ISSUE BRIEF

Updating the System of Care Concept and Philosophy

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The system of care concept for children and adolescents with mental health challenges and their families was first published in 1986 (Stroul & Friedman), articulating a definition for a system of care along with a framework and philosophy to guide its implementation. The concept and philosophy were the result of a participatory process that began with the 1984 initiation of the Child and Adolescent Service System Program (the first Federal program to systematically address children's mental health) and involved multiple and diverse stakeholders including policy makers, service providers, agency administrators, technical assistance providers, family members, advocates, leaders in cultural competence, researchers, and others. And now, 25 years later, the concept is widely accepted, used, and adapted in national policy and across service systems in states, communities, tribes, and territories.

The original concept was offered to guide the field in reforming child-serving systems, services, and supports to better meet the needs of children and youth with serious mental health challenges and their families. A system of care was defined as a coordinated network of community-based services and supports characterized by a wide array of services, individualized care, and services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, and cultural and linguistic competence (Stroul & Friedman, 1986; 1996; Stroul, 2002; Stroul, Blau, & Sondheimer, 2008).

The concept has shaped the work of nearly all states, communities, tribes, and territories to the extent that at least some elements of the system of care philosophy and approach can be found in nearly all communities across the nation. Perhaps most significantly, the system of care concept is the foundation of the Federal Comprehensive Community Mental Health Services for Children and Their Families Program (also referred to as "the Federal children's mental health initiative"), which has provided more than $1 billion in resources since 1992 to build systems of care nationwide under the auspices of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Stroul et al., 2008). Through this program, as well as through grassroots efforts, substantial progress

has been achieved with demonstrably positive results (Manteuffel et al., 2008). In addition, the concept influenced the work of the Surgeon General's Conference on Children's Mental Health in developing a National Action Agenda (U.S. Public Health Service, 2000) and was at the core of recommendations that emerged from the subgroup on children and adolescents of the President's New Freedom Commission on Mental Health (Huang et al., 2005).

The concept and philosophy have also laid the groundwork for such achievements as the development of resources, training, and technical assistance to support system of care implementation (Pires, 2008a, 2008b); continuous quality improvement processes (Sheehan et al., 2008); methods and instruments for outcome measurement (Sheehan et al., 2008); the concepts of family-driven, youth-guided systems and family and youth "movements" (Matarese, et al., 2008; Osher, Penn, & Spencer, 2008); the concepts of cultural and linguistic competence (Isaacs et al., 2008); processes and tools for an individualized/wraparound approach to service delivery (Walker, Bruns, & Penn, 2008); social marketing for children's mental health (Rodriguez, Rubenstein, & Huff, 2008); and other efforts.

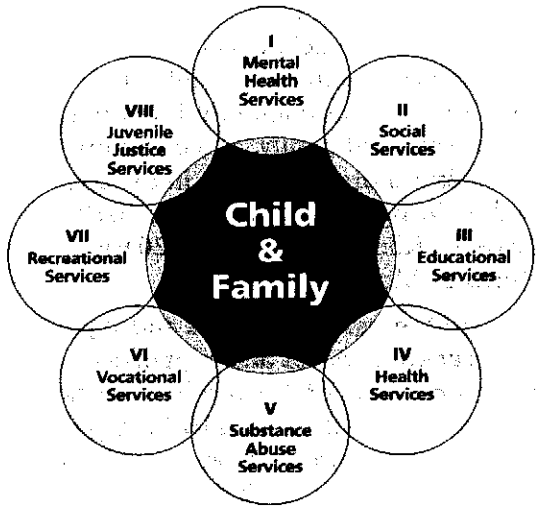
However, the construct is a dynamic one, and new insights have emerged through a natural evolutionary process based on accumulating experience and increased knowledge. Accordingly, the 25th anniversary is an opportune time to re-examine the concept and make necessary updates. This issue brief outlines elements of the concept and philosophy that should be updated, offers an updated version of the definition and the accompanying values and principles, clarifies the intended use of the updated framework and philosophy, outlines challenges for research and evaluation, and suggests areas needing greater emphasis as we continue to address children's mental health in the future.

Elements of the System of Care Concept and Philosophy Needing Updating

There already have been efforts to update the system of care concept both in the literature and in practice, representing modifications that are a natural outgrowth of experience (Pires, 2002, 2008a, 2008b, 2010; CMHS, 2009; Rotto & McIntyre, 2010; Stroul, 2002; Stroul et al., 2008; Stroul & Friedman, 1996). Some previous efforts to clarify and update the concept were motivated by misunderstandings of the meaning of the system of care concept (Stroul, 2002). In addition, a special issue of the Journal of Evaluation and Program Planning was created to encourage a dialogue about how to evolve the definition of a system of care and to consider changes (Hodges & Ferreira, 2010). The updates outlined in this issue brief build on this work and are intended to address the continually evolving understanding of this concept, as well as current issues and trends in the field, so that the concept can continue to facilitate efforts to improve children's mental health systems and services.

The original system of care concept was comprised of a definition, a framework, and core values and principles. Figure 1 shows the diagram of the system of care framework, which is comprised of eight overlapping dimensions representing areas of need for children and families. The framework does not specify the organization of these systems of care to meet these needs, the specific services, or the agencies that should provide which types of services. The original definition of a system of care also included a delineation of some of the services that should comprise the mental

FIGURE 1 System of Care Framework



From Stroul, B. & Friedman, R. (1986 rev ed). *A system of care for children and youth with severe emotional disturbances* (rev. ed., p. 30). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

health dimension, which has expanded dramatically based on the extensive array of services and supports offered by systems of care (Kamradt, Gilbertson, & Jefferson, 2008; Rotto, McIntyre, & Serkin, 2008). Grounded in this historical context, considerable consensus has emerged as to what aspects of the concept and philosophy should be formally updated based on the latest thinking, experience, and data, much of which is based on the contributions of authors to the special journal issue devoted to updating the concept (Hodges & Ferreira, 2010). The following are areas of consensus on evolving the definition of a system of care:

- **Incorporate applicability of the concept to other populations** besides children with "serious emotional disturbances"—Although originally crafted for children and youth with serious emotional disturbances, now more commonly referred to as children with "serious mental health challenges," the applicability of the concept and philosophy to children and youth at risk and other populations has become apparent. Subsequent iterations of the concept have reflected this broader application, recognizing its relevance across the developmental spectrum from early childhood to transition-age young adults, across child-serving systems, and even in adult and geriatric service systems (Cook & Kilmer, 2010; Fluke & Oppenheim, 2010; Pires, 2010; Rotto & McIntyre, 2010).
- **Add the three core values to the basic definition** (community-based, family-driven and youth-guided, and culturally and linguistically competent)—The overall definition should include these three core values as they are intrinsic to the system of care concept and philosophy, in addition to retaining them as core values (Baxter, 2010; Foster-Fishman & Droege, 2010; Pires, 2010).
- **Emphasize the commitment to family-driven, youth-guided services**—The original system of care concept used the terms "child centered and family focused" as a core system of care value. Since then, however, the growth of family and youth voice has led to the use of the terms "family driven and youth guided" to reflect the primary decision-making roles of families and youth in their own care and in the systems, policies, and procedures that govern care at every level (Osher, Penn, & Spencer, 2008; Matarese et al., 2008). An updated definition should reflect this conceptual shift.
- **Strengthen the emphasis on cultural and linguistic competence and reducing disparities**—The increasing diversity of the populations served by systems of care makes it essential to add greater emphasis to the core value of cultural and linguistic competence and to specify that systems of care are responsible for strategies to ensure

access to high-quality, *acceptable* services for culturally diverse populations (Callejas et al., 2010; Cross, Bartgis, & Fox, 2010). The definition should also include a focus on reducing disparities in access, utilization, and outcomes of care.

- **Add a greater focus on improving practice**—Both the system of care definition and implementation efforts have concentrated on system-level changes. While system-level change is essential, research and experience have demonstrated that it is also critical to emphasize the importance of providing effective, evidence-informed clinical interventions, services, and supports within the system of care framework to improve outcomes (Bickman, 2008; Stroul & Blau, 2010).
- **Specify desired outcomes** for children and families—The concept should make explicit the ultimate outcome of these efforts, which is to improve the lives of children and their families. Such language is drawn from the Federal definition of a system of care calling for services to enable children, youth, and families to function better at home, in school, in the community, and throughout life (CMHS, 2009; Cook & Kilmer, 2010).
- **Add greater emphasis on an individualized, flexible approach to services** designed to meet the needs of a given child and family—The wraparound process has become one of the most significant practice-level approaches to planning and delivering services within systems of care. As such, the emphasis on individualized services should be increased (Walker et al., 2010).
- **Add greater emphasis on the role of natural supports** in the service array—Specification of the services and supports within systems of care should clarify that they provide a "broad array of services and supports including both traditional and nontraditional services and supports and both clinical services and natural supports" (Pires, 2010). This should be made explicit to acknowledge the importance of natural and informal supports (such as communities of faith, peers, extended family, and community and cultural organizations) in the concept and philosophy (Callejas et al., 2010; Cook & Kilmer, 2010; Pires, 2010; Rotto & McIntyre, 2010).
- **Change "necessary" services and supports to "needed" services and supports** to avoid the connotation of "medically necessary" services that is often used by both public and private insurance programs to limit the services and supports that are covered for children and families (Cook & Kilmer, 2010).
- **Broaden the conceptualization of services to incorporate a public health approach** within systems of care—The need for a public health approach to mental health is increasingly recognized. The system of care concept should acknowledge the potential for systems of care to incorporate promotion, prevention, and early intervention activities in addition to services and supports for high-need youth and their families (Brown, 2010; Foster-Fishman & Droege, 2010; Holden & Blau, 2006; Miles et al., 2010; O'Connell et al., 2009; Rotto & McIntyre, 2010).
- **Add accountability as a critical element**—Accountability mechanisms should be a core component of the concept to measure and monitor the success of the specific elements of systems of care, the achievement of goals, and the impact on child and family outcomes for both accountability and continuous quality improvement purposes (Foster-Fishman & Droege, 2010; Lyons, Epstein, & Jordan, 2010). In fact, Stroul and Blau (2010) specifically recommend the addition of a

new guiding principle that calls for continuous accountability mechanisms to monitor the achievement of system of care goals, fidelity to the system of care philosophy, and quality and outcomes at the system, practice, and child and family levels.

- **Capture the dynamic nature of systems of care**—It should be clearly expressed that systems of care are not static, and that they continue to change over time (Friedman, 2010; Hodges et al., 2010). Policies, organizational structures, service delivery approaches, and treatments change based on changing needs, opportunities, environmental circumstances, and populations in states, communities, tribes, and territories. Even well-developed systems of care do not remain in a steady state, but they continually strive to improve the quality of their systems and services (Friedman & Israel, 2008; Rotto, McIntyre, & Serkin, 2008; Stroul, 2002).

The updated definition of a system of care and the accompanying values and principles incorporate these ideas. Table 1 displays the updated system of care concept and philosophy, while still retaining the elements that have achieved broad agreement and utility for the field.

How to Use the System of Care Concept and Philosophy

The intent of the system of care concept is to provide a framework and philosophy to guide service systems and service delivery to improve the lives of children with mental health challenges and their families—not to propose a "model" for "replication" or implementation in a "model-adherent manner" similar to a discrete, manualized treatment. Further, it is not intended to refer to a single "program" that operates according to this philosophy, but rather to a coordinated network of services and supports across agencies to meet the multiple and complex needs of any given population. It is also not intended as a "treatment or clinical intervention" that directly improves child and family outcomes *without* accompanying changes at the practice level to provide appropriate, effective, evidence-informed, individualized, community-based services and supports (Hernandez & Hodges, 2003; Stroul, 2002).

The construct should more accurately be used as the basis for a "paradigm shift" (Bruns & Walker, 2010) as an "ideal" to describe how child-serving systems should function (Lyons et al., 2010), as a vision for transformation (Walker, Koroloff, & Bruns, 2010), or as an organizational framework for system reform based on a clear philosophy and value base (Stroul, Blau, & Sondheimer, 2008). As shown in Figure 2, at the most basic level, systems of care can be understood as a range

FIGURE 2 System of Care Concept

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

TABLE 1 Updated System of Care Concept and Philosophy

DEFINITION

A system of care is:

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

CORE VALUES

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

GUIDING PRINCIPLES

Systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.

of services and supports, guided by a philosophy, and supported by an infrastructure. The construct is not intended as a prescription, but rather a guide, with inherent flexibility to implement the concept and philosophy in a way that fits the particular state, community, tribe, or territory. Therefore, different communities implement systems of care in very different ways; no two are alike (Hernandez & Hodges, 2003; Stroul, 2002). Each community must engage in its own process to plan, implement, and evaluate its system of care based upon its particular needs, goals, priorities, populations, and environment. Additionally, communities must change and adapt their systems of care based on changes in their political, administrative, fiscal, or community contexts, as well as on systematically collected data that are part of a continuous quality improvement strategy. Thus, the updated version retains the flexibility inherent in the system of care concept to avoid compromising innovation, adaptability to different environments, and responsiveness to the unique needs of culturally diverse populations (Cross, Bartgis, & Fox, 2010). Consistent with its original intent, the concept should continue to be used as a framework, philosophy, and approach for system reform rather than as a discrete "model."

Multiple Levels of System of Care Implementation and Evaluation

As a result of the intended use of the system of care concept as a framework and a guide, implementation, research, and evaluation are particularly challenging. Since systems of care are substantially different in every community, it is difficult to group them together and measure them all in the same way. Furthermore, most communities have some elements of the philosophy and services, so it is difficult to try to compare those "with" a system of care to those "without," and traditional research methods have challenges in addressing these complexities. Even the services in systems of care are difficult to measure because children are likely to receive multiple services—a *package* of flexible, individualized services and supports, not just one isolated "treatment."

Patton (2008) identified six conditions that when present offer challenges to the evaluation of a program, a system, or an organization. Each of these conditions is clearly present in systems of care: a high level of innovation, ongoing development, high uncertainty, a dynamic situation, emergent phenomena that often result from factors other than careful planning, and systems change. As systems thinking and complexity theory have developed (Foster-Fishman & Droege, 2020; Friedman, 2010; Hodges, Friedman, & Hernandez, 2008; Westley, Zimmerman, & Patton, 2006), there is increasing recognition that the very properties of complex systems make it especially difficult to evaluate even a single system, and particularly an approach that supports a large group of such systems in diverse communities. Nevertheless, strategies for such evaluation are increasingly available and in use (Friedman & Israel, 2008; Patton, 2008; Westley, Zimmerman, & Patton, 2006).

Given the complexity of systems of care, their implementation is inherently a multifaceted, multilevel process that involves: 1) ***making changes at the state, tribal, or territorial system level*** in policies, financing mechanisms, workforce development, and other structures and processes to support systems of care, 2) ***making changes at the local system level*** needed to plan, implement, develop an infrastructure, manage, and evaluate the system, and 3) ***making changes at the service delivery or***

practice level to provide a broad array of effective, state-of-the-art, evidence-informed treatment, services, and supports to children and families to achieve the ultimate goal of improving outcomes for children and families (Friedman, 2001; Hernandez & Hodges, 2003; Pires, 2008b; Stroul, 2002).

It is critical to understand that there are important and valid goals and outcomes at each level that should be measured, with the caution that *we cannot skip links in the chain of logic and expect to achieve outcomes without the intervening steps.* For example, we cannot examine and measure system-level changes by looking at clinical and functional outcomes, unless there is a clear linkage to what occurs at the practice level. Expectations for improved clinical and functional outcomes are unreasonable if the intervention only involves system-level changes, such as building an infrastructure or cross-system coordination. It is important to ensure that the outcomes being measured are reasonably linked to the level and the aspect of the intervention that is being assessed (Rosenblatt, 1998). Consistent with this multilevel view of the system of care concept, the national evaluation of the federal children's mental health initiative includes components at each level of the intervention—a system-level assessment and a practice-level assessment that are both focused on congruence with the system of care philosophy; an assessment of service utilization and costs; an assessment of the sustainability of systems of care over time; tracking a broad range of child and family outcomes including clinical and functional outcomes, strengths, family functioning, and family burden; and measurement of family, youth, and provider satisfaction (Manteuffel et al., 2008; Sheehan et al., 2008).

Future Directions

Enormous and rapid changes are occurring in the United States, which will invariably have significant implications for children with mental health needs and their families. There are tremendous economic and budgetary challenges, a Federal mental health parity law, healthcare reform, a greater focus on prevention and public health approaches for children's mental health systems, and emerging efforts to expand systems of care. Many of these changes create important new opportunities, and some create new challenges that call for greater levels of collaboration and leadership in the future to build on the substantial progress achieved during the last 25 years in addressing the mental health needs of children and their families, and to capitalize on new opportunities to continue this progress and focus on efforts in new directions.

A number of activities have been undertaken to look toward the future, incorporating the perspectives of diverse groups of experts including federal, state, tribal, and local representatives; family members; youth; researchers; policy analysts; technical assistance providers; and others with expertise in children's mental health policy, financing, and services (Cooper et al., 2008; Dodge & Huang, 2008; Joint Advisory Group, 2009; Goldman et al., 2008; Stroul et al., 2008). Based on this work, efforts to continue and expand progress in the future will likely included increased emphases on the following:

- **Increasing the effectiveness of services and supports by implementing evidence-informed and promising practices both in planning and delivering services**
- **Expanding the implementation of systems of care more broadly across the nation**

- **Implementing family-driven, youth-guided services**
- **Implementing strategies to reduce disparities and improve cultural and linguistic competence**
- **Implementing effective financing mechanisms for systems of care**
- **Strengthening the emphasis on performance measurement and continuous quality improvement**
- **Implementing a public health approach to children's mental health services**
- **Developing a skilled workforce through education, training, technical assistance, coaching, information dissemination, expanding provider networks, and enhancing provider-level accountability**
- **Creating an advocacy base and support for children's mental health and systems of care through social marketing and other public education approaches**

All of these future directions are consistent with the updates to the system of care concept and with the areas that must be addressed in order to strengthen and expand system of care implementation.

Conclusion

As we move forward with efforts to improve systems and services for children and families, we have a responsibility to be clear in conceptualizing systems of care and to update the way in which we describe them in accordance with evolving knowledge and experience. In doing so, however, we must also ensure that we do not lose the original intent of the system of care concept—to provide a framework to guide systems, along with the flexibility to adapt implementation to diverse environments and contexts.

The system of care concept is a vision with continued potential to transform children's mental health. During the past two decades, the concept and philosophy have laid the foundation for such transformation. The system of care approach has already demonstrated significant benefits as evidenced by improvements in systems and in the social and emotional functioning of children, youth, and families. The updated concept and philosophy are intended to assist the field to continue this progress to improve the lives of children and families.

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