The Community Circle of Care (CCC) is a regional Systems of Care (SOC) site comprised of a coordinated network of community-based services and supports that is organized to meet the challenges of children and youth with serious mental health needs and their families. Merging medical model principles with social supports, CCC services are family-driven and youth-guided, community-based, and culturally competent. Community Circle of Care is a collaboration among the Iowa Department of Human Services, the University of Iowa Child Health Specialty Clinics, and the University of Iowa Center for Disabilities and Development.

Demographics

- Between August, 2008 and December, 2011 930 children and youth were enrolled in Community Circle of Care; 66% were boys and 34% were girls.
- 95% of CCC children were White, 7% were Black or African American, and 3% were Mexican American, South American, or Central American.
- The Community Circle of Care service area includes ten counties in northeast Iowa. Nearly 50% of CCC families came from either Dubuque or Clinton County.
- At intake, 35% of CCC families were below the poverty level and 24% were at or near poverty.

Referral, Diagnosis, & Family History

- Over 65% of families were referred to CCC by schools, mental health agencies, or physical health providers.
- Among the most common reasons for referral were hyperactive and attention-related problems.
- Over 75% of CCC children and youth received a primary diagnosis of an attention or conduct-related disorder.
- Over 60% of CCC youth had more than one diagnosis; 16% received three diagnoses.
- 58% of CCC youth have lived with someone who was depressed and 32% have lived with someone with a mental illness other than depression.
- 31% of CCC youth have lived with someone who had a substance abuse problem and 27% have witnessed domestic violence.

Improvement at School

- Among children and youth receiving services for at least 12 months, 46% showed improvement in school attendance.
- 40% of youth showed improvement in school performance.
- After receiving services for at least 6 months, more caregivers responded positively about their child’s school functioning and their ability to complete school-related tasks.
- Fewer caregivers reported missing days from work due to their child’s behavioral or emotional problems.

Improvement in Behavior Problems

Many children and youth come to CCC with two types of behavior problems: externalizing behaviors such as aggression and rule-breaking, and internalizing behaviors such as anxiety and depression. Among CCC youth receiving services for at least one year, there was a decrease in both types of behavior problems.
Maya* - 15 years old

— Diagnosed with ADHD, ODD, and Conduct Disorder along with primary support and social environmental problems.
— Received a comprehensive health exam, psychiatric diagnostic interview, individual psychotherapy, and medication management.
— Maya also received 12 hours of in-home skill-building and counseling services and stayed one night in an emergency shelter.
— Without CCC services, Maya was at risk of residential placement. Average stay 90 days.

Potential Residential Treatment Costs = $9,900
Actual CHSC/CCC Costs = $3,230
Potential Costs Savings = $6,670

Henry*

Hello, my name is Henry and I am from Northeast Iowa. I was about 7 years old when I first got involved in the mental health system. At that time I was hospitalized for one week. Over the next few years I had over 16 placements throughout the state of Iowa and over nine different diagnoses were added to my chart.

In 2008, my family was told that no program in Iowa would accept me, so I was placed in Utah for about 10 months. Shortly after I returned to Iowa to live with my family we moved. This was an opportunity for me to start over. No one knew me, so it was a fresh start for me, especially at school. I was able to make friends and was surrounded by adults who gave me a chance.

I still see a psychiatrist who manages my medication and I have been able to stay in my community since June, 2009. In May, 2012 I graduated from high school and I am starting Community College in the fall where I plan to major in renewable energy technology. Life is pretty good and I now know people believe in me.

If I were given the opportunity to talk directly to individuals who can help kids stay in their community, I would say please help youth stay close to home. The farther you are away, the harder it is for your family to visit, which can make you more depressed. You feel detached and it makes treatment even harder.

If I were given the opportunity to talk directly to youth who are placed out-of-state, I would say keep moving on. You will get better. Don’t worry about the time it takes, people believe in you.

* All names have been changed.