



## Assessing the Sustainability of Systems of Care

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In 1992, the Comprehensive Community Mental Health Services for Children and Their Families Program (CMHS Program) was established by the Center for Mental Health Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to support communities in developing comprehensive community-based systems of care for children with or at risk for serious emotional disturbance. This article assesses the ability of the children's mental health service organizations initially funded by CMHS to sustain their systems of care beyond their allocated federal grant funding.

### Method

For this analysis, data were collected through initial web surveys and follow-up phone interviews at sites in which funding had either ended (N = 26) or was about to end (N = 11). First, four different types of key informants were surveyed from each of the 37 eligible sites: (1) a current or former project director; (2) a representative of the children's mental health system; (3) a family member, and; (4) a representative of a child-serving agency partnered with the site. The survey asked participants to rate 142 Likert-scale items addressing the availability of services and supports, adherence to systems of care principles, goal achievement of systems of care principles, factors influencing sustainability of services, and sustainability strategies. Participants were asked to assess services and supports at the time of peak funding availability and at the current time for all measures. For the 26 sites in which grant funding had expired, this meant assessing these measures both during and after the grant funding period. After the administration of the web survey, follow-up telephone interviews were conducted with a subset of the key informant web respondents from each site -- the current or former project director or the representative of the mental health system and the family member. The goal of these interviews was to obtain more detailed information than the survey could provide.

### Results

Out of the 37 sites, none rated services as being "extensively" available (a rating of 5 on a 5-point scale) either before or after the funding period. Care management and outpatient individual counseling rated a 3.4 across all sites—the highest rating received on any item. Significant decreases in availability were seen in transportation services and flexible funds from the peak-funding phase to current time. A significant increase over time was reported for the availability of behavioral aide services. The 26 remaining services reported no significant changes in availability over time.

Some changes in the implementation of systems of care philosophy and goal achievement were noted between the two assessment periods. The implementation of individualized care, interagency coordination, and family involvement all declined significantly between the grant implementation and current period of no federal support in those sites whose funding had already expired. Sites no longer receiving funding also reported significant decreases in their ability to maintain sufficient service capacity and support family organizations. Based on information

gathered in the phone interviews, loss of grants funds was the most common explanation for the decline in these supports.

Two factors were reported as having a “somewhat negative” impact on sustainability of systems of care: changes in the larger economic climate, and changes in elected or appointed officials who could impact policy and programmatic directions. Factors noted as having the most positive impact on sustainability by all respondents (both currently and no longer grant-funded) included: forming and/or strengthening interagency partnerships (child welfare and juvenile justice were the most frequently mentioned partners); establishing a strong family organization; using evaluation results; increasing commitment to the systems of care approach; and retaining state commitment and financial support. Among those sites no longer receiving grant support, making policy or regulatory changes and infusing the system of care into the broader system were rated as the most effective strategies for sustainability. No funding strategies were rated as either “completely” or “very” effective in sustaining systems of care and their corresponding services; the two strategies with the highest ratings (3.4 on a 5-point scale) were “the ability to obtain Medicaid reimbursement” and “obtaining new or increased state funding.”

### **Discussion & Conclusions**

This study sought to provide information about the availability of services and the sustainability of systems of care during and after federally available grant funding. Findings indicated that while the termination of federal funding is associated with relatively low levels of change in service availability, it can lead to more notable decreases in the implementation of systems of care philosophies such as individualized care, interagency coordination, and family involvement. The authors of the study suggest that lack of funds results in difficulties sustaining services that are “supportive” in nature.

The study provides specific recommendations for a strategic planning framework based on information gathered in the interviews. Some of these suggestions include a family organization and advocacy base, the collection of evaluation data, and generating commitment and support for the systems of care approach.

Interview respondents stressed the continued need to both seek additional funding and maintain partnerships with other organizations—child welfare, juvenile justice, education—in order to provide an effective system of care. They reported that many of the other agencies they worked with paralleled their commitment to their philosophies and services approaches, and ultimately these interagency collaborations were essential to sustainability. Without federal support, many systems of care sites were relying on Medicaid and state funds to continue their programs. Without this state involvement it appears that the likelihood of sustaining systems of care is greatly diminished. Strategic planning to develop long-term strategies for maintaining services is recommended.



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