

Kraemer Tebes, J., Bowler, S. M. Shah, S., Connell, C. M., Ross, E., Simmons, R., et al. (2005). Service access and service system development in a children's behavioral health system of care. *Evaluation and Program Planning*, 28, 151-160.

keywords: services received, barriers to services, implementation, referrals

Two system-level indicators of how well a system of care (SOC) meets the needs of children with emotional and behavioral disorders and their families are *services received* (proportional to services recommended by multi-agency review teams) and *barriers to services*. The authors tracked these indicators over an eight-year period in which an SOC moved through three stages of development: early, middle, and full implementation. Results revealed that the numbers of services received significantly increased as barriers to services decreased.

Participants were 2,073 youth who were enrolled in Rhode Island's SOC within an eight-year period; during this time, the SOC underwent three stages of development: early, middle, and full implementation. The first stage began with the initial funding of the SOC through the Child and Adolescent Service System Program (CASSP), and the receipt of further funding and services enhancements occurred during the middle stage. Demographic data collapsed over all study years indicate that most youth were male (71%), and most were white (70%). Three-quarters (76%) of youth who were referred for services had moderate levels of functioning and symptomatology as measured by the Children's Global Assessment Scale (CGAS). Further, most youth were referred for comprehensive services from mental health agencies (41%), while other referrals were from schools (19%), informal referrals (e.g., self, parent, friend; 18%), and other (i.e., child welfare, juvenile justice, social services, etc.; 22%). The Resource and Outcome Data Form (RADO) recorded referral sources, services received, and barriers to services. Data were collected on individual youth for three months, and recommendations for services were made by multi-agency review teams. Barriers measured on the RADO included service availability, appropriateness of services, cultural competency issues, funding problems, and individualized planning problems.

Results indicate that the enrollment of non-white youth increased over the life of the project. Most youth with moderate levels of impairment entered the SOC during its final phase. Youth with low levels of impairment tended to enroll during the middle phase of the SOC, and the number of children who entered the system with severe impairment doubled over time. Informal referrals and referrals from juvenile justice increased throughout the study, but referrals from schools and other service sectors decreased.

With regard to the proportion of services received relative to services recommended, service use increased significantly: during the initial phase, 48% of all services recommended were received, followed by 69% in the middle phase and 80% in the final phase. Additionally, as services received increased, the number of barriers per service recommended decreased from 1.83 to 1.76 to .61 for the initial, middle, and final stages of implementation, respectively.

This study provides an opportunity to look at access to services in one SOC over an eight year period. Results suggest that the two system-level indicators provide useful empirical data on SOC implementation.