

Source: Rosenblatt, A. (1998). Assessing the child and family outcomes of systems of care for youth with serious emotional disturbance. In Epstein, M. H., Kutash, K., & Duchnowski, A. (Eds). *Outcomes for children and youth with behavioral and emotional disorders and their families*. Austin, TX: Pro-Ed, pp. 329-362.

This 1998 chapter by Abram Rosenblatt provides one of the best summaries of studies on the effectiveness of community-based systems of care. This chapter provides a very thoughtful discussion of the issues involved in conducting such evaluations, and builds on an earlier review done by Beth Stroul (1993).

The chapter begins by presenting a set of domains for describing outcomes. Essentially, the five domains that are used are: clinical status; functional status; life satisfaction/fulfillment; safety/welfare; and cost/utilization of services. Rosenblatt makes the point that unless we use such a framework, we run the risk of aggregating findings that should not be combined.

Rosenblatt then reviews outcomes of 20 community-based systems of care. Not all studies report data in each outcome domain. However, Rosenblatt reports improvement on clinical status in 8 of 9 studies, and in functional status in 10 of 11 studies. The only study for which no difference was found on both clinical status and functional status was the Fort Bragg evaluation. Rosenblatt reports six studies that have measured life satisfaction or fulfillment. The results are very positive in all six studies, including Fort Bragg in which satisfaction was higher than in the comparison group.

In the safety and welfare area, Rosenblatt reports reductions in either arrests or use of detention in four of four studies, and improvement overall in a fifth study. In the cost utilization area, positive results are obtained in 17 of 18 studies. These positive results reflect either reductions in the cost of care, or reductions in the utilization of restrictive levels of care as measured through hospital admissions, inpatient lengths of stay, state hospital expenditures, or residential treatment center placements. The one exception is Fort Bragg, where costs were greater in the demonstration than the comparison site.

While these results are very encouraging, Rosenblatt points out that, “the existing research on systems of care is extremely difficult to evaluate critically. Most studies are not published in scientific journals and thus are not subject to peer review; descriptions of methodology are generally inadequate; and statistical analyses are often either inappropriate or incomplete.” He also points out that most studies simply used a pre-post design without any comparison group, and that the one study with the least positive results (Fort Bragg) had a comparison group and had a strong design.

While Rosenblatt calls for more and better studies, he also concludes that:

- Across a range of outcome domains, youth with serious emotional disturbances who are enrolled in innovative systems were found to show improvement; and
- With the exception of the Fort Bragg study, the research demonstrates that systems of care can manage costly out-of-home placements.

Rosenblatt indicates that the research methods for those studies examining out-of-home placements was actually stronger than the methods for those studies assessing outcomes on other domains, increasing the strength of the conclusion that “communities implementing systems of care can control residential placements (either lower or reduce the rate of increase).”