Adherence to System of Care Philosophy: Federally Funded & Matched Comparison Sites


Since 1993, the federal government has provided funding to selected communities across the country to establish systems of care for children with emotional and behavioral disorders and their families. Briefly, the goals of these systems are to provide integrated, coordinated, and comprehensive services to children and families in the least restrictive environment possible, preferably within the local community. The purpose of this study was to assess the degree to which these system of care (SOC) sites have actualized these philosophies, focusing on a sample of three sites selected because of their high scores on a previous system assessment instrument. In addition, the authors compared adherence between these three federally funded sites and three matched comparison sites that had not received federal system of care funding. Comparison sites were chosen that matched the SOC sites as closely as possible in terms of demographics, geographic location, and community economic status.

Sites were assessed during the last year of the five-year funding period provided to the SOC communities. Data were collected through semi-structured interviews with approximately 30 stakeholders at each site using an author created instrument. This “system-level assessment instrument” (p. 41) was developed based on data gathered from previous annual site visits to more than 22 SOC communities and was refined through expert feedback and pilot testing. Qualitative data collected with the instrument were used to make quantitative ratings of the extent to which system of care philosophies were being implemented in communities. The instrument was divided into two general domains: infrastructure and service delivery. Infrastructure refers to the organizational arrangements and procedural framework necessary for service delivery, while service delivery refers to the actual activities implemented to serve children and families. Both infrastructure and service delivery were broken into subcategories (see text boxes), all of which were compared to eight system of care principles:

- family focused
- culturally competent
- interagency
- least restrictive

Qualitative responses were coded by interviewers into quantitative scores on a four-point scale from 1 (no effort had been made toward implementing the particular goal) to 4 (efforts were fully implemented and effective). Each interview was conducted with two raters present to ensure consistency in ratings. Interrater reliability ranged from 84% to 92%.

Results were presented descriptively since the small number of sites assessed did not allow for conventional statistical analysis. Overall, results from the six sites indicated that funded systems had higher mean scores on nearly all factors than non-funded sites and that ratings between the three funded sites showed less variability than between the three non-funded sites, suggesting that funded sites were able to consistently come closer to achieving system of care principles than non-funded sites. Differences between funded and comparison sites were greater for the infrastructure items than for the service delivery items, particularly with regard to the interagency development and community-based care principles. This result suggests that funding may be necessary to spur changes in organizational structures. Within the federally funded SOC sites, the lowest ratings were on the quality monitoring component. This component analyzed whether sites had “routine collection, analysis and use of data to identify and resolve problems in the system at the aggregate level” (p. 54). While performing better than the comparison sites, SOC sites nevertheless had relatively low scores also in cultural competence, for both infrastructure and service delivery items.
Together, results demonstrate that the sample of SOC sites assessed in this study have successfully implemented many system of care principles into communities’ infrastructure and service delivery systems. Despite improvement, quality management and cultural competence tends to lag behind other elements of system of care implementation. With the widespread public discussion of system of care principles, even the non-funded comparison sites have begun to implement many system of care principles into service delivery. However, results from this study suggest that the organizational shifts necessary for sustained and consistent changes in service delivery are strengthened by federal system of care funding.