Project Connect 2.0
Building a Rural System of Care
Presented by:
Angie Hampton, CEO
&
Dr. Matt Buckman, Clinical Director
Egyptian Health Department
• EHD has led the initiative on building a SOC in Saline, Gallatin, White and Hamilton counties since 2009.
• In 2009, EHD received a 6 year SAMHSA Children’s Mental Health Initiative grant to develop a comprehensive and coordinated SOC.
• In 2016, EHD received a 4 year SAMHSA Children’s Mental Health Initiative grant to sustain and expand the SOC.

System of Care
• PROJECT CONNECT (2009)
• **Overarching Goal:** To facilitate the partnership and coordination of all youth-serving entities, including primary care and education services, in order to encourage optimal development for each youth needing services.
  • Family Resource Developers integrated within school districts
  • PACE-Parent and Caregivers Empowered
  • Friends of MHINDS-mental health club in # of schools to address stigma
  • Trainings including Youth Mental Health First Aid (YMHFA); Signs of Suicide (SOS); Adverse Childhood Experiences (ACEs); Olweus Bullying Prevention;
• Project Connect 2.0 (2016)

• **Overarching Goal:** To build on the strong SOC foundation of success by expanding into areas of need not yet fully addressed and creating sustainable, systemic changes to the infrastructure and policies governing children’s mental health services statewide.
Success Story

• Meet **********
5 W’s

• Who are we?
• What do we do?
• Where are we from?
• When?
• Why?
• Relationships....Relationships....Relationships
Partnership Development

• Youth and Families
• Local Area Network (LAN) #2
• Education
• Primary care
• Juvenile Justice
• Child Welfare
Partnerships

Key System Partners

MOUs with ALL System Partners that outline the SOC values and principles

• Video & Discussion
Partnerships-LAN #2

• Inception 1997 (ISBE, DCFS, DMH)
• Steering Committee
• Screening Committee
  • Wraparound Plans
  • Flex Funds
• SOC Governance
Partnerships - Youth & Families

- Parents are a child’s “first teacher”
- Parents are the constant in the child’s life. Health care providers may change over time.
- Parents at all levels: policy, management, and service
Parent Partnerships

• Parents are a child’s “first teacher”
• Parents are the constant in the child’s life. Health care providers may change over time.
• Parents at all levels: policy, management, and service
• Family Resource Developers (FRDs)
Youth Partnerships

• Youth guided care through Youth Advisory Groups
• Friends of MHINDS
• Youth Peer Specialist
Partnerships-Education

- Family Resource Developers (FRDs) since 2009
- Project AWARE (Advancing Wellness and Recovery in Education)—Harrisburg School District
- School Based Mental Health Counseling-Carmi School District
- Gallatin County Wellness Center-Integrated Care-Gallatin County School District
Partnerships-Education

• CATCH Specialists
  • Social Emotional Learning (SEL)
  • Physical Health and Nutrition

• Illinois School Psychology Internship Consortium
  • BHWET Funded Health Service Psychology Trainees

• Resilient Southern Illinois
  • 16 Districts
Partnerships-Education

- Project Connect Evaluation Data
  - 49% improved in academic performance
  - 39% improved in attendance
  - Reported a reduction in being bullied or threatened by other youth from 27.6% at intake to 15.5% at six months
  - Reported a reduction in fighting from 29.3% at intake to 15% at the six month follow up
  - Reduction in the % of youth in the clinical range for impairment on Columbia Impairment and internalizing disorders on the Child Behavioral Checklist from intake to 12 month follow up

EVALUATION PROVIDED BY LURIE CHILDREN’S HOSPITAL
Partnerships - Primary Care

- Primary Care FRD
- Gallatin County Wellness Center FRD
- Illinois Doc Assist
- Four Quadrant Models of Integration
- Learning collaboratives & trainings
Partnerships-Early Childhood Mental Health Initiative

- Child Welfare-Erickson Institute
- WOVSED-Early Intervention Services
- WADI- Head Start/Early Head Start
- Creating Compassionate Communities
  - Centerstone of Illinois
Collective ECMHI Goals

• Partnerships & collaboration
• Screening & Early Identification
• Specialized team of providers
• Training in Evidence Based Practices
  • Treatment
  • Consultation
Building Family Driven Care

• Family Resource Developers
• Lead Family Contact
• PACE (Parents and Caregivers Empowered)
• Consumer Advisory Council
• Representation on all SOC committees as well as LAN Governance
Building Family Driven Care

• PACE Video
Building Family Driven Care

• FRDs=Peer Support Providers
  • Family peer-to-peer support is the most fundamental element of the children’s mental health family movement.
  • Families know what they need to overcome the challenges of raising and supporting a child with emotional, mental or behavioral challenges.

  • Sharing information
  • Support
  • Advocacy
Facilitate Relationships

- Viewed as a “solution” versus part of the problem.
- Helping to enroll families in mental health services
- Attending IEP meetings and school staffings
- Identifying community-based financial assistance
- Providing transportation to and from appointments
- Listening to the family’s needs and struggles offering guidance and support
Dissemination of Evidence Based Practices

- Interdisciplinary Trainings
- Trauma Based Behavioral Health Fellowship
  - Rehab Counseling & Social Work
- Illinois School Psychology Internship Consortium
- Specific EBPs:
  - Managing Adaptive Practices
  - Trauma Focused Cognitive Behavioral Therapy
  - Parent Child Interaction Therapy
  - Cognitive Behavioral Intervention for Trauma in the Schools
  - Botvin LifeSkills
  - Functional Family Therapy
  - Neurosequential Model of Therapeutics
Advocacy for Policy Changes
Advocacy for Policy Changes

• GO HIT
• NB Class Action Lawsuit
• 1115 Waiver
• Medicaid Managed Care
• State Plan Amendments-Integrated Health Homes and Mobile Crisis Response
Advocacy for Policy Changes

• CMHC and BHC

• Medicaid Rule Changes Rule 132 and Rule 140
Ongoing Performance Improvement
Partnerships—Juvenile Justice

- Juvenile Justice FRDs
- Juvenile Justice Councils
- Functional Family Therapy (FFT) Team
- Southern Illinois Violence Prevention Project
FACTS

• 75% of children who receive mental health services access those services at school
• School environment is often a place of protection and security for students struggling with mental health disorders
• EHD has 9 school districts in Saline, Gallatin, White and Hamilton counties
• There are approximately 8,500 students collectively in these districts
Partnerships with schools

- Project Connect Evaluation Data
  - 49% improved in academic performance
  - 39% improved in attendance
  - Reported a reduction in being bullied or threatened by other youth from 27.6% at intake to 15.5% at six months
  - Reported a reduction in fighting from 29.3% at intake to 15% at the six month follow up
  - Reduction in the % of youth in the clinical range for impairment on Columbia Impairment and internalizing disorders on the Child Behavioral Checklist from intake to 12 month follow up

EVALUATION PROVIDED BY LURIE CHILDREN’S HOSPITAL
VALUES AND PRINCIPLES OF SOC

• COORDINATED ACROSS SYSTEMS AND SERVICES
  • Integrated best practices and evidence based practices
  • System partners sign MOUs annually committing to provide services in alignment with the SOC values and principles
  • EHD works bi-directionally with State of Illinois agencies to build a comprehensive and coordinated SOC
    • ISBE
    • HFS
    • DHS/DMH
    • DHS/DASA
    • IEA
    • IDPH
Significant Barriers for Rural Mental Health Services

- Stigma
- Lack of awareness of mental health needs
- Lack of information about services (marketing)
- Lack of financial resources
- #1...TRANSPORTATION
The Essential C’s

1. Consumers

2. Competence

3. Collaboration
The Essential C’s

1. Consumers: A significant portion of individuals with severe and persistent mental illnesses live in rural areas.

   More stigma in rural communities because consumers feel that confidentiality is hard to maintain.

   Self-help models are often used in rural areas.
The Essential C’s

2. Competence: Pool of qualified mental health staff in rural areas is small.
The Essential C’s

3. Collaboration

Do the WE NEED YOU! Exercise
Rural SOC Continuum of Services

• Share Graphic
Evaluation results

• DO NOT DISTRIBUTE white paper info
• Updated evaluation information
Sustainability of a Rural SOC

- Partnerships - local, regional, state, and federal
- New grants
- Managed Care opportunities
- Medicaid
- Partnerships.....Partnerships.....Partnerships
Thank you!

• Thank you, Gracias, Hahoo, Dank u wel, Dua netjer en etj, Vinaka, Kiitoksia, Merci, Aayya, Danke, Efcharisto, Toda, Takk, Go raibh maith agat, Arigato, Gratia, Webale, Grazzi, Laengz zingh, Nihedebil, Bayarlalaa, Tusen takk, Dzieki, Obrigado, Da-wah-eh, Spasibo, Multumesc, Tapadh leibh, Hvala, Sha ja non, Gracies, Inwali, Tack, Khawp khun, Diolch