

Predictors of Improvement for Children Served In Developing Systems of Care

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The presentation will share a recent doctoral dissertation which demonstrates the potential use of secondary analysis of state mental health databases for applied research. Implications of the study for quality improvement activities and transformation of the child behavioral health system are highlighted.

Systems of care have been developing in Indiana since the mid-1990s. For whom are systems of care helpful? Does fidelity to the wraparound model make a difference in outcomes?

The research base regarding the effectiveness of systems of care for children with serious emotional disturbances is limited. The incremental development of systems of care in Indiana provides an opportunity to compare the outcomes of children served in these child and family wraparound teams with the outcomes of a matched sample of children receiving usual public mental health services. Functional assessment data from a state database was examined using logistic regression models. A qualitative measure of the level of development of wraparound services was used as a fidelity measure.

Findings suggest circumstances in which systems of care are effective. Children with impairments related to affective disorders who are served through child and family teams with high wraparound fidelity are more likely to experience improvements than children served in usual services. Similar youth served by intermediately developed wraparound teams are predicated to do less well than children served in usual services. Abused children in intermediate systems of care are predicted to have improvements in community functioning and experience less subsequent abuse. Most youth with disruptive behaviors, other than Hispanic youth, improve in wraparound teams. Families of children who live with their biological parents are more likely to improve than families whose children live in foster care, with extended family, or in out-of-home placements. Youth with serious emotional disturbance who use drugs or alcohol have poorer outcomes in wraparound.

Implications include targeting systems of care to subpopulations of children and families for whom there is evidence of greatest effectiveness. Results also suggest that additional training in effective treatment for affective disorders or higher levels of integration of care coordination with effective clinical services may be necessary to improve outcomes for developing systems of care. Integrated models of care may be needed for youth with co-occurring disorders. Additional attention to developing linguistic and cultural competence within wraparound services may be required to effectively serve the growing Hispanic community.

Beyond the specific trends and implications of this study, the challenges of using the existing system for quality improvement will be discussed. Limitations in the system have lead to interagency initiatives to develop similar assessments and outcome quality management processes across Indiana's child service systems. The study's findings also reinforce policy to begin systematically integrating evidence based practices into the systems of care.