Snapshot



"The system of care concept is a framework and a guide, not a prescription. The concept of a system of care was never intended to be a 'model' to be 'replicated'; rather it was intended as an organizing framework and a value base.

Flexibility to implement the system of care concept and philosophy in a way that fits the particular state and community was emphasized from the beginning. Different communities have implemented systems of care in different ways—no two are exactly alike. It is the philosophy, the value base, that is the constant."

-Stroul, B. (2002).

Mental health systems of care for children

Values, principles, and effectiveness

It is estimated that 10 to 20 percent of children in the United States have significant emotional and behavioral disturbances, and only one in five of these children receive care. While many children do not receive any supports, others may receive multiple services in school, community, and other settings. These services are often not coordinated, with providers unaware of the full array of services a family is receiving and, in some cases, working towards inconsistent and potentially conflicting goals.

In an effort to replace this patchwork approach with a more integrated one, some communities have moved towards a system of care approach. Generally speaking, "system of care" refers to a coordinated array of services to meet the needs of children with emotional/ behavioral problems and their families. Over the past few decades, this term has been defined more specifically as an organizational philosophy and approach.

In 1992, the U.S. Congress established the Comprehensive Community Program for Children and Their Families to develop systems of care. To date, 144 communities have been funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) to incorporate the system of care philosophy.

While much of the guiding literature and research on systems of care emerges from these SAMHSA-funded initiatives, any community can work towards adopting system of care values. This snapshot provides an overview of system of care structures, values and principles, and effectiveness.

Services versus systems

It is important that children receive highquality mental health and support services. These services should be appropriate based on the child's need, developmental level, and cultural background.

While expansion or enhancement of clinical services is a common feature in systems of care, the primary focus is less on the direct provision of services, and more on creating an infrastructure to coordinate these services and to ensure that they are delivered in accordance with system of care principles.

Comprehensive Mental Health Services for Children and Families program—SAMHSA

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has offered funding through it's Comprehensive Mental Health Services for Children and Families program since 1993. Commonly referred to as the "system of care" program, this initiative funds communities seeking to improve or expand their mental health system for children and youth.

To date, a total of 144 communities have received funding, with 59 sites currently active. An additional 17 communities are expected to be funded in 2009.

The program's philosophy includes the following elements: (1) the system should be driven by the needs and preferences of the child and family and addressed through a strength-based approach; (2) services should occur within a multi-agency collaborative environment and grounded in a strong community base; (3) the services and participating agencies should be responsive to the cultural context and characteristics of the populations served; and (4) families should be lead partners in planning and implementing the system.

Collaboration and coordination

A hallmark of the system of care approach is multi-agency collaboration and coordination. At an individual child/ family level, this usually involves agencies working together to develop and implement comprehensive and coordinated plans to meet the specific needs of children, youth, and families. The goal is to provide a coordinated array of accessible and appropriate services that support shared treatment goals, while eliminating duplication of services, gaps in care, and fragmented or inconsistent treatment plans. A coordinated planning process, often referred to as "wraparound," involves a team of agencies that are expected to meet regularly to review the child's success and to modify the plan as needed.

While wraparound is a core element of many systems of care, collaboration is also expected at the broader system level. In a system of care, agencies work together to identify community needs and develop plans for expanding or enhancing the service array to meet these needs. This collaboration also typically includes a willingness to share resources, such as time and funding, to meet the greater needs of the community.

Systems of care can include a variety of agencies serving children and youth with social or emotional concerns, not just those providing mental health services. Typical partners include:

- Human services departments
- Community-based mental health providers

- Schools, Head Start
- Juvenile justice/corrections
- Public health, health care providers
- Family advocacy groups
- Informal supports (such as advocates or faith community representatives)

While some systems serve all children/ youth in the community, others focus on a specific group, based on age or underlying conditions (e.g., youth involved in juvenile corrections or with a history of trauma). The participating agencies should be those best suited to serve the target population. For example, a system focusing on young children might include child care professionals, while one focusing on the needs of youth transitioning into adulthood might include job training programs.

Role of the family and youth

While agencies are expected to collaborate, they are not intended to be the primary decision-makers on behalf of a child or family. It is important for systems to actively engage families in leading all decisions about the care of the child. Similarly, as appropriate based on their age and functioning, youth should have opportunities to make decisions about their own care. Family and youth involvement is also important at a broader level, with an expectation that they are active participants in systemlevel governance and planning.

Guiding principles

It is recommended that systems of care serving children or youth with social or emotional disorders adhere to a defined set of guiding principles. As outlined by Stroul and Friedman (1986), these principles include the following:

- Children should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.
- Children should receive individualized services in accordance with their unique needs and potentials and guided by an individualized service plan.
- Children should receive services within the least restrictive, most normative environment that is clinically appropriate.
- The families and surrogate families should be full participants in all aspects of the planning and delivery of services.
- Children should receive integrated planning services, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
- Children should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention for children should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- Children should be ensured smooth transitions to the adult services system as they reach maturity.
- The rights of children should be protected, and effective advocacy efforts for children and adolescents should be promoted.
- Children should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

Summary of the available research

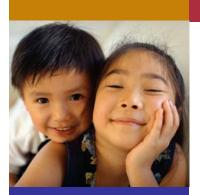
Much of the research related to the effectiveness of systems of care comes from the national cross-site evaluation of SAMHSA's Comprehensive Mental Health Services for Children and Families Program. As summarized in their 2002-2003 Annual Report to Congress (the most recent summary available), children/youth participating in systems of care have experienced a variety of positive outcomes, including:

- Reduced severity of mental health symptoms
- Improved school performance and attendance
- Reduced involvement with law enforcement, such as arrests, convictions, and placements in detention
- Improved functioning in home and community settings
- Improved employment and earnings for caregivers in low-income families.

When SAMHSA-funded systems of care are compared to other communities, research results are mixed, however. Some research suggests that these improved clinical and functional outcomes may be similar to those receiving traditional services. However, other results suggest that a system of care model may have stronger benefits for youth with higher needs (including those involved with law enforcement). One study found that youth receiving individualized case management (a core element of system of care models) had greater continuity of care and received more services.

At the community level, there can be some benefits of system of care models. Compared to non-funded communities, SAMSHA-funded communities are more likely to exhibit system of care principles and provide greater case management services. There may be financial benefits as well, as an analysis of service data has found that the costs of expanding the service array can be offset by savings in other service sectors.





Resources

The following resources were used to develop this publication.

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Stroul, B. (2002). *Systems of care: A framework for system reform in children's mental health* [Issue Brief]. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (Rev. ed.) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

Substance Abuse and Mental Health Administration – System of Care <u>http://systemsofcare.samhsa.gov/</u>



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