



NEW YORK STATE CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS, INC.

An Affiliate of the New York State Association of Counties

41 State St., Suite 505, Albany, NY 12207 (518) 462-9422 FAX (518) 465-2695 E-MAIL: clmhd@clmhd.org www.clmhd.org

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Dear Colleague,

The NYS Conference of Local Mental Hygiene Directors, Inc. is pleased to present the attached briefing paper entitled: **Systems of Care: Promoting the Accountable and Effective Use of Resources for Children Youth and Families with Complex/Cross-systems Needs.**

In these difficult economic times, it is imperative that NYS implement models of care that have been proven to reduce spending and conserve resources through locally controlled services and supports. Our paper discusses how the implementation of an integrated system of care at the County level not only saves money but also improves outcomes for children and their families who are challenged by a mental illness, developmental disability and/or chemical dependency issue.

Systems of care are about ensuring the array of necessary and appropriate services and supports and facilitate the implementation of evidence-based and evidence-informed approaches, ultimately, **system of care work is about transformation.** It is about collaboration to facilitate the change necessary so that all systems, services and people who work on behalf of New York State's children and families are committed to these values and are actively engaged in activities that move their policies, procedures and actions into alignment with them.

Ten counties in New York State have been awarded grants from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to develop Systems of Care in their communities and the results are impressive. The time has come to expand Systems of Care Statewide.

The responsibility to children and families in our counties rests with all of us, not with a single system or person. The Conference looks forward to collaborating with you to discuss the briefing paper and working together on this important project.

Sincerely,

Philip R. Endress
LCSW, ACSW

Kathleen C. Plum
Ph.D., RN

Kelly A. Hansen

NYS CONFERENCE OF LOCAL MENTAL
HYGIENE DIRECTORS, INC.

Briefing Paper



SYSTEMS OF CARE

**PROMOTING THE ACCOUNTABLE AND
EFFECTIVE USE OF RESOURCES FOR
CHILDREN, YOUTH AND FAMILIES WITH
COMPLEX/CROSS-SYSTEMS NEEDS**



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Systems of Care
Promoting the Accountable and Effective Use of Resources
for Children, Youth and Families with Complex/Cross-System Needs

Introduction

The New York State Conference of Local Mental Hygiene Directors (“Conference”) is established in conformity with requirements in Article 41 of the New York Mental Hygiene Law. Its membership consists of the commissioner/director of each of the state’s 57 county mental hygiene departments and the mental hygiene department of the City of New York. The primary purpose of the Conference is to advance state and local policies, practices, laws, regulation and funding that ensures comprehensive, integrated and cost-effective systems of care which meet the needs of those persons, and their families, affected by mental illness, developmental disability and/or chemical dependency.

A longstanding activity of the Conference has been to support knowledge dissemination and offer technical assistance in priority areas of focus as determined by their membership. Prompted largely by the changing economic climate in NY State, in 2010 the Children and Families Subcommittee selected the development and implementation of integrated systems of care for children with serious emotional/behavioral challenges and their families as a priority.

With the impending changes to the state political landscape, the Conference has developed this summary document to introduce the system of care concept, provide rationale for its use and set forth recommendations and ideas for consideration by the new Administration.

What is a System of Care?

Across NY State and the country, the term “system of care” has been used to describe an array of initiatives that strive to improve the coordination and integration between providers and systems with the intent of improving outcomes.

Within child and family serving systems, the term system of care has a more focused definition which has its roots in the 1984 Child and Adolescent Service System Program (CASSP), the first Federal program organized to more holistically address children’s mental health. With this foundation, the term system of care has often been associated with those programs and communities funded through the Comprehensive Community Mental Health Services for Children and their Families Program (Children’s Mental Health Initiative or CMHI), a cooperative agreement administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) that has been awarded to 10 NY State communities (Mott Haven, Westchester County, New York City, Albany County, Erie County, Monroe County, Chautauqua County, Nassau County, Orange County, and Onondaga County) beginning as early as 1993.

According to the most recent issue brief prepared by the National Technical Assistance Center for Children’s Mental Health (2010), “A system of care is: A spectrum of effective community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life” (Stroul et al, p. 6).

Most recently, the communities funded through the CMHI have worked together in partnership with representatives from other counties and NY State to craft a system of care definition that articulates the intent of systems of care for children, youth and their families within NY State:

System of care is an approach to collaboration and coordination across systems, communities, agencies, families and youth that promotes the physical, emotional, intellectual and social wellness of children and youth across the lifespan. In partnership with youth and families, a system of care creates a coordinated network of services and supports that is characterized by multi-system sharing of resources and responsibilities. Within systems of care, systems, service providers, and natural supports join with families and youth to develop an integrated and individualized plan to address identified needs, under the concept of “one family, one plan.” A system of care embraces the values of family-driven, youth-guided, community-based, individualized, least restrictive, and is culturally and linguistically competent (NYS System of Care Steering Committee, 2010).

(For further information about the core values embedded within this definition, please see Appendix A.)

While systems of care are about ensuring the array of necessary and appropriate services and supports and facilitate the implementation of evidence-based and evidence-informed approaches, ultimately, **system of care work is about transformation**. It is about collaboration to ensure the change necessary so that all systems, services and people who work on behalf of New York State’s children and families are committed to these values and are actively engaged in activities that move their policies, procedures and actions into alignment with them. It is about collaborating across systems and traditional funding silos to maximize the investments of each and ensure higher return on investment. ***The responsibility for this effort rests with all of us, not with a single system or person.***

What do systems of care look like in NY State?

State Level Activities

For many years New York State has committed to these values and approach. Within NY State there exists significant infrastructure to support the system of care concept. As early as 1977, Governor Carey established the Council on Children and Families (as Chapter 757 of the Laws of 1977) which is authorized to coordinate the state health, education and human services systems as a means to provide more effective systems of care for children and families. The Council is intended to be a neutral body within state government capable of negotiating solutions to interagency issues (Council on Children and Families, *About Us*).

Beginning in 1993, the Coordinated Children’s Services Initiative (CCSI) was conceptualized. CCSI created a three-tiered structure that includes a local direct practice level, a county cross-system leadership level and a state cross-system leadership level. The initiative embraced the CASSP principles and began to operationalize these concepts into practice across NY State. In 2002, Governor Pataki signed the CCSI into law which codified the concept, “The purpose of this section shall be to establish a coordinated system of care for children with emotional and behavioral disorders, and their families, who require assistance from multiple agency systems...Such system of care shall provide for the effective collaboration among state and local health, mental hygiene, education, juvenile justice, probation ... and other human services agencies directed at improving outcomes for children with emotional and/or behavioral disorders and their families...” (Article 10-c Social Services Law, section 483-c). CCSI requires the establishment of a state level team (Tier III) who is charged with identifying “system level solutions to meet locally identified needs” (Council on Children and Families, *Welcome to the Coordinated Children’s Services Initiative*).

In December 2007, the Council on Children and Families together with the Commissioners of the New York State Office of Mental Health, Office For People with Developmental Disabilities, Department of Probation and Correctional Alternatives, Office of Alcoholism and Substance Abuse Services, State Education Department, Department of Health, Commission on Quality Care Advocacy for Persons with Disabilities and Office of Children and Family Services convened a two-day meeting to “to agree on actions each of [their] agencies could take to better serve children, youth and families by improving access to services and supports; ensuring quality coordinated services and supports from a qualified workforce; and by collaborating to eliminate service barriers between each of our systems” (Benson et al, p. 1). In October 2008, these same agencies worked to develop *The Children’s Plan: Improving the Social and Emotional Well Being of New York’s Children and Their Families*. The Children’s Plan is premised on the CASSP principles (Children’s Plan, p. 3) and sets forth a number of priorities that are consistent with the system of care definition and values. Specifically The Children’s Plan identifies the following themes and strategies:

- “Every action should strengthen our capacity to engage and support families in raising their children with emotional health and resilience” (p. 16) with an associated strategy to “increase meaningful family and youth participation in planning and policy-making...” (p. 17).
- “The right service is available at the right time in the right amount” (p. 18) with the strategy to move forward identified as “strengthen partnerships between the mental health community and all child-serving systems...” (p. 20).
- “One Family, One Plan: Ensuring integrated and effective services and supports” (p. 21) by “Ensuring that each child and their family receives services as a unique family, with ONE unique plan...” (p. 22).

This group has continued to convene quarterly and a second group of the participating agencies’ Senior Staff has met every six weeks to work to develop joint solutions to address the needs of children, youth

and families within NY State. As these activities and the Children’s Plan reflect, embedding system of care values and principles into our work is necessary in order to effectively address and respond to the needs of New York State’s children and families. Historically, New York State leaders have clearly recognized the value of working collaboratively in realizing benefits both for children and families and for the taxpayers in the state as have leaders at the local level.

The New York State Children’s Plan and the Commissioners’ Committee on Cross-Systems Services for Children and Youth are critical activities toward statewide implementation of systems of care.

Local Level Activities

In addition to the state level activities, several communities in NY State have engaged in significant efforts to promulgate system of care values at the local level. Of primary importance to implementation efforts locally is the presence of a **community-level interagency team**. This team includes representatives from the various child-serving systems alongside families, youth and other community members who are collaboratively engaged in discussions and decision-making about the network of services and supports offered to families. In Orange County, NY the system of care has a governance structure that consists of two inclusive bodies, the Full Partnership and the Coordinating Council. Both groups meet monthly and include families, youth, cross-system and agency representatives who work together to strengthen their community’s system of care, and to plan, develop, and

evaluate services and supports for the children and youth with social, emotional and behavioral challenges in their community. Orange County offers one example of a cross-system oversight team that can be found across the state in communities attempting to improve their coordination and ultimately their outcomes for children, youth and families.

Another way the local communities are working toward system of care values is through the **development of services or programs that are integrated** in nature. In Monroe County, NY the leaders of the child welfare, mental health and probation departments worked together to create the Youth and Family Partnership, an integrated approach to care coordination for young people who are involved with these systems and at-risk of out of home placement. The same leaders worked to simplify access to intensive services within the community by creating a centralized entry point for high-needs young people (the Family Access and Connection Team or FACT) who traditionally entered services through multiple doors. These efforts resulted in improved access for young people and their families and also resulted in significant cross-fertilization with respect to practice aligned with system of care values across the three involved systems.

Westchester County is one of NY State’s oldest systems of care beginning as early as 1989 and sustaining their activities today which include both a cross-systems governance structure and active community-based networks throughout the County. They have also done exemplary work to infuse the principles of

family-driven and youth-guided into everything that they do. Harnessing the power of the family support movement in NY State, Family Ties is a family-led organization that operates seven resource centers across the County. These centers, which are staffed entirely by family members, offer individual and group family support, parenting skills training, advocacy, respite, wraparound meeting facilitation and system of care training. From the outset of their work, families have been a driving force in their efforts to plan, implement, evaluate and sustain their system of care. Youth have also played a pivotal role within Westchester County. Youth Forum, founded in 1993, is a peer run support network for adolescents and young adults who have been heavy users of children’s mental health and other services. Youth Forum currently meets at two locations in Westchester County and has a core group of well over 50 regular participants. Youth Forum has become a model for similar programs in New York State and throughout the United States.

In an effort to focus with intentionality on ***cultural competence***, Erie County Family Voices Network (FVN) identified a need to improve their ability to engage children and families in care—particularly racial and ethnic minorities. Initial work focused on assessing the system and the participating organizations’ readiness for change and then conducting a more thorough agency-level cultural competence assessment that included both onsite and distance work with each participating system and provider. FVN was then able to develop the local infrastructure to support the system and each provider agency in delivering services that are more culturally relevant and appropriate for their population of focus.

While many communities within NY State have received federal funds to support their system of care development, all communities within the state have worked to implement mechanisms to meet the complex needs of children with significant emotional and behavioral challenges. Many more examples exist on the local level that highlight the importance and effectiveness of this approach. It is clear that at both the state and local level there is a strong foundation on which to build.

Why implement systems of care?

Systems of care work. ***Evidence exists that successful implementation of systems of care results in cost savings while maximizing accountability and improving outcomes.*** In a recent report prepared by the Substance Abuse and Mental Health Services Administration, *Helping Youth Thrive in the Community* (2008), youth involved in systems of care are spending more time in school, showing improvement in academic performance, demonstrating improved behaviors and showing improvements in emotional health (p. 4).

Many local communities within NY State have engaged in efforts to demonstrate the cost effectiveness of the system of care work they are doing. In Erie County, the Children’s System of Care program provides care coordination and wraparound supports to children, youth and their respective families with a mental health diagnosis who are involved with the child welfare and/or juvenile justice systems and/or behavioral healthcare system. Since 2004, Erie County’s activities have resulted in **significant reductions in the use of out of home care options including secure detention, non-secure detention and residential treatment centers resulting in an annual net savings to Erie County in excess of \$2,000,000.** Overall, Erie County has **reduced the cost of local DSS placements by \$10 million dollars**

annually and through a process of reinvestment has been able to augment the community-based service delivery system by a comparable amount.

In Monroe County, the Youth and Family Partnership (YFP) program provides care coordination and wraparound supports to young people with a mental health diagnosis who are involved with the child welfare and/or juvenile justice systems. These young people are deemed at highest risk of out of home placement and would have likely been placed were it not for the intervention of YFP. The most recent cost analysis completed (2008) reflects that YFP continues to present a significant cost savings alternative to residential placement. The County's annual estimate of residential cost totals \$111,255 per-person of which \$67,515 is net County costs. Comparable YFP per-person costs for 2008 were \$46,107 total and \$17,410 in net County costs. This favorable comparison results in a **projected net County savings of \$3,183,762** had all YFP enrollees been placed in a residential setting for their term of enrollment in the YFP program.

Both Erie and Monroe Counties have demonstrated significant cost savings using a system of care approach. Erie County reduced the cost of placement by \$2 million and Monroe County reduced local costs

In NY State, several CMHI-funded communities have collected data as part of the National Evaluation of Systems of Care. Data from a sample of these communities (which include Westchester County, Albany County, Erie County, Monroe County and New York City when available) reflect that within NY State, systems of care have positive impacts including:

- **Reduction in youth emotional and behavioral symptoms**, as reflected by a decrease in symptoms such as anxiety, depression, aggressive behavior and social problems, within 12 months of enrollment in system of care services and supports
- **Decreased levels of Caregiver strain** (i.e. less disruptions in family routine, fewer financial challenges, and decreased emotional stressors due to caring for a youth with a mental or behavioral challenge) within 12 months of enrollment
- **Overall reduction in rates of out-of-home placement in a Residential Treatment Center, a Therapeutic Group Home, or Therapeutic Foster Care** during the initial 12 months of system of care enrollment ¹
- **Rates of school attendance improved between 46-76%** for youth enrolled in system of care services and supports²
- The rate of **school expulsion for SOC-enrolled youth remained stable at zero or decreased**³
- Of the four counties that provided juvenile arrest data, the **percentage of youths arrested decreased in three counties**⁴
- **Increased overall Caregiver satisfaction with services over time**

¹ Data from New York City was not available for this analysis

² Data from New York City and Westchester County was not available for this analysis

³ Data from New York City was not available for this analysis

⁴ Data from New York City was not available for this analysis

Across the country, systems of care have demonstrated significant outcomes as well. In Oklahoma, out of home placement days were reduced by 31%, arrests were reduced by 60% and school suspensions were reduced by 52%. Systems of care work. The outcomes are compelling from all perspectives: **young people get better, caregivers report increased satisfaction, school attendance improves, out-of-home placements are reduced, juvenile arrests decline, and savings are realized.** In this time of increasing fiscal constraints, the wise and judicious use of resources is critical. Systems of care offer a way to maximize effectiveness using a values-driven approach that saves money and results in improved outcomes.

Implementing systems of care across NY State makes sense – there’s no reason not to.

An irresistible invitation – what do we need to do to move this forward?

Given these outcomes and the fact that this work can be largely accomplished through the flexible and innovative use of existing revenues, ensuring the implementation of systems of care across the State offers an irresistible invitation. This is particularly compelling as despite the high number of federal grantees within NY State, our state continues to lag behind other states due to the fragmented service delivery and silo financing that exists at the state level. To capitalize on the efforts made to date and continue the forward momentum, we ask that the new administration promote the following ideas and activities to support these efforts.

In this time of increasing fiscal constraints, the wise and judicious use of resources is critical. Systems of care offer a way to maximize effectiveness using a values-driven approach that saves money and improves outcomes. Implementing systems of care across NY State makes sense – there’s no reason not to.

Going to Scale – Systems of Care Statewide vs. a Statewide System of Care

This is not simply a matter of semantics. NY State is an environment rich in diversity with local communities that have unique cultural contexts. While many state-driven states have successfully created a statewide system of care, NY is best positioned to allow the work to continue to be done at the local level with the **creation of systems of care statewide.** In this design, families, youth, community members, service providers and system level leaders can come together to craft locally credible integrated approaches that make the most sense for their environment. Statewide support and partnership in these efforts can only lead to better outcomes for everyone. Specifically, the state can support these efforts through:

Active collaboration between state representatives and localities

New York State is a highly localized environment, particularly when it comes to the delivery of human services for children, youth and families. However, policy and regulation is driven at the state level. With

this unique environment, our ability to realize a vision is realistic only through active collaboration and cooperation between the State and localities.

We urge the continuation of the Commissioner’s Council on Cross-Systems Youth and the Senior Staff group and ask that there be more intentional and active engagement with the Conference of Local Hygiene Directors membership, their Children and Families Committee, local community representatives, families and youth in discussions to determine needs, priorities and solutions.

NY State is best positioned to allow the work to be done at the local level with the creation of systems of care statewide.

Active collaboration between the state and localities is critical to making this a reality.

Working together to effect policy & regulatory reform that supports system of care initiatives

As noted throughout this paper, NYS counties have taken action to support children, youth and families in innovative ways despite the regulation and policy that at times precludes this work. We ask that the state administration take a more active role in leading efforts to effect policy and regulatory change. Specifically, **partnering with counties to create flexible financing alternatives that allow individualized plans to be developed** that are based on and responsive to the needs of young people and their families vs. the needs or requirements of the system. We encourage the new administration to **explore and implement enhanced service options under the Home and Community Based Services Waiver** which are allowable across the nation and would ensure the use of Medicaid

reimbursement for a broader range of services that more appropriately meet the needs of children, youth and families. We respectfully request that the administration **work to consolidate licensing requirements which allow communities and their providers to hold themselves accountable against a unified set of criteria and ultimately will simplify access to care** for our highest needs young people and their families.

Related we seek opportunities to partner to **reduce the costs of higher-end /cost services that have fewer demonstrated long-term outcomes such as out of home placements and allow localities to reinvest the savings into their community-based service delivery system** that are aligned with best practices.

Lastly, we implore the new administration to support the ***use of national technical assistance resources*** that have been graciously offered from the Child, Adolescent and Family Branch of the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration. National experts in the concepts of sustaining and expanding systems of care are available to help shape and support NY States’ efforts to improve the emotional and mental wellbeing of young people and their families.

Conclusion

The Conference of Local Mental Hygiene Directors strongly supports systems of care and is actively partnering with its membership to promote the concept and philosophy across its membership. The Conference Leadership and Membership are eager to partner with the new NY State administration to advance systems of care statewide and realize the benefits of this approach not the least of which is a healthier and more productive NY State populace.

To move forward, we need:

- Increased partnership with local communities in the Commissioners' Council on Cross-Systems Youth and Senior Staff group
- Creation of flexible financing structures that allow for individualization of care across child-serving systems
- Enhanced service offerings under the Home and Community-Based Services Waiver
- Unified licensing and regulatory criteria
- Active partnership to reduce cost and reinvest savings at the local level
- The opportunity to work with national partners to support efforts to implement systems of care across NY State

Appendix A

Embedded within the NYS System of Care definition are the values that are critical for the operationalization of the system of care concept and philosophy. These values are further defined below:

Family-driven: “Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation” (Stroul, Blau & Sondheimer, p. 5).

Youth-guided: “Young people have the right to be empowered, educated, and given a decision-making role in their own care and in the establishment of policies and procedures governing care for all youth in their community, state, tribe, and nation” (Stroul, Blau & Sondheimer, p. 5).

Culturally and linguistically competent: The integration and transformation of knowledge, behaviors, attitudes, and policies that enable policy makers, professionals, caregivers, communities, consumers, and families to work effectively in cross-cultural situations (Technical Assistance Partnership, 2010).

Community-based: Needed services and informal supports should be available within the community, and be accessible and culturally and linguistically competent (Technical Assistance Partnership, 2010).

Individualized & flexible: An approach to care that is developed by an interagency team, with leadership from the child’s parents or legally responsible adult and the child or youth that includes procedures and activities that are appropriately scheduled and used to deliver services, treatments and supports to a child and the child’s family and fits the unique needs of the child and the child’s family and build on child and family strengths (DHHS, 2009).

Strength-based: Services and supports that are based upon “qualities that contribute to the family’s life in a functional way and are descriptors that reveal the family’s distinctive attributes” (Rotto, McIntyre & Serkin, p. 404). This concept is also applied to organizations and systems in that systems of care are intended to capitalize on what is working well and build upon those things as their foundation.

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