



# DATA TRENDS: #4

Summaries of research on mental health services for children and adolescents and their families



## Long-Term Effects of the Stark County System of Care

Source: Bickman, L, Noser, K., and Summerfelt, W. T. (1999). Long Term Effects of a System of Care on Children and Adolescents. *The Journal of Behavioral Health Services & Research*, 26(2), 185-203.

This article was selected as a distinguished research paper due to a presentation at the 1998 11<sup>th</sup> annual research conference, "A System of Care for Children's Mental Health: Expanding the Research Base," sponsored by the Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa. It examines the Stark County system of care. This evaluation had an experimental longitudinal design, following more than 350 families with children with serious emotional disturbances for two years. According to the authors, many of the criticisms of the Fort Bragg Evaluation were not present in this evaluation. Specifically, Stark County is considered by many to be a model system of care, matured and established, with a client base demographic that is generalizable to many sites in the rest of the country. Interviews with caregivers and children indicated that the amount of care and the access to care was better in the system of care, but there were no differences in outcomes between children served in the system of care and children receiving services as usual.

In contrast to the Ft. Bragg study, participants were randomly assigned to either the experimental "system of care" group, or the control "services as usual" group, prior to intake. In addition to the usual services received by the control group, the system of care group received comprehensive intake assessment, home-based treatment, and case management and its linkages to other service systems. Seventy-five participants never returned for services after intake into the evaluation, but they did continue to participate in the evaluation, forming an additional "no services" group. There were no statistically significant initial differences in demographics and functioning between this group and the groups who received services, allowing an interesting natural experiment.

- ✓ Children served by the system of care received more services, better access to care, and better types of care than children served as usual.
- ✓ While children in both groups showed improved functioning over time, children served by the system of care did not experience more gains than their counterparts.

Results are shown in the box to the right. The implementation of the system of care effectively brought services to families; however, these services did not result in improved outcomes when compared to services as usual. Additionally, the group of 75 participants who received no treatment appeared to improve more than both of the other groups, but the lack of randomization casts some doubt on this finding. The authors assert that their findings could be due to: 1) the lengthy logic chain between system reform and clinical outcomes, 2) an underdeveloped ability to identify and assign youths to appropriate services, and 3) the lack of evidence of the effectiveness of psychotherapy in community treatment.

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