

Source: Foster, E. M. (1998). Does the continuum of care improve the timing of follow-up services? *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(8), 805-814.

Ensuring that children receive follow-up services after an inpatient stay is important for maintaining improvement and preventing readmission. In this article, Foster compares the timing of follow-up services for children ( $N=216$ ) discharged from inpatient facilities at the Fort Bragg Demonstration site (i.e., continuum of care) with the Comparison site (i.e., traditional care).

This investigation was based on two assumptions. First, it was believed that the range of available services and the coordination of services provided within a continuum of care should increase the likelihood that follow-up services are received. Second, the individualized nature of care should strengthen the link between child and family characteristics related to follow-up service use.

Results indicated that both assumptions were confirmed. Individuals served at the Demonstration site were more likely to receive follow-up services when discharged from an inpatient facility than those at the Comparison site. In fact, the likelihood of follow-up service use at the Demonstration site was greater than 10 times that of the Comparison site. Findings also revealed that the timing of follow-up services was much more closely related to child and family characteristics at the Demonstration site. For example, individuals that exhibited more symptoms, had a caretaker who had been previously hospitalized, or who imposed a greater burden on their caretaker were more likely to receive follow-up services at the Demonstration site.

The implications of these findings are far reaching. They suggest that coordination of care and the availability of a continuum of services can influence continuity of care. He suggests that "children do not receive services when the families in which they live are overtaxed," even when a wide array of services is available. Supplying families with needed resources may ensure that children return for follow-up care.

While these findings are positive, Foster asserts that a "full interpretation" would require additional studies investigating the impact of follow-up services on mental health outcomes and future service use. In addition to the characteristics examined in this study, we need a better understanding of other factors that influence the use of follow-up services.