

Stephens, R. L., Holden, E. W., & Hernandez, M. (2004). System-of-Care Practice Review Scores as predictors of behavioral symptomatology and functional impairment. *Journal of Child and Family Studies*, 13(2), 179-191.

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The System-of-Care Practice Review (SOCPR) measures the extent to which service delivery systems embody system-of-care principles. In the current study, the authors assess the degree of adherence to those principles at the direct service level, and investigate whether adherence impacts children's mental health outcomes. Three system-of-care sites funded by the Center for Mental Health Services (CMHS) were matched with three comparison communities offering traditional services. After 12 months of services, the authors found a "counterintuitive" (p. 188) association between adherence to system-of-care principles and lower symptomatology and impairment scores for the control group only. However, children and families served by CMHS-funded system-of-care sites gave higher ratings, overall, to their service delivery experiences than did participants in the comparison communities.

The SOCPR is one of the measures in the longitudinal component of the national evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program. Eligibility criteria for the SOCPR are the same as those for the national evaluation (see Hernandez et al., 2001), with the additional requirement that children and their families have received services long enough to ensure familiarity with a range of service experiences. A subset of families ( $N = 75$ ) participating in the national evaluation was selected for the SOCPR: 36 children and families receiving services at three well-developed CMHS-funded system-of-care sites (SOC) were matched as a group with 39 families receiving services from three comparison communities (COMP). Over half of the children in the SOC and COMP groups were male (56% and 63%, respectively), and the average age for children in both groups was about 10-11 years. There were two significant differences between the samples; the COMP group had more African American participants and more families with low annual incomes.

The SOCPR protocol combines a qualitative case study methodology (i.e., document review, observation, multiple interviews, etc.) with a quantitative method for aggregating data. Part of the protocol assess the child and parent's experiences with their services according to the following system-of-care domains: (a) *child-centered and family focused*—individualized, full participants, case management; (b) *community-based*—early intervention, access to services, level of restrictiveness, integration and coordination; (c) *cultural competence*—sensitivity and responsiveness, awareness, agency culture, informal supports; and (d) *impact*—improvement, appropriateness of services. Respondents rated these domains on a scale of 1, *strongly disagree*, to 7, *strongly agree*. Child symptomatology and impairment were identified with the Child Behavior Checklist (CBCL) and the Child and Adolescent Functional Assessment Scale (CAFAS), respectively. The SOCPR, CBCL, and CAFAS were administered at intake into services and every six months thereafter for up to two years. The authors report on results through the first 12 months.

At intake into services, children in both groups scored in the clinical range on the CBCL and CAFAS. In comparison to the COMP group, mean CBCL total problem scores fell significantly below the clinical range for the SOC group at 12 months. A similar pattern occurred between the two groups for CAFAS total scores, but the difference was not statistically significant. At 12 months, higher SOCPR scores were significantly associated with lower CBCL and CAFAS scores among COMP families only. Thus, even though children in the SOC group improved, and their families reported higher levels of adherence to system-of-care values than the COMP group, correlations between SOCPR Total scores and the two outcome measures were

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significant for children in the comparison communities only. Notably, families in the COMP group who gave high ratings on the SOCPR tended to have children with fewer behavioral and emotional problems at intake than did children in the SOC group.

These results provide support for the ability of the SOCPR to detect fidelity to system-of-care principles at the direct service level. However, the unexpected association between fidelity and outcomes among children in the COMP group (rather than the SOC group) may be explained by the low variation in SOCPR scores provided by the SOC sample; this group consistently provided high ratings for the system-of-care domains, with all scores ranging from 4-7. In contrast, rankings from the COMP sample varied widely, with rankings from 1-7. Thus, “the restricted range of scores and reduced variability of experiences within the funded communities may have accounted for the absence of significant relationships that were found within the relatively small number of [participating] families” (p. 189).

In conclusion, children and their families in the SOC group consistently reported high levels of fidelity to system-of-care principles in their service experiences. While children in the COMP group showed improved emotional, behavioral, and impairment scores at 12 months, children in the SOC group also improved. The association between fidelity to system-of-care principles and improved outcomes found for children in the COMP group was not anticipated, but it was explained. As discussed in this study, and in Hernandez et al. (2001), the ability of the SOCPR to detect fidelity to system-of-care principles is an important step toward understanding the relationship between such principles and outcomes. A revised SOCPR is currently underway, and should provide more specific details about the delivery of evidence-based interventions at the local level.

## References:

Hernandez, M., Gomez, A., Lipien, L., Greenbaum, P. E., Armstrong, K., & Gonzalez, P. (2001). Use of the System-of-Care Practice Review in the national evaluation: Evaluating the fidelity of Practice to system-of-care principles. *Journal of Emotional and Behavioral Disorders*, 9(1), 43-52.