

**Systems of Care: What Works
And For Whom?**



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Abstract

Twenty-three families served through Worcester Communities of Care (WCC), a CASSP-based systems of care (SOC) program in Worcester, Massachusetts were interviewed retrospectively about the structure, functioning, and overall effectiveness of their Child and Family Team. This poster describes findings from these interviews and explores factors in the Worcester Wraparound process that relate to differential response to treatment at graduation, and better or worse outcomes six months post graduation.

Introduction

- The System of Care (SOC) approach, developed in the 1980's, evolved in response to a growing realization that children with mental health problems and their families were not getting the services they needed, that access to services was lacking, and that services were fragmented, uncoordinated, and took place in excessively restrictive settings, where families were marginalized and cultural differences went unrecognized (Knitzer, 1982; Stroul, 2003). Over the past two decades a good deal of progress has been made in developing systems of care across the country (Stroul, 1996).

- Reports from these projects have shown that child behavior and functioning, juvenile justice referrals, educational outcomes, and family functioning and satisfaction levels, as well as out of home placements have shown improvements with a system of care approach (see Burns, 2002 for a review). However, little is known about what aspects of the systems of care approach are most linked to outcomes for the family and child.
- This poster provides descriptive information on the process of SOC services, and in particular, the structure and perceived functioning of Child and Family Teams for 23 families involved in a comprehensive wraparound process provided through Worcester Communities of Care, a SOC site in Worcester, Massachusetts. Key aspects of the Child and Family Team and the wraparound process are then explored, as they relate to differential responses to treatment at graduation, and better or worse outcomes six months later.

Introduction to Worcester Communities of Care (WCC)

WCC began as a Center for Mental Health Services (CMHS) grant to promote creation of a **System of Care** for youth with Serious Emotional Disturbance (SED) and their families living within Worcester, based on values and principles of **the Child and Adolescent Service System Program (CASSP)**.

- Children were referred from a variety of sources including child welfare, community mental health, and parent organizations
- All referrals were screened by a WCC Enrollment Committee-- the members of which included WCC staff, representatives from the child welfare and public school systems, and parents

- Youth 6 - 16 years of age
- Living in the City of Worcester
- DSM diagnosis
- Severe functional impairment in two or more areas (home, school, community)
- At risk for out of home placement
- Parents/caregivers wish to participate

WCC Wraparound Pilot Project

The WCC Wraparound Process occurred generally in 5 overlapping activities

Team Building

- Families identify potential members to their Child and Family Team. Except in circumstances of State legal custody, the family has the final decision about Team membership
- The Goal for each Team is a blend of 50% people from the family's extended social network, and 50% people from the professional network involved with the child

Resource Review

- WCC Staff and Family meet with Resource Review Committee to review their Plans, brainstorm about resources, help bring a different perspective when their Team is "stuck"
- Resource Review Committee made up of WCC staff as well as outside members of the larger system of care (schools, parents, community organizations)

Strengths Discovery

- Takes place as early in the process as possible, but is an ongoing, never ending endeavor
- Strengths are solicited from multiple sources
- Focuses on a unique and individualized description of the child and family's strengths, preferences, and cultural practices
- Recognizes general ethnic/cultural practices as well as individual family cultural practices and beliefs

Care Planning

- Needs are identified in specific life domains
- Goals are developed to meet the need
- Strengths and Options are suggested to meet the goals
- Specific Tasks are agreed upon and assigned to fulfill options
- Flexible funds were available to support the Plan according to WCC guidelines

Crisis / Safety Planning

- Developed in situations where there is the potential for harm to self, others, or the community and in conjunction (where possible) with the crisis plans developed by the child's professional resources (clinicians, physicians, etc.)
- Includes steps for Prevention, Diversion, and Response

Methods

Participants:

- 23 of 48 families who graduated from the WCC Wraparound Process have been interviewed to date. One family declined; and 17 families were lost to follow-up
- There were no significant differences in baseline demographics, diagnoses, or child functioning (CAFAS) at baseline or graduation between families who were lost to follow-up and those who agreed to be interviewed
- Families who were interviewed included caregivers of 19 boys and 4 girls; 60% were Caucasian, 20% African American, 15% bi-racial/multi-ethnic; 35% were referred by the school, 22% by a mental health provider, 22% by DMH family support group

- CAFAS data was collected throughout the family's involvement at 6-month intervals for up to 3 years
- All CAFAS data during and after enrollment, as well as the retrospective interviews were conducted by separate evaluation staff – not care managers or family partners
- Individual data collected was never shared with service delivery staff

Results

Structure of Child & Family Teams:

- Number of people on the child and family teams ranged from 2 to 7 (mean = 4.78; median=5), including family members, friends, care coordinators, family advocates, school personnel and other professionals

Life Domains Addressed by Child and Family Teams

Domain	% who ranked it #1	% who ranked it in top 5	How well did we meet the need? Mean of rating (1=not at all; 5=very much)
Child's Behavior	4%	87%	4.15
Child's Emotional Psych. Issues	26%	83%	3.9
School	13%	78%	4.2
Home/Family Life	9%	52%	4.1
Safety	22%	48%	4.8

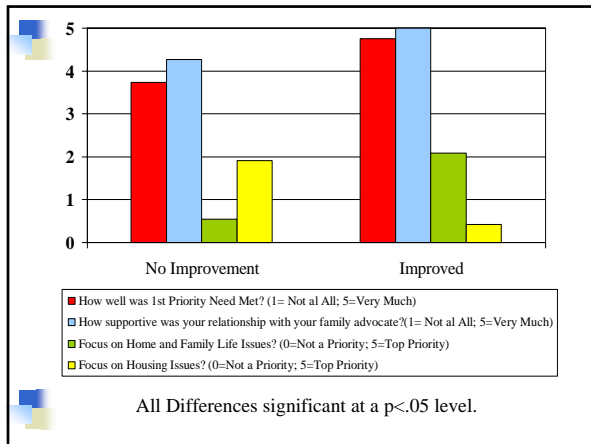
Financial Issues	0%	43.5%	3.9
Housing	9%	35%	4.0
Child's Social Life	4%	26%	3.7
Transportation	4%	22%	5.0
Legal Issues	4%	4%	5.0

Baseline to Graduation

Differences between those who improved (n=12) vs. those who stayed the same or got worse (n=11) as measured by Total CAFAS score

Those who improved:

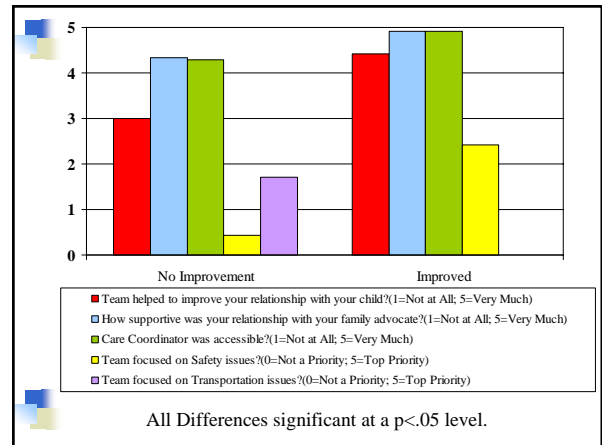
- Had their 1st priority needs (in whatever life domain was identified) met to a greater extent
- Reported having a greater focus on home and family life issues
- Reported focusing less on housing issues and the child's psychological/emotional issues
- Reported having fewer problems meeting goals
- Reported having the Child and Family Team work well together to a greater extent
- Reported greater supportiveness in their relationship with their family advocate
- More often reported their Team was able to help work through and resolve crises when they occurred
- More often reported receiving help obtaining state services and benefits



Baseline to 6-Months Post Graduation

Differences between those who improved (n=12) vs. those who stayed the same or got worse (n=7) as measured by Total CAFAS score

- ### Those who improved:
- Reported WCC improved their parent-child relationship to a greater extent
 - Reported their child and family team was better able to problem-solve when things weren't going well
 - Reported that they had a more supportive relationship with their family advocate
 - Reported that they had a more accessible care coordinator
 - Reported a greater focus on safety issues
 - Reported less focus on transportation issues
 - Less often reported receiving emergency funds



Conclusion

Taken together, these findings suggest an important role for the child and family team's supportiveness, cohesiveness, and problem solving function.

They also suggest those families whose focus was on family life issues rather than basic needs (housing, transportation, and emergency financial support) fared better.