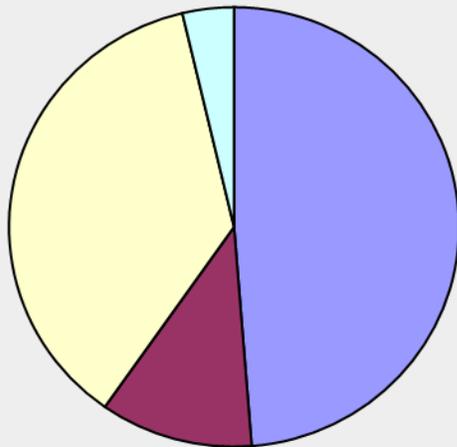**Trauma informed system of care – Adverse Chi**



- ☐ Early Intervention - working with young children and their families to prevent traumatic experiences
- ■ Develop and implement strategies and program that build resiliency in children, youth and their families.
- ☐ Provide reflective practices programs for professionals working with at risk families.
- ☐ Cross training of community members, providers and families
- ■ Other (please specify)

Comments:
- Keep faith based communities free to support families and encourage family units to be independent and unified and as a result will strengthen the family unites and the community.
- 

**Have you received training on Adverse Childhood E informed systems of care?**



- ☐ Yes, I have received training on Adverse Childhood Experiences and the importance of moving towards a trauma informed system of care.
- ■ Yes, I have received training on Adverse Childhood Experiences but am not as familiar as I would like to be on the importance of developing a trauma informed system of care.
- ☐ No, I have not received any training on Adverse Childhood Experiences or on developing a trauma informed system of care.
- ☐ Other (please specify)

Communication and sharing of information has often been identified as a barrier for those working with multi agency involved children and youth. Would a web based, data collection, care coordination assist you in your work with families?

Legend:
- Yes
- No
- NA
- Prefer not to answer
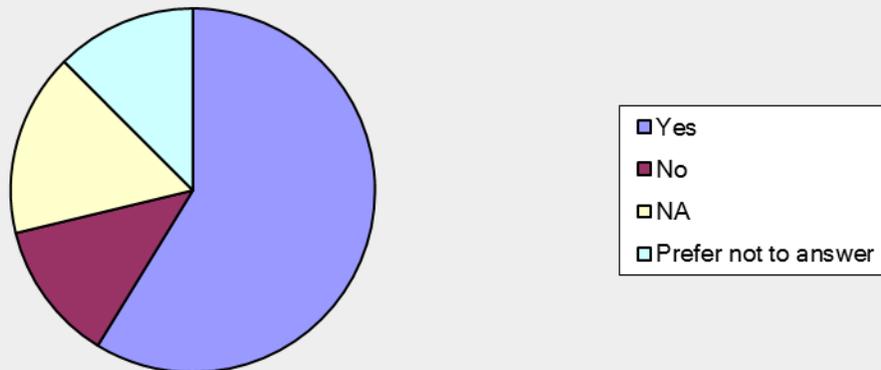
**Please share any other ideas and comments regarding the needs of families and how we can assist you in your work.**

- **Transportation, child care and the loss of income if time off from work is needed by parents in order to access available services continue to be a barrier.**
- **It is important to identify children and families who are struggling early to help prevent issues from worsening and to prevent many deep end, long term, expensive services and negative life outcomes.**
- **Some adults are given too many chances. I want more help put into helping the students.**
- **I would love to have some type of brochure or inkling of what supports are out there for sped teachers trying to assist.**
- **Families are truly in crisis. There is way too much screen time and little interaction with children in so many of the homes I go into. Behaviors in young children are escalating as they quickly learn they have to use extreme behaviors to get their needs met. Parents need help with they own mental health issues. We are seeing issues pass on through the generations. Parent education early is the key.**
- **Send out a pamphlet or web site that tells what your program is really about**
- **I am interested in the idea of a standard application that would be shared among service providers.**
- **Developing a process to collect ACE scores and assist in the implementation of processes to addresses trauma and resiliency within each funded program**
- **Just a comment, within the past five to seven years I have seen a greater number of families that are impacted by mental health issues in the manner that it impacts their ability to provide a safe and nurturing home for their families, to be employed to provide for their families, and manage their own mental health issues. I do not know if there is an actual increase in these issues or if it just more evident due to the nature of my role as an early childhood educator.**
- **I like the idea of a web based communication network for all of us to use but I know my organization would questions HIPPA compliance.**
- **I think access to what's available for families and youth in terms of flow charts, contact information would be useful, many staff within the school are not aware of everything available which makes it difficult to share this with families. More services in again be a one stop location. Support staff within a school are in a unique position with many at risk families and students having built a strong relationship. Identifying needs/barriers, education, and guiding families and youth – I think involving school supports more would be beneficial for this purpose.**
- **Implement an integrated model**
- **You are doing a great job making progress on a very complex problem!**