



# Systems of Care: Collaborative Interventions for Youth with Serious Emotional Disturbances

Safe Schools/Healthy Students



National Center for Mental Health Promotion  
and Youth Violence Prevention





## Introduction

This guide is designed to give Safe Schools/Healthy Students (SS/HS) project directors (PDs) an overview of **systems of care** (SOC). It will explain what SOC are, and how SOC can complement and enhance the work of SS/HS initiatives. It will:

- Detail the SOC program and its parallels to SS/HS
- Describe how collaboration can lead to successful synergy between SOC and SS/HS
- Provide guidance on linking the two initiatives to enhance services and ensure sustainability of key SS/HS functions
- Discuss two case studies PDs who coordinated SS/HS and SOC initiatives

Effective October, 2011 the grant structure has shifted to one-year expansion planning grants. For more information [http://www.samhsa.gov/grants/2011/sm\\_11\\_008.aspx](http://www.samhsa.gov/grants/2011/sm_11_008.aspx).

### The Systems of Care Grant Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the Comprehensive Mental Health Services for Children and Their Families Program that helps communities develop *systems of care*. SOC grants are designed to address the needs of children and youth and their families who fit the following criteria:

- Ages 0–21
- Suffering serious emotional disturbances
- At risk for out-of-home and out-of-school placement
- Multiple system involvement

SOC grants aim to create integrated networks of community partners to help children and their families navigate the often fragmented and confusing array of services that they need.

Previously grants or cooperative agreements were awarded for six years, with the first year being designated for planning and infrastructure development. Awards ranged up to \$9 million for the grant period.

The grants funded administration, direct services, training, evaluation, social marketing, and the creation of a collaborative community governance structure.<sup>1</sup>

## Part I: Systems of Care as a Framework for Community-Based Mental Health Services and Collaboration

### What are Systems of Care?

Children with emotional needs and mental health issues require special services to reach their academic potential and function productively in all life domains.<sup>2</sup> Promising practices encourage a collaborative approach among schools, families, and communities when addressing the emotional and mental health needs of children and adolescents.<sup>3</sup> Mental health and other services can be provided more effectively when agencies work together to create comprehensive systems to serve children and their families.<sup>4,5</sup>

SOC are one way of creating these comprehensive and cohesive systems by bringing child-serving agencies together to provide all the services that a child needs to thrive. SOC are comprehensive, interagency collaborations of mental health and other services and supports organized to provide care and treatment to children with serious emotional needs. SOC community partnerships are comprised of families, youth, schools, and public and private agencies who work together to develop individualized service plans based on the unique strengths and needs of each child and family.

Services that may be coordinated by SOC include:

- Case management
- Counseling
- Crisis outreach
- Education and special education
- Health care
- Legal services
- Protection and advocacy
- Psychiatric consultation
- Therapeutic foster care

In SOC, these service providers work as a team with families to create a plan of care and support, tailored to meet the goals and needs of individual children and their families.

### The Core Values and Principles of Systems of Care

SOC may differ in how they operate and which agencies participate, but all share a set of core values. SOC are:

1. **Family-driven and youth-centered.** This means that SOC give priority to family and youth voices in making decisions. This family-driven approach and focus on serving youth is demonstrated by member agencies' partnerships with families and youth who share power, resources, authority, and control.
2. **Culturally and linguistically competent.** SOC service providers are aware of the values, beliefs, traditions, customs, parenting styles, and languages of the people they serve. Providers understand the impact of their own culture on the therapeutic relationship and take all of these factors into account when planning and delivering services for children and their families.
3. **Community-based.** Whenever possible, the least restrictive services are provided (e.g., day treatment vs. residential placement; home-based vs. clinic-based services), typically in the family's own community, or as close to home as possible.

The SOC Principles maintain that SOC provide for:

- Service coordination or case management
- Prevention and early identification and intervention
- Smooth transitions among agencies, providers, and to the adult service system

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- Human rights protection and advocacy
- Nondiscrimination in access to services
- A comprehensive array of services
- Individualized service planning
- Services in the least restrictive environment
- Family participation in all aspects of planning, service delivery, and evaluation
- Integrated services with coordinated planning across the child-serving systems

Perhaps the most enduring contribution of the SOC grant program has been its philosophical framework that promotes a holistic approach in which all of a child's and family's needs are considered.<sup>6</sup> As the SOC approach has become more widely accepted as an effective practice, this framework has become the fundamental basis for system reform in children's mental health.<sup>7</sup>

## Benefits of Systems of Care

SOC outcomes show wide-reaching benefits for kids, families, schools, and communities. National SOC evaluation data show that SOC programs increase the number of children who receive mental health treatment and produce positive, lasting outcomes in the lives of those served.

Children treated in SOC communities have:

- Ninety percent reduction in or stabilization of emotional and behavioral problems
- Fewer contacts with law enforcement and fewer arrests
- Improved school attendance, with more than 80 percent attending school regularly 12 months after entering services
- Reduced disciplinary actions in school
- Improved school performance, with an increase in those receiving a "C" or better and a decrease in those receiving a failing grade.
- Fewer suicide-related behaviors

SOC help families work more effectively with service providers and help children overcome obstacles to receiving appropriate care. For example, the families of children with complex emotional and mental health care needs often have to coordinate services among many agencies, each with their own bureaucracies. Working with this wide array of unconnected service providers poses administrative barriers, overlaps in services, or gaps in care. Also, when families work within different systems (such as mental health, juvenile justice, child welfare, education, or health), they are subject to different requirements, opinions, attitudes, and expectations. SOC assist families in navigating these complex systems to receive the most effective, appropriate care for their children.

As a result of SOC, communities enjoy reduced cost because children enrolled in SOC spend less time in inpatient care and have fewer interactions with Law Enforcement, with a decrease in inpatient costs of \$6,923,310 and an increase of children with no law enforcement contact of 67.6%.<sup>8,9</sup> Moreover, SOC results in increased school and community engagement for children and families with emotional and mental health needs.

## Collaboration as a Key to Success

As with SS/HS, collaboration among schools, community-based service providers, children, and their families are essential for SOC to succeed. An analysis of successful collaboration between schools and mental health agencies in SOC has defined five distinct levels of collaboration as key to success:

- **Level 1** centers on the *individual child and family*. Through case management and a family service coordinator, this level includes at least one school representative on the team performing planning and follow-up.
- **Level 2** addresses the needs of a *group of children or youth*, such as group therapy provided at the school, after school programs, parent support groups, or mentoring.
- **Level 3** represents school-wide programs that support *all children in a school* (not just those

with mental health problems), such as school-wide Positive Behavioral Interventions and Supports, social skill classroom instruction, and mental health providers assigned to the pre-referral team at the school or behavioral support centers.

- **Level 4** provides *district-level support* for comprehensive programming including referral, assessment, school and community interventions and programming, family supports, and consistent case management and follow-up.
- **Level 5** involves *county or state initiatives* that maintain comprehensive training and technical assistance structures, referral and assessment centers, and ongoing policy and funding initiatives.

At each level, someone from the school district who is knowledgeable about the community-based SOC initiative participates. These staff develop an understanding of the purpose, infrastructure, major players, and potential role for the school district in the initiative, and act as the major communicators between the school district and SOC. (In some SS/HS initiatives, the PD fills this role; other times, a principal, school social worker, psychologist or special services coordinator serves in this capacity.)

### *The Wraparound Approach to Services*

In a successful SOC arrangement, all agencies involved, as well as the child and family, must actively participate in decision-making regarding the student's care.<sup>10</sup> To achieve this, the team develops an individualized service plan based on a *wraparound approach* to services. This approach requires that services be both individualized and child- and family-centered. In the wraparound process, a child is not simply "placed" into a pre-existing, categorical program; rather, multiple services are tailored or created and are "wrapped around" the student's individual needs and strengths.

Because of the complexity of the service delivery from various providers, and the need to individualize services for each child in a wraparound approach, a case manager or "care coordinator" can help the family access services and assist the service providers in their collaboration.

### *The Connection between Systems of Care and Schools*

Schools often struggle to meet the wide range of needs of children with emotional disorders. However, it is essential that schools are a key player in SOC. Students with serious emotional disturbances may not have the skills and supports to reach their full academic potential. Compared to students with physical challenges, students with emotional disturbances are often identified later in their school career and are more likely to be in restrictive placements and drop out of school.<sup>11</sup>

Having schools collaborate with other service providers in SOC allows them to improve service provision to students with emotional disorders. Often, schools are the primary providers of mental health services for students with emotional difficulties,<sup>12</sup> and most youth attend school, making schools a natural ally in SOC. Moreover, schools play an integral role in the prevention and treatment of youth mental health disorders. Ideally, schools can work within SOC in partnership with community agencies to provide complementary promotion, prevention, and identification, referral, and treatment services needed for children with emotional disorders.

## Part II: Linking Systems of Care and SS/HS

### The Relationship between SOC and SS/HS

SS/HS and SOC community grants are natural complements. Linking the initiatives' staff and services allows children and youth to receive integrated services in schools and from child-serving community agencies. The initiatives can include joint mechanisms for planning, developing, and coordinating these services.

SOC can directly support the work of SS/HS sites in addressing the five elements for safe schools and healthy students.

### Guiding Principles for SS/HS-SOC Collaboration

The similar goals and target populations suggest a natural affinity between SS/HS and SOC initiatives. However, because two different entities receive the SS/HS (local education agencies) and SOC (community agencies or governments) grants, the initiatives may operate in the same community without knowing the other exists.

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SS/HS Elements	Linkage with SOC
1. Safe school environments and violence prevention activities.	SOC providers value the assessment of a youth's strengths and needs across all life domains, including the basic need for a safe, secure environment. In SOC sites, they have seen a marked decrease in the number of office referrals in schools.
2. Alcohol, tobacco, and other drug prevention activities.	SOC assess substance abuse issues among youth and family members, including access to illegal substances in the family and peer group and attitudes about use.
3. Student behavioral, social and emotional supports.	The linkage between the education and mental health systems are part of a comprehensive SOC community. Often, SOC provide the intensive services that schools are not equipped to offer, then link academic life back into the individualized service and support plan.
4. Mental health services.	SOC is a mental health transformation approach. It changes the way mental health services are delivered. Mental health services are offered in a variety of collaborative approaches, including co-located services within schools, after-school programs, and supports for families.
5. Early childhood social and emotional learning programs.	SOC are increasingly focusing on comprehensive systems that have established linkages to early identification and intervention services for preschool-age children. When such systems are included in a coordinated service environment, then the need for more intensive services may be averted early on.

## Part III: SS/HS-Systems of Care Collaboration

### SS/HS Sites Working with SOC Grants

Collaboration between SS/HS and SOC may seem a daunting task. No matter how good the planning or implementation of the initiative, when you are blending two or more systems and undertaking system reform, there are bound to be challenges. Building the systems for these collaborations is a dynamic process requiring all entities to do work in very different ways. Turf issues, diminishing resources, and control issues may all surface. Staff also need to plan for and resolve issues related to confidentiality and release of information; funding; screening procedures; population mobility; and transitions in and out of the system.

To add to the complexity, SS/HS grants run for four years and SOC grants generally run for six. Because of their different life cycles, it can be challenging to maintain the level of tight coordination between the two initiatives.

Despite these obstacles, SS/HS sites have achieved great success in coordinating services between the two grants. By implementing school-based mental health programs and creating partnerships with SOC, SS/HS districts provided services to not only those children identified as having emotional disturbances, but also those who are *at risk* of emotional or behavioral disorders.

Coordinating SS/HS and SOC has many benefits. When school-based behavioral supports are combined with mental health services, outcomes include:

- Reduced discipline problems
- Improved academic functioning
- Improved school climate for all children

In some instances, there is close coordination between the projects, often with the same individuals providing vision and leadership to both efforts. SS/HS PDs should consider the following guiding principles when collaborating with a SOC grant:

- **Communication.** Have a good understanding of SOC and how they support the work of the SS/HS initiative; maintain regular contact with system partners regarding any mental health reform initiatives.
- **Consistent follow-up and data-based-decision making.** Disseminate data to the community, making connections to the collaborative work and positive outcomes.
- **Advocacy.** Routinely make information on mental health reform available to partners, highlighting success stories from other sites who have successfully implemented the SS/HS initiative in a SOC framework.
- **Committed leadership.** This work needs a “champion” on the inside who can make things happen. You can delegate resources, impact policy, and supervise the implementation of joint SS/HS-SOC initiatives.
- **Strategic Planning.** Assist the SOC with the development of a strategic plan that parallels the strategic plans of SS/HS, the school district, and other related county or state initiatives. You can accomplish this by taking a leadership role on the initiative or serving on a community coalition that will lead these efforts.
- **Perseverance.** Remember, this is hard work. It usually takes three to five years to realize this type of systemic reform. However, it is a journey well worth the trip.

## Case Studies from SS/HS-SOC Collaborations

This section details coordination of SS/HS and SOC services from the viewpoint of two 2003 SS/HS PDs who were interviewed for this guide: the SS/HS project manager from Montgomery County Schools, Rockville, MD, and the PD and coordinator of counseling psychology and community outreach services from Worcester Public Schools, Worcester, Massachusetts.

### *Montgomery County*

*Overview:* The SS/HS initiative used the universal, selected, and indicated approaches to prevention to address all students' mental and emotional health needs. SS/HS provided prevention and early intervention services to reach students at the universal and selected levels, while SOC wraparound services reached those at the indicated level in need of intensive services. In addition to providing complementary services through both SS/HS and SOC, the two initiatives co-implemented several events, including a children's mental health day and a conference on cognitive behavioral therapy as an evidence-based practice. When the SOC grant ended, the SS/HS leadership sustained the SOC wraparound approach to establish a comprehensive system that provides continuity of care for children who have received early intervention services in the community and are entering school.

### *Worcester*

*Overview:* The SOC grant focused on the needs of children who were at risk of out-of-home placement, and included a program that introduced Positive Behavior Interventions and Supports (PBIS) to schools, which is consistent with the SOC's strengths-based, child-centered philosophy. The PBIS implementation of staff position in schools was initially funded through the SOC grant and was continued with SS/HS funding when the SOC grant ended. This transition was possible because there was a great deal of staff interaction between the two initiatives. For example, all school SS/HS staff were trained on how to facilitate well-

### School-based Mental Health Clinicians

In a SS/HS-SOC partnership, it is a valuable investment to have mental health clinicians on site in schools. The on-site clinician:

1. Understands the culture of the diverse systems in the partnerships, and can help build collaboration and communication among partner agencies.
2. Provides support to school-based project staff. It is reassuring to staff to have personnel who are experienced in behavioral and emotional supports for children and families readily available.
3. Provides valuable information and training on systems, partners, and mental health issues among children.
4. Reduces the stigma that can be associated with mental health services by providing these services in a "normal" environment for children.
5. Increases the reach of mental, emotional, and behavioral health counseling and support to a greater proportion of children and families in need.

integrated wraparound meetings and write plans of care for students with emotional disturbances. With the training, coaching, and mentoring provided by SOC staff, the Worcester schools now have 40 staff who provide intensive mental health services in schools. In turn, Central Massachusetts received another SOC grant and is currently implementing programs similar to Worcester's in the region.

The two interviewed sites offered the following tips for successfully integrating SS/HS and SOC:

#### ***1. Cross-train stakeholders about each other's systems***

For SS/HS-SOC collaboration to work, you must train teachers and mental health professionals

to work as part of a multi-agency team that uses family-centered approaches, provides school-based mental health services, and implements evidence-based practices.<sup>13</sup> As a first step in a new partnership, you can cross-train SS/HS and SOC staff about each other's systems. The training should familiarize all stakeholders with each system's unique culture, including regulations, vocabulary, practices, routines, and schedules. By undergoing cross-training, all stakeholders can reach a common understanding of what the parameters of service will be. The second phase of training should focus on teaching SS/HS staff the principles, values, infrastructure, and service delivery models that comprise SOC.

Dedicating resources to teaching staff different system's cultures and procedures can quickly pay off in better work flow and fewer misunderstandings. In Worcester, for instance, staff identified the barrier of system-specific language and practices between schools and mental health providers early on, and factored in time to navigate these different systems and practices as a valuable tool to support collaboration. They also planned to debrief often about what works in the collaboration and what remains a challenge. In the words of the project director, "Whenever you bring together systems, you should not underestimate the complexity in understanding why people do the things they do. We all have our own ingrained procedures, language, assumptions. We get in the groove and operate according to those. If you're going to have a seamless, effective system of services, you need to get past some of those barriers. . . If we can process after the fact with people, we can understand why people do what they do."

## **2. *Develop a common approach to problem solving***

In Montgomery County, leaders developed a common, cross-agency problem-solving process called the *collaborative action process*. They used this process in schools, human services, and throughout the SS/HS-SOC partnership. By formulating care plans in the same way using the same vocabulary, collaboration became easier.

A great asset for Montgomery when linking education and mental health in SOC was having a *system navigator* or *cultural broker* from the education system. This person understands schools and how mental health supports educational outcomes, and can communicate that message to many different audiences. S/he also sees the value in acknowledging the history of the two systems in that community; leads efforts to correct any misunderstandings or bad feelings; and is an important link in developing trust between the two systems.

## **3. *Hire a family service coordinator to create family and professional trust***

One school district established a parent liaison position within the school department, staffed by the parent of a child with an emotional disturbance. The parent liaison was responsible for contacting families whose children had been referred for wraparound programs. She set up all communication regarding the child and family's supports and services and facilitated meetings between the school, mental health agencies, and other agencies.

The family service coordinator can:

- Build trust with the family
- Bring all parties together to create a care plan
- Support the family as a decision-maker through the individualized service plan process
- Perform follow up
- Track outcomes

Parents relate to family service coordinators because they share common experiences. As a result, families connect with the SS/HS-SOC and become more engaged, and relationships between enrolled families and providers are more collaborative.

## **4. *Keep your eyes on the prize***

When facing the inevitable challenges in SS/HS-SOC collaboration, try not to get hung up in any

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one agency's agenda and remember to stay focused on the ultimate goal: helping children. Keeping children and their families involved in every step of program planning, implementation, and evaluation helps keep the needs of children at the forefront of the work.

## **Conclusion**

SS/HS and SOC initiatives can complement and enhance the other to deliver comprehensive mental and emotional health services to all students.

Historically, several SS/HS initiatives have enjoyed positive results and sustained programs by linking services with SOC. As the paradigm of mental and emotional health care for youth evolves, SS/HS can be on the forefront of serving students by working closely with SOC partners.

This prevention brief was developed by American Institutes for Research on behalf of the National Center for Mental Health Promotion and Youth Violence Prevention.

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## Additional Resources for Further Exploration

### Publications

Way to Go—School Success for Children with Mental Health Care Needs: A Report by the Bazelon Center for Mental Health Law

Promising Practice Series in Children’s Mental Health

### Federal Government Information Source

Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

### Additional Websites and Organizations

National Technical Assistance Center for Children’s Mental Health

Research and Training Center for Children’s Mental Health

Research and Training Center on Family Support and Children’s Mental Health

Statewide Family Networks Technical Assistance Center

Technical Assistance Partnership for Child and Family Mental Health

National Wraparound Initiative

Federation of Families for Children’s Mental Health

National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program

## Notes

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