2015 Research Briefs
Dr. Jeff Anderson and the IU OCOF Evaluation Team
Indiana University - Bloomington

INDIANA UNIVERSITY
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Center for P–16 Research and Collaboration

"We don't provide the services, we make the services that are provided better."

"No matter what you do, at the end of the day at the end of the year, at the end of the decade, at the end of whatever, I am going to be living here and no matter where I am working I am going to still care about mental health services. That is just a part of who I am. I think I look for that [attitude] in the people I hire, so we ended having all these people who [care]." admin

"There is not a person in this room who has not experienced trauma." *admin*

"…nobody wanted to hear my voice, and nobody wanted to listen to me." parent

"One long term outcome I'd like to see is to establish more people who can serve as as a natural support for young adults long after their time with One Community One Family is over." admin

‘Brenda does such a good job at being genuine and trustworthy that she really earns trust and respect of people.” admin

“And I think that's a huge strength for OCOF. Because we have so many different types of entities, social service agencies, what have you, that come to the table and everybody is very open-minded. They work together, ...it's not territorial.” admin

“[OCOF] has brought trainings to our area that we could have never attended so I’m forever grateful for that. The other thing that really means so much to me is the youth we serve are heard and they have the services that they need. Seeing how a team, if they work together, can help a family have success.” admin

“He’s going to be 24 this weekend and he has not been in Residential since right before his 18th birthday – that’s 6 years and that is a miracle. The whole thing amounts to [the fact that] people started listening.” parent

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ONE COMMUNITY ONE FAMILY EVALUATION STUDY

May 2015 Research Briefs

Jeffrey A. Anderson, Ph.D.
Professor and Principal Investigator

OCOF Timeline

Southeast
One Community
One Family

by Tiffany Ting Lin

2005
Received Funding from DMHA & HFGC

Brenda Konradi hired as SOC Coordinator

2006
Kathy Riley hired as Parent Advocate

Valentines Day: first wraparound referrals

2007
Family-led teams begin

2008
Received Federal Grant

2009
Governance Board Established

Kathy transitions to ED

IU Evaluation Team begins research???

2010
OCOF begins separation from CMHC

Strategic Planning process begins

2011
United Families established

2013-2014
501(c)3 Granted

Governance Board established

2015
OCOF 10 Year Anniversary!

Brought to you by:

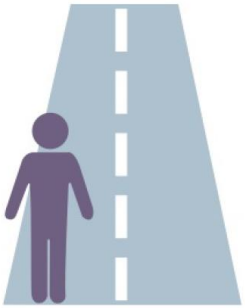
Indiana University-Bloomington
Research and Evaluation Team

One Community One Family Evaluation

OCOF System of Care

One Community One Family

TIMELINE



First Referrals to Wraparound: Valentines Day, 2006

2005

Received funding from DMHA & HFGC

Brenda Konradi hired as SOC Coordinator

Advisory Board formed

2006

Kathy Riley joins Advisory Board as family representative

Valentines Day: first wraparound referrals

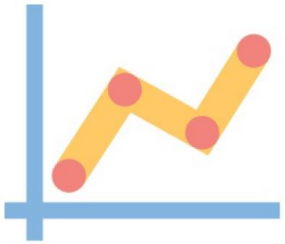
OCOF name chosen

2007

Family-led teams begin

Wraparound at High Fidelity

DMHA contract: Wrap coaching under CAPRTF



2010

OCOF begins separation from CMHC

2009

IU Evaluation Team begins research

Governance Board established

2008

Received Federal Grant

more to CONNECT
14th Annual Indiana Systems of Care Conference

501c3

2011-2012

State SOC Conference

Formed SEL3CT

DCS Pilot

2013-2014

OCOF is Incorporated

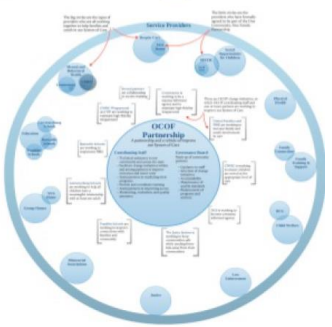
501c3 granted

Project LAUNCH

Brenda transitions to Executive Director

2015

One Community One Family 10 year Anniversary!



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The List of 2015 Briefs
• One community one family timeline
• Introduction and background to the one community one family evaluation study
• Demographics, parental mental health status, and living family structure at enrollment
• Satisfaction with services
• Parent and caregiver profiles
• Behavioral improvements over time for young people
• Levels of **depression and anxiety** over time for young people
• **Substance abuse** at enrollment in the system of care
• Comparing the experiences of **females and males**
• **Influence of age** on youth behavior and caregiver stress
• Symptomology and caregiver strain by diagnostic category
• Comparing youth and caregiver **perceptions of strengths**
• Introduction to the **Community Impact Study**: CIS Initial findings
• One community one family provider survey comparison over 6 years (2014)
• A comparison of families participating in the **United Families** (2014)

	Number of Respondents	Percentage of Respondents
Gender		
Male	433	60.3%
Female	285	39.7%
Race		
White	705	98.2%
Age		
0 to 5	75	10.5%
6 to 18	541	75.9%
19 to 25	97	13.6%
Mean Age	12.03	
Referral Source		
Health/mental health	377	52.7%
Child welfare	152	21.3%
School	77	10.8%
Juvenile Justice	36	5.0%
Family	32	4.5%
Early care	10	1.4%
Other	31	4.3%
Major Overarching Categories for Primary Diagnosis		
Conduct Disorders	211	29.4%
Mood Disorders	145	20.2%
ADHD	132	18.4%
Anxiety Disorders	101	14.1%
Reactive Attachment Disorders	50	7.0%
Psychotic Disorders	18	2.5%
Other	48	6.7%
Not Applicable	13	1.8%
Risk Factors		
Maternal Mental Health	175	24.4%
Maltreatment (child abuse & neglect)	163	22.7%
Maternal Substance Use/Abuse	144	20.1%
Other Parent/Caregiver/Family Problems	132	18.4%
Maternal Depression	122	17.0%
Paternal Mental Health	106	14.8%
Paternal Substance Use/Abuse	101	14.1%
Family Health Problems	85	11.8%
Family Instability (including homelessness)	82	11.4%
Caregiver Mental Health	35	4.9%

Brief #1: Characteristics of Young People Participating in the System of Care

	Respondents	Respondents
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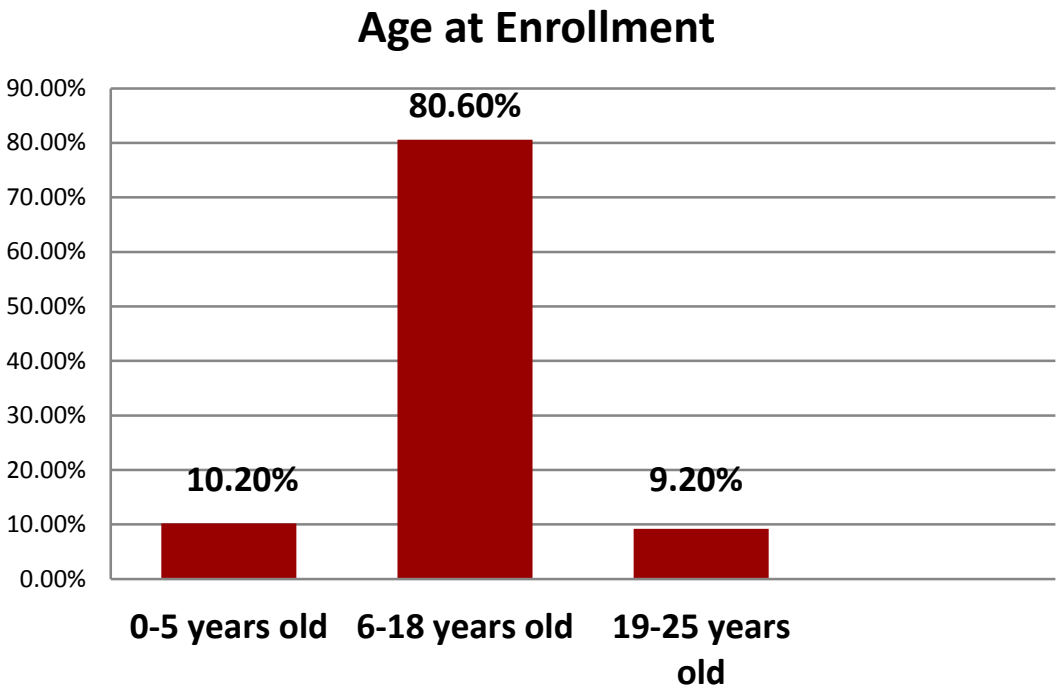
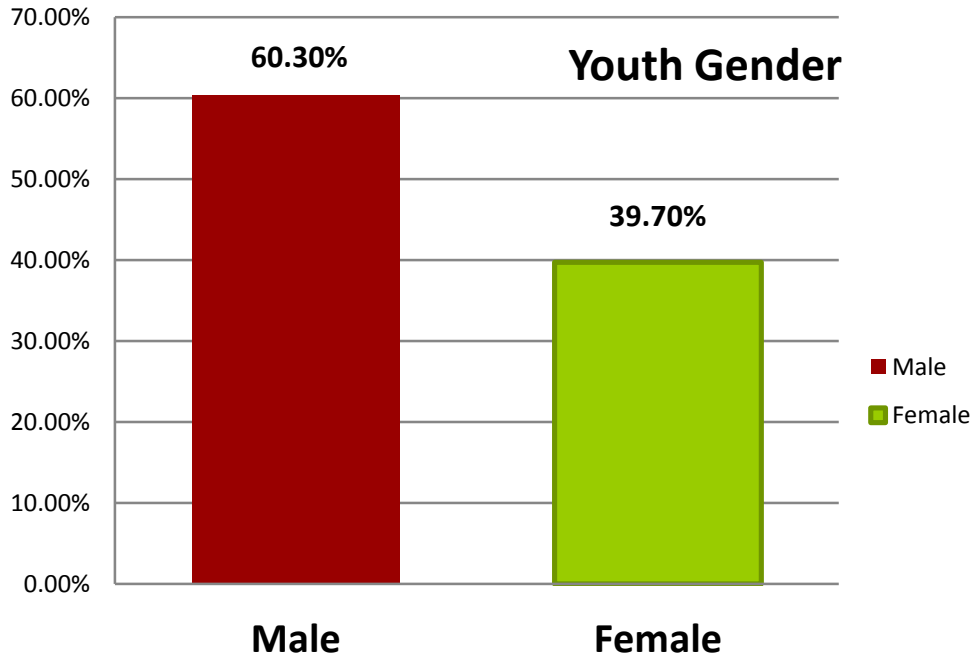
Paternal Mental Health	106	14.8%
Paternal Substance Use/Abuse	101	14.1%
Family Health Problems	85	11.8%
Problems Related to Housing (including homelessness)	60	8.4%
Caregiver Mental Health	35	4.9%

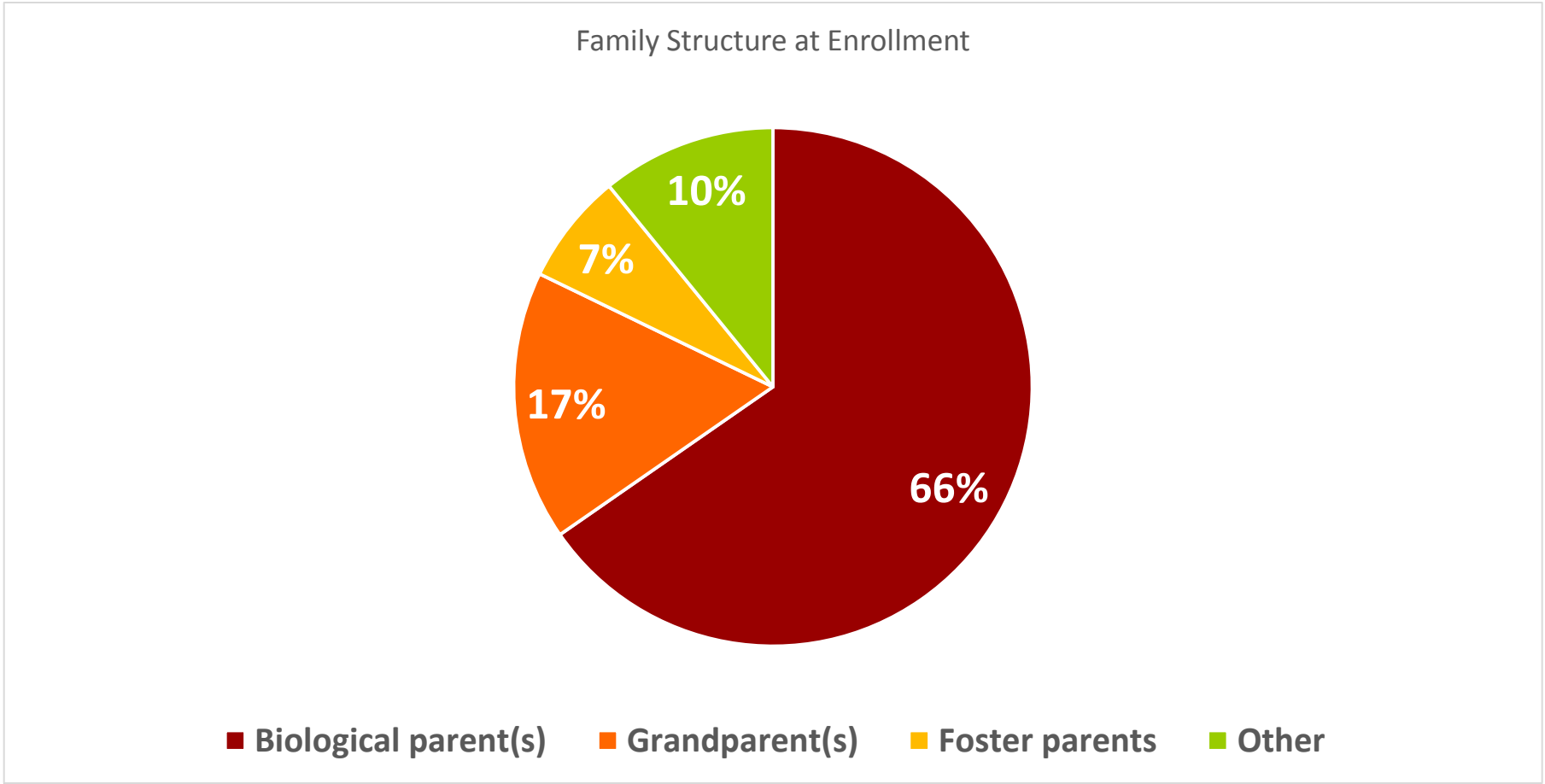
“We don’t provide the services, we make the services that are provided better.”



Brief #2: Age at enrollment

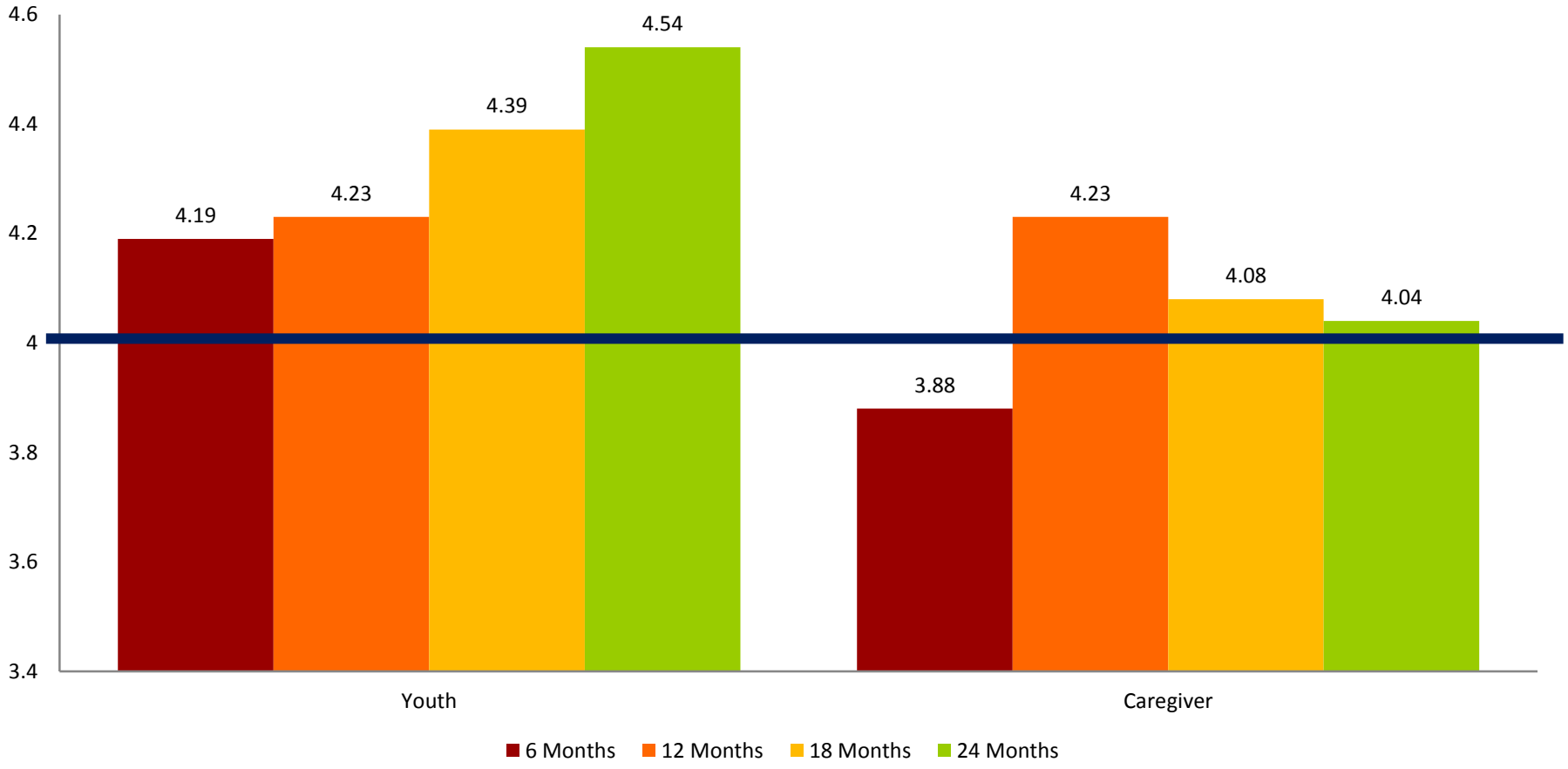


Brief #2: Gender



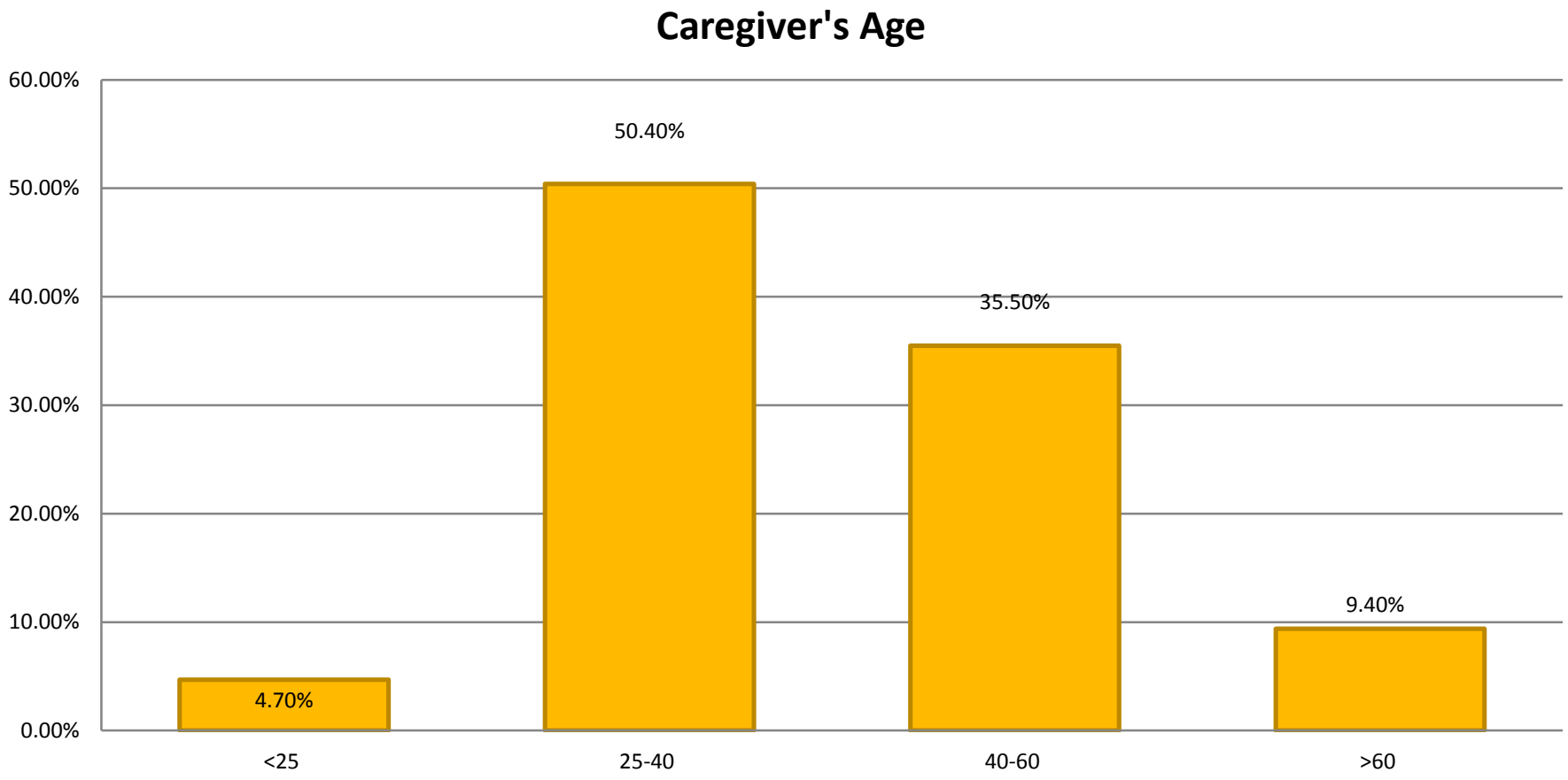
Brief #2

Living arrangements at enrollment



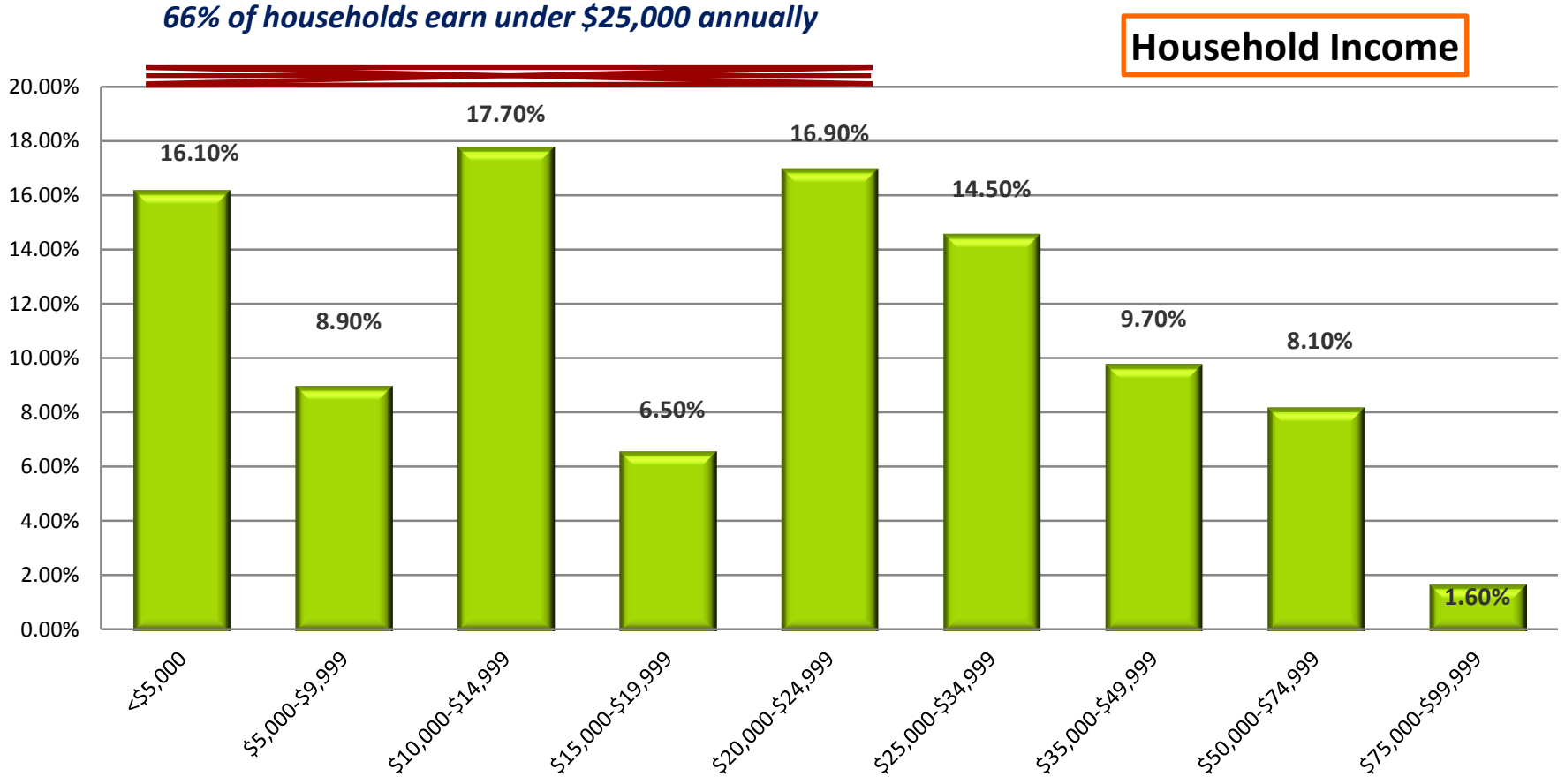
Brief #3: Youth and Caregiver Satisfaction with Services

Note: This figure does not include information at enrollment,
Sample sizes for youth: 6 months n=31; 12 months n=27; 18 months n=22; 24 months n=17. Sample sizes for caregivers: 6 months n=65; 12 months n=41; 18 months n=34; 24 months n=25.

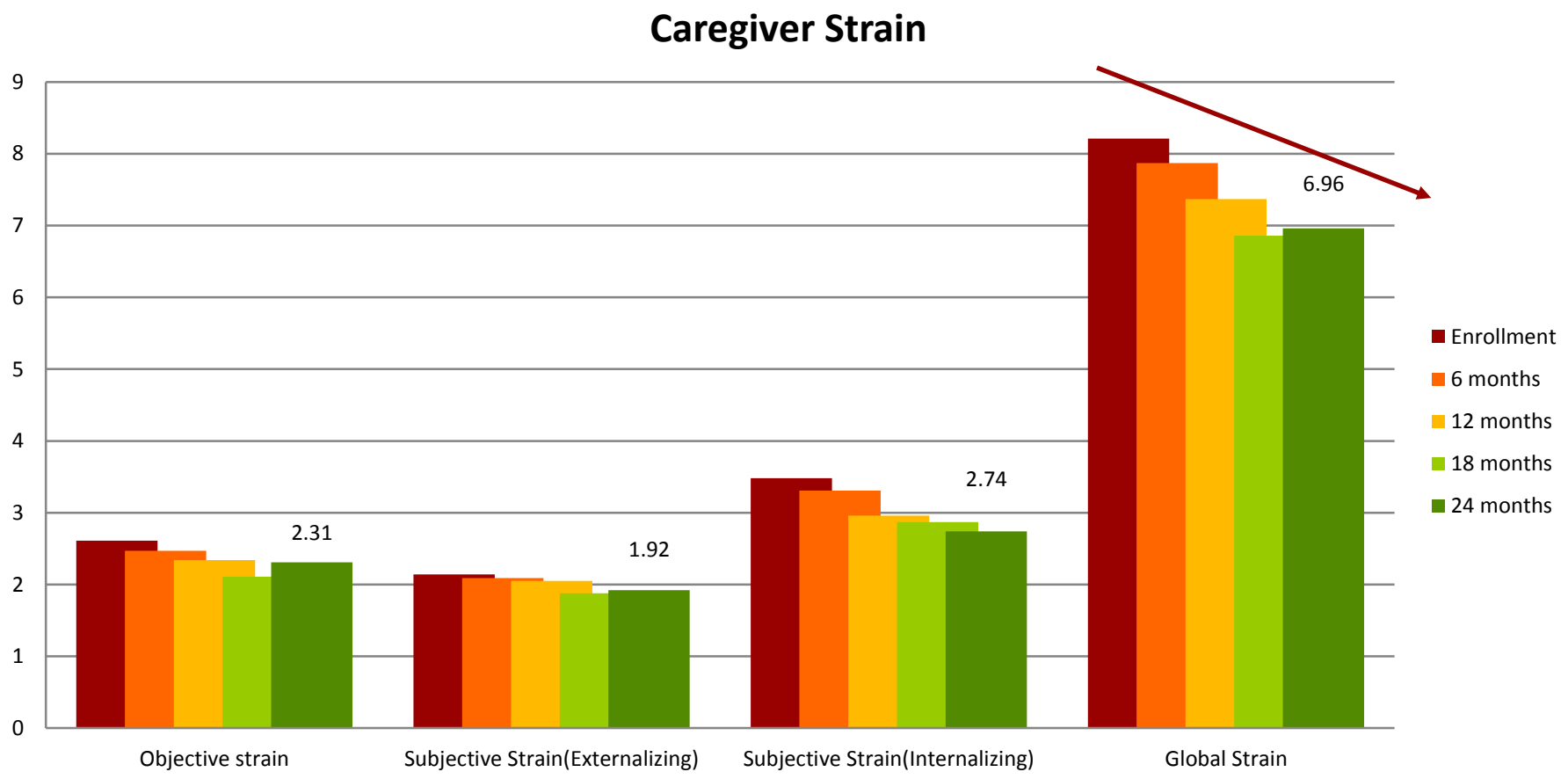


Brief #4: Caregiver age at enrollment

66% of households earn under $25,000 annually



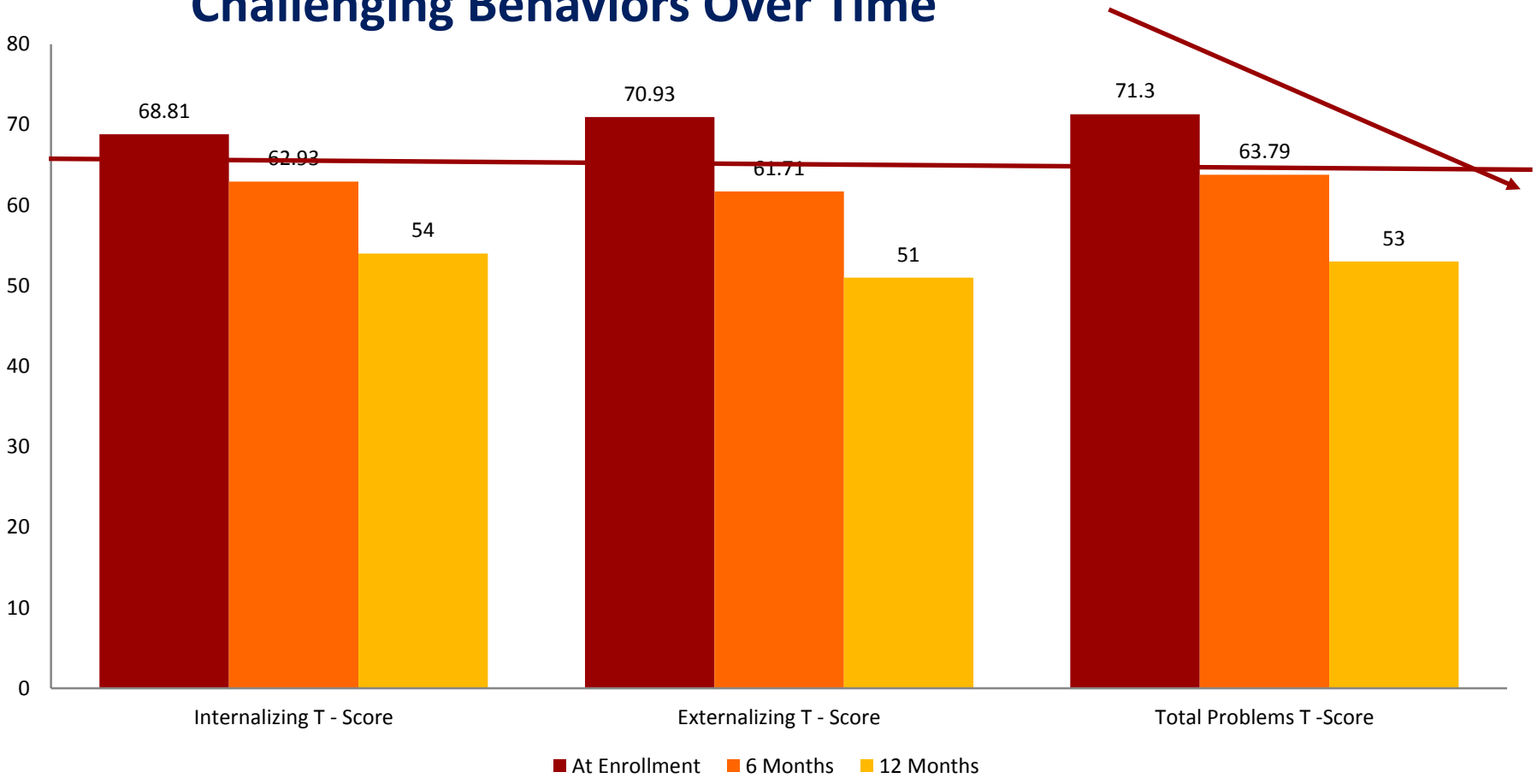
Brief #4



Brief #4

**Note: sample sizes became smaller over time. Enrollment (N=133); 6 months (N=66); 12 months (N=43); 18 months (N=36); 24 months(N=29).*

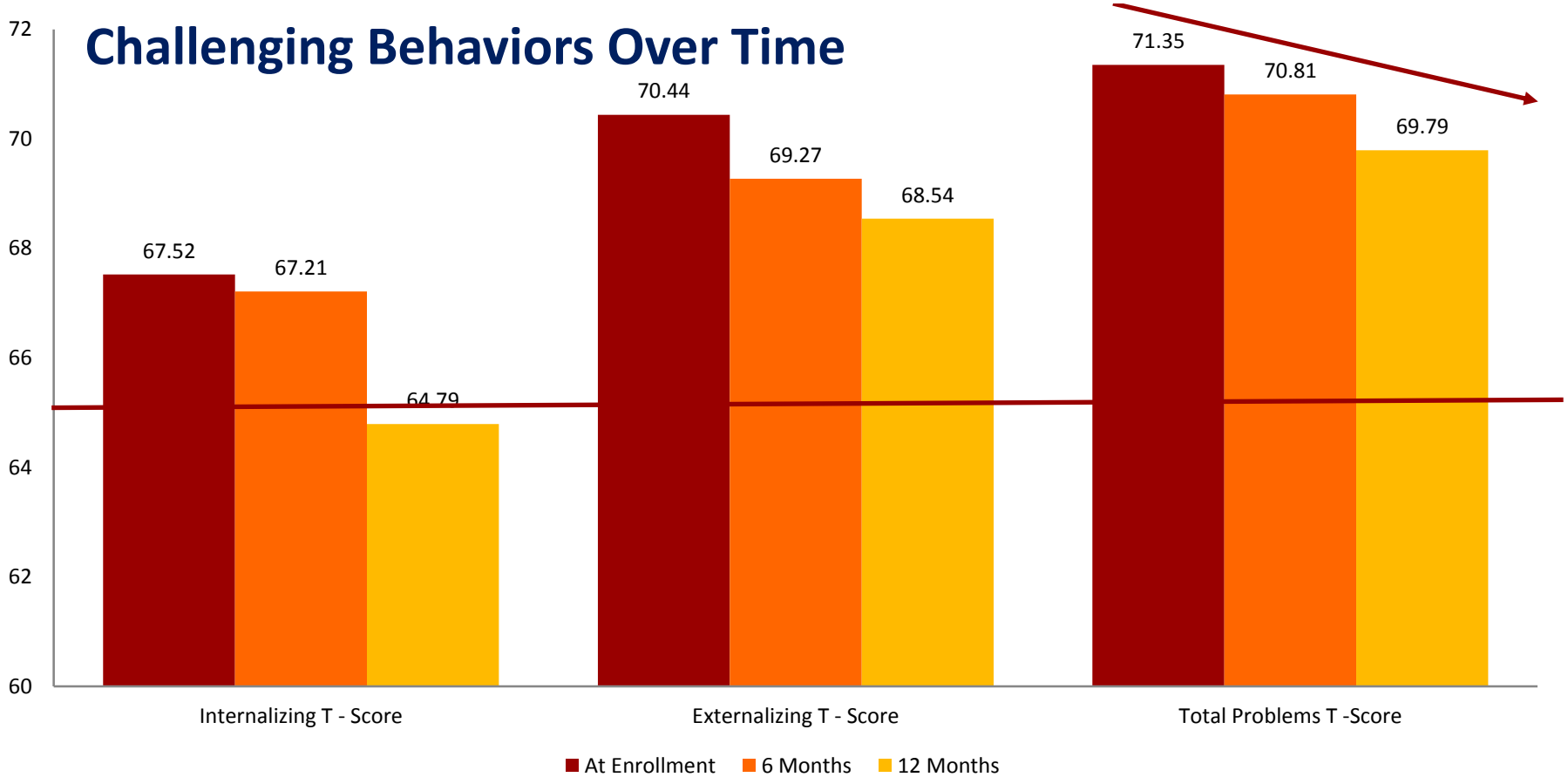
Challenging Behaviors Over Time



Brief #5

CBCL Scores for children, 1.5 to 5 years of age.

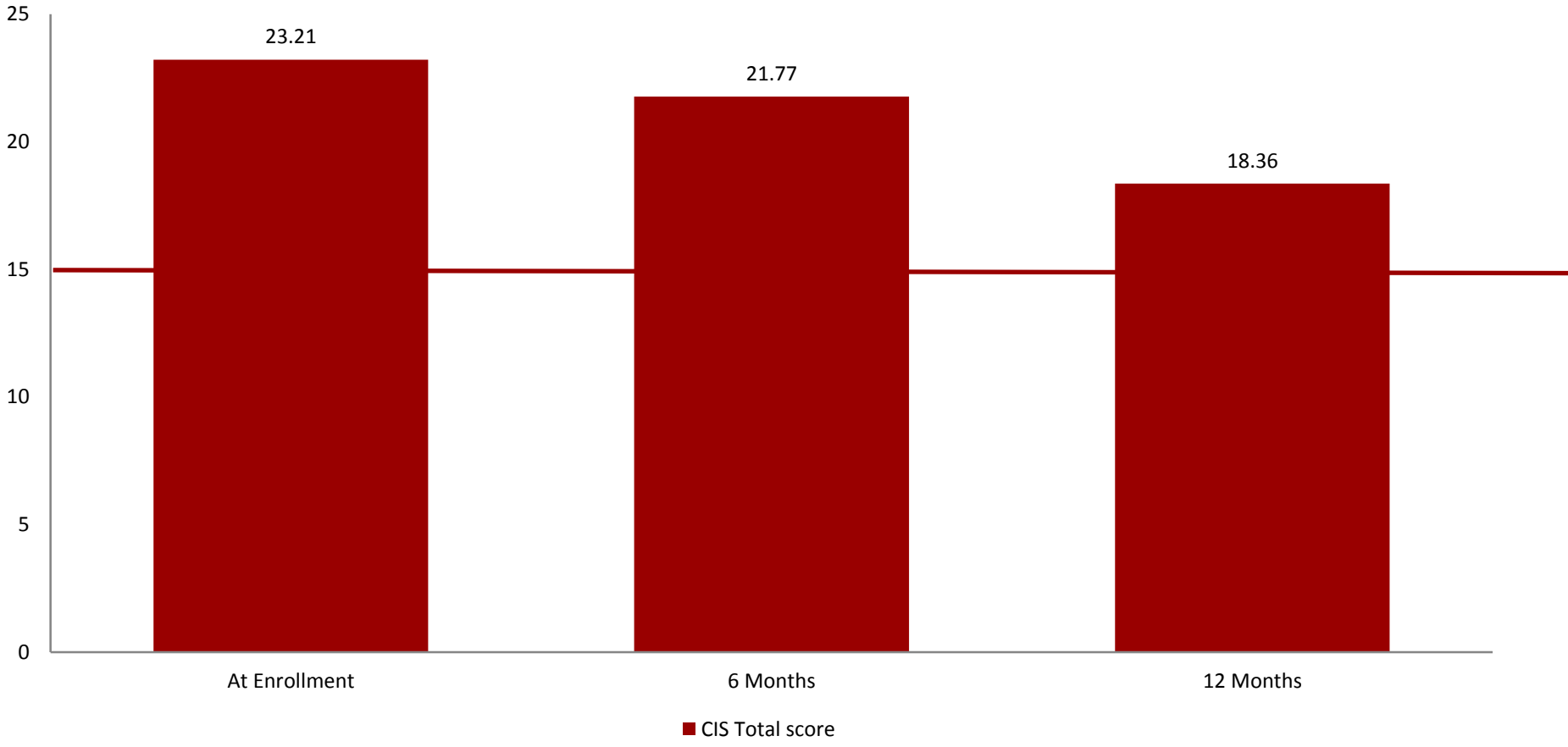
Note. Enrollment: N=27; 6 Months: N=14; 12 Months: N<10



Brief #5

CBCL scores for youth, ages 6 to 18 years.

Note. Enrollment: N=104; 6 Months: N=52; 12 Months: N=39



Brief #5: Challenging Behaviors

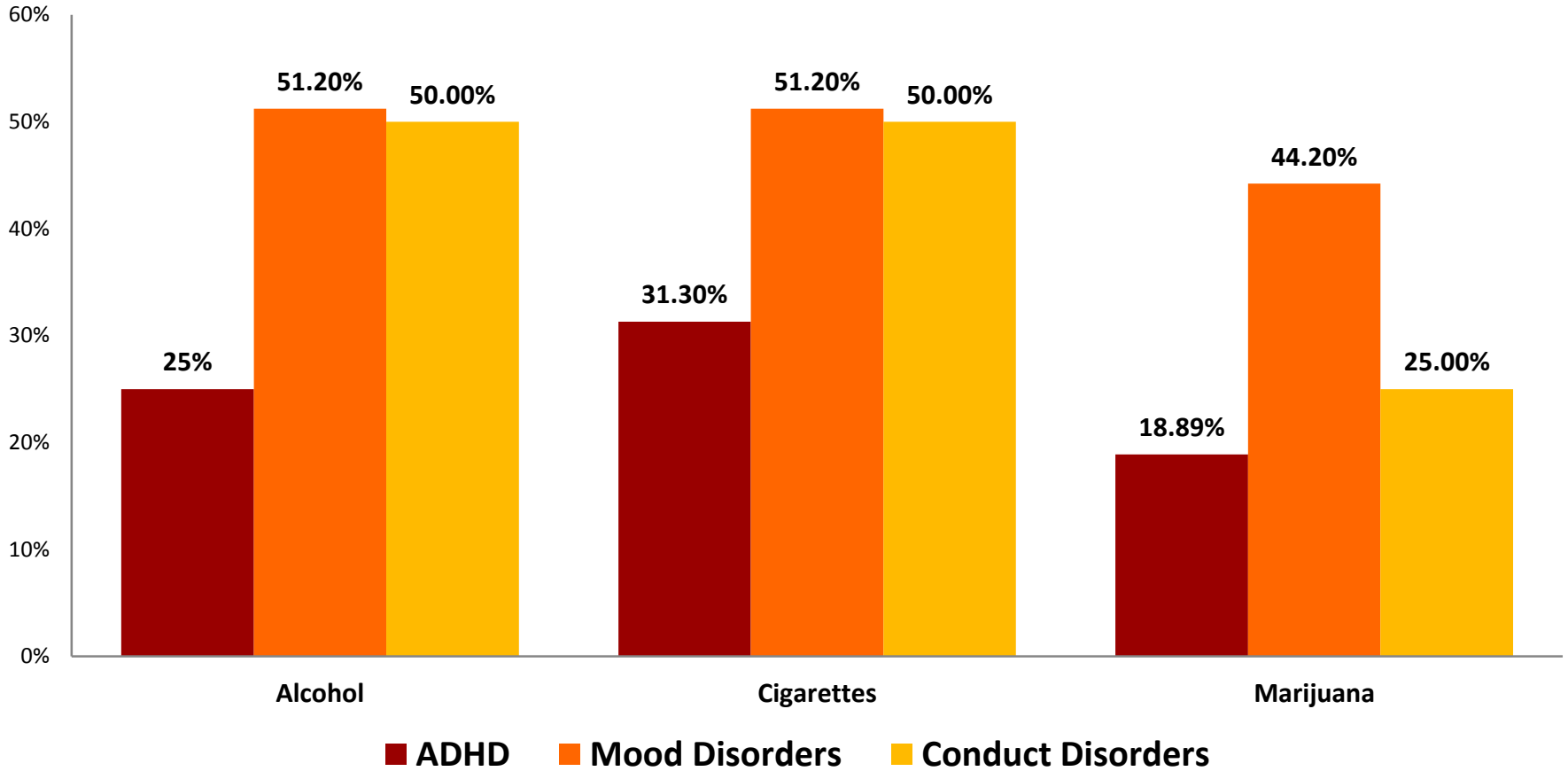
CIS total score over time.

Note. Enrollment: N=131; 6 Months: N=62; 12 Months: N=44

Substance	Number reported using	Average age of first use
Cigarettes	43 (38.4%)	12.16
Alcohol	42 (37.5%)	13.95
Marijuana	32 (28.6%)	13.97
Tobacco	25 (22.3%)	13.64
Cocaine	<10	15.40

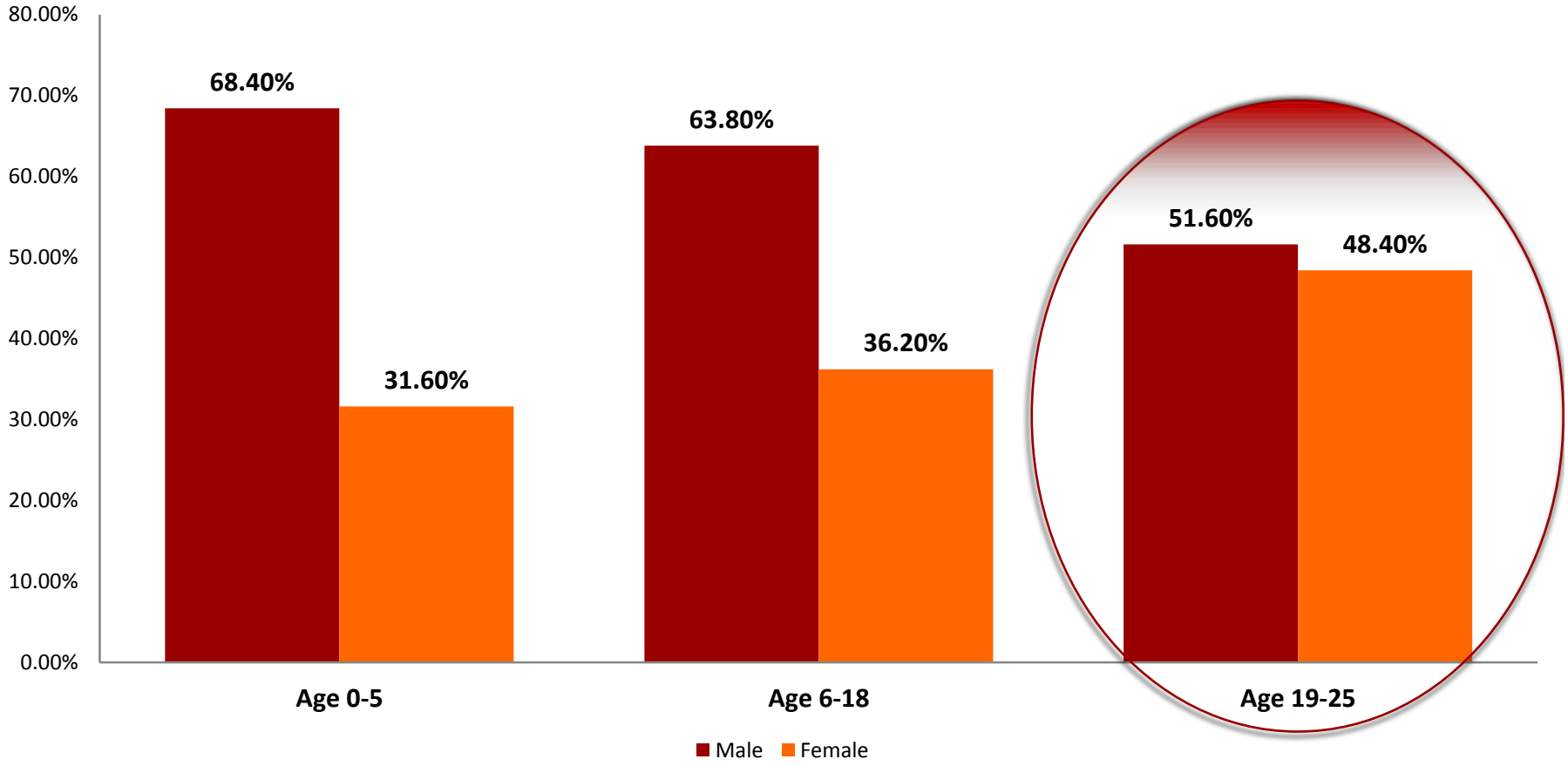
Brief #7

Substance use information at the time of enrollment into OCOF (N = 112)



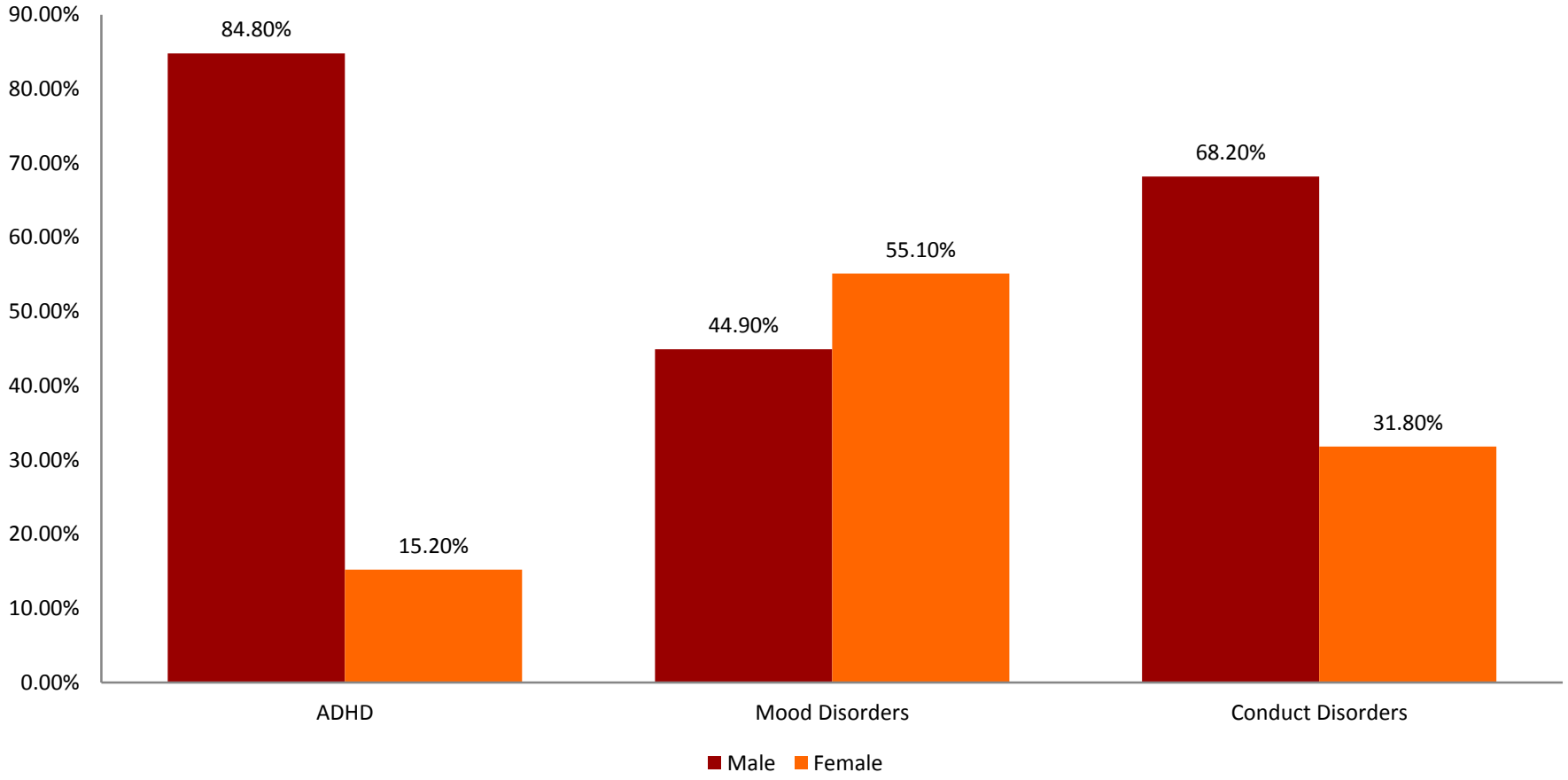
Brief #7

Substance Use by Type of Substance and Diagnostic Category



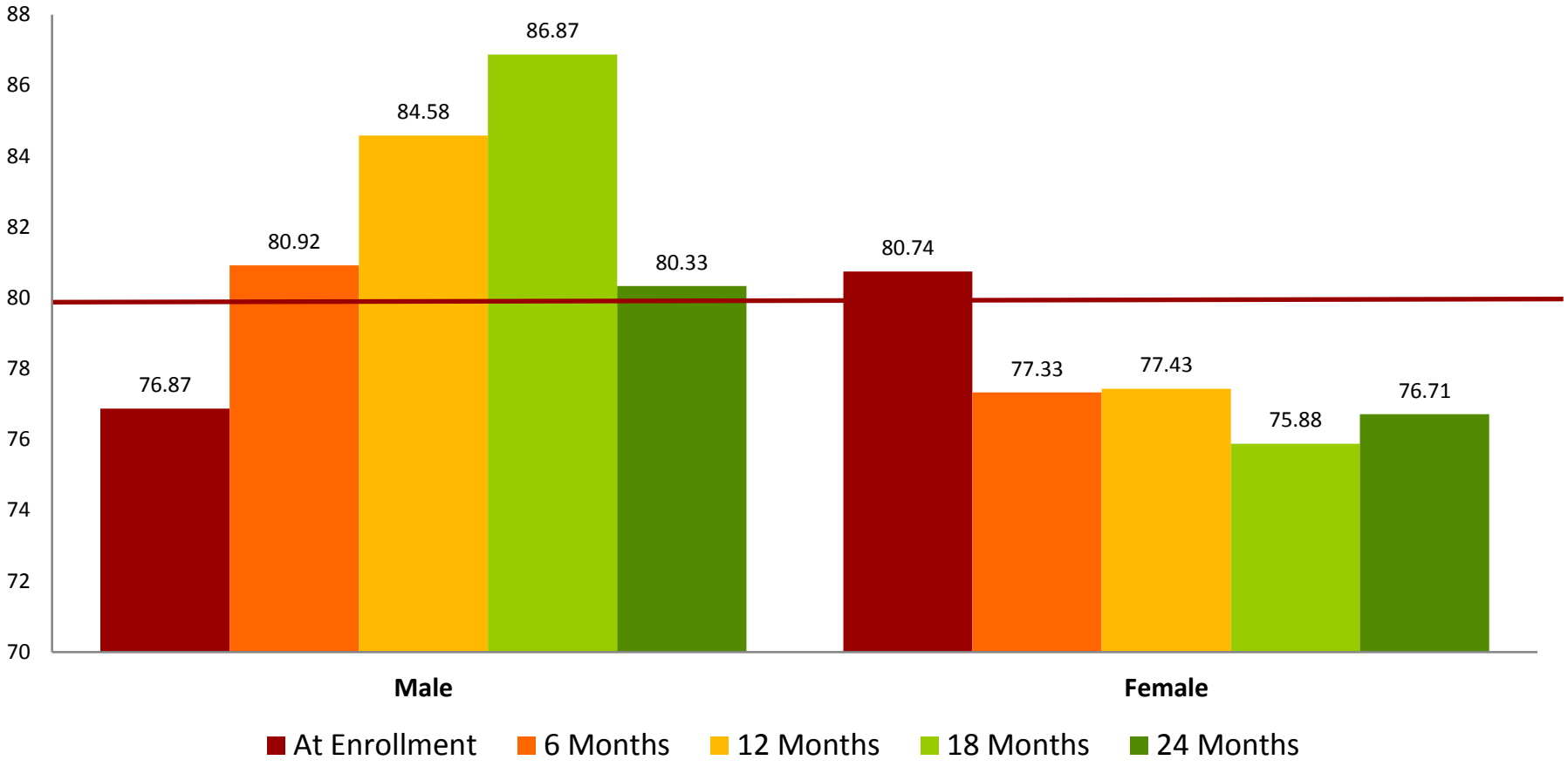
Brief #8

Gender by age group



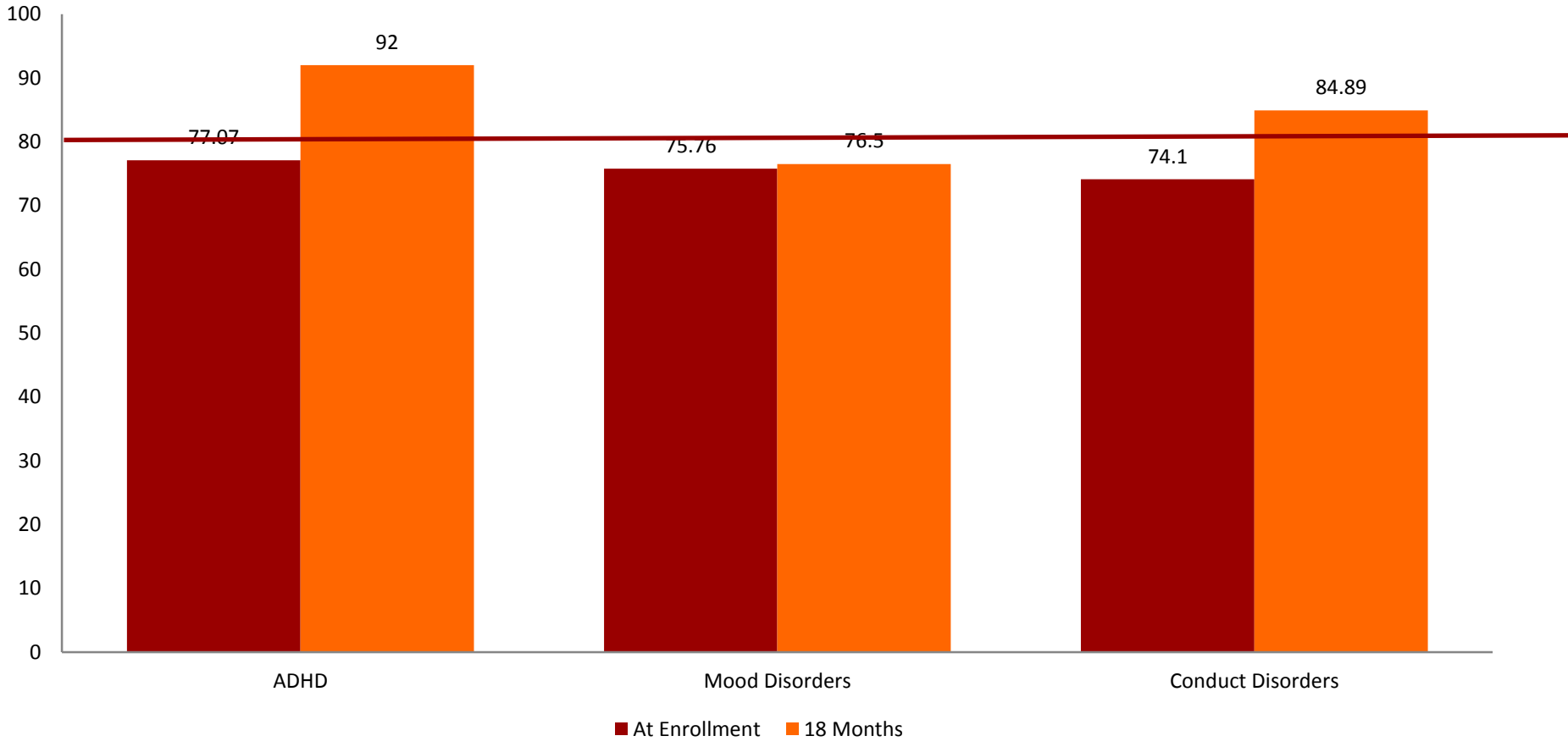
Brief #8

Gender by diagnostic group



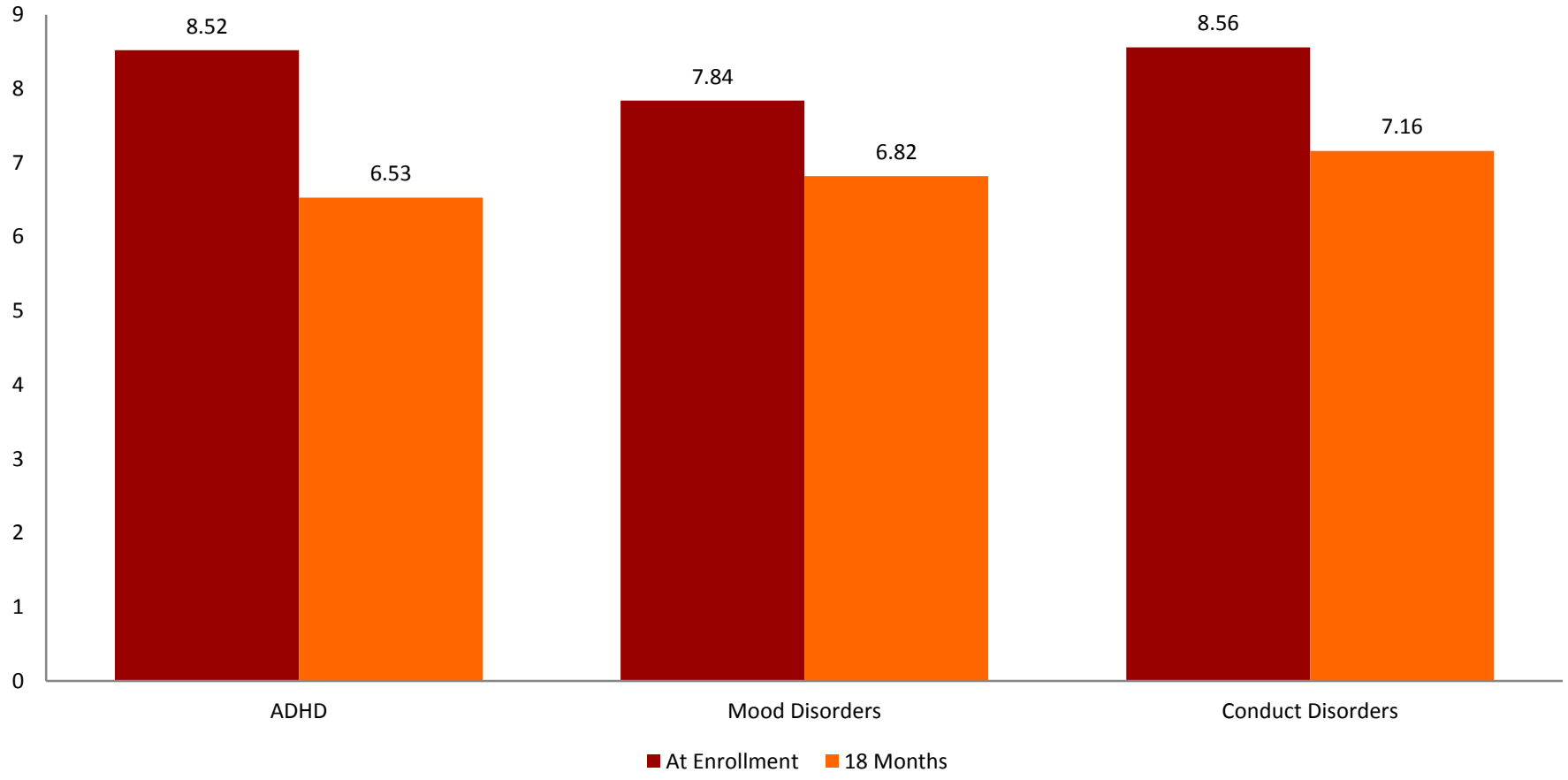
Brief #8

Caregiver ratings of youth strengths by gender



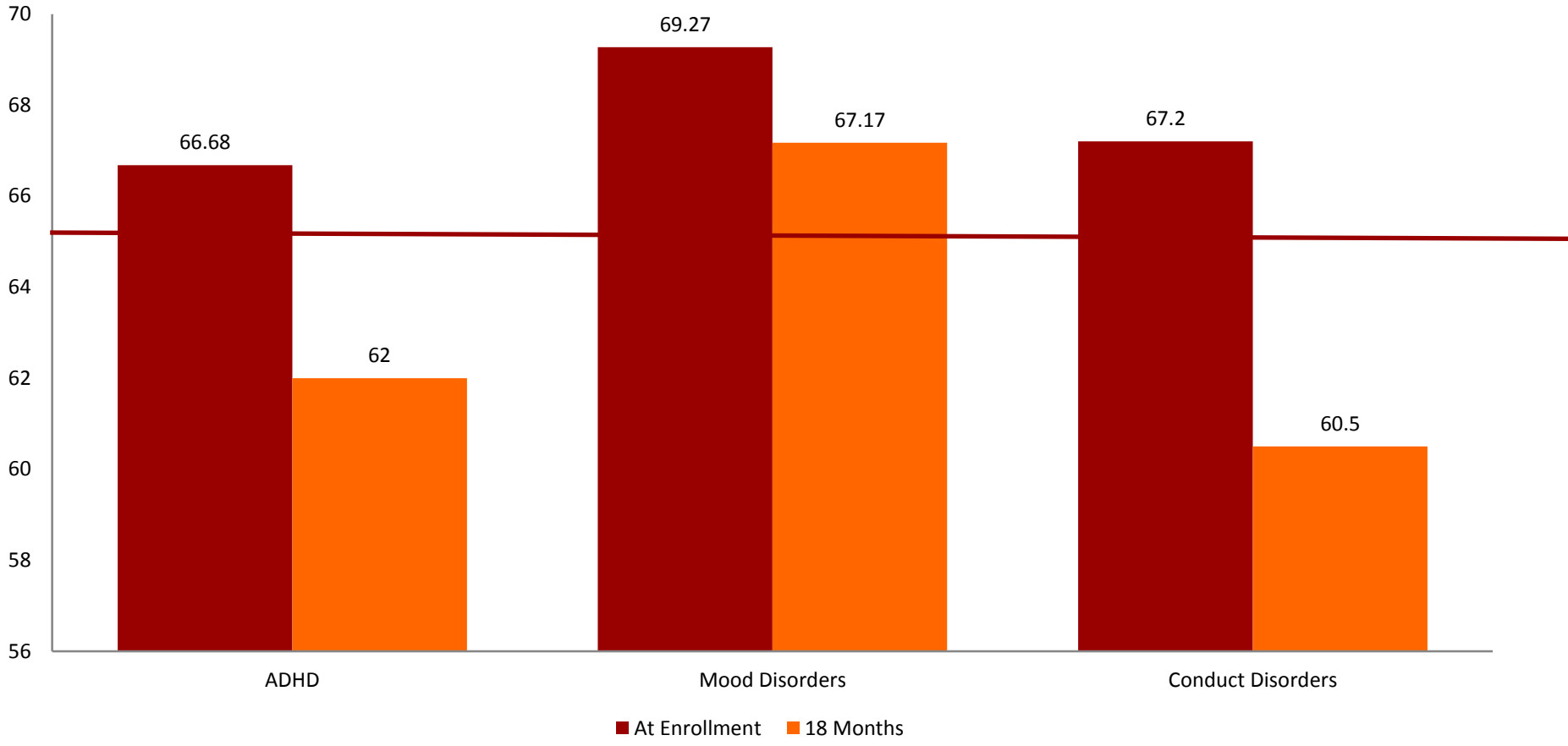
Brief #10

Parent Ratings of Youth Strength



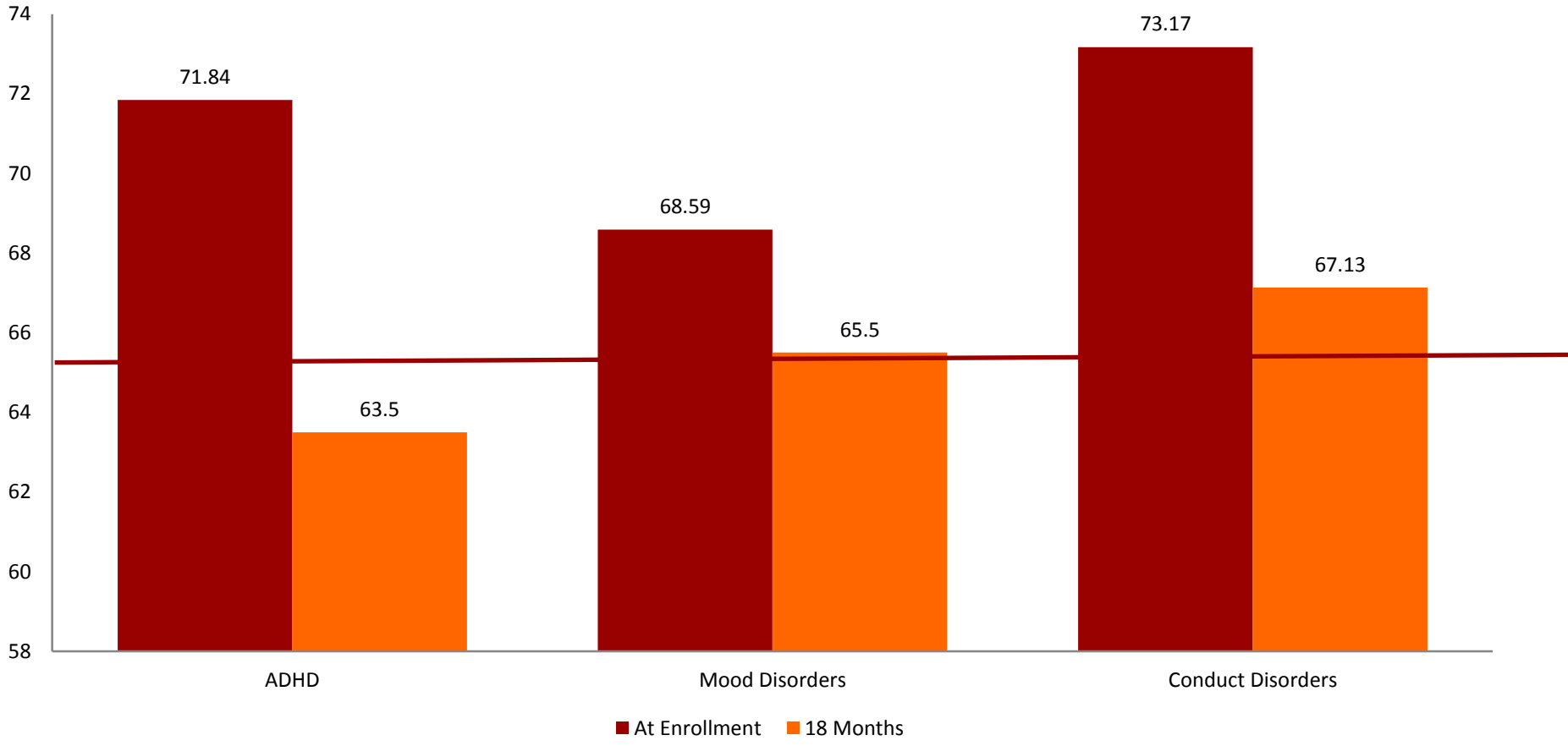
Brief #10

Caregiver Ratings of Strain



Brief #10

Caregiver Ratings of Internalizing Problems



Brief #10

Caregiver Ratings of Externalizing Problems

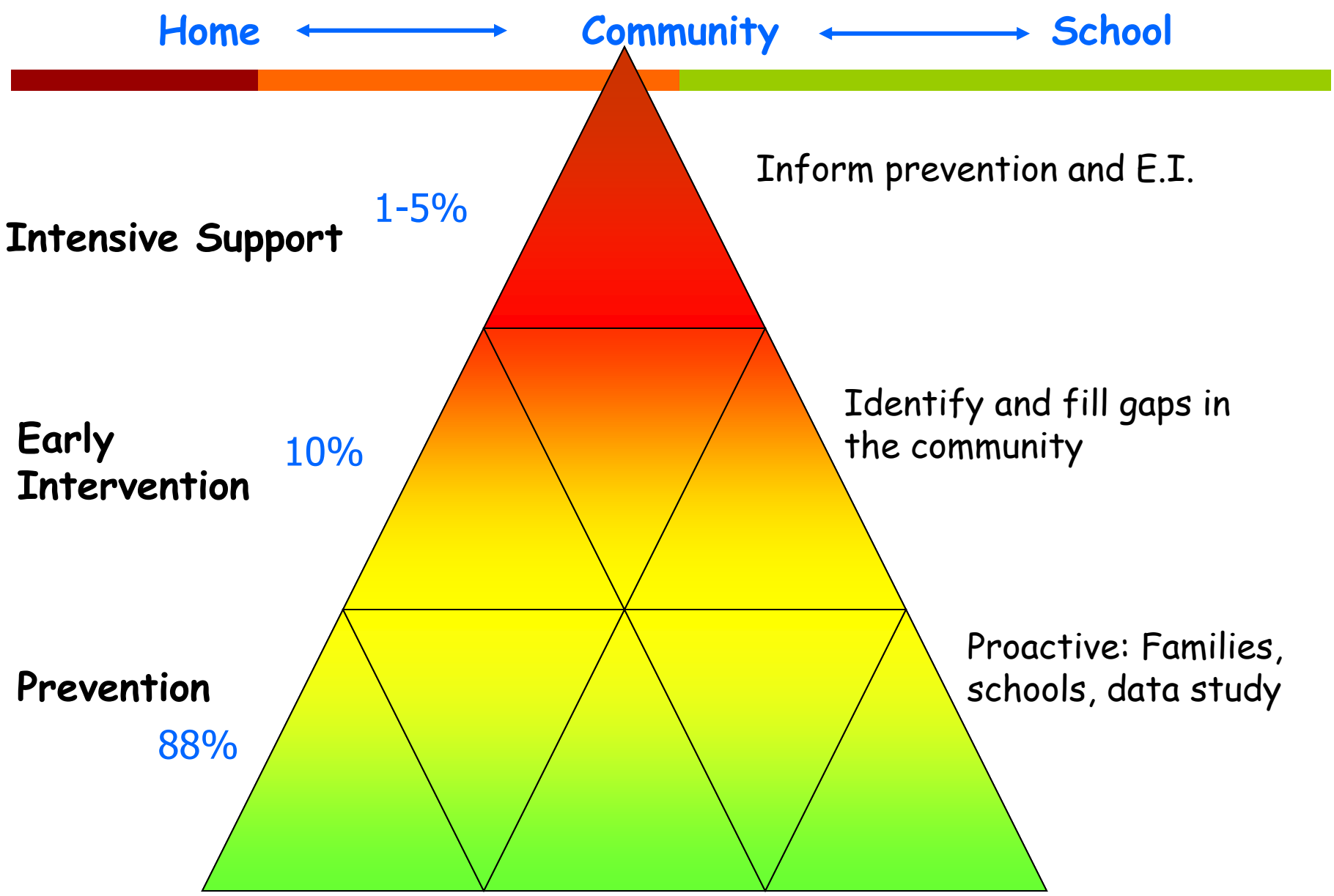
Theme	Description
Vision and leadership	Importance of identifying and connecting leaders in the community who have the vision and authoritative standing to bring together the necessary individuals to develop a community-based, multi-tiered system of care.
Family driven	Being able to move beyond rhetoric and antiquated language to authentically connect with and involve families at every level of decision-making. Caregiver blame can be deep-seated and difficult to overcome.
Prior efforts	Understanding harm that may exist in the community due to prior projects that set unrealistic expectations and made unfulfilled promises.
Common goals	Defining and agreeing upon goals, which necessitates first developing common language across providers, partners, and families.
Everything is developmental	Recognizing that change is developmental and understand the current capacity of the community and needed growth to reach full systemic effectiveness
Public awareness	Building awareness in the general public about the system of care is a never ending process. Most difficult is publicizing the "heart" of the project – the caring and acceptance that youth and families experience through OCOF.
Partnerships over time	Stakeholders continuously change. It is essential to ensure that there is always a place for everyone, which can mean everything from MOUs to daily communication to keeping an agency on the email list serve.
Flexibility	OCOF is able to be flexible to the community in ways that most providers can scarcely imagine (e.g., identify and fill in services gaps).
Persistence	The ability to never give up is required of everyone, every day, at every level.
Accountability and non-competition	OCOF models data-based accountability to the community but is not in completion with service providing agencies.

Brief #12

Preliminary CIS findings: What impact has OCOF had on the community?

Conclusions and thoughts

- Age differences
- Gender differences
- Diagnostic differences
- Emergence of SOC principles across the community
  - Family driven
    - Strengths focus
    - Cultural competence
    - Natural supports
    - Youth guided
- The role of the champion


Home
Community
School
Inform prevention and E.I.
1-5%
Intensive Support
Identify and fill gaps in the community
Early Intervention
10%
Proactive: Families, schools, data study
Prevention
88%

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