Chapter Two

Services for Children with Mental Illness:
The System of Care approach*

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Abstract: Policymakers and mental health professionals face the ongoing challenge of addressing children's mental illness in a cost-effective manner while ensuring high quality care. Since the 1980s, federal and state policymakers and experts in the field have emphasized the development and implementation of holistic approaches to treating children with mental illness; approaches that are child- and family-centered and focus on the individual needs of children and their families. System of Care (SOC) is recognized as the leading approach to improving the quality of mental health care for children. This chapter describes the key factors in implementing SOC, which can be a complex and challenging process. It includes information on how a data- and value-based system of care can support ongoing improvement in the quality and cost-effectiveness of care for children. Finally, it highlights policy strategies that have helped, as well as tested collaboration among state and local stakeholders in the implementation of SOC for children with mental illness and their families.

What is a System of Care?

A System of Care (SOC) is a comprehensive continuum of mental health and necessary services organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances (SED) and their families. SOC is based on the understanding that children with SED have many strengths and needs and that services should be individualized or tailored to those strengths and needs.

Children's mental health problems contribute to crime and delinquency, poor school performance, and teen pregnancy. It is estimated that 60 percent of adult alcohol and substance abuse problems could be solved by effectively treating children with mental health needs. SOC can also decrease the long-term negative consequences that can result from not adequately meeting these needs.

* The material in this chapter is taken directly or adapted from the following sources: "Implementing Effective Data-Based and Value-Based Systems of Care," presented by Robert M. Friedman (November 2005); "Evidence-Based Practices, Systems of Care, and Individualized Care," Robert M. Friedman and David A. Drews (2005); "Some Perspectives on Getting There," Dean L. Fixen and Karen Blasé (2005); "Findings: Examining the Impact of Policy on Collaboration in Systems of Care," presented by Mary Armstrong and Mary Evans, (March 2005); "System of Care: History of the Concept, General Implementation Issues, and Relationship to Individualized Care and Evidence-Based Practices" (February 2006); "Taking a Giant Step Forward from Good to Great Systems of Care" (March 2004); and "The Status of Children's Mental Health: A Need for Urgent Action" (July 2004).

Children with SED typically have multiple needs and are served by multiple agencies and systems (education, social services, juvenile justice, health, mental health, vocation, recreation, and substance abuse). In SOC, agencies work collaboratively to develop and deliver services and supports for children with SED and their families.

Features of a System of Care

- Coordinated network of community-based services and supports for children with serious mental health needs and their families.
- Involves collaboration among many stakeholders and systems, including mental health, health, education, social services, and juvenile justice.
- Child- and family-centered where the family participates in decision making and services reflect what is best for the child, not what is most readily available or financially feasible.
- Uses evidence-based practices with demonstrated effectiveness.
- Uses quality information and data.
- Flexible use of dollars to access services for children with spending caps to contain costs.

SOC is widely-recognized as a promising approach. It has resulted in the improved provision of services and has decreased out-of-home and out-of-state placement of children. Evaluations suggest it can improve the effectiveness and functioning of the children's mental health system, and allow for the provision of services beyond those addressed by traditional medical and specialty care sectors.[1]

Many studies have addressed SOC effectiveness.[2]

- A 1995 evaluation of the system of care in Vermont compared outcomes of children served through SOC to data from a longitudinal study of youth receiving "traditional services." While the seriousness of diagnosis was comparable between the two groups of children, those receiving services using SOC fared better in terms of rates of reinstitutionalization after leaving a residential facility, in addition to reporting higher service satisfaction; and

- In California, a 1997 evaluation comparing counties with and without a SOC approach found a reduction in cost and restrictive placement in counties with SOC. The evaluation estimated that California could have saved $1.1 billion in group home costs had it been using a SOC approach.

Some studies have shown less favorable results in terms of clinical outcomes. These same studies did, however, show positive results in terms of treating children in less restrictive environments and in child and family satisfaction with the services received. Research continues to illustrate the challenges of implementing an effective SOC.

System of Care in North Carolina

Numerous NC entities have supported SOC concepts and strategies and are encouraging its implementation in association with family members and LMEs. These include the NC Department of Health and Human Services Division of MH/DD/SAS Child and Family Services Section, Divisions of Medical Assistance, Public Health, and Social Services; the NC Department of Juvenile Justice and Delinquency Prevention; the NC Department of Public Instruction; and the Governor's Crime Commission.

Beginning with the Willie M. program and followed by the Fort Bragg experiment reform efforts, North Carolina is often considered the birthplace of the SOC approach. The Willie M. program resulted from a class action lawsuit on behalf of four North Carolina youth involved with the juvenile justice system who also had mental health problems. Neither the mental health nor the education systems in North Carolina were equipped to work effectively with the youth. The only options appeared to be training school especially from the perspective of available financial resources.

Since Durham began SOC, court-ordered out-of-home treatment costs dropped from $762,000 in 2000 to $7,100 in 2004 to $0 in 2005.

Willie M. led to new strategies for both service delivery and assessment. It resulted in a new focus on child- and family-centered services and requirements for individualized and least restrictive treatment determined by children's needs, not by available services.

The Willie M. lawsuit and the policy and program implementation that followed provided the foundation for other mental health reform initiatives. Among them was the Fort Bragg Children's Mental Health Demonstration Project, based in Fayetteville and funded by the U.S. Department of Defense. The Fort Bragg study looked at "what systemic, clinical, and functional outcomes could be achieved if a wide range of individualized and family-centered services were provided without any barriers to their availability."[3]

Grants from the National Center for Mental Health Services have supported the establishment of locally-based SOC in more than 20 counties. Durham County is implementing SOC without grant funds targeted for that purpose. Data from the national evaluation of these North Carolina communities prior to 2001 indicate:

- Improved school attendance and performance;
- Reductions in the number of hospital and out-of-home residential placements;
- Improvements in child behavior and emotional functioning;
- Reductions in violations of the law; and
- Increased services and supports to a greater proportion of the children and families.[4]

Counties with Federal Grants to Implement System of Care

Buncombe	Macon
Chatham	Madison
Cherokee	Mitchell
Clay	Montgomery
Cleveland	Moore
Edgecombe	Nash
Graham	Orange
Guilford	Person
Haywood	Pitt
Henderson	Richmond
Halifax	Swain
Jackson	Yancey

More recently, the Durham Center, Durham's LME, reported the benefits of Durham's SOC in its 2004-2005 Annual Report:

- Significant increases in the number of children and families receiving community-based services;
- Substantial reductions in expenditures for court-ordered care;
- New best practice services cross-funded among agency partners; and
- Substantial decreases in the number of children sent to out of area residential treatment facilities.

Policy and practice suggest that North Carolina recognizes the value of a SOC approach to serving the needs of children with mental illness. State policymakers, however, must ensure that the benefits to children and their families achieved to date through the SOC efforts can be sustained within the new state mental health services delivery structure. Implementation of SOC in North Carolina took place largely before the state mental health system transitioned from Area Programs to LMEs *(see Chapters one and four for more information about this transition)*. Within this new structure, perspectives differ on the extent to which policymakers and state-level administrators have reconfirmed a commitment to SOC for all children with mental health needs in North Carolina. Anecdotal evidence suggests that LMEs desire such a commitment; doing so would require ensuring that state polices are consistent with the implementation of SOC.

The new mental health system in North Carolina has created tension about whether the state or LMEs have the power to make certain decisions. Some would say this tension is one of the most significant barriers to implementing SOC.

History and Core Elements of the System of Care Approach

Mental health professionals and decision makers across the nation agree broadly on the need to transform systems and services for children with mental health needs. Three basic issues frame the discussion:

1. Improving access to care for those in need;
2. Improving the quality and effectiveness of care; and
3. Improving the mental health status and well-being of children.

Efforts to establish and expand comprehensive, community-based care grew tremendously with the publishing of *A System of Care for Children and Youth with Serious Emotional Disturbances* in 1986 by Beth Stroul and Robert M. Friedman. This publication describes in detail the concept of SOC and provides guidance for implementing services following this approach.

Building a SOC is complex and challenging even when community stakeholders are committed to working together. A successful SOC not only requires services to be available, but also needs policy and administrative processes, implementation plans, performance measures, and an evaluation process focused on accountability and outcomes for children and their families.[5] In recognition of the challenges of successfully implementing a SOC, experts advocate taking a system-building approach. Such an approach engages all community stakeholders and allows for the development of a blueprint that moves the SOC concept into an accessible, child- and family-centered treatment process for children with mental health needs.

The SOC model addresses a number of conditions within a traditional mental health system:

- Inadequate range of services and supports;
- Lack of individualized services;
- Fragmented system even though children and families have multi-system needs;
- Children with special needs are in many systems;
- Lack of clear values or principles for the system;
- Lack of clarity about the population of children to be served;
- Inadequate accountability; and

- Inadequate responsiveness to cultural differences.

The SOC approach is based on a vision, a defined set of principles, and core values that include:

- A child-and family-focused approach, with the needs of the child and family dictating the types and mix of services provided;
- Cultural competence, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve;
- Individualized services determined in accordance with the unique needs of each child and guided by an individual service plan;
- Full partnership among professionals, families, and extended families of children with emotional disturbances in all aspects of the planning and delivery of services;
- Promotion of early identification and intervention to enhance the likelihood of positive outcomes;
- Collaboration among multiple agencies and service sectors; and
- Systems for ongoing evaluation and accountability.

A key element of the SOC model is that all community stakeholders develop and agree upon the goals and outcomes. The community functions as the center of services, decision making, and responsibility. As such, community-based services are planned, implemented, and sustained through the input of multiple stakeholders and are accountable to those stakeholders. State policymakers and officials can improve the likelihood of success with SOC by empowering local stakeholders to make decisions about local resources and services.

To meet the complex needs of children with mental illness, SOC strives to integrate the work of education, juvenile justice, public and mental health, child welfare, and family court leaders, and families and children. Most importantly, key stakeholders must be willing to come together to not only plan but implement. To accomplish this, local stakeholders need the authority to make decisions about the use of local resources. A shared vision and collaborative planning among key stakeholders is critical at the state and local levels. This ensures that state policies are consistent with the community implementation efforts and that the system and services are moving in the same direction.

Putting a System of Care into Practice

As more communities undertake SOC, there has been a growing realization of the complexity and difficulty of implementing the values and principles of such a system and achieving change at both the state infrastructure and local service level. Not surprisingly, states and communities are more successful at understanding SOC theory than they are at critically and strategically evaluating their community and developing a process for successful implementation.

The National Implementation Research Network, which conducts implementation research and evaluation in relation to evidence-based programs across sectors (e.g. mental health, substance abuse, education, juvenile justice), recently completed an analysis of 45 communities that received federal grants to develop a SOC. The analysis found that grant communities were more successful in making changes at the service delivery level than at the system level. Successful implementation of a SOC requires services and systems change just as it requires a change in behaviors of service providers and families.[6] Creating an environment that can support a change in thinking from policymaker to practitioner requires patience and perseverance.

The Research and Training Center for Children's Mental Health at the University of South Florida has developed a model of implementation factors that contributes to the development of effective SOC.[7] The Center's model includes 14 implementation factors.[8] The model builds on, and is consistent with earlier SOC research, but places a greater emphasis on development and interaction of the system's components. This requires rethinking at the state and local level about the underlying assumptions that guide service delivery. These assumptions concern:[9]

- Who are the intended service recipients;
- What are the intended accomplishments; and
- What is necessary to accomplish the goals for the population of concern.

The challenge for implementing SOC is to move beyond traditional thinking and focus on the inter-relatedness of factors; considering how 1) any one area is affected by and in turn affects other areas and 2) that short- and long-term consequences of actions may often differ.

Keys to Successful Implementation of a System of Care

Policymakers, state agency leaders, mental health professionals, families, and family advocates must all be committed to SOC for the approach to work. Collaborating to define the vision and values to guide the direction of a state mental health service system is the first step in implementing an effective SOC. Following are other key components for the development of SOC with state leaders, local involvement, and feedback:

- A statement of values and principles developed in a participatory manner with parents and professionals and with representatives from various service sectors. To have a SOC, the statement of values must show that the state and local communities are committed to cultural competence and individualized care.

- Identification of a clearly defined population of children and families the system seeks to serve and support. The process of defining this population should include an assessment of its needs and strengths as well as the organization and functioning of the existing delivery system. Special attention should be given to the racial, ethnic, and socio-economic make-up, as well as developmental stages and gender sensitive issues of the population of concern. The North Carolina *State Plan 2005* defines the target populations for public mental health services for children. Furthermore, there is value in continuously reviewing the definitions to determine their applicability and to modify them as needed. *(See Appendix for detailed descriptions of target populations.)*

- Any state or community implementing SOC must recognize that implementation includes multiple stages. A state SOC implementation plan should consider not only the process for local service delivery but the appropriate state investment in human and financial resources, technical assistance, and resource development to support the necessary capacity building and decision making. Critical components of the process include staff selection, training, coaching, and performance feedback.

- A performance measurement system that provides practical, ongoing information about the SOC performance is critical to continuous system improvements. At the state and local levels, a results-based accountability system that is part of a data-based approach is essential

for identifying improvements to SOC. The Ohio Consumer Outcomes Initiative, discussed in Chapter Three, is one example of a statewide data collection system. It allows both state and local providers to make quality improvements using performance data as the basis for identifying areas of improvement, along with improving treatment plans for individual children.

Data-based Systems of Care

There is broad agreement at the service, system, and policy levels that there are benefits to a data-based decision-making process. While the perspective at each level differs, each recognizes the value of a data-based system in making decisions about how best to meet the needs of children with mental illness.

- The *state government perspective* emphasizes the need to stay within budgets, policy, and regulatory guidelines, maximize revenues, and provide maximum benefits to the population of children and families. The state government point of view recognizes there are limited resources and because demand for services is often insatiable, scarcity will impact decisions about who receives which service. A data-based decision support system helps inform policymakers of gaps or areas of need to allow for appropriate resource and policy decisions to meet those needs.

- The *SOC perspective* stresses long-term benefits for a range of children and families, well-coordinated services in which all agencies share responsibility for joint processes and overall outcomes, and a data-based decision support systems that helps to coordinate services and assure continuity for children and families. The SOC point of view places a high value on the expressed needs of families and children and other community members whose participation is necessary for successful outcomes.

- The *evidence-based perspective* highlights practices that produce the best results for children and families. Evidence-based programs are guided by the use of valid assessment tools and the input of experts. Effective interventions can be an important part of the individualized treatment plans for children with mental health needs. Data-based decisions assist in ensuring high accountability for processes and outcomes of these interventions.

A data-based SOC involves the routine collection of data on system performance and outcomes to improve the system. Such a system should include information on process (how services were accessed, participation, what services were used), outputs (how many children and families were served), and outcomes (how children function at home, in school and in the community). This creates an environment that promotes accountability by assessing the system's performance on a regular basis for the purposes of improvement, as documented in the next chapter. Ohio's Consumer Outcomes Initiative is one data-based effort that has allowed for the use of outcomes data in individual treatment planning and is working toward the use of aggregated outcomes data in agency quality improvement. Data-based SOCs:

- Are utilization- and improvement-focused;
- Combine in-depth and aggregate information;
- Use qualitative and quantitative information;
- Focus on a few key measures;

- Have a feedback loop for all users and participants; and
- Are themselves interventions, not just measurements.

The process of how, why, and when decisions are made at the practice, program, and policy levels are critical to successful implementation of SOC. Data-based SOCs are useful in developing a performance-based measurement system and data-based decision making. A data-based decision-making system provides a solid foundation on which to implement and integrate evidence-based programs or practices with SOC efforts. In some instances, evidence-based programs are offered by individual providers but are not integrated into the overall team-based treatment process for children with the most serious challenges. A data-based, decision-making process can assist in identifying the children that may most benefit from evidence-based treatment and allow families and children to consider these treatments as part of the larger package of SOC services and supports.

Data-based tools and processes may help SOC to: [10]

- Clarify questions related to current service configuration and access (e.g. access for specific populations, outcomes, cultural competence);
- Define the outcomes with respect to the areas of need and populations of concern;
- Determine if improving collaboration, access, integration, staff development, and accountability structures are appropriate; and
- Determine if implementing an evidence-based program or practice would increase the quality and cost-effectiveness of treatment through
    - Analyzing the fit of the values of the particular evidence-based programs with SOC values;
    - Analyzing whether there is expertise to adopt the evidence-based program;
    - Determining the infrastructure needed for high-fidelity implementation and sustainability including requirements and costs; and
    - Developing the ongoing process and performance measures to guide the evolution of the SOC and the adoption and implementation of the evidence-based programs.

For policymakers and state leaders, supporting a SOC with data-based decision making is most useful for assessing quality and outcomes that allow for system improvements when the following components are included: [11]

- Well-defined goals and strategies;
- Frequent data collection with feedback loops within and across levels (e.g. practice, program, system);
- Operationalization of "what works" - do it, write it down, follow the written guidelines, analyze results, revise it, do it again;
- Focus on innovation with consistent attention to improving benefits; and
- Elimination of harmful or ineffective practices in favor of evidence-based practices and programs.

Integrating Systems of Care and Evidence-based Programs

Simultaneous with SOC taking hold in more states and communities, the use of evidence-based practices is gaining emphasis to improve outcomes for children with mental illness. SOC

advocates have demonstrated an interest in evidence-based practices, although to date there has not been extensive integration between SOC and evidence-based programs. With a focus on individualized care plans and the inclusion of family choice in treatment planning and provider selection, the SOC approach would appear to be compatible with the use of evidenced-based practices in treating children with mental illness. There may be tensions, however, between evidence-based practices and what families and community partners want for a child. One mark of successful SOC implementation, therefore, would be the ability to work through such challenges.

In recent work, the Research and Training Center for Children's Mental Health sought examples of states and communities that had strategically integrated evidence-based practices with the individualized care focus of SOC. Case studies of these communities revealed information about factors that contributed to successful integration of SOC and evidence-based programs, as well as barriers to integration.[12]

Elements of Successful Integration of SOC and Evidence-based Programs

A key factor in success was an interest by policymakers and state officials in using new strategies to improve outcomes for children and families. In several cases, outcome or performance measures revealed the need for improvement. In other instances, frustration with the lack of information about the types and impact of existing treatment led to support for and interest in evidence-based practices.

Other elements that facilitated integration between SOC and evidence-based practices included:

- A functioning SOC with strong values and principles, a clear direction and goals, and a strong performance measurement system that was practical and useful to professionals and families; and
- A data-based culture with a strong performance measurement system that allows policymakers to identify populations of children for whom positive outcomes were and were *not* being obtained, along with a process for explaining these outcomes.

Challenges to Integration of SOC and Evidence-based Programs

Despite support by state and local policymakers and community stakeholders, barriers to effective integration included:

- Evidence-based practices may prohibit involvement of service providers who are not part of the evidence-based program once treatment begins to ensure that outcomes can be associated with the programs in question. Prohibiting provider involvement conflicts with SOC and may limit continuity of care for families.

- Evidence-based programs may provide services on a time-limited basis, while SOC proponents prefer providing services for as long as they are needed and progress is being made.

- While SOC focuses on children with serious mental health challenges and their families, programs frequently identified as being evidence-based (multi-systemic therapy and multi-

dimensional therapeutic foster care), were not initially designed to serve these populations.

- Funding evidence-based programs may require significant start-up resources and can extend long-term. The communities studied recognized the need for such resources but cited difficulty in securing them.

- Proponents of SOC or an evidence-based program tend to be passionate advocates for their approach, sometimes leading to overt criticism of other approaches.

Examples of Effective Integration

Some states and communities have successfully integrated SOC and evidence-based approaches for children with mental illness.

- Hawaii has a comprehensive effort that incorporates evidence-based programs and other practices (social skill development, anger management) that has contributed to successful outcomes for children with varying diagnoses and needs. Hawaii's approach integrates SOC values and principles, individualized care, a performance measurement system, and strong family involvement in selecting treatments and providers. A key component is providing information to families and treatment team members about what research indicates about the effectiveness of various interventions for particular problems. Hawaii's integrated approach is based on a strong partnership between state policymakers and the University of Hawaii. Initial outcomes are promising for this statewide effort which integrates many features into a data-based and value-based SOC.[13]

- The Research and Training Institute found other positive examples of integration in communities in Nebraska, New York, Ohio, and California. These examples typically involve a single evidence-based program working within systems of care rather than the comprehensive approach taken in Hawaii. However, they serve as illustrations that while it is still the exception and not the rule, SOC and evidence-based programs can work together.

Characteristics of Communities Integrating SOC and Evidence-based Programs

To assist policymakers interested with pursuing the integration of SOC and evidence-based practices, it is useful to keep in mind the following characteristics common among communities committed to this integrated approach:

- The existence of a strong SOC with a well-established treatment planning process that is family-driven and culturally-competent and has a practical performance measurement system that provides data on how well the system is serving children with various types of mental illness;
- The existence of one or more evidence-based programs or practices (e.g. multi-systemic therapy, therapeutic foster care) that have the potential for improving outcomes for specific populations of children most in need of improvement;
- SOC administrators and evidence-based program developers who have mutual respect for each other's efforts and are willing to work together in a flexible and collaborative manner; and

- A solid plan for implementing new interventions and for continuously assessing effectiveness. Critical elements of the plan include resources and processes for training, consultation, and coaching of personnel as well as ongoing development and testing of evidence-based programs to ensure effectiveness in real-world settings with culturally-diverse populations of children and families with a range of needs.

Improving Collaboration within Systems of Care

A 2004 study by the Research and Training Center surveyed mental health agencies to better understand how public policy strategies facilitate or inhibit collaboration in a SOC. The study analyzed the types of policy approaches used to support or administer mental health services and how those policies affected collaboration outcomes.[14] The study evaluated policies against a series of organizational factors, behavioral factors, and attitudinal factors. Analysis of both quantitative and qualitative data revealed factors that fostered effective collaboration within a SOC. These include:

- Policies that support local and regional level autonomy and flexibility regarding financial and human resources distribution;
- The existence of a coordinating state-level entity with commissioner-level representation, legislative authority, and a mandate to promote collaboration;
- Consistent policies and initiatives that provide moderate resources for collaboration and SOC development;
- Creative use of human resources such as placement of personnel in schools, child welfare, and juvenile justice agencies to provide training and skill development;
- Trust among family members and community partners, local and state administrators, and program providers; and
- Shared data used by policymakers to guide decision making, planning, and problem solving.

Other factors hindered collaboration within SOC. These included:

- Diffuse responsibilities and accountability for the target population;
- More than one state entity with mandates for children with mental health problems;
- Financing systems with inadequate funding levels to support a comprehensive service array or flexible funds;
- Policies developed with conflicting interpretations that do not reflect core SOC values; and
- Mistrust among system partners, including family members of children with mental health needs.

Policymakers and policy strategies lead to a range of factors that have a significant impact on and can affect the effectiveness and availability of services to children and their families.

Considerations for North Carolina Policymakers

New issues and ideas continue to emerge that stimulate further discussion, research, and policy in efforts to increase the quality and cost-effectiveness of care for children with mental illness. The recognition of serious emotional disturbances among children and the critical development that occurs during childhood continues to highlight the need for early intervention and detection. In spite of the spotlight on children with mental health needs, only one in five children with a serious mental health disorder receives services.[15] The growing resources and information available to policymakers, state mental health administrators, and mental health service providers should help improve this situation.

Stemming from the lessons of research and practice, it would be valuable if policymakers included the following when setting an action plan for high quality children's mental health services:

- **Joint state-local implementation planning.** To create an effective SOC, efforts at the state and local levels must be based on common guiding principles and goals and must work collaboratively. Policies must balance statewide standardization and efficiency with local autonomy and decision making to facilitate the collaboration critical to SOC.

- **Services for children must be child- and family-centered**. Public-private collaboration and the involvement of multiple children's service providers are critical to serving children through a coordinated and comprehensive treatment plan.

- **Human resource development to strengthen local systems of care and provider networks.** Training and technical assistance are critical components in building a state-level infrastructure to support SOC. It is challenging for new and long-time professionals to keep up with new treatments, practices, outcome measurement tools, and technology for individualized and child-centered services. State-level investment in people and providers can contribute to a richer array of services and a continuum of care in communities.

- **Wide use of accountability mechanisms and performance measurement tools.** Data collection, outcome measures, and quality improvement standards provide a foundation for making data-based decisions about improving the effectiveness of mental health systems. Performance measures allow for ongoing system evaluation that can lead to a more efficient allocation of resources and can fill service gaps for children with mental illness.

ENDNOTES

[1] *Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders*. National Institute for Health Care Management, February, 2005.

[2] Barbara J. Burns and Kimberly Hoagwood, *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders*, 2002.

[3] U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General—

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[4] North Carolina's System of Care for Children and Families,*Overview and Outcomes*,, M. Kaufman and M. Fernandez CFS/MH/DD/SAS – March, 2001.

[5] M. Hernandez and S. Hodges, *Crafting Logic Models for Systems of Care: Ideas into action*, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies, 2003.

[6] Dean L. Fixen and Karen Blasé, "*Right From the Start: Implementing SOC*," National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, presentation, System of Care meeting, 2006.

[7] Robert M. Friedman, *A Model for Implementing Effective Systems of Care*, 18th Annual Conference Proceedings – A System of Care for Children's Mental Health: Expanding the Research Base, Chapter 1.

[8] To learn more about SOC implementation factors, contact the Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, FL 33612-3807, 813-974-4661, http://rtckids.fmhi.usf.edu.

[9] Robert M. Friedman, "*Taking a Giant Step Forward from Good to Great for Systems of Care*," presentation, 17th Annual Research Conference, March, 2004.

[10-11] Dean L. Fixen and Karen Blasé, *Some Perspectives on "Getting There,"* National Implementation Research Network, Louis de la Parte Florida Mental Health Institute from "*Evidence-Based Practices, Systems of Care, and Individualized Care,*" Robert M. Friedman and David A. Drews, Louis de la Parte Florida Mental Health Institute, The Research and Training Center for Children's Mental Health, February, 2005.

[12-13] Robert M. Friedman and David A. Drews, *"Evidence-Based Practices, Systems of Care, and Individualized Care,*" Louis de la Parte Florida Mental Health Institute, The Research and Training Center for Children's Mental Health, February, 2005.

[14] Mary Armstrong and Mary Evans, "*Findings: Examining the Impact of Policy on Collaboration in Systems of Care,"* presentation at the 18th Annual Research Conference, March, 2005.

[15] *Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders,* National Institute for Health Care Management, February, 2005.