
Within a federally-funded system of care program in North Carolina, the author examined relationships among perceived adherence to system of care (SOC) principles, satisfaction with services, and changes in externalizing and internalizing behaviors among children with serious emotional disturbance and their families. Results indicate that high levels of adherence to SOC principles were associated with greater levels of satisfaction with services and with greater improvement in both internalizing and externalizing behaviors. High levels of satisfaction with services also predicted fewer internalizing and externalizing behaviors one year after receiving services.

Participants were youth (*N* = 98 out of a pool of 117 eligible children) and their caregivers served by a North Carolina SOC. In order to be eligible for the study, youth had to have a clinical diagnosis for a serious emotional disturbance, be at risk for out of home placement, and have multiple agency needs. Youth were between the ages of 5-18, and most (73%) were male. There were more African Americans (55%) than Whites (36%); the final 9% of the sample included Hispanics and Other racial/ethnic groups. At the time services were received (Time 1), 76% of the total sample was taking psychotropic medications; one year later (Time 2), 63% of the sample used psychotropic drugs (the data do not reveal which kinds of psychotropic drugs were prescribed).

Between Time 1 and Time 2, all children received case management, and 80% received some type of individual therapy. Thirty-eight percent of the sample received family therapy, 33% received group therapy, 15% received family preservation services, and another 15% received crisis stabilization services. The Child Behavior Checklist identified internalizing and externalizing behaviors, as did the Youth Self-Report (for children aged 11 and older). The Family Satisfaction Questionnaire measured caregiver and youth satisfaction with services and the Wraparound Fidelity Index 2.1 measured caregiver’s and children’s perceived adherence to 11 SOC principles: youth and family team, community-based services and supports, parent and youth voice and choice, cultural competence, individualized services, strengths-based services, natural supports, continuity of care, collaboration, flexible funding and resources, and outcome-based services. Service providers were initially given two days of training in SOC principles, and booster workshops were provided.

There was a significant decrease in externalizing and internalizing scores from Time 1 to Time 2. Overall, results indicate a positive association between satisfaction with services and perceived adherence to SOC principles, indicating that satisfaction with services increased as perceived adherence to SOC principles increased. Further, high levels of adherence to SOC principles were associated with improved scores in internalizing and externalizing behaviors. Satisfaction with services by itself did not predict change among internalizing or externalizing behaviors.

In conclusion, the author indicates that, “the current study adds to the growing evidence that mental health services perceived to be delivered consistent with the system of care philosophy are linked with better outcomes compared to services that are less consistent with the system of care philosophy.” Although limitations of the study include the small sample size and lack of a control group, this is the first known study of its kind to measure the relationships among caregiver satisfaction, adherence to SOC principles, and internalizing and externalizing behaviors. The author suggests that “With the current study indicating that the extent of functional change depends upon the extent of perceived adherence to the system of care philosophy, and that the extent of consumer satisfaction depends upon the extent of perceived adherence to the system of care philosophy, every effort should be made to train service providers in the basic principles of the system of care philosophy” (p. 413).