

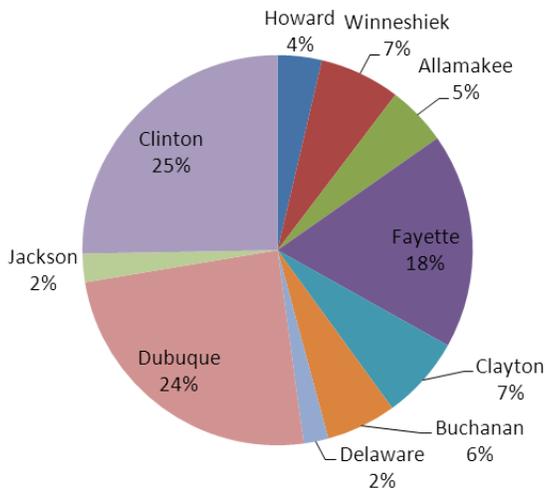
# Community Circle of Care

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.

CCC Families' Counties of Residence



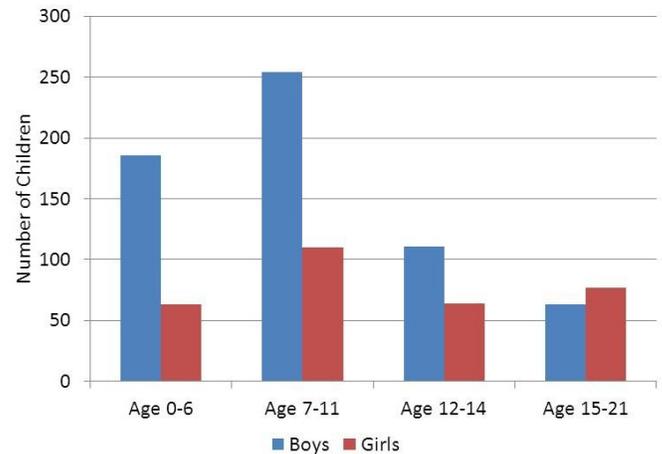
## Referral, Diagnosis, & Family History

- ❖ 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.

Age of CCC Children & Youth at Intake



Primary Diagnosis of Children Served by CCC

Attention-Deficit and Disruptive Behavior Disorders <i>(Includes ADHD, Conduct Disorder, Oppositional Defiant Disorder, and Disruptive Behavior Disorder)</i>	77%
Depressive Disorders	8%
Anxiety Disorders	6%
Pervasive Developmental Disorders	5%
Adjustment Disorders	6%
Other <i>(Includes Reactive Attachment Disorder, Learning Disorders, and Regulatory Disorder)</i>	4%

## Improvement in Behavior Problems

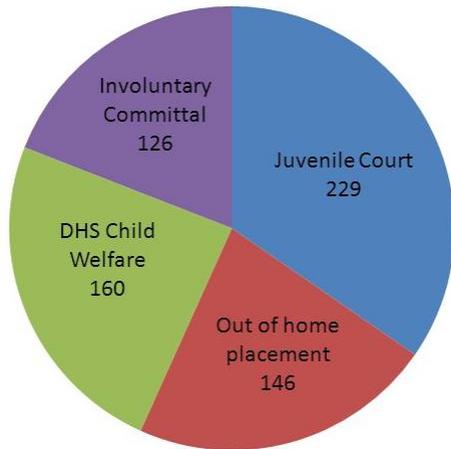
Many children and youth come to CCC with two types of behavior problems: externalizing behaviors such as aggression and rule-breaking, and internalizing behaviors such as anxiety and depression. Among CCC youth receiving services for at least one year, there was a decrease in both types of behavior problems.

Average Child Problem Scores



## Reduction in Out-of-Home Placements

A comprehensive chart review of 1283 CCC children and youth (FY 2010 and FY 2011) found that in the absence of CCC services, 661 youth (52%) would have received more costly and restrictive services such as out-of-home placement and involuntary committal.



### 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

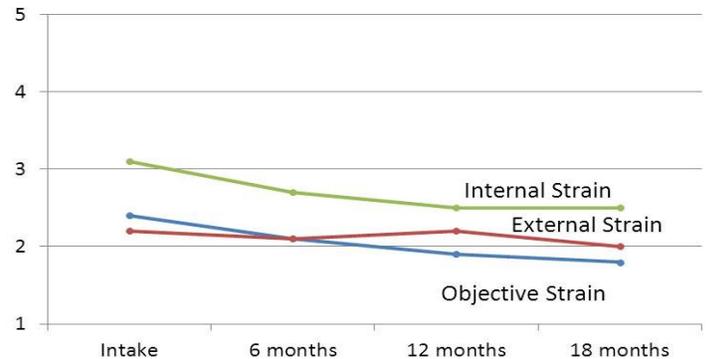
Actual CHSC/CCC Costs = \$3,230

Potential Costs Savings = \$6,670

## Improvement in Caregiver Strain

Caregivers of children with emotional or behavioral problems often experience higher levels of stress and strain including disruptions in family life, feelings of anger, and guilt. Among caregivers receiving services for 18 months or more, there was a reduction in all three types of strain.

Average Caregiver Strain Scores



### Brian\* - 11 years old

- Diagnosed with ADHD, ODD, and Epilepsy along with pervasive developmental disabilities, safety concerns, and educational problems.
- Received a comprehensive health exam, psychiatric diagnostic interview, medication management services, care coordination, and participated in family team meetings.
- Brian also received CCC funds to attend a respite home two weekends a month for 6 months.
- Without CCC services, Brian was at risk of being placed in a PMIC facility. Average stay 259 days.

Potential Hospital Costs = 45,854

Actual CHSC/CCC Costs = \$6,640

Potential Costs Savings = \$38,944

## CCC Youth Stories

### Caroline\*

Hi, my name is Caroline and I am 18 years old. Growing up was difficult and when I was younger, the word “no” was a constant trigger. I would have horrible fits and was first hospitalized for my mental health when I was 8 years old. In school I was made fun of and I had a hard time socializing. It was hard to make friends because I was constantly moving to different out-of-home placements.

At the age of 16, I was told that no program in the state of Iowa would accept me, so I was placed out-of-state and spent a year in a treatment facility in Missouri. When I was 17, I graduated from that program and was sent back to Iowa to yet another treatment facility. Finally, the day before by 18th birthday, I was released to live on my own in my home community.

With lots of services and supports, I have been living on my own for almost a year. I now have my own apartment and I love it! I have some help with cleaning, money management, and medication and I see a counselor and psychiatrist. Staff from Community Circle of Care continue to help me and my family meet other youth and families who have kids with mental health challenges. I am finding out that there are lots of other youth out there like me. I now have a lot of friends and I am a bit of a social butterfly. If I were given the opportunity to talk directly to individuals who can help kids stay in their community, I would say, “look what I have been through!” It is important to help kids stay near their families. Now that I can live in the community, I finally feel like I can be myself.

\* All names have been changed.

### 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.