The ***Enhancing Systems of Care: Supporting Families and Improving Youth Outcomes*** **(E-SOC)** project, is intended to disrupt patterns of MH disparities in treatment access and outcomes, particularly among children of color or where English is not spoken at home, through an integrated system-of-care for families with children who receive primary care at Cambridge Health Alliance (CHA) and have, or are at-risk for, SED. Massachusetts had the highest rate of child abuse and neglect in the US during FY14 (DHHS, 2016). **E-SOC** will create integrated services for its primary care "safety-net" population of 25,000 children (0-18 years), living in CHA's five surrounding cities, with a special focus on identification of child trauma, autism spectrum disorder, youth/caregiver substance use and early psychosis. Approximately, 25% of these children live below the federal poverty level (American Community Survey, 2011-2013). These cities serve as gateway communities for recent immigrant groups, with 2-3 times the rate of foreign-born residents (43% vs. 15%) compared to the rest of the MA, and twice the statewide rate of children whose parental language is not English (54% vs. 22.3%). **E-SOC** partners include CHA's Departments of Pediatrics and Psychiatry, the state Departments of Mental Health (DMH) and Child Welfare (DCF), as well as MassHealth (MA Medicaid), the Institute for Health and Recovery (IHR), and the Cambridge Schools Special Education Dept. **E-SOC** aligns with CHA's MassHealth-Accountable Care Organization RFA, offering MA the opportunity to model a sustainable system-of-care for its most vulnerable children. CHA has active training programs in social work, psychology, pediatrics and child psychiatry, as well as a nationally recognized program for medical students in community-settings, providing opportunities to build workforce capacity for integrated systems of care. CHA's *Children's Health Initiative* (CHI) leadership will combine evidence-based interventions from its earlier MHSPY program (family support, care management and shared goals) with new CHI innovations (interdisciplinary MH/SA evaluation teams within primary care, including peer-peer parent support). **E-SOC** increases linkages between clinical care and community partners, such as schools, juvenile justice and the child-serving state agencies, to reduce disparities in access to mental health/substance use evaluation and treatment. All aspects of the care continuum will be provided in a culturally and linguistically competent manner, with child and family-driven care planning. Based on pilot data, **E-SOC** anticipates screening at least 15,000 youth/year, connecting 1,500 SED youth with indicated, community-based MH/SA services, and having ongoing clinical involvement in primary care with no fewer than 150 families per year. Our goals are: earlier identification of SED and child trauma; increased treatment access and adherence; care delivered in least restrictive settings; care experience reflecting active youth and family engagement; program sustainability and replicability. Measures include trends in: service use; clinical functioning; expense; and care experience; along with grantee reported evaluation data.