



# System-of-Care Evaluation Brief

## Satisfaction with Services in Systems of Care

Children with serious emotional disturbance and their families served in systems of care receive services specific to their individual needs. Each child and family may need a different amount and combination of services. Understanding whether these services have addressed the specific needs of families generally begins with the assessment of global satisfaction with services. Assessment of satisfaction, however, is generally broad. This breadth often leads to overly positive endorsements because it is not possible for the respondent to clarify specific circumstances that led to lesser assessments of service quality.

In the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, data are collected on global satisfaction related to the child's improvement as a result of services, family involvement in services, youth involvement (obtained from the youth's perspective), and cultural competence of service delivery. Caregivers also are asked at 6-month intervals which services were received, where and when services were received, the amount of services received, and whether this type of service met their family's needs.

### Satisfaction

Overall, both caregivers and youth were satisfied with the services they received in system-of-care programs at 6 months and 12 months. Consistent with reports in the children's mental health literature, the level of satisfaction was higher among caregivers than children (Helfinger, Northrup, Sonnichsen, & Brannan, 1998). However, it is interesting to note that level of satisfaction of youth across all areas improved from 6 months to 12 months, while level of satisfaction reported by caregivers remained about the same at both times, with some slight decreases in satisfaction (e.g., providers' understanding of family traditions). Youth reported the biggest increase in satisfaction with their level of involvement in service planning (60% to 66% from 6 months to 12 months). Caregivers were most satisfied, at both 6 months and 12 months, with the number of times they were asked to participate in meetings

*System-of-Care Evaluation Briefs* report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants and cooperative agreements to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.



National Evaluation  
Comprehensive Community Mental Health  
Services for Children and Their Families Program

Wayne Holden and Rolando Santiago, Editors

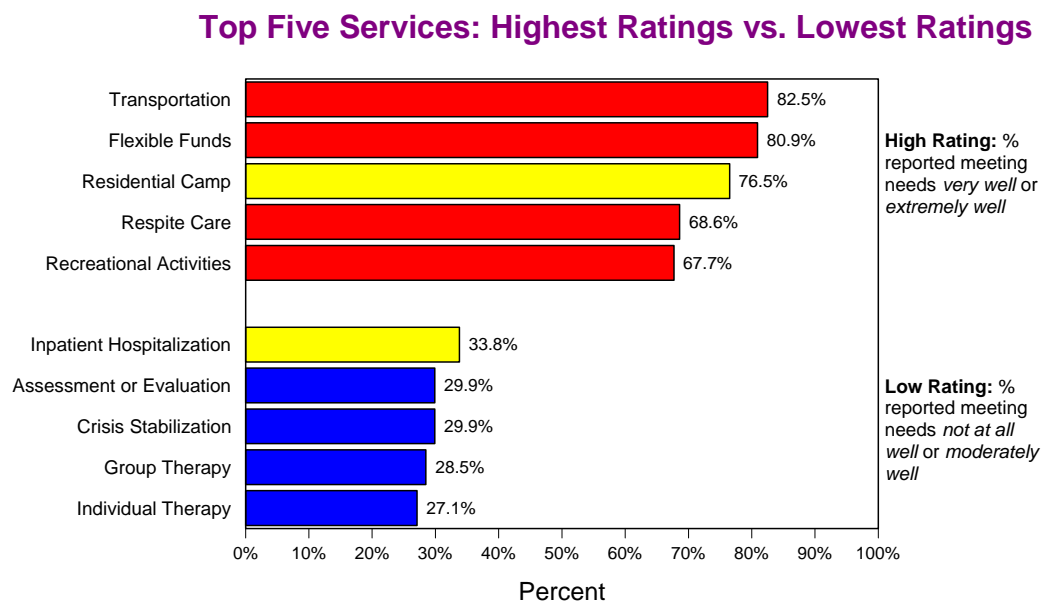
Volume 4, Issue 1  
October 2002

where services for their children or themselves were discussed, providers' respect for family beliefs about mental health, and providers' understanding of family traditions. Although youth were most satisfied with their progress in the last 6 months, caregivers were least satisfied with their child's progress.

## Satisfaction with Specific Services

In addition to reporting on their overall satisfaction with services and service providers, caregivers rated how well each service received had met their child's or family's needs. Figure 1 contrasts the five services receiving the highest and lowest caregiver ratings in meeting their child's needs.<sup>1</sup> The highest percentage of caregivers (83%) rated transportation as meeting their child's needs *very well* or *extremely well*. In contrast, among families whose children received inpatient hospitalization, 34% found this service to meet their needs poorly (rated *not at all well* or *somewhat well*). In addition, four of the five services that caregivers found to meet their needs *very* or *extremely well* were support services, while four of the five low-rated services were typically outpatient services. This finding may suggest that support services are those that have an immediate impact on caregivers by providing additional supports to children and families within their immediate environments. Although crisis stabilization has an immediate impact, the success of this impact seems to be less apparent to caregivers. Assessment is in some ways invisible in its impact, and therapy often requires longer periods of time to show its impact.

Figure 1



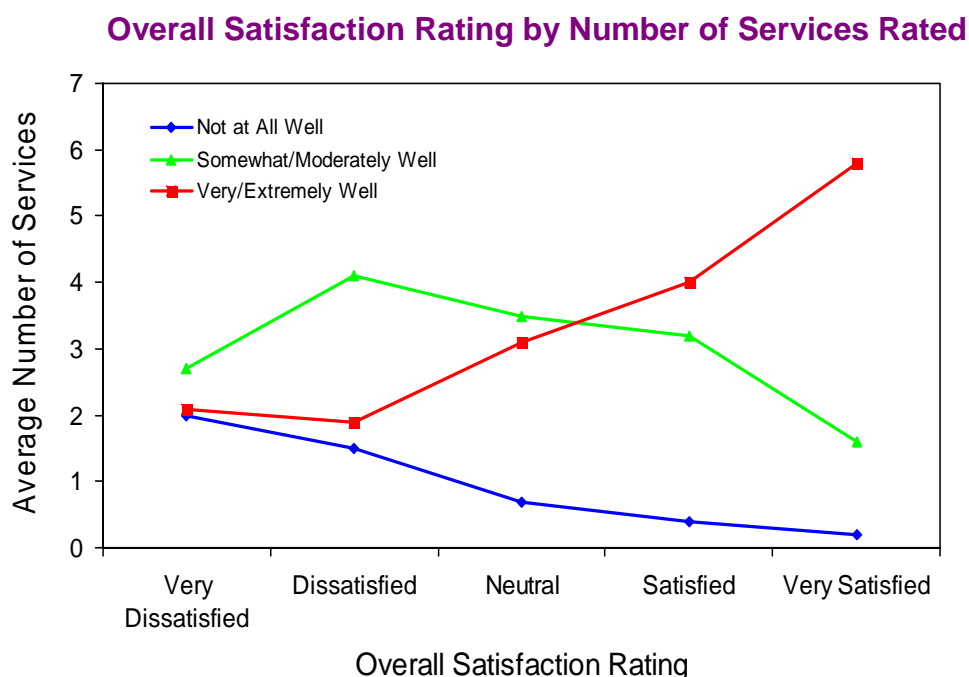
## Relationship Between Overall Satisfaction and Specific Service Ratings

It is expected that overall satisfaction is associated with satisfaction with specific services. In general, the more services that caregivers identified as meeting their child's or family's needs very well or extremely well, the more satisfied they were with the overall service experience. Conversely, the more services that caregivers reported as not meeting their child's or family's needs, the less satisfied they were with the overall service experience. This trend was particularly true for children who received five or more services at 6 months, which

<sup>1</sup>High rating here was defined as the percentage of caregivers who rated the service as meeting their child's needs *very well* or *extremely well*; low rating was defined as the percentage of caregivers who rated the service as meeting their child's needs *not at all well* or only *somewhat well*.

constituted over two-thirds (68%) of the sample with service data (see Figure 2). On average, caregivers who rated six services as meeting their needs very well or extremely well indicated that they were very satisfied with the overall service experience. Caregivers who rated only two services as meeting their needs very well or extremely well also reported that they were very dissatisfied with the overall service experience.

**Figure 2**



However, the relationship between overall rating of satisfaction and ratings of individual services was not always consistent. For example, overall satisfaction did not differ significantly by caregiver ratings of the following services: residential therapeutic camp, inpatient hospitalization, residential treatment center, group home, therapeutic foster care, independent living service, and respite care. That is, caregivers were equally satisfied or dissatisfied with the overall experience regardless of how well the above services have met their needs. Because these services were generally received by very few children and families, or they generally the only services received, experience with these services alone may not have impacted how caregivers rated their overall satisfaction with services received in systems of care.

## Summary

While families are generally satisfied with their service experiences, examining specific services and combinations of services provides a more detailed understanding of how satisfaction may be determined. Findings from the extent to which specific services meet family needs indicate that the support services that are integral to systems of care are also those services that best meet family needs. Support services are also those that facilitate service delivery (e.g., transportation) and care for children (e.g., respite), which in turn can enable more consistent use of clinical services and stability of living environments.

## References:

Heflinger, C. A., Northrup, D. A., Sonnichsen, S. E., & Brannan, A. M. (1998). Including a family focus in research on community-based services for children with serious emotional disturbance: Experiences from the Fort Bragg Evaluation Project. In M. E. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices* (pp. 261-293). Austin, TX: PRO-ED.

*In general, the more services that caregivers identified as meeting their child's or family's needs very well or extremely well, the more satisfied they were with the overall service experience.*

Volume 3 issues:

- 1 The Family-driven Research Study
- 2 Understanding Service Experience and Treatment Adherence in Systems of Care
- 3 Caregiver Reports of Changes in Educational Experiences of Their Children
- 4 Interagency Collaboration in Systems of Care
- 5 Substance Use Among Children and Youth Referred to Systems of Care
- 6 The Relationship Between Children's Functional Impairment at Intake into Services and Subsequent Service Use
- 7 Characteristics and Outcomes of Students Receiving School-based Wraparound
- 8 Effects of Stress and Trauma on Children and Adolescents
- 9 Youth with Reported Histories of Sexual Abuse
- 10 System-of-Care Program Sustainability for One Intertribal Project
- 11 Management Information Systems in System-of-Care Communities
- 12 The Association Between Family Functioning and Child Strengths

For additional copies of this or other Briefs, contact:

**ORC Macro**

3 Corporate Square  
Suite 370

Atlanta, GA 30329

Phone: (404) 321-3211

Fax: (404) 321-3688

[www.macoint.com](http://www.macoint.com)

## Child, Adolescent and Family Branch

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

5600 Fishers Lane, 11C-16

Rockville, MD 20857

Phone: (301) 443-1333

Fax: (301) 443-3693



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)