



*Committed to strengthening policies and programs in school mental health
to improve learning and promote success for America's youth*

Education and Systems-of-Care Approaches: Solutions for Educators and School Mental Health Professionals

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All children and youth are more likely to succeed in school when they feel safe, valued and connected to caring adults and their peers. There are many strategies that schools can implement to develop and sustain a positive and supportive climate that promotes social and emotional well-being and reduces risk factors. Additionally, a systematic approach includes a process to identify youth who have or are at risk of mental health disorders. Those children and youth identified with serious emotional challenges often benefit from supports and services that are intensive and are provided by multiple systems in the community. Schools are essential partners in a comprehensive, coordinated system-of-care. No one child-serving system can effectively provide the services and supports needed. Family driven and youth guided policies and programs are essential to the design of effective individualized plans. Schools benefit when they are engaged with cross system collaborations in a system-of-care. This brief addresses the importance for educators to be part of a systems-of-care approach. As part of an overall school strategy addressing universal, selective, indicated and treatment interventions, a system-of-care can help schools achieve improvements in key outcome areas for children and their families.

The Problem

With an estimated 20% of children having a mental health disorder and 1 in 10 youth having a serious mental health problem that is severe enough to impair how they function at home, school, or in the community, there is tremendous need to target services effectively and efficiently for youth and their families.¹

When untreated, mental health disorders contribute to school failure, family conflicts, drug abuse, violence, and even suicide.² Alarming, 75% to 80% of children and youth in need of mental health services and supports do not receive them. Evidence suggests that the needs of children with emotional and behavioral difficulties have not been sufficiently addressed by school reforms such as the Individual with Disabilities Education Act (IDEA) and that their school outcomes are poorer than children with other disabilities.³ Only 1% of school children are classified as having an emotional disability and receive services under IDEA, giving cause for concern regarding the plethora of children not being identified or treated in the schools or within other community agencies.² It is imperative that educators and mental health providers work together to create positive, supportive environments where children and youth can be identified and connected to needed support services that have the potential to increase individual and school wide academic achievement.

System of Care Approaches and Schools

Systems of care approaches provide a framework for youth, families, schools and community partners to design and implement individualized services and supports that help children and youth with serious emotional disturbances and their families achieve their desired goals. The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is the federal entity that administers the Comprehensive Mental Health Services for Children and Their Families Program (Systems-of-Care). By definition, a **system-of-care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families**. Families and youth work in partnership with public and private organizations within the community to design individualized mental health services and supports that are effective, build on the strengths of individuals and the families, and are culturally and linguistically competent. Systems-of-care help children, youth and their families function better at home, in school, in the community and throughout life.⁴ In the context of a larger school wide effort, systems of care approaches benefit the entire school community. Students, families, teachers and other school personnel have access to the supports and services within the community. Systems-of-care approaches should ideally be designed to fit into a broader and systemic plan for the school and community. This is critical to a successful school mental health strategy and contributes to the successful achievement of the primary goal of schools, that of promoting learning and achievement of students.

The framework discussed in this brief can help guide school personnel and their partners towards a systematic approach that is school wide and effectively integrates a systems-of-care approach within the school and in collaboration with other child serving systems. Systems-of-care approaches are valued for their effectiveness in providing multi-level strategies to effectively support the whole child, the family, the school community, and the larger community. Decision makers are encouraged to integrate system-of-care values and principles within the school climate and at all levels to successfully serve children, youth and their families who require more complex and intensive services and supports across multiple service systems and agencies.

Within a school setting, the incorporation of systematic approaches across the mental health continuum is needed. This includes strategies to promote mental health, programs to reduce risk factors and enhance protective factors, prevention programs, early identification and intervention programs, treatment programs, and more intensive services for students presenting more significant needs. This whole school approach, essentially, a public health approach can be effective in creating safe, productive and successful environments for learning and academic success.

Guiding Values and Principles of Systems-of-Care

Systems of care is NOT a program — it is a philosophy of how care should be delivered.

The philosophies guiding systems-of-care approaches provide for a comprehensive, integrated continuum of mental health and related services and supports aimed towards helping children and youth with serious mental

health needs and their families.⁴ The **core values** guiding system-of-care approaches are community based, family-driven, youth guided, and culturally and linguistically competent.⁵ Systems-of-care values were adopted in response to concerns that too many youth and families were receiving insufficient and uncoordinated mental health services and that hospitalization and other restrictive settings were being over utilized. Further concerns led to the adoption of values to counter the challenges brought on when families were not viewed as positive collaborators in treatment and when cultural diversity in communities was neglected.⁶ Originally conceptualized to address children and youth with serious mental illness and their families, many systems-of-care communities and national leaders are exploring the ways to broaden systems-of-care approaches beyond this group, to include children and youth at risk of behavioral health challenges as well as integrating these intensive services and supports within a population-based framework that incorporate universal mental health promotion and prevention strategies. When integrated with education and schools, system-of-care approaches are able to respond more effectively to children, youth and their families due to the fact that schools are such a significant part of every child's life.

A guiding tenet for systems-of-care approaches is the view that serious emotional problems are most effectively addressed by **multiple community based child serving systems**. Youth with serious mental health or substance abuse disorders typically receive services from two or more public agencies such as juvenile justice, child welfare, special education, state and local mental health departments.² Traditionally, these agencies are not well integrated, they often provide duplicate services, or they neglect needs that are critical for youth and their families. Systems-of-care approaches aim to reform disjointed mental health care by "wrapping" families in a comprehensive network of community services with inter-agency collaboration across agencies. This approach is designed to be a more successful method of treating mental health problems and a more cost effective use of limited resources. Coordinated service delivery also eases the burdens on families that arise from fragmented, conflicting and ineffective services.

<p>Core Values and Principles of Systems-of-Care Approaches:</p>
<p>Core Values:</p> <ul style="list-style-type: none"> • child-centered, youth guided, and family driven; • community-based and comprehensive; and • culturally competent and responsive.
<p>Principles:</p> <ul style="list-style-type: none"> • service coordination or case management; • prevention and early identification and intervention; • smooth transitions among agencies, providers, and to the adult service system; • human rights protection and advocacy; • nondiscrimination in access to services; • comprehensive array of services; • individualized service planning; • services in the least restrictive environment; • family participation in ALL aspects of planning, service delivery, and evaluation; and • integrated services that provide for coordinated planning across child-serving systems.

Center for Mental Health Services. (2005). Family Guide to Systems of Care for Children with Mental Health Needs. Retrieved July 19, 2006, from <http://mentalhealth.samhsa.gov/publications/allpubs/Ca-0029/default.asp>

Systems-of-care services and supports are intended to be **family-driven and youth guided interventions**. Systems-of-care strategies value youth and family involvement and ensure their participation in meaningful ways at all levels of decision-making. They build upon the strengths of each individual child, youth and family member and recognize the interconnectedness of the relationships that support and facilitate effective services. Families are valued as collaborators in planning and in the development of treatment strategies for their children. They are involved in meaningful ways in program development and implementation, and at the policy level. The family as a unit is expected to benefit from services and supports and have access to leadership supports to facilitate their effectiveness in advocacy for their own child/family, as well as at the program and policy levels. Systems-of-care approaches extend the treatment of a youth, traditionally focused on the individual, to include interventions for the whole family to include the family's goals for supports such as respite care or employment assistance.⁷

Cultural and linguistic competence is another critical factor in a systems-of-care approach. Agencies in all capacities must be culturally competent and adapt to meet each family's needs. Individualized mental health services and supports in a system-of-care approach are guided by cultural and linguistic considerations identified through partnership with the youth and family.

Benefits and Challenges of Systems-of-Care Approaches that are integrated with School Mental Health Services

The majority of children attend school and therefore, schools are one of the best locations in a community to reach young children, youth and their families. In cities, towns and rural areas, schools do not carry the stigma that is often associated with other mental health and service provider agencies. This factor alone may increase the use of mental health services and supports by youth and families.⁸ Education systems that integrate with a community systems-of-care approach increase the accessibility of community-based mental health treatments. Systems-of-care facilitate the identification and early referral of youth who require services, increase school performance, reduce suspensions, improve school attendance and decrease school mobility. Moreover, unlike traditional treatment settings, schools offer opportunities to promote social and emotional wellness for the entire school population and to integrate prevention and early identification. Schools and the larger community also benefit from integrated mental health services because emotional well being is critical to academic success and appropriate services can help lessen barriers to learning.⁹ Consistent with this, the No Child Left Behind Act includes initiatives to promote emotional well being as part of improving school performance. Finally, schools are in a stronger position if they are able to address the needs of their students within systems of care rather than having to rely on accessing external resources.⁴ For these reasons, schools are increasingly valued as essential partners in a system-of-care approach.

Efforts to enhance school and community collaboration are garnering increased interest and have been labeled a wide variety of names including multiple agency collaboration, family support, school linked services, and

wraparound services.⁴ Despite this, and although several federal initiatives, such as No Child Left Behind and the 2003 New Freedom Commission Report, promote school mental health services in the context of creating new approaches to the mental health system for children and youth, there are no specified plans or structure to implement them on a broad national scale.¹

Although integrating systems-of-care in schools holds great promise, there are several barriers that have contributed to stalling these efforts:

- *First*, as mentioned earlier, there are varying fragmented program models available to guide these efforts. Schools have traditionally functioned independently from other agencies and operate under different schedules and structures than other public agencies.⁴
- *Second*, schools usually have few monetary and staff resources and are already under rigorous pressure to produce academic outcomes. Schools thus may be reticent to increase collaborative endeavors if they fear an increase in demands and responsibilities.⁴
- *Third*, mental health treatment is largely seen by schools as being the realm of social service providers, and school administrators may not want to get involved in these services.⁹

These barriers can be overcome. A variety of blended or “braided” funding strategies have successfully helped schools to build the infrastructure needed to effectively partner to implement systems-of-care approaches. Barriers can also be addressed through the integration of school behavioral health programs that act as moderators between school staff, administrators, and in-school and community-based mental health resources.

Finally, it is important to ask what the data are that supports these school partnerships within a systems-of-care. Will the challenges yield desired results for schools? For the community? For children, youth and their families who need intensive services and supports from multiple child serving systems? The Comprehensive Community Mental Health Services Program for Children and Their Families has had intensive and ongoing evaluation over a number of years. The following outcomes from 2005 evaluation data support the importance of schools as essential partners within a systems-of-care. The findings are as follows:

- ***Reduced costs due to fewer days in inpatient care.*** The average reduction in per-child inpatient hospital days from entry into services to 12 months translated into an average per-child cost savings of \$2,776.85.
- ***Decreased utilization of inpatient facilities.*** The percentage of children who used inpatient facilities within the previous 6 months decreased 54 percent from entry into systems of care to 18 months after systems of care.
- ***Reduced arrest results in per-child cost savings.*** From entry into systems-of-care to 12 months after entry, the average reduction in number of arrests per child within the prior 6 months translated into an average per-child cost savings of \$784.16.
- ***Mental health improvements sustained.*** Emotional and behavioral problems were reduced significantly or remained stable for nearly 90 percent of children after 18 months in systems-of-care.
- ***Suicide-related behaviors were significantly reduced.*** The percentage of children and youth who had deliberately harmed themselves or had attempted suicide decreased 32 percent after 12 months in systems-of-care.

- **School attendance improved.** The percentage of children with regular school attendance (i.e., 75 percent of the time or more) during the previous 6 months increased nearly 10 percent with 84 percent attending school regularly after 18 months in systems of care.
- **School achievement improved.** The percentage of children with a passing performance (i.e., C or better) during the previous 6 months increased 21 percent with 75 percent of children passing after 18 months in systems-of-care.
- **Significant reductions in placements in juvenile detention and other secure facilities.** Children and youth who were placed in juvenile detention or other secure facilities within the previous 6 months decreased 43 percent from entry into services to 18 months after entering systems-of-care.
(<http://systemsofcare.samhsa.gov>)

Education as part of a Systems-of-Care Approach: Practices for Success

- School Mental Health Programs
- School-based wrap around services
- School-based case management
- School-wide prevention & early intervention
- Easily accessible "Centers" within the school

Additional considerations:

- Adopt values and principles that align or link with systems of care approaches
- Provide opportunities for youth and families to engage in meaningful ways in the design and implementation school mental health planning and implementation at all levels.

Successful Integration of Systems-of-Care and Schools

At the end of the first generation of five-year grants, three successful Comprehensive Community Mental Health Program funded programs were evaluated to learn about the critical components to effectively integrating schools in systems-of-care.⁴ The evaluation report cites six school-based practices as being integral to the success of systems-of-care approaches.

1. Promote the provision of mental health services through the use of clinicians or other student support providers in the schools to work with students, their families, and all members of the school community, including teachers and administrators.
2. Utilize school-based and school-focused wraparound services to support the learning and transitions from more restrictive placements of students with significant emotional and behavioral problems.
3. Use school-based case management, which allows for case managers to assess needs, identify goals, resources and activities, connect children and families to other services, monitor services to ensure that they are delivered appropriately, and advocate for change when necessary.
4. Implement school-wide prevention and early intervention programs which help those students who have or are at risk of developing emotional and behavioral problems to learn the skills and behaviors that help in following school rules and achieving positive academic and social outcomes.
5. Develop "centers" within the school that are located in easily accessible settings where youth and families can get emotional and academic support. Caring staff members in these centers can facilitate connections with the entire SOC.

6. Provide family liaisons or advocates in schools to expand the role and empowerment of family members in schools and SOC.

A Closer Look at a System-of-Care Approach with a strong School District Partnership:

The Partnership for Kids (PARK) project is a school-based system-of-care model that integrates the Positive Behavioral Interventions and Supports (PBIS) approach in five Bridgeport, Connecticut public schools¹¹. In October 2003, PARK was created as an extension of the Connecticut Community KidCare initiative, a comprehensive statewide reform to the financing and delivery of behavioral health services to children and families. The PARK model, like other systems-of-care approaches has adopted the values and principles of systems-of-care. It strives for the implementation of comprehensive, child-centered, family-driven, strengths-based, and culturally competent services and supports. The mission of the PARK project is to create systems-of-care in the Bridgeport community and its schools, to provide school staff with training on how to provide PBIS, to create a chapter of the Federation of Families for Children's Mental Health in Bridgeport, to develop a youth leadership movement, to promote community awareness of children's mental health issues, and to use evaluation results to improve services.

Preliminary findings of the PARK project showcase that the use of the PBIS program is a vital component of the PARK systems-of-care. Working to integrate these two approaches, PBIS and SOC has made significant impacts in reducing office referrals. The Park Project's approach has helped to identify students with severe emotional and behavioral difficulties resulting in their entry into the systems-of-care. Positive outcomes related to increased youth functioning and self-reported increases in interpersonal and affective strengths also have been realized. In addition, decreases have been seen in youth problem behavior, youth-reported depression symptoms, youth exposure to community violence and parent-reported stress.

The Role of School Mental Health Programs in the Integration of Schools within a SOC Approach:

The New Freedom Report Transforming Mental Health in America (2003) reflects movement towards a public health approach to mental health for youth. Similarly, school mental health programs have evolved in recent years moving towards the adoption of whole school approaches that address risk and protective factors within the school environment and employ a full continuum of mental health services and supports, and that strive to meet the needs of all students and their families. As public health approaches to mental health care for youth are winning approval at the federal, state and local levels, it is important for school mental health (SMH) programs to assist in promoting cross system connections between education and other systems including mental health, child welfare, and juvenile services. School mental health programs have the ability to achieve a continuum of care within schools by becoming the liaison between the school system and the other community systems that make up the systems-of-care. School mental health professionals can guide the introduction of effective school wide promotion and prevention strategies, ensure programs to identify those students at risk or that have severe mental

health problems as early as possible, and facilitate referrals of these youth and their families to appropriate community services. In addition, SMH personnel can help the school community understand the role of protective factors often addressed by the multitude of fragmented school programs related to prevention and discipline strategies. This understanding will facilitate improved integration of school programs and more effective use of scarce prevention resources.

**Schools as part of a Systems-of-Care Approach
Possible Roles for School Mental Health Providers**

- Learn and understand the Systems-of-Care approaches and facilitate training and education of school personnel.
- Provide information and education to other system partners to strengthen services and supports.
- Collaborate with school administrators for improved and increased school mental health program infrastructures
- Inform others and build alliances to support integrated school strategies that are systemic and foster positive school climate for the entire school community.
- Provide support and training to teachers and administrators implementing behavioral modification and prevention programs

As with any multi-system collaboration, infrastructure that supports communication, planning, implementation and evaluation is essential. The benefits of this work will become clear, but it can nevertheless be challenging. Time is needed to support processes for the development of shared goals and visions, values and principles; planning and implementation of cross system policies and procedures, shared funding of programs and services; financing efforts, and to provide cross disciplinary training and ongoing support; continuous quality improvement and evaluation; and conducting school and community outreach and advocacy building public commitment and investment in the work. These processes are essential to the development and sustainability of cross system collaborations and the successful management of services and supports for children, youth and their families who are in need.

Improving the Integration of Education with Systems of Care:

In October of 2006, the Center for School Mental Health Analysis and Action sponsored a meeting to explore all of these issues more intensively. The meeting included family advocates, policy leaders, technical assistance providers, researchers, educators, and school mental health administrators and clinicians (see Appendix B). The focus of the session was to explore the critical issues related to improving integration of education, systems-of-care and in schools and to identify strategies to facilitate the integration of school mental health programs within systems-of-care. The following ten points were identified for use in guiding future steps towards this goal:

1. **Enhance Communication:** Education, schools, mental health, and community child serving systems each have language, culture and communication processes that differ. Integration of education and systems of care can benefit the shared goals of each system, but identifying a shared vision and mutual goals requires opportunities to become familiar across systems, build relationships of trust and understanding and to build effective communication systems. Processes and structures can go a long way in supporting the kind of decision making and communications needed to bring the cultures of education and mental health together. What are the coordinating structures in place? What collaborations are needed?
2. **Identify and Engage Partners:** Family members, youth, child welfare, juvenile justice, education, mental health, recreational programs, advocacy organizations, representatives of the diverse cultural and linguistic populations within the community, faith-based organizations, teachers, counselors, and special educators are among partners needed to design or strengthen an effort to integrate systems of care and schools. Where are their shared agendas? Who should provide leadership? Who is at the table? Who is not and needs to be? What are the current relationships that can be strengthened?
3. **Implement Collaborative Training and Technical Assistance Activities:** Creating a systematic approach requires that the many diverse systems, disciplines and funding entities identified within the community and state share and understand some common language and develop shared approaches. Cross disciplinary or collaborative training and technical assistance is a strategy that has been successful as one approach to build relationships and break down misconceptions across providers and systems. Furthermore, training and technical assistance can help forward the sense of a shared vision and agenda and ultimately bring benefits to families and youth.
4. **Develop Partnerships across Technical Assistance Resources:** Schools and systems-of-care can stretch scarce resources and reduce fragmentation through shared work with technical assistance providers. Technical assistance providers can assist communities through activities such as the facilitation of problem solving across systems and providers. Technical assistance providers can assist in the inventory resources and can provide an important role in facilitating dialogue across systems. If TA resources are skilled mediators, they can act as neutral facilitators for the ongoing quality improvements needed to integrate systems-of-care and education whether in the school setting or within the community.
5. **Identify and Distill Data:** Quality data is critical to informed decision-making in any program or system. Data drives decision making in a system-of-care and is key to continuous quality improvements. Similarly, schools use data to inform policy and program development. The identification of priority data and the sources of this data require thoughtful planning and decision making. Issues must be identified such as duplication or overlap. Work is needed to identify opportunities to share resources and to analyze and report selected data needed to guide the ongoing quality improvements across the system.

Initial activities might include: 1) development of a memorandum that describes available and current data and identifies key opportunities for in-depth analysis of this data; 2) prioritizing existing data within the National Evaluation of Systems of Care and presenting the evaluation researchers with key research questions; 3) distilling data and analyzing its value to key audiences; and 4) assessing variables in academic outcomes and the implications for school mental health;

6. **Synthesize and Disseminate Information:** Systems-of-care communities identify education as one of their most challenging partnerships. Information and resources are needed to bridge the gaps between school mental health and systems-of-care. Technical assistance partners can work together to identify the critical information and explore the vehicles to publish and disseminate this information.
7. **Utilize Concept Mapping To Facilitate Linkages:** Concept mapping or logic models can provide a useful tool for building capacity within the community through strategic partnerships and linkages across systems. Mapping has been successful in many communities as a way to facilitate understanding on community assets and areas needs. This process provides a shared understanding of the status of the school or community and can assist in identifying the practical linkages that can benefit children and families across multiple service systems.
8. **Identify Policy Needs:** System-of-Care communities and communities can assess barriers and opportunities within the community that impact the integration of education and mental health services and supports. Track and disseminate information about their impact and strategically plan approaches to develop needed policies, modify existing policies, or remove policies that are undermining the goals for improved integration.
9. **Use Social Marketing Campaigns And Social Marketing Technical Assistance:** Support and utilize social marketing resources as a strategy to build support for school mental health and systems of care partnerships.
10. **Track “Live Work” in Schools, Communities and at the State Level.** Engage and link the Quality and Evidence Based Practice Group of the IDEA Partnership, Identify other models that incorporate integration of System-of-Care Education and public health approaches. Disseminate useful information.

Endnotes:

¹ Kutash, K., Duchnowski, A. J., & Friedman, R. M. (2005). The system of care twenty years later. In M.H. Epstein, K. Kutash, & A. J. Duchnowski (Eds.), *Outcomes for children with emotional and behavioral disorders and their families: Program and evaluation best practices* (2nd ed., pp. 3-22). Austin, TX: Pro-Ed.

² CMHS website: <http://systemsofcare.samhsa.gov/>

³ Woodruff, D. W., Osher, D., Hoffman, C. C., Gruner, A., King, M. A., Snow, S. T., & McIntire, J. C. (1998). The role of education in a system of care: Effectively serving children with emotional or behavioral disorders. In *Systems of care: Promising practices in children's mental health, 1998 Series, Volume III*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

⁴ Bazelon Center for Mental Health Law <http://www.bazelon.org/newsroom/2006/6-7-6-WayToGo.html>

⁵ Stroul, B.A., & Friedman, R. M. (1986). A system of care for seriously emotionally disturbed children and youth. Washington, DC: Georgetown University Child Development Center.

⁶ Pires, S. A. (2002). Building systems of care: A primer. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

⁷ Stroul, B. (2002). Issue Brief—Systems of care: A framework for system reform in children's mental health. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

⁸ Duchnowski, A. J. Kutash, K. & Friedman, R. M. (2002). Community-based interventions in a System of Care and outcomes framework. In B. J. Burns, & K. Hoagwood (Eds). Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders. New York: Oxford University Press, pp.16-37.

⁹ Leaf, P., J. Schultz, D. Kiser, & L. J. Pruitt, D. B. (2003). School mental health in systems of care. In M. D. Weist, S. W. Evans & N. A. Lever (Eds.), Handbook of school mental health: Advancing practice And research, New York: Kluwer Academic/Plenum.

¹⁰ Adelman, H. S., & Taylor, L. (2000). Looking at school health and school reform policy through the lens of addressing barriers to learning. *Children's Services: Social Policy, Research, and Practice*, 3, 117-132.

¹¹ Website: <http://www.theparkproject.org/>

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Appendix A

Federal Commitment to Building Systems of Care:

- In 1984, the National Institute of Mental Health (NIMH) began the Child and Adolescent Service System Program (CASSP) to assist all states in the development of SOC.
- In 1992, the Comprehensive Community Mental Health Services for Children and Their Families Program (CCMHP) was created. The CCMHP is administered by the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMHSA). It awards grants to improve and expand SOC communities and has funded 121 communities to date.
- A critical task of the CCMHP has been tracking the performance of grant-funded SOC communities in comparison to more traditional systems. The most recent outcomes from SAMHSA's (2005) longitudinal research on system of care in the grant-funded communities shows that over a year period average savings per child are \$2,776.85 for public health systems (through a reduction in inpatient hospital stays) and \$784.16 for juvenile justice systems (<http://www.systemsofcare.samhsa.gov/news/datafactsheet.aspx>). SOC communities demonstrated lower rates of suicide-related behavior, use of inpatient facilities, criminal arrests, and juvenile detention placements. Youth served in these communities experienced better school attendance, emotional well-being, and school achievement.
- Another federal program, the Safe Schools, Healthy Students (SS/HS) initiative specifically funds projects that incorporate school-based mental health services into community systems of care. The SS/HS Initiative is a federal grantmaking program awarded under the No Child Left Behind Act. Under this initiative, which began in 1999, over \$1 billion has been awarded in grants to fund programs and services that reduce violence and substance abuse in schools and communities. Funded plans must be comprehensive, community-wide approaches and address 6 components: safe school policies, safe school environment, substance abuse and violence prevention programs, connecting schools to communities, mental health prevention and treatment services, and early childhood emotional and psychosocial development services.

Appendix B

The following organizations were represented at the meeting sponsored by the National Center for School Mental Health Analysis and Action:

- The National Center for Mental Health Promotion and Youth Violence Prevention (www.promoteprevent.org)
- The National Technical Assistance Center for Children's Mental Health at Georgetown University's Center for Child and Human Development (<http://gucchd.georgetown.edu/index.html>).
- The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) (<http://www.tapartnership.org>)
- MACRO with the National Evaluation for the Comprehensive Community Health Services for Children and Their Families (<http://www.orcmacro.com/projects/cmhi/default.aspx>)

Appendix C

Systems of Care Resources and Links:

<http://systemsofcare.samhsa.gov>: The Substance Abuse and Mental Health Services Administration/Center for Mental Health Services offers a website devoted to providing information about the mental health of children, youth and families.

<http://www.tapartnership.org> provide technical assistance to system of care communities funded by the *Comprehensive Community Mental Health Services for Children and Their Families Program*.

<http://www.ffcmh.org>: Through a family and youth driven approach, children and youth with emotional, behavioral and mental health challenges and their families obtain needed supports and services so that children grow up healthy and able to maximize their potential.

<http://rtckids.fmhi.usf.edu>: The Research and Training Center for Children's Mental Health provides information on research, training, and consultation related to systems of care. They have published an informative guide on school-based mental health which can be downloaded from their website.

<http://www.promoteprevent.org>: The National Center for Mental Health Promotion and Youth Violence Prevention provides technical assistance and training to school districts and communities that receive grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

<http://www.mentalhealth.samhsa.gov/publications/allpubs/Ca-0029/default.asp>: SAMHSA has developed a bilingual Family Guide to Systems of Care for Children with Mental Health Needs.

<http://mentalhealth.samhsa.gov/cmhs/childrenscampaign/ccmhs.asp>: Information about The Comprehensive Community Mental Health Services Program for Children and their Families including grantees and program descriptions and mental health resources for youth and families.

<http://mentalhealth.samhsa.gov/databases>: Mental Health Services Locator

http://gucchd.georgetown.edu/topics/mental_health/object_view.html?objectID=2500: Building Systems of Care: A Primer (2002) by Sheila Pires for the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development.

<http://www11.georgetown.edu/research/gucchd/nccc>: The National Center for Cultural Competence (NCCC) works to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.

<http://outreach.msu.edu/bpbriefs/archive.asp>: Michigan State University's Best Practice Brief on Developing Community Systems of Care outlines the interagency steps in developing SOC.

<http://rtckids.fmhi.usf.edu/sbmh/default.cfm>: ***"School-based Mental Health: An Empirical Guide for Decision-makers"***, Resources provided here describe what has been learned about school-based mental health services today, how researchers reached this point, and how good planning decisions might be made in the future.

<http://www.bazelon.org/newsroom/2006/6-7-6-WayToGo.html>: The report and a companion folder with six fact sheets are titled *Way to Go: School Success for Children with Mental Health Care Need*. Together they document how states and school districts have successfully combined school-wide positive behavior support (PBS) with effective mental health services to foster a school environment that is conducive to learning and improves children's lives.