

Systems of Care At-a-Glance

A way of thinking differently that leads to doing things differently.

CORE VALUES AND PRINCIPLES

Systems of Care is not a program... it is a set of values and beliefs that guide the way services are delivered.

Core Values

- * Child Centered
- * Family Driven
- * Culturally Competent
- * Strengths Based
- * Community Based

Systems of Care is a way of thinking about coordinated service provision that includes the following core values and principles. Services must be provided in a way that is...

Child Centered: What the child needs comes first – children do not fail – plans fail. If a child is having difficulty with a treatment plan then everyone comes together to figure out another way of doing things. There also are no “wrong doors” – whether a child is first identified in school, by a therapist, by the court, by a physician, by a social worker – the child has access to the same services.

Family Driven: Children and families are full partners, not only in service planning and being part of treatment, but in the development of system policy, programming, and evaluation. Families are not just invited to, but encouraged and supported in bringing important others into the treatment team (e.g., neighbors, uncles, ministers, mentors, etc.). The provider’s role is that of a consultant who lets families know the pluses and minuses of all the different treatment options, as well as the realistic boundaries and limits to service provision, so families can make the best decision for their children. Things like childcare, transportation, family advocates, and peer support are provided so that families can really be a part of their children’s treatment.

Culturally Competent: Individual service

providers are culturally proficient and fully respect and take into account a family’s values and culture. All services are provided by individuals familiar with the family’s values and culture, and services are provided in the family’s language of choice. Organizations demonstrate cultural competence in their mission, values, policies and procedures, staffing, and outreach activities.

Strengths Based: Families are foremost seen as having strengths, resources, and abilities—not as a bundle of problems. These strengths and abilities are central to the way services are provided. The whole person comes first – including their likes, preferences, wishes, goals, personality strengths (e.g., being warm, good with animals, resiliency, etc.), family strengths (e.g., being active and involved, extended relations living near-by, strong values, etc.), and many other things. The problem is seen as just one part of that whole person. This is the difference between seeing a child as “a conduct disorder” and seeing a child as “a child with a conduct disorder.”

Community Based: Services are located in the community so that families can stay together and be a part of children’s treatment, and so that children do not lose touch with their home school, mentors, doctor, therapist, support system, etc. The service community is steadfast committed to providing community-based services for children, and keeping them out of residential care.

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TYPICAL STRUCTURES SUPPORTING SYSTEMS OF CARE

Service providers work harder to make it easier for families.

Services provided across service systems are experienced, by the family, as part of one unified plan.



There is no right or wrong way to structure a community service system.

Each community needs to be responsive to their own needs and limitations, while building on their own particular resources and strengths.

Comprehensive Local Service Array: When guided by the systems of care philosophy, communities become extremely innovative and creative in coming up with ways of serving children in the local community, and keeping children out of residential care. Some communities have hired the most excellent residential staff to be local treatment foster parents or to staff small, local group homes; families identify mentors and respite providers from their support system and these people are paid for their services. The service array often includes 24/7/365 mobile crisis stabilization, as well as comprehensive transition services for children aging out of the system. There is a strong emphasis on providing evidence-based services.

Care Coordination: Communities guided by the systems of care philosophy often opt to provide comprehensive case coordination for families receiving wraparound services. This can take many shapes and forms, but serves as *a single point of contact* for obtaining all needed services, and most often includes system-level care coordinators who carry very low caseloads and coordinate the care for the entire family (not just one child) across service systems (thus reducing the burden on system-specific case managers). Care coordinators can be information hubs (gathering all available reports and data from across systems and over time), they can develop child-specific crisis intervention plans and publish them to the service providers, they can develop *unified, system-level service plans* that bring together all the service-provider-specific plans, they can collect and record utilization review data, convene child-specific multidisciplinary teams, plan and monitor discharges/step-down/transition services, facilitate communication and problem solving across service systems, facilitate access to various funding streams, connect families with family advocacy, etc.

Comprehensive Cross-System Information Sharing: In order to facilitate the ease with which families are able to access services, as well as with the ability of service providers to provide integrated, collaborative services, some form of cross-system information sharing mechanism is established. In some localities, this is a web-based, child-specific record containing all the reports and notes from every service provider, sometimes the information is shared via a care coordinator, and often there are frequent, child-specific, multidisciplinary teams where information can be shared and discussed.

Family Advocacy: In order to be truly family-driven, most communities have developed their local capacity for family advocacy by supporting and/or funding a family advocacy organization, and hiring family advocates and family support/mentors as part of their service array. Family advocates can attend policy and program planning meetings on families' behalf, and can accompany families to treatment plan meetings and/or to services. Family advocates also may provide support for families and youth during crisis. Family advocates require leadership training and adequate compensation, and may provide education and outreach to families in need.

Staff Training: Because the systems of care is a philosophy – set of values and beliefs – a way of thinking – staff training is provided frequently in: the systems of care values and principles, in what it means to be culturally proficient, family-driven, strengths-based, in service options, in treatment planning, in handling crises, etc.

Flexible Funding Pools: Funding can get in the way of being innovative and providing the family with services and supports they need to fully promote their child(ren)'s well-being.

Continued...

TYPICAL STRUCTURES SUPPORTING SYSTEMS OF CARE, CONTINUED

Flexible funding pools can create the financial resources needed to serve the whole family, and to pay for services not typically reimbursed (e.g., transportation/a car, karate lessons, service options that would have otherwise “fallen through the cracks,” etc.). Some communities routinely write in flex funding into all grants, in some communities service systems/agencies have set aside and then pooled small portions of their budgets (i.e., money saved from having fewer children in residential placements and from reduced burden on agency-specific case managers), and some communities have negotiated capitated funding from Medicaid that can be used at the discretion of the service system. In Virginia, the Comprehensive Services Act funding is a systems-of-care-informed pooled funding source for children in foster care, foster care prevention, and with special education needs that cannot be met by the local public schools.

Communities funded by SAMSHA to support the development of systems of care values and principles in service provision become part of a national evaluation. While it is difficult to evaluate systems of care communities because there is no formula for service provision that must be followed, national data collected for more than a decade confirm the experiences of children, youth, and caregivers: Systems of care work.

EVIDENCE THAT SYSTEMS OF CARE WORKS

Data show the following:

- ★ Emotional and behavioral problems were reduced or remained stable for **89%** of children and youth with co-occurring mental health and substance abuse diagnoses.
- ★ Children and youth with suicide-related histories improved after 6 months.
- ★ Almost **91%** of children and youth with a history of suicide attempts or suicidal ideation improved or remained stable in their emotional and behavioral problems.
- ★ School performance improved or remained the same: **21%** increase of students with C or better; **75%** with C or better after 18 months in systems of care; there was a **10%** increase in regular attendance the last 6 months; **75%** with regular attendance after 18 months in systems of care.
- ★ More than **75%** of families reported that they were satisfied with their providers’ respect for their beliefs and values about mental health, understanding of their traditions, and ability to find services that acknowledged the positive traditions of their cultures.
- ★ There was a **54%** decrease in utilization of inpatient care, and an average savings of \$2,777 per child in the 12 months from the time services began
- ★ There was a **43%** reduction in placements in juvenile detention and secure facilities in the last 6 months, and an average savings of \$784 per child in the last 6 months.
- ★ Within the first 6 months of service, over **25%** of caregivers, previously unemployed because of their child’s problems, were employed.

Evaluation and Utilization Review: Continuous quality assurance, proactive system improvements, customer satisfaction, and outcome measurement are vital parts of healthy, well-functioning systems of care. Integrated information management systems are used to collect process and outcome data, and evaluators collect data from youth and families about their experiences with the service system. A culture of making informed change is fostered by using data to understand system strengths and weaknesses, and to guide improvements.



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WANT TO LEARN MORE?

There are four main websites for information on systems of care:

[SAMSHA Systems of Care Website](http://www.systemsofcare.samhsa.gov) for general information and information on grantees.
www.systemsofcare.samhsa.gov

[Georgetown University Center for Child and Human Development](http://gucchd.georgetown.edu) for information on practice.
<http://gucchd.georgetown.edu>

[University of South Florida, Louis de la Parte Florida Mental Health Institute](http://rtckids.fmhi.usf.edu) for information on research.
<http://rtckids.fmhi.usf.edu>

[Portland Research and Training Center](http://www.rtc.pdx.edu) for information on family/youth involvement.
www.rtc.pdx.edu

Go to the Charlottesville/Albemarle Systems of Care website for briefs, fact sheets, articles, brochures, and websites on the following topics:

- ✓ Core Values and Principles
- ✓ General Systems of Care
- ✓ Family Driven
- ✓ Cultural Competence
- ✓ Wraparound Services/Care Coordination
- ✓ Strengths Based
- ✓ Flexible Funding Strategies
- ✓ The Change Process
- ✓ Research

Go To
www.ccfinfo.org/NewPages/soc.html

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