Environmental Scan of the Mental-Health Services
Available to Children Ages 0-8 and Families, Polk County, Iowa

Prepared for Project LAUNCH

by the
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On Behalf of the Polk County Health Department

March 15, 2010
Section 1. Description of the participants and engagement in the scanning process

Project LAUNCH is a collaborative initiative of the Iowa Department of Public Health, Polk County Health Department and Visiting Nurse Services to improve social and emotional well-being of children ages 0-8 in Polk County. As a part of Project LAUNCH, the Polk County Health Department contracted with the Child and Family Policy Center (CFPC) to lead the work on the Project LAUNCH environmental scan. This extends a history of collaborative work of the Child and Family Policy Center in Polk County with both the Polk County Health Department and VNS. Through the years, CFPC has conducted various evaluations, data collection and analysis activities and studies within Polk County that are very consistent with the direction of the environmental scan laid out by the federal government. Most recently, CFPC produced the Health Chartbook for the Polk County Health Department that compiled detailed information on Polk County health indicators on both a county and sub-county level. CFPC has been the evaluation partner with VNS in implementing First Five, an initiative that involves the pediatric community in providing developmental screening and follow-up services for young children. In addition, CFPC has done extensive work mapping the field of early childhood in Polk County, completing both a School Readiness Business Case and an Environmental Scan for United Way and Polk County Community Empowerment that were used as a basis for much of the secondary analysis in this environmental scan.

CFPC staff conducted interviews with over two dozen individuals working in organizations engaged with some aspect of the mental-health system for young children and their families. The intent of the interviews was both to document the types of services available to address the mental, social-emotional and behavioral needs of children, and to talk more qualitatively about how the subjects felt the current system worked overall, and where they felt there were either gaps in services or duplication or lack of coordination. The following individuals were interviewed, either by phone or in person:

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<thead>
<tr>
<th>Organization</th>
<th>Interviewee</th>
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<tr>
<td>Broadlawns Medical Center</td>
<td>Mikki Stier</td>
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<tr>
<td>Central Place</td>
<td>Cathy Beck-Cross</td>
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<td>Child Care Resource and Referral</td>
<td>Karen Dougham</td>
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<td>Child Guidance Center</td>
<td>Dave Stout</td>
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<td>Child Serve - Family Support Services</td>
<td>Gaye Johnson</td>
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<tr>
<td>Des Moines Public Schools, Early Childhood Programs</td>
<td>Susie Tallman</td>
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<td>Des Moines Public Schools, Early Childhood Programs</td>
<td>Susan Guest</td>
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<td>Des Moines Public Schools, Head Start</td>
<td>Donna Dickerson</td>
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<td>Des Moines Public Schools, Head Start</td>
<td>Sandra Bjerk</td>
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<td>Des Moines Public Schools, Health Services</td>
<td>Jean Phillips</td>
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<td>Des Moines Public Schools, Student Services</td>
<td>Laurie Wirtz</td>
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<td>Des Moines Public Schools, Student Services (Early ACCESS)</td>
<td>Angela Zugg</td>
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<td>Department of Human Services - DeCat</td>
<td>Denise Moore</td>
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<td>Empowerment/School Readiness Partnership</td>
<td>Kate Bennett</td>
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<td>Faith community, Living Truth Church</td>
<td>Pastor Ben Bell</td>
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<td>Habitat for Humanity</td>
<td>Peggy Aguilar</td>
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In addition to individual interviews with policy makers and practitioners, CFPC staff also conducted five focus groups during February 2010 to help identify the services and resources parents are using to address the mental, social, behavioral, and developmental needs of their children. In order to find a diverse representation of families in the targeted zip codes, Child and Family Policy Center employees turned to existing groups already meeting in the community. CFPF representatives met with parents at a family-support meeting organized by the SUCCESS program through Des Moines Public Schools and administered by Visiting Nurse Services at Carver Community School, 705 E. University Ave., on February 11. Another group, set up in conjunction with Iowa CURE and Voices to Be Heard (administered by the Child and Family Policy Center), met at the Union Park United Methodist Church, 2305 E. 12th Street, on February 16. A third family-support group organized by CFPF met at the Living Truth Church, 4928 Franklin Ave., on February 22. A Spanish-language class for adults to prepare for the General Educational Development (GED) test, organized by Making Connections Des Moines, and staffed by VNS, met at the Union Park United Methodist Church on February 23. That same evening, CFPF staff met with a support group for in-home child-care providers.

Due to the distinct purposes of these groups, the participants in these groups represented a wide variety of experiences within the community. The three family-support groups and the GED preparation class generally consisted of relatively young parents with children in the Project LAUNCH target range. These groups represented different races, cultures, and ethnicities, and as a result, a more complete and diverse aggregation of the types of problems families have and the services they use to help solve them. For example, the families at the Carver Community School group were all Caucasian, except for one Latina mother, while participants at Living Truth Church were all African-American, except for one Caucasian mother. While a number of the families at the Carver Community School group had two parents in the home caring for the children, the families in the Voices to be Heard group – because the group provides support for families with an incarcerated parent – had only one parent at home. Of the 43 participants in all five groups, 27 were Caucasian, eight were Latino, and eight were African-American. Almost two-thirds of the participants were female (28 out of 43). While ages of the participants were not directly asked, only the caregivers' group had an average age over 35 years old.
Section 2. Description of methods for gathering data

CFPC was able to draw upon its past data work in Polk County with Polk County Health Department, VNS, and other early-childhood groups. For instance, CFPC produced several environmental scans for the Polk County empowerment board that cover a wide range of early-childhood services that substantially conform with the federal templates for data collection. CFPC also has worked with Making Connections, an initiative of the Annie E. Casey Foundation focusing upon specific neighborhoods in Des Moines, which also are mostly within the Project LAUNCH neighborhood, to provide neighborhood-level data on child and family outcomes.

Because of these connections and CFPC’s knowledge of and prior access to many data sources, CFPC was able to construct much of the data for the environmental scan based upon a review, synthesis, and secondary analysis of existing data sets. It then could concentrate much of the time and resources provided for the environmental scan in conducting key informant interviews and focus groups.

Overall, this environmental scan used a mixed methodology, with a great deal of secondary analysis of existing reports and data sets and a series of key informant interviews and focus groups. The secondary analysis involved a review of available literature about Polk County, including the following:

- information related to the Project LAUNCH neighborhood and its characteristics;
- the status of children’s healthy social and emotional development in Des Moines and Polk County;
- service provision related to young children;
- survey data on specific populations;
- research reports relevant to Project LAUNCH; and
- financial information regarding public and United Way investments in young children and their families.

To the extent possible, the data was further broken down by the Project LAUNCH geographic area, but in some instances it was only available on a city-wide or county-wide level.

The series of key informant interviews and focus groups were selected in collaboration with the Polk County Health Department and VNS. The key informant interviews included major funders of early-childhood programs and services, major providers of those services, and select leaders from within the Project LAUNCH area who could provide a consumer perspective. The focus groups were selected to represent different types of grassroots families and providers who would have a perspective on how early-childhood services met or did not meet the needs of families, particularly those with children with special health, developmental, or social concerns. Both the key informant interviews and the focus groups employed a set protocol for gathering information, but were adapted in their application in order to provide for continuity and follow-up in the interviews. Longer notes and comments are available from the interviews and focus groups, in addition to the summary in the report.
CFPC also viewed the interviews and focus groups as a way to introduce people to Project LAUNCH and encourage their involvement, as Project LAUNCH unfolded. To that end, a part of the interview and focus-group activity allowed participants to ask questions regarding the initiative. CFPC generally assumes an interactive approach to evaluation that provides ongoing feedback to program planners, and the environmental scan conformed to this methodological approach.

**Section 3. Environmental scan data.**

See Appendix A for an inventory of programs and information collection about them.

**Section 4. Reflections on Successes and Challenges that arose in the process of conducting the scan.**

The Polk County environmental scan began with a review of recent reports and data sets containing critical demographic data about children and families in the Project LAUNCH zip codes. This information has been used and shared among providers, funders, stakeholders in Polk County during the last few years. Starting with a review of these reports and data sets gave us reliable information to begin with, a success in conducting the scan. The reports are listed here and are included as attachments to this Environmental Scan.

- **Polk County Early Childhood and School Readiness Business Case Update (Charles Bruner and Michelle Stover Wright, CFPC, May 2005).** This report looks at young children in Polk County and assesses the needs and investment opportunities for the business community. Data in the report include: home visiting and family support (access and need), health care coverage through Children’s Health Insurance Program (CHIP) and Medicaid, preschool accessibility, and the cost and quality of early care and education programs.

- **Polk County Early Childhood Environmental Scan (CFPC, September 2007).** This document reviews several areas related to early childhood: health, early care and education, preschool, home visiting and case management, other parenting and family supports, and public and community investments.

- **Polk County Health Chartbook (CFPC, May 2008).** This report includes a wide range of health data and demographics including access to prenatal care, blood-lead level rates, low-birth weight data, immunization rates, and asthma and obesity rates in young children.

Additional successes in conducting the scan included: relying on strong and ongoing relationships with the provider community and from and within the Young Child Wellness Council members. Because of these relationships, connections were made with a variety of ongoing community-based groups made up of parents of young children, and formulate a broad list of providers and community members to interview about their thoughts, opinions, and ideas concerning the current environment for young children and their families. These relationships allowed us to quickly reach and meet with the on-the-
ground providers in the area and families who are connected to, and not actually connected to, “the system.”

Some of the challenges in conducting the report include working under a fast deadline and trying to reach the groups and providers we wanted to amid their busy schedules. Though we attained the goal we had set for ourselves, the more we learned from our information gathering and interviews, the more people and groups we added to our list. Also, it was difficult to ascertain accurate funding levels for various programs and services. Many services/programs use blended and braided funding and it was unclear how to separate it out. Some services and programs were reluctant to share funding data at this early point in the development of Project LAUNCH. Lastly, the ongoing budget problems faced at the federal, state, and local levels have left many providers unclear as to what their funding truly is for the current and upcoming fiscal years. There is deep uncertainty and anxiety related to funding, staffing levels, and the provision on services in the very future.

Section 5. Summary of findings and conclusions.

As part of the environmental scan, CFPC drew upon a variety of existing data resources and analyses, a number of which correspond very closely to the elements of the environmental scan nationally. In addition, CFPC collected and reorganized and analyzed data for the scan. The following are the highlights from this data inventory and analysis, with appendices providing more detail on each of the points.

1. Parts of the Project LAUNCH geographic area in Des Moines are very distressed, while other parts are not. Overall, the Project LAUNCH area is similar in its child and family social and economic characteristics to the city as a whole, but parts of the area are among the most distressed in the state – with disproportionate need and a large number of very vulnerable young children and families.

2. The Hispanic child population has grown rapidly over the last two decades and is a large and very significant share of the overall young-child (0-8) population in Des Moines and the Project LAUNCH area. Focused studies in Des Moines have shown that Hispanic young children are much less likely to have health insurance coverage or to be identified as having special needs in the school system (although a large share are identified with language needs, as English Language Learners) or to participate in Des Moines’ preschool programs.

3. Des Moines has extensive and evidenced-based home visiting programs, with a large array of providers led by Visiting Nurse Services, which are better coordinated than in most communities but still do not provide for universal outreach, identification of need, and offers for engagement at birth.
4. In many instances, these home-visiting programs also seek to provide additional family-support services through mutual assistance and self-help groups, but these aspects of their programs generally are not independently funded.

5. Des Moines’s Part C program, Early ACCESS, is funded through the state but currently is limited in its financing and serves only 2.5 percent of the young-child population, although the projected need is much greater than that.

6. Des Moines has a very extensive array of preschool programs, including Head Start, Shared Visions, Community Empowerment, Prairie Meadows and the Statewide Voluntary Preschool Program, that now serve 80 percent of all four-year-olds, with particular concentrations of program sites within the Project Launch neighborhoods. The school district has been an active partner working with the community in the development of preschool programs, both in schools and community settings.

7. An overall analysis of investments in Polk County in early-childhood services show very significant investments in early childhood, but major gaps as well, with the most pronounced gap in the areas of child-care affordability and quality and early-intervention services. The Polk County Business Case has enumerated these investments and this analysis has and is being used for strategic planning.

8. While Iowa does not have major national foundations, the Des Moines Community Foundation, the Prairie Meadows Foundation, and Mid-Iowa Community Health Foundation all have provided support to strengthening early childhood services. United Way of Central Iowa has been a leader nationally in promoting early childhood and its Women’s Leadership Connection has leveraged major funding for early childhood.

9. Project LAUNCH has an opportunity to collaborate with a number of other initiatives in Polk County that share the same values of strengthening and supporting families and children and meeting young children’s physical, social, emotional and health needs. Many of these are long-standing in the community and have a holistic and ecological approach that has focused upon both public and voluntary services and supports to children and families. These include:
   a. Early Childhood Iowa/Community Empowerment
   b. The Model Court Project
   c. First Five
   d. Polk County Decategorization
   e. Making Connections
   f. Healthy Start
   g. Community Partnerships for Protecting Children
h. Women’s Leadership Connection
i. The SUCCESS program
j. Born Learning

10. Particularly as a part of Making Connections, there has been a recent community focus upon the early elementary years and improving fourth grade reading scores, with much attention given to a particular focus school within the Project LAUNCH neighborhoods, Carver Community School. Universal screening of all kindergarteners through second-graders has shown that there are significant issues and concerns related to children’s social, emotional, and cognitive development that interact with one another.

11. There exists a very significant “school readiness gap” within Des Moines and particularly within the most distressed neighborhoods in Des Moines, and this contributes to early elementary achievement gaps, which have been persistent over time by income, race and ethnicity. Unlike some urban areas, parents generally have high regard for their neighborhood schools, which are viewed as community resources. The Des Moines Public Schools has been very proactive in securing federal and other funding for after-school programs and for supporting family-service SUCCESS workers in schools, but the former have generally had to rely upon grant funding and a movement of such opportunities from one school to another as one grant ends and another begins.

12. Extensive surveys of families in the Making Connections neighborhood show a great deal of mobility, with forced mobility due to family economic or social stress negatively impacting children’s healthy development. Surveys also show that a significant share of families feel socially isolated, and their children are more likely to experience health-related concerns (particularly asthma) than the overall Iowa population. Elevated blood-lead levels are concentrated within the most distressed neighborhoods within the Project LAUNCH area; and, while there have been major advances in screening children in these neighborhood prior to school entry, most of this has been among three- and four-year-olds and not infants and toddlers.

Results from interviews and focus groups

In addition to data analysis, the environmental scan drew considerable information from focus groups and stakeholder interviews. In the course of the discussions with practitioners, policy-makers and families, some themes emerged around areas within the mental-health system where needs are not currently being fully met.

Access to services in a timely manner. In interviews, when asked for areas of unmet need within the mental-health arena, many subjects first listed an overall lack of resources – too few practitioners,
scarcity of funding, and the prevalence of waiting lists for mental-health treatment. This scarcity of services can lead to a whole series of problems in addition to the obvious one: children and families in need not receiving services. Dr. Bery Engebretsen noted, for example, that this scarcity can lead to pressure on pediatricians and family-medicine doctors to medicate children for behavior problems that might be treated with other sorts of therapies if they were available.

A wide variety of people also noted that services are often unavailable to families because of problems with health insurance – mental-health parity is not yet a reality, families with private insurance may still have significant co-pays and deductibles to make, and there still are uninsured children, many undocumented, and many more uninsured adults. In fact, in focus groups, families quickly offered Medicaid as one of the most valuable services they had received for their children – better than Hawk-I or private coverage.

**Resources to address language and cultural barriers.** Due to the increasing diversity of families in Des Moines, when practitioners were asked what resources were in especially short supply, another common first response was the need for bilingual clinicians able to treat patients in their native languages. More interpreters are needed as well, although that’s a less desirable arrangement than native-language practitioners. Having these kinds of staff resources tends to build not only an organization’s language offerings, but its cultural competency as well. Karen Reinecke of La Clinica noted that when she makes contacts with other agencies to arrange services for a family, it’s still not uncommon to hear that patients need to bring their own interpreters. “At Child Guidance [where she makes most referrals for children’s mental-health services], I’ve never had someone say that to me, but sometimes at other agencies, you will still hear, ‘Can they bring somebody?’”

For people working in organizations that have built a good rapport with communities of color, this scarcity leads to caution when it comes to referring families to other organizations. Peggy Aguilar, who works with families going through the home ownership process at Habitat for Humanity, said she’s more comfortable making referrals for families where English is first language or where the family has assimilated into the culture; if working with refugees and immigrants, then she feels less comfortable, because of cultural and language barriers. Likewise, Homes of Oakridge’s Teree Caldwell-Johnson said she has trust in the cultural competency of some agencies, but less in others. “In a situation where we are less comfortable that entity is less competent, we’ll try to do as much as we can internally,” she said.

Aguilar emphasized that cultural issues are really a challenge when it comes to seeking services. “We are not friendly and welcoming to individuals [from other cultures]; we don’t allow families to assimilate into the culture before expecting them fit in, to have a job, etc. Except it doesn’t happen immediately. Yes, they may have a job, but to truly feel comfortable going for outside help, probably not. They have strong community support system, a lot of challenges they face are dealt with that way.”

**Early assessment and intervention and better “mid-range” supports.** Many people working in the mental-health system said Polk County could use more intervention for children who are experiencing some behavioral difficulties, but not needing special education or intensive therapy with a clinician.
Intervene before the problems get worse, while children are in “that yellow zone,” in the words of Des Moines Public Schools early childhood administrator Susie Guest.

In interviews, multiple people highlighted the need for more early screenings and assessments of children in preschool and child-care settings. In addition to catching major difficulties, due to their sustained interactions with children over time, teachers and child-care providers often pick up on those “subtle” clues that something is not quite right with child – clues that may not be noticeable to a doctor in a five- or ten-minute exam. In addition, nurse consultant Karen Dougham noted that she still hears of physicians out there who tell parents to “wait and see” if children will outgrow problems. That’s an issue, she said. “We know with brain development, if we can get in early, we can minimize these problems, so they can function at their strength and not at their disability level.”

Dave Stout agreed, saying that there may be some need for additional clinicians in school buildings, but there’s greater demand for more interventions like Positive Behavioral Supports. “A therapist may have caseload of 30, 35 students,” he said. “At Cattell [School, for instance,] there are 500, 600 kids in that school, that’s barely scratching the surface. You don’t need ten therapists per building.”

Discussion in the caregiver focus group reflected a variety of attitudes toward such intervention. Most of the in-home providers said they had made referrals to AEA, worked with AEA staff in their homes, and that it was a good experience for them and the children they cared for. However, one provider said she did not bring up any development or behavioral concerns she had about children in her care because parents were often so resistant to hearing about it. She just waited for the children to go on to preschool so the preschool could deal with it.

**Better entry points and transitions.** The importance of addressing mental-health problems needs more public awareness, many said. We need to make mental health one of those things families just know to do, like dental screening or immunizations, according to Polk County Health Department director Terri Henkels. “There’s no similar message out there about emotional or mental health.” She suggested developing a better linkage between mental-health and public-health systems, which are currently very separate from one another. She also advocated the creation of “care coordinator” roles within mental-health services – someone to help families make their way through the complex system, much like similar positions to help women through the process of cervical screenings and treatment.

Stories told by families at focus groups supported the observation that it’s difficult for individuals to even figure out the services they need. Several at the Carver group recounted feeling real isolation when they were not connected to any services; once a single connection was made, then they were able to find out about even more opportunities that are out there. When asked to think of some services they wish were available, parents in some cases mentioned services that actually are available, but they just didn’t know about them. “The system only works if someone can show you the ropes,” said one father at the Living Truth group.

A variety of practitioners also noted the need for better transitions for families moving out of a given service. In particular, they noted the difficulties for four- and five-year-olds – children who have “aged”
out of Early ACCESS, but their families may not choose or be eligible for Head Start, and even if they choose to enroll their child in Universal Pre-K, they can’t start until they are four. So they may not show up again in the system until they start kindergarten. In addition, most home-visiting case-management programs stop when children reach school age, without a clear path for a family that may still benefit from similar support. One good transition model mentioned is the process by which NICUs at Blank and Mercy automatically referring to Early ACCESS when a child is discharged from the hospital.

Other needed services identified by providers: Emergency and urgent mental-health care, respite care for families, therapists who treat children under the age of three, intensive mental-health services for undocumented adults, remedial services for children not on Medicaid and those under age three, services for children with dual mental-health and intellectual-disability diagnoses, programs utilizing culturally diverse home visitors in paraprofessional positions to provide general parent education and child-abuse prevention activities in those diverse communities.

Special issues related to schools

Schools are particularly important community institutions when it comes to families; they are one of the few places all children are sure to show up. Among non-school practitioners, there is some frustration with Des Moines schools when it comes to mental-health concerns. Generally, people say that’s due to the strong pressure right now to improve academic performance. Some say it’s a culture issue, too – the schools have their own way of doing business, and are less open to collaborative efforts with organizations with different approaches.

However, people report a wide variety of experiences at the local level. For example, Dave Stout of Child Guidance said that throughout the district “there are people who understand early childhood social-emotional development, but how that is actually played out varies tremendously from school building to school building.” For example, he said that some elementaries “have embraced Positive Behavioral Supports, others haven’t even touched it, and some have adapted it to their purposes without much fidelity to the model.”

Margaret Connet Jensen of SUCCESS said she felt she was seeing steady improvement in sensitivity among school staff. She noted the school district received a federal grant two years ago to do more mental-health training, and “that really helped to get more education out, help people understand what to look for, what issues are, why we need to pay attention to it.” But she acknowledged there’s still work to be done. Among teachers and administrators there can still be “a little bit of that sense, if a kid is struggling, of ‘can’t you just fix him?’”

There also seems to be a fairly big divide within the Des Moines schools between their early-childhood and elementary programs. One parent at a focus group was struggling with her preschool son’s behavioral issues, and said she didn’t feel like she was getting any support from his school, because the people there charged with addressing those issues only worked with the elementary-aged students. Susie Tallman said the preschool programs should have access to the building’s “child-study team” –
special ed consultant, psychologist, social worker – but acknowledged that in many ways the preschool programs were “like their own entities” within buildings, complete with their own administrators.

**Service priorities identified by families**

One message that emerged from focus groups is that service providers must carefully consider how to align their services with what families want. Families repeatedly stressed how important it was that workers were respectful. One focus group participant likened a good home visitor to being like a “friend or aunt,” someone who could offer advise without taking over and making it seem like she had all the answers. Another talked about her experiences with a series of home visitors. The first one was very good, but then a new one came, one who was often distracted by personal phone calls and who scared her baby. She stopped participating in the program. In several cases parents weren’t able to recall the organizations providing the home-visiting service, but quality of the relationship with the home visitor had made a lasting impression.

Parents sounded the same theme with non-home-based services. One mother talked about a positive experience with WIC because her contact there was respectful, helpful and did not judge her. At that same group, several people talked about experiences where they encountered disrespectful workers and were forced to answer questions they felt were invasive and unrelated to the services they were seeking. Overall they stressed the need for workers with better “people” skills who truly had a “passion” for their work.

Underlying these concerns is the fact that there are a lot of families struggling with stress, depression and anxiety, and a lot of children – an increasing number, many practitioners said – experiencing social-emotional and behavioral difficulties. In general, practitioners felt like parents were less open to seeking help for themselves; it was easier to convince a family to seek help for their children. Multiple people said they’ve learned to avoid the phrase “mental health”; better to talk in terms of feeling “stress,” getting “counseling,” offering “an extra boost” to help your kids to do better in school, etc.

Despite gains being made in diagnosing and treating postpartum depression, problems in this area remain. The theme emerged strongly among families, especially at the Carver focus group. One woman mentioned being screened “a lot” through VNS, but several others said they had no screening, even though they were struggling. One mother said she was only diagnosed through DHS after her kids were taken away for a bit; another didn’t get help, even when she directly asked her child’s pediatrician for it (she was not the patient, she was told); another thought she needed help, but didn’t get it, she just “stayed home and cried.”

In two of the groups, parents also mentioned a fear of seeking out help and support, particularly when it comes to behavioral problems, because of a fear that it would be bring DHS involvement. That feeling dovetails with what practitioners, almost to the one, said – that having a strong relationship in place with a family was particularly key when it comes to broaching mental-health issues, because the subject is a sensitive one, and families need to feel they are reaching out to a “safe” source.
**Some valued services identified by focus-group participants:** Title XIX, Early ACCESS, Lifeline, Play and Learn, Born Learning, Youth Emergency Services respite care, Catholic Pastoral Center (for counseling with $5 payment), Love and Logic in West Des Moines, Parents as Teachers, WIC. In addition, several parents mentioned the importance of nurse visits when they had newborns, to help alleviate fears and make sure the baby was healthy – they liked that at a stressful, exhausting time they could stay home and have someone come to them in a comfortable environment.

Several participants at the Living Truth Church focus group noted that they when they had concerns or felt like they needed assistance for their families, they didn’t seek out “programs” – they prayed about the issue at hand or went to their church for support.

**Systems work**

Despite the wide variety of challenges identified in the interviews and focus groups, more than one practitioner noted that Polk County really does have an abundance of high-quality, innovative services, especially compared to other parts of the state. They also noted that the system is complicated and fragmented. There is some duplication of services, but it appears a bigger problem is lack of coordination. Some of this is probably related to simple “turf” issues; some because families often present seeking assistance in one area, and that’s the area they get hooked into, even though they may be facing a whole set of issues; and some related to distinct funding streams that make it difficult to approach families holistically.

These issues are proving somewhat intractable, despite the widely verbalized desire to provide a cohesive set of services in a way that maximizes scarce resources. Annie Volker of AEA Heartland noted if you took the letterhead of all the organizations working in the field, whited out the names, and were left with only the mission statements, “you’d be hard pressed to figure out what belonged to what.”

Teree Caldwell-Johnson said many of the families she serves at Homes of Oakridge are getting similar services from a variety of sources, and it often remains the fact that “the services are not coordinated in a way so that the right hand knows what left hand is doing. ... There are so many entities coming into their lives, I think it’s confusing for the client, and in some cases, they take advantage of that and it ends up costing the system money.”

Similarly, Mikki Stier from Broadlawns noted that it’s not unusual for kids receiving mental-health treatment at Broadlawns to have “upwards of three case managers” from different organizations – everything from juvenile court to halfway houses – involved in their care. That slows treatment down considerably, she said; if a child needs a change in his or her meds, for example, all those players must sign off before it can be implemented.

Interview subjects noted a variety of strange inconsistencies that emerge because of funding fragmentation in particular. Examples include child-care centers where different classroom teachers, funded by different agencies, have great differences in experience, training and pay, to home-visiting ...
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programs where the case managers are funded by different programs, and receive vastly different training depending on who paid for their salary.

**Moving forward**

Despite the clear concern about fragmentation in the delivery of services, interview participants also noted the great prevalence of successful models in the Des Moines area. In fact, the theme of “don’t reinvent the wheel” strongly emerged in the context both of direct services and coordination efforts. People stressed building on existing work that’s out there versus building a new initiative. It’s about “how to take good things we already have going and make them community wide – trying to connect the dots, versus running a parallel program,” said Kate Bennett.

Existing initiatives were often touted during the interviews conducted for the scan, including First Five (Engebretsen noted that despite bureaucratic challenges of implementing it at Primary Health, Inc., “I think everybody’s happy to have it as part of the screening tools we are using as part of a well-child exam.” He also said he appreciates the help with referrals, noting that for medical practitioners, it’s hard to keep track of the constantly changes array of services that might be appropriate for families.), Healthy Start, and the coordinated adoption of the Ages and Stages assessment tool. For leadership and oversight, several people noted the successful Early Childhood Iowa model. As a community-wide effort, several practitioners commended the model created in the Southeast Polk school district following a series of suicides to raise the community understanding and increase the availability of supportive mental-health services. On the administrative front, several people also noted the central intake process administered through VNS, where six different agencies hold a centralized intake staffing one morning a week, and assign families among those agencies so there’s no duplication of case management services.

When introduced to the concept of Project LAUNCH, many people stressed the need for cooperation – and the difficulties in creating a productive council. Maureen Tiffany echoed others when she said, “What good is it if you can’t get anyone to change the way they’re doing business? You need somewhere to facilitate that discussion. It’s doable, but it takes strong leadership.”

Most existing initiatives do have structures to get input from the community, and, again, there’s no real coordination of those efforts. For example, every initiative has its own council, advisory group, etc., many of which have both aspects that overlap, and aspects that complement. There’s considerable room to improve in this area, many pointed out. In particular, people noted existing initiatives haven’t yet done a very good job of reaching out to faith-based organizations, and those community leaders in a neighborhood, apartment complex or school – the “trusted advocates,” said Kate Bennett, who could be “very vital in mobilizing neighborhoods.”

In addition to building relationships with families, building those relationships among on-the-ground workers is very important. Aguilar called herself “very protective” of the families she works with at Habitat for Humanity, and said feels most comfortable making referrals to the specific individuals within organizations with whom she’s built a relationship – or, when those individuals don’t offer quite the right resource, using them as a starting point to figure where to send the family she’s working with.
Annie Volker said she sees the next steps as sharing resources and blending funding. “We’re good at going to meetings, saying, ‘this is my agency, this is what I do,’ then you go around the table, and the next persons says, ‘this is my agency, here’s what I do.’ Then an hour is up and we schedule another meeting and do it again next month. That’s coordinating, but that’s not collaborating.”