Data Trends
Summaries of research on mental health services for children and adolescents and their families
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Source: Bickman, L., Lambert, E. W., Andrade, A. R., & Penaloza, R. V. (2000). The Fort Bragg continuum of care for children and adolescents: Mental health outcomes over 5 years. *Journal of Consulting and Clinical Psychology 68*(4), 710-716.

In this study, Bickman and his colleagues present data collected during the Fort Bragg Evaluation Demonstration (FBED), along with new data collected at a five year follow-up. Based on their analyses, they conclude that there were no differences between groups. They go on to report that "the current national policy of large investments in system of care infrastructure is unlikely to affect children in the manner intended," and "we need to focus on the services or treatment themselves to improve outcome."

The conclusion about Fort Bragg is based on six general outcome measures and four measures (two derived from the Child Behavior Checklist and two derived from the Youth Self-Report). In actuality, there was a statistically significant difference in favor of the FBED on one of the six general outcome measures – the Youth Self-Report. Interestingly enough, this difference also occurred at 12 months and was maintained throughout this time although the effect size is modest. Bickman et al. discount this because it was the only one that was significant and so they believe that it should not be counted since the likelihood of getting one significant difference when ten measures are used is unacceptably high.

It is also noteworthy that neither of the two measures that were used in the original data analysis at 12 months, and that produced significant differences in favor of FBED, were used in this study (the Global Level of Functioning scale, and the Child and Adolescent Function Assessment Scale). Both have been replaced by the Vanderbilt Functioning Index (both a parent and child version) that were actually developed using Fort Bragg data, and on which Fort Bragg kids did not do well (partly because they used more services and the Vanderbilt scale is based partly on service utilization). Nor does this article present data specifically on those children with serious emotional disturbance, although a footnote to the article indicates that an analysis was done of this sub-group, and "did not suggest superior outcomes at either site for any of the subgroups."

It is important to remember as well that this article about five-year outcomes suffers from the same problems that affected the overall study. For example, there were indications that the system was overwhelmed early in the project when most subjects were being admitted to the evaluation, and that implementation of the intervention was not good in this early stage. There are also indications that the populations of kids in the demonstration and comparison sites were not comparable, and the financing system created incentives for high cost. Overall, however, it is not surprising that there were no large differences at five years when there weren't large differences at 12 and 18 months.

Despite these problems, however, the FBED study, as well as the Starke County study, both appropriately reinforce the importance of focusing on improving practice as well as strengthening the system infrastructure. In fact, this focus on improving practice has been widely recognized and is being acted upon by CMHS and in the broader mental health field.

It is important, in response to the findings from Bickman's research, for the field to acknowledge how vital the practice part of a system of care is, and to continue to work on it. It is also important to recognize that there have been significant changes in the organization of systems of care since Fort Bragg, and that the system they studied (which was never a multi-agency collaborative effort anyway and did not have a strong family component either) is not reflective of current systems.

It is perhaps particularly noteworthy in this regard that systems of care are increasingly keeping larger and larger portions of their money flexible so that they might buy individualized services for children and families, rather than buying slots in existing programs that might or might not meet the needs. It is also noteworthy that systems of care are

striving to use more evidence-based interventions, and that the evidence in support of the effectiveness of case management and wraparound, while not yet compelling, is encouraging, and has been so described in a recent article by Burns, Hoagwood, and Mrazek (1999). They indicate that, "Overall, these studies, although they utilize uncontrolled designs, provide encouraging evidence of the effectiveness of the case management approach utilized in the wraparound process.…Although the evidence base is small, there are indications that case management is an effective intervention for youth with severe emotional disorders" (p. 219).

In summary, this latest article by Bickman et al. is an extension of the same findings and conclusions that they reached earlier about Fort Bragg (and Starke County). While the Fort Bragg study can continue to be criticized on a number of grounds, perhaps the most important points are that the system of care movement has taken seriously the admonition that there needs to be a greater focus on the practice level, that systems of care are not a static phenomenon but are constantly evolving, and are looking for ways to strengthen practice, including using interventions that are supported by research.

Reference: Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review, 2,* 199-254.