FoCuS
Families, Communities, and Schools

One Community
One Family

BRIEF SUMMARY OF THE REPORT*:

System of Care Partnerships with Education:

A Case Study from Rural Southeastern Indiana

(*THE FULL REPORT IS AVAILABLE FROM OCOF OR THE FoCuS TEAM)

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

Indiana University – Bloomington
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FoCuS: Supporting partnerships among families, communities, and schools through collaboration, engagement, and research.

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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 has 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.

The report findings are based upon data gathered from semi-structured interviews that were conducted with a combination of eight community stakeholders and educational leaders during the spring of 2017 along with reviews of publically 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 create and sustain 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. 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.

2. As noted in the findings, several educational leaders wondered if accountability might be increased by service providers if they were to provide quality assurance type 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).