

# Expanding Systems of Care

*Improving the Lives of  
Children, Youth, and Families*



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**T**he children's mental health field took a major step forward in the mid-1980s with the introduction of the concept of a system of care. Since then, systems of care have transformed children's mental health services and improved the lives of children, youth, and young adults and their families. The system of care approach has gained broad acceptance based on the recognition that traditional service delivery structures and practices have had limited success, particularly for children with serious and complex mental health needs who are involved with multiple child-serving systems.

Prior to the implementation of systems of care, there was little focus on children with mental health conditions at the national, state, or local levels. Few resources were devoted to their care and, as a result, the availability of services and supports was limited. Lack of leadership and poor coordination across systems were typical. Families often were blamed and had few choices and little or no role in decision making related to the care of their children. Countless children and youth received no services at all or were served inappropriately in ineffective, out-of-home settings at great public expense and to the detriment of families.

Systems of care have taken responsibility for this previously "unclaimed" population and have created innovations that have improved services and outcomes for children and families across the nation. If expanded, they have

the potential to do so for many more children and families.

The core system of care values of community-based, family-driven, youth-guided, and culturally and linguistically competent services are now widely embraced. The guiding principles have resulted in significant changes, including the creation of intensive services and supports provided to children and families in their homes and communities, the adoption of effective interventions based on research, widespread implementation of a wraparound approach to individualize services for each child and family, structures and

In 1992, Congress established the Children's Mental Health Initiative (CMHI) within the Substance Abuse and Mental Health Services Administration (SAMHSA). The CMHI has invested significant resources in developing systems of care and testing their effectiveness. As of Fiscal Year 2011, 173 communities have been funded through the CMHI in all 50 states, 21 tribes or tribal organizations, and 2 territories that have served more than 113,000 children and youth. The national evaluation of the CMHI and other studies have found that systems of care result

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 and related 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.

processes for agencies to collaborate and coordinate service delivery, and partnerships with families and youth. The system of care approach has been the foundation for national policy, as reflected in the recommendations of the Surgeon General's Conference on Children's Mental Health<sup>(1)</sup> and the President's New Freedom Commission on Mental Health.<sup>(2)</sup> System of care principles also are embedded within national health reform efforts to improve the quality and cost of care for populations with significant health challenges.

in positive outcomes for children and families and that they are effective in improving services and better investing limited resources. Based on these results, the system of care approach has increasingly been adopted by mental health, child welfare, juvenile justice, education, substance use, and health systems; systems serving young children; systems for youth and young adults in transition to adulthood; and some adult-serving systems. Important outcomes for systems of care at both the child and family levels and at the system level are highlighted as follows.

# Improvements in the Lives of Children, Youth, and Families

*Children, youth, and families served in systems of care show improvements in how they feel, how they behave, and how well they do in their homes, schools, and communities.*

## Children and Youth

- **Improvements in Emotional Well-Being**—Children and youth served in systems of care experience significant decreases in emotional and behavioral symptoms, such as depression, anxiety, and aggression toward others. They also show increases in emotional and behavioral strengths and improvements in important indicators of recovery and quality of life, such as improved relationships with peers and adults.<sup>(3) (4)</sup>
- **Improvements for Children Exposed to Trauma**—Children and youth served in systems of care frequently have experienced traumatic events, such as physical or sexual abuse. After entering systems of care, these youth show decreased symptoms, improved functioning, and reductions in suicidal thoughts and attempts. The likelihood of subsequent traumatic events also is reduced.<sup>(5) (6)</sup>
- **Improvements for Children in Schools**—Children and youth served in systems of care consistently show improvements in school attendance and grades as well as reduced suspensions, expulsions, and detention.<sup>(3) (4) (7)</sup>
- **Improvements for Youth Involved with the Juvenile Justice System**—Youth served in systems of care demonstrate reduced involvement in the juvenile justice system, including reduced arrests and associated

**Systems of care decrease behavioral and emotional problems, suicide rates, substance use, and juvenile justice involvement. They also increase strengths, school attendance and grades, and stability of living situations.**

costs, decreased contact with law enforcement, and reduced rule-breaking behavior.<sup>(4) (8) (9) (10)</sup>

- **Improvements for Children Involved with the Child Welfare System**—Children and youth served in systems of care have increased stability of living situations, with fewer out-of-home placements and disruptions in placements. They also show significantly reduced levels of behavioral and emotional problems and improved functioning in school.<sup>(3) (11) (12) (13)</sup>
- **Reductions in Substance Use**—Youth in systems of care report reduced use of cigarettes, alcohol, and marijuana.<sup>(3) (14) (15)</sup>
- **Reductions in Rates of Suicide**—Systems of care are keeping children and youth alive by reducing rates of suicide attempts, and substantial decreases are found in the percentage of youth who talk about suicide.<sup>(5)</sup> Children and youth served by tribal systems of care also have reduced rates of suicide attempts.<sup>(16)</sup>

## Increases in Youth Engagement

Youth in systems of care who report being fully involved in their treatment show significant improvements in their behavioral and emotional health after receiving services, particularly if they are involved in planning their services and in ongoing treatment decisions.<sup>(17) (18)</sup>

## Families

- **Improvements in Family Life**—Systems of care result in significant positive outcomes for families, including reduced strain in caring for a child with an emotional problem and better capacity to handle their child's challenging behaviors. Other improvements for families include better problem-solving skills, more support from family and friends, greater ability to work, and more financial resources to meet basic needs.<sup>(3) (4) (19) (14) (13)</sup>
- **Increases in Family Education and Supports**—When families receive family education and support services (such as family activities, behavior management training, parent classes, and support groups) through systems of care, children show greater improvement, caregiver strain decreases more quickly, and there is a reduction in dependency on formal service systems.<sup>(3) (4) (20)</sup>
- **Increases in Family-to-Family Peer Support**—Systems of care have created parent support providers to offer culturally competent, peer support from

families that have similar challenges and experiences in service systems. Receiving peer support improves family engagement, skills for handling their child's challenging behavior, and satisfaction with services and progress. This innovation of systems of care is now recognized by many states, including coverage of peer support under Medicaid.<sup>(21) (22) (23)</sup>

- **Improvements in the Service Experience of Caregivers and Youth**—Both families and youth report high levels of satisfaction with their involvement in planning their services, the services received, coordination of care, cultural competence of services, and their progress.<sup>(3) (4)</sup> Families in tribal communities report improved access to services.<sup>(24)</sup>

**Families served in systems of care show reduced caregiver strain and improved family functioning. They also receive increased education, support services, and peer support.**

## Improvements in Service Delivery Systems

*To achieve better results for children, youth, and families, the systems that serve them must improve. Systems of care have led to improved policies, improved organization and financing of services, better investment of resources, and more effective services and supports.*

### Improved Policies

- **Improvements in Policymaking and Management**—Systems of care have resulted in collaborative structures at state and local levels for policymaking, leadership, and management of children's mental health services, such as state-level cross-agency children's cabinets, regional and local interagency bodies, behavioral health authorities, and local lead agencies.<sup>(25) (26) (27)</sup>
- **Implementation of Strategic Plans**—Systems of care have resulted in a concerted focus on children and youth with behavioral health challenges at the state and local levels, including systematic development and implementation of strategic plans to improve children's mental health services.<sup>(25) (26) (27)</sup>
- **Creation of Interagency Partnerships**—Systems of care have resulted in interagency structures, memoranda of understanding, agreements, joint budgeting, and blended and braided funding to better

coordinate and finance the services and supports provided to children served in multiple systems.<sup>(25) (26) (27)</sup>

- **Implementation of Requirements to Improve Services**—Systems of care have improved accountability, quality, and outcomes across systems for children and families by embedding system of care principles into contracts with providers and managed care organizations, regulations, Medicaid rules, standards, practice protocols, and guidelines.<sup>(22) (25) (26)</sup>

### Improved Services and Supports

- **Expansion of Home- and Community-Based Services**—The array of available services has been expanded beyond traditional outpatient, inpatient, and residential treatment to include cost-effective home- and community-based interventions, such as intensive home-based services, respice care, family and

youth peer support, intensive care management, therapeutic foster care, therapeutic behavioral supports, skills training, mobile crisis response and stabilization services, therapeutic mentoring, and many specific evidence-based practices.<sup>(22) (25) (26)</sup>

- **Customization of Services**—Systems of care have resulted in the implementation of an individualized, wraparound approach to service planning and delivery, with individual child and family teams, full family and youth involvement, customized service plans, care coordination, and flexible funds to purchase services and supports not covered by other funding sources. The wraparound approach is now an evidence-informed practice with a growing body of positive results.<sup>(28) (29)</sup>
- **Improvements in Care Management**—Systems of care have created innovative care coordination and care management approaches for children and youth who have the most serious, complex, and costly

problems; who are involved with multiple systems; and who are at risk for out-of-home placements. In addition, care management entities within systems of care are demonstrating improved quality and costs of care for children with intensive service needs and their families.<sup>(27) (30) (31)</sup>

- **Increases in Family-Driven, Youth-Guided Services**—Systems of care have dramatically increased family and youth involvement in service planning and delivery. This has been accomplished through child and family teams with families and youth as the primary decision makers, the use of parent support providers, and support for family and youth organizations that facilitate engagement in services.<sup>(25) (26) (32) (33)</sup>
- **Increases in Cultural and Linguistic Competence**—Cultural and linguistic competence of services has been increased in systems of care by providing culture-specific services, recruiting culturally diverse providers, using a culture discovery process as part of the wraparound approach, creating cultural competence plans, and using informal and natural supports. Improvements in cultural and linguistic competence result in increased family engagement in treatment, and youth show the greatest improvements in strengths when services are rated as highly culturally competent.<sup>(18) (34)</sup> Systems of care also have heightened attention to racial and ethnic disparities and disproportionalities, such as reduced access to services and overrepresentation in residential care.<sup>(35)</sup>
- **Increases in the Use of Evidence-Informed Practices**—Systems of care have invested in the implementation of specific

**Systems of care result in a broad array of home- and community-based services and supports, individualized services, increased family and youth involvement in services, reduced rates of inpatient and residential treatment, improved cross-system collaboration, and better investment of resources.**

evidence-informed practices (such as Trauma-Focused Cognitive Behavioral Therapy, Parent Management Training—Oregon Model, Multisystemic Therapy, Parent-Child Interaction Therapy, and others) as well as promoting the “common elements” approach that identifies effective practice components across multiple interventions and provides training to clinicians in these elements.<sup>(22) (25) (26) (36)</sup>

- **Increases in Training**—Substantial investments in training and technical assistance have been made by systems of care. Collaborative arrangements have been forged with universities. As part of system of care implementation efforts, sustainable training structures such as institutes or centers have been created that provide extensive training to improve the workforce serving children and families.<sup>(22) (25) (26)</sup>

### Improved Investment of Resources

- **Increases in Medicaid Financing**—Systems of care have been at the forefront of demonstrating how to use Medicaid efficiently to finance

home- and community-based services and supports. Strategies include using multiple options and waivers, increasing Medicaid match through cross-system partnerships, creating new and revised service codes, and creating flexible payment arrangements such as case rates. Examples of new covered services include intensive home-based services, intensive care management, respite care, family and youth peer support, therapeutic behavioral aide services, mobile crisis response and stabilization services, and wraparound facilitation.<sup>(22) (23) (25) (26)</sup>

- **Decreases in Utilization of Inpatient and Residential Treatment**—Systems of care have resulted in substantial reductions in admissions and lengths of stay in inpatient hospitals, residential treatment centers, and group home care due to children and youth receiving less costly, more effective services and supports at home and in the community and by better management of care.<sup>(4) (13) (37)</sup>
- **Redeployment of Resources**—Systems of care have resulted in the redeployment of resources in states and communities from higher cost restrictive services to lower cost home- and community-based services and supports. This has led to more effective and efficient use of resources and the capacity to serve more children, youth, and families.<sup>(22) (25) (30) (37) (38) (39)</sup>
- **Achievement of Cost Offsets Across Systems**—Systems of care have resulted in cost offsets across child-serving systems, including reductions in out-of-home placements in the child welfare and juvenile justice systems that have generated

substantial per capita savings. As a result, many states and communities have reinvested resources in home- and community-based services and in strategies to identify mental health concerns and intervene earlier.<sup>(4) (13) (37) (39) (40) (41)</sup>

### Increased Family and Youth Involvement in Policy Development

- **Increases in Family and Youth Partnerships**—Systems of care have led to the development of national family and youth movements and the growth of family and youth organizations across the country, resulting in

substantial increases in family and consumer involvement in policy, decision making, and system management.<sup>(25) (32) (33)</sup>

### Improved Use of Data for Quality Improvement and Decision Making

- **Documentation of Results**—Systems of care have focused on continuous quality improvement emphasizing the importance of tracking service utilization, quality, and outcomes. New types of data systems have emerged as well as innovations in tracking cross-system outcomes. Data dashboards have been created to provide timely feedback to policy

makers, system of care leaders, care coordinators, clinicians, and families and youth to improve systems and services.<sup>(22) (25) (42)</sup>

- **Documentation of Cost Avoidance**—Systems of care have assessed cost avoidance across child-serving systems and compared services with traditional approaches. Data show that systems of care result in savings by reducing inappropriate use of inpatient services, residential treatment, and out-of-home placements across child-serving systems, even as they increase the use of home- and community-based services, supports, and intensive care management.<sup>(22) (39) (40)</sup>

## The Case for Expanding Systems of Care

These results clearly demonstrate the need to expand systems of care, recognizing their potential as a better way to do business, deliver quality care, and improve lives. Studies show that some states, tribes, and territories already have made substantial progress in expanding systems of care so that more children and families can benefit.<sup>(25) (26)</sup> As indicated in the following state examples, multiple strategies are being used for expansion, including changes in policy, services, financing, and training.

**Maryland**—An interagency Children’s Cabinet at the Governor’s level provides policy direction for systems of care. Care Management Entities now manage services and costs for children with serious mental health problems throughout the state, and the

wraparound approach is used to customize services. Statewide training on systems of care, evidence-informed practices, wraparound certification, and family peer mentoring is provided through an institute created at a university. Medicaid, along with collaborative funding with the child welfare and juvenile justice systems, is used to build capacity and finance services, and a number of federal grants have provided a vehicle for leveraging sustainable funding streams.

**New Jersey**—The system of care approach frames the organization and financing of New Jersey’s children’s behavioral health system. A statewide administrative services organization helps families to access appropriate care, and local Care Management Organizations manage care for children with intensive service

needs, each of which is linked to a Family Support Organization. The wraparound process is used statewide to individualize and coordinate services through child and family teams. Cross-system funding and Medicaid are used to finance services and supports, and new services, such as mobile crisis response and stabilization, have been added.

**Oklahoma**—Systems of care have been implemented in 55 of Oklahoma’s 77 counties through strong state-level leadership working with local coalitions and family organizations. A cross-system state advisory team guides the expansion process and develops an integrated budget request for legislative funding. The system of care approach is required in contracts, and a broad array of services and supports has been developed with wraparound as a

central component. Medicaid financing has been expanded to cover new services, such as family support providers and behavioral health aides. Training, quality assurance, and evaluation are also key strategies in the state's approach.

**Rhode Island**—Statewide system of care implementation has been accomplished by developing a blueprint for systems of care statewide through a legislatively directed task force, which has resulted in commitment among high-level decision makers. Enacting legislation; increasing the use of Medicaid; requiring the system of care approach in all policies, standards, and contracts; creating a broad array of services provided through the wraparound approach; providing extensive training; and supporting a statewide family organization have led to statewide expansion in a phased approach.

New federal efforts also are providing opportunities and incentives to support states, territories, and tribes in their work to expand systems of care. SAMHSA, the nation's federal agency dedicated to improving the lives of persons with mental health and substance use problems, is advocating the widespread adoption of innovations that work.

**Maryland, New Jersey, Oklahoma, and Rhode Island are examples of states that have made significant progress in expanding systems of care statewide. Strategies have included changing policy and requirements, expanding the service array, creating new collaborative financing strategies, supporting family and youth involvement, providing training, and documenting outcomes.**

Based on the success and growth in implementation of systems of care, SAMHSA has launched an initiative to further this progress by providing technical assistance and funds to develop comprehensive strategic plans for widespread expansion of the system of care approach. The intent is that states will bring together multiple systems and partners to develop a plan that, when implemented, will take systems of care to scale. The federal Centers for Medicare and Medicaid Services are also supporting the expansion of the system of care approach through its policies and demonstrations of home- and community-based services and care management entities.

The goals of systems of care are closely aligned with health reform efforts to improve access; improve the organization, management, and delivery of services; manage costs; expand the use of evidence-

informed practices; improve care coordination; support innovations in health care delivery systems; and improve outcomes for service recipients. The synergy between health reform and systems of care has the potential for better integration of health and behavioral health care and for creating service systems that are better organized to achieve positive outcomes.<sup>(43)</sup>

The strong evidence demonstrating the positive impacts of systems of care makes a powerful case for increased efforts to expand systems of care. Investments of resources, incentives, guidance, and technical assistance at all levels are needed for expanding systems of care and continuing progress toward improving the lives of children, youth, and young adults with mental health challenges and their families.

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