


Bridging Systems of Care for Family Centered Services Through Community Mental Health



Kathy Compton, MSW, LCSW & Phil Suman, MSW, LCSW
 Indiana University School of Social Work
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Challenges for Rural Families

- Limited economic opportunities
- Lack of trust outside traditional support systems
- Poverty
- Drugs
- Multiple needs of children
- Punitive systems of care
- Stigma



*Children's Bureau, 2005

Challenges for Rural Communities to Provide Family Centered Services


- Limited resources
- Fragmented services
- Inaccessibility due to geographic distances
- Waiting lists
- Competition between providers
- Varied funding sources



• Surgeon General, 1999

Challenges for Rural Indiana Providers

- Limited and fragmented funding
- Low salaries with a need for highly skilled workers
- Multi-problem families in intergenerational community culture
- Lack of cooperation and coordination
 - Child welfare
 - Mental health
 - Juvenile justice
 - Schools
 - Community programs



• Compton & Suman, 2005

How can Communities Address the Challenges?

- Prioritize child and family need
- Address "buy-in" by community & stakeholders
- Analyze community needs and resources
- Develop a "State of the Community" message
- Flow chart to map systems of care



• Compton & Suman, 2005

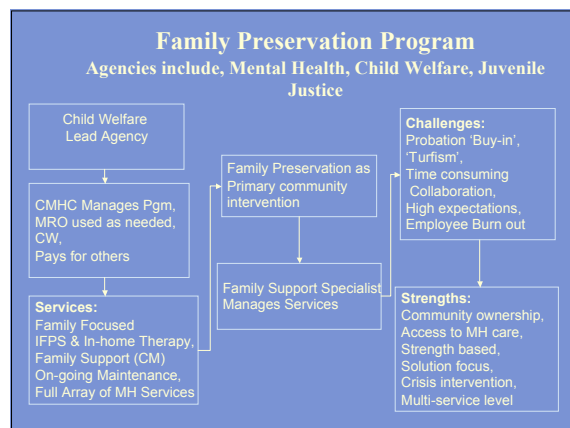
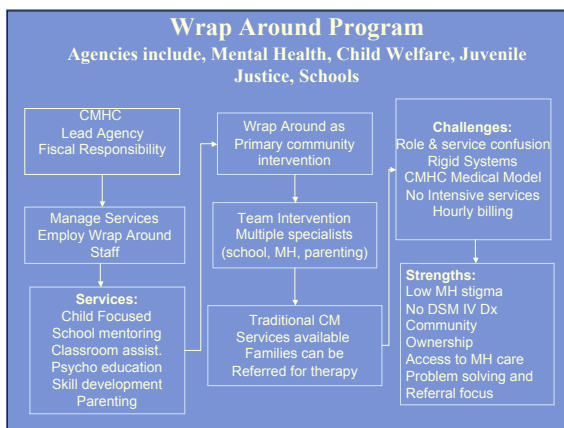
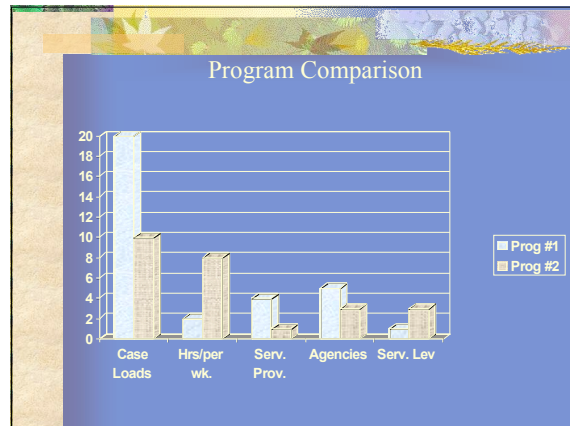
Why Mental Health?

Surgeon General (2004) estimates 9 million U.S. children have serious emotional and behavioral disorders and need specialized and coordinated services

- 70% are not getting treatment
- 80% of children in the child welfare population need mental health treatment
- 60% of delinquent children and adolescents need mental health treatment
- Community Mental Health funding resources


Comparison of Two Communities

- Program characteristics and outcomes for two rural Indiana Communities
- **Community #1 (Wrap Around Program)**
 - Eastern Indiana, population of 26,833 with 452 square miles and population density of 59.3 per square mile and with a 11.1% poverty rate
- **Community #2 (Family Preservation Program)**
 - Southern Indiana, population of 32,110, with 361 square miles and a population density of 88.8 with a 10.1% poverty rate



Year 1 Outcomes




- **Community #1**
- 88% overall improved functioning as measured by CAFAS



- **Community #2**
- Reduced out-of-home placement by 85%
- Reduced residential placement by 45%
- Increased family and school functioning
- Placement cost savings of \$350,000

Five Year Outcome Data Community #2

- 91.43% of 140 children in 33 families remained in-home
- 50% of children in out-of-home placement were reunified
- Each family received an average of 70 hours of direct in-home services during the program

• Compton, 2006

Framework for Bridging Community Resources

- Agreement that services are fragmented and gaps exist
- Leadership 'buy-in'
- Consensus on model
- Collaborative problem solving
- Understand the collaboration is a process and problems must be addressed patiently and without attempts to sabotage the collaboration
- Active and involved advisory team
- Equitable division of funding/staffing/reimbursement/ and program oversight
- Compton & Suman, 2005

Successful Strategies for Bridging Systems of Care

- Recognize that each organization has a unique view of children, families, and their problems
- Each organization must objectively analyze their policies and procedures to determine how these can be more collaborative
- Understand system boundaries and when possible make the more permeable
- Not give up because of turfs, hard feelings, or unsuccessful cases
- Continue to work toward ideal outcomes such as, family empowerment, social justice, positive inter-community activity, positive relationship among community members and improved communication and sharing of resources
- Compton & Suman, 2005

Questions!

