System of Care Partnerships with Education:
A Case Study from Rural Southeastern Indiana

Jeffrey A. Anderson, Ph.D.
Kristina Ann Bixler, M.S.
Funda Ergulec, Ph.D.

Indiana University – Bloomington
April 2018
Table of Contents

Executive Summary .................................................................................................................................................. 3

Method .................................................................................................................................................................. 8

Findings .............................................................................................................................................................. 8
  Finding 1: OCOF fosters interagency collaboration by building connections and partnerships among schools, families, and youth-serving agencies in southeastern Indiana............................................ 9
  Finding 2: OCOF is instrumental in addressing stigma and shifting mindsets regarding students with mental health needs .............................................................................................................. 9
  Finding 3: OCOF connects both families and schools to community and educational resources .......................................................... .......................................................................................................................... 10
  Finding 4: OCOF offers a variety of trainings, technical assistance, and grant support to schools and the community and assists in the development of several programs and initiatives ............................................................................................................. 10
  Finding 5: OCOF staff is aware of shortfalls in training and expertise with some of the child-serving agencies, as well as their own agency, and work to make improvements ......................................................................................................................... 13

Discussion ............................................................................................................................................................ 15

Conclusion ......................................................................................................................................................... 16

References ............................................................................................................................................................ 16

Appendix ............................................................................................................................................................. 17

ACKNOWLEDGEMENTS
Not only did the idea for this study emerge out of collaborations with One Community One Family (OCOF), the study itself would not have been possible without the support of countless people, local systems, state agencies, and families. Most importantly, we thank the staff of OCOF for allowing us to conduct this study and assisting us to make the connections needed to collect the data and craft this report. Likewise, we are indebted to the people who took time to interview with our team. Finally, we wish to thank Indiana University and the IU School of Education for the support to engage in this important work. Please note that the information included in this report does not necessarily reflect any opinions beyond those of the study authors. This study was supported in part by a grant from SAMHSA (Grant No. 6 1S5 SM05851802) to the Indiana Families and Social Services Administration and CMHC, Inc.

Suggested Citation: Anderson, J. A., Bixler, K., & Ergulec, F. (2018). System of Care Partnerships with Education: A Case Study from Rural Southeastern Indiana. Study prepared for One Community One Family by the Families, Communities, and Schools (FoCuS) research team at Indiana University-Bloomington.

The Indiana University FoCuS team strives to improve its work. We thank you for your interest in this project and we always welcome your questions and suggestions.
Executive Summary

In 2005, the One Community One Family (OCOF) System of Care (SOC) was established to provide a coordinated system for serving youth with emotional and behavioral health needs and their families. As southeastern Indiana’s local SOC partnership, OCOF has supported the implementation of a wide range of both evidence-based and new models of care and coordination by providing technical assistance in strategic planning, project management, social marketing, change implementation, evaluation, training, grant support, and, nearly as important, built strong and lasting reciprocal relationships with key community partners.

The purpose of this study was to investigate how the OCOF SOC addressed the mental health needs within schools by assisting in or supporting the development of positive learning environments, which involve academic, behavioral, and mental health needs of students and their families (Freeman, 2011). This study, conducted by the Families, Communities, and Schools (FoCuS) team in the School of Education at Indiana University in Bloomington, IN, examined the perspectives of community stakeholders and educational leaders who were involved in various stages of OCOF’s activities. The study provided the opportunity to critically examine the perspectives of various school personnel, administrators, and other stakeholders regarding OCOF’s influence on the kindergarten through community college educational system. The study further serves as an investigation into some of the attributes of southeastern Indiana’s unique service population and will become a valuable resource for future program design and evaluation.

Findings are based upon data gathered from semi-structured interviews conducted with eight community stakeholders and educational leaders during the spring of 2017 along with reviews of publicly available documents. Interviews were transcribed and content and thematic analyses were utilized to analyze the interview transcripts. The research team found five major findings that emerged from the analyses.

**Finding 1:** OCOF fosters interagency collaboration by building connections and partnerships among schools, families, and youth-serving agencies in southeastern Indiana.

**Finding 2:** OCOF is instrumental in addressing stigma and shifting mindsets regarding students with mental health needs.

**Finding 3:** OCOF connects both families and schools to community and educational resources.

**Finding 4:** OCOF offers a variety of trainings, technical assistance, and grant support to schools and the community and assists in the development of several programs and initiatives.

**Finding 5:** OCOF staff is aware of shortfalls in training and expertise with some of the child-serving agencies, as well as their own agency, and work to make improvements.
Discussion

Overall, these findings are highly encouraging; however, as with any social service system, there is always room for improvement. Not surprisingly, our primary recommendation is to continue to promote widespread communication with and among all schools, community agencies, and with families. The following recommendations start from an overall goal of the ongoing need for better communication.

1. To ensure that schools are aware of area services and supports available to students, families, and staff, OCOF might consider offering presentations at school administrative meetings in the counties within its catchment area. Presentations could focus on the supports OCOF and other service agencies provide for schools, which can include locating service providers, connecting schools to resources, and educating people about mental health.

   Given that some schools felt OCOF was not widely promoting its trainings and other activities beyond its website, stakeholders suggested disseminating information about upcoming events or trainings by delivering event flyers or posters, emailing administrators/counselors reminders, and more effectively use OCOF’s website and social media, social marketing, and other marketing approaches to promote school-based events.

2. OCOF should continue to deepen its partnerships and collaborations with service providers. The focus would be to support the implementation of a quality-minded approach to providing services to students with mental health needs and their families, along with properly supporting schools to help these children.

3. Ensure that service providers clearly understand the types of trainings and supports that should and could be provided for students and their families, as well as approaches to more effectively engaging caregivers. This may be of particular importance with the Incredible Years program, which is under OCOF’s purview.

4. Consider inviting service partners to parent engagement sessions as a way to inform and offer success stories about OCOF’s approaches to engaging parents and caregivers.

5. As noted in the findings, several educational leaders thought that accountability might be increased by service providers if they were to provide quality assurance reporting to OCOF’s Advisory Board. Moreover, the OCOF Advisory Board might considering adding a clause to its partner agreements recommending that key service provider staff periodically engage with the Board in reciprocal reporting (e.g., providers report progress, success, and challenges and the Board provides feedback from youth and families). Such efforts would also likely create improved communication in addition to improved services.
Limitations. These recommendations are made cautiously, and the research team suggests that they be used only as a starting point for further conversation, as opposed to being viewed as a rigid set of endorsements. Moreover, we remind the reader that all of these findings must be considered in light of important limitations to this study. First and foremost, data collection was small, largely subjective, and limited in scope. As noted, purposeful sampling was used in this study in an effort to interview people who would have the necessary experiences with OCOF and the schools in its service area. We fully acknowledge the possibility that not all stakeholder perspectives were adequately represented in our study processes. Although respondents were invited to be interviewed because they were viewed by informants at OCOF and elsewhere in the community as being able to reflect on the research questions, we also point out that in interview research, it is also possible that a different set of respondents could have produced a different set of findings.

Conclusion. In spite of the limitations of this work, our findings clearly indicate that OCOF has assisted in and/or supported the development of positive learning environments in at least some of the schools in its catchment area. Stakeholders want to see more schools get involved in the programs and receive supports provided by OCOF, and want to see OCOF increase its outreach to schools. However, these findings suggest that community members are encouraged by the progress thus far. As OCOF continues to facilitate change, stakeholders also understood that students with mental health needs and their families often require highly effective and earlier interventions to improve wellbeing. In alignment with long-standing empirical evidence, respondents believe that such efforts will reduce the unnecessary reliance on historically overly restrictive societal responses. Finally, the results remind us about the importance of earlier intervention and how it can ultimately lead to prevention, and that all these efforts will help young people stay in school. Indeed, schools that incorporate mental health programs through the use of interagency collaboration “will be instrumental in reducing mental health disparities and building positive mental health for children and youth” (Freeman, 2011, p. 11).
System of Care Partnerships with Education: A Case Study from Rural Southeastern Indiana

Youth with serious behavioral health needs, many of whom have been exposed to trauma, frequently demonstrate poor outcomes both in and out of school (Bub, McCartney, & Willet, 2007; Anderson, Kutash, & Duchnowski, 2001). Trauma can be defined as life-threatening accidents, maltreatment, domestic violence, assault, and disasters, among others (Costello, Erkankli, Fairbank, & Angold, 2002). In general, children who experience trauma: (1) have lower academic performance (i.e., lower grades); (2) demonstrate higher rates of behavior problems and school suspensions; (3) consistently score lower on standardized reading and math tests; and (4) are placed into special education at higher rates than their peers without prior trauma (Weinberg, Oshiro, & Shea, 2014; Scherr, 2007). The Child Mind Institute (2017) stated that one out of every five children in the United States meets the criteria for having a mental health disorder. Fifty percent of mental health disorders begin before the age of 14, which affects the learning experience for children (Child Mind Institute, 2017). Left untreated, such challenges can negatively affect students’ ability to learn and function in school settings. For instance, 75% of ADHD cases manifest in children by age eight (Child Mind Institute, 2017) and students who exhibit anxiety disorders are twice as likely as their peers to fail a grade or drop out of school (Stein & Kean, 2000). Mood and anxiety symptoms, ADHD, and disruptive behaviors that occur by age six can predict poorer math and reading achievement in high school (Breslau, Miller, Breslau, Bohnert, Lucia, & Schweitzer, 2009). Ultimately, combinations of mental health have been found to be associated with lower levels of educational attainment across the lifespan (McLeod, Uemur, & Rohrman, 2012).

Children with mental health needs have contact with a variety of service agencies and organizations that help to support the health and wellbeing of children and youth in the child welfare system (National Technical Assistance and Evaluation Center for Systems of Care, 2008). To navigate all the systems, interagency collaboration is a core component in the SOC approach and focuses on bringing professionals together from mental health, juvenile justice, education, law enforcement, faith-based entities, and other organizations to integrate and coordinate service for the child and family (National Technical Assistance and Evaluation Center, 2008). Interagency collaboration is defined as “mutually beneficial and well-defined relationships entered into by two or more organizations to achieve common goals” (Mattessich, Murray-Close, & Monsey, 2001, p. 1). In addition, Dedrick and Greenbaum (2011) provide characteristics of interagency collaboration, which include: (1) creating and consenting to a set of common goals; (2) sharing responsibility for obtaining those goals; and (3) working together to share resources and information to achieve those goals (e.g., Bruner, 1991; Cumblad, Epstein, Keeney, Marty, & Soderlund, 1996). Linden (2002) stated “collaboration occurs when people from different organizations produce something together through joint effort, resources, and decision making, and share ownership of the final product or service” (p. 2). Dedrick and Greenbaum (2011) explained that interagency collaboration is a way to cope with the increasingly complex needs of the child and family by sharing information, resources, funds, and personnel across multiple systems (e.g., Jones, Thomas, & Rudd, 2004). Interagency collaboration is a crucial component of serving children in the child welfare system because there is not one single agency that has the financial resources,
staff, and legislative authority to meet all the needs of the children and families in the child welfare system (National Technical Assistance and Evaluation Center for Systems of Care, 2008).

One response to this challenge is to restructure efforts focused on organizing and providing services (Dryfoos, 1994). The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Children’s Mental Health Initiative (CMHI) has been a primary supporter of these efforts, providing federal funds and other resources to develop an approach to services provision known as systems of care (SOC) (Huang, Stroul, Friedman, Mrazek, Friesen, Pires, & Mayberg, 2005). A system of care has been defined as “a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life” (Stroul, Blau, & Friedman, 2010, p. 6). Improving “behavioral health outcomes for children with mental health disorders and their families” is the main goal of SOCs (Brannan, Brashears, Gyamfi, & Manteuffel, 2012).

Wide variation exists among SOCs in terms of age range of youth served, targeted needs, and available services and structures. For example, some SOCs focus in the following areas: early childhood; school aged children in grades K-12; young adults, while others target a wider range of children, youth, and young adults ranging in age from 0 to 25. However, in spite of the different areas of focus, SOCs that are funded through CMHI grant mechanisms are influenced and informed by the values set forth by SAMHSA and CMHI, ensuring that they are strengths-focused, culturally competent, family-driven, and interagency coordinated (One Community One Family, 2015). In addition to these core components, additional interdependent components are developed in each SOC community based on local strengths and needs (Ackoff & Rovini, 2003). Conversely, the independent components can include unique contributions from child-serving sectors (e.g., juvenile justice, education, child protective services, behavioral health), nonprofits and other community agencies and local providers (e.g., faith based, or neighborhood organizations).

Partnerships between P-12 schools and SOCs are key to identifying and supporting students’ mental health needs (Svirydzenka, Aitken, & Dogra, 2016). Many youths participating in SOC models also experience issues in school such as behaviors that result in out-of-school suspension, low academic achievement, and special education placements (Weinberg, Oshiro, & Shea, 2014). The role of SOCs involves connecting schools to evidence-based practices and resources to meet the behavioral health needs of students, which can improve overall learning for the students.

In 2005, the One Community One Family (OCOF) system of care was established to provide a coordinated SOC for serving youth with emotional and behavioral health needs and their families (One Community, One Family, 2015). As southeastern Indiana’s local system of care partnership, OCOF has supported the implementation of both evidence-based and new models of care and coordination by providing technical assistance in strategic planning, project management, social marketing, change implementation, evaluation, training, liaising with other youth serving organizations, as well as employing additional effective practices.
This study examined the perspectives of community stakeholders and educational leaders who were involved in various stages of OCOF’s activities, with a specific focus on partnerships and relationships with schools. The focus was to examine how OCOF addressed youths’ behavioral health challenges, particularly those of school age, and its support of schools and families. The intent of this work was to support the development of positive learning environments that recognize the academic, behavioral, and mental health status of students in the SOC catchment area and their families (Freeman, 2011).

**Method**

**Setting.** One Community One Family was interested in this case study based on its ongoing partnerships with schools and the communities in its eight-county catchment area. As southeastern Indiana’s primary system of care, OCOF provides structure and offers coordination of services for children and youth with emotional and behavioral health needs and their families. OCOF staff offer supports for the implementation of Individual Education Plans (IEP) for students with disabilities and provides community trainings for evidence-based programs such as Incredible Years, Mental Health First Aid Training, Positive Behavior Intervention Supports (PBIS), Trauma Informed Care, among others. OCOF also provides evaluation services, technical assistance, and grant support for multiple schools and community agencies.

**Data collection.** Data were collected for this case study primarily through document reviews and interviews conducted with community stakeholders and educational leaders who worked with or were knowledgeable about OCOF’s services and supports to local schools and the community. Working closely with OCOF staff, the research team identified possible informants who could knowledgeably comment about these issues. Ultimately, eight community stakeholders and educational leaders were invited and all were interviewed. Interviews were conducted over the phone and typically lasted 30 to 45 minutes.

**Data analyses.** Interview data were transcribed for analysis. Using content analyses, information was organized into categories, specifically related to the study’s purpose. Code categories were developed and refined as subsequent data were gathered. Thematic analysis was used to find patterns. After discussion among the research team, emerging categories that remained consistent became themes. This cycle continued until no additional categories were uncovered and no further disconfirmations emerged from the analytic process (Saldaña, 2013).

**Findings**

The focus of this work was to examine perceived influences that OCOF has had on Kindergarten through community college educational systems in southeast Indiana. Broadly, our findings demonstrate that OCOF has played a critical role in building a culture of positive mental health within schools in the community. More specifically, analyses pointed to five clear findings. Each finding is summarized below in italics and then described in more detail.
Finding 1: OCOF fosters interagency collaboration by building connections and partnerships among schools, families, and youth-serving agencies in southeastern Indiana. Respondents viewed OCOF as being unique from other social service agencies in southeastern Indiana, particularly because of its focus on promoting interagency collaboration among juvenile justice, behavioral health, K-12 schools up to community college, and other service agencies, in an effort to improve supports for youth in need of multiple services. Interviewees viewed OCOF as having expertise in facilitating a high level of collaboration in the community, as noted in this interviewee’s comment:

“They want to take in every other agency’s social mission; they want to connect the dots between all of [the different agencies].”

Currently, several schools partner with OCOF and participate in its governance. One respondent shared an example of how a school and OCOF collaborated to solve a communication problem between parents and a school: “Parents didn’t come to case conferences; parents didn’t come to events. We cannot get them to come to anything.” However, according to interviewees, OCOF supported school staff in listening to caregivers. This helped schools understand that caregivers held a different view: “The school didn’t tell us anything. They don’t keep us informed.” Through facilitation with parents, OCOF helped the school realize that, “A lot of people don’t have landlines ... they have cell phones but run out of minutes. But they do have texting [plans] and usually get the unlimited texting.” In other words, because the school was calling parents instead of texting, communication between caregivers and schools was difficult. To resolve the issue, OCOF asked a local business to donate phones with a texting package. One respondent estimated that this led to a 35-40% increase in caregiver participation rates. [Note: Although this is a situation that might not be an issue today given contemporary cell phone plans, it was a concern in the past].

In another example, an educational leader shared a time when OCOF helped co-teach a mental health first aid training. The first time this educational leader was to co-teach the class, the other instructor had an emergency and couldn’t assist in the session. The educational leader called OCOF, explained the situation, and asked if someone could co-teach with him “to help him get over that hurdle.” A staff member from OCOF volunteered and co-taught the training with the instructor. This illustrates how schools in the community can communicate their needs to OCOF, and staff members do all they can to respond and provide support where needed.

Finding 2: OCOF is instrumental in addressing stigma and shifting mindsets regarding students with mental health needs. Our findings revealed that in the past, some teachers and administrators engaged in a pattern of blaming parents for students’ behavior. To counter such patterns, OCOF worked with schools in addressing blame as well as the stigma that is often associated with mental health challenges. Respondents further noted that these efforts have led to schools prioritizing mental health and psychological needs for students. One interviewee put it this way, “talking about mental health issues is not a dirty word. We really work very hard and think we’ve gotten rid of the stigma quite a bit. An educational leader stated,
“there have been discussions about the student's family. Yes, there's issues there; but I'm not hearing a lot of blaming statements. It's more things like, you know, ‘the parents don't have a lot of time to work with the kid with their homework 'cause they're working two jobs and they're trying to put food on the table.’ Or, ‘The parent doesn't understand something because of the trauma history.’”

Findings indicated that there is a shared perception that teachers and administrators are now less likely to blame parents for students’ behavior; and are, instead, trying to understand behavior through a trauma lens, finding ways to help students be successful.

**Finding 3:** OCOF connects both families and schools to community and educational resources.

This was perceived as one of the core important aspects of how OCOF supports schools and was viewed to reflect early efforts of the impact OCOF has had on the communities that it serves. For example, several educational leaders noted that the greatest benefit of OCOF is the connectedness and networking that it provides for the schools. For example, Parent Cafés were mentioned as being beneficial across several school districts. As described in literature, Parent Cafés provide “a vehicle for parents to have their own conversations about keeping their families strong based on a set of Protective Factors that help prevent child abuse and neglect” (Strengthening Families Illinois, n.d.). One educational leader described Parent Cafés this way: “parents come in for - I don't know what I want to call it - help, group therapy. I was trying not to use the word therapy but it's just a chance to kind of bond with other people who are having similar issues as you.” Respondents saw these as opportunities for allowing parents to collaborate with one another and find possible solutions for difficult situations. One school corporation even started Grandparent Cafés as a way to be responsive to what they knew was a growing need due to the increase of grandparents caring for their grandchildren.

**Finding 4:** OCOF offers a variety of trainings, technical assistance, and grant support to schools and the community and assists in the development of several programs and initiatives.

Respondents noted repeatedly how OCOF has developed and offers a host of programs that are perceived to help with school readiness. OCOF also is widely perceived to disseminate research and best practices for improving mental wellness in its communities. The following brief list of supports and programs illustrates some of the ways that OCOF has assisted in the development and/or application of practices and programs, specifically for schools:

- **Individual Education Plan (IEP) support sessions** are viewed as an important way OCOF has supported families to feel empowered. An IEP is a legal document that is developed by a case conference committee at a school, consisting of parents, teachers, administrators, and other school personnel. IEPs are federally required for students
who receive special education [Sec. 511 IAC 7-32-48]. For many years, OCOF has offered support sessions for parents and caregivers about understanding IEPs and how they provide a tool for addressing children’s educational needs. When describing how parents’ voices are being heard and respected in schools, one school staff member reflected on an IEP meeting with the parent of one of the school’s students. When the team offered an idea on how to address the student’s learning challenges, the parent, “just looked at them and said,

“I know my daughter, it will not work. Can we try this instead?” And then everybody joined in to make sure this plan was done right and that this was gonna be on her IEP.”

The parent knew what would work for her daughter and felt empowered to communicate her thoughts to the IEP team. The IEP team listened and put the plan in place.

• **Incredible Years.** OCOF offers Parent Coaching, which is designed to connect families to needed resources and offers free group workshops to all caregivers with children between the ages of 0 months to 6 years old. The workshops are based on The Incredible Years curriculum which provides tools, knowledge, and skills to help caregivers prepare their children for school. Improving social skills, emotional regulation, behavior needs, building confidence and well-rounded relationships, are a few of the items addressed in the workshop.

• **Mental Health First Aid Training** is a program that “gives people the skills to help someone who is at risk for developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it builds mental health literacy, helping the public identify, understand, and respond to signs of mental illness” (Mental Health First Aid, 2017).

   OCOF has worked with several schools and community groups to implement this training. Recently, OCOF provided a two-day mental health first aid training for high school students and their teachers in one of the local schools. Furthermore, several interviewees stated that they would like to see more schools get involved: “The Mental Health First Aid training has been amazing. Hopefully we’re going to see it get into schools for all the teachers.”

   OCOF also has provided Mental Health First Aid training to a number of program chairs and faculty at one of the local Indiana community colleges, Ivy Tech. One interviewee stated, “It has certainly raised the awareness, not only with faculty, but for us to be looking and seeing how we can better handle our students in need who are on campus.” Ivy Tech developed a plan, which included all faculty members, to help students in need of mental health services. They also have people designated on each of its campuses to “come to other faculty members’ aid to attend to that particular student while they get their class started.” All faculty members, including adjunct faculty were trained and are aware of the procedures that are in place to help students and other faculty members.

   In addition to these more education-focused examples, several police and
probation officers in the community also were trained by OCOF to improve their knowledge about both mental health and substance abuse, along with what to expect from those suffering from these maladies. Typically, officers are trained to act quickly when attending to those in need, but they learned that rushing in to help someone who suffers from mental health or substance abuse issues may not be the best approach as this may trigger an adverse reaction. The police officers were also taught how to work with the affected person to deescalate the situation.

- **Positive Behavior Intervention Supports (PBIS)** are school-wide behavior management systems that focus on promoting appropriate student behaviors to create positive school environments (Positive Behavior Intervention and Supports, 2017). OCOF partners with the Batesville School Corporation and helped write a grant to fund the implementation of PBIS. One interviewee noted that the training helped one school staff member to think more creatively about behavior interventions for children and focus those interventions based on the child’s interests: “the assistant principal was telling me she had just painted a kid’s fingernails, ... that was one of the incentives that a child received from their positive behavior. And another incentive is that they get to sit with the principal and look at all the security cameras and see all the stuff. The principal also has lunch with them when they do that.”

- **Grant Support** Beyond training, OCOF has written or helped to write grants for schools to fund various programs. One educational leader noted that OCOF “is helping our county schools right now to write a Lilly [Foundation] grant for a comprehensive counseling program in all of our schools.” Another educational leader specifically stated that he has little time to write grants and that OCOF has “been instrumental in writing and securing grant funding opportunities, which directly impact student success and, big picture, success in life.” Several interviewees commented that OCOF helped with a grant which provides funding for books on mental health awareness for primary grade teachers. These books help bring awareness to students’ emotional wellbeing at an early age.

- **STARS (Students Taking a Right Stand) model.** The STARS model is a comprehensive, school-based, student assistance program to “help students (K-12) tackle the tough problems they face including substance use, teen pregnancy, school violence/bullying, academic failure, school suspensions, and dropout” (STARS, n.d.). OCOF served as the fiscal agent for this and several other projects designed to implement or expand services in schools to promote substance abuse prevention and mental wellness for students, parents, caregivers, teachers, and the overall community. For example, the Milan Community Schools/OCOF grant addressed “substance abuse prevention, bullying, social skills, academic failure, behavioral issues, grief counseling, suicide prevention; and outreach to parents with parenting skills and family communication” (Milan, n.d.). For the past few years, Nashville STARS sent representatives to Milan to provide support and follow up training. One interviewee stated that “social workers have also formed leadership teams with
students so that the initiatives can continue when STARS is offsite.”

Finding 5: OCOF staff is aware of shortfalls in training and expertise with some of the child-serving agencies, as well as their own agency, and work to make improvements.

Serving a large, rural, eight-county area creates challenges which can include a lack of communication with some schools and the ongoing need to address gaps in expertise of, and training for, providing services to youth and families (e.g., wraparound services). Respondents also noted the need for better measures and systems of accountability for providers. The following subsections present the varied specifics that were associated with this finding.

(a) There is a core need for more frequent and widespread communication to all schools within the OCOF catchment area. One interviewee noted, for example, that their county is “farther away than the other participating counties” and stated that OCOF has not yet “tapped into the school corporation’s administration - the superintendent’s office.” This person further mentioned that their schools need to be “invited to the table” so the principals can clearly understand how OCOF can help their schools find the necessary services and supports for students with mental health challenges and their families. Another interviewee also alluded to the need for clear and consistent information, stating that “we don’t have a lot of information about what’s new and upcoming.” For instance, a free carnival night for children was noted, but stakeholders weren’t aware of the event. One interviewee pointed out that, “we need to understand information about such events is being shared beyond the OCOF website.”

(b) Shortfall of Expertise Regarding some Providers. Designated by the Indiana DMHA, the OCOF SOC Governance Board is the local authority for endorsing the Wraparound Access Site and locating providers. Several respondents noted situations in which some service providers were not fully informed about the kinds of services that can be provided. One respondent noted, “that’s a problem,” suggesting that providers should know this information, further stating “I think it’s a training and turnover issue, in my opinion.”

Beyond these challenge, one interviewee described some concerns related to Incredible Years. She had invited Incredible Years to her school’s preschool roundup and was excited about the event. She set up an information table for the Incredible Years staff during the event. She was disappointed, stating that, “they came, dropped off some literature, didn’t stay to interact with parents, and said, you know, here's some information about the parent cafe that's happening.” In another instance, Incredible Years was invited to a school’s Halloween trick-or-treat event and its staff handed out Smarties. This respondent noted that, “the Smarties had a little paper attached to it that had information about the program,” but the staff did not mention anything about the program as they handed out candy. The school staff expressed disappointment in the lack of parental engagement from the Incredible Years personnel. [We note that at the time of this writing, OCOF has made changes to address this issue].
(c) Working across multiple counties, some in extremely rural areas, can present its own set of challenges. For example, in one instance, a school had three to four parents attending its Parent Café. Given the low attendance, the Parent Café was moved to another school, which was eighteen miles away from the original school. One of the stakeholders felt that the meeting was moved too soon and stated that she would have provided gift cards to “[local stores/gas stations] down here so they can get gas, you know, that would be a huge incentive for a parent” to attend the meeting. The interviewee further remarked that parents would not want to drive eighteen miles to another school. This person also noted that parents are having “a hard enough time feeling comfortable in their own school, and are not gonna go to this place where they perceive people think they’re better than them anyway.” Moreover, this dynamic has created tension between the two schools. On the other hand, as respondents also pointed out, it is difficult to serve a large geographic area with limited funding and funds would be needed if gas cards or other incentives were going to be utilized regularly.

In another instance, a stakeholder discussed how providers need to find ways to engage caregivers, to get to know them and gain their trust. One interviewee said that a few years ago parents and caregivers at a school were asked to fill out surveys, which involved providing private information:

“there’s quite a bit of poverty and some distrust there when strangers come in and they’re asking for information. And I’ve tried to suggest that we work on some relationship building and complete those documents with parents. I also have parents who can’t read them so that’s another issue. And I think that one of the reasons we’re not seeing a lot of success there is, you know, people are hit with surveys right away and they’re really turned off by that.”

Another interviewee wanted to see more excitement created by various agency people who are providing the services. This interviewee stated that, “training that helps them to understand how we draw people in, and training on what they can provide in their positions or in their programs. And then being able to go out and communicate that.” Essentially, there was a perception that the providers need training on how to ‘advertise’ their services along with approaches on how to better engage families.

(d) Additional Accountability Measures for Providers. Several interviewees thought that OCOF’s advisory board should have regular follow up meetings with service providing agencies as a way to ensure consistency in service quality. One respondent stated, “the board would not be deceived in thinking that everything’s just okay. Because you tend to think everything’s okay…if nobody complains, you think it’s all right, you just do. Really, the only time you find out that it’s going wrong is when somebody tells you it’s going wrong. Or you see that for yourself or experience it for yourself.” Another interviewee noted that people providing the service might be more “inclined to do some things to engage people to get them involved” if they had to report back to the advisory board. One interviewee stated that having the provider,
Choices Coordinated Care Solutions, in place, “is a good thing because they seem to understand what wraparound is about.” In the past, there was the only mental health agency in the area. Stakeholders believe now there is some competition in the form of another service agency (i.e., Choices). In sum, competition was perceived by respondents as one way to increase accountability.

Discussion

Decades ago, systems of care (SOC) began to take hold in the United States to counter “the enormous expense of providing traditional restrictive services” of youth with emotional and behavior challenges (Epstein et al., 1993; p. 128). Moreover, the driving vision for this initiative went much deeper than a sole focus on cost containment to include collaboration, partnership, strengths-based orientations, and most importantly, family-driven approaches (e.g., Stroul, Blau, & Friedman, 2010). The ensuing years have witnessed wide and broad dissemination along with evolutionary changes to the original conceptions of OCOF. Indeed, the creation, implementation, and enduring efforts of the OCOF SOC both reflect and build on this progress. As Ergulec (2016) and her colleagues noted in a recent publication about OCOF, “the overall impact that OCOF appears to have had on southeastern Indiana can be described as nothing less than stunning” (p. 42). Of course, however, as with any social service system, there is always room for improvements to be made. Not surprisingly, our primary recommendation is to create and sustain widespread communication with all schools. The following recommendations start from an overall goal of better communication.

1. To ensure that schools are aware of area services and supports available to students, families, and staff, OCOF might consider offering presentations at school administrative meetings in the counties within its catchment area. Presentations could focus on the supports OCOF and other service agencies provide for schools, which can include locating service providers, connecting schools to resources, and educating people about mental health.
   Given that some schools felt OCOF was not widely promoting its trainings and other activities beyond its website, stakeholders suggested disseminating information about upcoming events or trainings by delivering event flyers or posters, emailing administrators/counselors reminders, and more effectively use OCOF’s website and social media, social marketing, and other marketing approaches to promote school-based events.

2. OCOF should continue to deepen its partnerships and collaborations with service providers. The focus would be to support the implementation of a quality-minded approach to providing services to students with mental health needs and their families, along with properly supporting schools to help these children.

3. Ensure that service providers clearly understand the types of trainings and supports that should and could be provided for students and their families, as well as approaches to more effectively engaging caregivers. This may be of particular importance with the Incredible Years program, which is under OCOF’s purview.
4. Consider inviting service partners to parent engagement sessions as a way to inform and offer success stories about OCOF’s approaches to engaging parents and caregivers.

5. As noted in the findings, several educational leaders thought that accountability might be increased by service providers if they were to provide quality assurance reporting to OCOF’s Advisory Board. Moreover, the OCOF Advisory Board might considering adding a clause to its partner agreements recommending that key service provider staff periodically engage with the Board in reciprocal reporting (e.g., providers report progress, success, and challenges and the Board provides feedback from youth and families). Such efforts would also likely create improved communication in addition to improved services.

**Limitations.** These recommendations are made cautiously, and the research team suggests that they be used only as a starting point for further conversation, as opposed to being viewed as a rigid set of endorsements. Moreover, we remind the reader that all of these findings must be considered in light of important limitations to this study. First and foremost, data collection was small, largely subjective, and limited in scope. As noted, purposeful sampling was used in this study in an effort to interview people who would have the necessary experiences with OCOF and the schools in its service area. We fully acknowledge the possibility that not all stakeholder perspectives were adequately represented in our study processes. Although respondents were invited to be interviewed because they were viewed by informants at OCOF and elsewhere in the community as being able to reflect on the research questions, we also point out that in interview research, it is also possible that a different set of respondents could have produced a different set of findings.

**Conclusion.** In spite of the limitations of this work, our findings clearly indicate that OCOF has assisted in and/or supported the development of positive learning environments in at least some of the schools in its catchment area. Stakeholders want to see more schools get involved in the programs and receive supports provided by OCOF, and want to see OCOF increase its outreach to schools. However, these findings suggest that community members are encouraged by the progress thus far. As OCOF continues to facilitate change, stakeholders also understood that students with mental health needs and their families often require highly effective and earlier interventions to improve wellbeing. In alignment with long-standing empirical evidence, respondents believe that such efforts will reduce the unnecessary reliance on historically overly restrictive societal responses. Finally, results remind us about the importance of earlier intervention and how it can ultimately lead to prevention, and that all of these efforts will help young people stay in school. Indeed, schools that incorporate mental health programs through the use of interagency collaboration “will be instrumental in reducing mental health disparities and building positive mental health for children and youth” (Freeman, 2011, p. 11).
References


Appendix

Interview Questions

One Community One Family School Impact Study
Interview Questions for Superintendents, Principals, and School Counselors

1. What do you perceive as the overall impact One Community One Family has had on your school/district?

2. Please discuss the support or resources you’ve received from One Community One Family (support with grants, training, other. If training is a response, ask which trainings were provided). How have these resources been used by staff or students in your school/district?

3. Positive educational outcomes are an important goal for schools. In terms of schools better supporting students with emotional and behavior challenges and their families, has OCOF changed the way your school offers supports, and if so, how?

4. Please discuss any changes that you have noticed with staff, students, school or the community after your partnership with OCOF? How about family engagement (if applicable)?

5. What do you perceive as the greatest benefit of this partnership with OCOF? Any barriers or challenges? Please provide examples.

6. Can you comment on the extent to which OCOF supports collaboration between your school and community agencies? What has been done and what needs to be done?

7. What kind of new opportunities, support or resources would you like to see from OCOF?

8. What else would you like to tell me that we haven’t already discussed?