

The National Indian Child Welfare Association would like to congratulate your tribe on receiving a SAMHSA System of Care Expansion and Sustainability Cooperative Agreement. During the next four years, your tribal community will be experiencing a systems paradigm shift to create, improve or strengthen your children's behavioral health system. Although the challenge ahead appears steep, NICWA wants to assure you that you are not alone in the system-building process. Within the first year, the transition can be tough. NICWA has created this guide to help prepare your team for the journey ahead. This guide contains basic information on technical assistance, creating your implementation team, and project deliverables. Also included is a seasonal grant cycle timeline to help plan and track your progress through the first year. A fair amount of information compiled in this guide comes directly from original NICWA materials, SAMHSA Funding Opportunity Announcement, and *Building Systems of Care, A Primer, 2nd Edition* (See appendix for Primer link). We hope you will find this guide helpful as you take steps toward improving your children's behavioral health system.

Purpose of the Cooperative Agreement

To improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. The cooperative agreement intends to support wide-scale operation, expansion, and integration of the system of care (SOC) approach by creating sustainable infrastructure and services. (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [SAMSHA], Funding Opportunity Announcement [FOA], 2017)

A system of care can be defined as:

A spectrum of community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, in school, in the community, and throughout life. (Stroul, B., Blau, G., & Friedman, R., 2010)

Essential Goals

- Expand tribal community capacity to serve children and adolescents with behavioral health needs
- Implement, expand, operate and sustain a provision of mental health services that include: diagnostic/evaluation, outpatient services, emergency series, intensive home-based services, intensive day treatment services, respite care, therapeutic foster care service, transitional programming, and recovery support services.
- Incorporate trauma-related activities into the service system including trauma screening, trauma treatment and a trauma informed approach to care. Implementing evidence and practiced based and promising approaches to treatment while integrating mental health and substance abuse services, supports, and systems
- Collaborate across child-serving agencies and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings.
- Deliver culturally and linguistically competent services that address issues of diversity and disparity
- Offer services that are delivered within a family-driven, youth-guided/directed framework and where engagement of family and youth is demonstrated through integral partners in their own treatment services and supports.

*(Source: SAMSHA, FOA, 2017)

How Systems of Care Empowers Tribal Communities

- Promotes and recognizes tribal sovereignty and self determination
- Gives tribal communities control of the design and implementation of their local behavioral health system to serve their children and families
- Focuses on community building and relationship development through coordination of local service providers and the community's natural helpers
- Fosters a holistic approach allowing tribes to problem solve through a cultural lens
- Provides opportunities to incorporate culture/tradition and tailor services and supports to fit the needs of your tribal community
- Respects community voice and empowers youth and families to have input at every level of the system
- Recognizes inherent strengths already in the community and enriches embedded cultural practices
- Revitalizes and/or strengthens cultural practices that promote healing within the community

Upon Award

After receiving the System of Care Expansion and Sustainability award, we recommend reviewing the FOA cooperative agreement that describes the required post-award federal programmatic participation throughout the project (SAMHSA FOA, 2017, p.20). In this section, we have organized resources and provided direction for new tribal grantees to help orient your team on the work ahead.

In September, we recommend scheduling biweekly phone and email communication with both NICWA and SAMHSA. After the first couple of months, you can transition to monthly TA calls. In addition to providing funding for your initiative, SAMHSA provides training and technical assistance (TA) to grantees through federal contracts and sub-contractors, including NICWA. SAMHSA strongly encourages grantees to take full advantage of the TA provided at no cost to the grantee.

Reminder: First-year tribal grantees are encouraged to set up a site visit with NICWA staff within first nine months of award.

TA Checklist

1. Grantees are strongly encouraged to have key staff and partners participate in **virtual training events** (webinars) that provide information, direction and TA to grantees.
2. Grantees must plan to send a minimum of 10 people (including key staff, task leads, and key partners that are mutually identified between the grantee and GPO) to at least one **SOC training activity** each year of the grant award (these can be divided into multiple training events).
 - A detailed budget and narrative for this travel must be included in the budget.
3. Grantees are **encouraged to attend one of the meetings** throughout the year: **see seasonal cycle timeline.**
 - Federation of Families Conference
 - Research and Policy Conference on Child, Adolescent and Young Adult Behavioral Health
 - National Indian Child Welfare Conference
4. Grantees must have key staff, task leads, and key partners participate in virtual training events held to provide information, direction, and technical assistance to grantees.
5. Grantees are encouraged to participate in NICWA's monthly tribal grantee, youth engagement, and family engagement calls. Discussions cover TA topics, highlight SOC programming, and provide opportunities for tribal peer-to-peer learning.
6. Jointly produce with NICWA a training and technical assistance plan within the first 90 days of grant award, and plan for annual review of the TA plan.

Training and Technical Assistance (TA)

Technical assistance is available to assist grantees to implement and expand critical elements of SOC philosophy, infrastructure, and services so that more children, youth, and families receive effective behavioral health treatment and experience improved outcomes. Within the context of an SOC, TA is the “*transfer of new knowledge along with new technology to others who do not know about it*” (Choudhury, 2001). Grantees are expected to regularly assess TA needs and agree to work closely with federal staff and TA providers to address identified needs. **All TA provided through SAMHSA contractors is at no cost.** Examples of technical assistance topics are on the following page.

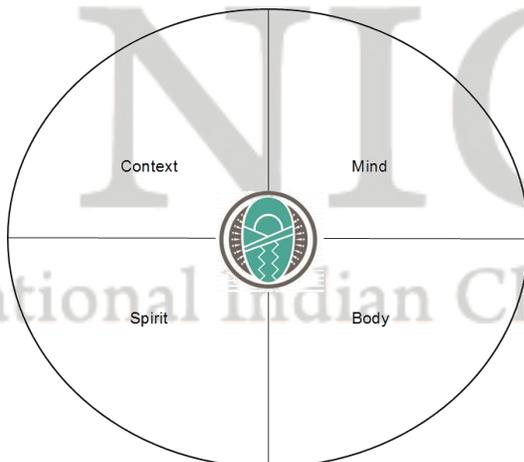
NICWA’s approach to providing TA focuses on expanding the range of vision of the community’s strengths and needs in an effort to align tribal systems, structure, and services. NICWA provides TA in many formats such as individualized monthly calls, monthly tribal SOC group calls, on-site TA visits, peer-to-peer networking, webinars, “how to” resources including tool kits, and community convening/gatherings.

There is increasing attention to providing TA focused on developing capacity and producing demonstrated impacts at multiple levels. Broadly, **capacity development emphasizes the ability to define and meet challenges in a sustainable manner** (International Monetary Fund, 2002). A useful operational definition of capacity development is “**the process by which individuals, organizations, institutions and societies develop abilities (individually and collectively) to perform functions, solve problems and set and achieve objectives**” (Godfrey et al., 2002).

NICWA’s Training and Technical Assistance Model

In providing training and TA to tribal nations, NICWA uses and is guided by the relational worldview model. The model is embedded in Native and tribal thought, and views life with a holistic lens with the understanding everything is interrelated. NICWA utilizes the model to assess tribal SOC programming, for strategic planning, and to help restore balance and harmony in organizations. The model is also applicable to individuals and families.

Relational Worldview Model – Individual/Family Level



Relational Worldview Model – Organizational Level



(Cross, 1997)

NICWA's philosophy on training and TA reflects on the SOC values while applying the relational worldview model. NICWA believes in enhancing the local natural helping systems, honoring diversity among Indian people, respecting each community's unique culture and strengths, and building an ongoing relationship with tribes. **Within the TA process, NICWA strives to:** expand the range of vision of strengths, facilitate strategic/adaptive technical assistance plan for organizational balance, contribute resources and expertise to accomplish goals, and align systems, structures, and services with mission, vision, needs, and resources.

NICWA Provides TA in:

- **Family Engagement:** family support systems, child development, parent education, peer support, Positive Indian Parenting, family resources, family preservation, community ownership, curriculum resources
- **Youth Engagement:** peer support, youth organizing, youth leadership development, youth engagement toolkit, youth advocacy, youth council development, youth empowerment, youth resiliency resources
- **LGBTQ2S:** resources, training, consultation
- **Tribal Wraparound service delivery process**
- **Strategic Planning:** needs assessments, infrastructure building, tribal/state partnerships, governance structure, systems integration, MOU development, continuous quality improvement planning
- **Medicaid/financial strategy:** sustainability plans, Medicaid billing revenue, match strategies, in-kind donations, return on investment/cost benefit analysis
- **Policy/Procedure Development:** governance/system management, policy guidance, logic model
- **Behavioral Health:** system intake/referral/screening, substance abuse, treatment approach, service delivery, service design

- **Prevention programming:** suicide, methamphetamine
- **Historical/Intergenerational Trauma:** resources
- **Trauma Informed Care and Practice:** curriculum resources, planning and implementation
- **Peer Support Services**
- **Workforce development**
- **Cultural and Linguistic competence:** CLAS Standards, Gathering Of Native Americans, Relational Worldview Model, practiced-based evidence, tribal intervention practices, historical/ intergenerational trauma, natural support systems
- **Team building:** team dynamics, interagency collaboration, work environment, work/life balance, staff burnout/wellness,
- **Indian child welfare:** protective services, family resource services, case work, kinship and foster care

SAMHSA Partners Provide TA in:

- Data collection (SPARS), data evaluation (Westat), program evaluation
- System of care implementation
- Child welfare
- Evidence-based and promising practices
- Mental health
- Workforce development
- Wraparound process
- Social marketing

National Indian Child Welfare Association

How to Access TA

Contact the NICWA community development specialist for NICWA TA. To access the larger TA Network contact **Denise Sulzbach** with the University of Maryland at dsulzbach@ssw.umaryland.edu or **Andy Hunt** with SAMHSA at Andrew.Hunt@SAMHSA.hhs.gov.

Key TA Contacts

NICWA Staff

- Community development specialist and principal investigator
- NICWA family and youth engagement specialists—Barb Gladue and Jackie Malstrom
- Additional NICWA consultants: Dane Aune, Holly Echo-Hawk, Jillene Joseph (Native Wellness Institute)
– Contact NICWA to connect with additional consultants

SAMHSA Staff:

- Government Project Officer—Andy Hunt
- Office of financial resources, division of grants management—Gwen Simpson

SOC Supporting Roles:

- The National Technical Assistance Network for Children’s Behavioral Health (TA Network) led by the University of Maryland
- Social marketing consultant—Leah Holmes Bonilla
Feel free to reach out at Leah.Holmes-Bonilla@nasmhpd.org
- Westat national data evaluation liaison—May Yamate

Getting Started as a New Grantee

“Begin with a tribal policy statement to ensure sustainability & direction”

-Holly Echo-Hawk

Know Your FOA

Now that your tribe or tribal-serving organization has accepted the System of Care Expansion and Sustainability Cooperative Agreement, your team is responsible for meeting the expectations defined in the application submitted in response to the funding opportunity announcement (See Appendix for link to 2017 SAMHSA FOA). We recommend SOC staff become intimately familiar with the expectations and required activities described in the FOA and with the terms and conditions of the notice of award issued by SAMHSA. Not following the FOA, or falling out of compliance with terms and conditions of your award, could lead to corrective actions such as increased required reporting, restriction of funds, or termination of the award. If you feel the need to adjust or alter goals or activities from how they are described in your grant application, you need to contact your government project officer to discuss the situation before moving forward. A change in scope to the grant requires SAMHSA prior approval.

Assembling Your Implementation Team

One of the early objectives in the system-building process is establishing a SOC implementation team that includes key government officials, family members, youth, and system partners (e.g., juvenile justice, education, substance abuse, primary care, and child welfare). In developing your implementation team, consider how the individual will add value to SOC, integrity to the work, or benefit the community overall.

When recruiting/hiring, consider **whether the person demonstrates positive relationships** with community, **integrity** within the community, the **capacity** to advise or do the work, **commitment** toward children’s mental health, and **consistency** in their body of work (Pires, Sheila A., 2010).

Once Key Staff Is Hired

Key SOC staff include: principal investigator, project director, and lead family contact.

Task leads include: clinical service delivery, cultural and linguistic competence, evaluation, social marketing—communications, and youth engagement specialist.

- ✓ **Thoroughly review** the FOA sections of “Expectations” and “Required Activities.”
- ✓ Review the goals and objectives identified in the grant application.
 - **The aim is to ensure all staff is on the same page before moving forward.**
- ✓ Begin articulating the **mission of your SOC** —why does your SOC exist?
- ✓ Confirm and articulate **goals** while integrating tribal principles to guide the work ahead.
- ✓ Clearly **identify the population** context you will be serving that is mentioned in the original application.
- ✓ Complete and/or update an inventory of existing strengths within the community by **mapping community resources/assets**. By asset mapping, you will begin to identify where service gaps may lay, partners you need to connect with, or capacity building needs.
- ✓ Within a systems change process, your team needs to understand how the current system is serving your community or not serving your community. By **assessing service system flow**, you can identify system issues and create a new vision of how you want to serve children and families.
- ✓ In order to know if what you are doing is working, your team needs to **identify outcomes** based on community measures such as balance/harmony or resilience factors. Once outcomes are identified, start creating measurement parameters to control and accurately track progress in service delivery.

As a team, you will be executing a plan to meet the goals of the FOA and your grant application. Review and understand your application to maintain the initial vision and goals. While there may be some variation and adjustments from the concept and implementation, it is important to remember the goals that resulted in the funding of the grant. Any significant changes in your approach or the scope of the grant must have prior approval from SAMHSA.

Assess Community Readiness

How you shape and design your SOC will depend on the specific needs of your children and families. No two SOC look the same. A community can begin to identify challenges or issues within a children’s behavioral health system through a self-assessment of readiness to implement system change. The community readiness model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University is one example of a readiness assessment. Some guidance includes:

- Elicit community feedback while utilizing assessment framework to track training, coaching, capacity building needs
- Once community readiness and challenges are identified, your team can start envisioning and planning for the system you plan to create

After completing a community readiness evaluation, the assessment tool will provide your tribe’s stage of readiness (**stages of readiness: no awareness, denial/resistance, vague awareness, preplanning, preparation, initiation, stabilization, expansion/confirmation, community ownership**) (Stanley, Linda R. & E. R. Oetting, B. A. Plested, R. W. Edwards, P. J. Thurman, K. J. Kelly, & F. Beauvais, 2014). Knowing which stage your tribe is in will help identify training and TA needs by assessing the steps needed to achieve your SOC goals. Once your SOC begins to identify areas of need based on the assessment, we recommend working with NICWA to develop an initial TA plan and schedule a TA site visit. During this visit, NICWA will present on our TA approach, the Relational Worldview Model, and negotiate a timeline for developing a written TA plan. We recommend you immediately begin working on organizing your families, youth, communities, and local providers, even if you are still trying to hire staff.

Systems Change

In order for systems change to be successful and sustainable, it must involve efforts at the state, tribal, local, regional, and reservation levels.

Levels of Systems Change	
Policy level	Legislation, tribal law/code/constitution, executive orders, tribal codes, procedures, rules, governing bodies, or advisory boards Policy focus can include: financing mechanisms, service delivery, workforce development, and structures/processes to support SOC
Management level	Quality improvement, evaluation of system performance, advisors, administrators involving system management accountability, focus on inter-agency collaboration
Service/frontline practice level	Natural helpers, system navigators, peer mentors, practices implemented, treatment models, training and supervision of employees, individualized plan of care, and single coordinated providers utilized; goal is effective, state of the art, community-based, evidence-informed treatment, services and supports for children and families
Community level	Community coalitions, advisory boards, community ownership

System of Care Expectations

Throughout your first year, the systems change process includes following critical FOA expectations to ensure your SOC team is truly shifting the paradigm. We recommend you approach the expectations as guideposts that will help you move toward changing and improving your tribal community and not simply tasks that need to be checked off. The expectations are intended to be useful to you as a community, not just to satisfy grant requirements. The majority of the expectations below are pulled directly from the 2017 SAMHSA FOA.

System Building

- ✓ Develop a **behavioral health disparities impact statement** no later than 60 days after award. The statement addresses number of individuals reached/trained during grant period and identifies sub-populations vulnerable to behavioral health disparities (SAMHSA, FOA, 2017 p. 10) **(NICWA and TA Network resources available)**.
- ✓ Mechanisms to promote and sustain youth and family participation, e.g., peer support, development of youth leadership, mentoring programs, and the partnership between family, adult consumer and youth organizations, youth-guided activities, youth peer specialists, parent support providers establishing permanent youth and family advisory and evaluation bodies, and self-help organizations/programs. (SAMHSA, FOA, 2017, p.14)

Service Delivery

- ✓ **Create logic model** with a clear population focus and setting for expanding the SOC approach with short- and long-term outcomes. Define strategies, create/fine-tune the framework (what is the system design). **A logic model is not required but encouraged (See Cherokee Hero Project Attachment)**.
- ✓ Develop and recruit a provider network with a focus on filling in service gaps and critical services needed for SOC service delivery.

- ✓ Services that are delivered within a family-driven, youth-guided/directed framework and where engagement of family and youth is demonstrated through integral partners in their own treatment services and supports
- ✓ Provision of the following mental health services:
 - Diagnostic and evaluation services
 - Outpatient services, including individual, group and family counseling services, professional consultation, and review and management of medications
 - 24-hour emergency services, 7 days a week
 - Intensive home-based services for the children and their families when the child is at imminent risk of out-of-home placement
 - Intensive day treatment services
 - Respite care
 - Therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children
 - Assisting the child in making the transition from services received as a child to the services to be received as an adult
 - Other recovery support services (e.g. supported employment) and focus efforts to provide early treatment for those youth with early onset of (SED/SMI (SAMHSA, FOA, 2017, p.13/14)
- ✓ Develop and implement an integrated crisis response strategy that creates a continuum of community-based crisis services and supports to reduce the unnecessary use of inpatient services by children and youth with SED. (SAMHSA, FOA, 2017, p.15)
- ✓ Increase workforce participation through use of peer support providers (family and youth). Activities should be consistent with SAMHSA and the Centers for Medicare and Medicaid Services' (CMS) Information Bulletin (For more info see appendix) (SAMHSA, FOA, 2017, p.14/15)
- ✓ **By the end of the sixth month of funding, the expectation is for service delivery to begin** (SAMHSA, FOA, 2017, p. 7).

Communications

- ✓ Develop a **culturally and linguistically competent social marketing/strategic communications plan** to complement the strategic plan (promoting inclusion, developing partnerships, using outcome data and personal stories, and fostering integration of SOC values and principles). **The plan is to be completed by the end of year one of the grant award.** The purpose of the plan is to aid in the promotion, development, and sustainability of the service and systems change necessary to positively impact the lives of youth with SED and their families (SAMHSA, FOA, 2017, p. 9).

Strategic Planning

- ✓ Using a collaborative approach, monitor and update **short- and long-term strategic plan** with action steps to improve, implement, and expand services and supports throughout your geographic area consistent with an SOC framework.
- ✓ Develop a quality improvement plan for the use of program data on access, use, and outcomes of grant activities.
- ✓ **Develop or enhance an existing governance structure/board that is responsible for decision making at the policy level**—they should have ability to provide legitimacy, authority, and accountability for SOC (SAMHSA, FOA, 2017, p. 8).
- ✓ **Development of outreach and engagement strategies that identify and engage youth and families in SOC** efforts including those focusing on youth experiencing early on-set of SED/SMI and other hard to reach populations. (SAMHSA, FOA, 2017, p.15)

Financial

- ✓ **Develop a strategic financing plan by end of year two of the grant.** The plan must be implemented no later than the beginning of year three (SAMHSA, FOA, 2017, p. 9).
- ✓ The financial strategy must demonstrate how SOC will financially coordinate with other child-serving systems, including identifying how Medicaid dollars will be used, how SOC will be connected and integrated with mental health/substance abuse block grants, and how the SOC will be included and integrated in the implementation of the Affordable Care Act.
- ✓ Create flexible funds with policy support. Flex funds shall be used to support the individualized needs of children, youth, and families that are not typically covered services and otherwise not reimbursable. Use of flex funds shall be tied into an individual's plan of care (i.e., treatment plan), and should be considered as a temporary solution to address a specific need. (SAMHSA, FOA, 2017, p.15)

Data Collection/Evaluation

- ✓ **All SAMHSA grantees are required to collect and report certain data** so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010 (SAMHSA, FOA, 2017, p. 16).
- ✓ Any youth enrolled in SOC case management services as a result of the grant should be included in the service delivery tracking data. This would include youth enrolled in services for which payment for services are made, or can reasonably be expected to be made under any state compensation program, under a private insurance policy, or under any federal or state health benefits program.
 - This includes infrastructure indicators and client-level data collection—data is reported into the SAMHSA's Performance Accountability & Reporting System (SPARS).
- ✓ Grantees are also required to participate in the SOC cross-site national evaluation.
 - This includes client-level data and program-/systems-level assessments.

Policies/Procedures

- ✓ **Develop and adopt culturally competent standards/protocols/policy** for all SOC programming to ensure adherence to National Standards for Cultural and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See appendix for resource link)
- ✓ Focus policy change on administrative and regulatory areas that help develop or expand services based on SOC philosophy and approach. Seek guidance/support from family/youth and other key leaders.
- ✓ Policy change or creation is also a part of the Infrastructure Development, Prevention, and Mental Health Promotion Indicators (IPP) reporting required by grantees.

NICWA

National Indian Child Welfare Association

Helpful Tips Moving Forward

Approach the work from a strengths-based perspective—working from a strengths-based perspective aligns with tribal thought and helps maintain positivity and optimism in promoting systems change.

Always seek out opportunities—while working within a strength-based perspective, there are always opportunities to reflect, readjust, improve, or retool your system of care approach. Taking a step back and observing can help identify opportunities.

All work should be family driven and youth guided—if SOC services and supports are to be effective and useful to youth and families, then youth and families need to be the main drivers at every level and every phase of planning, designing, and implementation of services and policy.

Capitalize on your community's strengths and resources—within all tribal communities, there are practices, methods, philosophies, and traditions to address life challenges, how to work together, and how to heal. The challenge is to harness your community's assets in creating and expanding systems change.

Transformation does not happen overnight—the system-building process will be a historic undertaking by your community that does not happen in an instant. The system-building process takes dedicated time, effort, and patience. You can expect many challenges along the way and should welcome them as opportunities.

When in doubt, ask your elders—often when tribal communities need guidance, wisdom, or are lost, it is common practice to seek elder assistance. Solutions that originate from your tribal community will give credibility to your systems of care initiative.

In this line of work, self-care is of the utmost importance—SOC employees and partners will be taking on some heavy challenges and issues while serving the community. In order for our communities to heal, we need healthy organizations, which start by taking care of ourselves. Self-care helps maintain longevity in the work we do and helps retain staff over the years.

Relationship building is critical to systems of care—one of the key ingredients to system building is interagency and community collaboration. Without partners or stakeholders to provide service or support, a system of care cannot be sustainable. Relationship building must be a priority in the system-building process.

Identify leverage points in your system—leverage points are areas within a system where a small shift in one thing can produce big changes in everything (Meadows 1999, p.1). Leverage points can assist in the planning and implementation of system interventions or solutions. Leverage point examples can include: a key health provider, a stakeholder, a tribal council member, or a specific tribal policy.

In the beginning easy wins matter—in the early stages of system building, the process can appear overbearing and stressful, which is why accumulating some early short-term or easy wins is important. Easy or short-term wins can help build confidence in your team's ability to overcome adversity.

Challenges on the Horizon

In the process of system building, your team will encounter hurdles that can propel your work forward or slow down your progress. Even though the system-building experience is different for every tribal community, we have identified key challenges that tribal SOC programs have had to overcome to push their work forward.

Community ownership and tribal council support: Creating a sense of community ownership of the SOC reform is critical toward the success and sustainability of a SOC. It is important to continually engage community members in the system-building process to help align community needs with SOC services, supports, and policy. Direct involvement from community members creates ownership of the SOC approach and affords more community commitment to the work. Additionally, tribal council often serves as gatekeepers and/or pivotal leaders to the community. Community members who are on board with the purpose and goals of the SOC initiative can help influence and create support from the tribal council. A tribal council that understands the purpose and goals of the SOC can be a key to provide support to the system-building process.

Coordinated collaboration with community providers: Working in silos or in isolation is a problem in any system. Many barriers can stand in the way toward working together, such as organizational or community politics, internalized oppression, or differences of opinion. What often brings a community together is reflection on tribal values such as interdependence and understanding everyone has a role in community healing. If we problem solve using our tribal traditions and focus on the bigger picture of serving our youth, we can work together.

Ensuring the tribe understands systems of care is more than a program: Implementing an SOC is a transformational approach to children’s behavioral health requiring a long-term commitment toward building infrastructure and capacity. The SOC grant is essentially seed funding that can revolutionize a social service system, ultimately changing the way a tribe serves youth and families. Some of the SOC language may be unfamiliar to tribal members, but over the years, we have found that the underlying philosophy and values of the SOC approach is very compatible with tribal values of helping and healing.

For example, the SOC value that services should be “child-centered and family-focused” can translate to investing in the next generation while taking a holistic treatment approach. The SOC value emphasizing cultural and linguistic competence presents opportunities for tribes to integrate cultural practices and thought into the SOC service array in order to better meet the needs of the community. Finally, the value that an SOC should be “community-based” connects to the tribal value of interdependence where communities look to their own people for wisdom and healing. An SOC is more than a grant award—it is a framework with a philosophy that correlates well with tribal culture.

Appendix

Building Systems of Care, A Primer, 2nd Edition

https://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf

2017 Funding Opportunity Announcement

<https://www.samhsa.gov/sites/default/files/grants/pdf/sm-17-001-modified.pdf>

National CLAS Standards

<http://www.ThinkCulturalHealth.hhs.gov>

Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions

<http://files.www.cmhnetwork.org/media-center/morning-zen/cmssamhsa/CIB-05-07-2013.pdf>

System of Care Values

- The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

*(Source: Stroul, B., & Friedman, R., 1986)

System of Care Guiding Principles

- Children with emotional disturbances should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.
- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
- Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
- Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
- Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- Children with emotional disturbances should be ensured smooth transitions to the adult services system as they reach maturity.
- The rights of children with emotional disturbances should be protected and effective advocacy efforts for children and adolescents with emotional disturbances should be promoted.
- Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

*(Source: Stroul, B., & Friedman, R., 1986)

References List

Choudhury (2001); Blase, K. (2009). Technical Assistance to Promote Service and System Change. Roadmap to Effective Intervention Practices #4. Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children.

Cross, Terry. (1997). Relational Worldview Model. Pathways Practice Digest, 12(4).

Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2017), Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances. System of Care Expansion and Sustainability Cooperative Agreements. Funding Opportunity Announcement (FOA) No. SM-17-001. Catalogue of Federal Domestic Assistance No. 93.104. Retrieved from <https://www.samhsa.gov/sites/default/files/grants/pdf/sm-17-001-modified.pdf>

Godfrey et al., (2002); Blase, K. (2009). Technical Assistance to Promote Service and System Change. Roadmap to Effective Intervention Practices #4. Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children.

International Monetary Fund, 2002; Blase, K. (2009). Technical Assistance to Promote Service and System Change. Roadmap to Effective Intervention Practices #4. Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children.

Meadows, D. H. (1999). Leverage points: Places to intervene in a system. Hartland, VT: The Sustainability Institute.

Pires, Sheila A. (2010), Building Systems of Care A Primer, 2nd Edition, Human Service Collaborative, Washington, D.C., National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, Box 571485 Washington, D.C. 20057, Retrieved from <http://gucchd.georgetown.edu>

Stanley, Linda R. & E. R. Oetting, B. A. Plested, R. W. Edwards, P. J. Thurman, K. J. Kelly, & F. Beauvais (2014). Community Readiness for Community Change, Tri-Ethnic Center Community Readiness Handbook, 2nd edition, Tri-Ethnic Center for Prevention Research, Sage Hall, Colorado State University, Fort Collins, Co 80523

Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. http://gucchdtacenter.georgetown.edu/resources/Call%20Docs/2010Calls/SOC_Brief2010.pdf

Stroul, B., & Friedman, R. (1986). A system of care for children and youth with severe emotional disturbances (Rev. ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

Vii Pires, Sheila A. (2010), Building Systems of Care A Primer, 2nd Edition, Human Service Collaborative, Washington, D.C., National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, Box 571485 Washington, D.C. 20057, Retrieved from <http://gucchd.georgetown.edu>.