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

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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

Program Comparison

Wrap Around Program
Agencies include, Mental Health, Child Welfare, Juvenile Justice, Schools

- Services: Lead Agency Fiscal Responsibility, Manage Services, Employ Wrap Around Staff

  Wrap Around as Primary community intervention
  Team Intervention: Multiple specialists (school, MH, parenting)
  Strengths: Low stigma, No CMI IV, On Community Ownership, Access to MH care, Problem solving and Referral focus
  Challenges: Rigid System, No Intensive Services, Hourly billing

Family Preservation Program
Agencies include, Mental Health, Child Welfare, Juvenile Justice

- Services: Child Welfare Lead Agency, CMHC manages Pjm, MPO used as needed, CW, Pays for others

  Family Preservation as Primary community intervention
  Strong Support Services, Family Focused IFFS & In-home Therapy, Family Support (CM) On-going Maintenance, Full Array of MH Services
  Challenges: Procrassion buy-in, Turfing, Time consuming, Collaboration, High expectations, Employee burn out

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 turf, 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!