

# Walls Come Down

## PHELPS COUNTY ADULT SYSTEM OF CARE (ASOC)

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The Phelps County Adult System of Care (ASOC) was established by local providers with the joint purpose to coordinate individual care as a community team. This team assists individuals with the most complex needs to remain in their homes, place of employment and their community. The other primary goals of the ASOC were to come together as a team to share resources and network with other professionals to identify service gaps and actively work toward solutions. In turn, we would also share data and findings to make lasting changes at local and state levels to enhance communication between providers and better meet individual and community needs. The result would be a system with joint efforts working toward a common goal to achieve better outcomes.

The team collaboration was initiated on October 29, 2013, when a meeting was facilitated by the Department of Mental Health's Rolla Regional Office and the local SB40 County Board at the Courthouse in Phelps County, Missouri. This meeting opened the gates of communication between different agencies that attended. The focus of this meeting was to come together and form a plan to address those individuals in supportive living arrangements such as residential care facilities (RCF) and independent supportive living facilities (ISL) that had significant behavioral problems. These agencies included the county ambulance crews, staff from the local hospital emergency room and psychiatry unit, local law enforcement agencies, the county public administrator and staff from the facility that housed these individuals. These behaviors would result in strains on several providers in the area such as: staff members getting physically hurt, facilities being damaged, law enforcement involvement, and, in turn, the individuals were being brought to the local emergency room for a psychological evaluation. Most providers were aware of these problems, but did not understand their role in addressing them. Communication was a major factor in an attempt to find resolutions.

The ASOC was established by those providers that were determined to try and meet those individual needs that appeared to be "falling through the cracks" and forgotten about. In the following months, additional meetings were held with the same, established providers. The purpose was to extend the conversation in regard to the multitude of issues for individuals with a developmental disability and/or a mental illness within our local community. Through these meetings, barriers and lack of communication began to diminish. As a collaborative group, we began to listen to each other's needs and educate each other on the extensive services we each provide and our own limitations within our respective agencies. Relationships started to form as frustrations were shared. Individual professionals started to transform into a team when we realized we all had a common goal.

The ASOC began working with the individuals living in residential care, but, our addressed population system has grown since our initial meetings in 2013. We now have a path to address needs of those within the general community. Our agencies are now more efficient because we are able to call a direct source to assist, rather than waste time and efforts due to lack of knowledge. Being a Social Worker within our local emergency room since 2010 and a Board member of the ASOC, I can testify to the amazing results we have achieved. Our case



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examples have included: patients with behavioral/mental health issues living in local ISL's, a homeless man with chronic pain abusing alcohol that was using our local emergency room for visits twice daily, a single mother of 6 with two of them having special needs who had no support system and was at the "end of her rope," and an elderly gentleman living in unsanitary conditions. All of these patients have had great outcomes and have maintained their status within our community.

The ASOC has been successful because of the individual providers that sit at a table in a collaborative effort to meet individual needs. Most of these providers have been in their position for an established period of time and are aware of the limitations and obstacles that these individuals face. Networking and compromise have been highlighted efforts in working together for these outcomes.

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