

Values and Principles for the System of Care

Core Values

1. The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
2. The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

Guiding Principles

1. Children with emotional disturbances should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
6. Children with emotional disturbances 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.
7. Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children with emotional disturbances should be ensured smooth transitions to the adult services system as they reach maturity.
9. The rights of children with emotional disturbances should be protected, and effective advocacy efforts for children and adolescents with emotional disturbances should be promoted.
10. Children with emotional disturbances 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.

Characteristics of Systems of Care as Systems Reforms Initiatives

FROM

Fragmented service delivery
 Categorical programs/funding
 Limited service availability
 Reactive, crisis-oriented approach
 Focus on “deep end,” restrictive settings
 Children out-of-home
 Centralized authority
 Creation of “dependency”
 Child-only focus
 Needs/deficits assessments
 Families as “problems”
 Cultural blindness
 Highly professionalized
 Child and family must “fit” services
 Input-focused accountability
 Funding tied to programs

TO

Coordinated service delivery
 Multidisciplinary teams and blended resources
 Comprehensive service array
 Focus on prevention/early intervention
 Least restrictive settings
 Children within families
 Community-based ownership
 Creation of “self-help” and active participation
 Family as focus
 Strengths-based assessments
 Families as “partners” and therapeutic allies
 Cultural competence
 Coordination with informal and natural supports
 Individualized/wraparound approach
 Outcome/results-oriented accountability
 Funding tied to populations

Pires, S. (1996). *Characteristics of systems of care as systems reform initiatives*. Washington, DC: Human Service Collaborative.

System of Care: Specific, Defined Approach to Customizing Care for Children with Emotional/Behavioral Disorders and Their Families—Operations Characteristics

Characteristics

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| <ul style="list-style-type: none"> • Collaboration across agencies • Partnership with families • Cultural and linguistic competence • Blended, braided, or coordinated financing • Shared governance across systems and with families • Shared outcomes across systems, reflecting community values • Organized pathway to services and supports • Interagency/family services planning teams • Interagency/family services monitoring teams | <ul style="list-style-type: none"> • Single plan of care • One accountable care manager • Cross-agency care coordination • Individualized service/supports “wrapped around” child and family • Home- and community-based alternatives • Broad, flexible array of services, supports • Integration of clinical treatment services and natural supports, linkage to community resources • Integration of evidence-based treatment approaches • Cross-agency management information systems |
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Basic Tenets About Systems of Care

- 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.
- Systems of care change and evolve over time. The policies, organizational arrangements, service delivery approaches, and treatments change and adapt to changing needs, opportunities, and environmental circumstances in states and communities, in both positive and negative fashion.
- Since a system of care is not a discrete model, it is difficult to say definitively or precisely that one community has one and another does not. It is more appropriate to define the level of development. Building systems of care is a developmental process. Most communities throughout the country have some elements of the system of care philosophy and services in place, even if they are not all far along the developmental pathway.

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.

System of Care Functions Requiring Structure

- **Planning** (the planning process itself needs structure)
- **Decision Making and Oversight at the Policy Level** (also referred to as Governance)
- **System Management** (day-to-day management decisions)
- **Benefit Design/Service Array** (borrowing a term from managed care, there needs to be definition of the types of services and supports that are allowable and under what conditions within the system of care)
- **Evidence-Based Practice**
- **Outreach and Referral**
- **System Entry/Access** (also referred to as Intake; how children, youth, and their families enter the system and what happens when they get there)
- **Screening, Assessment, and Evaluation** (three separate functions but are important to link)
- **Decision Making and Oversight at the Service Delivery Level**, including:
 - Care Planning (also called treatment or service planning; planning of services and supports for individual children and their families)
 - Care Authorization
 - Care Monitoring and Review
- **Care Management or Care Coordination**
- **Crisis Management at the Service Delivery and Systems Levels**
- **Utilization Management**
- **Family Involvement, Support, and Development at all Levels** (i.e., policy level, management level, service level)
- **Youth Involvement, Support, and Development**
- **Staffing Structure** (what is the staffing structure; how the functions are staffed)
- **Staff Involvement, Support, and Development**
- **Orientation and Training of Key Stakeholders** (i.e., staff, providers, families, etc.)
- **External and Internal Communication**
- **Provider Network** (network of services and supports)
- **Protecting Privacy**
- **Ensuring Rights**
- **Transportation**
- **Financing**

- **Purchasing/Contracting**
- **Provider Payment Rates**
- **Revenue Generation and Reinvestment**
- **Billing and Claims Processing**
- **Information Management**
- **Quality Improvement** (monitoring, feedback loops, adjustment mechanisms)
- **Evaluation**
- **System Exit** (how families leave the system; what happens when they leave)
- **Technical Assistance and Consultation**
- **Cultural Competence**