

Bringing Systems of Care to Scale: *Report of the System Change Workgroup*

**Prepared for the Council on Collaboration and Coordination,
Child, Adolescent, and Family Branch,
Center for Mental Health Services**

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February 23, 2009

Background and Purpose

Since the concept of systems of care for children and youth with serious emotional disturbances was first introduced and written about (Stroul & Friedman, 1986), there has been significant growth in such systems around the country. Increasingly, research and evaluation studies from the Federally funded system of care grant program have indicated that children, youth and families benefit from participating by improving their emotional well-being and behavioral functioning, improving school performance, reducing contacts with law enforcement, and reducing their use of inpatient care (SAMHSA, 2008).

Despite the progress that has been made, a national survey of a representative sample of counties has shown that many counties across America have yet to have the opportunity to benefit from implementing a system of care (Friedman, 2008). Given the demonstrated effectiveness of systems of care as one important part of a multi-faceted approach to improving services and systems for youth and their families, and given the absence of such systems of care in many communities, an important next step in children's mental health is to expand the reach of systems of care by bringing them to scale so that they exist in every county and tribe in the country.

In response to this important goal, the Council on Collaboration and Coordination of the Child, Adolescent, and Family Branch (CAFB), Center for Mental Health Services (CMHS) established a workgroup with the charge of developing a blueprint for expanding systems of care so that they exist in all communities throughout the country. The Workgroup held several meetings, reviewed existing material, and gathered information about efforts to bring other human service interventions to scale. This report presents the conclusions that the Workgroup has drawn from its efforts, and offers recommendations for next steps.

Through the systems of care grant program, which has been in operation since 1993, communities and tribes, through a competitive grant process, can apply to receive six years of funding to build on their existing infrastructure and create an effective and sustainable service delivery system for children, youth, and families. Since its inception, this grant program has

impacted nearly 22% of the nation's 3,177 counties, parishes, boroughs, independent cities, geographical census areas, geographic regions, and the District of Columbia, and has served over 90,000 children and youth. Grants have also been given to 15 federally recognized tribes. The Federal grant is also intended to assist in the development of a local and state partnership that contributes to the expansion of systems of care state-wide, although this has been a more recent focus of the program and the extent to which this goal has been achieved has not yet been systematically studied.

As part of this effort, the CAFB contracts with organizations to provide technical assistance and evaluation. One particular area of technical assistance relates to social marketing, which provides support to efforts such as National Child Mental Health Awareness Day, and to individual grantees to help them develop and implement their own local social marketing efforts. Each of the grantees is required to include social marketing as a part of their work effort, along with their service delivery and evaluation activities. These efforts, while primarily focused within individual communities rather than at a state level (except in those instances where the grant serves the entire state) provide an important foundation for bringing systems of care to scale.

Conceptual Framework

The Workgroup believes that bringing systems of care to scale is both a social marketing and implementation challenge.

- The social marketing aspect is reaching critical audiences around the country so that they appreciate the seriousness of children's mental health problems, understand the effectiveness of evidence informed, culturally and linguistically competent interventions, and adopt systems of care as an important approach to addressing these problems.
- The implementation challenge is the technical aspect of actually assisting communities, states, and tribes, once they have decided that they would like to develop systems of care; this challenge requires that implementation be done in a way that results in positive outcomes for children and youth with mental health challenges and their families, and that systems of care are developed throughout the state.

This report will first discuss the social marketing aspect and then the implementation challenge.

Addressing the Social Marketing Challenge

The Workgroup is strongly committed to the importance of developing a vigorous and effective social marketing campaign. In keeping with state of the art social marketing practice, the Workgroup has agreed that the message it wishes to get out is first (1) a statement of the

problem that must be dealt with, and then (2) a statement of proposed solutions that will have a positive impact on the problem.

The Workgroup has decided that the primary message to get across to audiences across the country about the problem is that ***mental health challenges for children, youth and their families represent an urgent problem*** that affect young people in their early years and often extend into their adult years. ***This urgent problem does not discriminate and adversely affects all communities and ultimately the entire nation.*** As part of the statement of the problem, the Workgroup has gathered statistics about the scope and seriousness of the problem, comments from distinguished leaders, and concrete examples of how children, youth, and families are affected.

The Workgroup recognizes that there is no one way to frame the problem, or to emphasize its urgency. The particular framing of the problem will be dependent upon the audience that is being addressed. For example, if the audience is *state policy-makers*, then the framing of the problem may focus heavily on the financial cost of the problem to the state, its impact on a range of systems under state control, and the cost-benefits of intervening effectively. If the audience is *families or faith-based leaders*, then the message may focus more on the devastating impact that the problem has on youth and families, and the moral problem of our failure to provide people in great distress with access to care that is known to be effective. If the audience is *business leaders*, then the message may focus on the impact of these problems on employees, and on productivity. If the audience is members of *underserved or marginalized populations*, then the message may focus on the opportunity for better access to services and higher quality of services with this approach. The message always needs to address the cultural and linguistic contexts of the intended audiences. Important steps in developing a social marketing plan are to identify the key audiences for receiving a message, develop messages that are specifically targeted for each of the key audiences, and implement strategies to reach these audiences.

Although there is no single message to convey to all audiences, the Workgroup has developed a beginning list of present conditions that indicate the urgency of the problem, should elicit outrage that they exist, and motivate action to address the situation. The list, similar to the list presented by Blau recently (2008), is as follows (Friedman, Paulson, & Best, 2008):

Prevalence

- The high prevalence of mental health challenges in children with about 10% of children having a serious emotional disturbance, and 20% of children having a diagnosable mental disorder;

- The onset for 50% of adult mental health challenges is by age 14, and for 75% of adults it is age 24, and yet very little resources are devoted to children and their families;
- The high rate of suicide and depression in young people, with suicide being the third leading cause of death in individuals in the 15-24 year age group, and approximately one in five adolescents and young adult students having suicidal ideation every year;

Access and Resources

- The lack of access to care and the high level of unmet need;
- Despite the recognition of the importance of prevention and early identification, only scant resources are being applied to these important areas; problems are allowed to become more serious before any attention is paid to them;
- Children from marginalized racial and ethnic minority groups and their families are especially unlikely to receive access to effective services consistent with their cultural beliefs and values;

Parental Rights and Responsibilities

- Parents are still being blamed too often for the problems of their children, their views are not being adequately respected, and they are not being fully involved in decision-making either at the system level, or with their own children;
- In some communities, parents still have to relinquish custody of their children in order for their children to receive needed services;

Receipt of Appropriate Services

- There remains a strong stigma around mental health challenges that deters people from seeking help;
- The desperation of parents is being exploited by some for-profit residential providers who market their services directly through the internet and through educational consultants, and often provide low-quality, if not abusive, services;
- There is an enormous discrepancy between what is known to work, and actual practice in the field;
- The failure to provide cost-effective services and supports not only affects the functioning of children, youth, and families but also has a negative economic impact on communities, systems, tribes, and states, and leads to increase in use of restrictive levels of care in mental health, child welfare, juvenile justice, and education.

The Workgroup has also gathered information on strategies that offer solutions to the problem of mental health challenges for children, youth and their families and the positive outcomes that are realized. This includes examples of successful systems of care across the country (both funded and not funded by the grant program) along with information about successful statewide efforts at system transformation, and at bringing discrete effective programs to scale in a state. ***The ultimate goal of the social marketing campaign is to convey a message that inspires many to work toward change.*** While there is an urgent problem to be addressed,

there is reason for hope and optimism based upon successes achieved in a large and diverse group of communities and tribes across the country.

The Workgroup has a strong commitment to the establishment of local systems of care as a major part of the solution to the problem. However, the Workgroup recognizes that there are other components to the solution and believes that it is important to be inclusive in presenting solutions so that as much support as possible can be gathered from key audiences for this national effort.

In this regard, the Workgroup believes that the effort to bring systems of care to scale requires strong and effective partnerships with key organizations and stakeholders. The Workgroup particularly has recognized, with input from the CAFB, that the partners involved in National Children’s Mental Health Awareness Day represent natural partners who already have expressed their concern about this problem. The Workgroup believes that an important part of the social marketing effort has to be to develop as large a “sales force” as possible to communicate the messages to key audiences, and that such a sales force should come from within the system of care communities, the broader mental health advocacy community (e.g., Mental Health America, the National Alliance for Mental Illness, and the National Federation of Families for Children’s Mental Health), and from stakeholders in the corporate, religious/faith-based, social justice, professional, service, and broader child advocacy fields.

In his plenary address to the Child Mental Health Training Institutes in Nashville in July, 2008, CAFB Chief Gary Blau gave a compelling description of the urgency of the problem, emphasized the importance of systems of care as a critical aspect of the solution, and enlisted the audience to be part of a sales force to help bring systems of care to scale. The task now is to follow up on the challenge issued in this address.

Identifying the priority audiences for the social marketing campaign is a critical next step. The Workgroup has already begun the development of a long list of potential audiences, which needs to be prioritized. Following the prioritization, meetings can be held with representatives from the key audiences to get their perspective on how this issue most affects them, what is in it for them to be involved, and what messages and messengers might be most effective in reaching them. This could then be followed up with the identification of key messengers, the development of appropriate messages, and the identification of tailored marketing strategies for each audience.

The foundation for some of this already exists as a result of the social marketing efforts of CAFB to date, particularly associated with the partnership development efforts of National Children’s Mental Health Awareness Day. However, the focus of the work has primarily been on service

sectors such as child welfare, juvenile justice, and education who are partners in the system of care. A broader list of potential audiences could include the following, for example:

- State legislative leaders;
- Leaders from the primary health care field;
- Local and county government leaders;
- Juvenile and family court judges;
- Schools and school systems;
- Businesses, and organizations representing businesses;
- Colleges and universities;
- Family and youth organizations within the mental health arena;
- Advocacy organizations within the mental health arena;
- Family, youth, and advocacy organizations with a broader focus than mental health, such as the Children’s Defense Fund, Child Welfare League, Urban League, etc.;
- Religious and faith-based leaders;
- Leaders in the executive branch of states, including governors and agency heads of mental health, education, juvenile justice, and child welfare;
- Leaders of other related service sectors, such as substance abuse, developmental disabilities, vocational rehabilitation, law enforcement, labor, and recreation;
- Civil rights, social justice, and culture-specific advocacy organizations;
- Service organizations such as the Junior League, Rotary, and 100 Black Men.

While the system of care movement has been relatively aggressive in reaching out to other service sectors related to children’s mental health, and to family, youth, and advocacy groups within the mental health arena, the efforts to reach other audiences on this list have been more sporadic. This stands in contrast, for example, to the family preservation movement of the late 1970s and 1980s where the Edna McConnell Clark Foundation gave modest grants to multiple organizations in order to have the issue of family preservation on their agenda. Grants were given to such groups as the National Governors’ Association, National Conference of State Legislatures, American Public Welfare Association, and the National Council of Juvenile and Family Court Judges, for example, resulting in significant expansion of family preservation services.

Crutchfield and Grant (2008), in a national study of non-profit organizations that have had significant impact beyond the direct service that they provide, have emphasized the importance of marketing. They indicate that most high-impact non-profits have not only created ways for many people to engage with their organization and their mission, but through providing the right types of experiences have converted volunteers into “*passionate evangelists*” or ardent champions for their cause (p. 102). They promote the use of “*experiential marketing*,” which they say goes deeper than traditional communication techniques and involves creating

powerful interactive experiences with a product, or a service, or a need. Such experiences can produce an understanding of an issue at an emotional level, and not just at a more abstract, intellectual level, and can result in heightened commitment to a cause. An example that they offer is when volunteers help build a house, through Habitat for Humanity, they get to experience what this means to a family when it takes occupancy of that house.

The Workgroup concludes that the development of a broad-based social marketing plan is key to bringing systems of care to scale. The challenge ahead is to identify the priority audiences, conduct research to determine the most compelling messages and strategies, and effectively implement the plan. Accordingly, specific recommendations are provided in the recommendation section below.

Addressing the Implementation Challenge

The Workgroup recognizes that reaching and engaging key audiences is only part of the challenge. Another part is implementing effective solutions to address the urgent problem. The Workgroup acknowledges that there are effective responses to the problem that have been demonstrated in communities and tribes across the country. However, these successes are not achieved easily or quickly, and require assistance. Further, not all communities, tribes, and states that have attempted to establish a system of care have been successful in that endeavor. This underscores the importance of the implementation challenge.

A recent article by Bruns, Hoagwood, Rivard et al., (2008) highlights the implementation challenge. Although the article deals with evidence-based practices (EBPs) rather than systems of care, the same conclusions seem to apply to systems of care. After reviewing efforts to bring EBPs to scale, the authors indicate that there is *“no single pathway to successful adoption of EBPs,”* (p. 499), and that *“there is little research or even theory on what state-or large jurisdiction-level approaches hold the most promise”* (p. 499). The Workgroup believes that these conclusions are accurate not only for EBPs but also for broader system level interventions, such as systems of care.

However, although there are no simple answers, there are lessons to be learned from prior efforts. For example, Rosenheck (2001) identifies four components of bringing about large-scale and pervasive change. These are:

- Construction of leadership coalitions;
- Linkage to widely endorsed goals and values;
- Development of communities of practice;
- Measurement of implementation fidelity and outcomes.

Drake, Becker, Goldman et al. (2006), who studied supported employment, offer a set of five state level best practices:

- Collaborative state-level administrative oversight;
- Longitudinal training to fidelity criteria;
- Outcome-based supervision;
- Problem-solving by local experts;
- Selection of intervention sites based on motivation.

Stroul (2006), and Stroul and Manteuffel (2007) studied the related issue of sustainability of federally-funded systems of care after federal grant funding had ended. This study identified a number of lessons regarding sustainability:

- Establish a strong link between local systems of care and state agencies;
- Engage top policymakers and system administrators;
- Incorporate the system of care approach into written plans and policies;
- Understand and create partnerships with other child-serving systems;
- Involve and strengthen family advocates and family organizations;
- Use outcome data and personal stories to advocate sustaining systems of care;
- Conceptualize grants as part of a large state strategy for system of care development;
- “Refinance” system of care grants from the outset with multiple funding streams;
- Collaborate with the state Medicaid agency;
- Cultivate leaders and champions to “carry the mantle” over time;
- Incorporate key elements of systems of care into contracts with providers;
- Implement mechanisms to pay providers for interagency coordination and individualized service planning processes;
- Use effective social marketing approaches to disseminate information and garner support for systems of care;
- Use the first year of Federal grants for implementation and sustainability planning;
- Use multiple strategies for sustainability;
- Provide extensive training on systems of care and service delivery;
- Adapt to changing circumstances;
- Learn from the experience of graduated system of care communities (Stroul, 2006).

The Transformation Workgroup of the CCC studied the issue of how to maximize the impact of the system of care grant program (Transformation Workgroup, 2005) through a national survey of key informants from various stakeholder groups. The highest rated item on this survey had to do with changes in the financing of mental health services (particularly Medicaid) so that adequate coverage was provided for the individualized home and community-based services that are the hallmark of systems of care. The Transformation Workgroup also identified the

support of family and advocacy organizations as a high leverage strategy. The findings of this study are consistent with the focus on developing broad-based leadership with strong champions for the cause that others, such as Rosenheck (2001) and Stroul (2006) mentioned, and with Blau's call for system of care ambassadors to help carry the message to new people and new places (Blau, 2008).

Kotter (2007) offers eight steps to transforming an organization, based on his experience in the business world. These are:

- Establish a sense of urgency;
- Form a powerful guiding coalition;
- Create a vision;
- Communicate the vision;
- Empower others to act on the vision;
- Plan for and create short-term wins;
- Consolidate improvements and producing still more change;
- Institutionalize new approaches.

Kotter's eight step approach clearly addresses social marketing and implementation elements of going to scale. This reinforces the notion that both components are an essential part of any successful effort to go to scale.

A new book ("*Forces for Good*") presents results from a national study of strategies that non-profit organizations have used to enhance their impact (Crutchfield & Grant, 2008). Overall, they indicate that, "*Being an extraordinary nonprofit isn't about building an organization and scaling it up. It's not about perfect management or outstanding marketing or having a large budget. Rather, it's about finding ways to leverage other sectors to create extraordinary impact. Great nonprofits are catalysts; they transform the system around them to achieve greater good*" (p. 207). Crutchfield and Grant identify six strategies that highly successful nonprofits have used to leverage their impact:

- Work with government and advocate for policy change, in addition to providing services;
- Harness market forces and see business as a powerful partner, not as an enemy to be disdained or ignored;
- Create meaningful experiences for individual supporters and convert them into evangelists for the cause;
- Build and nurture nonprofit networks, treating other groups not as competitors for scarce resources but as allies instead;
- Adapt to the changing environment and be as innovative and nimble as they are strategic;

- Share leadership, empowering others to be forces for good (p. 6).

The Workgroup, while not conducting an exhaustive review of the literature and field experience around bringing system-level interventions to scale, has examined a number of successes across the country. It has noted, for example, that more and more states are establishing an infrastructure for change that includes a strong intermediary organization to work with local communities. Such is the case, for example, in California with the California Institute of Mental Health, in Ohio with the Centers of Excellence, and in Indiana and Wisconsin, where successful systems of care have been asked to provide technical assistance statewide.

Similarly, at the program level, it has been noted that to expand evidence-based programs broadly with high fidelity requires intermediary organizations. The Positive Behavioral Intervention and Support Program (PBIS) in Illinois is striving to achieve state-wide implementation (Illinois PBIS Network, 2008), and has developed a strategic plan to help achieve this goal. The support network for this effort includes one state director, four coordinators, and 20 professionals who provide coaching and mentoring to school sites across the state. This reflects the commitment of Illinois to PBIS, and the recognition that an infrastructure of support is needed if substantial progress is to be made. The importance of implementation overall has been identified by the National Implementation Research Network (Fixsen, Naoom, Blase et al., 2005), which has offered a framework for viewing the important challenge of implementation.

As systems of care have progressed, they have placed an increasing emphasis on evidence-informed care and data-based decision-making. While this has always been a part of systems of care, it has progressed in very important ways since the mid-1980s, and is a significant contributor to the improved results that the research shows about systems of care. Also, there has been growth in the focus on practice-based evidence and community-defined evidence of effective interventions that may not have received the scrutiny of the scientific community.

An additional development has been the growth of systems of care designed to serve populations of children other than those with serious mental health challenges, such as children who are in the child welfare or juvenile justice system. Of particular note is the movement to create recovery-oriented systems of care for adolescents and young adults with substance abuse problems. These developments have created an opportunity to expand the network of sectors and agencies involved in helping children and families from a similar value base and data base to the development of truly integrated community systems.

The Workgroup has also taken note of recent research on what makes systems of care effective. This research emphasizes the importance of such factors as a strong set of values and

beliefs, a clear guiding theory of change, the collection and effective use of relevant information on system performance, and the integration of each of the components into a cohesive whole (Hodges, Friedman, & Hernandez, 2008). Examples of effective financing strategies and performance measurement systems and theories of change all exist; one of the challenges is to transmit information gained from these examples, and offer the technical assistance that is needed to effectively implement this information so that the successful experience of others can benefit more and more communities.

Technical assistance, which has had a strong impact on the development of effective systems of care since 1984, is an essential component for supporting this effort of bringing systems of care to scale. New efforts are currently under discussion to develop a technical assistance strategy, based on field experience and empirical findings, to bring systems of care to scale statewide in a small number of pilot states. Still in the planning stage, this approach proposes that a technical assistance team would work both intensively and strategically with a team of state and local leaders from system of care sites, including families and youth, to implement *what it would take to bring systems of care to scale statewide* in that state.

As the children’s mental health field moves toward the adoption of a public health model, there are well-developed tools for screening and early identification of children in need, and there are well-tested preventive interventions. Yet the discrepancy between that which is known to be effective and that which is applied in practice is substantial. Again, part of the implementation challenge is effectively transmitting information to key audiences about what works at the practice and system levels, and then applying or adapting what works to a local context. This may be particularly important as the focus on children and youth with serious mental health challenges (sometimes called “children with a special way,” or “sacred children” in tribal communities), expands to all children and youth through the application of a public health model.

The traditional approach to advancing practice in mental health has been through the development of effective programs, followed by efforts to disseminate them in a top-down way to communities around the country. In some cases this effort involves a voluntary partnership between a purveyor/developer of a particular program, and providers and/or policy-makers in a particular community. In other instances, this effort involves a mandate imposed either by the executive or legislative branch of government at the state level. A complementary approach is building the capacity of communities, tribes, and states to identify their own needs and strengths, and to craft their own solutions to the problems. Such a capacity-building approach to addressing pressing problems at the local level, such as the mental health needs of children, youth, and their families, has the potential for producing innovative and culturally competent interventions.

The technical issues involved in implementation, given that a social marketing campaign is successful, are substantial, and there is much to be learned about the approach that should be taken. However, there are lessons from successful endeavors around the country, both within the system of care community and outside of it, that should be of great help, and the important new knowledge that will be developed through the process of working with states and tribes will provide additional value to this entire effort.

Summary and Recommendations

The Workgroup has concluded that there has been a growth in social marketing efforts recently, and there are significant marketing efforts underway in system of care grant communities across the United States. While these social marketing efforts are very positive and offer an important foundation for further work, there are as yet no strong ongoing efforts being undertaken nationally with all of the key audiences identified within this report. The Workgroup also concluded that there is no single approach that has been demonstrated to be most effective in leveraging all of the good work that has been done in recent years in children's mental health to enable systems of care to be brought to scale. However, the general consensus in the literature and in the field supports the need for an integrated approach that brings together a strong social marketing campaign with a sophisticated understanding of what it takes to actually implement effective systems of care in diverse communities in order to have successful systems of care in every community in the country.

As a result, the Workgroup recommends a strategic and ongoing effort, supported with the necessary resources, to bring systems of care to scale. The Workgroup identified critical factors addressing the challenges of both social marketing and implementation, and recommendations to bring systems of care to scale.

Social Marketing

Critical factors:

- The identification and prioritization of **key audiences** to receive messages about the importance of children's mental health challenges;
- The development of **powerful messages** targeted towards these key audiences, that highlight the urgency of the problem and the consequences of its neglect, and showcase powerful solutions. The aim is to create passionate supporters filled with hope and optimism that something meaningful and important can be done to improve services and systems for children with mental health challenges and their families;
- The development of **action-oriented partnerships and coalitions** of strong leaders from multiple organizations to serve as a "sales force" for bringing systems of care to scale and to enhance the credibility of these powerful messages;

- The inclusion in the messages about the mental health needs of children, youth, and families, of the **effectiveness of systems of care** as one important part of the solution to this urgent problem;
- The effective **dissemination** of these messages, using multiple outreach strategies, and messengers with special credibility for each of the key audiences.

Recommendations:

1. Develop a list of key audiences to receive a message about the urgency of children’s mental health challenges, and the availability of responses, such as systems of care, that can help address the problem. This list should be prioritized in importance based on the likely impact that each audience can achieve.
2. Develop powerful messages to target each of these key audiences, based on input from representatives of the audiences, and best practices in social marketing.
3. Develop a national coalition of individuals and organizations – a “sales force” – to offer support for this effort. This coalition should include mental health advocacy and family organizations but should go beyond these groups to reach out, for example, to the business and faith-based communities.
4. Develop and implement outreach strategies to effectively communicate the messages to the key audiences that have been identified.

Implementation

Critical factors:

- The continued **development and refinement of knowledge** about effective systems of care and strategies to support implementation, sustainability, and expansion of such systems, and about strategies for leveraging their good work to enhance their impact;
- Expanded assistance to state, tribal, and local entities through **targeted technical assistance** initiatives directed at supporting statewide and tribal implementation of systems of care;
- The **support of intermediary organizations** to assist local communities in developing and implementing their solutions to this problem.

Recommendations:

1. Develop enhanced technical assistance efforts on this issue, to include a Policy Academy specifically on bringing systems of care to scale within states and tribes.
2. Continue to gather information about successes in addressing this urgent problem, and strategies for bringing local successes to scale.
3. Develop targeted technical assistance for key stakeholders at state, tribal, and local levels to assist them in developing and implementing strategies to address their needs with respect to children’s mental health, with a particular focus on sustaining existing systems of care and expanding systems of care statewide;

4. Disseminate information on strategies for going to scale to key audiences involved in policy development at the local, tribal, and state level, at the same time as providing these audiences with technical assistance in developing their own strategies for addressing this urgent problem.
5. Given the differences in governance and political structures in tribal communities, consider preparing a supplement to this report that focuses on going to scale in tribal communities;
6. Assess progress that is being made and lessons that are being learned on an ongoing basis, and use this information to guide direction at the federal level, to assist local and state entities in their efforts, and to expand knowledge in this important field.

In summary, the CCC Workgroup recommends the development and operationalization of a comprehensive plan for marketing and implementation approaches to bring systems of care to scale. The plan would identify the organizations and partners responsible, timelines, resources necessary, and would:

- Include a comprehensive social marketing plan;
- Expand the network of partners involved in promotion of children’s mental health issues and adoption of system of care values and principles;
- Continue the development of new knowledge about how to best leverage existing resources and implement effective solutions; and
- Offer technical assistance and the best available information to assist local, tribal, and state entities in their efforts to bring systems of care to scale.

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