



# Building Bridges

**For Children's Behavioral Health**

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## Results of Key Informant Interviews and Focus Groups, September 2008

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# Table of Contents

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Acknowledgments.....	1
Introduction and Executive Summary of Findings.....	2
Research Methods.....	5
Findings: School Capacity .....	9
Findings: Community Capacity .....	16
Findings: Collaboration in Mesa County .....	23
Examples of Collaborative Efforts.....	27
Conclusion and Recommendations .....	30
Appendix A: Key Informant Interview Questions.....	31
Appendix B: Focus Group Consent Form .....	33
Appendix C: Focus Group Questions .....	34

## Acknowledgments

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## Introduction and Executive Summary of Findings

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*Building Bridges for Children's Behavioral Health* is designed to build a statewide system to support and sustain the integration of public schools and local behavioral health systems that will lead to increased access to behavioral health services and improved outcomes for school-aged children. It will accomplish this goal by integrating two complementary approaches currently in place in many Colorado communities: Positive Behavior Supports (PBS) from the education system, which is based on a preventive or public health framework, and System of Care (SOC) from the behavioral health system, which focuses on children and youth with serious mental health issues and those with co-occurring disorders. Both approaches have corresponding values and guiding principles that will drive the systems change process leading to a full continuum of behavioral health services and supports for Colorado's students.

At the local level, Mesa County has been chosen as the demonstration site to pilot the policies, technical assistance, training, tools and other documented resources proposed by the project. Mesa has long standing cross-system partnerships in place that include schools, mental health, juvenile justice, child welfare and other community agencies and organizations, including a local family advocacy organization that is an affiliate of the statewide family-run organization on the state leadership team.

This document includes the findings from key informant interviews and focus groups in Mesa County. As part of *Building Bridges*, the focus groups and key informant interviews in Mesa County are an opportunity to understand the strengths of the current systems serving youth with behavioral health needs, and opportunities for improvement from both bottom up and top down.

The eight key informant interviews were identified by the *Building Bridges* Mesa Leadership Team and included leaders in Mesa County representing seven different organizations that share responsibility for meeting the needs of children with behavioral health issues. Behavioral health was defined as both mental health and substance abuse.

The participants in the eight focus groups were recruited from the school district, the mental health system, and the juvenile justice system. The participants included youth, families, and staff working directly with children, youth, and families.

The key informant interviews and focus groups were analyzed together for one set of themes, summarized below. The checkmarks represent those groups that discussed the issues leading to the themes. The lack of a checkmark does not indicate disagreement; rather, it indicates the conversation and theme was not explored in those groups.

**Building Bridges: Learning from Mesa County's Stakeholders**

<b>Category 1: School Capacity</b>		<b>Key Informant Interviews</b>	<b>Staff Focus Groups</b>	<b>Family Focus Groups</b>	<b>Youth Focus Groups</b>
<b>Theme 1</b>	Children with special needs, including behavioral health issues, face judgment and misunderstanding from some of their peers, teachers, principals, and other school staff.			√	√
<b>Theme 2</b>	Many teachers, principals, and other school staff need additional training to improve their ability to meet the needs of children who have behavioral health issues.	√		√	√
<b>Theme 3</b>	A strengths-based, positive approach such as Positive Behavior Supports makes a significant difference in how families and children experience the school environment.	√	√	√	√
<b>Theme 4</b>	Schools may be able to better meet the needs of children with behavioral health issues if they more actively engage parents and other volunteers available in the community.		√	√	√

<b>Category 2: Community Capacity</b>		<b>Key Informant Interviews</b>	<b>Staff Focus Groups</b>	<b>Family Focus Groups</b>	<b>Youth Focus Groups</b>
<b>Theme 5</b>	Accessing behavioral health and related services continues to be difficult in Mesa County due to funding barriers, long waits, and a lack of information on where to refer families.		√	√	√
<b>Theme 6</b>	Youth in Mesa County need choices and activities that reflect youth perspectives and provide realistic and safe options.			√	√
<b>Theme 7</b>	The Opportunity Center School and the school at the Grand Mesa Youth Services Center are providing much needed positive support to youth with behavioral health needs and other challenges.		√		√
<b>Theme 8</b>	The negative impact of staff turnover is felt by everyone, from children and families in need to staff providing services.		√	√	

**Building Bridges: Learning from Mesa County's Stakeholders**

<b>Category 2: Community Capacity</b>		<b>Key Informant Interviews</b>	<b>Staff Focus Groups</b>	<b>Family Focus Groups</b>	<b>Youth Focus Groups</b>
<b>Theme 9</b>	All of the systems are short on staff and consequently unable to respond to the behavioral health needs of children in a timely manner.	√	√	√	√
<b>Theme 10</b>	Information sharing does not happen consistently as children with special needs move within and between systems.	√	√	√	
<b>Theme 11</b>	Youth need more support during transition points, from small transitions as they move between classes to larger transitions as they re-enter school after out-of-home placements.		√	√	

<b>Category 3: Collaboration in Mesa County</b>		<b>Key Informant Interviews</b>	<b>Staff Focus Groups</b>	<b>Family Focus Groups</b>	<b>Youth Focus Groups</b>
<b>Theme 12</b>	Mesa County is a very collaborative community with many interdisciplinary efforts working on improving services and supports for children and families.	√	√		
<b>Theme 13</b>	Although Mesa County is very collaborative, current collaborative efforts are facing many challenges, including lack of staff time, lack of funding, and turnover of leadership in the county.	√	√		
<b>Theme 14</b>	Although the Mesa County Valley School District 51 is an active partner in the county, partnership with individual schools is much less consistent.	√	√	√	
<b>Theme 15</b>	Mesa County has not developed strategies to ensure consistent family advocacy and leadership at the systemic and case level.	√		√	



## Research Methods

Focus groups and key informant interviews are tools for listening to and learning from key stakeholders. They are strong tools for both evaluation and planning efforts, helping to expand the conversation by bringing in views otherwise left unheard.<sup>1</sup> As part of *Building Bridges*, the focus groups and key informant interviews in Mesa County are an opportunity to understand the strengths of the current systems serving youth with behavioral health needs, and opportunities for improvement from both bottom up and top down.

**Key Informant Interview Structure and Participants.** The eight key informant interviews were an opportunity to learn from leaders in Mesa County, hearing their unique viewpoints as representatives of many of the major service delivery systems. The eight interviewees represented leading voices in Mesa County Valley School District 51, Colorado West, Hilltop Child and Family Center, Mesa County Human Services, the Federation of Families for Children's Mental Health, the Division of Youth Corrections, and the 21<sup>st</sup> Judicial District. The informants were selected and invited by the Mesa Leadership Team for *Building Bridges* and referred to the evaluation team. Phone or in-person interviews were conducted by the evaluation team with an interviewer and a note taker present. Each interview took between 45 minutes and an hour and was highly structured, with the same questions asked of all the respondents (Appendix B).

### Key Informant Interview Participants

- 8 leaders from Mesa County agencies
- 6 women and 2 men
- All long-time residents of Mesa County (15+ years)
- All white

**Focus Group Structure and Participants.** The eight focus groups were conducted in Mesa County during a week-long visit from the evaluation team in September 2008. Focus group participants were recruited by Mesa County Valley School District 51 (School District), Colorado West, Division of Youth Corrections (DYC), and the Federation of Families for Children's Mental Health (the Federation of Families). The recruiters were instructed to identify line level staff working directly with children and families for the staff groups. They were asked to identify youth with behavioral health needs, and families with children who have behavioral health needs to participate in the focus groups. The Mesa Leadership Team recruiters from the school, mental health, and juvenile justice systems were asked to not invite supervisory staff or attend the focus groups themselves, to increase the likelihood of open and honest responses from participants. The recruitment was done through personal connections, flyers at service

<sup>1</sup> Morgan, David L. (1998). *The Focus Group Guidebook*. Sage Publications.

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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delivery locations, and emails to lists of families whose children are involved with the behavioral health and school systems. Finally, youth were recruited from the facilities where they were already required to be (Opportunity Center School and Grand Mesa Youth Services Center).

Each focus group was facilitated by either Jewlya Lynn or Rebecca Kahn, both experienced facilitators and members of the *Building Bridges* evaluation team. They were co-facilitated by Kirsten Tyler with the Federation of Families, and staffed by a note taker who documented the conversation and captured specific quotes from participants. The focus groups lasted 90 minutes. Though the same questions were not used for each group, due to the variety of types of participants, the same general line of questioning was used (Appendix C). Each group began by talking about general challenges facing youth and families, narrowed more specifically to experiences in the different systems, and opened back up to what the participants would change if they could change anything about the behavioral health, school, or juvenile justice systems. Each group ended with the participants filling out a demographic form that asked their age, gender, race/ethnicity, as well as questions specific to the type of focus group. For example, staff participants were asked their role in the system and families were asked about the special needs of their children. All participants were also given an opportunity to write down anything they didn't feel comfortable saying in front of the full group. These comments were included in the analysis.

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Family Focus Group Participants (Continued)	<ul style="list-style-type: none"><li>• In total, 23 family members participated, with 9 in the school focus group, 8 in the mental health focus group, and 7 in the DYC focus group.</li><li>• Family members were predominately female (18). Four of the five male family members participated in the DYC focus group.</li><li>• Family members represented the following demographic groups:<ul style="list-style-type: none"><li>○ White (18 family members)</li><li>○ Latino (4 family members)</li><li>○ Other (1 family member)</li></ul></li><li>• Family members reported between one and five children, with their children ranging from two years old to over 18. All families had at least one child between 5 and 18 years old.</li><li>• Family members reported their children are dealing with:<ul style="list-style-type: none"><li>○ Diagnosed mental health needs, primarily ADD, ADHD, and Bipolar (11 families)</li><li>○ Drug and alcohol abuse (1 family)</li><li>○ Autism spectrum disorders (7 families, 4 of which also reported mental health needs)</li><li>○ Fetal Alcohol Syndrome (3 families)</li><li>○ Developmental and learning disabilities (3 families)</li><li>○ Child welfare involvement (1 family)</li></ul></li></ul>
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### **Youth Focus Group Participants**

- In total, 19 youth participated, with 8 youth in the DYC focus group and 11 youth in the Opportunity Center School focus group.
- One staff member was present for the Opportunity Center School focus group. No staff were within hearing distance for the DYC focus group.
- Youth were a mix of female (6) and male (13) in both groups.
- Youth represented the following demographic groups:
  - White (9 youth)
  - Latino (5 youth)
  - African American (1 youth)
  - Native American (2 youth)
  - Other/Multiple Races & Ethnicities (2 youth)
- Youth represented the following ages:
  - 12 years old (1 youth)
  - 13 years old (2 youth)
  - 14 years old (4 youth)
  - 15 years old (9 youth)
  - 16 years old (3 youth)
- 4 of the youth in the DYC focus group had not attended a school in Mesa County.

### **Staff Focus Group Participants**

- In total, 20 staff participated, with 9 in the School District focus group, 6 in the Colorado West focus group, and 5 in the DYC focus group.
- Participants in the school focus group included special education teachers, school counselors, regular classroom teachers, assistant principals, and an early childhood coordinator.
- Participants in the Colorado West focus group included mental health professionals and substance abuse professionals, care managers, program supervisors, and staff involved with a juvenile justice program.
- Participants in the DYC focus group were all from the Grand Mesa Youth Services Center and included administrators, assessment and treatment staff, and security and supervision staff.
- Participants were a mix of females (14) and males (6).
- Participants represented the following demographic groups:
  - White (19 staff)
  - Latino (1 staff)
- Participants ranged from over 20 years of experience to less than one year on the job, and had an average of 5.5 years of experience.

**Confidentiality.** Key Informant Interview participants were informed that their responses would be aggregated, to protect their confidentiality. Focus group participants signed a waiver at the beginning of the focus group (Appendix A), clarifying the purpose and structure of the focus group as well as committing both the researchers and focus group participants to maintaining confidentiality. Focus group participants were not asked to provide their name or contact information except for the family members who had an opportunity to receive a stipend for their participation. Family members wishing to receive a stipend did have to provide their name and contact information, but with assurance that only the research team and fiscal staff would have access to this information. Some families who were interested in continued dialogue and support voluntarily chose to share their contact information with the Federation co-facilitator.

*Potential Confidentiality Breach.* The family focus group conducted with families whose children are currently or have been seen by Colorado West Mental Health Center (Colorado West) may have been partially compromised. Unbeknownst to the facilitator and note taker, a family advocate employed by Colorado West participated in the group, as she herself is a family member of a high-needs child. As a Colorado West employee, this participant had been involved with providing services and supports to at least one other family participating in the focus group. Her presence and occasional note taking may have inhibited participants from fully revealing their experiences with Colorado West.

**Analysis of the Focus Groups and Key Informant Interviews.** The data collected from the interviews and focus groups was coded and themes were developed using qualitative data management and analysis techniques. The key informant interviews and focus groups covered many of the same issues. For this reason, they were analyzed together into one group of themes, presented in the chapters to follow. The themes are broken out into three major categories:

1. *School Capacity* to meet the needs of children with behavioral health and other complex issues through individual schools and at the district level.
2. *Community Capacity* to meet the needs of children with behavioral health and other complex issues through the network of service delivery systems.
3. *Collaboration in Mesa County* to better meet the needs of children with behavioral health and other complex issues.



## Findings: School Capacity

Focus group participants described a wide array of behavioral health issues facing children in Mesa County. They identified drug and alcohol use as serious and pervasive problems, particularly marijuana and methamphetamine use. They named many different mental illnesses and behaviors that they regularly encounter in children and youth today, particularly ADHD, bipolar, reactive attachment disorders, oppositional defiance disorder, depression, and conduct disorder. They are seeing many youth with co-occurring mental illnesses and substance use, particularly those with bipolar and ADHD. Children and youth are also struggling with “high levels of emotional distress” caused by many things, from difficult home situations to adoption and abandonment issues to isolation and bullying from peers. Suicide and suicidal thoughts are an issue for far too many youth.

Focus group participants and key informant interviewees recognized the unique role the schools play in the lives of children and youth with behavioral health issues. Youth themselves talked about their experiences in schools as both some of the most positive moments, when they felt like they could turn things around, and some of the frustrating experiences that left them feeling defeated. The following themes describe some of the strengths and opportunities that the schools can build upon to positively affect the children they see everyday.

### **Theme 1**

Children with special needs, including behavioral health issues, face judgment and misunderstanding from some of their peers, teachers, principals, and other school staff.

Families reported that their children with special needs are often bullied and teased by other students at the schools they have attended. Many families described their children as socially isolated due to their differences and experiencing anger, sadness, and poor self-esteem as a result of bullying. A youth with behavioral health needs also described being bullied, and how the school response to bullying did not make her feel safer.

*“I told a counselor that I was being bullied and instead of making the situation better she just made it worse and I got a real beating that day and stopped telling anyone that I was being bullied.”* Youth Focus Group Participant

Repeatedly, families asked for students they referred to as “typical students” to be better educated about how to interact with children who have special needs. They felt if the school worked harder to help typical students understand their children with special needs, the bullying and isolation would decrease. They told stories about teachers and principals who helped to normalize their children’s behavior and helped other children to interact more successfully with them, but also shared stories of when school staff did not help the situation.

*“I talked to the teachers, and they say they have confidentiality that they can't violate. But that's not what I'm saying. I just want them to talk and teach the children not to leave others out.”* Family Focus Group Participant

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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In addition to the bullying from peers, families reported that their children are also judged negatively by many of their teachers and other school staff. The families discussed how their children are not given a chance to succeed, sometimes because the teachers don't recognize or support the child's full academic potential. The families also reported multiple times when teachers responded to their child starting ADHD medication by insisting the child receive more medication, rather than continuing to work with the child's disruptive behaviors, as they had been doing prior to the medication. For one parent, this stigmatizing of her child contributed to her decision to pull her child off medication.

*"The teachers want to over medicate. As soon as they hear my son is on medication, they want him to have more all the time."* Family Focus Group Participant

One parent sought to educate her child's teachers on the mental health and other issues her child was experiencing, but felt that even when she did the leg-work and brought information in to the teacher, it wasn't wanted.

*"There are a lot of publications available... I buy these books and give them to teachers to help them understand and they don't want them. They won't accept, they won't be more tolerant of people's differences."* Family Focus Group Participant

Families also noted that one of the mechanisms to support their children with behavioral health and other special needs, the Individual Education Plan (IEP), can contribute to the problems when it treats their children differently than others. Multiple families in two different focus groups expressed frustration that their requests to keep their children with IEP plans in the same grade for a second year in a row were denied because of an apparent district policy requiring all IEP students to advance. The families felt the needs of their children were being ignored due to a policy that emphasized getting their children through the school, rather than helping their children live up to their full potential.

*"They need to expect more from my son instead of not expecting enough."* Family Focus Group Participant

Finally, the family members also reported feeling their child was treated differently due to the family situation, not just the child's own needs.

*"If teachers hear about a home situation, a one parent household, a parent on medication, etc they treat the children like they're different."* Family Focus Group Participant

The range of different issues related to stigma suggest that families and children who do not fit in the "typical" student and family mold are more isolated, feel more judged, and may not be as comfortable in the schools as other students and families.

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### **Theme 2**

Many teachers, principals, and other school staff need additional training to improve their ability to meet the needs of children who have behavioral health issues.

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## ***Building Bridges: Learning from Mesa County's Stakeholders***

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Part of the individual school dynamic described by key informant interviewees is lack of teachers and principals' skills and knowledge related to behavioral health. Though some teachers are very good at identifying needs, many don't know what to do once they realize a child has behavioral health needs.

*"They feel like they are on an island all by themselves with no outside assistance."*

Key Informant Interviewee

Other teachers are less successful at identifying children's needs, and also struggle to manage children with special needs in their classrooms. One interviewee noted that a common strategy continues to be calling the parents or otherwise removing the child from a classroom.

*"Teachers can't teach when children are freaking out."*

*"[Teachers] are so busy teaching their subjects that they aren't teaching their students."*

Key Informant Interviewees

Participants in the family focus groups shared the belief that many teachers aren't ready to teach their higher needs children. Two families, in two different focus groups, had a teacher decrease their child's recess time when their child with ADHD acted out during class. The parents expressed concern that this type of response only aggravates their child's behavior.

*"The teacher who didn't want to work with him, she gave him paws, but she also took recess minutes away when he did something negative. We tried to tell her not to do this, because it made it worse for him, because he couldn't get that energy out. He's one who couldn't sit still."* Family Focus Group Participant

Also, as noted in Theme 1, the families also described how their children were treated differently once they had been put on medication due to a mental health diagnosis, with the teachers less willing to work with the behaviors and more insistent that the child be medicated so that the behaviors would go away. Overall, a strong theme was the desire by parents for all school staff to be better educated about their children's special needs.

*"The personality of the school is the most important - If they could educate the teachers and principal and even special education teachers."* Family Focus Group

Participant

Families talked more about their young children, but the youth focused on their sense of rejection by teachers as a result of choices they have made as teenagers, often related to academic failures, substance use, or other behaviors that create problems for them and their peers. Whether the mistakes were academic or behavioral, or some combination, their perception was that the school staff gave up on them, or saw them as the bad apple.

*"I wouldn't be so quick to suspend children before they know all the facts."*

*"The principal told other children that I was a bad kid and the others shouldn't hang out with me."*

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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*"Having to deal with people who say, my way or the highway is hard, makes me mad. People holding something against you or telling other people what's going on with you - it's hard to trust someone when that happens."*

Youth Focus Group Participants

Some of the key informant interviewees shared this perception. They reported that kids who are at the middle tier of the Positive Behavior Supports pyramid, beginning to exhibit the need for services, are unable to access supports and school personnel give up on them – tag them as problem children. For some of the youth, their frustration with how teachers or others treated them went beyond the response to their mistakes. They wanted to know why no one had tried to help them before they started making the bigger mistakes.

*"Most of the time there's something going on with our family life, or our families are doing something bad and once we get to the point of wanting to smoke a joint or drink some alcohol, we already have the mindset of doing that. So getting at that before the mind set would help. If you're drinking or smoking once, they just give up on you and call you a bad kid."* Youth Focus Group Participant

The theme among the youth in the focus groups was a strong desire for acceptance and support despite their mistakes. From family focus groups, a consistent theme was that the teachers, principals and other school staff do not always understand their children. Key informant interviewees clearly stated that many teachers are not prepared to work with higher needs children and lack resources to meet the children's needs. Combined, these themes suggest a need for increased training and support to teachers, principals, and other school staff to better meet the needs and work with the families of children with behavioral health issues and other special needs.

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### **Theme 3**

A strength-based, positive approach such as Positive Behavior Supports makes a significant difference in how families and children experience the school environment.

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A consistent theme among the youth in the focus groups was the strong positive memories they had of the teachers and other school or mental health staff who took extra time with them and gave them opportunities to make up for mistakes. The youth described these teachers in words that made it clear that they valued being treated positively and with respect, even when they made mistakes.

*"My teachers would give me a chance to make up work when I started skipping, give me a chance to do things again."*

*"They have counselors too... He's a pretty cool guy - helped me with a lot of stuff. He's nice and understanding - pays attention to what you're saying."*

*"When I was in Pueblo, my counselor was pretty old, but she gave me a chance. My only good passing grade was gym, but she gave me a chance to bring up all my grades, and get my credits back. That counselor really helped me."*

## **Building Bridges: Learning from Mesa County's Stakeholders**

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*"My teacher... really cool, always emailed my Dad my grades. Always got an A, my Dad was really happy. You use math for everything."*

*"Once I brought my knife to school because I had gone fishing the night before, so I was responsible and told my teacher. I didn't get in trouble."*

Youth Focus Group Participants

This theme was also very present in the family focus groups, where participants shared stories about schools with positive environments, friendly front doors, and supportive teachers, principals, and school staff.

*"They know me by name, in a good way, and they welcome me when I come in."*

*"The secretary's greeting is really friendly. The school resource officer goes out of his way to be very welcoming. They all know me by name, they make me laugh. The teachers are approachable and talk to you anytime."*

Family Focus Group Participants

Staff focus group participants emphasized how the positive environment of a school can be driven by the principal. Key informant interviews also supported the importance of that single person in the school's ability to meet the needs of children with complex issues.

*"Does the principal allow freedom and creativity to staff to best meet the needs? If principal doesn't understand special needs, the school won't be a good fit for that child... each school is its own fiefdom, it depends on how the leader of the school sets the tone."* Staff Focus Group Participant

The Positive Behavior Supports model emphasizes this style of strength-based interactions, and many of the youth in the focus groups remembered the PBS models in the schools they had attended. In particular, they remembered the rules and positive examples of what those rules meant for youth.

*"Respectful, Responsible, Ready - Respect your elders - don't give your teacher the finger. If she holds the door, say thank you etc. Responsible - if you do something bad take responsibility for it. If you forget your books one day, bring them the next day. Ready: be ready for class."*

*"Pride, integrity, determination, education. Take pride in your school, make sure that there's no graffiti, etc. Integrity - be excited about what you're doing in school. Determination - prove to people that you can do better, be determined to live a better life. Education - get an education. It was pretty cool."*

Youth Focus Group Participants

The parents also recognized the value of strength-based responses to their children. When asked about PBS, although some of the parents felt like it helped their children and others did not, most felt positively toward the model.

*"They respond better to positive than negative. It really boosts their self-esteem. They come home ecstatic. It is just a sticker, but it's the world to them."*

## **Building Bridges: Learning from Mesa County’s Stakeholders**

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*“She likes that there are guidelines and boundaries for everyone, including the other children. She knows children will earn points if they are kind to her. She likes the boundaries for behavior including how others treat her. It helps her feel safe at school.”*

*“This makes [my son] less anxious now that he knows they are focusing on the positive. When someone says he has done good, he feels good and he is less likely to have negative behavior. Some children like the attention, some want words, some want gifts, some want services, different people feel loved by different things.”*

Family Focus Group Participants

Key informant interviewees indicated that parents get information from the schools and parent involvement in PBS is very active. When a parent has a child in the targeted range of the Positive Behavior Supports pyramid, key informant interviewees indicated that schools will do extra outreach to the parents as part of PBS. In contrast, the families in the focus groups, most of whom had children in the top two tiers of the pyramid model, had not been engaged in much PBS programming.

*“I only found out after more than a year that my son's school is a PBS school.”*

*“They aren't really strong on sending information home.”*

Family Focus Group Participants

For some teachers in the focus groups, PBS has helped a lot, increasing their ability to manage children in the classroom using strength-based approaches. The interviewees from the schools described how teachers in PBS schools have an increased network of support due to the team approach included in the implementation of PBS.

*“If a teacher has a child with problems, the first thing they do is go to their grade level team and talk about possible strategies and solutions. If no solution there they go to the flex team meeting, and members of that team come up with strategies to support the teacher. The whole building looks at solutions to help the child and the teacher.”*

Staff Focus Group Participant

Overall, the strength-based interactions with children and families was an important positive component of the school experience. Staff and key informant interviewee focus group respondents also saw the benefit of the PBS model and its strength-based approach.

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### **Theme 4**

Schools may be able to better meet the needs of children with behavioral health issues if they more actively engage parents and other volunteers available in the community.

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Staff emphasized the increasing support in the schools, including trainings, information about resources, and staff time for team meetings. However, a consistent theme in both the staff and family focus groups was that teachers are too busy – they need more support, more aides, and fewer students, and their students need more one on one time with adults.

## **Building Bridges: Learning from Mesa County's Stakeholders**

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*"We need more adults available at the schools. It seems like scheduling runs everything. Parents should be involved in that - running the lunch room, watching recess, data entry, library help... there are a lot of people available to do simple things. We should use them."* Staff Focus Group Participant

Many participants in the family focus groups talked about wanting to volunteer in their children's schools. Some said they had tried and were turned down.

*"The teachers won't call, they won't reach out and ask for volunteers, even though they need them."*

*"I told my son's teacher I was ready to volunteer and they said there are too many adults in here."*

Family Focus Group Participants

The family focus group participants told stories about volunteers in their children's schools who really made a difference. Their stories emphasized the importance of adult interaction that is one on one and respectful of the unique needs of their children.

*"My daughter is in the 6th grade and the school has a senior who is a volunteer who really loves children who are just a little off. My daughter calls him grandpa and he comes into every class, asks how she's doing each day. He's made a big difference in her coming into the sixth grade. He's not a teacher. He's just a volunteer but he is there for her."* Family Focus Group Participant

Youth focus group participants also talked about their positive experiences with mentors and volunteers. For some, their mention of mentors was among the few positive interactions they brought up when talking about adults.

*"She is a volunteer - she's really helpful. She's there to support me, sees my potential."* Youth Focus Group Participant

Family focus group members suggested some areas where volunteers would be helpful, including mentoring and social activities, like playing basketball with children who have special needs or are socially isolated, being their "friend." They also suggested that volunteers would be helpful with transitions during the day, such as getting from class to lunch to recess and back.

*It's hard for teachers. They are all alone in that room with 25-30 students and if they focus on just one the rest will run rabid. It's chaotic in their minds, and that has to be volunteers, because you can't expect the teacher to take that on. If you focus on the one kid, the rest might be out of control. And if you focus on the one, it might not really help. They don't have enough money for aides."* Family Focus Group Participant

Overall, families encouraged the use of more volunteers because they recognized the challenge for teachers to work with a room full of children when one child needs more attention and support. Youth had similar views, asking for more one on one help so that they could succeed.



## Findings: Community Capacity

Though many of the focus group and key informant interviews highlighted the strengths and opportunities for improvement in the school system, the overall focus of the conversations was much broader. Participants described children who are in need of comprehensive arrays of services, who are facing a combination of trauma, mental health needs, substance abuse disorders, other health and behavioral issues, and juvenile justice and child welfare involvement. Consequently, meeting the needs of these children requires a community with capacity to provide a wide array of services. The following themes look broadly at that community capacity, both the strengths and key opportunities for improvement.

### **Theme 5**

Accessing behavioral health and related services continues to be difficult in Mesa County due to funding barriers, long waits, gaps in services, and a lack of information on where to refer families.

Staff and family focus group participants mentioned many barriers to families accessing the behavioral health services their children need. Some of the most commonly mentioned barriers were financial. Staff and families indicated that when families are eligible for Medicaid, they may face long waits, as Colorado West is charged with meeting the needs of a large population and has limited resources. When families are not eligible for Medicaid or have private insurance, schools and other systems may not know where to refer them, as staff indicated that Colorado West does not accept private insurance. The lack of a clear referral protocol referring to a range of appropriate services, based on the family's financial ability to pay, may be resulting in families not accessing the services they need.

Finances are also a barrier for families seeking additional support through the school system. Many families in the focus groups said that they wanted their children to participate in summer school, rather than be held back a grade or be advanced without having basic academic competencies in place. However, some of the families reported that they were not given the opportunity to enroll their children in summer school free of charge because the teacher did not recommend it, and the tuition was beyond their financial ability to pay.

Staff referenced the fear that families feel when Human Services gets involved, and saw that as a barrier to families accessing services and supports that they need. Families and youth expressed that fear in their focus groups, reflecting what the staff reported.

*"If you do talk to someone [social services] just splits you up. That's the last thing you want, it's chaos from there on."*

*"Social services is never helpful. Once you're in the system, it's hard to get out."*

Youth Focus Group Participant

Part of the barrier to accessing services is the lack of supports and flexible dollars to increase a family's ability to access the array of services available in Mesa County. Families and staff

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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mentioned the need for more respite services, transportation, and other non-treatment supports and services. Staff focus group participants reported that families may not show up for their children's mental health appointments due to the challenge of getting across town on public transportation with multiple children in tow, having jobs that conflict with the times available for family and child therapy appointments, or having other activities the children need or want to attend. Finally, the staff emphasized that some of the families are in such crisis, with so many complex needs, that attempting to address a child's behavioral health needs alone will not be effective.

*"I think a lot of our families are in such chaos, not just their child in therapy, meth labs or extended families with needs... what a life they have, therapy can end up at the bottom because there are other crises in the families."* Staff Focus Group Participant

Another barrier to accessing services is specific to youth who have entered the juvenile justice system. Staff participants reported that children are falling through the cracks due to a gap in the service delivery system: when children are breaking the law because of generational or family issues, but the problems are not necessarily abuse and neglect, the children get caught in the middle. They face the consequences of their family, and they don't get access to services until they are into the juvenile justice system. Staff also reported that comprehensive services are often not available until the youth is in commitment at Grand Mesa Youth Services Center, and the aftercare program for youth in detention is not as comprehensive as some of these youth need.

Key informant interviewees indicated that service access differs greatly depending on the level of need a child is experiencing. Consistently, the interviewees indicated children who are at the mid-level of the Positive Behavior Supports pyramid, in need of targeted supports, but not necessarily interventions, are not getting their needs met. Because their needs aren't at a crisis point, interviewees indicated that services often aren't available and when they are, there may be a long waiting period before the children are seen.

The key informant interviewees also described service availability as a function of age. More services are available for older kids, in part because of the risks associated with their behaviors. Mesa County has a shortage of child psychiatrists and other specialists to work with younger children and middle school children, which also limits service access. Overall, interviewees indicated services to elementary school children were lacking and more need to be developed. Some respondents qualified this statement by noting that with the ending of Project Bloom, early childhood services may soon be just as limited.

Two interviewees also emphasized that while services may exist for teenagers, youth are still slipping through the cracks because at this age they "can drop out, are pretty mobile, and stay hidden from the system." The array of needs is greater for this population, according to some interviewees, and the risks associated with their behaviors are greater as well.

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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### **Theme 6**

Youth in Mesa County need choices and activities that reflect youth perspectives and provide realistic and safe options.

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Both families and youth talked repeatedly about how youth, particularly those involved with the justice system, are asked to accomplish things they don't know how to do on their own. Many youth were told they had to find new friends, but not given any support or tools to help them. They were told to stop using drugs, but not given alternatives to their current delinquent activities. The youth described many situations where adults had expectations that felt unrealistic, because the youth were not given support to meet them. The families echoed this experience, discussing how their youth were not given opportunities to succeed.

*"The judge asked if he understands the rules, he says yes and he can follow the rules. But he knows that he won't stop hanging out with his friends and smoking marijuana. He's scared of the consequences if he says, 'I don't know if I can stop it'. He doesn't know where to get help."* Family Focus Group Participant

Youth participants repeatedly brought up the need for more activities that are safe and healthy in their community, activities that are oriented toward the interests of teenagers, not younger children or adults. One youth participant emphasized repeatedly the value of the skate park that had been developed near a school he attended. That alone seemed to make a big difference for him in terms of having an appropriate and safe place to be a teenager. Another youth also emphasized the need for programs and activities to be designed with youth involved. He wanted to be a leader in his own community to create more opportunities for youth like him.

### **Theme 7**

The Opportunity Center School and the school at the Grand Mesa Youth Services Center are providing much needed positive structure and support to youth with behavioral health needs and other challenges.

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Some of the youth shared that their current experience at the Opportunity Center School was different from past experiences in school. They discussed how their teachers were giving them second chances and opportunities to do better.

*"It's really one on one, very individual, small groups at Opportunity School. They try to help you out more. They understand what we're going through when they work with you. They work with you on whatever you need."* Youth Focus Group Participant

Youth in both focus groups who had personal experience with the Grand Mesa Youth Services Center were very positive about the center and how it has benefited them. Although the youth suggested that the school was not as challenging as they wanted it to be, they were very positive about schooling in general, including one youth who said that since arriving in DYCS's facility, he has gone from seeing school as a place to socialize to seeing school as a place to learn.

*"Grand Mesa is a good program - teaches you self-discipline. Helps with re-entry into the community."*

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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*"Actually people jeer at DYC, but it has helped us. It's slow, but I'm getting my GED. By the time I get out I'll probably be graduated."*

Youth Focus Group Participants

The participants in multiple staff focus groups as well as some of the key informant interviews highlighted the DYC programming and services as strengths in Mesa County. In particular, the positive peer culture model was seen as highly complementary to the Positive Behavior Supports model in the schools. The tracker and mentor, or "friendly gorilla" program that works with youth as they transition back into schools was repeatedly emphasized as a useful program. Key informants and staff explained that part of the positive experience some youth have during their commitment to DYC is the result of being away from troubling family environments and being in the custody of a single system able to provide a full array of services.

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### **Theme 8**

The negative impact of staff turnover is felt by everyone, from children and families in need to staff providing services.

For staff, turnover in other systems can be a barrier to communication between systems at the individual kid and family level. For example, a focus group participant from the school district described how she had formed a relationship with someone in Human Services who was willing to work with her on addressing the needs of those children with the most difficult situations. Now that the person has left the position, she has no one to connect with around the children who need the most help.

Families expressed frustration with turnover, though in a different way from other participants. For families, turnover was a problem when their children were moved to new classrooms or new schools and when staff members leave their positions. The focus group participants described the negative affect of these changes on their children, emphasizing how stability and consistency are important to children with behavioral health needs, autism spectrum disorder, fetal alcohol syndrome, and other special needs.

*"They keep changing teachers on him, teachers move between schools. A lot of the problem with these children is they have a hard time with transitions and by the time the new teacher gets a bond with them, they're gone again. My son has ADHD and FAS and has a hard time with changes... I have had some wonderful teachers, but then they change over."* Family Focus Group Participant

For both families and staff, the consistency of the relationship and the capacity of the individuals is important. Family focus group participants also talked about how the constant influx of new teachers means that many of their children's teachers are young, fresh out of school, and unprepared to work with challenging or higher need children.

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### **Theme 9**

All of the systems are short on staff and consequently unable to respond to the behavioral health needs of children in a timely manner.

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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Participants in every focus group emphasized the lack of capacity in the schools and service delivery organizations. In the youth focus groups, this could be seen in their suggestions that there need to be more teachers, more principals, and more one on one interaction.

*"More teachers so that they could focus on us more. Help on problems and everything.  
More one on one."*

*"More special education classes, because we're already behind as it is. For them to pay more attention, the way we do [at the Opportunity Center School]. Most of us are behind here, so we'll need help."*

Youth Focus Group Participants

Family focus group participants also wanted more teachers, with smaller class sizes, more one on one attention, and more special education teachers.

*"Smaller classrooms for children who have a hard time being with other children. -  
More one on one time with the children."* Family Focus Group Participant

Staff focus group participants agreed on these points and additionally talked about the need for more specialized mental health and substance abuse staff. They also talked about the difficulty of recruiting and holding onto new staff given the low pay associated with many of the positions in the non-profit and public sector. Finally, key informant interviewees expressed frustration with the lack of specialized staff available in Mesa County, including child psychiatrists and others experienced in working with younger children.

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### **Theme 10**

Information sharing does not happen consistently as children with special needs move within and between systems.

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Many focus group participants emphasized the importance of information being shared between and within systems when their children are transitioning or receiving services in multiple places. When information sharing between systems occurs, the families in the focus groups saw its positive benefits and highlighted it as a success.

*"My daughter's psychiatrist gets progress reports from the school about how her behavior is - they keep up on a lot of stuff."* Family Focus Group Participant

When information sharing did not occur, it created problems for the families and their special needs children.

*"But the principal in summer school didn't read the file, didn't know he was special need, had multiple ages in one room, and the principal treated the mother like she was nuts for being upset about it."*

*"Most special needs programs are centralized. Then the children go out to regular classrooms. Sometimes the information about their children doesn't get to the classrooms they are in."*

Family Focus Group Participants

## Building Bridges: Learning from Mesa County's Stakeholders

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Staff also reported frustration with information sharing barriers.

*“Perfect example, we have a Turnabout contract - children can be eligible for Turnabout after screen, then not eligible because on Medicaid, or 14 or younger which means they need parent's signature. At any given time we can't know the answer to their eligibility status because the communication isn't happening. HIPAA rules result in information sharing barriers, they feel like communication can be one way at times.”*

Staff Focus Group Participant

One staff focus group came up with a recommendation that went beyond just having access to the same case level information. They identified a need for the information collected in assessments to be comparable across systems: sharing apples to apples and oranges to oranges.

*“Common forms for questioning, language, recording. There should be a file where everything is collected. We are collecting a lot of data - why not get together with the community services and collaborate on what we could do together! Just a report or a form for communication. My severity rate is one thing, another agency might not think it is so severe. If we can have consistent levels of severity and understood it, that would be helpful.”*

Staff Focus Group Participant

Information sharing was also a top priority for one of the key informant interviewees. The interviewee emphasized that the inability to share information, driven by HIPAA and other protective laws, creates communication barriers.

*Yes, we're communicating better than ever, but there's always a need to communicate better. If there were a way to share information legally—law enforcement, Colorado West, Schools—that would be very helpful. It's just an idea right now, but we keep running into the HIPAA and other protection laws. We have some ideas.”*

Key Informant Interviewee

Another interviewee mentioned that Human Services and Mesa County Valley School District 51 are sharing information frequently, perhaps in part due to the formal MOU (Memorandum of Understanding) between the agencies. Overall, though pockets of information sharing are occurring, the families, staff, and one of the key informant interviewees saw more barriers than success in this area.

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### Theme 11

Youth need more support during transition points, from small transitions as they move between classes to larger transitions as they re-enter school after out of home placements.

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Family focus group participants emphasized the challenges they and their children face during transitions between classes and teachers, between schools, between service delivery providers, and when entering a residential facility or transitioning out of a facility. Staff echoed the need for successful transitions and shared some of the models they feel are working better than others.

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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In the school setting, family focus group participants explained that their children with special needs, including children with behavioral health issues, require more support as they move from class to class, and transition to new teachers each year. Participants described a couple of different models that worked for them, and many examples of what had not worked.

*“Our resource person is phenomenal. She's really on top of things. Same one year to year really matters. She talks to me, she calls back when I leave a message. It really helps with the transition between grades.”*

*“The school that we're with right now, they did a phenomenal job. They figured out who his teacher was going to be next year, and they did a powwow at the end of last year, so he would be ready for this year, so the teacher would be ready too.”*

Family Focus Group Participants

Family focus group participants talked about the challenge of consistency when their youth were taken out of home and moved into detention. One of the concerns was the lack of follow-through on the part of the detention staff to ensure the youth continue to receive their psychiatric medications while in detention. Staff focus group participants also talked about the transition out of detention and the lack of follow-through that can happen if the court does not participate in ordering mental health services. Grand Mesa Youth Services Center's transition program for youth leaving commitment was described by key informant interviewees and staff and youth focus group participants. While the youth did not appreciate the extent of supervision, both staff and key informants felt the tracking and wraparound services have been a successful strategy for transitioning youth back into the school system.



## Findings: Collaboration in Mesa County

The key informant interviews sought to better understand the context and accomplishments of Mesa's collaborative systems. The interviewees identified many strengths and opportunities to expand or improve collaboration. Similarly, staff focus groups included discussions of collaboration between systems, often focusing on specific case level examples. Throughout, participants used terms like "hyper-collaborative" and the vast majority of participants were pleased with the history of collaboration that has occurred in the county.

### Theme 12

Mesa County is a very collaborative community with many interdisciplinary efforts working on improving services and supports for children and families.

Key informant interviewees were asked questions about the different collaborative efforts underway in Mesa County. They identified a broad range of efforts (listed in the next chapter). Interviewees from the justice and human service systems were more likely to report intervention focused initiatives, and those in the school and community provider systems were more likely to report prevention and early intervention focused initiatives. As interviewees were describing the collaborative activities, the term "hyper-collaborative" was often used, though one interviewee noted the community used to be hyper-collaborative, but has been less so in recent years.

Interviewees described collaborative efforts going back to the early 1990's, with Senate Bill 94 and House Bill 1171 given credit as initiators of the early cross-system work in Mesa County. Interviewees as well as staff focus group participants noted the overlapping membership at many of the different collaborative tables, with the same leaders and staff sitting together in many different rooms. Respondents also emphasized how collaboration breeds collaboration.

*"It's really a community value that systems collaboration, an expectation that it happens no matter what we're doing."*

*"When a need arises, we have the relationships."*

Key Informant Interviewees

Trust and regular communication is the basis of collaboration in Mesa County, and due to that trust, they are able to work together to break down funding barriers and address other mandates. The interviewee's descriptions of collaboration were largely very positive, and also very strength-based, emphasizing their partners' involvement and contributions, and the desire not to duplicate each other's good work.

Staff focus group participants also emphasized positive experiences with collaboration in Mesa County. For example, the partnership between the school district and Grand Mesa Youth Services Center around their similar initiatives, Positive Behavior Supports and Positive Peer Culture, was respected as a good example of two systems collaborating and building on what they each are already doing.

## Building Bridges: Learning from Mesa County's Stakeholders

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### Theme 13

Although Mesa County is very collaborative, current collaborative efforts are facing many challenges, including lack of staff time, lack of funding, and turnover of leadership in the county.

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Interview respondents were overwhelmingly positive about collaboration in Mesa County however, they did identify barriers that the county regularly has to overcome. The most commonly cited barrier was the lack of staff time. Staff focus group participants echoed this concern, expressing frustration with the number of collaborative efforts and meetings associated with those efforts. Staff recommended all the collaborative efforts be centralized, brought together under one umbrella with common goals.

Other barriers included differences of opinion about the role of finances. Some interviewees felt the lack of funding and the ongoing financial stress on individual agencies are creating barriers to collaboration. Other interviewees stated that funding is not a barrier to collaboration; rather it is an opportunity to figure out which programs work best and put the funding toward those efforts instead of others.

*“Systems level perspective – money isn’t the huge barrier. We make it a barrier, and there is no doubt that things are tighter, we may need to shuffle resources, may have to change how, but we can overcome it.”* Key Informant Interviewee

Beyond funding, two interview respondents noted that a specific collaborative effort, HB1451, is not having the same success as other collaborations. As one interviewee put it:

*“Change represents opportunity, but also different opportunities. We’re struggling a little bit with our HB 1451 Initiative. I think things are moving in the right direction, though. Getting the leadership of various entities on the same page is the challenge. We can all agree on the goals, but what to do to achieve the goal is the challenge.”*

Key Informant Interviewee

Two interviewees also tied recent challenges in collaboration, such as the HB1451 effort, to the turnover in leadership. When agency leadership changes, organizational cultures can change, philosophies change, willingness to partner may change, and trust needs to be rebuilt.

*“Another major weakness is really related to leadership turnover, mid-level managers who aren’t really ready to break down barriers. We need to build a policy infrastructure because no matter what you tell them, they don’t believe it.”*

Key Informant Interviewee

### Theme 14

Although the Mesa County Valley School District 51 is an active partner in the county, partnership with individual schools is much less consistent.

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Some interviewees identified the district as a leading partner in many efforts, and other interviewees reported the schools are involved in most, if not all, collaborations in Mesa County, though one area for more involvement might be the court improvement efforts.

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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Interviewees stated that a challenge in partnering with the school district is the difference between partnering at the district level and partnering at the individual school level. Some interviewees described the increasingly formalized school district relationships with other systems and providers. Specifically, they mentioned MOUs and protocols in place with Human Services and Colorado West. Not only are the more formal agreements in place, but the many collaborative efforts that engage the schools allow for ongoing problem solving. In particular, the mobile crisis unit from Colorado West that can respond to crises in the schools was highlighted as a strength of district level partnership with community providers that resulted from joint problem solving. However, the collaboration and formality of district level partnerships may not be enough.

*"On a district wide level they are very involved, but it might not filter down to the individual schools."* Key Informant Interviewee

Other interviewees focused on individual school level coordination, where the buy-in of the principal is paramount. Some schools were described as going above and beyond to secure resources, create specialized programs, and meet children's needs. Relationships at the bottom up level were described as being dependent on specific people who other systems know and trust. According to interviewees, some schools are active partners, others only partner around specific cases, and some aren't partners even when they have a child with complex needs.

Staff focus group and family focus group participants have had similar experiences, with some schools doing an excellent job partnering with families, mental health staff, and juvenile justice staff, while other schools fail to partner at all.

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### **Theme 15**

Mesa County has not developed strategies to ensure consistent family advocacy and leadership at the systemic and case level.

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Interview respondents reported that family involvement has not been consistent or regularly prioritized in Mesa County. The interviewees explained that recruiting and maintaining family representation on boards and committees can be challenging as they are not paid to attend. One exception is the paid family advocates working at Colorado West. Three respondents also indicated past efforts to partner with the Federation of Families for Children's Mental Health (the Federation) had been challenging, in part because in the past, the Federation tended to "advocate without collaborating." However, all three also noted that things appear to be working better with the Federation at this time. Two other respondents also mentioned the Federation as a resource to improve family involvement in the collaborative work of Mesa County.

*"That's always the goals; to try and involve families. It is always the challenge as well. Families are often trying to navigate the systems themselves or work on their own treatment plan."* Key Informant Interviewee

Family engagement at the case level may also be an area for improvement. Some interviewees reported that their organization is undertaking efforts to better engage families on behalf of their

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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own children, but that it was an area where more needs to be done. Family focus group participants were very clear that they wanted more involvement, more support groups, more education, and more communication from the teachers, service providers, and staff working with their children. The importance of having a voice in the service delivery system on behalf of their own kids, and the reality that they are working as advocates for their kids everyday, was a consistent theme across the three family focus groups.



## Examples of Collaborative Efforts

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Interviewees highlighted many different collaborative programs, planning initiatives, and state mandated efforts. The collaborative efforts mentioned by interviewees are listed below with the brief descriptions provided by the interviewees who brought up each of the efforts, when available. The descriptions have not been verified and may or may not fully or accurately describe the collaborative effort. They are in order from the programs mentioned by the greatest number of interviewees to the programs only mentioned by one interviewee. Some of these programs and initiatives were also mentioned by staff and family focus group participants.

- **Mesa County Partnership for Children and Families:** A broad initiative that began with a focus on the prevention of child abuse, but is now broad with five domains of focus. With over 200 members, it is one of the most actively collaborative efforts in the county. Members include counties, cities, public service, non-profit, courts/probation/DYC, foster care, etc. One interviewee noted that “Just about... every entity that touches children and adolescents are working on where the gaps are for services.”
- **HB1451:** HB1451 is exploring an integrated model where substance abuse and mental health staff are integrated into child protective cases. It's looking at co-location and multi-disciplinary assessments. It's still a relatively new collaborative, and though there is agreement on the goals, one respondent reported that coming to agreement on how to achieve them has been much more challenging. Suggestion that there is a need for more family involvement and a suggestion that trust and willingness to throw money on the table is still lacking, though progress is being made.
- **Turnabout:** A partnership between the Division of Youth Corrections and Colorado West that includes detention and post-detention mental health services. The program is being evaluated and includes Functional Family Therapy, an evidence-based program.
- **Meth Task Force:** The Task Force started out with an adult focus, but it has evolved to a broader focus on substance abuse for all ages. The schools are participating and in its third year, it has implemented a treatment model and expanded services available.
- **SB94:** SB94's diverse planning board includes counties, cities, public service agencies, non-profits, courts, probation, DYC, etc. The dollars can be used to purchase substance abuse and mental health services for children. It was one of the original collaborative efforts in Mesa County that became a basis for future collaboration work.
- **Mesa County Partners Program:** Partners program is a mentoring program started by the community. It partners with the schools, juvenile justice, mental health, and other community agencies.
- **Family Centers:** Family centers are located in elementary schools that have lower socio-economic profiles. They engage children and parents in prevention efforts.

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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- ***Opportunity Center School:*** The school is a collaborative partnership between Hilltop, Mesa County Valley School District 51, Department of Human Services, and Colorado West Mental Health Center. It combines mental health and school services in one setting. Many of the students have been expelled or otherwise had problems in mainstream schools.
- ***Collaborative Court Strategic Team:*** Interagency team chaired by a Judge that is focusing on determining times frames and availability for mental health services for children and youth, access to services when Human Services involvement is not occurring, disproportionate numbers of families of color, the disparity in availability and services provided for that population, and awareness of services available.
- ***Project Bloom:*** Project Bloom is a federal grant that did a lot on collaboration and integration and brought in evidence-based models for services to young children. The community has not been able to sustain the services after the federal dollars ended.
- ***Community Services Pool: Community Services Pool (CSP):*** A pool of dollars managed collaboratively among major agencies including the school district. Dollars can be accessed to do what is otherwise impossible to pay for, but could keep a child or youth in the community. They are only accessed when there is no other way to pay for the services. The pool was built by five or six agencies who continue to put money into a pot every year. This came out of HB1171: when the state pulled their portion out, major local agencies said they would keep contributing.
- ***MART (Multi Agency Review Team):*** An assessment group in the juvenile justice system that includes cross agency partnership.
- ***Interagency Oversight Group:*** Description not complete, it might be an interagency group providing oversight to services for adolescents and families.
- ***Coordinator's Table:*** A meeting where the staff who are paid coordinators of the various collaborative efforts sit together to talk about where they overlap and prevent duplication of efforts.
- ***Marillac Clinic:*** An integrated healthcare clinic for those without insurance.
- ***HB1391:*** A grant proposal recently submitted by the Human Services and Colorado West to develop a collaborative, community-wide plan for mental health services for children 4 – 10 and their siblings with substantiated cases of abuse and neglect.

Other collaborations were also brought up by key informant interviewees and staff participants, but no name was given for the collaborations. They include:

- Partnerships between the school district and Colorado West, including specialized SIED schools, a mobile crisis response team that comes to the schools, communication between schools and therapists on individual cases, and other partnerships in specific schools.

## ***Building Bridges: Learning from Mesa County's Stakeholders***

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- Partnerships between the school district and the Division of Youth Corrections, including sharing transcripts, using common textbooks, aligning their Positive Behavior Supports and Positive Peer Culture initiatives, and working together to put in place wraparound services as youth transition back into the school district.

This list only represents those collaborative efforts that staff and interviewees chose to highlight as part of their conversations. There may be other important collaborative activities that contribute to Mesa County's ability to meet the needs of kids with behavioral health issues and their families.



## Conclusion and Recommendations

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As explored in the previous chapters, the analysis of the Key Informant Interviews and Family, Youth, and Staff Focus Groups found many overlapping areas of agreement. The experiences of families and youth can be very positive when staff and systems are able to meet their needs through strength-based approaches. They can also be more challenging when staff, programs, or systems are not prepared for the complex needs that a child with behavioral health issues may present. Staff participants in the focus groups and key informant interviewees recognize the strength of the collaborative environment in Mesa County and this creates many opportunities to better support of children and youth with behavioral health needs and their families.

Focus group participants and key informant interviewees suggested many different changes to the school, mental health, juvenile justice, child welfare, and other systems. A few of these recommendations were heard across multiple focus groups and can be seen in many of the themes:

- Increase training on behavioral health for teachers, principals, and other school staff including identifying children with behavioral health needs and responding effectively to their needs.
- Increase individual school's awareness of and competence at referring families to appropriate services.
- Ensure strength-based strategies such as PBS are fully implemented within all schools and with all school staff.
- Address barriers to accessing services, which may require addressing gaps in the service array.
- Create a more child and youth friendly community through the increased use of volunteers and mentors in the school, increased recreational or other activities in the community, and addressing bullying and teasing of children and youth with special needs.
- Expand family involvement at both the individual case level and in the many collaborative efforts in Mesa County.

These are a few of the many ways that Mesa County could continue its work to serve and support children and youth with behavioral health needs and their families.



## Appendix A: Key Informant Interview Questions

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### A. COMMUNITY EFFORTS

1. Using a scale from 1-10, how much of a concern is children's behavioral health in your community, with one being not at all and ten being a very large concern? Please explain.
2. Please describe any partnerships or planning efforts between the school district and other providers and partners in the community related to children's behavioral health.
3. How are the individual schools involved in these efforts?
4. How are families involved in these efforts?
5. How long have these efforts been going on in your community?
6. What are the strengths of these efforts?
7. What are the weaknesses of these efforts?
8. How do these efforts connect to the Positive Behavioral Supports efforts?
9. How are partnerships between schools and other community providers, such as juvenile justice, mental health, substance abuse, child welfare, etc. built and maintained?
10. How are services between schools and mental health and substance abuse providers coordinated? For example, is the program organized and operated from top down or does a local school administrator, such as a principal, negotiate and collaborate directly with a local service provider to address their schools' uniquely perceived needs?
11. Using a scale from 1-10, how well does your community do at the Universal Prevention level of the PBS pyramid, when it comes to behavioral health needs?
12. Using a scale from 1-10, how well does your community do at the Targeted level of the PBS pyramid, when it comes to behavioral health needs?
13. Using a scale from 1-10, how well does your community do at the Intervention level of the PBS pyramid, when it comes to behavioral health needs?
14. Using a scale from 1-10, how well does your community meet the behavioral health needs of pre-school children?

15. Using a scale from 1-10, how well does your community meet the behavioral health needs of grade-school children?
16. Using a scale from 1-10, how well does your community meet the behavioral health needs of middle-school children?
17. Using a scale from 1-10, how well does your community meet the behavioral health needs of high-school children?

**B. SCHOOLS KNOWLEDGE ABOUT THE ISSUE**

12. How knowledgeable are school staff about children's behavioral health. Please explain. (Such as: dynamics, signs, symptoms, statistics, effects on family and friends, etc.)
13. How knowledgeable are school staff about how to respond to a kid with behavioral health needs who is in crisis? Please explain.

**C. RESOURCES FOR BEHAVIORAL HEALTH EFFORTS**

14. How are the current efforts related to behavioral health and schools funded? Please explain.
15. Do you know if there is any evaluation of these efforts? If yes, using a scale from 1 to 10, how sophisticated is the evaluation effort, with one being not at all and ten being very sophisticated?
16. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?
17. Does your community need any technical assistance when it comes to tracking or using outcome data related to behavioral health?
18. What are some specific examples of how Mesa County schools and other partners are meeting behavioral health needs of children that you consider "innovative" or "creative?"
19. What is the greatest opportunity for your community to improve its ability to meet the behavioral health needs of children?
20. Where does your community most need help to better address the behavioral health needs of children?
21. Any final comments?



## Appendix B: Focus Group Consent Form

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### **CONSENT FORM TO PARTICIPATE IN A FOCUS GROUP** **Building Bridges for Children's Behavioral Health**

Jewlya Lynn, Evaluator, Building Bridges  
Rebecca Kahn, Research Assistant, Building Bridges  
Kirsten Tyler, Federation of Families for Children's Mental Health

#### **Dear Participants:**

We are doing focus group discussions as part of the evaluation for the *Building Bridges for Children's Behavioral Health* initiative, funded by a federal grant from the Department of Education. We hope to learn more about how schools and other agencies in the community, including the Division of Children Corrections and Colorado West, support children with behavioral health needs. The information will be used to inform the planning process at both the state level and here in Mesa County.

#### **Focus Group Procedures.**

The focus group will last approximately 90 minutes. It will be lead by a facilitator and co-facilitated by a representative of a family advocacy organization. A note taker will capture the key themes from the discussions. The focus group questions will ask about school environments, challenges facing children today, and how to improve the schools to meet the behavioral and emotional needs of children.

#### **Information Will be Kept Confidential.**

The information children provide in the focus group is confidential. No names will be attached to any comments you make. We are interested in hearing from everyone, but you don't have to participate in questions that may be uncomfortable for you. You can choose to leave the focus group at any time. We ask that you keep everything that is said confidential. The information from all the focus groups will be combined together and reported to the *Building Bridges Leadership* and *Mesa* teams working on implementing the grant.

#### **Participation in this focus group is entirely voluntary.**

You can decide not to participate at any time. If you have questions about the *Building Bridges* initiative or the purpose or process of the focus groups, you can call Jewlya Lynn or Rebecca Kahn at 303-455-1740.

#### **Participant's Statement:**

*I voluntarily agree to participate in one focus group. If I have questions about the focus group, I can call one of the people listed above.*

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Signature

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Date



## Appendix C: Focus Group Questions

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### **Family Specific Questions**

- How does your children's school make you feel welcome when you walk in the door?
- What would it take for your children's school to get an "A" in supporting children and making them feel welcomed?
- Can you tell me one positive thing about your child's school?
- If your kid's school has a Positive Behavior Supports initiative, what have been the helpful components of the initiative for you and your children?
- What kinds of behavioral or emotional issues are children facing today?
- Thinking back to when your kid first started having challenges at school, what could the school have done to help your kid succeed?

### **Youth Specific Questions**

- When you hear the word, "school" what comes to mind?
- Think back to the last time you felt really appreciated by a teacher or someone else at your school. Can you describe what happened?
- Can you tell me one positive thing about your school?
- What are some of the hardest issues children are facing today?
- Thinking back to when you were in public school, what could your school have done to help you succeed?
- If your school had a Positive Behavior Supports initiative, what did you like most about it?

### **Staff Specific Questions**

- What kinds of behavioral or emotional issues are children facing today?
- How does your agency help with these issues?
- How does your agency partner with the schools, justice system, or mental health center to help with children behavioral or emotional issues?
- What could make those partnerships work better?
- What are some of the things that make it harder for you to help children with their behavioral or emotional issues?
- Are you familiar with the Positive Behavior Supports model? If yes, how you think it helps with children's behavioral or emotional needs?
- Can you tell me one positive thing about the school you work with/in?
- What is the role of the school in supporting children with mental health issues?

### **Wrap Up Questions for All Focus Groups**

- If you were in charge, what kinds of changes would you make to support children's behavioral or emotional needs?
- Is there anything else you want to share?