

## ICCCY survey

Updated on 6/15/2021

### 1) What do you think are the most important issues for the Interagency Coordinating Council for Children and Youth (ICCCY) to work on?

working to get the services / funding to the local levels / communities.

2) meeting regularly

3) Family / youth involvement at all levels

Anxiety, depression

Continue pushing toward family driven practice and working toward bringing the different organizations and nonprofits together as one front to help the families of MS when there is a need (right now its hard to pinpoint where to go for service)

I think it is vital that they get back up and running and meeting. Also, transitional age living issues, especially for youth aging out of the child welfare system.      Anonymous

Ways family members can be a part of the decision making process where they feel comfortable and their voices are being heard.      Anonymous

Creating awareness and collaboration amongst providers

Increasing access to all levels of care

Advocacy and peer/family involvement      Anonymous

How to get services for families in very rural communities and with transportation issues.

Anonymous

disparities for children and youth involving insurance and services      Anonymous

getting all of the different agencies and organizations that touch children's and families lives working together so that there is a real system of care in the state.      Anonymous

Working to help see that services are brought to the communities, that the majority of funding goes to communities. It is currently too top heavy. Also need to make sure children / youth / family truly do play a role and have a voice in all aspects of this process.      Anonymous

### 2) What do you think are the greatest barriers to the different state systems working together?

Everyone must work to meet their own guidelines and rules and it is difficult to use resources when another system's requirements don't line up with each other.

Not having the same set of rules.

Limitations of the ability and willingness to share information is always a barrier when different state systems work together.

Barriers for different state systems working together are not having a clear, concise definition of their roles in the process and lack of a good understanding of each systems' policies and procedures.

Getting information regarding needs from the children and families served to the leadership of those state systems

Each system has it's own standards and way of doing things that is easiest for them. Maybe it is more time consuming to adopt a different way of doing things in order to work together.

Time constraints due to staff having too many responsibilities. Under staffed agencies.

bureaucracy (rules that inadvertently create barriers to cooperation) and lack of communication

- 1) Motivation by different agencies
- (2) Significant logistical barriers to coordination efforts (e.g., IT, systems level processes)
- (3) Time and money resources of personnel

I think a lot of state systems feel overwhelmed so they are hesitant to take on more responsibilities.

Priorities that may not align. Duplication of services. Lack of discussion of coordination to leverage resources.

Not enough communication or miscommunication

money, time, making sure the members stay committed and on task

The greatest barrier is not having one group overseeing and offering assistance, technical assistance, and oversight.

Systems not working with each other when it comes to supporting families which causes families to feel overwhelmed at times.

Rigidity not coming together to create one mission buy in from both parties needs to be equal

- 1)to much "territorial / agencies being against each other" thinking going on
- 2) Not educating themselves on what the other agencies actually can provide

Getting schedules coordinated. Anonymous

communication, divisions in overarching goals, limited understanding of agency oversight and responsibilities Anonymous

turf wars, siloing, the legislature, leadership, protecting funding sources, will to actually work together  
Anonymous

The continued us versus them mentality when it should be a team effort. Anonymous

### **3) What suggestions do you have for the ICCCY to help make sure all the partners work together in a meaningful way?**

Use Zoom to cut down on travel cost and time.

Each agency at the table has to be able to benefit from the teamwork. If it is easier to do "on your own" and the results are the same, there is no point

communication

Having a clear mission statement would allow partners to understand the need for this meeting. Also, knowing how their programs/agency could benefit from such a collaboration would also be helpful.

Open communication and clear guidance

Utilize peers/parents in the decision-making processes.

Not sure.

Performance measures. Legislative accountability.

Use a free tool like <https://www.hirebook.com/en/> to set goals for ICCCY, then cascade those goals to the individual stakeholders and monitor how people feel about the progress their making so they can easily ask for support.

Have 3rd party as primary manager of ICCCY

Share a common goal behind every initiative. Something every level of care can get behind.

Have committed stakeholder representation. Include families if possible. Adopt specific initiatives to rally behind that can be achieved.

Continue having these surveys!

newsletters/blogs (spread information), ask each group to give updates routinely, ask each group to provide proof of what they are working toward as part of the ICCCY (create a portfolio or documentation)

Include every SOC agency as well in the ICCCY. Anonymous

Allow family members to be a part of the process and ask families what do they want Anonymous

establish a mission statement with clear objectives and strategic planning Anonymous

- 1) start with a we / team approach
- 2) consistent meetings / regular communication

Have set goals and build the team so that they have the same goals. Anonymous

a multidisciplinary team that has not just executives but also local leaders and system of care partners/representatives from across the state and not just in the metro Jackson area. Anonymous

once the group has been put together they should go on some kind of facilitated retreat that would build relationships and perhaps get the state agency and other organizational partners out of their normal comfort zones. Anonymous

Having consistent meetings, while making sure the meetings are meaningful, not just checking a "box" off. Giving voice and ear to all present. All voices are needed. Anonymous

#### **4) What are your suggestions on how the ICCCY can make sure it meaningfully partners with families?**

If parents can help get other parents involved, it would help greatly. To set requirements on the number of "required" sessions for a particular service puts burden on provider for something that is in the parent's control.

Having peer and/or family representatives on the team would help solidify partnerships with families.

Ensure that the families needs are the most important.

Getting out of the offices of service providers and into the homes of those served. The use of case managers/community support services for families outside of the realm of Medicaid reimbursement.

Families should be included in all goal setting processes

Agree that no group meetings will take place without family representation.

use social media to maintain constant communication

Case managers and family navigators. Partnerships have to be one-on-one and build personal relationships. Families have to have a face and feel that someone actually cares.

Include representation. Ideally from the 4 corners of the state.

Offer many services!

really push to spread the information through: newsletter, blogposts, facebook, twitter, emails, etc.

explaining to families what the ICCCY is and how valuable they would be on the time. Inviting families to sit in on a meeting at first so they may see how the meeting is conducted      Anonymous

conduct targeted outreach to engage diverse families, ensure that key positions are held by family members, ask families what they need      Anonymous

1) Use the resources that are already doing this out there such as Families as Allies and SOC's

2) Truly listening to families / youth

Allowing the family members to actively give ideas and be a part of the decision making process.

engaged families in the conversation and provide them with leadership opportunities.      Anonymous

As much as possible in the beginning, ICCCY meetings should be public and open and transparent. All organizations should commit to doing outreach and communications about the effort.      Anonymous

Having local partners across the state that know their communities and the cultures of their communities. Trust issues can be a huge barrier so better chance of success here when someone more knowledgeable of their community reaches out.

**5) Please share any examples of collaborative work going on in Mississippi that you think are good examples for the ICCCY to consider as models for working together.**

DMH and CMHC work together well.  
MAP teams have strong collaborations.  
Governance Council for SOC.

Map team

MAP teams certainly come to mind as a model for working together.

CMHC MAP teams

Grant-funded programs that support peer support for youth, parent peer support for guardians, and community support services for all served.

Not sure.

**CHAMP**

Child Access to Mental Health and Psychiatry (CHAMP) at UMMC; Behavioral Health in Infants and Preschoolers (BEHIP) at UMMC. Both collaborate across medical/behavioral areas, in communities with PCPs and/or CMHCs and agencies. MS Thrive.

Wrap-around Services

n/a

working with a family run organization to understand family driven practice      Anonymous

SOC's  
Families as Allies  
Starkville Strong

PBMHR Map teams are working well with outside stakeholders to provide support for youth.  
Anonymous

Current MAP teams and SOC sites      Anonymous

MAP teams

Systems of Care

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**at is your role in the system of care? Check all that apply.**

Answer	Progress		Number of Responses	Response Ratio
	0%	100%		
Family member			4	19.0%
Youth			1	4.7%
Service provider to families			7	33.0%
Administrator in a child serving system			11	52.3%
Supervisor in a child serving system			10	47.6%
Educator or employee working with children K - 12			1	4.7%

Employee of a University system		2	9.5%
Health Care Provider		4	19.0%
Policy Maker		1	4.7%
Advocate or Attorney		0	0.0%
Employee of family-run or grassroots organization		3	14.2%
Community member		2	9.5%
Employee who does work with early childhood		1	4.7%
Other		0	0.0%
<b>Totals</b>		<b>21</b>	<b>100%</b>

**Are there any issues that you think will be particularly important for the council to address (this question was asked of ICCCY members)?**

Addressing Mental Health and the Pandemic for young adults	Anonymous
Mental health resources for foster children, and community-based services for families at risk of losing their children.	Anonymous
Access to care for young children zero to five. Workforce development for young children. Treatment services for caregivers of young children	Anonymous
Mental Health needs of children birth - 5 years	Anonymous
N/A	Anonymous
Mental Health services for early childhood	Anonymous
I will be able to better answer this question after the first meeting.	Anonymous
With the pandemic there has been a significant increase in anxiety, depression and suicidal thoughts in this age group. Need to plan for continuing concerns as schools reopen and things try to return to what was normal prior to last year.	Anonymous

IED program issues in schools	
ADHD children in schools and managing their issues	
Yes Infant Mental Health	Anonymous
Discussion of gaps in community based services, and intentional building of a continuum of care, with focus on access/entry to care and movement within the system- particularly for foster and adopted children or children in danger of removal from their homes.	