

Perrin, J. M., Romm, D., Bloom, S. R., Homer, C. J., Kuhlthau, K. A., Cooley, C., et al. (2007). A family-centered, community-based system of services for children and youth with special health care needs. *Archives of Pediatric and Adolescent Medicine*, 161(10), 933-936

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The systems of care philosophy for children with emotional and behavioral disorders and their families is making inroads into pediatric medicine. The authors develop a definition of a system of services for children and youth with special health care needs (CYSHCN) that closely follows the systems of care model and is based “mainly” (p. 934) on systems of care literature (i.e., Hoagwood, 2003; Brannan, Baughman, Reed & Katz-Leavy, 2002).

Approximately 13%-18% of children between the ages of 0-18 meet the definition of CYSHCN, which includes children “who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition” (p. 933) and who require special services as a result of their special health care needs. Similar to children with serious emotional disorders and their families, CYSHCN often require a range of therapies; enter the health care system through various, poorly coordinated agencies; and have problems accessing services. After conducting a literature search, the authors drafted a definition of (what they term) a “system of services” for these children. The draft was reviewed at a consensus conference which included clinicians, parent groups, economists, program managers, and public health experts. The final definition identified a system of services for CYSHCN as a “family-centered coordinated network of community-based services designed to promote the healthy development and well-being of children and their families” (p. 934; see insert). Because services available to CYSHCN are not always found in a localized, geographic area, the authors extend the concept of community-based care to mean “available services, supports, and resources with which a family interacts given their child’s needs, the family’s economic resources, and their cultural background” (p. 934).

The following principles and values guide a service system for CYSHCN (p. 934):

- Responsive to family challenges, priorities, and strengths
- Developed in partnership with constituents
- Reflective and respectful of the cultural norms and practices of the families participating
- Accessible to everyone
- Affordable to those who need assistance
- Organized and coordinated through collaboration so that resources are equitably distributed in an efficient and effective manner
- Recognize and address specific developmental needs and developmental transitions

Although the authors term their model a “system of services,” it is encouraging to see that the system of care philosophy has been central to current thinking in the field of pediatrics. Written in response to Title V of the Social Security Act “Grants to States for Maternal and Child Welfare,” this definition warrants wide dissemination and opens a way for further collaborative work between researchers in children’s mental health and pediatrics.

References:

- Brannan, A. M., Baughman, L. N., Reed, E. D., Katz-Leavy, J. (2002). System-of-care assessment: Cross-site comparison of findings. *Children’s Services: Social Policy, Research, and Practice*, 5(1), 37-56.
- Hoagwood, K. (2003). The policy context for child and adolescent mental health services: Implications for systems reform and basic science development. *Annals of the New York Academy of Sciences*, 1008, 140-148.

Figure

Family-centered community-based system of services for children and youth with special health care needs (CYSHCN)

