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A Case Study for Social Marketing: Key Strategies for Transforming the Children's Mental Health System in the United States

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Abstract

It is only recently that health providers, policy makers, researchers, and the public have begun to focus on the importance of the mental health needs of children, youth, and young adults. There is a growing understanding that children's mental health issues must be addressed early to improve behavioral health outcomes for children and decrease or prevent problems later in life for the child, his or her family, and the community as a whole. The Caring for Every Child's Mental Health Campaign (Campaign) is a social marketing program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency within the U.S. Department of Health and Human Services that improves the nation's behavioral health, with a mission of reducing the impact of substance abuse and mental illness in communities across the country. The Campaign's goals are to increase awareness of children's mental health issues and promote the development, expansion, and sustainability of innovative approaches to delivering community mental health services for children and youth with mental disorders. The Campaign addresses these goals by providing social marketing training and technical assistance to federally funded grantees in local communities. The Campaign and the grantees are funded through SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program. The purpose of this article is to inform professionals in the field of social marketing about how a program at the national level provides support to local, state, tribal, and territorial grantees to facilitate grassroots systems change using a social marketing approach.

Keywords

youth, audience, mental health, social marketing, systems change, sustainability, best practices

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It is only recently that health providers, policy makers, researchers, and the public have begun to focus on the importance of the mental health needs of children, youth, and young adults. There is a growing understanding that children's mental health issues must be addressed early to improve behavioral health outcomes for children and decrease or prevent problems later in life for the child, his or her family, and the community as a whole. The Caring for Every Child's Mental Health Campaign (Campaign) is a social marketing program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency within the U.S. Department of Health and Human Services that improves the nation's behavioral health, with a mission of reducing the impact of substance abuse and mental illness in communities across the country. The Campaign's goals are to increase awareness of children's mental health issues and promote the development, expansion, and sustainability of innovative approaches to delivering community mental health services for children, youth, and young adults with mental disorders and their families. The Campaign addresses these goals by providing social marketing training and technical assistance (TA) to federally funded grantees in local communities. The Campaign and the grantees are funded through SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program (or Children's Mental Health Initiative [CMHI]).

The purpose of this article is to inform professionals in the field of social marketing about how a program at the national level provides support to local, state, tribal, and territorial grantees to facilitate grassroots systems change using a social marketing approach. The case study will describe a federal program that provides social marketing training and TA to enable grantees to implement systems change in the field of children's mental health service delivery. A logic model illustrating the strategies to increase awareness and change behavior will be presented. In addition, the case study includes lessons from the field that can be beneficial for any national organization that serves as a catalyst for systems change in local communities. The article will address the lessons gleaned from these case studies that can be applied to social marketing efforts across different fields, including how to collaborate and connect with the appropriate audience, ways to incorporate storytelling and data to effect systems change, and the importance of using culturally and linguistically competent approaches in social marketing.

The specific focus of the article will be on social marketing as a component of the system of care approach. System of care is an organizational framework that requires the restructuring of the delivery of mental health services and improve the effectiveness of the interventions used to meet the complex and changing needs of children, youth, and young adults with serious mental health problems and their families (Stroul, Blau, & Friedman, 2010).

The article will begin with a brief background on children's mental health issues. The systems of care approach will be presented, and the role of social marketing in the development, expansion, and sustainability of the approach will be described. The article will present case studies from the field that demonstrate how the social marketing approach has been applied to change child-serving systems in local communities. These educational case studies will highlight how the social marketing approach facilitates behavior change among child-serving professionals, community leaders, families, and youth. The specific social marketing strategies that had an impact in these settings will be highlighted. Finally, the article will describe new social marking evaluation tools currently being implemented in the field to measure the impact of social marketing strategies.

Literature Review

Background and Prevalence of Children's Mental Health

Approximately one in five children in the United States has experienced a mental disorder, and an estimated 1 in 10 has experienced a mental disorder with severe impairment (Merikangas et al., 2011).

An estimated 50–70% of children with mental health needs do not receive services (Merikangas et al., 2010, 2011). It is well-documented that untreated mental illness in children can cause long-lasting problems that interfere with their socioemotional and cognitive development; these problems can follow them into adulthood (Anderson, Wright, Kelley, & Kooreman, 2008). Nearly 50% of adults who experience mental health problems began experiencing symptoms by age 14, and 75% experienced symptoms by age 21 (Kessler, Chiu, Demler, & Walters, 2005).

Impact on Families and Communities

Untreated mental illness can result in significant impairment across all areas of a child's, adolescent's, or young adult's life, including poor relationships with siblings, caregivers, peers, teachers, and other important figures; failure in school; development of delinquency or other behavioral health problems; increased risk of tobacco use and substance abuse; and suicide (National Research Council and Institute of Medicine, 2009; U.S. Department of Health and Human Services, 2009; U.S. General Accounting Office, 2012). Suicide is the second leading cause of death among 15- to 24-year-olds (National Institute of Mental Health, 2017).

Because of the complex needs of children, youth, and young adults with mental disorders, their families often are required to interact with multiple child-serving systems simultaneously. These systems include mental health, public health, substance use, child welfare, education, and juvenile justice. In fact, children and adolescents with serious mental health problems are overrepresented across the United States in the child welfare and juvenile justice systems compared to the national average (Carney & Buttell, 2003; U.S. General Accounting Office, 2012). Each child-serving agency creates a separate care plan for the same child. The providers from the various networks may not communicate or share data, resulting in a lack of coordinated care.

Systems of Care Approach

To address this problem, in 1992, the federal government began funding the Comprehensive Community Mental Health Services for Children and Their Families Program (or CMHI) to create "systems of care" in cities, counties, tribes, territories, and states throughout the country.

A system of care can be defined as "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges, as well as their families, that is organized into a coordinated network, builds meaningful partnerships of families and youth, and addresses the youth's and families' cultural and linguistic needs to help them function better at home, in school, in the community, and throughout life" (Stroul et al., 2010, p. 6). To implement a system of care approach is to "infuse and institutionalize [new] policies, partnerships, services, and financing" (Stroul, 2017).

Systems of care can look different in each community according to the local needs, but all systems of care are based on a set of values and principles about how care should be provided. Within the system of care framework, services and supports should be individualized, community-based, culturally and linguistically competent, evidence-based, and clinically excellent; should include continuous quality improvement processes; and should be family-driven and youth-guided. The terms *family-driven* and *youth-guided* mean that families and youth are partners with providers in their own care as well as partners in the development, implementation, evaluation, and sustainability of the system of care. Integrating family-driven and youth-guided principles into child-serving systems authentically requires major shifts in the way providers and families interact and perceive each other, how systems operate, and how policy-level and systems-level decisions are made.

To implement all of the system of care values and principles, staff in cities, counties, tribes, territories, and states need to make fundamental changes in all of the ways they do business

(R. M. Friedman, 2001; Hernandez & Hodges, 2003; Pires, 2008; Stroul, 2002). All pioneers in the development of the systems of care framework have described the multiple levels of systems change that must take place. The levels include (1) state, tribal, or territorial system level; (2) the local system level; and (3) the service delivery or practice level. On each level, policies, funding mechanisms, contracting language, communication and collaboration structures, management information systems, workforce development, the array of services and supports, and many other program components must be restructured. Perhaps most importantly, the providers and child-serving program staff who each have their own individual work culture and language must come together with families and youth to create a shared vision and language to make true culture change happen.

How would child-serving systems look different if systems of care were effectively implemented and sustained? Instead of a family needing to go to multiple child-serving agencies to meet the needs of their child, there would be one point of access to all services and supports. Instead of mental health providers being the sole decision makers about a child's treatment, the caregiver and the child, youth, or young adult would be the decision makers. All child-serving systems would share access to a unified management information system so that the care team could access a child's education, child welfare, juvenile justice, mental health, and substance use data in one place. Families and their children would drive the treatment plan development process, which would be based on the child's strengths, not—as traditionally is the case—on the child's deficits. Interventions that are evidence- and practice-based and tailored to address the specific cultural and linguistic needs of the family would be made accessible.

While the original goal of federal funding was to develop systems of care in local communities, the current focus is on expanding and sustaining the system of care approach throughout states, tribes, and territories. This expanded effort is necessary if children, youth, and young adults and their families throughout the United States will have the opportunity to access the appropriate services and supports that they need.

The Role of Social Marketing in Systems Change

Guided by the *Diffusion of Innovation* theory (Rogers, 1962), which outlines the process where audiences adopt an innovation over time, SAMHSA created the Caring for Every Child's Mental Health Campaign (the Campaign) in 1994 to support grantees of the CMHI. The Campaign is a SAMHSA-supported effort that provides social marketing training and TA to communities funded to improve mental health outcomes for children, youth, and families through sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports (SAMHSA, n.d.).

To drive the social marketing efforts in these communities, the Caring for Every Child's Mental Health Campaign developed a logic model that provides the conceptual foundation for social marketing efforts that aim to promote the wide-scale adoption of the system of care approach (See Figure 1).

Logic models are frequently used to map the design, planning, implementation, and evaluation of programs, but they are increasingly being used to outline social marketing efforts as well. Logic models are an intuitive fit for social marketing. They allow planners to take complex ideas, creativity, and ambitious behavior change goals and convert them into a simple, interdependent representation of a campaign's intent. The logic model captures the social marketing ecosystem in its entirety, allowing for collaboration and sharing of strategies and intended outcomes throughout the process. Using simple logic models to map a social marketing effort also helps planning teams account for potential circumstances and factors that are beyond their control (Foster, Horton, DeFrancesco, & Wedeles, 2012; Wyatt Knowlton & Phillips, 2013).

Through the Campaign, grantees are trained on the transtheoretical model (TTM; Prochaska, 1997), also known as the stages of change (SOC) model, which posits that change occurs in a series of stages

including precontemplation, contemplation, preparation, action, maintenance, and termination. When the federal government began funding systems change in 1992, many audiences who were critical to the effort's success had not yet accepted that children could have mental health challenges, often believing that behavior issues were the result of poor parenting or lax discipline. Consequently, an initial barrier to local systems change was the lack of awareness within child-serving agencies and communities that children's mental health services were needed or helpful (Stroul, 1996). Using the TTM as a guide, the Campaign's social marketing team began their efforts with awareness-raising strategies, with the understanding that readiness for change was a key component in adopting the behavioral changes that would ultimately improve outcomes for children and families and sustain systems change at the local and national levels.

Social Marketing as a Key Tool to Sustain Systems of Care in Communities

Social marketing is a key tool throughout this transformation process and can be used to change the attitudes, beliefs, and behaviors of staff, families, youth, providers, child-serving leaders, and others who are essential to institutionalizing the system of care approach. In fact, according to a survey on the sustainability of system of care communities, social marketing strategies were identified as key factors in successful sustainability of the system of care approach after the end of federal funding (Manteuffel & Stroul, 2007).

While the social marketing approach has been documented to increase awareness of the importance of children's mental health and address discrimination and prejudice (Evans-Lacko et al., 2012; Painter et al., 2015; Pescosolido et al., 2010; Pinto-Foltz, Logsdon, & Myers, 2011), a review of the literature on systems change and social marketing reveals a lack of evidence about how the social marketing approach can be applied to effect change in the behavior of child-serving professionals and within the children's mental health care delivery system. This article will consider the role that social marketing plays in operationalizing, expanding, and sustaining systems of care within children's mental health services.

Applying the social marketing approach to systems change is a complex task. Rather than focusing on one audience at a time, social marketing efforts must address multiple audiences using multiple interventions to ensure improvements to the system as a whole. Moreover, community cultures and needs are inherently different, so a robust evaluation is key to extracting lessons that can be applied across communities, states, tribes, and territories.

A study by Corrigan and colleagues (2001) examined the effects that three strategies—education, contact, and protest—had on the stigmatization of those with schizophrenia and other severe mental health issues. They undertook this study because of the evidence that social stigma can have a significant effect on the quality of life of those with these mental illnesses. Based on their findings regarding the contact strategy in particular, they recommended that this strategy be further studied to understand how specific characteristics of contact can influence changes in attitudes toward those with mental illnesses.

Research Methodology

To gather the case studies that provide the foundation for this article, interviews were conducted with organizations identified by TA providers who had experience working with them. The following three brief case studies demonstrate how the Campaign's activities can contribute to systems change within systems of care. Each case study provides an overview of the system of care and details on the following key elements and social marketing strategy, for which SAMHSA provides TA:

- audience;
- social marketing goal;
- barriers;
- benefits;
- strategies; and
- outcomes.

Research Summary

BECOMING Durham (North Carolina)

Overview. BECOMING Durham was a 6-year system of care grant funded in 2010. Their population of focus was transition-age youth (ages 16–21), and their goal was to improve the system that supports this group. In 2005, Durham had 18% of the Research Triangle Region's 18- to 24-year-old population (MDC, Inc., 2008). In a study of "disconnected youth" in the Research Triangle area, Durham was found to have a higher percentage of disconnected youth when compared with Raleigh or North Carolina as a whole. The study identified disconnected youth as those aged 16–24 who are not in school or lack a high school degree, not working or connected to the "legitimate labor market," lack strong connections to caring adults and community support, and may be involved in the criminal justice system (MDC, Inc., 2008). In 2005, an estimated nearly 10% of 15- to 17-year-olds in Durham County were not enrolled in school compared with 6% for the state overall. Additionally, among youth aged 16–19 years old, the unemployment rate was 31% in the Durham metropolitan statistical area compared with 14% in Raleigh. Finally, the rate of violent crime in the same age-group was much higher in Durham County (6.6 incidents per 1,000) compared to the Triangle–3.6 per 1,000 (MDC, Inc., 2008). Mental health was an area of concern in Durham, with the State of Durham County's Health Report for 2008 revealing that 27% of high school students had reported feeling sad or helpless and 18% had reported that they had attempted suicide in the previous year (Partnership for a Healthy Durham and Durham County Health Department, 2008).

One area singled out for social marketing intervention was law enforcement. It is estimated that 70% of youth in the juvenile justice system have a mental illness (O'Connell, Boat, & Warner, 2009). North Carolina is only one of three states where 16-year-olds can be charged with adult crimes. Of the youth between the ages of 16 and 21 who are still involved in the juvenile justice system, 10 were committed to Youth Development Centers, long-term commitment facilities for juvenile offenders, in 2008; other youth with criminal justice involvement were placed in the adult system. At the time the grant was awarded, 444 offenders aged 16–21 were on adult probation.

In FY 2009, the Durham Police Department issued a list of the top 50 offenders in Durham County. This list was largely determined by the number and type of arrests and the individuals' associations. Of the top 50 offenders, approximately 10% were youth aged 16–21 who had been involved with mental health services. These youths accounted for 34 misdemeanors and 50 felonies, for a total of 84 incarcerations. In addition, of the 660 inmates who screened positive for mental health concerns, 83 (or 13%) were youth between the ages of 16 and 21. This area of focus had an additional sense of urgency because of data that demonstrated that incarcerated youth are 2–3 times more likely than nonincarcerated youth to die by suicide (U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 2014).

To improve the outcomes of interactions between youth and young adults with mental disorders and local police officers, BECOMING Durham realized it needed to strengthen the behavioral health staff's existing collaboration with Durham County law enforcement agencies in support of youth with mental disorders.

Audience. The audience for this campaign included law enforcement leadership and officers.

Social marketing goal. BECOMING Durham's social marketing goal was to reach law enforcement officers so they can recognize when a youth they encounter is experiencing a mental health crisis and divert that youth to a crisis-based mental health facility rather than jail or an emergency room.

Approach. As BECOMING Durham began to build on existing relationships with law enforcement, they understood the importance of creating buy-in among leadership and upper management to create an effective intervention with police officers. This included cultivating a relationship with not only the chief of police but also captains and sergeants.

As BECOMING Durham began to better understand the needs of its audience, it became clear that a simple awareness and messaging campaign would be insufficient to spur behavior change. There was, indeed, low awareness among officers about the unique needs of youth with mental disorders and officers often had preconceived notions about young adults dealing with mental illness. Law enforcement members would need to receive training and education from qualified professionals in behavioral health and primary care, as well as individuals with lived experience with mental illness, to be equipped with the necessary understanding of the range of mental disorders they may encounter and the safest, most effective ways to help individuals in crisis.

BECOMING Durham looked to a national model for training police officers for how to deal with a person experiencing a mental health crisis. The Memphis Police Department and the National Alliance on Mental Illness (NAMI) created the Crisis Intervention Team (CIT) program, which provides officers with 40 hours of intensive training and is described by NAMI (2018) as

> a model for community policing that brings together law enforcement, mental health providers, hospital emergency departments, and individuals with mental illness and their families to improve responses to people in crisis. CIT programs enhance communication, identify mental health resources for assisting people in crisis, and ensure that officers get the training and support that they need.

To lay the groundwork for incorporating new aspects to the trainings, BECOMING Durham met with law enforcement leaders to create buy-in and bring them onboard as messengers to reach police officers. Messaging through internal distribution channels and social media emphasized the benefits of including a youth-focused module as well as a cultural and linguistic competency module into the CIT curriculum, such as safer interactions with youth and young adults, less time spent in court, and a reduction in recidivism.

During the training, officers used role-playing to share their personal experiences of interacting with individuals experiencing mental health challenges to illustrate the application of new skills. BECOMING Durham also created a video called "When Compassion Calls," in which police officers talk about the need to respond with compassion to people in crisis. They emphasize the importance of directing people to treatment instead of arrest.

Because of the enhanced relationship with the police department, BECOMING Durham had a dedicated officer for reaching and helping young people. Whenever the police department encountered a youth during daily patrols (not in a crisis situation) who they thought might benefit from mental health services and supports, the youth was referred to this dedicated police officer and BECOMING for help.

Outcomes.

- BECOMING Durham and Durham System of Care now collaborate with law enforcement partners to provide more than 200 officers with CIT or 40 hours of similar trainings on an ongoing basis.

- Since January 2017, the system of care has seen a significant increase in the number of youth referred to its crisis and assessment facility rather than jail or emergency rooms.
- From January to July 2016, more than 288 local youth accessed mental health services through referrals from law enforcement.
- From January to July 2017, the number of similar referrals totaled more than 500.

Wraparound Orange (Florida)

Overview. Wraparound Orange is a system of care working to support the mental health needs of children, youth, and young adults in Orange County, Florida, and to end the fragmentation and duplication of services. Their population of focus for the initial grant was youth aged 12 and under who had a mental health diagnosis and had been referred to the Orange County Department of Juvenile Justice. The population of focus has since been expanded to youth through the age of 21.

At the grant's inception, there were an estimated 12,500 youth in Orange County with social, emotional, and behavioral health challenges based on census data. Per the Florida Department of Juvenile Justice (FDJJ) data dashboard, between 450 and 500 youth aged 12 and younger were referred to the Department of Juvenile Justice every year.

When their initial SAMHSA grant was coming to an end, the system of care needed to be able to fund its efforts, and local funding was not guaranteed. With a county-wide government and school system, a strong faith-based community, and a strong philanthropic base, Wraparound Orange knew it had the ability to develop a committed leadership group invested in changing mental health services and supports.

Audience. The organization focused their efforts on community members and county-level decision makers.

Social marketing goal. Wraparound Orange's goal was to gain support for the system of care approach among community members and county decision makers to ensure ongoing funding.

Approach. Wraparound Orange staff understood from interactions with community leaders and county decision makers that to secure funding, they needed to decrease discrimination and prejudice among members of the community about children and youth who experience mental health challenges.

The organization conducted partnership development initiatives and awareness campaigns in the community. The activities were designed to engage family leaders, law enforcement officials, public school educators, child welfare experts, and others. As they conducted these activities, the Wraparound team showcased the benefits of the system of care approach for this audience, which included saving costs across child-serving systems. For school leadership, the outreach emphasized the improved function of youth at school, including increased attendance (SAMHSA, 2016), improvements in academic outcomes (SAMHSA, 2016), and a decrease in dropouts (Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014).

Another benefit of the system of care approach Wraparound Orange highlighted was the improvement in workplace productivity for caregivers of youth with mental disorders. National data show that among caregivers who had been unemployed at intake because they had to care for a child's mental health problem, 23% found employment within 6 months of entering services (SAMHSA, 2016). While 38% reported they continued to look for work, their child's mental health problem was no longer the primary reason for their difficulties in finding employment. Caregivers whose child received support from a system of care also missed fewer days of work (Stroul et al., 2014).

To illustrate these data and bring them to life in a meaningful way, Wraparound Orange identified families and youth who could share their personal stories. The team worked with these family

members, youth, and young adults to hone their messages and practice effective delivery. Over a 7-year period, Wraparound Orange hosted an annual Healthy Minds, Healthy Lives event for families, which grew from 200 to 1,000 attendees.

Outreach also included the Start Your Story campaign (https://startyourstoryhere.org/about), online story writing to reduce stigma that invited youth, young adults, and families to publicly share their stories of discrimination related to mental health. Wraparound Orange paired this activity with parent writing workshops through a partnership with the communications department at the University of Central Florida.

Wraparound Orange worked with the Orlando mayor's office to develop a youth mental health task force that develops proactive strategies to support sustainability goals related to funding, prevention and early detection programs, and collaboration with law enforcement agencies. They also held anti-stigma events (hosted by the mayor's office) for members of the media to educate various media outlets about mental health.

Outcomes. During the fourth year of their first grant, the county appropriated US$1 million annually in funding for the system of care. Arrest rates around the state have decreased over time, and the most recent local data indicate that the number of youth aged 12 and under who were referred to the Department of Juvenile Justice each year has dropped from 500 to 200 (FDJJ, n.d.). Increased funding has allowed Wraparound Orange to expand the array of available services and supports it offers, including Mobile Crisis Services across the county for children and youth from birth to age 17 that has been in operation for the past 3 years. Services are supported by the blending of funds from SAMHSA, Orange County General Revenue funding, and state funding from the Florida Department of Children and Families.

Colorado's Trauma Informed System of Care (COACT Colorado)

Overview. Colorado's Trauma Informed System of Care (COACT Colorado) is an example of a system of care that has expanded from local-level efforts to statewide implementation of system of care values and principles. The current goal of the COACT system of care is to develop a sustainable infrastructure to coordinate and fund community-based services and supports for families of children and youth with complex needs throughout the state.

One of the earliest areas of focus for COACT Colorado was to bring children and youth with serious mental disorders who were in the child welfare system back to their communities from out-of-home residential care. In the past, out-of-home residential care was the only option for addressing the needs of children and youth with serious behavioral health issues. There are an estimated 50,000 children and youth who experience serious emotional disturbance, of which 29,000 are involved with the child welfare system each year.

Audiences. The audiences for COACT Colorado's efforts included child welfare employees and behavioral health staff.

Social marketing goal. The social marketing goal for COACT Colorado was to increase collaboration between the child welfare system and the behavioral health system by building understanding and trust.

Approach. The systems of care approach aims to break down silos among child-serving agencies and create a "no wrong door" model so that families whose child is experiencing a mental illness can get help at any of the touch points they encounter (e.g., school, juvenile justice, and child welfare).

One of the priorities that COACT Colorado identified early in its grant was the need to build relationships between the child welfare and behavioral health agency. Historic distrust and

misunderstanding between these two agencies had left little room for collaboration. Child welfare employees were frustrated by the difficulty of gaining access to mental health treatment for their clients as well as which agency should be paying for treatment. Behavioral health and child welfare staff also interpreted commonly used terms such as *assessment* in different ways.

There was low awareness among child welfare staff about the impact of trauma on a child's mental health and the efficacy of what is known as a trauma-informed approach (SAMHSA, 2015b),[1] including wraparound care (National Wraparound Initiative, n.d.).[2] COACT Colorado began to create understanding and collaboration with the child welfare agency by conducting shared trainings about trauma such as Core Concepts of Childhood Trauma and Trauma Systems Therapy. Another key strategy was to create a shared language for concepts and principles to build a foundation for mutual understanding.

Staff modeled working together at the state level, including Office of Behavioral Health staff attending and participating in many of the child welfare meetings, group phone calls, and webinars. The COACT team used data to demonstrate how bringing youth back to the community would decrease costs for the child welfare system. They highlighted the benefits of a collaborative relationship for child welfare, including team support through access to case workers who manage challenging situations, an increased number of intact families, and increased likelihood of family reunification. They also emphasized that working together would lead to quicker resolutions of child welfare cases.

COACT Colorado asked stakeholders in both behavioral health and child welfare to design a protocol for working together. They formed an advisory committee that included representatives from the child welfare and behavioral health systems as well as families and youth to serve as ambassadors of systems of care. They worked out a system in which child welfare professionals conducted trauma screenings and mental health professionals completed assessments, recommending appropriate treatment. Mental health centers were trained in specific evidence-based models appropriate for the child welfare population.

Outcomes. An ongoing collaboration between child welfare staff and behavioral health staff resulted in joint planning, joint participation in briefings with state decision makers, and shared funding streams. They developed a shared staff position to facilitate collaboration between the two agencies that is still in place today.

They established a Collaborative Management Program that required the formation of an interagency oversight body comprised of representatives from child-serving agencies that sign a memorandum of understanding. The purpose is to work with children with complex needs who cross systems.

In some Colorado communities, mental health professionals are colocated with child welfare. In one community, the mental health center designed an entire team for child welfare. The state is now piloting its first care management entity (CME) in El Paso County. A CME is a centralized organization that blends funding, organizes services and supports, and serves as a hub of accountability across agencies.

Discussion: Promising Practices Emerge

Throughout SAMHSA's collaboration with local and state systems change partners, several promising social marketing approaches have emerged.

Audience Involvement and Collaboration

A key tenet of social marketing—audience involvement and collaboration—has been highly effective in promoting local systems change. As evidenced by advances in Durham, Orange County, and Colorado, understanding and involving key partners in the planning of social marketing interventions

has an impact on participation and outcomes. In each of the case studies, engaging professional audiences was intrinsic to reaching local and state objectives. These professional audiences are bound to pursue their own objectives, which means that participating in additional efforts requires an articulation of mutual goals. Through initial education and collaboration with law enforcement, school leadership, and child-serving agencies, communities successfully demonstrate how audience and system of care goals intersect, allowing for a collaborative, coordinated approach.

National and Local Partnerships

Systems of care involve a range of child-serving organizations related to child welfare, juvenile justice, education, and behavioral health. For a local organization or agency pursing systems change, it can be daunting to bring so many different entities to the table. A key social marketing strategy to overcome this barrier has been to engage partners at the national level who can then help broker relationships at the local level. For example, a partnership with the National PTA becomes a conduit for local partnerships with school-specific PTA groups. Conversely, local relationships also have begun to benefit the entire network of systems of care as communities share their local successes and encourage replication.

Storytelling

Grantees have learned that one of the most effective ways to reach staff and leadership from child-serving agencies is to collaborate with children, youth, and young adults who receive services from these agencies as well as their family members.

Building on Corrigan's (2001) notion of contact strategy, the CMHI social marketing team trains youth and young adults with mental health challenges and their families in personal storytelling in which they share both their challenges and resilience. Through this storytelling, youth, young adults, and their families can help others understand their needs and strengths and move through the SOC to supporting the need to address children's mental health. The prejudice and discrimination often associated with children's mental health issues can isolate families from their communities and make it difficult to access services. Storytelling allows children, youth, and families to package their experiences—through speeches, writings, or videos—using persuasive, compelling language and imagery.

Data Use

Systems change requires broad acceptance that the effort is worth the perceived cost in time, resources, staffing, and monetary investment (Kendrick, Jones, Bezanson, & Petty, 2006). By gathering and disseminating both national and local outcomes data throughout systems of care communities and to federal and private supporters, CMHI helps demonstrate the multiple benefits of a coordinated approach, including a return on investment.

A robust national evaluation has shown that children, youth, and young adults served by systems of care have improved their ability to function at home, in school, and in the community. Caregivers have reported significant positive changes in the behavioral health of their children and youth. Children and youth served by systems of care are more likely to attend school regularly and less likely to be suspended or expelled from school, and their involvement with the juvenile justice system has greatly decreased. Children and youth served by systems of care are much less likely to experience suicidal thoughts or make a suicide attempt. Finally, caregivers of the children and youth reported less strain and were more likely to be employed as a result of their child's participation in a system of care (SAMHSA, 2015a, pp. 8–11). These outcomes lead to cost savings across child-serving systems. For

example, between 2006 and 2013, the following outcomes and related estimated cost savings were reported (Stroul et al., 2014, p. 10):

- Emergency room visits for mental health crises decreased by 57%; within the health care system, there was an estimated savings of US$15 million.
- Inpatient services decreased by 42%; cost savings were estimated at more than US$37 million.
- Children and youth were less likely to be arrested; savings to the justice system were estimated at US$10.6 million.
- Children and youth were less likely to repeat a grade in school; this resulted in a 35% lower cost to the school system per child, for a potential cost savings of US$3.3 million.

Culturally and Linguistically Competent Approaches

A key tenet of both social marketing and systems of care is cultural and linguistic competency. Systems of care serve families in diverse localities, states, territories, and tribal communities. These audiences view mental health and health in general through different cultural lenses. Tribal audiences, for example, understand health through a fluid, cyclical model known as the relational worldview (Hunt & Printup-Jones, 2003) as opposed to the more linear cause-and-effect model prevalent in Western culture. Successfully helping audiences move through the SOC requires working with audience partners to develop strategies that consider cultural norms and linguistic needs and incorporate these into everything from trainings to outreach to promotional materials.

National Leadership

Newly funded system of care communities have the daunting task of introducing a complex approach to child-serving agencies, policy makers, and funding sources. Local and state examples of success can certainly help drive initial engagement with community partners, but based on feedback from local communities, SAMHSA has begun showcasing success stories, national data, and promising practices at the national level. In 2005, SAMHSA hosted its first National Children's Mental Health Awareness Day (Awareness Day), featuring local success stories, data, youth and family voices, and evidence-based practices in systems change. This now-annual galvanizing event has provided opportunities for local communities to connect their work to other successful social marketing efforts involving child-serving professionals and the public. Guided by an annual theme, such as the integration of mental health services and primary care, Awareness Day creates openings for funded systems of care to showcase local efforts through media coverage, public gatherings, and other awareness-raising strategies.

New Evaluation Tools to Assess the Impact of Social Marketing Strategies on the Expansion and Sustainability of Systems of Care

The current literature lacks substantial evidence that the social marketing approach can make a unique contribution to systems change in the field of children's mental health service delivery. Quantitative and qualitative evaluation tools must now be applied to measure the unique and important contribution social marketing can make in changing the way child-serving organizations and agencies conduct their business.

An annual national evaluation report of the CMHI is required by Congress. Gathering data for this report is a multilevel, complex effort. Over the years, the national evaluation has been modified to answer new evaluation questions. In 2017, national evaluation tools have been added for the first time to look at the impact of social marketing strategies. The data from these efforts will enable SAMHSA

to better assess how social marketing efforts can contribute to the expansion and sustainability of the systems of care approach.

Stroul and Friedman (2011) studied system of care expansion efforts in nine states. They identified five broad categories of expansion efforts, including (1) changing policies, administrative procedures, and regulations; (2) expanding services and supports that are in line with system of care principles; (3) improving financial arrangements; (4) building and supporting the workforce through training and TA; and (5) promoting systems of care and garnering support for expansion (Stroul and Friedman, 2011). Social marketing can impact all five of these domains. The new evaluation tools will address the fifth domain in particular, promoting systems of care and garnering support for expansion (Stroul, Dodge, Goldman, Rider, & Friedman, 2015; Stroul & Friedman, 2011).

The national evaluation includes the measurement of social marketing goals and both proximal and distal outcomes at the state and local levels. State-level goals assessed in the CMHI National Evaluation include engaging in outreach and social marketing efforts, generating reports on outcomes and cost avoidance, creating partnerships with and among policy leaders, establishing strong family and youth advocacy organizations, and fostering system of care leadership. Local-level goals include partnering with state advocacy groups and policy makers, collecting data on outcomes and cost, engaging in local advocacy, and supporting leadership at the local and state levels.

These goals are linked to the assessment of a range of proximal outcomes. State-level proximal outcomes include greater public awareness, engaged policy makers, increased leadership, and stable and established youth and family advocacy organizations. Local-level proximal outcomes mirror those at the state level and encompass engaged local policy makers, participation in local and state advocacy, and the use of data for system development and advocacy. The long-term goals, which will require some time to assess completely, cross both state and local levels. Taking the broadest perspective, an effective social marketing campaign can reduce public stigma, which can have multiple positive impacts on the public support for system of care expansion and sustainability. Similarly, public confidence in the benefits and accountability of service delivery is essential for enduring system- and local-level change. Positive media awareness also undergirds public views, including those related to stigma and public confidence. Finally, effective legislation enables expansion and sustainability through numerous mechanisms, including enabling legislation, funding, and regulatory mechanisms.

A set of research questions related to social marketing guides the analytic strategies that will be used by the CMHI National Evaluation. These questions are assessed through quantitative and qualitative instrumentation:

- What social marketing strategies were initiated to support system of care expansion and sustainability?
- Were family and youth advocacy organizations supported?
- What were facilitators and barriers to expansion and sustainability?
- Were policy makers engaged in legislation to support system of change expansion and sustainability?
- What policy changes occurred as the result of communication strategies?
- Are outcomes and cost avoidance data collected, reported, and utilized?

Instrumentation

Although several components of the CMHI National Evaluation will provide important contextual information to the social marketing component, three primary instruments will be used to directly

describe the social marketing efforts taken by the CMHI grantees. One instrument incorporates a qualitative, semistructured interview method, whereas the second uses a structured, online quantitative method. Both are administered over time and, taken together, they will provide a rich and comprehensive perspective on the strategic communication strategies applied by CMHI grantees.

The qualitative measure, called the Key Partner Interview, is designed to be sufficiently flexible to identify and elicit innovative strategies, yet standard enough to yield comparable data across grantees. Because systems use different names for the same mechanism, the interview focuses on actions and processes over nomenclature or philosophy. Specific content areas include goals related to implementation, expansion, and sustainability; strategies and mechanisms used to achieve those goals; appraisal of the effectiveness of strategies in achieving goals; and reports on the barriers to implementation, expansion, and sustainability. The Key Partner Interview is being conducted with key state-level partners of state grantees (including collaborating localities) and local grantees. Informants include the program director, high-level administrators of participating service sectors, and directors of the family and youth organizations. Local grantees will also participate in Key Partner Interviews to gain understanding of the state-level efforts that may impact local system of care implementation. For local grantees, state-level stakeholders will be interviewed along the same dimensions as the state grantees, but there will be fewer respondents.

The quantitative tool, called the System of Care Expansion and Sustainability Survey (SOCESS), is a web-based, self-administered quantitative tool designed to provide efficient annual longitudinal assessment of expansion implementation. Similar tools have been developed to assess system of care implementation for the CMHI community grantees (Kutash, Greenbaum, Wang, Boothroyd, & Friedman, 2011). The SOCESS includes planned strategies and mechanisms, factors that impeded and facilitated expansion efforts, and self-appraisals of the degree of implementation. The SOCESS is administered online to all state and local grantees, including those who complete the Key Partner Interview. Consequently, respondents will include representatives from family and youth organizations, child-serving sectors, advocacy organizations for diverse populations, provider organizations, financial officers, among others.

The proximal and distal outcomes of the social marketing efforts described by the Key Partner Interview and the SOCESS will be captured by additional instrumentation used in the CMHI National Evaluation as well. As one important example, the network analysis component of the CMHI National Evaluation will describe the state-, local-, and practice-level partnerships that are at the core of the systems of care approach. Network analysis is a quantitative technique based on tenets of systems theory and has been used in children's mental health services research (S. R. Friedman et al., 2009; Heflinger & Northrup, 2000; Morrissey, 1992). Network analysis documents interagency networks by surveying multiple informants about their contacts and relationships with individuals in other agencies and organizations (Morrissey, 1992). Effective social marketing can be expected to enhance linkages between organizations and levels of the service system. For example, effective local-level social marketing may strengthen links to state-level organizations or other service delivery sectors. The network analysis contains a specific question regarding social marketing and the extent to which collaborators work together toward "promoting systems of care and raising awareness through [social marketing]." Consequently, the network analysis will provide direct information regarding the strength of connections and contacts between organizations based on collaborative strategic communication strategies.

Conclusion: How to Expand and Sustain Systems Change

SAMHSA has presented a case study on how social marketing strategies can be applied in local communities to support systems change. These strategies include authentic collaboration with audiences, including sensitivity to those audiences' cultural and linguistic needs; the creation of national

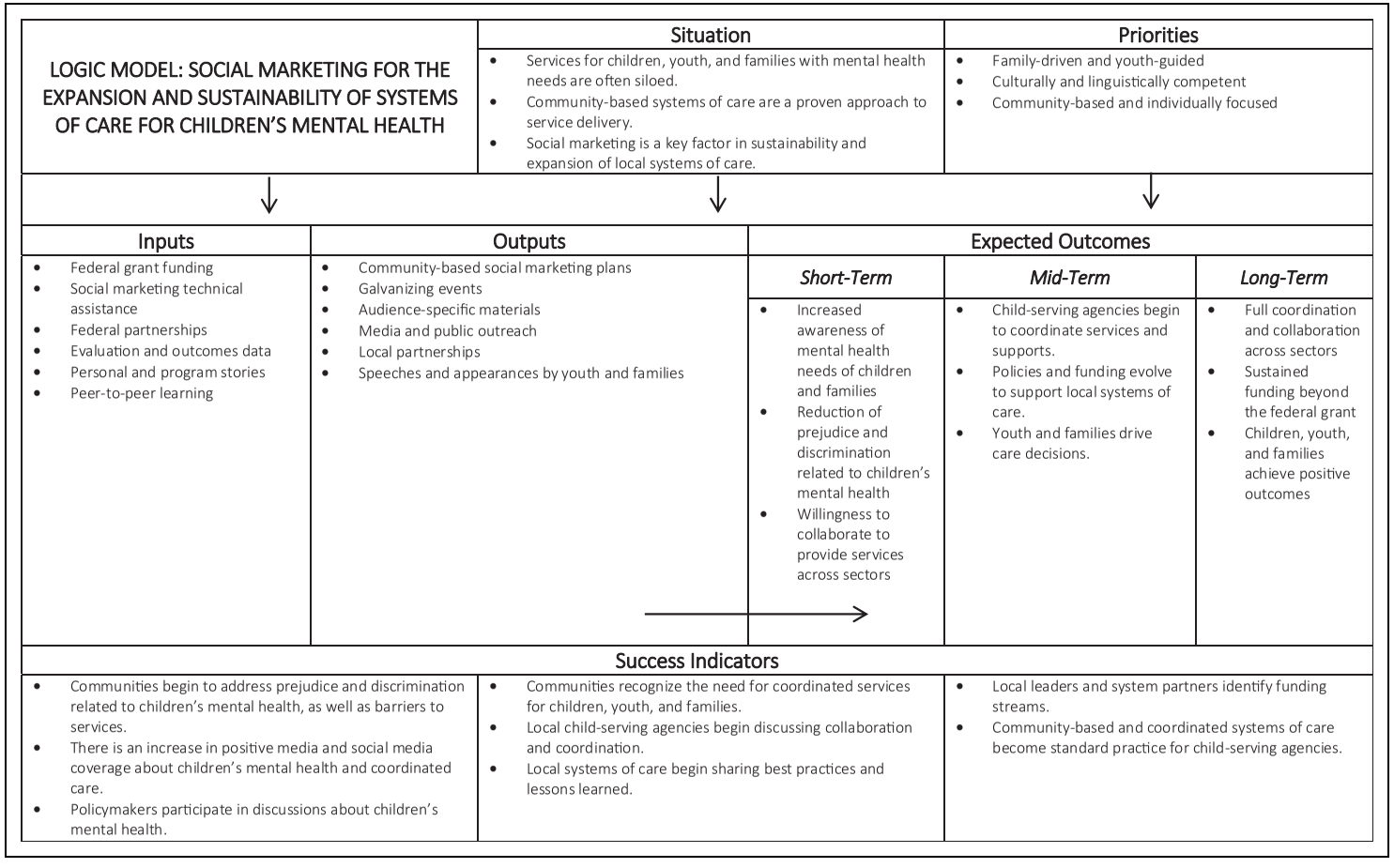

Figure 1. Caring for every child's mental health campaign logic model.

partnerships to support local-level collaborations; persuasive storytelling by children, youth, young adults, and family members who have experienced mental health challenges; the use of both local and national outcome and cost data to demonstrate efficacy of the new approach; and the development of galvanizing events on the national level to disseminate data, highlight stories, strengthen partnerships, and support local social marketing efforts.

Although this case study has focused on the topic of children's mental health, the strategies discussed can be applied to any national program with the goal of creating systems change on the local level. Through the community-based case studies presented, it has been shown that social marketing efforts can result in professionals from a variety of disciplines coming together with the people they serve to identify mutual goals, create a shared vision and language, implement new ways of doing business, and ultimately make fundamental changes to their systems.

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Notes

1. Trauma-informed care is described as having the following components: *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; *responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist *retraumatization*.
2. According to the National Wraparound Initiative at Portland State University, "Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams."

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