



Date: January 12, 2017

FACE OF BOONE COUNTY ANNUAL REPORT—YEAR ONE

Mission Statement

The *Family Access Center of Excellence (FACE) of Boone County* is a cross-sector implementation center that aims to provide a coordinated, transparent, and collaborative approach to improving access to quality social, emotional, and behavioral health services for all Boone County families with a child (age 0-19). FACE works to achieve this aim through a two pronged approach:

1. Providing Non-Conflicted and Scientifically-Based Case Management Services

- providing free developmentally responsive child-focused and family-based assessments;
- utilizing evidence-based practices (i.e., Motivational Interviewing [MI]) to enhance family engagement;
- providing a scientific approach (i.e., Family Check-Up [FCU]) to developing a measureable action plan;
- increasing access to family choice of providers to address prioritized problem areas listed in action plan;
- reducing barriers to services through on-going family contact with licensed mental health professionals;
- monitoring the success of treatment plans using evidence-based youth/family progress monitoring tools.

2. Promoting and Sustaining a Continuum of Evidence-Based Programs and Practices

- providing technical assistance (EBP implementation support, coordinating services, data linking),
- offering creative financing support (collaborative grant writing, sustaining & brokering of services)
- improving quality of care (training & coaching, progress monitoring, monitoring gaps in continuum).

Executive Summary

Since the grand opening of the FACE of Boone County on August 15, 2016 to the drafting of this report, **FACE has offered services to 305 Boone County families** with children (ages 0-19) who experience social, emotional and behavioral health challenges. At FACE, these families experience a no-judgment, no-fault, and welcoming environment with free access to licensed and well-trained graduate level mental health professionals who rely on scientifically supported engagement strategies (i.e., motivational interviewing) and assessment and case management practices (i.e., the Family Check-up). The most significant need that has been observed since the opening of FACE is the proportion of youth in Boone County who are at-risk for elevated levels of disruptive and challenging behavior, attentional related concerns, depression and anxiety, suicidality, and stress. However, over 160 families have accessed services through FACE to address these challenges. In addition, family satisfaction data suggests that 94% of Boone County families have felt extremely satisfied with their encounters at FACE—an extremely important aspect of keeping families engaged with treatment services that can lead to improved functioning.

Year One Timeline (Adjusted)

Following the submission of the FACE proposal on May 15, 2015 to the Boone County Children's Services Board request for proposals (i.e., 17-18MAY15 "Access to Services Program")—a contract was subsequently awarded and finalized on January 13, 2016. Because the date of the finalized contract was later than the anticipated start date for FACE, it required the submission of an adjusted timeline (see appendix A) that was similar to the original timeline (pgs. 34-36) listed in the initial proposal. As such, on February 5th, 2016, the

FACE Board of Representatives submitted a revised timeline to the Children’s Services Board, which was subsequently approved. The primary aims for the first developmental year of FACE of Boone County are broadly summarized below.

GOAL 1: Convene a board of non-conflicted community representatives to oversee FACE.

Several goals relating to the oversight of FACE have been achieved. The FACE board was assembled and the first meeting took place in February of 2016. The board met monthly until June, when meetings were moved to bi-monthly events; there were a total of 7 board meetings in 2016. The board of representatives that presently oversees FACE includes:

- a. 10th Circuit Family Court Judge, Honorable Leslie Schnieder
- b. Boone County Sheriff’s Department, Chief Deputy Tom Reddin
- c. Columbia Police Department, Officer Steven McCormack
- d. Centralia Public Schools, Superintendent Darin Ford
- e. Columbia Public Schools, Superintendent Peter Stiepleman
- f. Juvenile Court Services, Officer Ruth McCluskey
- g. Columbia/Boone Cty Public Health Dept., Community Serv. Manager Steve Hollis
- h. Community Representative, Ms. Verna Laboy
- i. Boone County Community Services, Director Kelly Wallis (non-voting representative)
- j. University of Missouri, Dr. Matt Martens (non-voting representative)

One board member originally identified has since relocated and the board has yet to replace that individual though several names have been put forward to fill the vacant seat at this time. A governing document has been drafted that outlines roles, duties, responsibilities, and expectations of board members and officers. Once the document is finalized and approved by the Boone County Children’s Services Board, board officers (i.e., chair, secretary and treasurer) will be nominated and voted on and subcommittees (i.e., fund raising, budget, community relations) will be assigned.

GOAL 2: Identify, contract for, and renovate physical office space for FACE clinicians.

Immediately upon approval of the FACE contract, the search for physical offices commenced with one primary site already identified. Before entering into a contract with the owner of the building located at 105 East Ash St., the FACE board or representatives requested some comparable properties be investigated. Upon examining three other similar properties and speaking to the owners, it was decided by the board to rent the 105 East Ash Street office suite 100 for several reasons. First, the owner lowered the cost of the monthly rent substantially. Combining the adjusted rent with other costs: utilities (i.e., water, gas, electric, garbage), insurance, pest control, snow removal and mowing, *renting the 105 Ash St. location comes to about \$9.88/sq foot*, compared to other similar sites in Columbia that cost an average of \$14-16 per square foot to operate.

Utility costs at 105 Ash St. are divided between tenants based on square footage occupied—our space is 20% of the building. To break it down a little more, going off what United Way offices have paid over this past year, the electric/water/internet runs roughly \$300/month—an estimate that includes ~\$400 insurance payment made in both spring and fall—all of which comes to approximately \$1.35/sq ft for utilities, insurance, etc. alone.

Substantial renovation had to be completed at the site and was finished within several months of renting the space. In addition, the University of Missouri contributed cable, fiber, ports, outlets, and internet service at a reasonable cost. The space is also wired with state of the art cameras and security equipment.

GOAL 3: Search, interview, and hire FACE staff to execute and oversee daily FACE operations (i.e., Executive Director, licensed case managers, office support, and community liaisons).

Executive Director. The FACE board drafted and reviewed the position statement for the Director of FACE. The position was initially posted in March of 2016 and required a PhD in Social Work, Psychology, or a related field. After accepting 8 applicants and conducting three interviews with the most qualified individuals, the initial search was halted and the position announcement was withdrawn. The developers of FACE then sought permission from the FACE board and subsequently the Boone County Children’s Services board to remedy the basic requirements so as to require only a graduate degree. This change resulted in more applicants with substantial experience in human services. Following the board vetting each of the files, two persons were interviewed in two separate interviews. First the developers conducted interviews to gauge the quality of the basic skill set and knowledge of each applicant. Next, a subset of the Board of FACE conducted final interviews with each candidate. Ms. Erin Reynolds, LCSW, was hired May 1, 2016 in the role of the Executive Director of FACE.

Licensed Clinical Case Managers. At present, FACE is represented by four extremely qualified clinical case managers (CCMs). CCMs receive access to training in the family check-up as well as ongoing coaching and training and coaching in motivational interviewing. All CCMs are regularly involved in supervision, both with the developers as well as the Executive Director—who provides supportive services to families as well. Counting all cases which have been referred and subsequently closed—each of the case managers have an average caseload of approximately 30 cases each (min: 20 – max: 41).

Office Support. Office support includes a full time office manager with duties that include scheduling, returning calls, contacting agencies, and assisting to draft routines and documentation as needed.

Community Liaisons. At present, FACE has three part-time community Liaisons. The role of the liaisons within the FACE case management model is to follow up with families, to collect ongoing progress monitoring data, to assist with translational services for non-English speaking families, and to assist the CCMs with assessments as needed.

GOAL 4: Engage in a community relations campaign to increase awareness of FACE.

Several avenues have been pursued to establish positive relations, increased awareness, and critical support in Boone County communities for FACE. These efforts have included informational sessions with directors and representatives of over 50 programs and agencies in and around Boone County who may interact with and receive referrals from FACE for Boone County families. A list of many agencies and organizations with whom the developers and the Director of FACE have met with is included in Appendix B.

In addition to face to face efforts, FACE has engaged the MU Health Communications Research Center. Simultaneously, the Boone County/Columbia Health and Human Services Department embarked on developing the LiveWell Boone County Campaign. In an effort to reduce duplicated efforts and to increase community collaboration, FACE and the Health Department have held several meetings to discuss integrating the campaigns, with FACE being the end point or referral source listed at in both efforts. The LiveWell campaign’s goals are to target older adolescent awareness of depression, substance abuse, and suicide while the goals of

FACE's Health Communications campaign will be to increase awareness and positive attitudes towards FACE, decrease stigma for behavioral health help seeking, and to increase awareness and referrals to FACE. Together, both campaigns will increase awareness among families of FACE as a single point of entry in Boone County to access supports for residents with children who have social, emotional and/or behavioral health needs. These efforts are still underway and the campaign is set to begin later in the 2017 year.

FACE has a presence on the internet as well, including our website, Facebook, and Twitter.

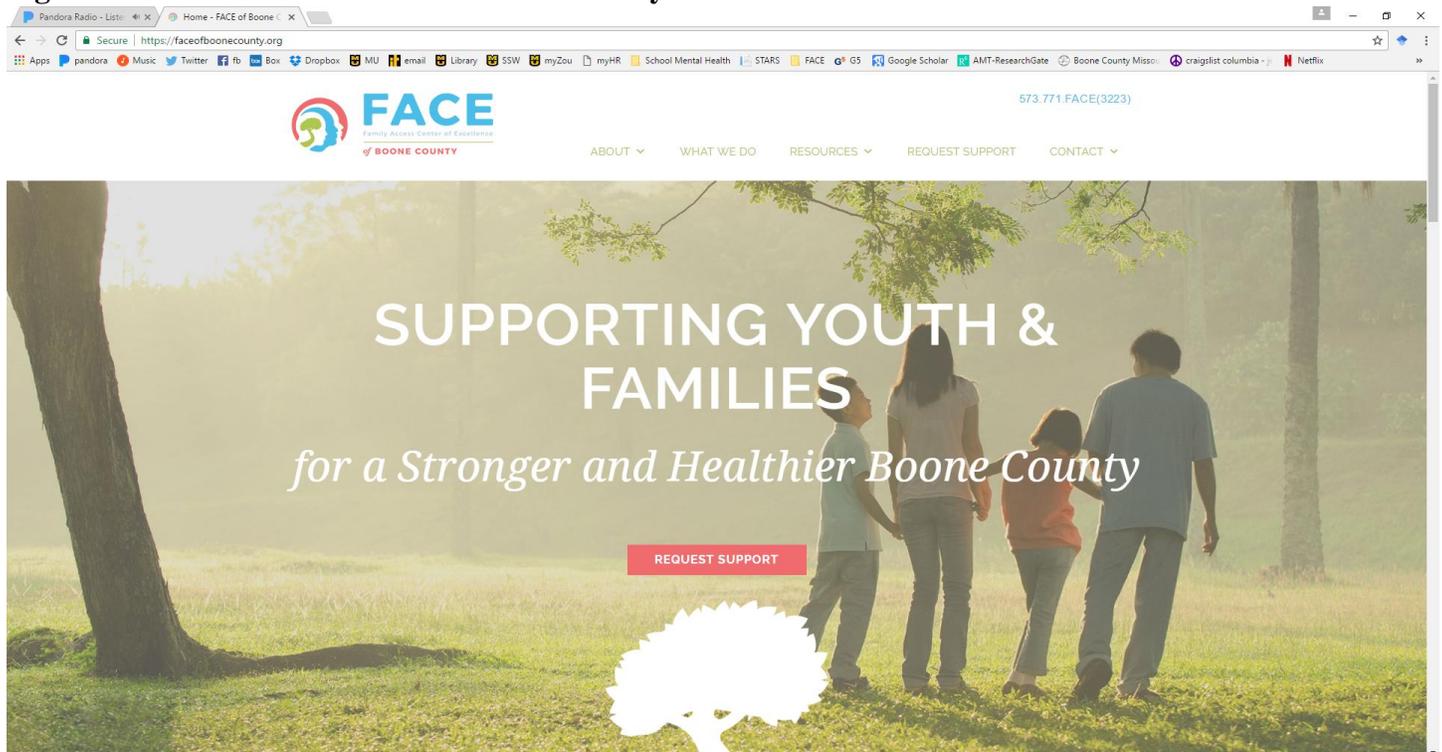
In addition, several news stories have been printed describing FACE services in 2016. Overall, the reception of FACE by Boone County residents is overly positive, and links to those stories are provided here:

- a. http://www.columbiatribune.com/news/local/family-access-center-for-excellence-offers-new-approach-to-mental/article_609772fa-9a3a-59e6-96ba-b3a1e42b33e5.html
- b. <https://education.missouri.edu/2016/08/unique-family-access-center-for-excellence-face-opens-to-offer-mental-health-access/>
- c. http://www.columbiatribune.com/news/local/county-ready-to-award-million-for-family-access-center/article_414a729b-517b-537a-82e0-06486cd883c6.html
- d. <http://www.komu.com/news/family-access-center-of-excellence-opens-for-health-intervention-services>
- e. <http://www.themaneater.com/stories/2016/9/6/new-family-access-center-excellence-aims-be-one-st/>

GOAL 5: Develop FACE IT infrastructure (i.e., website, integrated information management system).

FACE contracted with local tech experts to create the FACE of Boone County website, which can be found at the following address: <https://faceofboonecounty.org/>

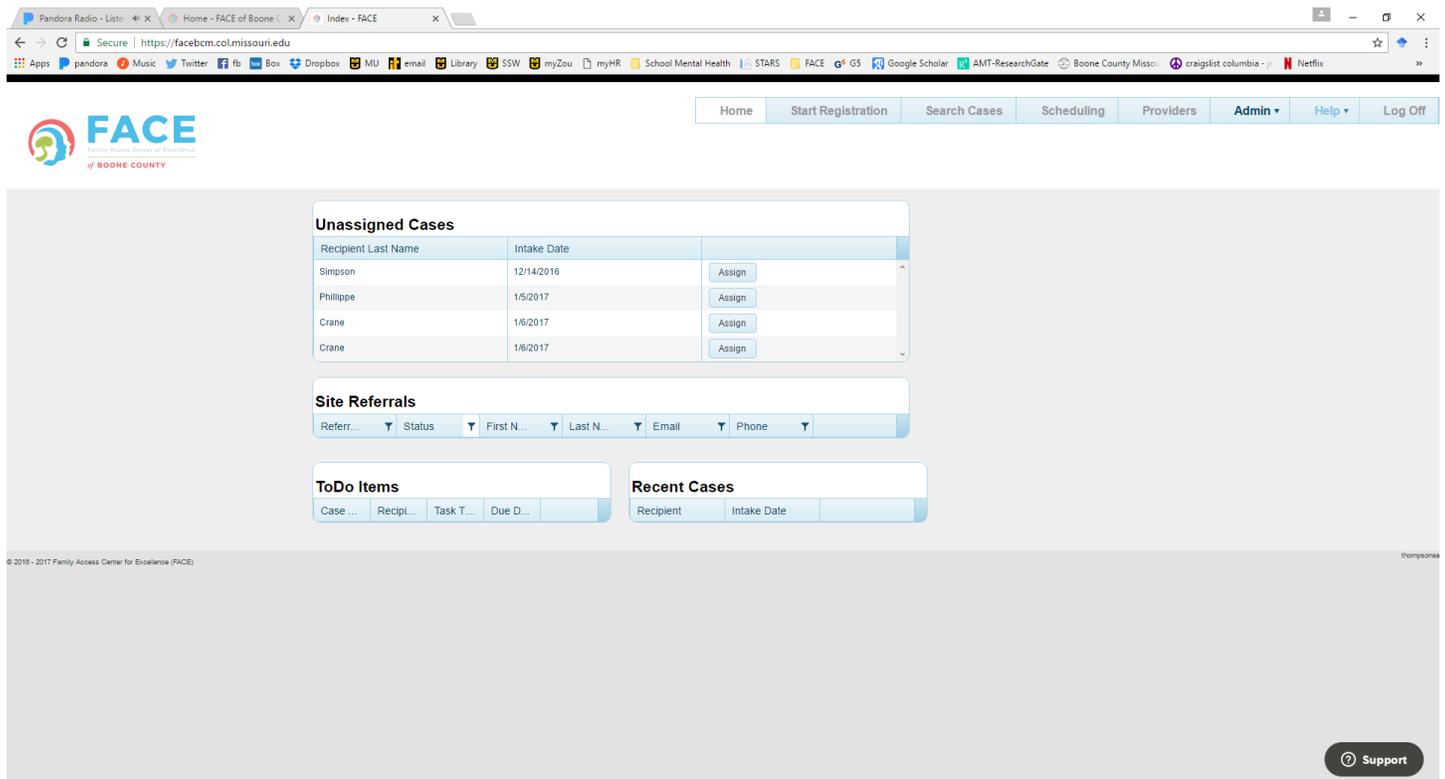
Figure 1: Screen Shot of FACE of Boone County Website



The website hosts profiles of FACE personnel, describes the basic functions of FACE, and permits anyone to input information to generate a referral. Eventually the site will host information on community training events for providers, permit the posting of research reports and funded projects, and host information on advisory panels.

In addition, *significant time and energy has been spent to build a web-based assessment, case management, and progress monitoring system—which is the sole property of Boone County.* All FACE clinicians can use the system from any location where they have internet access. The system permits systemic appraisal of a range of scientifically-based risk factors known to adversely impact child and family functioning, and all assessments housed within the system are scientifically-based, highly reliable and valid, and taken from freely available instruments open to public usage. Though families who visit FACE will not be provided with a mental health diagnosis (the FACE helping model is centered on family empowerment to resolve problems rather than relying on a medical diagnostic model), the measures housed within the system are selected based upon their clinical relevance, diagnostic accuracy, and measurement sensitivity to a range of common and uncommon behavioral health concerns and related family systems influences. A screen shot of the FACE system is provided here, and demonstrations can be made available to all members of the Boone County Children’s Services Board at any time upon request.

Figure 2: Screen Shot of the FACE of Boone County Web-Based Case Management System

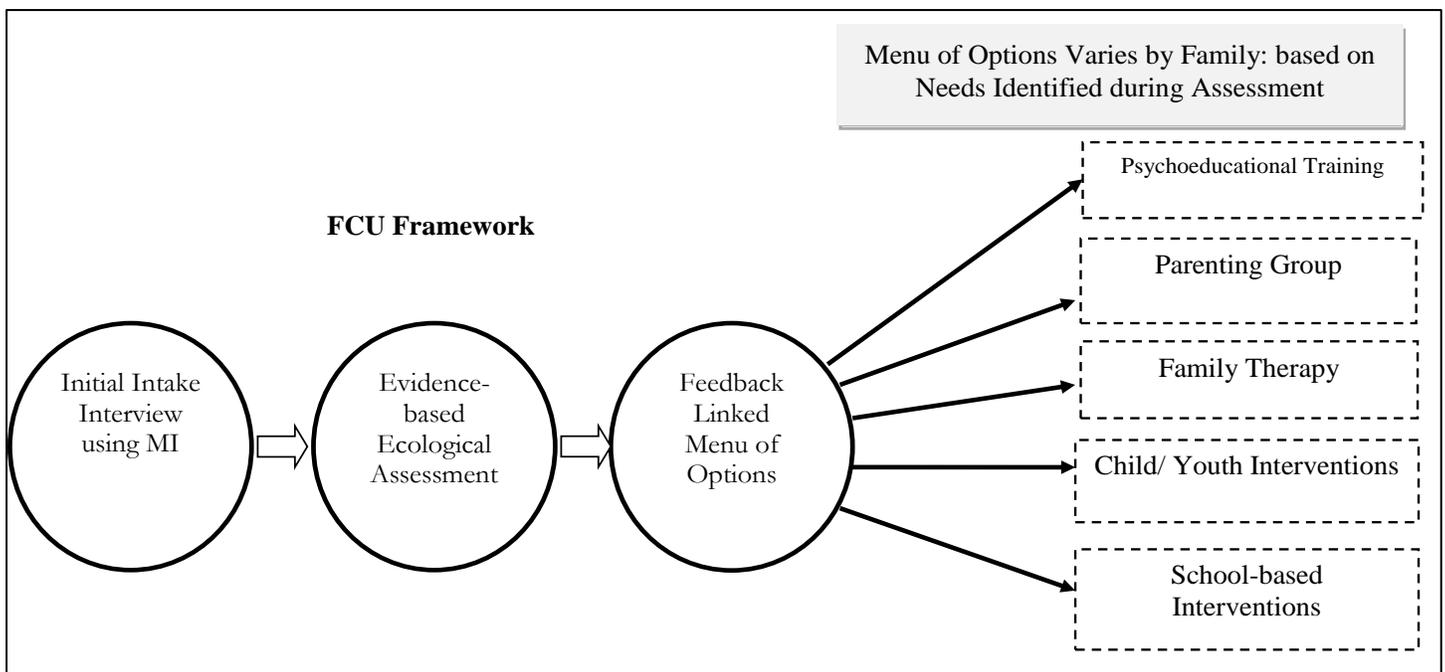


The FACE web-based case management system houses strength and risk factor assessments that are developmentally responsive and family systems oriented. At present, the assessment system provides an appraisal of the following domains of concern:

- a. Development/Basic Needs
 - i. Early Milestones
 - ii. Physical Health
 - iii. Access to Medical or Dental
 - iv. Safety
 - v. Basic Needs
- b. Youth Adjustment
 - vi. Hyperactivity/Impulsivity
 - vii. Anxiety
 - viii. Depression
 - ix. Attention
 - x. Substance Use
 - xi. Peer Relations
 - xii. Stress
- c. Family Adjustment
 - xiii. Relationship Quality
 - xiv. Parenting Practices
 - xv. Parental Supervision
- d. School Adjustment
 - xvi. Involvement with Schooling
 - xvii. Substance Use
 - xviii. Domestic Conflict
 - xix. Stress
 - xx. Attendance
 - xxi. Performance
 - xxii. Attitude about Schooling
 - xxiii. Behavior
 - xxiv. Suicide Risk
- e. High Risk Indicators
 - xxv. Trauma (abuse, neglect, human trafficking, etc.)
 - xxvi. Domestic Violence
 - xxvii. Gang involvement
 - xxviii. Racism
 - xxix. Psychosis

The system relies on the data to produce an easy to read and family friendly report. The assessment process is based upon the Family Check-Up model (see Figure 3), a motivational interviewing infused approach to family systems assessment that has been proven to increase family engagement in the resulting treatment plans.

Figure 3: The Family Check-Up Framework



The assessment, which presently takes 1-2 hours for a family to complete, results in an easy to read report (see Figure 4). Next, FACE case managers assist families to prioritize areas of concern (listed in Figure 4 in red, areas of some risk are marked yellow while areas of strength are marked by green). The goal is to help families focus on 1 – 3 goals.

Once families prioritize goals, areas of concern are linked to existing community agency programs and services appropriate to remedy family’s selected concerns. Families are presented with a range of services and providers in our community who offer supports that target those concerns—*FACE does not rank order providers*. As such, the system and process stays true to the intent of the Boone County Children’s Services Board to develop an Access Center where family choice is placed at the center of our community treatment model.

Figure 4: Screen Shot of the FACE Final Family Report (*Fictitious report)

The screenshot displays a web-based interface for a family report. On the left is a sidebar with a navigation menu including: General, Intake, Assessments (Self Assessment, Clinician Assessment, Family Assessments), Family Report (Summary Report, Goals, Case Notes, Access Tokens), and a user profile for Kennedy Herman (Age 9), Case Number FC00059, Case Manager reynoldser, Last Activity Date 1/6/2017, and Status Closed.

The main content area shows assessment results for Kennedy Herman, categorized into Development / Basic Needs and Youth Adjustment. Each row includes a category name, a risk level indicator (green for strength, yellow for some risk, red for concern), and a brief description or note. Search icons are present for each row.

Development / Basic Needs	
Early Developmental Milestones	Green
Physical Health	Red (Intake) Does your child have any medical concerns? Yes
Access to Medical or Dental Care	Green
Safety	Yellow (Self) I see gang activity in my school.-Sometimes
Basic Needs	Green
Youth Adjustment	
Disruptive Behavior / Conduct	Red (Self) He sneers at the idea of hurting them? Yes (Self) Been involved in gang or posse fights? Yes (Wendy Reinke) Oppositional Defiant Disorder Vanderbilt Assessment Not Complete
Hyperactivity/Impulsivity	Red (Wendy Reinke) Predominantly Hyperactive-impulsive Vanderbilt Assessment Not Complete
Anxiety	Green
Depression	Red (Self) Major Depression
Attention	Red (Wendy Reinke) Predominantly Inattentive subtype Vanderbilt Assessment Not Complete
Substance Use	Yellow (Self) Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)-Yes (Self) Smoke any marijuana or hashish?-Yes (Self) Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")-Yes
Peer Relationships	Red (Self) Carried a knife or a gun? Very Few/Other (Clinician) Vandalist
	Red (Self) Did you hit a female at school? Yes (Self) Did you get a new boyfriend/girlfriend? Yes (Self) I think I am doing pretty well. Always/Other/Very

The feedback process is simple and streamlined, and it is meant to be informative for families. Rather than reporting t-scores, percentile ranks, and comparing families to normed and standardized cutoff scores, Figure 4 shows the red (in-risk), yellow (at-risk) and green (strength) criteria helps families focus more on the content and personal communication of “problem areas” instead of struggling to decode overly academic language and criteria that is behind the color schemes. Indeed, the very process of examining each of the domains in this manner is a therapeutic process that families find helpful in prioritizing what are often many competing problems.

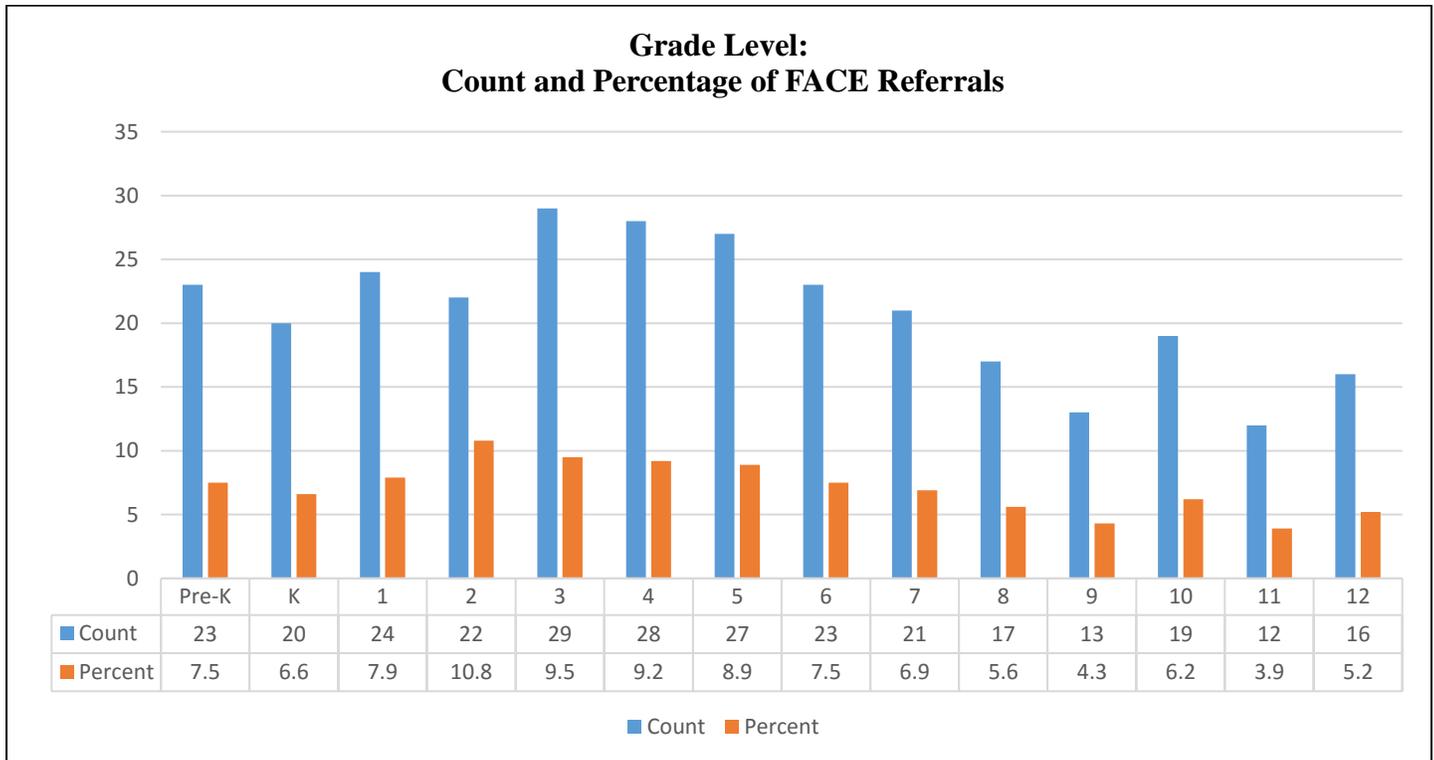
GOAL 6: Open FACE in August of 2016 and begin accepting referrals and offering services.

Total: Since the grand opening on August 15th, 2016, *FACE has accepted referrals for 305 Boone County families with children between the ages of 0-19*, for an average of two families per day or 14 families per week.

Ages: When we examine the data being collected, we can see the *average age of youth who are the source of the family visit is 9.96 years (Min = 0, Max = 19; stdev = 4.39)*.

Sex: Presently, *118 (39%) girls and 187 (62%) boys have been referred to FACE.*

Figure 5: Grade level Count and Percentage data of youth referred to FACE:



Sixty percent of youth being referred to FACE are of elementary age, grades Pre-K through 5th grade ($n = 184$; 60%), with referrals spiking at 3rd grade. Among secondary students, it appears that students in the sixth and tenth grades are referred to FACE at larger proportions compared to youth in other grade levels.

Figure 6: Race/Ethnicity of FACE Referrals

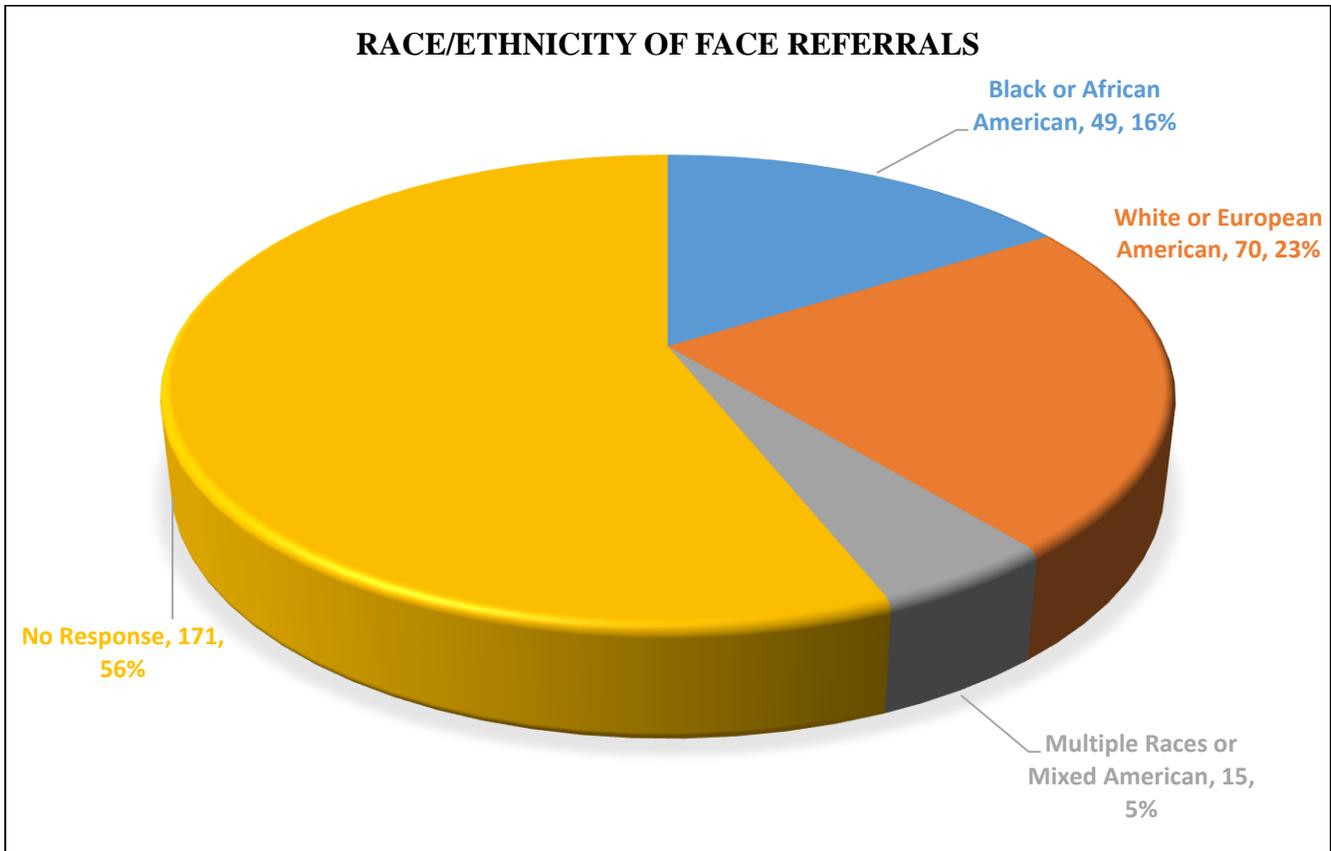


Table 1: Income and Employment Status of Families Referred to FACE

Income			Employment Status		
At or Below 200% Federal Poverty	68	22.3	Not Employed	59	19.3
Over 200% Federal Poverty	10	3.3	Employed	28	9.2
No Response	227	74.4	No Response	218	71.5
Total	305	100%		305	100%

Overall, a majority of referrals arrive at FACE from schools. As shown in Table 2 below, the two largest sources of referrals to FACE are schools and self-referred or “walk-in” families. The next greatest source of referrals are hospitals, followed by law enforcement/courts—which includes the juvenile office—and finally community agencies. The table below describes referral sources.

Table 2: Referral Source

Source	Count	Percentage
Schools	159	52.1
Community Agencies	16	5.2
Law Enforcement/Courts	19	6.2
Health Care Professional	31	10.2
Self-Referred	80	26.2
Total	305	100%

Referral Source by Geographic Location

According to 2015 Census data, approximately 39% of Boone County residents live outside of Columbia. When we disaggregate those data and focus solely on cases outside of Columbia, we see only **52 (17%) rural families have accessed FACE services. Among those 52 rural families, 35 (67%) are from communities in the northern portion of Boone County.** To increase access to families in the more rural portions of Boone County, we have gained an office space located at 1020 M-22 in the Centralia Township and hope to offer office hours to families in that region to prevent them from having to travel to Columbia.

Per FACE protocol, we continue to track the progress of those families through monthly follow-up calls or visits. At present, *a total of 152 families have an active case with regular follow-up contacts (i.e., weekly for first month, bi-weekly for maintenance phase).* Some families are referred, assessed, receive access to supports or information and are promptly closed ($n = 116$). As we continue to grow and develop, one of our main goals will be to track and gain a better understanding of where and why families drop out of the flow of services (i.e., what are the barriers to accessing services, etc.).

Aggregated Areas of Concern Across Boone County Families

Each of the domains assessed using the FACE suite of assessments is summarized here by domain and subdomain. The content provides a picture of the struggles that Boone County families face. In the following Table 7, each of the domain and subdomain categories are assessed and categorized by “*strength*” (green on the report means this is not an area of risk), yellow (some risk on the family report), or red (in risk on the family report).

In Table 3, we have used the widely adopted and consistently supported risk framework provided by public health and educational systems. That is, for any given risk factor, high risk or what is considered “in-risk” is a significant public health concern should the proportion in that category exceed 5-7%; moderate risk or “at-risk” is an indication of emerging risk should the proportion in that category exceed 15-20%. By these decisional systems, the normative or what we refer to as the “strength” category below should contain approximately 80% of the population assessed.

One word of caution here: the data used to generate Table 3 consists from responses garnered from “at-risk” and/or “in-risk” families. That is, the families who contributed responses to these data are referred to FACE

because they are having tremendous difficulty and struggles with social, emotional, and behavioral health issues.

Table 3: Youth & Families Assessed at FACE: Strengths, At- and In-Risk Counts & Proportions (N = 304*)

Domain	Subdomain	Strength N (%)	At-Risk N (%)	In-Risk N (%)
Development/Basic Needs	Developmental Milestones+	275 (90.2)	0 (0.0)	29 (9.5)
	Physical Health+	269 (88.2)	0 (0.0)	25 (11.5)
	Access to Medical/Dental+	251 (82.3)	0 (0.0)	53 (17.4)
	Safety	274 (89.8)	17 (5.6)	13 (4.3)
	Basic Needs+	253 (83.3)	0 (0.0)	51 (16.7)
Youth Adjustment	Disruptive Behavior/Conduct	158 (51.8)	42 (13.8)	104 (34.1)
	Hyperactivity/Impulsivity	179 (58.7)	45 (14.8)	80 (26.2)
	Anxiety	152 (50.0)	66 (21.7)	86 (28.3)
	Depression	145 (47.6)	76 (25.0)	83 (27.3)
	Attention	171 (56.1)	46 (15.1)	87 (28.5)
	Substance Use	298 (97.7)	3 (1.0)	3 (1.0)
	Peer Relationships	127 (41.7)	84 (27.6)	93 (30.6)
	Stress	238 (78.0)	6 (2.0)	60 (19.7)
	Relationship Quality	221 (72.5)	11 (3.6)	72 (23.6)
Family Adjustment	Parenting Practices	211 (69.2)	30 (9.8)	63 (20.7)
	Parental Supervision	284 (93.1)	4 (1.3)	16 (5.3)
	Involvement With School	277 (90.8)	18 (5.9)	9 (3.0)
	Substance Use	273 (89.5)	9 (3.0)	22 (7.2)
	Domestic Conflict	281 (92.1)	6 (2.0)	17 (5.6)
	Stress	236 (77.4)	47 (15.4)	21 (6.9)
	Attendance	289 (94.8)	0 (0)	15 (4.9)
School Adjustment	School Performance	286 (93.8)	18 (5.9)	0 (0)
	Attitude About School	253 (83.0)	22 (7.2)	29 (9.5)
	School Behavior	217 (71.1)	10 (3.3)	77 (25.2)
	Suicidality+	279 (91.5)	0 (0)	25 (8.2)
High Risk Indicators	Trauma	263 (86.2)	16 (5.2)	25 (8.2)
	Domestic Violence+	290 (95.1)	0 (0)	14 (4.6)
	Gang Involvement+	301 (98.7)	0 (0)	3 (1.0)
	Racism	244 (80.0)	11 (3.6)	49 (16.1)
	Psychosis+	264 (86.6)	0 (0)	40 (13.1)

Notes. *One case missing from all domains, N = 304; + = if items are not a strength they are automatically coded as "in-risk"

That said, and using the above public health model proportional values, several categories in the table are highlighted and worth briefly mentioning. For assessment categories that have been highlighted red, these scores exceed the 5-7% guidelines for high risk or “in-risk” samples. Cross-referencing the sources of referrals, we see that schools contribute over 50% of referrals to FACE. As such, it is reasonable to see that youth assessed from school referrals are spiking high “at-risk” scores for conduct, hyperactivity and attentional concerns, and peer and school relationship issues. However, more telling is that Boone County’s youth who were referred to FACE are also struggling with signs of depression, anxiety, increased levels of stress, and 8.2% are at risk for suicidality. Depression and anxiety are well known to correlate with challenging behavior

problems in youth, and they are also related to early trauma and family stress—two other areas that families endorsed that appear to be elevated for families and youth who visited FACE. For cells that have been highlighted yellow, those assessment categories exceed the 15-20% guidelines for moderate risk or “at-risk” samples.

In addition, a substantial proportion of families and youth report experiencing racism in Boone County. This is particularly striking when considered in light of the fact that 16% of families in our community who engaged with FACE contributed to these data who self-identified with a racial/ethnic political minority group. To be sure, the daily stress and consistent trauma that youth and families experience through racism harms not only the development of those youth, but creates stress in families that has been shown to be highly correlated with poor mental and behavioral health outcomes. To be sure, these issues exist everywhere. Communities everywhere grapple with ways to create true community for all persons of varying backgrounds, skin color, and faith—efforts can be made to invest in social and economic opportunities that cut across these common divides.

Outputs: Referrals from FACE to Community Agencies

To date, *FACE has made 163 connections for Boone County families* to a broad range of community service providers. Using content analysis, we grouped all referrals made for families into the following 9 categories to prevent directly naming service providers, however, *these nine categories represent more than 45 community agencies and organizations that each family selected as their choice to access support that addressed their documented area of need.* As shown in Table 4, a great number of families sought basic needs ranging from utility and housing assistance, psychiatric services and family and individual counseling were the next largest categories of services accessed by families.

Table 4: Service Type and Successful Linkages of FACE Families to Needed Services

Service Type	Number of Referrals
Basic Needs (Food Security, Utility Support, Housing, etc.)	41
Individual and Family Therapy (counseling, parenting skills, etc.)	27
Diagnostic Assessment & Psychiatric Services	33
Psychoeducational Services	12
School-based Support Services	8
Therapeutic Mentoring Services	15
Career & Employment Support Services	5
Medical or Dental Services	20
Afterschool Programming Services	2

Family Satisfaction Survey Communicating Acceptability of FACE Services

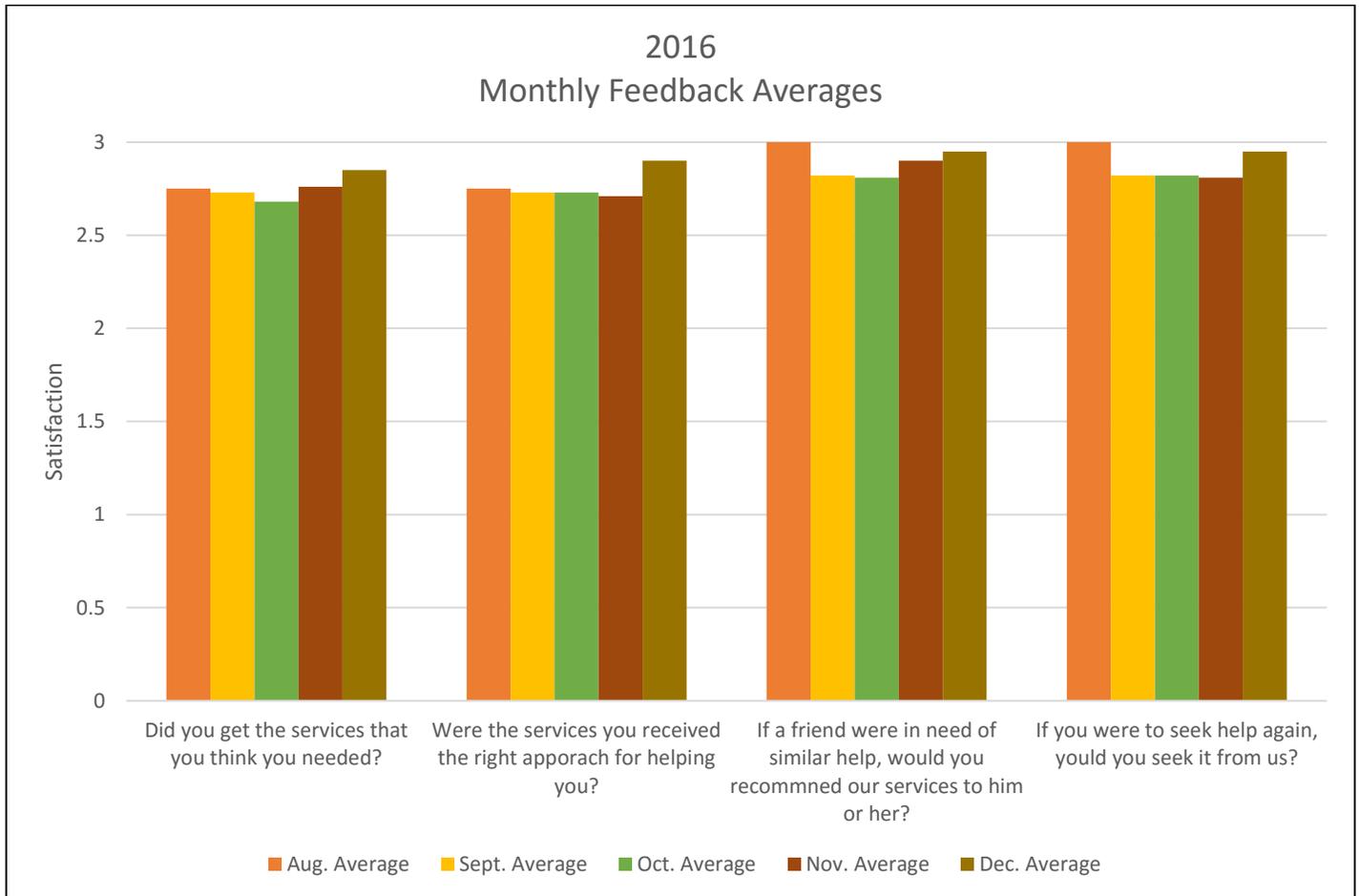
Upon completion of each visit, all families are asked to complete a brief satisfaction scale that asks families:

- a. Did you get the services that you think you needed?
- b. Were the services you received the right approach for helping you?
- c. If a friend were in need of help, would you recommend our services to him or her?

d. If you were to seek help again, would you come here?

The above questions are rated on a three-point scale and there is an open-ended field for families to expand upon their experiences. For simplicity, the monthly averages from August-December, 2016 are presented in Figure 7 below.

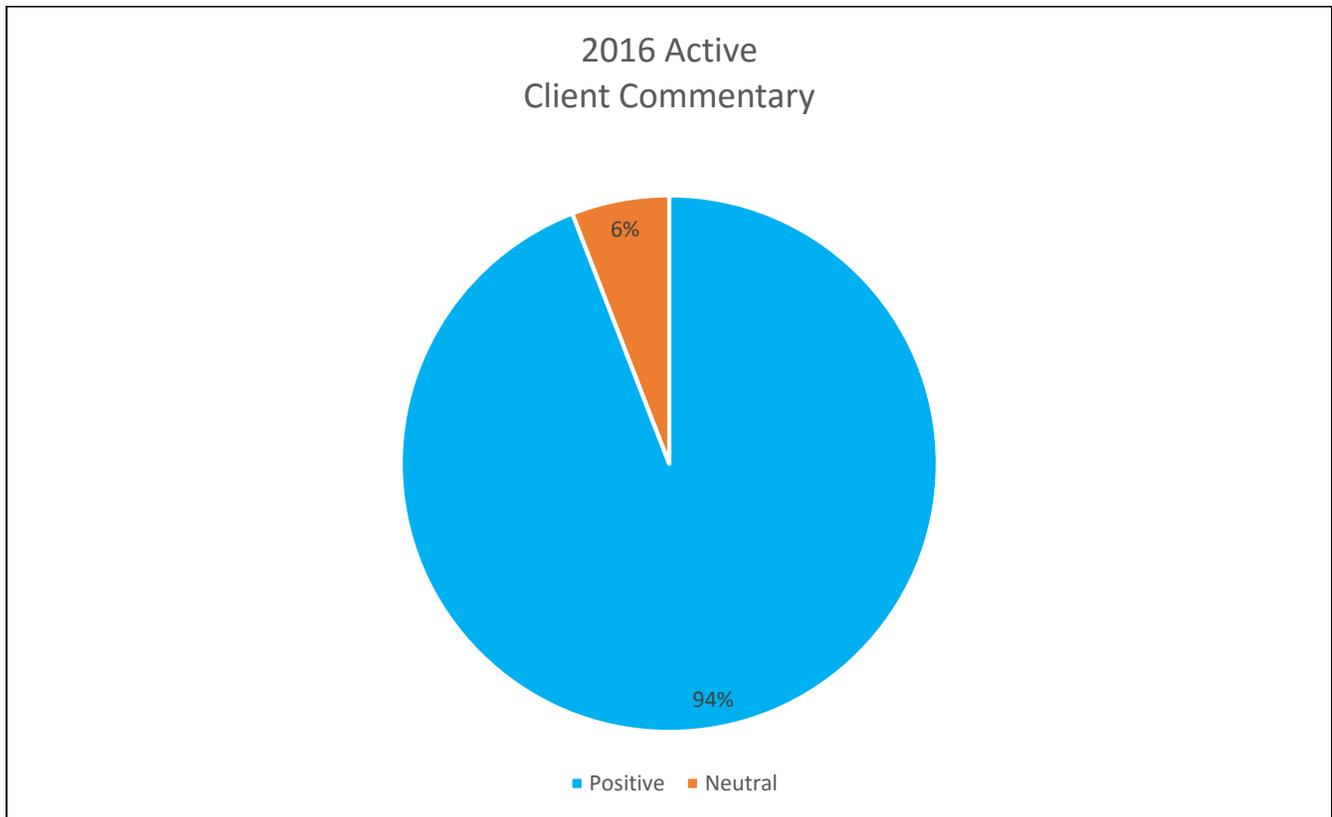
Figure 7: Monthly Family Feedback on Satisfaction with FACE Services



Regarding the open feedback, a majority of the comments from families are positive. The most common open-ended statement reflects on the nonjudgmental atmosphere and the welcoming feeling of the office and the staff who greet them. For example, “Very comfortable and welcoming environment...,” and “they make you feel welcome and comfortable...,” and “[the FACE Case Manager] steered us in the right direction, I am hopeful for what is to come in the future.” When we dichotomize the open ended comments into either positive, neutral, or constructive criticism, Figure 8 shows that the majority of open ended comments provided by families is overwhelmingly positive.

Family satisfaction is an extremely important component to improving engagement in and follow-through with social, emotional, and behavioral health services. The most common reasons that families refuse to persist with mental health service plans and providers are because they are not happy, do not feel the services are helpful, or because those families do not like the provider. Because FACE strives to become a single point of entry into the social service system for families—it is a key outcome that families feel their encounter with FACE clinicians is positive and that they will return and refer a friend who may have needs to FACE.

Figure 8: Client Exit Feedback on FACE Experience



GOAL 7: Develop Memoranda of Understanding (MOU) with primary referral sources.

MOUs have been developed between FACE and both the Columbia Police Department and the Boone County Sheriff's Department. The MOU's are basic but help to assure on duty officers that they can rely on FACE as an option with engaging with a youth in need of supervision, detention, or intervention. In essence the MOUs permit law enforcement, at officer's discretion and in consultation with personnel in the Juvenile Office, officers can transport youth to FACE rather than take youth into custody—thus further widening the net of youth in the juvenile court system. *At this time, 19 youth have been referred to FACE by law enforcement sources (i.e., courts, juvenile office, law enforcement) who would have otherwise been taken into custody.* Each of these diversions from the court impacts these young lives and their families. This alteration poses demonstrable cost savings to the law enforcement budgets of municipalities in Boone County. *For example, in*

the instances where police officers transported 15 youth to FACE rather than taking them into custody, those officers were on patrol 30 more hours than they would have been had they been supervising and processing a detained youth.

Similarly, FACE continues to work with the courts to permit appropriate youth and families who might otherwise be processed through the court system to access to benefit from accessing assessments and services through FACE.

Regarding the six school districts and all 53 school buildings in Boone County, FACE has worked out a referral process by which counselors can make referrals to FACE—and they are the largest source of referrals to date. Table 1 reflects the origin of referrals to FACE.

GOAL 8: Develop Community Advisory Panels.

The first meeting of the Community Advisory Panel of agencies is set to meet February 3 at 9:00. The purpose of the Community Advisory Panel (CAP) is to permit broader engagement in the FACE process, intake assessments, promote data sharing and cross-sector collaboration, and to discuss difficult family cases. The CAP participation is limited to a few agencies at the start with the hope of expanding once the process is and meeting proceedings are set forth. At present, representatives from each of the following agencies will have a seat at the CAP:

- a. CMCA
- b. Burrell Behavioral Health
- c. Compass/Pathways/Family Counseling
- d. MUPC—Bridge Program
- e. Phoenix Program
- f. Thompson Center

In addition, FACE hopes to develop a Community Youth Advisory Panel in the coming year to better understand ways to better serve difficult to reach adolescent youth. In addition, once the subcommittees of the FACE board of representatives is operating and making suggestions for the greater board to consider, we aim to place youth and adult community representatives on several of these sub-panels to assist us in remaining visible and viable in Boone County communities.

GOAL 9: Expand FACE services through integrated health clinics to communities beyond Columbia.

In our 2015 proposal to the Boone County Children’s Services Board, we outlined some plans to expand services beyond Columbia to communities in the more rural and underserved areas of the county. Recently, FACE submitted a proposal to the Boone County Commissioners to request access to an underutilized county office in Centralia. Specifically, we requested access to the office space in order to pilot FACE office hours in Centralia. To increase access to families in the more rural portions of Boone County, we have gained access to an office space located at 1020 MO-22 in the Centralia Township and hope to offer office hours to families in that region to prevent them from having to travel to Columbia. Starting in February, 2017, FACE will host office hours in Centralia and divert families from the North part of Boone County to scheduled meetings at the Centralia office on Thursdays from 10:00 a.m. to 5:00 p.m.

In addition to ramping up FACE's presence in Centralia, we have engaged other partners to consider expanding services into the space to better serve Boone County citizens living in more rural areas. For example, we have begun conversations to partner with our county Health and Human Services Department to offer pop-up health clinics in the space (e.g., flu shot, blood pressure, WIC access). We have also initiated conversations with the Integrated Behavioral Health Clinic to offer group therapy and case management services for Boone County adults (> age 19) in need of mental health or substance abuse services. Several regional coordinators who work for the Boone County Schools Mental Health Coalition and serve schools in northern Boone County communities can opt to use the space for an office between school visits. Lastly, we also understand that several other groups presently use the space for important community events. We would seek to embrace those efforts and work with them to ensure that our proposed activities would not interfere with their meetings or events presently held in the space.

GOAL 10: Offer a calendar of free training events for mental health providers.

This next spring and Fall, Dr. Kristin Hawley will be hosting a plethora of free trainings to community agencies and providers. Though the Fall schedule has yet to be finalized, Dr. Hawley has put together a spring set of training sessions that directly address the issues we see in our data, namely anxiety, trauma, and depression among youth. The schedule is as follows and all sessions are open to all community youth and family mental health providers—free of charge.

1. Title: Evidence-Based Treatment of Specific Phobias among Youths

Presenter: Kristin Hawley, Ph.D., MU Department of Psychological Sciences

Time: 1:00 PM to 4:00 PM

Date: Friday, February 10, 2017

Location: 101 Switzler Hall, University of Missouri, Columbia

2. Title: Evidence-Based Treatment of Separation, Social, Generalized Anxiety among Youths

Presenter: Kristin Hawley, Ph.D., MU Department of Psychological Sciences

Time: 1:00 PM to 4:00 PM

Date: Friday, February 24, 2017

Location: 101 Switzler Hall, University of Missouri, Columbia

3. Title: Evidence-Based Treatment of Panic and Agoraphobia among Youths

Presenter: Kristin Hawley, Ph.D., MU Department of Psychological Sciences

Time: 1:00 PM to 4:00 PM

Date: Friday, March 10, 2017

Location: 101 Switzler Hall, University of Missouri, Columbia

4. Title: Evidence-Based Treatment of Depression among Youths

Presenter: Kristin Hawley, Ph.D., MU Department of Psychological Sciences

Time: 1:00 PM to 4:00 PM

Date: Friday, March 24, 2017

Location: 101 Switzler Hall, University of Missouri, Columbia

5. Title: Evidence-Based Treatment of Disruptive Behavior Disorders among Youths

Presenter: Kristin Hawley, Ph.D., MU Department of Psychological Sciences

Time: 1:00 PM to 4:00 PM

Date: Friday, April 7, 2017

Location: 101 Switzler Hall, University of Missouri, Columbia

6. Title: Evidence-Based Treatment of Posttraumatic Stress among Youths

Presenter: Kristin Hawley, Ph.D., MU Department of Psychological Sciences

Time: 1:00 PM to 4:00 PM

Date: Friday, April 21, 2017

Location: 101 Switzler Hall, University of Missouri, Columbia

CONCLUSIONS FROM YEAR ONE: NEXT STEPS, AND GETTING TO OUTCOMES

It has been a busy year making the FACE of Boone County a reality—and to do this a great deal was accomplished that we, as a community, should be proud of. In just 10 short months since the signing of the FACE contract, the following promises were fulfilled where the developers and the FACE staff:

- renovated a 5000 square foot office—complete with security, up-to-date technology and wiring, a warm family welcoming area, a separate and more private entrance and intake area for law enforcement escorted referrals, six comfortable assessment rooms, and a state of the art camera system to facilitate tele-health conferencing in the future;
- convened a board of highly influential and deeply invested local community leaders and stakeholders who are directly involved in overseeing the success of FACE and guiding the FACE Executive Director to make FACE a success;
- hired nine professionals (five licensed, graduate level mental health professionals; an efficient, well-organized, and kind-hearted office manager, and three distinguished, committed and hardworking community liaisons) to represent FACE and carry out the day to day operations for Boone County in a caring and dignified way;
- built from scratch a HIPPA compliant, highly nimble and smart web-based assessment, case management, and progress monitoring system that will not only serve as the basis for an integrated information system—*but Boone County owns this system* and all of the assessments housed within it rather than paying a third party vendor to assess, house, and report data on the health of our youth;
- developed a user-friendly website that permits anyone from anywhere to make a referral to FACE at any time;
- engaged with more than 45 community agencies and developed MOUs with our local schools and law enforcement partners—the latter of which will be the basis for diverting youth in need of supports away from the court system as an option of first resort;
- visited with over 300 high risk Boone County Families; and
- linked many of these families to 163 diverse community services *of their choice* that mapped onto a measureable need.

Enthusiasm for FACE is high, family feedback is positive, and our partners—both the schools in our communities and Boone County Law Enforcement and the courts—remain supportive. We have every reason to expect excellence from FACE in 2017.

That said, much remains to be done to keep FACE viable.

To facilitate and keep our momentum going forward, our next year will involve just as much work. Our year two goals are just as ambitious and we have already begun to make progress on some of them. For example, the expansion of the Centralia office puts us ahead of schedule to expand services to Boone County Communities beyond Columbia. We have already taken on 5 part-time (i.e., 20 hours) and one full time (40 hours) graduate level students in social work, counseling, and psychology who need practicum experiences to complete their degrees. Work has already begun to expand in-home direct services through the integration of a behavioral health clinic within FACE to offer tele-health behavioral consultation for families with children with developmental disabilities and other challenging behavioral health problems. We are excited to engage our community agencies and to continue our work to become part of the fabric of the social service network. The recent development with the Department of Social Services committing a Family Support Worker, to be housed at FACE one day per week, will assist us to help low income families access and pay for health services that due to economic restraints, are often not accessible. Access to a range of services and providers is a plan that, if we stand by it, will increase competition, introduce variety and increase quality of services in our community.

In addition, as we seek to expand relationships with service providers in our community we hope to hear their voices and make their input part of the development of FACE. To this end, the first Community Advisory Panel (CAP) is set to meet in early February of 2017. The CAP will begin the process of facilitating more integration across agencies and sectors in our community that seek to do the same thing: ensure our youth experience healthy lives.

Next, we have much work to do on our integrated information management system. We presently have over 800 service providers in and around Boone County who offer a range of services. We aim to connect each of those services to the domains assessed in our system so that families are provided with a range of providers when they receive access to their family feedback session at FACE. In addition, more work needs to be done to follow-up with some families who disengage with FACE to better understand how we can engage them and keep them involved in their treatment plans. Engagement and involvement are key aspects to success and helping families help themselves.

Another significant area of development on our integrated information management system we will continue to grow towards will to strengthen our progress monitoring of families. Only weeks before this report was due were we able to equip the FACE integrated information management system with reliable progress monitoring tools, complete with timed auditing reminders to prompt case workers and community liaisons to follow-up with FACE families. Once we deploy this element of the case management model, we will be making regular contacts with all families and using a consistent tool to track functioning and top problems experienced by the family over time. This will permit a very useful tool to determine the quality assurance of FACE over time as well as to provide a baseline and progress gauge of families that can be aggregated at the community level and disaggregated at other levels to pose interesting questions for a learning community that seeks to improve conditions and services for its families.

In addition, as promised, FACE was designed to monitor risks experienced by high risk families. As shown by the data in this report, depression, anxiety, conduct problems, attentional concerns, suicidality, and stress among youth, adolescents and teens in Boone County is of paramount concern. These are conditions well-known to be precursors to violent and aggressive behavior, lead to increased self-medication and serious substance abuse problems, and are predictive of a host of other poor late teen and early adulthood outcomes. Fortunately, these conditions are treatable, manageable, and there are many school-based and community level prevention programs (e.g., Triple P) that have been rigorously studied and proven to mitigate these conditions at the community level. Indeed, one of the targets of the LiveWell Boone County effort funded by the Children's Services Board and operationalized by the Columbia/Boone County Health and Human Services Department in partnership with FACE is reflective of a key aspect of the Triple P approach which directs targeted funding and investments at an area of significant and developing concern—namely depression, anxiety, attentional and executive functioning concerns and suicidality. In addition, Dr. Hawley's efforts to promote evidence based trainings to community providers also responds to these data as a backdrop to promote practices that are responsive to the needs we see in our community.

Furthermore, we at FACE see and interact with numerous families who struggle with providing basic needs to their children. Economic pressures exacerbate developmental and behavioral health issues in families—and communities everywhere struggle with these issues. However, the significant need that exists adversely impacts youth development, contributes to micro yet daily trauma experiences that accumulate overtime and impact behavior, brain development, and overall physical and mental health. Furthermore, basic needs (i.e., food, shelter) is something that—as a community—we must confront with if we are to assist our children to become healthy and participating members of our community.

Appendix A:

Revised and Approved FACE Development Timeline: Year One

- **Phase 1—Year 1 (Jan 2016 – Jan 2017): Initial Development of FACE.** The process shall start with the appointment of a board of directors to represent a range of nonconflicted Boone County stakeholders. The Board will hire a Director who will collaborate with research consultants from the University of Missouri’s College of Education’s, Missouri Prevention Center, the School of Social Work, and Psychological Sciences to implement the basic referral, assessment, and day to day operations of FACE. The director will then spearhead the interviewing and hiring of licensed and qualified mental health professionals to oversee the operations of FACE. The estimated development of these procedures are partially—not fully—enumerated below for the purposes of soliciting feedback and considerations from the board:
 - a) ***Jan, 2016***
 - 1st board meeting
 - Review and amend draft of FACE bylaws and phase 1—year 1 timeline
 - Approve descriptions and postings for FACE director, administrative assistant and clinicians
 - Discuss options and pros and cons for suggested physical location of FACE
 - b) ***Feb, 2016***
 - 2nd board meeting
 - Review amendments to draft of FACE Bylaws and
 - Begin to draft order of operations for FACE policies and practices
 - Engage university partners (e.g., MU Health Communications Research Center) to plan a FACE awareness campaign (e.g., media campaign & public meetings, tv spots, billboards, etc.)
 - Select a physical FACE location and discuss needed renovations
 - Post and begin accepting applications for FACE director
 - Begin development of online integrated information management system
 - i. *Feb 1 – Aug 1, 2016*: Assessment battery module
 - Begin engaging community agencies/providers
 - i. Enlist agency volunteers for a Community Advisory Panel (CAP)
 - ii. Draft role for FACE CAP
 - iii. Develop typology of community services
 - c) ***March, 2016***
 - 3rd board meeting
 - Adoption of FACE Bylaws
 - Review and amend draft order of FACE operations (i.e., policies regarding the operationalization of the standardized FACE assessment protocol)
 - Solicit and review bids for renovations to FACE facility
 - Review applications for FACE Director
 - Post positions for FACE clinicians and administrative assistant
 - d) ***April, 2016:***
 - 4th board meeting
 - Review and amend order of operations
 - i. Finalize and adopt assessment protocol
 - ii. revisit protocol for service referral system

- iii. begin drafting case management and progress monitoring system
- Begin to interview/extend an offer to potential applicants for FACE Director
- Review media campaign plan
- Review CAP progress
- Review progress on assessment battery protocol
- Contract to renovate FACE facility
- Develop MOUs
 - i. Between sectors (e.g., police, schools, courts, and law enforcement)
 - ii. Between FACE and community providers to govern referrals
- e) **May, 2016**
 - 5th Board Meeting
 - Hire and finalize contract for FACE Director
 - Review and hire an administrative assistant
 - Review applications and hire licensed clinicians
 - Review and amend order of operations
 - i. Finalize and adopt service referral protocol
 - ii. Review draft of case management and progress monitoring protocol
 -
 - Select applicants for licensed clinicians
 - Review CAP progress
 - Review progress on assessment battery protocol
 - Approve MOUs
 - Hold first FACE CAP meeting
 - i. Review draft screening/assessment protocol
 - ii. Review input on draft referral system protocol
 -
- f) **June, 2016**
 - 6th Board Meeting
 - Review and amend order of operations
 - i. Review amendments to draft of case management and progress monitoring protocol
 - ii. Begin draft of case termination protocol
 - Continue development of integrated information management system
 - i. *June 1 – Aug 1, 2016*: Typology of the continuum of community services linked to FACE assessment procedures and referral for services and case tracking protocol
 - Begin renovations to FACE facility
- g) **July, 2016**
 - 7th Board Meeting
 - Review and amend order of operations
 - i. Approve and adopt case management and progress monitoring protocol
 - ii. Approve and adopt case termination protocol
 - Begin accepting referrals
 - i. Provide quality biopsychosocial mental health and well-being assessments (i.e., suicide risk, substance use, mental health protocols, and an assessment of trauma from abuse/neglect);
 - ii. Develop family-based, child-centered, service plans; and

- iii. Deliver intensive case management services to oversee the follow through and implementation of service plans (i.e., execution of referrals, reducing barriers to service acquisition of psychiatry services, etc.)

h) Aug, 2016

- 8th Board Meeting
- Offer community prevention trainings to increase mental health awareness
- Continue development of integrated information management system
 - i. Aug 1 – Dec 1, 2016: Data reporting module

i) Sept, 2016 Extend FACE service plan

- 9th Board Meeting
- Begin offering Integrated Health Clinics in collaboration with Columbia/Boone County Dept. of Public Health and Human Services
- Offer assessment services in Boone County school buildings

j) Oct, 2016

- 10th Board Meeting
- Initial review FACE assessment and referral data to identify gaps and lack of EBPs in the community

k) Nov, 2016

- 11th Board Meeting
- First round of EBP trainings for community providers to provide EBPs that are needed and identified in the referral data
 - i. Solicit providers who will participate in incentives for training and coaching

l) Dec, 2016 First Report to BCCSB due

- 12th Board Meeting
- Continue development of integrated information management system
 - i. Dec 1 - March, 2017: Case management module
- FACE Development Report (e.g., facilitates and operations, budget expenditures, development of integrated information system, etc.)
- FACE inputs and outputs (i.e., number of open/closed cases, referral sources, primary concerns, etc.)
- FACE impact (i.e., increases in youth and family functioning, effects of community awareness campaign, impact of training model on community providers)
- FACE next steps (i.e., budget revisions and projections, recommendations for funding targets, etc.)

Appendix B:
Community Agency Engagement List

Boone County Children’s Division
Burrell
Centerpoint Hospital-Columbia
Central Missouri Food Bank
Child Care Aware
CMCA
Columbia Public Schools
Compass Health / Family Counseling Center / Pathways
Counseling Associates
CPS
DBT Team Leader
DMH & DSS, Children's Mental Health
Early Childhood / Daycares / Preschools
Family Counseling Center
Family Facets
First Chance for Children
First Steps
Friendship Baptist Church
Great Circle
Health Families of America
Integrative Behavioral Health Clinic and the School of Social Work
Job Point
Juvenile Office
Lawrence, Oliver and Associates
Log Providence Baptist Church
Love INC
Lutheran Children Family Services
MU Adolescent Health
MU Child Health
MU Family Medicine
MUPC Child/Adolescent Inpatient
New Day Counseling Center
New Horizon
Parents As Teachers
Phoenix (APEX, CLFC)
Rainbow House

South Providence Family Medicine
Sugar Grove Baptist Church
Thompson Center
Tiger Pediatrics
Urban Empowerment Ministries (also Integrative Community Services)
Voluntary Action Center
Wakonda Center
Youth Community Coalition (Ycsquared)
Columbia Housing Authority

