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Executive Summary

Imagine a young single mother, living below the poverty line with no job, a lack of resources, and a strictly limited budget to see her through to the end of the month. One of her two children exhibits troubling signs of a serious mental illness. With no money, no transportation, no extended health plan and few options, how is she expected to travel to multiple community agencies in order to seek help for her child?

Mental Health in Canada

Recent studies indicate 20 per cent of children aged 4-17 years have clinically diagnosable disorders at any given time. This translates to more than 800,000 Canadian children who experience mental health concerns that cause significant distress and impairment at home, school and in the community.

Unfortunately, only a minority of children requiring mental health services actually receive them. For the majority of children who do receive mental health care, the school system is identified as the sole provider.

At Western, we believe teacher education programs can guide strategies and actions that will result in equality for all children. We are taking the lead in developing a systemic, school-based approach to addressing the needs for children with severe and chronic mental illness. Improving outcomes for all children depends on linking students, their families, and other informal and formal supports into “communities of care.” Research indicates that children participating in school-based mental health promotion and prevention initiatives exhibit enhanced psychological and emotional well-being, more positive attitudes toward school and improved academic outcomes.

Centre for School-based Mental Health

Western plans to establish the Centre for School-based Mental Health to address the need for improved services and outcomes for children at-risk for or presenting with mental health challenges.

The Centre will focus on those children and youth who are often overlooked due to the level of severity of their needs and a lack of capacity in the traditional child mental health system to deliver timely and appropriate service. Evidence indicates that the majority of adults who suffer with a mental health disorder experienced their first onset when they were in elementary school. Promoting knowledge and intervention within a unique system of care where schools play a vital part will become, we believe, part of the solution to improving these long term mental health and behavioural outcomes.

Research, Educate, Advocate

The Centre will position the Faculty of Education and Western to effectively consolidate advancements in the area of school-based mental health care and will serve as a model for national and international programs. This will be accomplished through research, education and advocacy:

• Research - the Centre will attract leading researchers and experienced practitioners to facilitate the work of linking and translating existing knowledge and best practices to those providing front line services. The Centre will address innovative questions regarding the most effective practices, programs and models of care for meeting the mental health needs of children and youth within schools.

• Educate - provide student teachers with the knowledge and skills necessary to adapt to the changing landscape of teacher education.

• Advocate - advocate for radical restructring of our systems of care for children and families to one where schools become the community hub for achieving social justice.

Thank you for the opportunity to present our vision.
Children’s Mental Illness in Canada

Mental health is integral to all aspects of a child’s social, emotional, physical and behavioural development. Yet many children experience mental health problems that cause them serious difficulties at home, school and in their communities.

Studies indicate that in any given year, one in five Canadians will have a mental health problem. Recent surveys indicate that 20 per cent of children aged 4-17 years have clinically diagnosable disorders at any given time. This translates to more than 800,000 Canadian children who experience mental health concerns that cause significant distress and impairment.

Unfortunately, only a minority of children with a diagnosable mental health condition receive any form of intervention. In addition to the heavy burden carried by individuals and families of those with mental health issues, undiagnosed and inadequately treated mental illness and addiction costs Canadians billions of dollars per year in health care expenses and lost productivity.

Failure of Current System

- More than 11 per cent of children have a mental health problem in need of treatment, yet only a small percentage of these children receive any form of treatment, and those who receive treatment often receive inappropriate services. Treatment resources are focused on a proportionally small number of children who are in inpatient psychiatric facilities or other residential treatment. There is an absolute dearth of community-based services, case management and coordination, and support for necessary non-hospital treatment.
- Lack of coordination between agencies seriously limits the effectiveness of individual service components.
- Structure of health care funding does not support integrated servicing to children with mental health challenges.

There have been few attempts to get mental health, child welfare, juvenile justice, health, and education agencies to work together on behalf of children with mental health challenges. This has left children and youth with serious and complex problems to receive services in an uncoordinated and piecemeal fashion, if at all.

The conclusions of nearly all commissions and experts converge in recommending a multiagency, multidisciplinary system of services where schools serve as hubs. Therefore, the development of comprehensive, coordinated, school-based “systems of care” for children and youth must become a national goal.

Systems of Care

A system of care is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children with mental health challenges. The systems of care approach works to build partnerships to create a broad, integrated process for meeting child and family needs. This approach is based on the principles of interagency collaboration; individualized, strength-based care practices; cultural competence; community-based services; accountability; and full participation of families and children at all levels of the system.

Steps to developing a system of care:

- Define the concept of a “system of care” encompassed by a range of service options housed within schools that are necessary, available, and accessible to meet the multiple service needs of children with mental health challenges.
- Establish enduring partnerships with community and governmental partners.
- Secure funding to implement a system of care (demonstration site) in a vulnerable neighborhood.
- Implement the system.
Centre for School-based Mental Health

Research findings suggest:

• Evidence-based interventions applied within school-based settings are as effective as those delivered within specialized health care settings.
• School-based programs have many benefits including greater access to care for children and improved effectiveness as compared to clinic- or hospital-based services.
• Students in a school housing systems of care utilized school-based mental health services at a greater rate than hospital or clinic-based services.
• School-based systems of care services appear to be a cost-effective alternative to traditional mental health delivery systems.

Our Commitment

Western aims to be the sole Canadian Faculty of Education to house a Centre for School-based Mental Health. We envision a leadership role in addressing the need for education, training and consultation for schools and allied professionals regarding the integration of school-based mental health initiatives for children. Research at the Centre will address innovative questions regarding the most effective practices, programs and system of care for meeting the mental health needs of children within schools.

Our integrated research and education approach is targeted specifically at the promotion, prevention, and treatment within a systems of care model. We will direct our efforts towards advocacy, translating and disseminating research, and developing and implementing, in collaboration with communities, effective integrated systems of care for children and adolescents with serious mental health challenges and their families. We seek to make it possible for children who might otherwise be stigmatized and alienated to live, learn, and thrive in their own communities.

Goals of the Centre

Education and professional development play a central and pivotal role in supporting children with mental health problems and their families. The Centre will address the need for improved services and outcomes for children at-risk of or presenting with mental health challenges by:

• Actively promoting the awareness of positive mental health practices impacting school systems;
• Increasing the knowledge base of school personnel and their role in dealing with mental health issues through evidence-based practices;
• Conducting research, synthesizing and sharing existing knowledge;
• Providing training and consultation and generally serving as a resource for other researchers, policy makers and school administrators.
Centre for School-based Mental Health

A Multi-Phase Initiative

In its first phase of development, the Centre for School-based Mental Health will focus on nurturing enduring partnerships with local school boards, community organizations, and governmental agencies to develop and implement a demonstration site in an area of high need. In this phase, the Centre will:

• Provide advocacy and support for development of the site;
• Provide teaching support for the site;
• Provide graduate students to staff some of the support services offered at the site;
• Actively research issues related to the effectiveness of the site and be proactive in disseminating and transferring knowledge about findings.

Initiatives Currently Underway

• Dean Vicki Schwean and Pat McLaughlin, Alumni & Development Officer for the Faculty of Education, have been conducting an intensive community-engagement process during which time they have met with key leaders in schools, not-for-profit organizations, hospitals and government officers.
• Credit and non-credit educational programming that focus on the skills necessary for designing and implementing strategies for effective promotion of mental health and addressing children’s mental health problems in school. Delivery includes face-to-face, distributed learning and online.
• Pre-service education preparing school-based personnel (teachers, administrators, counselors, psychologists, social workers, and nurses) to prepare them to address the mental health challenges of children and youth.

Additional Proposed Initiatives

• Train school personnel on diverse mental health topics (e.g. anger management, school violence, bullying, depression, etc.) using Centre designed modules.
• Annual conference focusing on research and evaluation related to school-based systemic reform, mental health promotion, prevention and intervention.
• Professional development delivered through distributed learning formats such as video learning sessions, webinars and online learning environments.
• Community speaker series featuring prominent guest lecturers addressing various areas of children’s mental health.
Centre for School-based Mental Health

Priorities to Support the Centre

In order to support the development of the Centre for School-based Mental Health, we are committed to raising funds to support the activities of the centre. Our preliminary priorities include:

- **Research Chair in the Evaluation of Mental Health Services ($1.5 million)** - enable us to recruit a distinguished faculty member to conduct process-based, systems-based and outcomes-based research;
- **Community Chair ($1.5 million)** - enable us to recruit a project leader with strong ties to the community;
- **Community Liaison Officer ($500,000)** - guide and support our efforts to build partnerships in the community;
- **Infrastructure for Demonstration Site at downtown location ($1.5 million)** - support any physical space requirements;
- **Graduate Student Support ($5,000-35,000)** - the Centre would be an excellent learning experience for graduate students to gain experience in this field. Students could be supported through the Ontario Graduate Scholarship (OGS) Program;
- **Capital Costs and Renovations to Existing Site ($300,000);**
- **Centre for Children’s Mental Health Enhancement Fund** - provide support for highest priority needs within the Centre.

Safeguarding the Emotional Health of Our Children

By establishing the Centre for School-based Mental Health, Western will continue to administer and expand initiatives aimed at the health and emotional well-being of children and youth. The Centre is committed to achieving excellence in creating, disseminating, and transferring research knowledge on children’s mental health into practice using sound educational strategies.

Working within a unique, school-based system of care will facilitate long term improvements regarding the treatment of mental health issues and behavioural outcomes.

Once implemented, the Centre model could be easily adapted and replicated in any other community and used as a template for managing mental health strategies across Canada and on a global scale.
Faculty Leadership

**Vicki Schwean**  
Dean, Faculty of Education  
Psychologist

In addition to a number of books, chapters and articles focusing on child assessment and mental health, Schwean has been a strong advocate for systemic reform in service delivery for vulnerable and at-risk children and youth throughout her academic career.

“Graduates will play leadership roles in changing institutional values, policies and practices and educating the next generation to be socially responsible leaders,” says Schwean.

**Susan Rodger**  
Associate Professor, Faculty of Education  
Psychologist  
Director, Centre for School-based Mental Health

Rodger's research focus is on the person – the learner. She aims to create a contextual picture of how who we are as people influences who we are as learners. Everybody arrives in the classroom as individuals, so treating them all similarly doesn’t serve the learner or education.

Rodger's research is grounded in feminist approaches, social justice and participation. She is now expanding her work to examine the influence of culture, language and violence on women’s experiences in the classroom.

**Peter Jaffe, PhD**  
Professor, Faculty of Education  
Academic Director, Centre for Research and Education on Violence Against Women & Children  
Director Emeritus, Centre for Children and Families in the Justice System (a children’s mental health centre specializing in issues that bring children and families into the justice system in London, Ontario).

A psychologist, an influential educator and a renowned researcher, Jaffe is an effective and passionate catalyst for change. For decades, he has worked to improve the ways in which cases of family violence and the abuse of women and children are dealt with in Canada’s legal, educational and social service systems. His pioneering work and his expertise, combined with his advocacy and volunteer leadership, have led to more effective interventions and legislative reform. His counsel is sought by all levels of government and by judicial organizations throughout North America.

Jaffe was named an Officer of the Order of Canada in July 2009.
Faculty Leadership

Alan Leschied
Professor, Faculty of Education
Psychologist

Leschied served within the children’s mental health system for 20 years before joining Western’s Faculty of Education in 1997. His research interests focus on the etiology of child well being and treatment outcomes in both community and residential treatment services.

Leschied is a Fellow of the Canadian Psychology Association, a recipient in 2003 of both Western’s Edward G. Pleva Award for Excellence in Teaching and Ontario’s Judge Wendy Robson Award for outstanding service to children in Ontario. In 2004, he was a recipient of a life-time achievement award through the Criminal Justice Section of the Canadian Psychology Association and in 2009, he was awarded the Bishop Cody Award by the National St. Leonard’s Society for contribution to community corrections.

Recent News

Walter M. Lobb Program for Mental Health for Educators
In November 2011, Western’s Faculty of Education introduced a new mental health program and scholarship fund. The Walter M. Lobb Program for Mental Health for Educators and the Walter M. Lobb Ontario Graduate Scholarship will address the needs of teachers who deal with students’ mental health issues every day.

Funds will be used to develop research, materials and resources to help educators identify and meet the needs of students who have a mental health disorder. Funds will also assist educators with the personal challenges and stress of dealing with the numerous demands of the modern classroom. The funding will enable educators, front line workers and experts in mental health conduct workshops and seminars at the Faculty of Education.

“Teachers are on the front lines. They are very often the most trusted, if not the only, person in whom a child in need might confide.”

- Alan Leschied, Professor, Faculty of Education

The Walter M. Lobb Ontario Graduate Scholarship will be awarded to a graduate student conducting research in the Faculty of Education focused on children’s mental health.
Faculty Leadership

Alan Edmunds
Associate Professor, Faculty of Education

Edmunds teaches undergraduate courses in educational psychology and special education, Master’s degree courses in giftedness, learning disabilities, and special education, and PhD courses in cognition and learning, theories of education, and research methods.

His current research interests include the study of a highly precocious child writer, the implementation of school-wide behaviour and classroom management interventions, and the development of cognitive intervention strategies for students with learning disabilities and ADHD.

Elizabeth A. Nowicki
Associate Professor, Faculty of Education

Nowicki taught grades 6 to 8 before returning to university to pursue graduate work. She currently teaches in the preservice and graduate programs, in educational psychology and special education. She also supervises graduate student research projects.

Nowicki’s general research interests reside in the area where educational, developmental, and social psychology intersect. She is interested in children’s social interactions in the classroom and the social competence of children who have learning difficulties.

Jacqueline A. Specht
Associate Professor, Faculty of Education
Director, Centre for Inclusive Education

Specht teaches in the area of educational psychology and special education. From 1993-2003, she taught in the psychology department at Huron University College and joined the Faculty of Education in 2003. Currently she teaches in both the preservice and graduate programs.

Specht’s research interests encompass pedagogical issues surrounding the participation of children in the school system.

Linda Baker
Learning Director, Centre for Research on Education and Violence Against Women and Children, Western’s Faculty of Education

From 2001-2011, Baker was the Director of the Centre for Children and Families in the Justice System. She has been a national leader in children’s mental health and violence against women and children for more than 30 years. Baker has worked actively with the Ministry of Education, teacher federations and school boards in providing publications and training related to domestic violence and children’s mental health.
Appendix I: Western’s Commitment to Mental Health Education

Western has assumed a leadership role in the area of mental health awareness and education by supporting various initiatives and services available across campus. Initiatives currently underway include:

**Academic community** - in addition to distinguished, experienced faculty members, we have the opportunity to collaborate with faculties across campus including the Schulich School of Medicine & Dentistry, the Faculty of Health Sciences and research centres such as the Brain and Mind Institute.

**Courses and programs** through the Faculty of Education focus on building capacity in the area of children’s mental health and improving the quality of care within schools and families. Graduate courses are open to students from various disciplines.

**Pre-service education** in the Faculty of Education prepares school-based personnel - teachers, administrators, counsellors, psychologists, social workers and nurses - to understand their own mental health concerns in an effort to better prepare them to proactively assess the mental health challenges of children and youth.

**Mental Health Training** - courses for academic and administrative leaders, available through Human Resources, teach how to help someone showing signs of a mental health problem.

**Counselling Services** - at the Student Development Centre (SDC), psychologists and counsellors help the student population cope with mental health concerns. SDC staff engage in evidence-based practices as well as innovative approaches such as partnering with on-campus student residences, where a residence counsellor is available to support students, staff, faculty and their families. Furthermore, residence staff have been trained to take appropriate measures when they notice someone is struggling.

**Student Health Services** has a full-time psychiatrist on staff, an intake crisis social worker to provide greater availability on a daily basis for urgent concerns and a dedicated mental health section on the Student Health Services web site.

**University Students Council** runs the “Holding on to Hope Campaign” to educate students about mental health and the stigma associated with it. The campaign maintains a website, hosts mental health awareness days and supports fund raising initiatives.

**Affiliation with national programs** for example, The Jack Project that supports youth transitioning from high school to post-secondary education with a focus on maintaining optimal mental health.

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**Mental Illness in Canada**

One in five Canadians, over the course of their lives, will experience a mental illness.

70 per cent of mental illnesses have their onset during childhood or adolescence.

Approximately 20 per cent of young people (ages 4–17) in Canada suffer from a mental health disorder that severely disrupts their ability to function at home, in school, or in their community.

According to the World Health Organization, mental illness is the number one leading cause of disability in the world.

There is a 60 per cent drop in family income when a breadwinner is diagnosed with mental illness.

90 per cent of people who commit suicide have a diagnosable mental illness.

*Source: Canadian Mental Health Association*
Appendix II: Systems of Care
Schools as Sites of Prevention, Health Promotion and Intervention

In today’s world, growing attention has been given to the concept of nurturing thriving learners within school and community contexts. Although traditionally, schools placed primary attention toward the acquisition of knowledge and the development of academic competencies, there is growing emphasis on the development of those personal qualities that are most likely to be crucial to thriving children and families (functionally valued behaviors and competencies, as well as the development of an understanding of, and a commitment to, entities that transcend self- and self-interest).

A school located within a community defined by high vulnerability and focusing on exemplary integrated servicing to children and families in the areas of prevention, health promotion, and intervention based on a systems of care model would be the only one of its kind in this country. Strongly linked to research designed to identify social and ecological, outcome, process (e.g., integration of services, collaborative delivery, etc.) and financial outcomes, the demonstration site would serve not only as a exemplar for other communities to emulate but importantly, as a vehicle for informing practices designed to achieve healthy communities in ways that are cost-efficient, highly responsive, and empowering. Ultimately, the primary intent of this demonstration site would be to serve as an inspiration, model, and research and teaching facility for outstanding educational, psychological, and healthy practices for orienting children and youth, and their families, toward personal well-being and thriving.

A communities of reciprocal care and shared responsibility has at its foundation several key principles:

• Community-based, where schools serve as hubs of learning for thriving and leadership
• Services are child and family driven
• All children are included
• Schools are healthy communities that include a range of interdisciplinary formal and informal supports and services within the school environment
• Single funding envelope to ensure integrated delivery of services
• Timely delivery of services
• Services delivered within the environments in which children and families live, work, learn, and play
• Accountability
• Strong and coordinated case management
• Early intervention and prevention are stressed
• Programs are supported by research
• Cultural competence and understanding are integral to service delivery
• Services are accountable
• Life-long commitment to thriving and leadership to social change is embraced
• The systems of care is solidly situated within an ecological and developmental model of “thriving learners”
• Ongoing research is crucial to establishing best practices
Appendix II: Systems of Care
Schools as Sites of Prevention, Health Promotion and Intervention

In its first phase of development, efforts will be directed toward:

- Proposal development and funding submissions. (Ministries of Health, Education, Social Services, Justice, etc., along with grant submissions to various tri-council and other agencies including CIHR, SSHRC).
- Establishing strong and enduring partnerships with formal and informal community networks.
- Conducting a needs analysis within the community housing the school systems of care.

It is anticipated the initiative will involve the following:

- Selecting a school located in an area of high vulnerability, along with identifying space for integrating a range of formal and informal support services designed to enhance child and youth, family, and community assets and capacities. This rich community, fully integrated into the school, would provide young people and their families with the resources needed to build and pursue healthy lives that make productive contributions to self, family, and community. We will be informed by the literature on establishing systems of care as we undertake this step.

- Establishing partnerships with various formal (e.g., governmental, university) and informal support (e.g., mental health services, family health services, social services, housing, advocacy groups, etc.) to enlist their support in providing cost effective services within the designated space. It is anticipated that a broad array of services will situate within this facility, including family capacity building and leadership, individual counselling, psychiatric and psychological support, medical interventions, career and employment counselling, and so on.

- Working with the school division on professional development initiatives focused on building capacity in areas such as healthy school communities, inclusive education, positive mental health practices, and leadership development.

- Linking the demonstration site with various university-based practicum and internship programs to educate the next generation of professional leaders on exemplary practices in supporting thriving learners and leaders for social change.

The first phase of development will involve establishing partnerships with various community networks.
Appendix II: Systems of Care
Schools as Sites of Prevention, Health Promotion and Intervention

- **Supporting the demonstration school in implementing practices** to support thriving learners. Examples include:

  - Enhancing the development of competent, confident, connected, caring children and youth who possess the character and moral orientation and the civic allegiance to use their leadership skills to develop a better world through models of leadership development such as the Social Change Model of Leadership.

  - Assisting in the establishment and implementation of early identification and intervention programs for children who are vulnerable;

  - Implementing targeted prevention and intervention programs

  - Educating teachers and teacher candidates on cultural competence and identification of children and families at risk for poor outcomes.

  - Supporting the infusion of healthy behaviours and leadership skills into all aspects of schooling (e.g., integrating leadership skills preparation into subject areas or co-curricular activities; providing experiential mentoring and leadership experiences that enhance well-being and encourage involvement in all levels of community life; setting up mentorships and internships with persons in the community who are in leadership positions; developing action programs which build community through service-learning projects; introducing civic leadership initiatives designed to help students develop leadership skills and civic responsibility through a combination of traditional academic work, hands-on community service, and field experience; offering social and emotional literacy programs; and making time-limited offerings on leadership development (e.g., Rapport) available, amongst many others).

- **Actively engaging in research** examining the processes involved in establishing various initiatives, including the system of care model, healthy school community, and various leadership initiatives, as well as generating outcome data. We also anticipate that we will work toward building program evaluation capacity within the school and community itself so that these efforts are sustainable.

The initiative will support the infusion of healthy behaviours and leadership skills into all aspects of schooling.
Since federal and provincial governments have yet to deliver on a health care system that is efficient and accountable, there is growing interest on the part of schools and communities to partner with researchers, parents, and mental health professionals for the purpose of developing a system of delivering developmental and behavioural supports to children and families. These partnerships work toward minimizing the gap between needs and services. That is a radically different and empowering system whereby the services are coordinated and integrated to meet the needs of each child while still being accountable to all parties involved.

**How did systems of care originate?**
Systems of care evolved within community mental health settings across the United States in the 1980’s from the recognition that many children were not receiving the help they needed (Stroul & Friedman, 1986). Their unmet needs were partly attributed to a variety of factors including irresponsibility of public agencies, lack of resources, lack of practical knowledge about how to support the children, lack of inter-agency coordination, and lack of cultural and familial sensitivity (Garland, Hough, Landsverk, & Brown, 2001).

**What are systems of care?**
Systems of care exhibit a radically different approach to delivering services to vulnerable children and youth in collaboration with their parents, professionals, para-professionals, educators, and community members. It is a cross-system whereby a coordinated network of services and supports addresses the complex, unique, and changing needs of children (Tolan & Dodge, 2005). The system is flexible and implemented through a process of planning, developing, delivering, and evaluating the outcomes of the services received. Each child’s progress is measured by the development and growth demonstrated by the child. Short-term goals include increasing the accessibility of services in a timely manner and supporting parents by organizing and coordinating the services on their behalf. Long-term goals include preventing the development of additional challenges, smooth transitions to adult services, and the promotion of independence as children and their support systems, gain the knowledge and skills needed to manage their own wellness (Huang et al., 2005).

**What is the underlying philosophy of systems of care?**
Systems of care are about a partnership whereby collaboration between family members and service providers is an essential contributor to children’s success (Tolan & Dodge, 2005). Together, based on the unique strengths of the child and his/her environment, the team identifies ways to further develop the child’s strengths while taking into consideration his/her areas of need. Ideally, systems of care services are delivered in primary care settings such as schools to increase accessibility for parents and children (Stroul & Friedman, 1996). Locating services in primary care settings has the additional benefit of integrating developmental and behavioural aide services into a curriculum that already focuses on promoting wellness and development. By collaborating within a central location, individuals from a variety of settings can gain useful knowledge about how to best serve children with disabilities (Huang et al., 2005).

**What are the values of systems of care?**
Systems of care are developed on the premise that the developmental, mental, emotional, and behavioural needs of children and their families can be met within their home, school, and community environments (Huang et al, 2005). Some of the main principles of communities of care include inter-agency collaboration, family-driven program planning, child-centered, strength-based, and cultural appropriateness. Further, a customized service plan is always implemented in a way that is consistent with the family’s needs, preferences, culture, and language (Huang et al.). The purposes for implementing a service plan are to: a) engage in early and ongoing prevention, intervention and promotion of overall wellness; b) ensure services are coordinated and integrated; and, c) facilitate the growth of knowledge and skills needed to best support children with special needs. To ensure accountability, regular evaluations implemented by parents, para-professionals, and professionals serve to provide a clear indication as to the quality of the services being received (Tolan & Dodge, 2005).
Appendix II: Systems of Care
Questions and Answers

How are systems of care implemented?
Systems of care bring services to the child and his/her family instead of requiring individuals to seek-out and secure their own support. A wraparound process, a process for implementing team-based case management (Pumariaga, Winters, & Huffine, 2003), is often used to implement the systems of care model. Within the wraparound process, services are planned and delivered around the child’s needs rather than requiring the child to conform to service providers’ culture and concept of care (Tolan & Dodge, 2005). Consideration is given to the fact that each child lives within his or her own unique situation and therefore a plan for service delivery should be “wrapped around” the child’s needs and resources. Service providers and educational personnel need training, support, and a set of expectations that foster developmental and behavioural growth. Parents need access to appropriate consultation, education, guidance, and referral when facing challenging issues. Routinely accessible and applicable interventions play an integral role in promoting overall well-being.

How effective are systems of care?
While each systems of care is designed and implemented to serve the needs of a specific segment of the population, emerging research has investigated their success (for a review, see Pumariaga, Winters, & Huffine, 2003).

Some of the findings regarding the effectiveness of systems of care include:

• Decreased out-of-home placement
• Significantly lower rates of behavioural difficulties
• Lower short-term and long-term costs
• Lower restrictiveness of care
• Improved child and family functioning
• Less contact with law enforcement
• Reduced caregiver strain
• Reduced parental unemployment level
• Higher family and consumer satisfaction
• Increased access to services

Systems of care bring services to the child and his/her family instead of requiring individuals to seek-out and secure their own support.
Appendix II: Systems of Care
Principles of the Proposed Communities of Care Model

Child-centered
A comprehensive service plan based on the special strengths, needs, and goals of each child and family and using both the formal and informal services and resources within the communities of care and the family’s natural support system will be developed.

Family driven
Since family members are the most important and influential source of support in a child’s life, emphasis will be directed toward ensuring that true partnerships with families are achieved. Families will be involved as partners in intervention, treatment, evaluation; in planning and policy making; and in quality improvement. Keeping with Huang et al. (2005), we see the need to: a) foster the participation of families as partners in services both for their own children and at the system level in the design, implementation, and evaluation of services and supports; b) provide information and a constellation of formal and informal family support services, such as education and training and peer support; and c) enhance the capacity of the communities of care to provide information, support, and advocacy.

Community based
Linking children and families to their communities is of paramount importance in the communities of care approach. We believe that a full range of services and supports, including wraparound care based on multidisciplinary teams and focusing on strengths, should be available within the communities in which children and families reside.

In keeping with this, we feel that it makes most sense to locate communities of care within schools. As noted in Kirby and Keon’s (2004) report on children’s mental health, the value of providing a range of behavioural and developmental services within the school setting is intuitively apparent. Schools are a logical place to coordinate and deliver services because children spend a good part of their day in this environment. Schools are familiar territory and in many communities are the primary site for delivering a range of educational and psychological services and supports. Given that schools are located within the immediate community of families and are home to a diversity of children, they are both comfortable and accessible.

Moreover, as Huang et al. point out, many of the barriers in traditional health settings, such as stigma and inadequate access, are not as great in school-based settings. Noteworthy also is that school systems generally possess well-trained personnel, access to supportive services, and mandated service delivery mechanisms (Waddell et al). While not as optimal, other community settings that could be considered for a systems of care model include community centers, YWCA/YMCA, advocacy centers, and so on.
Appendix II: Systems of Care
Principles of the Proposed Communities of Care Model

**Culturally appropriate services**
We know relatively little about the expression of disabilities and co-occurring behavioural and developmental needs in children from racially and ethnically diverse backgrounds. Health utilization studies, though, reveal that the use of services follows a pattern of racial and economic inequity: services are often less available in communities with established higher needs, which are often minority and low-income communities. Barriers to accessing existing services include fragmentation of services; lack of availability; cost; stigma; different approaches to help seeking; and, different language and communication. Through its emphasis on child-centered, family driven services; coordination of services situated within the communities in which families reside; and adherence to principles of cultural competence to address cultural biases and barriers, a communities of care model will seek to redress current inequities in service delivery.

**Integrative and collaborative**
The communities of care model will place strong emphasis on the wraparound approach to team collaboration, wherein multiple professionals will partner with families in the development and provision of services. Moreover, mechanisms to ensure close coordination and collaboration with the many agencies that typically provide services to children and families will be established. The goal is to dramatically reduce fragmentation around service delivery.

**High quality of services and accountability**
Ongoing evaluation of the service delivery system will be undertaken to ensure that the communities of care is meeting its goals and to aid in decision-making and resource allocation. A plan for participation action research is currently under development. Implementation of this plan will permit all stakeholders to play an active participative role in evaluating the effectiveness of this model. Evaluation will also involve the monitoring of child outcomes to determine whether children’s behavioural and developmental needs are being met. The latter will not involve formal psychological assessments but rather less-intrusive parental and teacher reports on various domains of child functioning.

**Evidence-informed interventions, but child-centered**
Evidence-informed practice involves the incorporation of evidence from research, as well as consideration of the economic, political, and sociocultural issues that impact decisions related to service provision. Evidence-informed interventions exist for many conditions and will be used. Where scientific information is incomplete, interventions will be guided by expertise, experience, and family preference. Given that the developmental literature has emphasized the importance of peer social interaction in the acquisition of social and communicative competencies, group interventions involving advanced peers will be preferred.
Appendix II: Systems of Care
Principles of the Proposed Communities of Care Model

No eject, no reject
Every child has a place in the communities of care model. No child and his/her family, regardless of severity of needs, will be denied access to services. Furthermore, services will not cease due to a lack of progress or a lack of agreement between the family and the professionals.

Prevention, Early Identification, and Early Intervention
The services and supports in the communities of care model will emphasize prevention, early identification, and intervention to maximize positive outcomes. This will involve educating parents and service providers about the behavioural and developmental needs of children and implementing early screening, functional assessment, and intervention.

Transition to independent living and/or adult service
A crucial component of the communities of care model is a flexible transition from one service to the next. Children will be provided with the services required until outcome goals are met and then seamlessly transitioned to other levels of service when appropriate. Efforts will be made to support continuity of care. A seamless re-entry into the communities of care will also be facilitated for those youngsters who may have previously exited. Of particular importance are the development and implementation of transitional plans early in the child’s life. The communities of care will address skills for self-sufficiency, including vocational, education, and independent living skills. Assistance for young adults and their parents with the necessary linkages and transitions to adult services at the appropriate time will also be provided.

Integrated Funding
Of fundamental importance to the success of the communities of care model is the creation of a separate, single funding envelope that combines funding from several agencies. Through the creation of a single funding envelope, more timely, coordinated, and comprehensive services will be possible.