

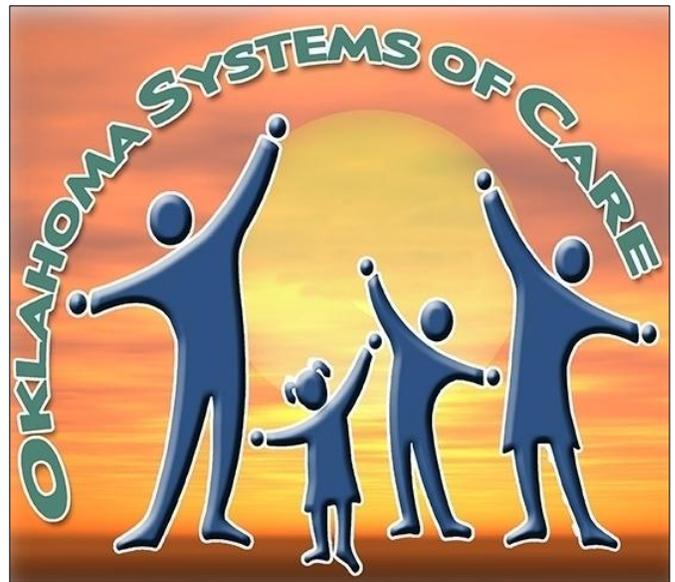
**Edition**

**2**

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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Children, Youth and Family Services



# Systems of Care Toolkit

CHILDREN, YOUTH AND FAMILY SERVICES

# Systems of Care Toolkit

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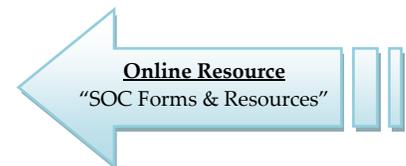
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Available in PDF format at:

[ODMHSAS Children, Youth and Family Services website](#)



This Toolkit is intended to be used as a guide for development of new SOC communities as well as for existing sites as a reference guide. You are welcome to use these materials as appropriate for your location. Please reference the "Oklahoma Systems of Care Toolkit" when using the material in other publications.

Website addresses are outlined on page 126.

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# Oklahoma Systems of Care Philosophy

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## **WELCOME**

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Dear Oklahoma Systems of Care Partners,

Welcome to Oklahoma Systems of Care!

My personal goal for Oklahoma Systems of Care is that “all of Oklahoma’s children and youth with complex needs, and their families, will have early and easy access to the services and supports necessary to remain in their own homes, in their own communities, safely and successfully with hope for the future.”

I hope you will share this goal and keep up the good work you have begun. My commitment to you is that our state Systems of Care staff is available to you. We want to provide all the technical assistance and support necessary for your success. In addition, we are committed to locating any additional expertise you require in your pursuit of excellence.

Please e-mail and call me frequently with updates on your progress, questions, concerns, and celebrations. Hearing from local communities is one of the most important things I can do to ensure that we as your state partners across agencies stay in the right track as we develop the integrated Systems of Care for children, youth and their families in Oklahoma.

Thank you for your dedication to your community’s children, youth and families, and your willingness to come together and work as a team.

Sincerely,

[Jacquelyn Shipp, LPC](#)

Director of Community Based Services

Oklahoma Department of Mental Health and Substance Abuse Services

1200 NE 13<sup>th</sup> Street • Oklahoma City, OK 73152

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## COMMONLY-REFERENCED ACRONYMS

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Throughout this toolkit, you will learn acronyms associated with Systems of Care. The following list will serve as a good reference as you work with Systems of Care providers and assist families.

AI/AN	American Indian/Alaskan Native
BHA	Behavioral Health Aide
BHDT	Behavioral Health Development Team
CC	Care Coordinator
CLC	Culturally and Linguistically Competent
CT	Community Team
DDSD	Developmental Disabilities Division of DHS
DRS	Department of Rehabilitation Services
FSP	Family Support Provider
GTAB	Governor’s Transformation Advisory Board
ICYF	Infant, Child, Youth and Family
IEP	Individualized Education Plan
HIS	Indian Health Services
NAMI	National Alliance for the Mentally Ill-OK
NWI	National Wraparound Initiative
OCCY	Oklahoma Commission on Children and Youth
ODMHSAS	Oklahoma Department of Mental Health & Substance Abuse Services
OFF	Oklahoma Federation of Families
OHCA	Oklahoma Health Care Authority
OJA	Office of Juvenile Affairs
OKDHS	Oklahoma Department of Human Services
OSDH	Oklahoma State Department of Health
OSOC	Oklahoma Systems of Care
PCBH	Partnership for Children’s Behavioral Health
PD	Project Director
SAMHSA	Substance Abuse and Mental Health Services Administration
SAT	State Advisory Team
SED	Serious Emotional Disturbance
SMART	Specific, Measurable, Achievable, Relevant, Timely
SNCD	Strengths, Needs and Culture Discovery
SOC	System(s) of Care
TA	Technical Assistance
TA Partnership	Technical Assistance Partnership for Children & Family Mental Health
VMOSA	Vision, Mission, Objectives, Strategies and Action Plan
YIS	Youth Information System

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## **WHAT IS SYSTEMS OF CARE?**

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**Systems of Care (SOC)** is an organized group of state and local level partners who come together to ensure integrated services for Oklahoma children, especially those with complex behavioral health needs. The mission is to create a **unified support system** that is unique to the culture and linguistic needs of each individual child and their family.

### **Wraparound**

Wraparound is a facilitated team-based process involving the child, his or her family, local service providers and others who are involved in the life of the child. This process results in a strengths-based individualized plan that leads to **achieving positive outcomes**.



The terms **Systems of Care** and **Wraparound** are often used interchangeably when in fact they are different. The Community Team is the bridge between Systems of Care and Wraparound services.

### **Statewide**

Oklahoma is one of the few states in the U.S. that is implementing SOC statewide. Phase 1 implemented 36 local SOC's communities covering 41 counties. Phase 2 development and implementation will begin in 2009 with a goal of the entire state of Oklahoma being supported by local SOC communities by 2015.

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## **HISTORY OF SYSTEMS OF CARE**

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<b>1999</b>	A group of upper & mid level administrators came together to begin a system of care in Oklahoma. These agencies included: Oklahoma Commission on Children and Youth (OCCY), Oklahoma Department of Human Services (OKDHS), Oklahoma Health Care Authority (OHCA), Office of Juvenile Affairs (OJA), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), National Alliance for the Mentally Ill-OK (NAMI-OK), and Department of Rehabilitation Services (DRS).
<b>January 2000</b>	Families, advocates, OCCY, DHS, ODMHSAS, OHCA, OJA, NAMI-OK, & DRS formed the Oklahoma Systems of Care (OSOC) State Team and funded one rural pilot and one urban pilot with funding from ODMHSAS, OKDHS, OCCY and OJA. Locations were based on the number of confirmed child abuse & neglect cases, priority counties for OJA, number of children receiving special education services because of serious emotional disturbance and number of children hospitalized for behavioral health conditions.
<b>August 2000</b>	ODMHSAS contracted with NAMI-OK to recruit family participation in OSOC and to conduct family outreach
<b>November 2000</b>	The first families were accepted into the OSOC's Wraparound process.
<b>July 2001</b>	Oklahoma Legislature appropriated \$196,000 for OSOC.
<b>October 2002</b>	ODMHSAS was awarded a SAMHSA cooperative agreement for development of Systems of Care in five counties.
<b>July 2003</b>	Oklahoma Legislature appropriated an additional one million dollars for the expansion of OSOC
<b>December 2003</b>	A delegation of all child-serving state agency directors or deputy directors, two state legislators and two family representatives attended the SAMHSA Policy Academy on developing local SOC communities.
<b>March 2004</b>	The Partnership for Children's Behavioral Health (PCBH) was officially formed consisting of all the Directors of the child-serving agencies, Executive Directors of two child and family mental health advocacy organizations and three parents.
<b>October 2004</b>	OICA Fall Forum selected funding for OSOC as one of its ten agenda items and was appropriated an additional one million dollars for the expansion of OSOC
<b>February 2005</b>	ODMHSAS contracted with the Evolution Foundation as the mentor agency for the new Oklahoma Federation of Families (OFF) for Youth and Children's Mental Health.
<b>September 2008</b>	The first SAMHSA federal grant activities were completed and deemed "fully sustained" with the implementation of 36 local SOC communities providing support to 41 counties.
<b>October 2008</b>	Oklahoma received a second SAMHSA federal grant to expand services to all 77 counties in Oklahoma by 2015.

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## INFRASTRUCTURE OF OKLAHOMA'S SYSTEM OF CARE



The Oklahoma System of Care consists of four major components:

1. Children, Youth and Families
2. Local Community Teams
3. State Systems of Care Team
4. National Technical Assistance



TECHNICAL ASSISTANCE PARTNERSHIP  
for Child and Family Mental Health



### National Technical Assistance

The **Technical Assistance Partnership for Child and Family Mental Health (TA Partnership)** and the **Substance Abuse and Mental Health Services Administration (SAMHSA)** provide technical assistance to SOC communities that are currently funded to operate the Comprehensive Community Mental Health Services for Children and Their Families Program. The mission of the TA Partnership is "helping communities build SOC's to meet the mental health needs of children, youth and families."

This technical assistance center operates under contract from the federal Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

The TA Partnership is collaboration between two mission-driven organizations:



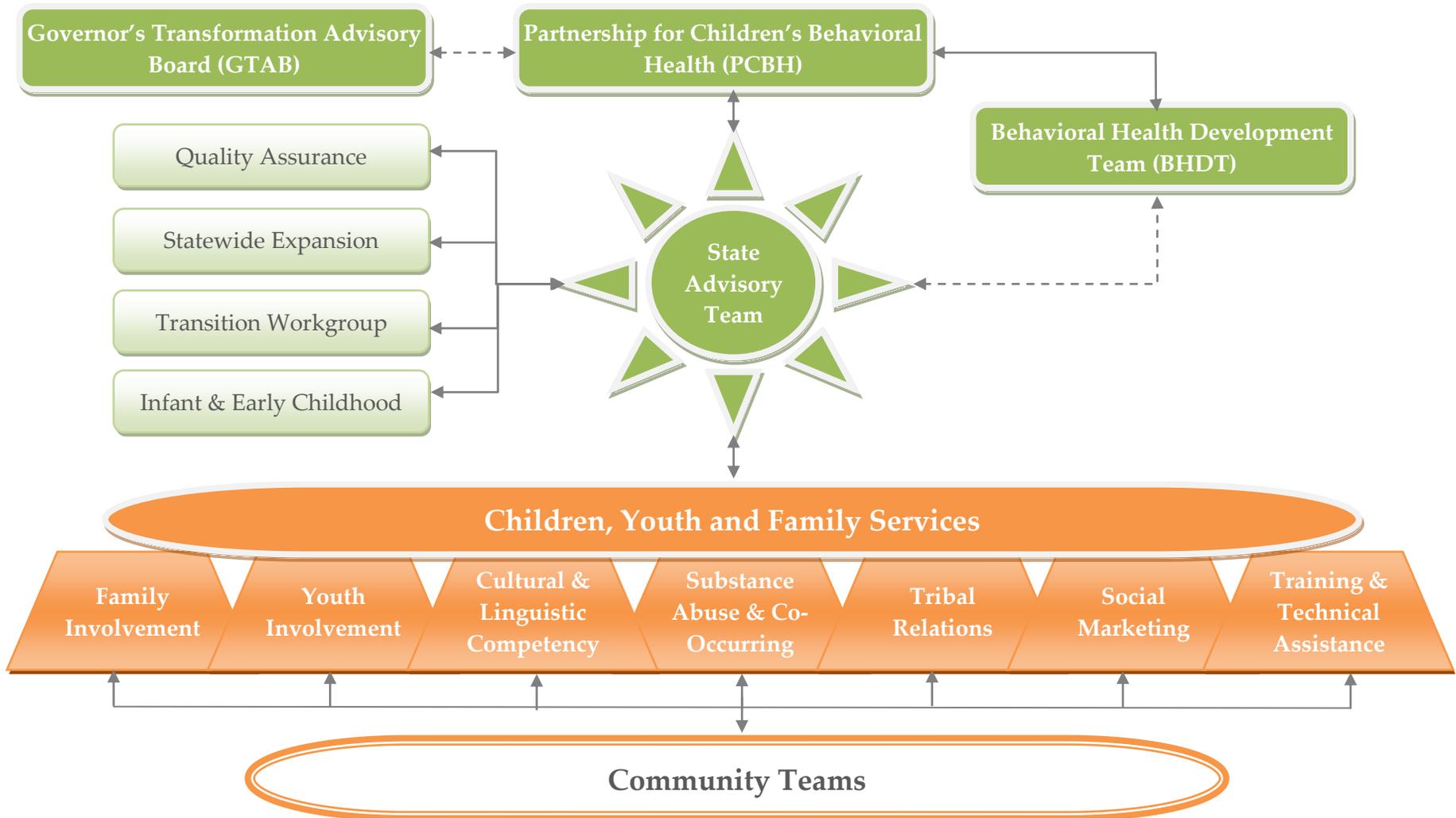
The **American Institutes for Research** — committed to improving the lives of families and communities through the translation of research into best practice and policy, and the **National Federation of Families for Children's Mental Health** — dedicated to effective family leadership and advocacy to improve the quality of life of children with mental health needs and their families.



The TA Partnership includes family members and professionals with extensive practice experience employed by either the American Institutes for Research or the National Federation of Families for Children's Mental Health. Through this partnership, we model the family-professional relationships that are essential to our work.

## Oklahoma's Statewide Systems of Care

Oklahoma's System of Care is a collaboration of child-serving agencies, communities and families.



**Children, Youth and Family Services** is a division within Oklahoma’s Department of Mental Health and Substance Abuse Services (ODMHSAS). This team of professionals is readily available to support local communities. The team consists of subject matter experts in various areas of need. Call 405-522-4151 to be connected to the correct individual. Key positions include:

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<b>Director</b>	Under administrative direction of the Deputies of Mental Health and Substance Abuse Services, provides leadership for planning, development, implementation and evaluation of MH & SA services for children, youth and families.
<b>Principal Investigator</b>	Serves as the principal investigator for the SAMHSA cooperative agreement. Provides leadership to the state SOC staff and ensures development and implementation of statewide SOC communities.
<b>State Project Director</b>	Responsible for the development and implementation of the SAMHSA Expansion grant, including strategic planning for new SOC communities and ongoing technical assistance, support and leadership to recipients of award funding.
<b>Training/TA Coordinator</b>	Coordinates technical assistance (TA) and training activities for Oklahoma SOC’s communities. Assesses needs of local communities, develops TA/training strategic plans and coordinates TA/training resources where needed.
<b>Wraparound Trainer/Coach</b>	Provides direct support to local Wraparound staff to increase fidelity to the Wraparound model. Assists staff in upholding the principles of Wraparound to ensure that family needs are being met on an individualized basis. Provides training that will orient staff to Wraparound and the different components of the process such as safety planning, crisis planning, etc.
<b>Coordinator of Family Involvement</b>	Plans and coordinates family involvement at all levels of Oklahoma SOC. Develops, enhances and coordinates relationships and partnerships with existing family advocacy organizations. Refers and links families with needed services and supports.
<b>Coordinator of Youth Involvement</b>	Designs, develops and coordinates youth involvement activities for Oklahoma SOC’s. Identifies and coordinates resources needed for youth involvement. Facilitates the formation and growth of organized groups among youth receiving services through SOC.

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<b>Cultural Competency Coordinator</b>	Responsible for the development of a comprehensive plan to ensure cultural and linguistic competency in every aspect of the Oklahoma SOC initiative.
<b>Communication &amp; Events Coordinator</b>	Coordinates, promotes and improves programs and inter-agency projects, joining state and local perspectives into a unified, sustainable strategy for promotion of a unified SOC for children, youth and their families.
<b>State &amp; Tribal Liaison</b>	Functions as a member of a dynamic team which combines the needs of The Innovation Center as well as Oklahoma SOC's. Serves as the primary conduit between state agencies and Tribal Nations.
<b>Principal Evaluator</b>	Performs administrative and analytical duties to manage the design and implementation of the OSOC grant project evaluation, based on the schedule established by the grant timeline and the evaluation guidelines.
<b>Behavioral Health Specialist</b>	Acts as a behavioral health specialist to develop, coordinate and effectuate Care Coordination for the Statewide Care Coordination project funded through the Innovation Center's Transformation of Systems Infrastructure Grant to ensure access and appropriate behavioral health care.
<b>Substance Abuse Field Service Coordinator</b>	Works with all providers to plan and develop needed substance abuse and co-occurring treatment services, provides and/or links with technical assistance and training, monitors existing programs and conducts on-site surveys.
<b>Administrative Support</b>	Performs administrative duties for Children, Youth and Family Services. Handles all travel and purchasing requirements to support the statewide SOC. Serves as the first point of contact to the public and directs inquires to the correct resource.

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**State & Community  
Liaison**

Oklahoma Federation of Families (OFF) is a statewide family organization affiliated with the Federation of Families for Children's Mental Health, dedicated exclusively to helping children with mental and behavioral health needs and their families achieve a better quality of life. The OFF also partners with ODMHSAS to provide technical assistance services to the SOC sites throughout the state. Contact OFF at 866-837-9122.

**Evaluation Team**

E-TEAM at The University of Oklahoma College of Continuing Education performs administrative and analytical duties to manage the design and implementation of the OSOC. E-TEAM conducts site visits at each of the active OSOC sites, maintains and improves the OSOC Youth Information System (YIS) at SOC sites and offers ongoing technical support for use of that data system. E-TEAM uses evaluation findings to inform stakeholders of OSOC project development efforts, including improvement of management procedures, adoption of new system and service policies, and attaining new sources of public and private financing. Contact the E-Team at (405) 325-7186.

The following state team listing is effective October 01, 2009. Please visit [Children, Youth and Family Services' website](#) to view a current list of state team employees and OFF resources. Links to other statewide collaborations include:

- Behavioral Health Development Team (BHDT)
- State Advisory Team (SAT)



## Children, Youth and Family Services – State Team Members

Last Revised: October 1, 2009

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## **SOC KEY VALUES AND PRINCIPLES**

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### **Family-driven**

SOC is to be family-driven with the needs of the child and family dictating the types and mix of services provided. “Family-driven” means that families have a primary decision-making role in the care of their children as well as in the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing supports, services and providers
- Setting goals
- Designing and implementing programs
- Monitoring outcomes
- Determining the effectiveness of all efforts to promote the mental and behavioral health of children and youth.

### **Youth-Guided, Youth-Directed and Youth-Driven**

SOC is to be youth-guided, youth-directed and youth-driven.

“Youth-guided” means youth are:

- knowledgeable of services
- beginning to research & ask questions about resources
- beginning to understand the process of the system and services
- involved in identifying needs and supports
- learning how to self advocate
- able to articulate experience and what helps & what harms

“Youth-directed” means youth are:

- continuing with youth-guided process
- in a safe place (not in continual crisis)
- taking a more active decision making role in treatment and within the OSOC (policy, etc)
- increasing their knowledge of services & resources
- developing a deeper understanding of the system

“Youth-driven” means youth are:

- initiating, planning and executing in partnership with others
- equipped with an expert level of understanding
- advocating for other young people

**Community-based**

Needed services and informal supports are available within the community, be accessible and be culturally and linguistically competent. Community-based services are enhanced by building partnerships with service systems and resources in the community and ensuring that management and decision-making responsibility are from community stakeholders.

Each child or adolescent served within Wraparound will have an individualized care plan developed by the family team, with leadership from the child's parents or legally responsible adult, and the child or youth. The family team includes traditional service providers and also engages non-traditional and informal providers and supports. The individualized wrap plan refers to the procedures and activities that are appropriately scheduled and used to deliver services, treatments and supports to the child and the child's family.

**Culturally & Linguistically Competent**

The system of care should be culturally and linguistically competent with agencies, programs and services that are responsive to the cultural, racial and ethnic differences of the populations it serves. Cultural competence is the integration and transformation of knowledge, behaviors, attitudes and policies that enable policy makers, professionals, caregivers, communities, consumers and families to work effectively in cross-cultural situations. Cultural competence is a developmental process that evolves over an extended period of time.

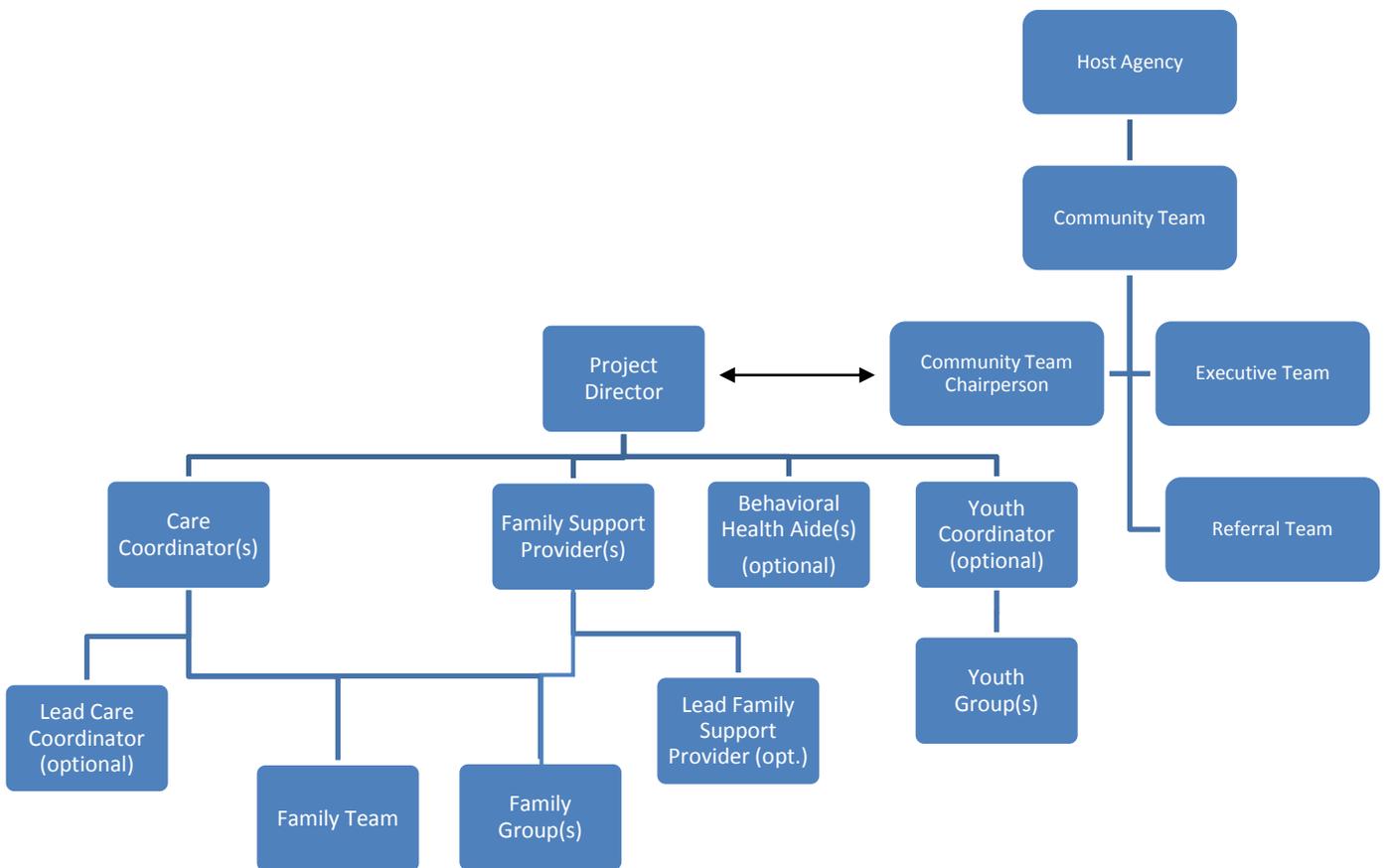
## State Advisory Team (SAT) – Twelve Core Values

One	Oklahoma makes a persistent commitment to help every infant, child, youth and family (ICYF) achieve and maintain stability, and permanence in a safe environment.
Two	Services and supports are developed to best ensure the safety of the ICYF and community.
Three	Services and supports are provided in the best interest of the infant, child or youth to ensure that all of the infant, child or youth's needs are being met.
Four	The infant, child or youth is viewed as a part of the whole family. ICYF participate in discussions related to their plans, an opportunity to voice their preferences, and ultimately to feel they own and drive the plan.
Five	Plans for ICYF are individualized to the unique culture, beliefs and values, strengths, and needs of each child and family.
Six	Services and supports build on the identified strengths of the ICYF and community.
Seven	Services and supports are available early to facilitate wellness for the family.
Eight	Services are provided in the most appropriate and least restrictive environment in the home and community of the infant, child or youth. The system of care is community oriented with management and decision-making at the family and community level.
Nine	ICYF are supported by friends and community social networks and resources (e.g., service and faith based organizations).
Ten	Collaboration between agencies, schools, community resources, children, youth and families is the basis for building and financing a local comprehensive and integrated system of care.
Eleven	ICYF are equal partners with all providers and community participants in identifying, creating, and evaluating the comprehensive and integrated system.
Twelve	Services and supports are outcome based with clear accountability, transparency and cost responsibility. This includes accountability for the use of public and private funds and the ability to use savings for early intervention.

## Local Development and Implementation

### **LOCAL SOC STRUCTURE**

An effective local SOC structure consists of key positions, each with its own set of skills and job responsibilities. A basic community team structure may look like the following:



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## **LOCAL SOC TEAM DEFINITIONS**

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There are many terms that you will hear associated with SOC. Many of these concepts are not new and other terms could easily be used. However, it helps to have common terms and definitions in order for us to speak the same language. Many of these terms refer to critical functions, job descriptions or organizational elements critical to a successful SOC. We hope that you will use this definition page as a reference as you organize your systems of care and educate others. Specific requirements for some of these organizational elements can be found in the [Core Practice Standards](#) (page 103).

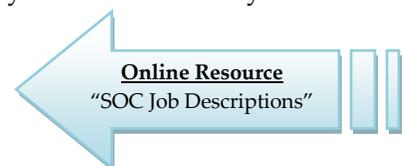


### **Host Agency**

The host agency is a legal business entity that receives the SOC contract from the ODMHSAS and agrees to host the SOC effort. As such, they have legal and fiscal responsibility for the implementation of Wraparound services as well as the broader systems of care effort. The host agency is responsible for receiving and distributing funds; providing physical support, such as office space; and administrative guidance. The host agency works in close partnership with the community team who provides the overall vision for the Systems of Care effort. They are ultimately responsible to the ODMHSAS and their own Board of Directors. More information on the ideal role of a host agency can be found in the section "[What a Host Agency Should Be](#)" (page 41).

### **Project Director**

This is the chief staff person responsible for implementing the Community Team plan on a day-to-day basis. The relationship between the Project Director and Community Team chair is similar to that of the one between an agency executive director and an agency board president. While the Project Director is probably an employee of the Host Agency, he or she is guided by the Community Team. This can create awkward situations from time-to-time, especially if the Community Team and Host Agency are not on the same page, so the Project Director should also be an expert at communication. A comprehensive sample Project Director job description is available on the Children, Youth and Family Services website.



### **Community Team**

A Community Team is an organized group of local partners who come together to ensure a unified support system for their community's children, especially those with complex behavioral health needs. There are several key stakeholder members that every community team must have. These include parents, youth, Child Welfare, OJA, school, host agency and ODMHSAS. Other recommended members include: Oklahoma State Department of Health (OSDH), tribal agency personnel, DHS-DDSD, Child Guidance, primary health care providers, district attorneys, judges, faith-based organizations, law enforcement, youth activity organizations (e.g., Boys and Girls Clubs, YMCA), mentoring organizations (e.g., Big Brothers/Big Sisters), area prevention specialists, Youth and Family Services, etc.

Community teams typically have a chairperson who sets the agenda, gives leadership at meetings, and makes sure work groups stay on task. The chairperson is usually supported by a vice-chairperson who takes over in the chair's absence and a secretary that secures sign-in sheets, records and distributes minutes and sends reminders for meetings. Some community teams may have a treasurer if they are receiving and dispersing funds.

#### Duties and Responsibilities of Community Teams:

- Cast a vision for mental health services in the community
- Educate partners on key SOC values including the importance of being child-centered, family focused, culturally competent, and community centered.
- Identify and promote specific ways to keep children in the community and in their homes when possible.
- Identify barriers to services and work as a group to coordinate efforts to reduce those barriers for children, youth, and families.
- Identify populations that have limited access to services and work together to coordinate efforts to decrease those disparities.
- Identify services in the community that are working well and coordinate efforts to expand those services where possible.
- Develop workgroups or sub-committees as needed to address specific projects or emphases.
- Open communication lines and develop linkages so that all partners have a good working knowledge of the services and resources available to children, youth, and families in the community.
- Share available resources where possible to provide increased services to children, youth, and families.
- Develop a strategic plan that addresses community needs, builds on community strengths, and creates do-able action steps the team can achieve. Continually update this plan as steps are achieved or needs change.
- Promote SOC and Wraparound in the community.
- Create by-laws for the team so that policies and procedures for collaborative efforts are clear and flexible enough to encourage creativity.
- Recruit new community partners that are missing at the table, including family and youth members.
- Create a family support group for parents who have children with behavior and/or mental health needs.
- Create a youth group for children and adolescents with behavioral and/or mental health needs.
- Work with the state SOC efforts to promote statewide SOC goals.
- Offer oversight and advice to the host agency concerning the Wraparound process. \*

\* If a community has an Executive Team, that team will perform the oversight and advice role to the Wraparound host agency. If no Executive Team exists, then the Community Team should, in addition to the above duties, also perform the duties of the Executive Team. See a more thorough explanation of this role under Executive Team.

### **Community Team Chairperson**

This is the individual elected by the Community Team to lead and facilitate the team. The major responsibility of this person is to ensure that the team has a plan and that the plan is followed. The Community Team Chair should have a close relationship with the Project Director, who will have the day-to-day responsibility of implementing the plan developed by the Community team, and in most cases, duty of supervising the Wraparound processes.

### **Executive Team**

An Executive Team is an organized advisory group of key community stakeholders who partner with the host agency to ensure quality Wraparound services in their community and give direction to the broader community team and SOC effort.

An Executive Team is typically a small group of community partners from key agencies and organizations that deal directly with children and youth. These may include (but are not limited to) DHS Child Welfare, ODMHSAS, OJA and schools. Family members are also an important addition to this group so that the family voice is always heard.

An Executive Team typically has a chairperson (someone outside the host agency) who sets the agenda, gives leadership at meetings and makes sure the group stays on task. The chairperson is usually supported by a secretary that secures sign-in sheets, records and distributes minutes and sends reminders for meetings.

Duties and Responsibilities of the Executive Team:

- Understand the Wraparound process and the roles of the Wraparound staff.
- Support the host agency in its role of providing Wraparound services.
- Serve on interview panels when the host agency is hiring new Wraparound staff to offer an outside perspective. The host agency will make the final decision and do the hiring, but it needs community involvement and advice from those who work directly with families in the community.
- Examine monthly data reports that detail referral sources, numbers served, graduation percentages, flex fund usage, assessment completions, out-of-home placements, etc. Encourage the host agency when the data looks good and give constructive support when areas are weak.
- Help the host agency develop an annual budget. Many of the budget line items such as salaries and rent are fixed items, but the Executive Team can give advice on such things as flex funds and the importance of staff training.

- Review and discuss monthly income and expenditure statements to see if budget items need to be adjusted.
- Support the host agency in billing Medicaid.
- Keep communication open with the host agency through honest, open, and positive conversations about strengths and weaknesses regarding data, personnel and services provided.
- If SOC is part of a larger coalition that deals with issues beyond the behavioral and mental health of children and youth, the Executive Committee must also act as the voice for children’s behavioral and mental health to the larger group so that these issues are included in the coalition’s strategic plan.

### **Referral Team**

This team is the subcommittee of the Community Team that reviews referrals for Wraparound Services and decides which level of care the family would benefit most from; Wraparound, service coordination or community support. The Referral Team’s membership should include providers, child serving state agency staff as well as have family representation. Direct care staff or their supervisors who are the most familiar with families needing services in the community are the most active on the Referral Team. The Referral Team provides a critical function in insuring that all families within the community receive the services and supports they need whether they receive Wraparound services or not. (See the [Three Levels of Community Referrals](#), page 40).

### **Care Coordinator (CC)**

A Care Coordinator is a full-time staff person who ensures that the values and steps of the process are delivered with the highest possible fidelity to national best practices, while still allowing for local individualization of the process.

The CC is not just a neutral coordinator of services but someone who brings added value to the process by:

- Helping the family to develop a positive view of the future, through doing a strengths, needs and culture discovery.
- Teaching and supporting the family to learn and use skills to develop their own plans, access their own resources, and to be as independent as possible.
- Working with the family to build and strengthen their natural support network.
- Developing a partnership relationship with the family that helps them to address and work through challenges to make changes in their lives. This may include understanding developmental readiness and using “teachable moments” to surface issues that are important to helping the family reach their long range vision.

The Care Coordinator reports to the Project Director. A comprehensive sample CC job description is available on the Children, Youth and Family Services website.



### **Family Support Provider (FSP)**

A Family Support Provider is a full-time staff person designed to provide intense levels of direct support for families. FSP's are a distinctly different job than the CC's, but work closely with the CC to support positive outcomes for the family. In general, but not always, the FSP is a graduate of wraparound, or is a family member of a person with complex emotional or medical needs.

The Family Support Provider reports to the Project Director and will normally serve as a member of the Family Team for each assigned family. A comprehensive sample FSP job description is available on the Children, Youth and Family Services website.



### **Behavioral Health Aide (BHA)**

The Behavioral Health Aide (BHA) position is designed to work closely with existing Systems of Care staff who are providing Wraparound supports, including supervisors, CC's and FSP's. In addition, BHA may work under clinical supervision, working with behavioral health staff who are implementing treatment plans for children with behavioral needs and who are not enrolled in the Wraparound process. A comprehensive sample BHA job description is available on the Children, Youth and Family Services website.

### **Family Team**

This team includes a group of agency representatives and supports — formal and informal — who come together to provide the Wraparound experience for a referred child and the child's family. Mandatory members of the Family Team include the family itself and agencies with which the child is currently involved. For example, if a child is in DHS custody and also on probation for a law violation, both DHS and OJA would be mandatory members of the Family Team. Otherwise, the family has veto power over membership. Some Family Teams are quite large, and examples of membership include a football coach, the family minister, a Sheriff's Deputy, a family friend, a grandparent, an uncle, etc. Whoever has an influence on the child should be included in the Family Team.

### **Family Group**

The purpose of family groups is to provide an independent family voice to ensure the full involvement and partnership of families in the planning, implementation, management, delivery, and evaluation of the local SOC system. The two keys to success are:

1. The group includes families whose children would be eligible to enroll in the SOC.
2. The group must have the capacity to speak with an independent voice when it is representing families in grant communities and decision making.

Family groups also have another very important purpose – to provide peer support. These groups are made up of people who have a common focus, meet on a regular basis, share feelings and concerns and work toward healthy solutions to problems and issues

**Youth Group**

The purpose of youth groups is to provide a safe environment for young people to come together in support of each other and learn how to advocate for themselves. A successful youth group puts emphasis on youth-guided, youth-directed and youth-driven with regards to the youth themselves, their community and policy making. Another level of the youth group is addressing the various needs of the children and youth receiving mental health services. One SOC community may have 3-4 different groups serving various age groups. For example, child care for 7 and under age group, a group for the 8 to 12 year olds, a group for the 13 to 16 year olds and a group for transitional aged youth and young adults.



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## **STAGES OF DEVELOPMENT**

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The SOC Stages of Development document and process is a tool for helping communities build their resources and capacity to create an integrated SOC in their community. It also demonstrates to the OSOC Staff that you are moving forward and helps identify where we can assist you.

### **Stage 1 (Community Building and Commitment)**

1. How have you identified and engaged community agencies?

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2. What plans have you made to develop a group of family members who have had personal experience with emotional disturbances and what part will they play in your community development? Specifically, what will you do to insure that family members feel welcomed by your community team? Also, let us know what you are prepared to do to accommodate any special needs that they might have, such as transportation assistance, child care, etc.

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3. State your vision and priorities for implementing SOC in your community:

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4. What commitment do you have from the community partners to organize as a community team to oversee the local initiative?

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5. What commitment do you have from individuals or agencies to provide a Wraparound process and a commitment of their time?

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6. How has your community collaborated on the use of their services and resources?

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7. How are you committed to quality management and evaluation of effort?

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8. How are you committed to the state's SOC values and principles?

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9. Who is your designated team leader or principal contact person?

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**Stage 2 (Building a Structure)**

1. Describe the successful partnerships that you have built up to this time:

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2. Describe the partnerships you are still in the process of building at this time:

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3. Tell us about your community team structure; such as when they meet, how often, who runs it, sub-committees, etc.:

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4. How have you established SOC values and principles?

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5. Have you shown collaborative use of services and resources through recorded meeting minutes or reports? Yes \_\_\_\_\_ No \_\_\_\_\_ (*Attach a Copy*)

**Stage 3 (Funding Plan)**

1. What is your plan for implementation of all of the OSOC evaluation instruments and the implementation of quality assurance process?

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2. What is your plan for implementation of the Wraparound process and services following an agreed upon staffing and organizational structure?

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**Stage 4 (Proposal)**

1. Tell us what you have learned in developing the first 3 stages:

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2. What do you feel the future challenges will be:

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3. Are you willing to follow all guidelines set forth in the ODMHSAS Contract:

Yes \_\_\_\_\_ No \_\_\_\_\_

Communities will be eligible for SOC federal and state funding based on the requirements of the federal cooperative agreements, funding availability and the overall funding priorities of the statewide initiative.

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## **BUILDING A COMMUNITY TEAM**

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Building a SOC Community Team is a critical component to creating a comprehensive SOC. The definition of a Community Team as well as the Executive and Referral Teams were stated earlier under SOC definitions. This section of the manual gives you a step by step process for creating this community team and building a SOC for your community.

### **Search the Landscape**

Before starting a Community Team, determine whether similar organizations are already in existence in your community (e.g. OCCY Partnership Boards, Turning Point coalitions). There are also many other foundation-funded coalitions in communities across the nation whose issues may focus on a variety of health-related activities. While they may not deal specifically with children’s mental health, they may likely have common messages and objectives. Ask yourself these questions before you proceed:

- ? Should your Community Team become part of an existing coalition?
- ? What are the advantages and disadvantages of becoming part of an existing group?
- ? Should the Community Team operate separately and coordinate information, programs and activities with existing organizations?
- ? Do the SOC goals align with the existing coalitions goals?

### **Brainstorm Ideas on Potential Participants**

Ask a few well connected providers and community members to participate in a brainstorming session on creating or joining a local coalition focused on children’s behavioral health issues. Consider inviting representatives from other child serving agencies to also participate. This session is designed to solicit names of individuals to contact.

- ? Who are the community’s key leaders?
- ? Who are the obvious stakeholders in the issue?
- ? Whose participation will be critical to the success of the effort? Are diverse populations of the community represented?

Sometimes coalitions can attain visibility and recruit members more quickly if they have a powerful “champion.” The champion may be a judge, political leader, business person, civic leader or member of the faith community, but they should be someone who is well respected and able to generate support for the new entity. (See [Sample Community Team Bylaws](#), page 110-114).



## **Creating the Structure for SOC and Wraparound Implementation**

Whether it is a newly formed group or an existing organization, the community team needs to be administered, Wraparound needs to be implemented and community team members need to be inspired to continue their work. Each community team member must determine how those tasks will be handled. Some questions that a community will need to ask are:

- ? Who will supervise the Project Director?
- ? Will they be full time or half time employees?
- ? Is there sufficient funding to rent office space or will the coalition be housed at a coalition member's office location?
- ? Is there an organization in the community willing to donate office space as an in-kind contribution to the effort? Community Teams may also need to locate additional space for meetings.

Finally, there are costs associated with forming and maintaining the local SOC Community. Expenses include furniture and equipment, postage to mail information, printing and copying and even refreshments for each meeting. (See [Sample Budget Template](#), pages 115-117).



### **Invite People to Join**

Draft a letter of invitation asking potential members to attend an organizing meeting. If you have recruited a champion, ask him/her to sign the letter. An elected official, a judge, the police chief, or some other prominent individual or group of individuals would be a good choice. A personal invitation may be more beneficial for more prominent individuals than a letter (i.e. family members, youth, etc). Assess what's in it for them and use this in your recruitment message.

### **Clarify Expectations**

Develop a list of roles and responsibilities for Community Team members as well as any subcommittees such as a Referral Committee or Executive Team. Include the number of times the group can expect to meet throughout the year, the time of the meetings, what is expected of the group and what individuals may be expected to contribute. Decide what policies or criteria exist for membership.

Make a follow-up phone call two days prior to the meeting to remind individuals to attend. Include some basic activities in the list of roles and responsibilities.

## **Aligning the Vision and Planning**

Developing an overall vision and strategic plan are critical elements to creating an effective community team. More specific information on strategic planning can be found in the next section of the toolkit. As SOC expands and reaches out to new partners, they will be contacting people unfamiliar with the SOC philosophy. The task of the Community Team and Project Director is to demonstrate how the potential members' priorities and tasks intersect with those of the Community Team. They must see "what's in it for them" and how they can contribute to the larger vision. To avoid confusion follow these simple rules:

- Don't use acronyms. For instance, explain what ODMHSAS (Oklahoma Department of Mental Health and Substance Abuse Services) stands for and how the agency is relevant to the work the project is conducting.
- Sponsor a "show and tell." Once the community team has been formed, spend the first meeting getting to know one another. Have each member talk about their organizations, including:
  - ? What is the mission and goals of their organization?
  - ? How their organization is funded?
  - ? Who has the final say on policies and programs?
  - ? What type(s) of service(s) or product(s) do they provide?
  - ? How does their work contribute to the overall mission of the coalition?
  - ? What do they hope to gain from their participation?
- Request that each member bring materials and brochures about their organization to distribute to the Community Team.
- Require every Community Team member to participate in the "show and tell" exercise, even when what their organizations do is obvious.

## **Recruiting Additional Members**

- Target key community leaders. One of the easiest ways to attract people to join is to involve a prominent member of the community. Within every community there are movers and shakers, people who are respected and who get things done. With any luck, a community team will include several members who are movers and shakers.
- Involve people whose jobs relate to working with high risk population of youth and their families such as police officers, child welfare personnel, educators and mental health professionals, etc.
- Reach out to non-traditional partners such as hospitals, doctors, service clubs, the media, the military and the faith community. Non-traditional partners can help gather important information about the nature and consequences of children's mental health issues in the community. They can also make the issue "come alive" for the public and policymakers by relating their own experiences.

- Identify people who may have a personal interest in children and youth mental health issues as well as people who have a professional interest. Families with children and youth with mental health issues and youth themselves who have received or are currently receiving mental health services bring a realistic view to the work of the Community Team. These potential members may be harder to identify than job-related participants, but their individual commitment can be invaluable.
- Keep the size of the coalition and number of participants to a manageable level. Although the Community Team should be as broad-based and inclusive as possible, the size of the Community Team must be manageable in order for anything to be accomplished. A good gauge is between 15 to 25 members, depending upon the individual community.

Each Community Team is expected to develop a set of procedures that governs the way that it does business. Bylaws are an example of this. In general, the simpler the bylaws are the better. A Community Team may decide that it might be better served with a rather basic set of operating procedures than a full set of bylaws.

### **Involving Family and Youth on the Community Team**

Programs that include family and youth membership and participation will find a source of real energy and commitment. Their involvement is vital to the fidelity of the SOC and the Wraparound model.

### **Maintaining the Community Team**

Success is the best way to keep people involved in the community team. Following is a list of ways to maintain an effective coalition.

- Celebrate victories. During introductions, members can share something positive that happened to them either personally or professionally. Recognition will go a long way, particularly when times get tough and successes harder to achieve.
- Demonstrate what people can do, what's in it for them and how it helps them in their mission.
- One of the best ways to maintain Community Team members is to run effective, interesting, productive meetings.

## **Tips for Running Effective Meetings**

### **Before the meeting:**

- Determine the purpose and type. (Problem solving, decision making, reporting and presenting information, planning, reacting and evaluating, or a combination.)
- Establish objectives and develop an agenda.
- Provide participants with a copy of the agenda, materials and any instructions.
- Confirm meeting room logistics (room set up, equipment).

### **During the meeting:**

- Establish a schedule and location of regular meetings early in the year so members know where and when they should gather well in advance and can plan their schedules appropriately.
- Follow an agenda.
- Begin and end the meeting on time (most meetings should be one to two hours, unless otherwise specified).
- Recognize new issues as they arise and agree on how to deal with them.
- Encourage participation of all members.
- Intervene when discussions go off point or are redundant.
- Summarize each agenda item as it is completed to ensure understanding and consensus.
- Establish and assign action items.
- Determine whether a following meeting is needed and set a tentative time, date and agenda.

### **After the meeting:**

- Prepare and distribute minutes or a meeting summary.
- Act on or implement the decisions of the meeting.
- Plan any follow-up meetings or other activities.

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## **STRATEGIC PLANNING**

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### **Defining your Vision, Mission, Objectives, Strategies and Action Plan**

See [Sample Strategic Plan](#), pages 118-120.



What is your purpose? How will you achieve it? The Vision, Mission, Objectives, Strategies and Action Plan (VMOSA) process helps your SOC develop a blueprint for moving from dreams to actions to positive outcomes for your community. VMOSA gives both direction and structure to your SOC community.

**Vision** - Your group's vision is your dream, a picture of the ideal conditions for your community. A vision statement should be a few short phrases or a sentence that conveys your hopes for the future, such as, "Healthy Minds – Healthy Futures", "Strong Minds – Strong Futures", "Hope for All Children", "Healthy Teens". Craft a statement that is:

- Understood and shared by members of the community
- Broad enough to include a diverse variety of perspectives
- Inspiring and uplifting
- Easy to communicate (fits on a T-shirt!)

**Mission** - Your mission statement is more specific than your vision. As the next step in the action planning process, it expresses the "what and how" of your effort, describing what your group is going to do to make your vision a reality. An example of a mission statement: "Our mission is to develop a safe and healthy neighborhood through collaborative planning, community action, and policy advocacy." While your vision statement inspires people to dream, your mission statement should inspire them to action. Make it concise, outcome-oriented and inclusive.

**Objectives** - Objectives are the specific, measurable steps that will help you achieve your mission. Develop objectives that are SMART+C: Specific, Measurable, Achievable (eventually), and Relevant to your mission and Timed (with a date for completion.) An example of an objective would be: "By the year (x), 90 percent of the area's drug houses will be eliminated from our target area." The +C reminds you to add another important quality to your goals: make them challenging. Stretch your group to make improvements that are significant to members of the community.

**Strategies** - Strategies explain how your group will reach its objectives. Broad approaches for making change include advocacy, coalition building, community development, education, networking and policy or legislative change. For example, a child health program could choose a broad strategy of social marketing to promote adult involvement with children. Specific strategies guide an intervention in more detail. To promote the health of children, you might also enhance people's skills (offer training in conflict management), modify opportunities (offer scholarships), or change the consequences of efforts (provide incentives for community members to volunteer as youth mentors).

**Action Plan** - Your action plan specifies in detail who will do what, by when, to make what changes happen. It may also note the resources needed, potential barriers or resistance, and collaborators or communication lines that need to be active. An action plan guides you to your dream through "do-able" steps. You can rely on this plan to know what actions you should take day by day.

### **Strengths, Weaknesses, Opportunities and Threats (SWOT)**

SWOT guides you to identify the positives and negatives inside your organization (Strength & Weakness) and your environment (Opportunities & Threats). Developing a full awareness of your situation can help with both strategic planning and decision-making.

#### When do you use SWOT?

- Explore possibilities to problems.
- Make decisions for your initiative.
- Determine where change is possible.
- Adjust and refine plans mid-course.

#### Elements of SWOT

Internal Factors:

##### **Strengths and Weaknesses (S, W)**

- Human resources
- Physical resources
- Financial (resources)
- Activities and processes
- Past experiences

External Factors:

##### **Opportunities and Threats (O, T)**

- Future trends
- The economy
- Funding sources
- Demographics
- The physical environment
- Legislation
- Local, national or international events

### How do you create a SWOT analysis?

1. Designate a leader or group facilitator.
2. Designate a recorder to back up the leader if your group is large.
3. Introduce the SWOT method and its purpose in your organization.
4. Let all participants introduce themselves.
5. Have each group designate a recorder; direct them to create a SWOT analysis.
6. Reconvene the group at the agreed-upon time to share results.
7. Discuss and record the results.
8. Prepare a written summary of the SWOT analysis to give to participants.

### How do you use your SWOT?

- Identify the issues or problems you intend to change
- Set or reaffirm goals
- Create an action plan.



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## **SUSTAINING A LOCAL SOC TEAM**

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Sustainability is a term that you will probably begin to hear with greater frequency as SOC progresses. During the first grant period, Oklahoma successfully implemented SOC in 36 communities supporting 40 counties. These communities are thriving and sustaining. In October 2008, Oklahoma received a second grant for expanding SOC to the remaining rural areas in Oklahoma. This expansion effort is underway and will be completed within the next six years.

Sustainability refers to efforts to identify and marshal sufficient resources to fund SOC activities after the grant terminates. The foundation of our sustainability campaign has to be that we have something worth sustaining, and so far, it appears that the evidence is favorable. A comparison of children pre and post SOC involvement indicates far fewer incidences of incarcerations, detentions, out-of-home placements, etc.

As the expansion grant moves forward, the evaluation process will become more and more important. Positive outcomes will strengthen and solidify up our foundation for overall statewide sustainability. Qualitative evaluation is also important. Family success stories are the bedrock of sustainability.

There is an expectation that the experience with SOC will be so positive that the agencies involved will want to continue the collaborative and resource-sharing process because it makes such good sense to do so, from both the humanitarian and business point of view.

The *first pillar* of our sustainability strategy includes a desire on the part of the participating agencies to embrace SOC as the new paradigm for service delivery to children with mental illness or serious emotional disturbance.

The *second pillar* of our sustainability strategy is maximizing Medicaid funding to pay for Wraparound services. A lot of attention is being paid to this, as well it should, but we would probably be wise to not put all of our eggs in the Medicaid basket. There will be needed services that Medicaid will not reimburse.

The *third strategic pillar* is an increase in funding from the state legislature to ODMHSAS to help continue SOC services. This is where family participation becomes very important, because they become our family advocates. Through our families, and SOC site staff, we need to make sure that every Oklahoma State Representative and Senator knows what SOC is, and why it is such a valuable program. You probably want to pay special attention to those Representatives and Senators who serve on SOC teams and make sure they are invited to all major SOC events.

The *fourth pillar* is fund raising within the SOC communities. This task is a joint effort within each community of the Community Team, the Oklahoma Federation of Families, and the Family Support Group. The family members become the spokespeople for the campaign.

Each community is different and fund raising strategies will differ depending on opportunities and imagination.

The important thing is to begin planning for our future now.

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## **WHAT A SYSTEMS OF CARE HOST AGENCY SHOULD BE**

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This document was developed by the State Advisory Team (SAT) in 2004 and later edited for the OSOC Toolkit. These ideals and guidelines are meant to provide direction to SOC host agencies as well as Community Teams as they choose their host agency.

*We believe...*that a SOC host agency should embody the SOC spirit and philosophy. This spirit includes personal buy-in to SOC by the host agency. It includes the spirit of team building, thinking outside the box, being non-judgmental, consumer and child friendly, trustworthy, flexible and committed to the principles and values of SOC. These values include being child-centered, family-focused, community-based, needs-driven and culturally competent. The host agency shall maintain an attitude of compassion and understanding for the children and their families.

*We believe...*that good communication, relationships and understanding with and among parents, providers and the community are crucial for success. Parents of children with SED should be respected for their knowledge and unique contribution to the process and that parents can serve in multiple roles.

*We believe...*that host agency direct care staff and leadership should attend SOC training and become knowledgeable in SOC and Wraparound. The host agency should follow the federal SOC guidelines for best practices to maintain the integrity of the program. We believe the host agency should reduce unnecessary paperwork whenever possible, create a single point of entry for Wraparound and other supports for families as well as be open to all referral sources. They should provide access to community resources and information. The host agency should demonstrate the ability to participate in a wide range of community collaboration and outreach.

*We believe...*that the Community Team and the host agency work in collaboration, consistent with the principles and values of SOC, to develop the budget and ensure ongoing monitoring and recommendations. If issues arise that cannot be resolved between the Community Team and the host agency, resolution will be facilitated by the state staff for the OSOC initiative. The employees of the host agency must follow the policies and procedures of the host agency, including the personnel policies and procedures.

*We believe...*the host agency should work directly with the community team whenever possible. This includes working directly with the community team regarding system of care procedures and contracts that affect the project. The host agency's leadership shall make themselves available to the project director. The host agency shall maintain the project as a community project, and not an agency project.

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## **THREE LEVELS OF COMMUNITY REFERRALS**

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The Referral Team is the subcommittee of the Community Team that reviews referrals for Wraparound Services and decides which level of care the family would benefit most from; community support, service coordination or Wraparound. The Referral Team's membership should be broad and include family representation as well as service providers.

### **Community Support**

Community Support is a resource available to any family, community member or provider in the community. This level is to be used to ensure that any family that needs additional support or information has a place to go and explore their options. It is the responsibility of the referral team to ensure that any provider, community member or family member receives information, resources and linkages to services and that any actions taken are followed up on and reported back to the referral team.

*Family Example* - Bruce's OJA worker has been unsuccessful in finding community resources help him with his battle against addiction. His OJA worker notifies the family and his mother attends the referral team along with the worker. The entire referral team brainstorms potential options to help Bruce get the supports that he needs. They identified several additional support groups and a few of them were even led by teens. They also talked about some potential therapists that have been successful in dealing with teens that suffer from addiction. The therapist from the CMHC offers to meet with Bruce's family and OJA worker to make the appropriate referrals.

### **Service Coordination**

Service Coordination is an adaptive mid-level service between a full term Wraparound process and community support information and referral. It is designed for families that may need two to three short term interventions from Wraparound staff. These may include a Crisis Plan, Strengths, Needs, Culture Discovery, immediate case management or simply a one hour visit in the home. These services may be initiated by a family member, provider, APS or OHCA staff whenever an assessment is made that additional supports are necessary but not anticipated to be long term. If longer term services and supports are later indicated then a family should be enrolled in Wraparound Services. It is the responsibility of the Wraparound staff to report back to the Referral Team and referral source to discuss the enrollment of the family in Wraparound.



*Family Example* - Bruce is currently in OJA custody and still having legal trouble. His parents need help accessing services for medication and some more intense therapy for his substance abuse. They would like a crisis plan put into place and need a reminder of their family's strengths by utilizing the SNCD. They feel fully capable of implementing the plan and accessing the resources both community and natural to meet the needs after the initial referrals are made.

## **Wraparound**

Wraparound - the high fidelity Wraparound process - is a way to help families with complex needs stay connected as a family and to help the child stay in the community. It is all about empowering the child and family to learn how to utilize natural/formal supports and community resources successfully. The Wraparound process is driven by the family and their team of natural and formal supports.

*Family Example* - Bruce has been hospitalized 30 days in the past year due to his serious emotional disturbance. He has recently been released back into the community but he is still in OJA custody due to some legal trouble he encountered a while back. His OJA worker requires him to complete anger management, individual counseling, family counseling, and he is also in school and on an IEP. His IEP requires that he attend after school tutoring at least 3X per week to help him stay caught up in school. The family feels that they have burned all of their bridges and have no support. Wraparound will get all the professionals (OJA worker, therapist, anger management teacher, and school personnel) around the same table and prioritize the family's needs as the family sees fit. We will also start to rebuild the bridges that have been burned to teach the family how to access support and how to give it back to their family.

## **Web References on Wraparound**

- National Wraparound Initiative: [www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi)
- Wraparound Fidelity Index: [www.uvm.edu/~wrapvt](http://www.uvm.edu/~wrapvt)
- Walker, Koroloff, Schutte monograph on Necessary supports for ISP/Wraparound: [www.rtc.pdx.edu](http://www.rtc.pdx.edu)
- Focal Point issue on Quality and Fidelity in Wraparound: [www.rtc.pdx.edu/pgFocalPoint.shtml](http://www.rtc.pdx.edu/pgFocalPoint.shtml)
- Promising Practices monographs on Wraparound (2001, vol. 1; 1998, vol. 4): [www.mentalhealth.samhsa.gov/cmhs/ChildrensCampaign/practices](http://www.mentalhealth.samhsa.gov/cmhs/ChildrensCampaign/practices)

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# **HOW TO BE AN EFFECTIVE PROJECT DIRECTOR**

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## **Introduction**

- ❖ SOC is a journey.
- ❖ You serve a critical role and it is up to you.
- ❖ There are policies, experiences and support for you to draw on.
- ❖ These are the basics of what to pay attention to.
- ❖ Please learn from each other and state staff.

## **Main Areas of Focus**

- Have a thorough understanding of Strength-Based Supervision and be able to apply these supervisory skills for all Wraparound staff on a daily basis.
- Have a thorough knowledge of OHCA, ODMHSAS, and CARF rules and standards in order to ensure that all Wraparound staff members are adhering to them.
- Provide training to all Wraparound personnel related to SOC / Wraparound principles and ensure that all personnel have a thorough understanding of their respective roles.
- Perform disciplinary procedures when necessary, up to and including termination.
- Teach Wraparound personnel the appropriate billing procedures to ensure that Wraparound services are becoming self-sustaining.
- Have a complete understanding of SOC and understand how SOC differs from Wraparound.
- Have an in-depth understanding of Wraparound (the phases of Wraparound, how to move a family through the process, how to identify issues that may be barriers, etc.).
- Have an in-depth understanding of Wraparound documentation (SNCD, Functional Assessment, Crisis Plan, Safety Plan, Care Plan and Transition Plan) and be able to teach Wraparound personnel how to complete this documentation accurately and efficiently.
- Have a thorough understanding of Host Agency paperwork / documentation requirements and ensure that Wraparound personnel are adhering to these requirements.
- Have a good working relationship with community partners (DHS, OJA, school personnel, etc.) and be willing to provide collaboration of services when needed.
- Attend community-based SOC meetings.
- Participate in oversight and referral team meetings.
- Assess needs of the community by gathering information from individuals, groups, agencies, organizations and the general public; and work closely with the community coalition to implement the needed services or supports within the community.
- Screen and approve flex fund requests when needed and appropriate.

- Reviewing all travel logs, timesheets, requests for leave, etc. and approving if appropriate.
- Recruiting, interviewing, and hiring all new Wraparound personnel.
- Review monthly billing (for all Wraparound personnel) within the agency and review OHCA billing received to ensure that billing is being recouped.
- Providing limited direct clinical services, if needed and appropriate.
- On-Call 24 / 7 for all Wraparound personnel.
- Responsible for developing and integrating public relations, consultation, and education regarding SOC / Wraparound services.
- Complete monthly PD report and send to ODMHSAS regarding SOC / Wraparound services.
- Complete annual budgets for Wraparound services.
- Review monthly budget reports to ensure accuracy and utilize the information gathered to improve services.
- Lead the interdisciplinary treatment team meetings for all youth and families receiving Wraparound services.
- Be knowledgeable related to assessments and treatment planning.
- Be knowledgeable about DSM Diagnosis / Symptoms.
- Be able to delegate responsibilities and follow-up to ensure that these are being followed.
- Organize and maintain personnel files for all staff providing SOC / Wraparound services.
- Cross reference billing logs, travel logs and progress notes.
- Make travel arrangements for all Wraparound personnel and verify that the correct process for continuing education is completed.
- Oversee quality assurance surveys as well as follow up surveys and utilize the gathered information to improve Wraparound services.
- Be available for support and staffing with Wraparound / SOC staff as needed.
- Be able to work closely and coordinate with Host Agency Executive team members and other administration.
- Attend Project Directors' meetings as scheduled.
- Attend other meetings related to SOC / Wraparound as needed.

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## **FAMILY INVOLVEMENT**

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### **Principals for Family Involvement**

- *Families define themselves and their own culture.* Families have their own individual strengths and know best what would work for them.
- *Families require culturally competent services and supports reflecting their race, ethnicity, gender orientation, language, socio-economic background and family structure.* Each family is unique and defines what it means to be their family.
- *Families have their basic needs met.* All persons deserve to have their basic needs met.
- *Families have access to information and training.* This is vital in the growth of families and their ability to be empowered to take care of their own.
- *Family-identified priorities and concerns drive policy and practice.* Families take an active role in advocating for family-friendly policies.
- *Families share power to make decisions and responsibility for outcomes.* When families partner with professionals and service providers as equal partners, they have a vested interest in policies, services, responsibilities and outcomes.
- *Families & their system partners know their individual strengths, limitations and fears.* Family-Professional partnerships do not happen overnight. Both sides are responsible for teaching and receiving information and forming strong partnerships.
- *Families have their own independent organization to speak with a collective voice for system change.* Oklahoma Federation of Families is a statewide family organization, affiliated with the National Federation of families, dedicated exclusively to helping children with mental health needs and their families achieve a better quality of life.
- *Families and their organizations get both respect and protection from their system partners.* We are all in this together. By building strong parent professional partnerships, we will have a bright future.

### **Definition of Family-Driven Care**

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

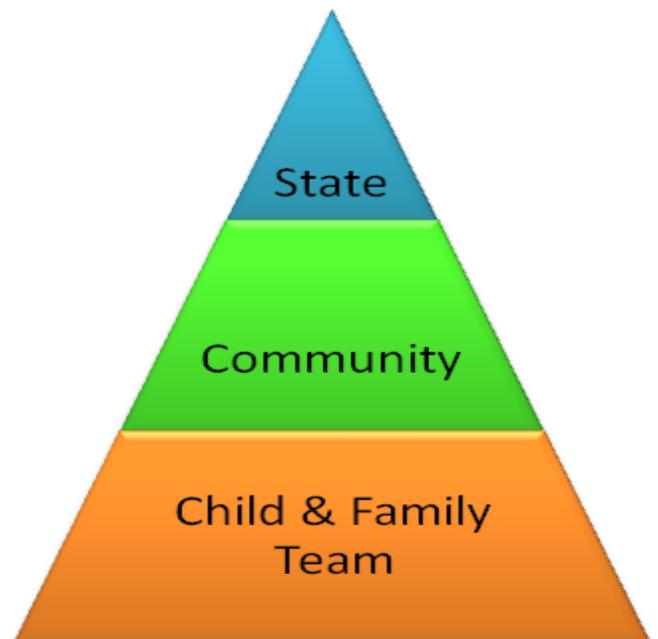
- Choosing supports, services, and providers
- Setting goals
- Designing and implementing programs
- Monitoring outcomes
- Partnering in funding decisions
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

## Characteristics of Family-Driven Care

- Family and youth experiences, their visions and goals, their perceptions of strengths and needs, and their guidance about what will make them comfortable steer decision making about all aspects of service and system design, operation, and evaluation.
- Family-run organizations receive resources and funds to support and sustain the infrastructure that is essential to insure an independent family voice in their communities, states, tribes, territories, and the nation.
- Meetings and service provision happen in culturally and linguistically competent environments where family and youth voices are heard and valued, everyone is respected and trusted, and it is safe for everyone to speak honestly.
- Administrators and staff actively demonstrate their partnerships with all families and youth by sharing power, resources, authority, responsibility, and control with them.
- Families and youth have access to useful, usable, and understandable information and data, as well as sound professional expertise so they have good information to make decisions.
- Funding mechanisms allow families and youth to have choices.
- All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf.

## Three Levels of Family Involvement

1. **Child & Family Team Level** involvement is when the family is in full participation and making choices, options and prioritizing the needs of their family.
2. **Community Level** involvement includes families being involved in their Parent/Family group meetings (see “Planning a Family or Parent Event). Active participation and development of a local Federation of Families Chapter. (See Federation of Families Start up Chapter documents)
  - Invitation and support to participate and become a member of the Community Coalition.
  - Family involvement participation is important at all levels including being a member of the Referral Team, Executive Team, as well as actively participating in interview panels for frontline staff.
3. **State Level** family involvement is achieved thru a variety of different avenues. There are voting and designee family member positions on the Oklahoma State Advisory Team and Federation of Families Board membership as a representative for their community.
  - Family participation is also encouraged on the Quality Assurance Team and family members are involved in local evaluations.



## **Parent/ Family Group Development**

People are healthiest when they feel safe, supported and connected to others in their families, neighborhoods and communities. A parent group helps parents feel more connected and a part of their community.

### What do Family/Parent groups do?

- Provide participants the recognition that they are not alone.
- Provide participants with mutual support from their peers.
- Offer a safe place for telling their stories/disclosure.
- Empower personal responsibility and a place to learn advocacy skills.
- Help participants develop new-skills.
- Help participants develop new informal supports.
- Provides participants new information.
- Provides participants with an outlet to become an active member of their community.
- The support group can act as a family-focus group for their community.

The Oklahoma Federation of Families (OFF) is available to assist you with planning your family or parent events. The following timeline is a guide for activities to ensure a successful event.

### **At least 6 weeks before the event:**

- Determine what type of event you want to use to kick off your first (or reignite) your group.
- Know about supports offered through the Federation of Families and your Coordinator of Family Involvement.
- Set a date.
- Time of day can contribute to whether you need child care or not and the availability of the caregivers.

### **At least 5 weeks before event:**

- Plan for night (speakers/agenda/etc)
- Find a location.
- Do you need a separate room for youth & child care?
- Do you need separate support staff for each group?
- If there is a cost involved in the location, can you reasonably sustain the charge over time?
- Child Care or youth activity:
- Will you divide up the ages?
- Where can you get support with child care coverage?
- Is there funding for this?
- Is there enough time to help the Child and Family Teams to come up with a plan of their own to cover child care? Remember – always have a plan A and plan B

**At least 3 weeks before event:**

- Determine if you are going to request funds from OFF.
- If so, develop an itemized list of expenditures and complete a request for funds form.
- Fax or mail to OFF.

**Advertise! Advertise! Advertise!**

- Make flyers.
- Distribute flyers.
- Depending on what you are kicking off with, advertise in local newspaper. Funding through OFF can help with this.
- Announce at the community coalition meeting(s).
- Encourage community partners to “spread” the word.
- Post at laundry mats.
- Post on school bulletin boards.

**At least a week before the event:**

- Finish the planning.
- Who will do what and when?
- Plan and set date of the *next* event/meeting.
- Create a flyer to hand out at event that invites them back to the next meeting.
- Ask a family member from your group to be a greeter at your event.
- Train the family member how to be a greeter.
- Develop agenda, and sign in sheet.
- Pick up any necessary supplies.
- Keep copies of the receipts to turn in to OFF.

**The day before the event:**

- All staff should call to remind the parents of the meeting.
- Call and confirm location. Make certain there have been no last minute changes.
- Call the family “Greeter” and ask if they have any last minute questions.
- Make sure all handouts or supplies are purchased, copied and ready.
- Remind and encourage all staff to attend.

**The day of the event:**

- Confirm with the Greeter family that they will meet you at the meeting location at least 30 minutes before the meeting starts. (Staff as well)
- Arrive at meeting location at least 30 minutes ahead of time to set up meeting room.
- Don’t forget the sign in sheet.
- Staff that has to provide transportation should to be there no later than 15 min before the event.

- During the closure of the meeting, hand out flyers for next meeting and ask for a volunteer to help with developing of flyers that will be given out at the next meeting. (You are already looking ahead two meetings out.)

**No later than a few days after the event:**

- Reflect on lessons learned.
- Keep a file where you will have the agendas for the meetings.
- Also keep the sign in sheet for future reference.
- If you requested funds from OFF before the event, send copies of the receipts to them within a couple of days of your event.
- If you are going to request reimbursement of funds from OFF, make copies of receipts and complete a request for funds form.
- Fax or mail to the OFF.
- If you used any evaluations, review them together.
- Make a list of things you would like to change.
- Make a list of where you can help support family members to complete some of the tasks.

**Why is it important to partner with Youth and Families?**

“In Oklahoma and nationally, family involvement and family participation are closely held values in systems of care. In fact, we now focus on “family-driven” care, which means that families should have a primary decision making role in the care of their own children as well as the policies and procedures governing care for children and youth in their communities, states, tribes, territories and the nation.

Opportunities for family-driven care can be achieved at all levels of the service system and the involvement of families has been shown to have a positive impact on outcomes achieved by youth, families and the community. Oklahoma has made significant strides in expanding family involvement and the Family Leadership Trainings developed by the Oklahoma Federation of Families have been successfully used to support effective family involvement across many states.

The creation of a family-driven approach is everyone’s job and must be a mutual responsibility. Every interaction between policymakers, community partners, service providers, staff and families can communicate and reinforce the importance of family-driven care. Successful family involvement takes creativity, innovation, teamwork, and the skills and commitment of the entire community, and when this occurs, true family-driven care can be a reality.”

**Gary M. Blau, Ph.D.**

Chief, Child, Adolescent and Family Branch

Center for Mental Health Services Substance Abuse and Mental Health Services Administration

## **Web References on Family-Driven Care**

- Working Definition and tools: [www.ffcmh.org/systems\\_what\\_is.htm](http://www.ffcmh.org/systems_what_is.htm)
- Webinar and supporting documents – follow links under Defining Family-driven Care to: View the PowerPoint slides for the Webinar; View the definition of family-driven care; Read the story "Journey to Family-Driven Policy;" or post a message to the discussion board: [www.tapartnership.org/advisors/family/the\\_family\\_page.asp](http://www.tapartnership.org/advisors/family/the_family_page.asp)
- Achieving the Promise: Report of the President's Commission on Mental Health: [www.mentalhealthcommission.gov/reports/FinalReport/toc.html](http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html)
- A Family's Guide to the Child Welfare System: [www.tapartnership.org/advisors/ChildWelfare/resources/AFamilysGuideFINAL%20WEB%20VERSION.pdf](http://www.tapartnership.org/advisors/ChildWelfare/resources/AFamilysGuideFINAL%20WEB%20VERSION.pdf)
- [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov)

For more information on Family Services contact:

**Gerri Mullendore**

OSOC Coordinator of Family Involvement

Office: (405) 522-4155

Email: [emullendore@odmhsas.org](mailto:emullendore@odmhsas.org).

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## **YOUTH INVOLVEMENT**

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The key principle embedded within the philosophy of “youth-driven” is that young people of Oklahoma regardless of race, ethnicity, color, socioeconomic status or cultural background have the right to be empowered. Youth should have a key decision making role in the care of their lives as well as the policies and procedures governing care for all youth in the community. This includes creating a safe environment where youth can develop and sustain healthy developmental techniques. Through the process of creating youth-driven communities, professionals should be aware of the positive impact youth empowerment and choice has on young people.

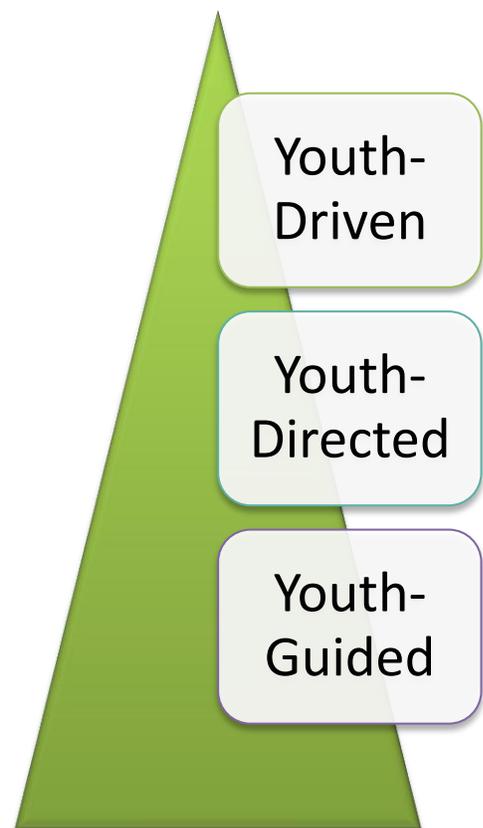
### **Youth-Driven, Youth-Directed and Youth-Guided**

For SOC communities to truly embrace the youth’s voice require actively promoting a community that is youth-driven, youth-directed or youth-guided.

**Youth-driven** communities fully embrace youth as partners and are dedicated to authentic youth involvement. Youth have meaningful roles in leadership positions including governance and programming. Youth form and facilitate youth groups and provide training in the community based on their personal experiences.

**Youth-directed** communities are considered one step away from fully embracing youth at the table. In youth-directed communities, youth have positions and voting power on community teams and committees. Everyone within youth-directed communities respect the autonomy of the youth’s voice. Community members encourage active participation and recruitment of other youth. Youth are compensated for their work.

**Youth-guided** communities are two steps away from being fully youth-driven. Youth-guided communities are in the early stages of partnering with youth. Many youth-guided communities encourage limited youth involvement.



## **Two Techniques to Create Youth-driven Communities**

### **1. Create Opportunities for Youth Empowerment**

As professionals working with youth it is important to be clear about what we mean by empowering youth. Youth empowerment is an attitudinal, structural and cultural process whereby young people gain the ability, authority and knowledge to make decisions and implement change in their own lives and the lives of other people, including youth and adults. For youth to feel empowered requires the following:

- Youth must learn and master skills/tasks they enjoy.
- Youth must feel invested in the outcomes of their lives and community.
- Adults must utilize “youth expertise” from their personal experiences within the child serving systems to create change.
- Youth must have a voice and choice in their life planning.

### **Tips to Empower Youth**

- **Provide Training:** Training youth will help them be more prepared and effective as community leaders. You can't expect young people to lead in the community if they do not possess the tools to do so. Suggested training topics are:
  - How to Tell Your Story
  - The Effective Way to Advocate for Change
  - How to Present to Community Leaders
  - Effective Techniques for Problem Solving
  - Leadership Development Training Opportunities
  - Personnel Development (Peer Mentor Training)
- **Provide Opportunities for Growth:** Connecting youth with positive growth will not only empower them but it will inspire them. Youth who have opportunities for personal growth experience more and develop a sense of empowerment. Many opportunities for growth are available to youth in Oklahoma. Some suggestions include:
  - Connecting youth with other youth groups
  - Youth Leadership Academies
  - Youth Listening Conference
  - Planning of events in their community
  - Involve youth in local community legislation
  - Invite youth testimony
  - Ask youth to speak at conferences, health fairs and community events
- **Provide Education:** Educating youth is vital when empowering youth, “knowledge is power”. Educating youth requires being flexible, patient and respectful of youth's opinions and decisions. Possible educating youth topics are:
  - SOC 101 Topics (Wraparound 401 classes)
  - Youth Rights
  - Youth Being Involved in their individualized education plan (IEP)
  - Medication Regimens/Side Effects of Medication
  - Preparing Youth for Transitions

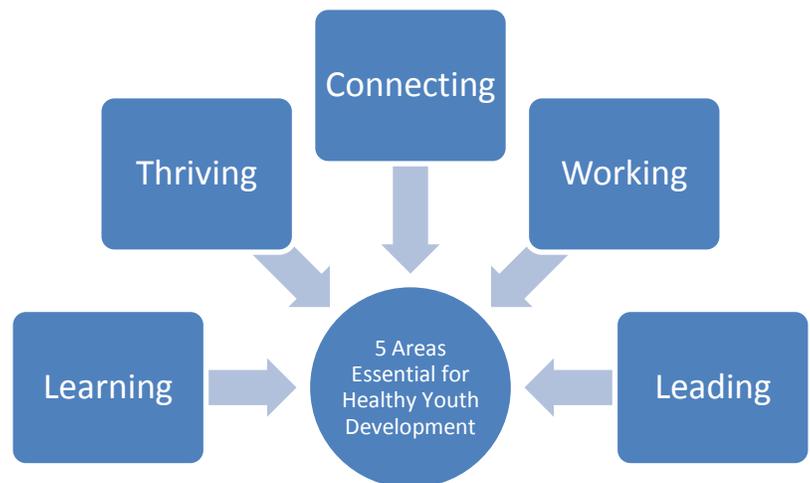
### Tips for Adults when Empowering Youth

- **Respect the Youth’s Opinions:** Youth are experts in matters that affect them daily, from peers struggling with addiction to the concerns about youth involvement in the community. Respecting their individual opinions not only empowers them; but, it develops the next generation of voters, leaders and educators.
- **Be Patient:** It takes time to adjust to having youth at the table. There will be times where there may be very little youth participation and other times with very high youth involvement. Be patient and allow the youth to engage at their pace. Patience is empowering.
- **Be Flexible:** Do things in different ways to accommodate youth and provide a safe and comfortable environment. For example, consider changing the times of meeting (and meeting formats) to allow and encourage youth participation.

### 2. Create Opportunities for Healthy Youth Development

Healthy youth development is a topic of great concern for individuals working with youth. Helping young people develop is like exercising our right to vote. It’s important, it’s powerful and it can be done after a lot of deliberation or on the spot. The end result of helping young people in five areas of youth development connects the dots for Youth-driven communities seeking to embrace youth.

- **Learning:** Develops the intellect
- **Thriving:** Encourages and promotes physical health and well being
- **Connecting with the Community:** Cultivates social and collaborative skills; and empowers youth
- **Working:** Promotes and encourages the development of vocational and practical skills
- **Leading:** Encourages civic involvement and development; hones leadership skills in an effective manner



Source: The Forum for Youth Investment “California Youth Empowerment” June 2002

## **Tips to Create Opportunities for Healthy Youth Development**

- **Learning:** Encourage youth to take ownership and master educational opportunities. Expose youth to new cultures and self-discovery outside of their communities. Example: campus or vocational center tours for transitional youth, taking youth to an art museum or play, exposing youth to different foods, and etc.
- **Thriving:** Create opportunities that expose youth to holistic health (mind, body, soul and spirit). Create opportunities where youth can discuss health related topics in confidence and receive the necessary supports. Working with young people and supporting them to respond to their health issues according to their life circumstance ensures they are able to maximize their own individual strengths and best utilize any available support systems. Holistic approach recognizes that a young person and their well-being is affected by the circumstance they find themselves in and includes housing, nutrition and adequate diet, support and relationships, income and lack of. Holistic health delivery to young people should recognize the unique place in time that adolescent development occupies, including physiological, cultural, mental and emotional maturation, social influences and legal transitions.
- **Connecting with the Community:** Young people need a base that provides steady connections to adults. A good home base creates an environment in which young people can develop work relationships, hone their ideas, manage their task and responsibilities and develop a sense of accountability. Example: building relationships with community leaders, educators and youth friendly adults. Incorporate youth involvement on community coalitions, Executive Teams and Parks and Recreation Departments.
- **Working:** Working prepares youth to enter the workforce and education systems prepared mentally and emotionally. Encourage youth to work part time or volunteer for local agencies. The goal is to help them develop the necessary communication and listening skills to be successful in life.
- **Leading:** Create opportunities for civic leadership within local community organizations. Building the capacity of youth and adults to tackle real issue requires a dual focus on building skills and awareness in youth. Young people need a range of individual, leadership, team work and basic skill sets (example personal power, public speaking, project planning, communication, and diversity training) when building skills. Youth must be aware of how local systems function and must understand the relationship between specific problems and systematic conditions impact change. Make an attempt to balance formal training activities with “on the job” leadership development. Example: Attend community board meetings with, partner with the local Chamber of Commerce and build relationships with City Council members.

As youth become empowered and embrace healthy youth development, a sense of ownership develops toward the community. These techniques create 4 emerging trends:

- The community fully understands what the youth need and can focus new attention on the vital role of full engagement in supporting youth learning and development
- Civic participation, community and leadership development arenas can focus fresh attention on youth as civic and community leaders
- Youth respond to the call, and demand more and more meaningful opportunities for engagement in their communities
- Youth organize themselves and form youth groups to bring awareness and promote the youth voice

### **Youth Engagement in Community Change**

The final piece of creating a youth-driven community is active youth engagement. Young people are disproportionately involved in and affected by the problems that beset communities and states. It's well documented that young people are not doing well because communities are not doing well by them. Improving the quality and coordination of youth-driven communities is critical to improving youth outcomes. In order to create opportunities for change, policymakers and agencies need to do more than engage young people in focus groups or invite them to meetings. There needs to be an effective way to involve large numbers of youth in core policy change.

### **Double Arrow Approach to Community Change**

The double arrow approach to community change requires young people and adults to work together to create the necessary conditions for successful development of themselves, their peers, their families, and their communities. The fundamental pieces involved include: improving services for youth, aligning policy to impact change, addressing the demand for services and supports, involving youth and families in the process.



Source: The Forum for Youth Investment "[Building an Effective Youth Council](#)" July 2007

## **Youth Group Development**

### **What do youth groups do?**

Youth contributing to the community can take the form of creating youth groups to change communities. Youth groups continually work to sustain youth involvement in their communities through outreach, activities, and projects in the community. Such as:

- Developing presentations and products such as tip sheets for professionals
- Creating web sites, chat rooms, and blogs
- Organizing community wide events
- Participating on governing boards
- Providing peer to peer support

### **National Level Youth Groups**

The purpose of National Youth Groups is to: 1) unite the voices and causes of youth, act as consultants, 2) to youth, professionals, families, and other adults, promote advocacy and mental health awareness and 3) be more involved in the politics and legislation of National Mental Health policy making.

Examples of National Youth Organizations:

- [Youth Move National](#)
- [Active Minds](#)

### **State Level Youth Group**

Youth on the statewide team serve as decision makers and collaborators with children and youth serving agencies. State youth group members serve on policy making committees such as the Transitional Policy Academy, Governor's Behavioral Health Board, State Advisor Team and etc.

Examples:

#### Statewide Youth Group "the Revolution"

The Revolution is a youth led statewide advocacy network for those ages 17 and younger who want to make a positive impact on policy. The leadership body of the Revolution provides organization and guidance to young people.

#### Statewide Transitional Adult Council "for transitional age adults"

The Transitional Adult Council is an adult led statewide advocacy network for those ages 18 and older who want to make a positive impact on policy. The leadership body of the Transitional Adult Council provides organization and guidance to young people.

## **Community Level Youth Groups**

Community level youth groups provide local staff and communities with a valuable resource for community development and Youth-driven change. Local youth groups connect with parent - teacher associations, city governments and faith based organizations to impact the community.

Examples of Community Level Youth Groups:

- Norman Group / Teens Need Talk “TNT”
- Clinton Group / Youth for SOC
- Woodward Group / Our Nations Future
- Canadian County Group
- Shawnee
- Tulsa / Sassy Ladies
- SWAT Students Working Against Tobacco
- APRC Area Prevention Resource Center Youth Groups
- Lincoln County
- Okemah
- Tri-County

## **Techniques to Develop and Enhance Youth Groups**

- Host a Youth Listening Conference or Speak Out
- Coordinate Youth Group Development with APRC Sites
- Create and fund a part-time Youth Coordinator
- Provide compensation for services
- Include youth in Community Teams/Community Coalitions
- Involve and coordinate with other youth groups (non-SOC Groups)
- Request TA and advice from the statewide SOC team
- Collaborate with other SOC youth groups
- Involve youth in local community development
- Create a safe environment
- Create a group name / identity
- Create a mission statement
- Plan strategies and activities
- Keep it youth-driven and friendly

## Engagement Techniques for Adults

Organizations and institutions looking to engage youth need to develop a strong foundation and cultural competent infrastructure to shift the community culture. The following list details 6 Key Techniques for Communities Contributing to Youth thru engagement:

### Principle 1: *Design an Outreach Strategy*

Effective and efficient youth engagement must have strong and continuous outreach with youth involvement: 1) Communities can create an outreach strategy that connects with organizations and motivates youth, 2) Develop a strategy that creates diversity among youth, 3) Be intentional about creating a revolving door of youth leaders, and 4) Continuously integrate new young people into the process.

### Principle 2: *Convey an Intentional Philosophy of Community Change*

Successful youth engagement efforts are driven by an intentional philosophy of community change that youth and adults own as a community: 1) Have youth and adults develop a strategic road map of short and long term goals for community change, 2) Short term goals should be guided by strategic long term goals of the community, 3) Communities should also articulate clear roles for young people and adults across multiple levels.

### Principle 3: *Create Youth/Adult Teams*

Effective youth engagement strategies have at their core youth and adult teams. In order to realize true youth/adult partnerships and capitalize on the strengths that both young people and adults bring to the community change process, it is important to develop teams in which youth and adults work together. Youth and adults team should be made up of community members (youth and adults) that share a common goal of community change.

### Principle 4: *Build Youth and Adult Capacity*

Supporting youth to fulfill specific roles in community change works in a way that prepares them to negotiate positions where youth are not typically present. Community adults can provide a range of opportunities to build personal, leadership, teamwork and basic life skills within youth.

### Principle 5: *Provide Strength Based Services and Support*

Efficient youth engagement balances the need for strength based services and supports with the goal of community change: 1) As always with community change youth must feel safe and supported throughout the process, 2) Communities should strike a balance between supporting community development and the overall well being of youth.



Principle 6: *Sustain Access and Influence*

Youth engagement strategies create opportunities for sustained access, influence and continued youth involvement: 1) Communities can expand the range of concrete opportunities for meaningful youth participation by creating demand for young participation, 2) Communities can also build a sense of collective efficacy around a shared agenda of community change.

Source: The Forum for Youth Investment "[Core Principles for Engaging Young People in Community Change](#)" July 2004

**Other Useful Links to Youth Resources:**

- [Find Youth Info: Resources to Strengthen America's Youth](#)
- [The Forum for Youth Development](#)
- [National Resource Center for Youth Services](#)
- [Central Oklahoma Workforce Investment Board](#)
- [TA Partnership](#)

For additional information on Youth Services, contact:

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Email: [mbutler@odmhsas.org](mailto:mbutler@odmhsas.org)

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## **BUILDING CULTURAL AND LINGUISTIC COMPETENCE**

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### What is Culture?

Culture refers to the special background or characteristics which each person possesses. Culture can include race, ethnicity, gender, orientation, demographics (urban vs. rural) and can even include economics (the culture of poverty). Culture is also the shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people or individual.



Cultural Competency Think Tank

### What is Diversity?

Diversity refers to all the ways that we are both similar and different. Diversity encompasses more than race and gender to include all those differences that make us unique. The differences matter, especially the ones that may not matter to you, but may matter to someone else, like your consumer.

### Then what is Cultural Competency?

Cultural Competency refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities and protects and preserves the dignity of each.

Operationally defined, SOC Cultural Competence is the integration of knowledge about individuals, families and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

To start to become culturally competent you should have an understanding of these qualities:

- I acknowledge my personal values, biases, assumptions, and stereotypes in the workplace and private life.
- I am aware of my own cultural identities and recognize how culture has impacted my personal interactions.
- I can appreciate how diversity has benefited and enriched my life's experiences.
- I recognize my own privileges and am able to articulate areas of disadvantages.
- I am aware of my own developmental stage and am constantly working towards improvement.
- I have knowledge of my personal diversity issues and am able to resist "getting hooked" by inflammatory statements or behavior.
- I am comfortable being with members of groups different from my own.
- I am able to recognize different points of view, behaviors, values, and goals both with consumers and co-workers.
- I am comfortable communicating about diversity.
- I am able to be flexible, nonjudgmental, and tolerant of ambiguity, both with consumers and co-workers.

Until recently, throughout this nation, most children living with serious emotional disturbance have not received clinically, socially or culturally competent care. By being culturally competent we can help the child, youth and family - no matter how difficult their disability - access quality services within the context of their home and community.

For additional information on Cultural and Linguistic Competency (CLC) contact:

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OSOC CLC Coordinator

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## **ENGAGING TRIBAL PARTNERS**

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American Indian/Alaska Native (AI/AN), Tribes, Tribal partners and Indian tribes will be used interchangeably throughout this document.

### **Introduction**

Tribal governments have common interest with many public serving entities. Both have a shared responsibility to use public resources effectively and efficiently; both seek to provide comprehensive services such as education, health care, and law enforcement to their respective citizens; and both have interconnected interests in safeguarding the environment while maintaining healthy and diversified economies (NCAI, 2009).

Just as individual states are “sovereign” governments, Indian tribes also are self-governed and have been for centuries. As tribes have expanded their capacity to exercise self-governance and the visibility of tribal governments has increased in recent years, it has become progressively more important for states to interact with tribes as fellow governments (NCAI, 2009).

In today’s environment tribal and non-tribal entities, groups and communities are exploring the benefits of collaborative relationships. Furthermore, for these collaborations to be successful and transformative it is imperative that non-tribal entities are knowledgeable of the unique status of tribal governments and the unique diverse concerns of the tribal community they are working with. The following is a guideline to help you in your outreach and relationship building with tribal partners.

### **Why engage tribal partners?**

As you find with your outreach and relationship building, all tribal communities are unique and different each with their own history, culture, customs and belief systems. Furthermore, each can be wonderful partners in serving children, youth and families as each has unique strengths rooted in their cultural history, customs, belief systems and tribal governments.

### **Who are your tribal partners?**

It is important to engage the appropriate partners. Much more will be discussed later. However, this toolkit will help you identify significant partners of influence in tribal communities. As a common practice we want to look to tribal programs, Indian Health Service providers & other Tribal serving organizations to partner with. We want to avoid the misconception that “A Native American” or one individual self identified or otherwise acknowledged as American Indian, serving on a board or team is considered Tribal engagement. Tribal engagement refers to engaging formal partnerships that have legal or designated capacity to enhance large groups of tribal citizens.

## **A brief history of Oklahoma Tribes**

It would be too lengthy to discuss each of the 39 plus tribal communities' individual history so we will capture National policies that have affected all Oklahoma tribes. It is important to know that there are currently 37 Oklahoma Tribes with Federal recognition, 2 that are non-federally recognized and more tribal communities when we include the Urban Indian populations.

### **Historical & Intergenerational trauma through National policy**

- From 1700's through 1830's is known as the removal period in American Indian history. Many tribes faced forced removal from their original homelands through various mechanisms of persuasion. None of which were compensated accordingly to the loss of land, life and freedom. By the 1830's, most tribes were limited to federally reserved land, the rest were placed in what was known as Indian Territory or now known as Oklahoma.
- From the 1800's through the 1960's, government military-style boarding schools and church run boarding schools were used to assimilate AI/AN people.
- The Indian Reorganization Act (IRA) of 1934 was an early step in the renewal of tribal self-governance, in the forms of creation of constitutions and employment of counsel. However, all tribal actions were to be reviewed and authorized by the Department of Interior.
- Federal "Termination Policy" in the 1950's and 1960's ended government to government relationships with more than 100 tribes. Resulting in loss of trust land, discontinued Federal support, and loss of tribal identity. Many of those terminated tribes were re-established Federal recognition through the Congressional process in the 1980's and 1990's. Many remain in struggle for Federal recognition today, two of which are in Oklahoma.
- Federal "Relocation Policy" in the 1950's and 1960's, was an attempt to move AI/AN families to urban areas, promising jobs, housing and a "new life." These policies were an extension of previous assimilation efforts by breaking up family and communal structures.

### **Self Determination**

- Public Law 93-638, Indian Self-determination and Education Assistance Act in 1975. This legislation made self-determination, rather than termination, the focus of government action. It authorized Federal government agencies to enter into contract with and make grants directly to federally recognized Indian tribes.
- Indian Child Welfare Act (ICWA) is a federal law that seeks to keep [National Indian Children Welfare Association](#). Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies.

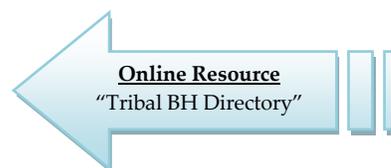
## **Tribal Governments and Self-Governance**

Tribal Self-Governance has created opportunities for Tribes to exercise their inherent self-governing powers through greater control over Tribal affairs and enhanced Tribal governmental responsibilities. As sovereign entities, Tribal Governments are responsible for the well-being of tribal citizens within their self determined catchment areas. Many of the tribal governments manage a wide area of tribal programs. The following is an example list of tribal programs that a tribe may manage. This list is not extensive. Follow up with each tribe individually to find out a listing of tribal programs they manage.

- Indian Child Welfare (ICW) programs
- Health care
- Education (secondary & post secondary)
- Law enforcement
- Tribal court
- Tribal youth programs
- Voc-Rehab
- Housing
- Social services
- USDA
- Native American Graves & Repatriation Act (NAGPRA)
- Environmental services
- Cultural preservation
- Substance Abuse treatment & prevention
- Mental health

Engagement of tribal programs is necessary to sustaining your tribal partnerships. Usually the director or coordinator can be found in the tribal directory. Many times tribal programs may be looking to utilize other community resources to adequately serve their communities. For instance, tribal youth programs are delinquency prevention programs funded through the Office of Juvenile Justice and Delinquency Prevention for tribes to engage community members in designing culturally appropriate prevention strategies. Within their development, steering committees and other coalitions may be formed, if you are asked to be included in such committee it would be a great opportunity to further build your relationships.

Visit the Tribal State Relations folder within Children, Youth and Family Services website for a copy of the [Oklahoma Tribal BH Programs Directory](#).



## **Communities**

Tribal serving organizations can be critical in engaging intertribal coalitions and consortiums. Most Tribal serving organizations focus on social and/or health issues and bring many tribal representatives together for conferences, trainings and dialogue. An example is a non-profit who provides specialized services for American Indian populations.

- Veteran & Elder groups: A general characteristic in many tribal communities is that they hold their Veterans and Elders in high respect. Many tribal communities will have an elders program or Association of Veterans that functions as support for elders and veterans in a specific tribal community. In some instances, members of these groups may also have considerable influence on elected Tribal government officials. It was stated by Chairman Shotton of the Otoe Tribe, when he was introduced at the State of Oklahoma's 3<sup>rd</sup> Annual Tribal Consultation meeting as a tribal leader, that "although I am an elected Tribal official, I am not the only tribal leader. There are many leaders in our tribe, some elected and some by lineage."
- Public Schools and Indian Education programs: Public schools with high populations of American Indian students receive Title VII and Johnson O'Malley Funds. Each can be different in execution but share common interest in helping public school systems meet the unique needs of their American Indian students. Contact the Indian education program in your area or schools; they are great resources to parents, students and other tribal serving community coalitions in your area. In some instances a Tribe may have the responsibility of providing the Johnson O'Malley Indian Education assistance to the schools.
- Cultural ceremonies, celebrations and/or gatherings: Tribal communities continue to find their strength in carrying on traditions and cultural gatherings. Some tribal communities engage in their traditional ceremonies that are usually held during an appropriate season, at a designated site for an allocated length of time. Many tribes also maintain other ceremonies that may include burials, adoptions, naming, and coming of age. One commonality is that all ceremonies are purposeful and meaningful, each significant and sacred to the tribal community it is taking place in. However, each is different from tribe to tribe. Celebrations and gatherings; often times tribal communities host social gatherings or celebrations sometimes specific to that tribe, region or what is known as inter-tribal. When an inter-tribal gathering is called a powwow then it is open to the public and anyone and everyone is encouraged to attend.
- Faith-based: There are many faith-based practices in tribal communities. Both traditional ceremonial as well as a large number of Oklahoma based tribal people that consider themselves Christian as Christianity has been adopted by many throughout the years. It is appropriate to engage "Indian churches" that operate as pillars of hope for Native American families.

## **Indian Health Services (I.H.S.)**

I.H.S. is the Federal Health Program for American Indian and Alaska Natives. As per Federal trust agreements, the U.S. Federal Government has a responsibility to provide health care for AI/AN. There is a misconception that I.H.S. provides adequate health care for all AI/AN populations. In fact, the I.H.S. system is consistently underfunded and is notorious for the lack of quality care received at I.H.S. facilities. Although, recent transformations hope to result in better care and outcomes for AI/AN consumers the underfunded system continues to be the major health care provider for AI/AN people. With the misconceptions and lack of funding many tribal people go without health care. In recent history, we have heard reports of non-tribal facilities referring tribal citizens back to I.H.S. or tribes. Please note that an American Indian person can choose where they will receive their health care services from provided they have a payer source like any other citizen.

## **Culture Card**

*Myth:* AI/AN people are spiritual and live in harmony with nature.

*Fact:* The idea of all AI/ANs having a mystical spirituality is a broad generalization. This romantic stereotype can be just as damaging as other more negative stereotypes and impairs one's ability to provide services to AI/ANs as real people. For more myths, facts and other helpful tips go the following link to the culture card: [A Guide to Build Cultural Awareness](#)



## **Considerations while building relationships**

- Respect for Tribal government or tribal program(s) service area.
- Identify a point of contact and stay consistent
- Issues must remain the focus, as with any governing entity political struggles may occur. During these times it is important to remain loyal to the issues.
- Must have respect of cultural differences. Each tribal community is different with their own community strengths.
- Have patience when we consider historical trauma. It may take a while to build trust and meaningful relationships.
- Don't try to oversell the importance of your system over theirs.
- Be a member of the solution; don't try to be the solution.
- Involvement must be government-to-government or Council-to-government. Again we want to avoid the misconception that "a Native American person" is tribal engagement.
- Tribes can and do seek the most qualified individuals for positions within the tribe. Qualified individuals may or may not be of that particular tribe or even of American Indian descent, meaning they hire non-tribal people as well. Although a person may not be American Indian they do represent the tribe that has employed them and could be a great contact.
- Success comes from being present and engaged. Accept invitations to participate in the Tribal events, meetings, etc.
- It's okay to ask how we get involved.
- Research and be flexible with regard to time, location, time-frame, etc.
- Be willing to do the same for the Tribe that you would ask of them.

**Remember:**

- All Tribes are different.
- The importance of language & communication
- All Tribes are sovereign nations/ governments
- Get to know the Tribe and culture.

**Helpful Links**

- Ok Tribal State Relations Workgroup: [http://www.okinnovationcenter.org/WG\\_Tribal.html](http://www.okinnovationcenter.org/WG_Tribal.html)
- Oklahoma Indian Child Welfare Association: <http://www.oicwa.org/index.html>
- Oklahoma City Area Inter-Tribal Health Board: <http://www.ocaithb.org/>
- Oklahoma Indian Affairs Commission: <http://www.ok.gov/oiac/index.html>
- American Indian Institute: <http://www.aini.outreach.ou.edu/>
- Indian Country Child Trauma Center: <http://www.icctc.org/>
- Association of American Indian Physicians: [www.aaip.org](http://www.aaip.org)
- Indian Health Services: [www.ihs.gov](http://www.ihs.gov)
- National Indian Child Welfare: <http://nicwa.org/>
- National Congress of American Indians: [www.ncai.org](http://www.ncai.org)
- National Council of Urban Indian Health: <http://www.ncuih.org/index.html>
- Tribal Self-Governance: <http://www.tribalselfgov.org/index.htm>
- United National Indian Tribal Youth: <http://www.unityinc.org/>

For more information, contact:

**Cortney Yarholar, MSW**

Tribal Liaison, OSOC

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Email: [cyarholar@odmhsas.org](mailto:cyarholar@odmhsas.org)

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## **TRANSITION-AGED PROGRAMS & RESOURCES**

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**Criteria:** Transition-Aged Youth are 16-24 years of age, with mental health, substance abuse, or co-occurring issues, regardless of severity level, who need assistance with Employment and Career, Educational Opportunities and Community Life Functioning.

**Entrance:** Does not have to go through referral team. There can be multiple points of entry depending on the structure of the agency.

**Empowering the Youth:** Regardless of legality and guardianship the youth must be involved in every stage of the process and must cosign all the paperwork

**Strengths, Needs, Cultural Discovery:** Needs to include a Life Skills Inventory.

**Youth Team Development:** Because many of the youth literally do not have any family or natural supports, their team may begin with nothing but formal supports. Because of this, starting out the Transition Facilitator may assume responsibility for some of the action steps, until those supports can be formed. Also, they can name their team. FSP or RSS can be a service provider

**Plans:** You still have safety plans and crisis plans. However, we are also incorporating preparedness and emergency. Preparedness plans are very important with youth in transitions.

**Wrap Plans and Form:** The wrap plans are basically the same, with a few different life domains.

**Housing Fund:** The Transitions program has its own housing fund.

- First 6 Months- subsidy recipients will pay 0% of their gross monthly income toward rent and utilities, and the remainder of the rent/utilities can be provided as rental assistance (up to the \$500 maximum).
- Last 6 Months- subsidy recipients will pay 30% of their gross monthly income toward rent and utilities, and the remainder of the rent/utilities can be provided as rental assistance (up to the \$500 maximum).



### Transitions Sites

Counties Served	Host Agency
Tulsa	<a href="#">Associated Centers for Therapy</a> 7020 S. Yale, Suite 204 Tulsa, OK 74136 Phone: 918-492-2554
Oklahoma	<a href="#">NorthCare</a> 4436 NW 50th St. Oklahoma City, OK 73112 Phone: 405-858-2700
Cleveland and McClain	<a href="#">Central Oklahoma</a> Community Mental Health Center 999 East Almeida P.O. Box 400 Norman, OK 73070 Phone: (405) 360-5100
Craig, Ottawa, and Delaware	<a href="#">Grand Lake Mental Health Center</a> 405 E. Excelsior Vinita, OK 74301 Phone: (918) 273-1841
Muskogee	<a href="#">Green Country Behavioral Health Services</a> 619 N. Main Muskogee, OK 74401 Phone: 918-682-8407
Oklahoma	<a href="#">Hope Community Services</a> 105 S.E. 45th Oklahoma City, OK 73129 Phone: 405-634-4400

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## **SOCIAL MARKETING AND SYSTEMS OF CARE**

Communication plays an important role in promoting awareness of the need for coordinated services for children and adolescents with mental health needs and their families. Increasing awareness about children’s mental health is vital to OSOC. Through statewide expansion efforts, OSOC is working with SOC communities across the state to reach new audiences and forge partnerships to further refine Oklahoma’s agenda on children’s mental health.

The overarching purpose of social marketing is to stimulate support for a comprehensive SOC approach to children’s mental health services. To accomplish this, effective social marketing in your community can:

- Reduce stigma associated with mental illness and promote mental health.
- Increase the likelihood that children and youth with mental health needs and their families are appropriately served and treated.
- Increase awareness of mental health needs and services for children and youth among mental health providers, SOC communities, intermediary groups/organizations and the public.
- Demonstrate to communities that the mental health needs of children and youth are best met through the utilization of SOC.
- Build capacity within SOC communities to sustain services and support to children and youth with mental health needs and their families.

### **Technical Assistance in Social Marketing/Communications**

Following is a summary of social marketing/communications activities available to OSOC communities.

- On-call/On-site Consultation
- Publications Assistance
- Social Marketing Planning Assistance
- Staff/Team Training



For more information or assistance, contact:

**Traci Castles, Communications & Event Specialist**

ODMHSAS, Children, Youth and Family Services

Oklahoma Systems of Care

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## **WRAPAROUND PROCESS**

The **Wraparound Process** is an intensive, individualized care management process for youth and families with serious or complex needs. During the Wraparound process, a team of individuals who are relevant to the well-being of the child or youth (e.g., family members, other informal supports, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The Wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, family and other people drawn from the family's social networks.

**ELIGIBILITY:** Wraparound services are geared toward children between the age of six and twenty-one with serious emotional / behavioral problems experiencing difficulty in multiple systems. The Wraparound process is designed to include the entire family. Family commitment is a key eligibility determiner. To become enrolled in Wraparound services, the family situation must be reviewed and approved for enrollment by the Referral Committee, a subcommittee of the Community Team. The family can also present a case to the Referral Committee.

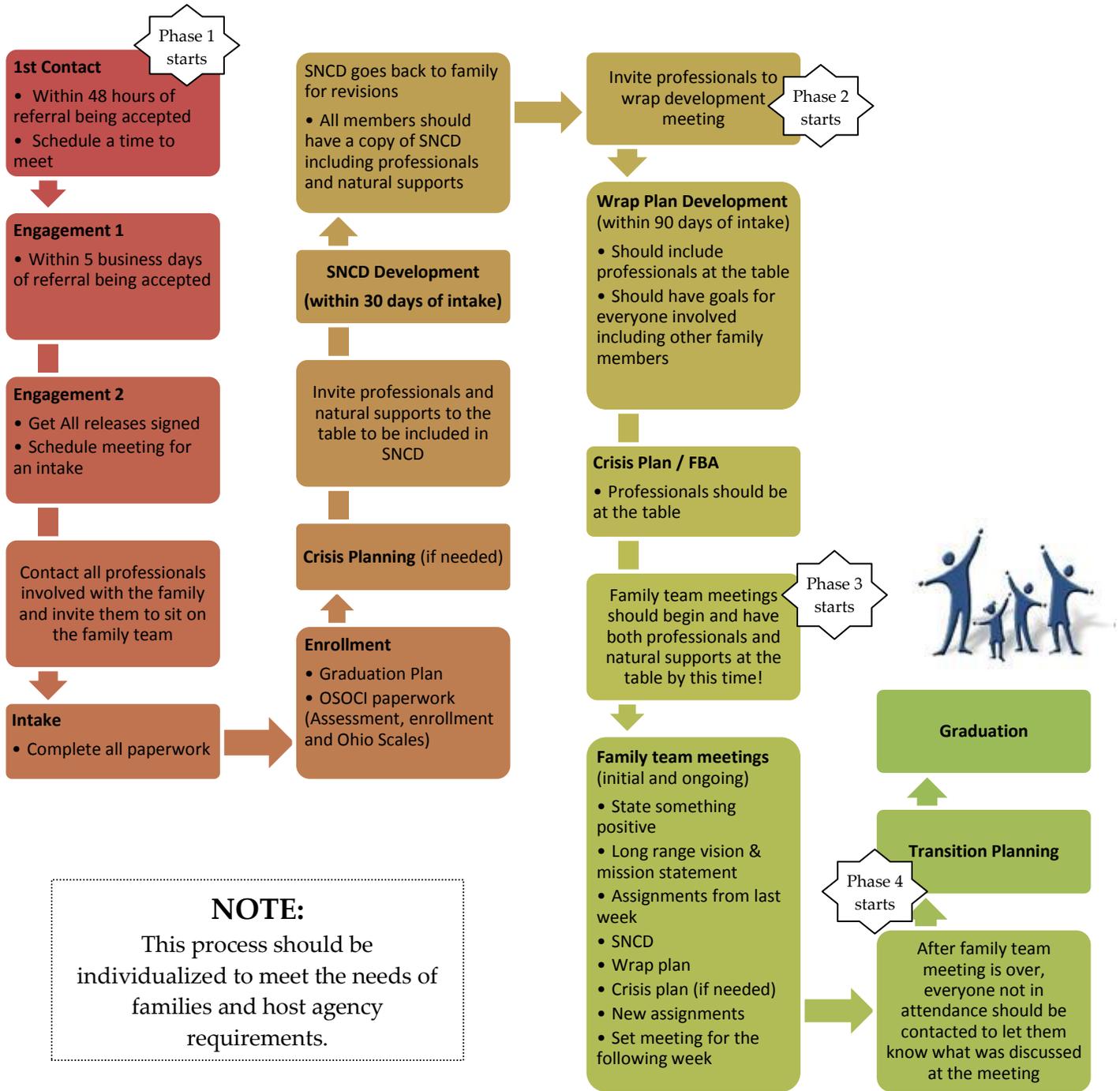
### **Guiding Principles of Wraparound**

The following are the essential elements of the Wraparound process:

- **Family Driven:** Family members are integral parts of the team and must have ownership of the plan. No planning sessions occur without the presence of the family.
- **Youth Guided:** Youth are engaged as equal partners in creating systems change in policies and procedures at the individual, community, state and national levels.
- **Team Based:** The actual individualized plan is developed by a wraparound team that consists of the family, natural supports and formal supports that care about and know the child and family best. The team is selected by the family and typically has no more one-half of the membership consisting of professionals.
- **Natural Supports:** The individualized plan is family-focused with maximum family involvement, with variation depending on the needs of the child and family. The process focuses on strengthening the supports for the family, extended family and social supports through involving them in the planning and implementation process.
- **Collaboration:** All parties work as a team with the family. They design and implement one plan.
- **Community Based:** When residential treatment or hospitalization is accessed, these service modalities are used as stabilization resources (and not as placements that operate outside of the plan).

## Oklahoma's Wraparound Phases and Key Activities

Based on experiences with OSOC in Oklahoma since 2002, the following timeline describes in more detail the key activities that occur during these four phases.



## **Phase 1: Engagement and Team Preparation**

1. Orient the family to the Wraparound process
2. Stabilize crises
  - a. Ask the family about immediate crisis concerns
  - b. Elicit information about crisis concerns from agency representatives and potential team members
  - c. If an immediate response is needed, stabilize any crisis that put the family at risk
3. Facilitate the Strengths, Needs and Culture Discovery
  - a. Identify strengths, assets and resources that may help meet family needs for support.
  - b. Learn about and understand the culture of the family, so the eventual Wraparound plan “looks like” and “feels like” the family, i.e., is culturally and linguistically competent and therefore more likely to be a plan the youth and family will buy into and participate in.
  - c. Record child and family needs. Identify a long range vision. Ask about and set short term goals that are steps toward the vision.
  - d. Identify potential formal and informal supports.
4. Engage other team members
  - a. Solicit participation and engage/orient team members
5. Make necessary meeting arrangements
  - a. Arrange meeting logistics
  - b. Address legal and ethical issues with the family

## **Phase 2: Initial Plan Development**

1. Develop a wrap plan.
  - a. Determine ground rules
  - b. Describe and document strengths and culture in a presentation to the team
  - c. Create a team mission based on the family vision
  - d. Describe and prioritize needs and goals
  - e. Select strategies and assign action steps
2. Develop a detailed functional assessment/crisis (safety) plan
  - a. Determine and prioritize potential problems
  - b. Create the functional assessment/crisis (safety) plan

### **Phase 3: Implementation**

1. Implement the plan
  - a. Implement action steps for each strategy
  - b. Track progress of action steps
  - c. Evaluate the success of strategies
  - d. Celebrate successes
2. Revisit and update the plan
  - a. Consider new strategies as necessary
3. Maintain team cohesiveness and trust
  - a. Maintain awareness of team members' satisfaction and buy-in
  - b. Address issues of team cohesiveness and trust
4. Complete documentation and handle logistics.

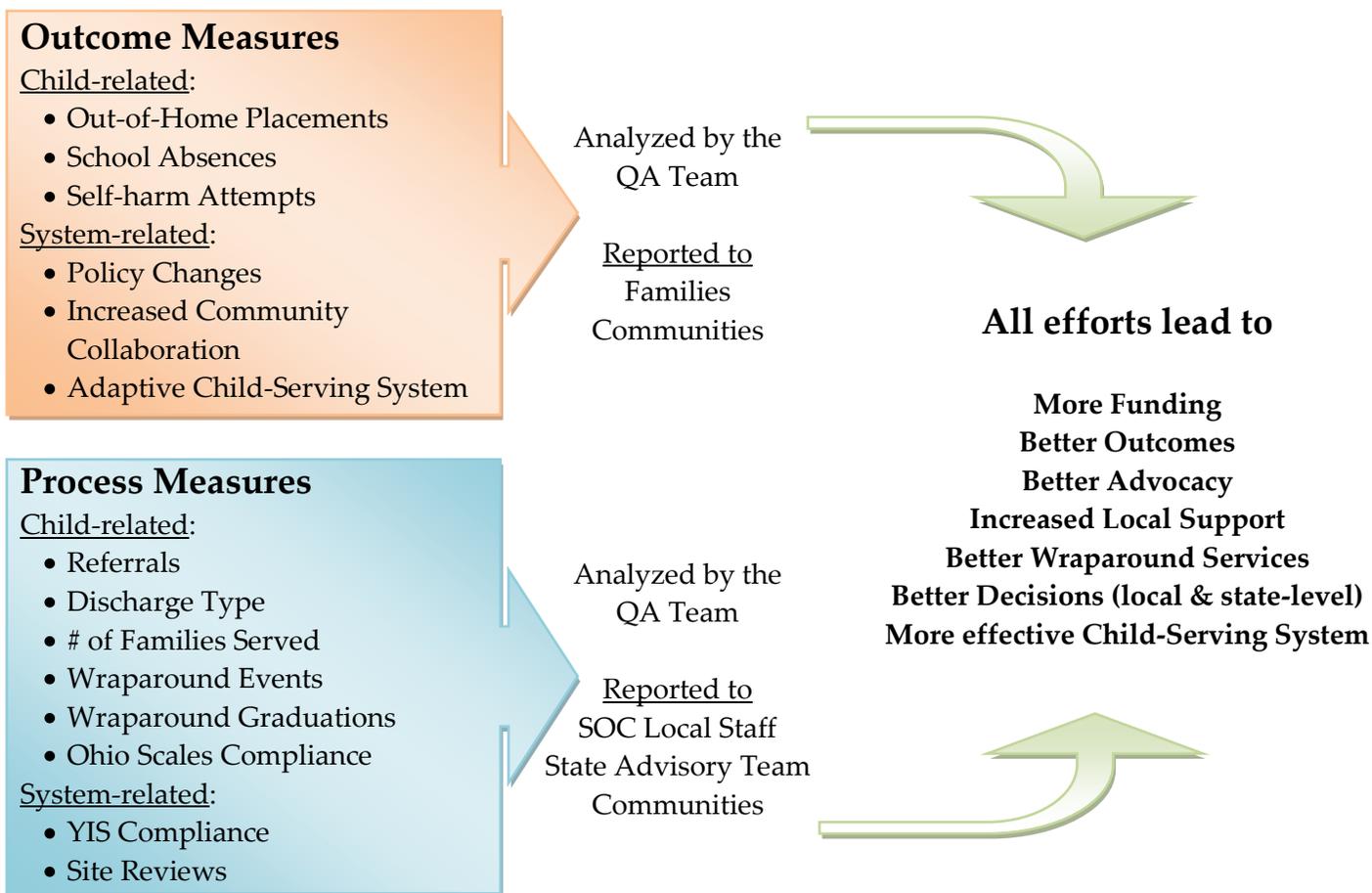
### **Phase 4: Transition**

1. Plan for cessation of formal Wraparound
  - a. Create a transition plan
  - b. Create a post-transition crisis plan
  - c. Modify Wraparound process to reflect transition
2. Conduct Commencement Ceremonies
  - a. Document the team's work
  - b. Celebrate successes
3. Follow-up with the family
  - a. Check in with the family



# Evaluation, Quality Assurance and Improvement

## Data leads to Continuous Quality Improvement



## **Evaluation Goals**

The activities of OSOC's Evaluation Team are focused on four (4) primary goals:

### **State and Community Levels**

1. Providing families and community stakeholders with information about the efforts and efficacy of their local SOC program, in order to provide accountability and to answer local needs related to education and sustainability
2. Providing the state management team with outcomes and service data for use in promoting the sustainability of OSOC and in broadening support among legislators and other state-level stakeholders
3. Providing data to the governing bodies and management teams associated with SOC for purposes of quality improvement and fidelity monitoring.

### **National Level**

4. Participation in the National Evaluation, mandated for grant communities funded under the Phase VI (2008) grant by the *Center for Mental Health Services (CMHS)*.

## **Evaluation and Data Requirements**

Evaluation and data gathering are an integral part of the SOC movement in Oklahoma. Each site is expected to collect data to assure that high-fidelity Wraparound is being implemented and that resources are being used efficiently. Evaluation tools are frequently updated and data collection requirements are sometimes modified to ensure the most important information is obtained while the data collection burden is minimized. Please consult the Principal Evaluator to learn the data requirements that apply to your site.

## **Annual OSOC Site Review Process**

The purpose of the annual site review is to complete a comprehensive, strength-based review of all of the funded OSOC communities. These reviews are not only a tool for state staff to assess each community's progress but to also provide some onsite technical assistance and ideas for enhancement.

1. The visiting review team will consist of the State Project Director, the assigned liaison, a state family member and an expert in Wraparound. The reviews will be one day in length.
2. The local Project Director or their designee schedules, organizes and sets the agenda ahead of time and then e-mails it to their State staff Liaison or State Project Director. The agenda will include the following items. Please allow time for breaks and lunch though feel free to schedule some interviews over lunch.
  - a. Initial 15 minute visit with the local Project Director to review the day's agenda and answer any questions. The Project Director is encouraged but not required to stay with the site review team for the rest of the day with the exception of when the team reviews charts and interviews family members.
  - b. Interview times with 2 or 3 families who are receiving or recently received Wraparound at the local site. This can be a group time or individual based on the wishes of the families. Please allow around 20-30 minutes per family.

- c. About an hour interview time with 2-5 local community team, executive team and/or referral team members of your choosing and their availability. Please include those in a leadership position.
- d. Around 30 minutes with one or more host agency staff. This is also of your choosing but is usually the PD's supervisor or the Executive Director or both.
- e. Around 30 minutes to review 4-6 Wraparound charts that we will pull randomly.
- f. Around 30 minutes for an exit interview with the Project Director. Other host agency staff may attend if they choose and are approved by the local Project Director.
- g. Optional, informal discussion time with other direct care staff from the site.

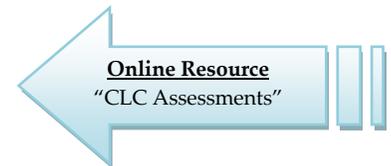
The local Project Director or their designee will also complete the site review checklist with input from the local staff and their community team. The checklist will then be submitted to the state staff Liaison or State Project Director prior to the scheduled site review.



### **Cultural & Linguistic Competency (CLC) Assessments**

As early defined, CLC is the integration of knowledge about individuals, families, and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. An organization assessment tool has been created to assist you in evaluating the CLC level of your onsite resources serving families and communities. Two assessment tools are available on the website:

- High-level Organization Assessment
- Self-Assessment Checklist for Personnel



## The OSOC Youth Information System (YIS)

Data for evaluation purposes have been collected at all OSOC sites since the first families were enrolled at the end of 2000. Accountability and sustainability have been prominent values of the Oklahoma program since its inception and a robust evaluation effort has been viewed as an essential tool in support of these values. The data in the *Oklahoma Systems of Care Youth Information System (YIS)* has been designed with input from families, communities, site staff and state management and are intended to provide reliable outcome and quality improvement measures while keeping the data collection effort imposed on families and staff at an acceptable level. The YIS software is web-based, residing on servers at the ODMHSAS IT unit and available throughout the state. The evaluation team is constantly modifying the system's content and functionality to respond to requests and concerns of the OSOC community.



Evaluation data in the YIS addresses questions about every phase of a youth's progress through SOC, including:

### Referral

The following information is captured in the *OSOC Referral Form* and site-specific documents:

- ? How do youths come to OSOC?
- ? Who refers them?
- ? What are the characteristics of a referred youth? What age, gender, ethnicity?
- ? Has the state taken custody? Are they in state custody?
- ? What risky behaviors or conditions complicate the youth or family's situation?
- ? When did the referral take place?
- ? When was it reviewed?
- ? What level of care was recommended for the youth?

### Enrollment

The following information is captured in the *OSOC Enrollment Form* and the three assessment forms which are:

- *OSOC Assessment Form for SOC Worker* to complete
- *OSOC Assessment Form for Caregiver* to complete
- *OSOC Assessment Form for Youth* to complete

These documents address issues such as:

- ? When did enrollment occur?
- ? What were the presenting problems and the severity level(s)?
- ? With what agencies has the youth been involved?
- ? What is the youth's level of functioning?
- ? What is the DSM-IV diagnostic information?
- ? What are important characteristics of the youth's recent past related to stated outcome goals: placement history; school performance/attendance; legal encounters; substance use; harm/self-harm incidents?

### Three-month and Six-month Follow-ups

At three months following enrollment, the *Worker Assessment Form* is to be completed. The following information is collected every six months following enrollment (and, when possible, at discharge) and captured in the *Youth/Caregiver/Worker versions of the Assessment Forms*. These instruments address:

- ? How have the measures collected at enrollment – related to the youth’s functioning, living situation, school performance, etc. – changed during his/her involvement with SOC?

### Program Activities

The following information is captured as they occur in the *Wraparound Events Form* and other site-specific documentation. Monitored questions related to activities include:

- ? Are Wraparound events occurring with the frequency and the types of supports that conform to the expectations of the SOC Wraparound model?
- ? Do the family members and others who participate in team meetings feel that quality Wraparound principles are being followed?
- ? Are flexible funds being used to address family needs in ways that are supportive of the Wraparound process and in conformance with program guidelines?
- ? When and why do youth discharge from SOC? How many reach goals set for graduation?

The table below lists the instruments that make up the *Oklahoma Systems of Care Youth Information System* and the characteristics of their administration. Additional information collected in the data system comes from paperwork specific to the individual sites.

INSTRUMENT NAME	SOURCE OF DATA	OBTAINED BY	WHEN	ESTIMATED ADMIN TIME
Referral Form	Referred Youth	Referring Entity	Pre-Approval	N/A
Enrollment Form	Enrolled Youth or Caregiver	CC/FSP (staff)	Enrollment	10 min
OSOC Assessments	Youth, Caregiver, assigned CC	CC (wrap staff)	Enrollment and 6-month intervals	15 min
National Evaluation Longitudinal Study	Youth / Caregiver in National Evaluation	National Evaluation Interviewers	Enrollment and 6-month intervals	1½ - 3 hours
Wraparound Event Form	CC	CC	Immediately following Wraparound Event	5 min

Sites update data in the YIS continually. Each site has one or more individuals for whom accounts have been created in the ODMHSAS Access Control environment, where the YIS resides. Some sites encourage CCs and FSPs to enter the data they collect, others have designated administrative personnel to accomplish all or part of the data entry.

## **Monthly Site Assessment Report (MSAR)**

Each month the Evaluation Team generates a **Monthly Site Assessment Report (MSAR)** for each project director and for the state management team. The MSAR provides aggregate data about site operations, including items such as referrals, referral sources, families served, youths enrolled, youths discharged, flex fund expenditures, etc. for the report month and the year ending in that month. Another section covers assessment data completion and identifies the percentage of due assessment instruments that were submitted for the reporting period.

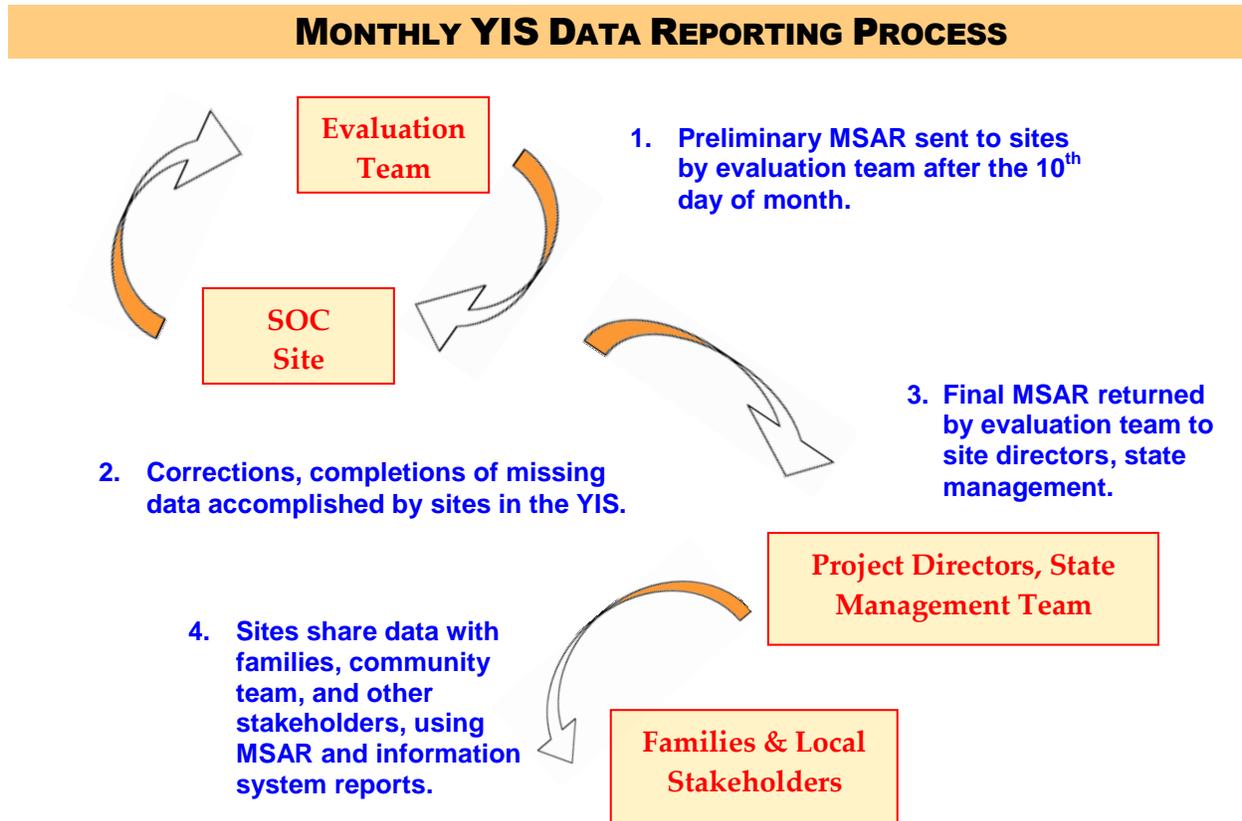
Note: The MSAR's assessment data completion section always focuses on the month preceding the last month covered in the data, (i.e., data submitted the first week of July would generate a spreadsheet reporting gaps in data for May, not June.) This lag in reporting is designed to allow for late paperwork and data entry as well as for a reasonable window of opportunity after the technical due date in which sites can schedule the administration of instruments with their families.

If the MSAR identifies a high level of missing data – generally more than 20% – for a site, the site is required to submit a plan of correction to the state management team. In addition to the site-specific statistics included in the MSAR each month, the evaluation team produces quarterly, fiscal year and calendar year aggregate reports for the statewide system. These reports present, in aggregate, a wide variety of program and client characteristics, including:

- Youth characteristics – age, gender, ethnicity, diagnoses, changes in and costs of placement, etc.
- Family characteristics – household income, custody status, public assistance.
- Program characteristics – referrals and sources, enrollments, families served, graduations and discharges, satisfaction survey results

The evaluation reports are distributed to sites for their review and for sharing with families and community teams, and to OSOC management teams; such as the state management team and the Quality Assurance Team. These reports play a vital role in keeping important stakeholders at both local and state levels abreast of developments and accomplishments within OSOC and are used to support sustainability and social marketing efforts. In addition, the evaluation team frequently produces special reports in response to ad hoc requests from management, marketing and stakeholder groups in need of specific information to answer questions raised about the operations or the effectiveness of OSOC.

Data collected in the YIS is accessible on a continuous basis at the site level. Knowledgeable users of the YIS may review any information previously entered for a site (assuming they are allowed access) and may also generate individual and aggregate data through a large and growing body of predefined reports.



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## **NATIONAL EVALUATION**

The National Evaluation is composed of two data collection efforts: a *descriptive* study focused on demographic and other static information about national SOC enrollees and a *longitudinal* study (also known as the ‘*Outcomes*’ study) concerned with details about the experience of families in SOC and whether SOC activities are improving the lives of its families. Only Phase VI OSOC communities – those newly funded after October 2008 – are eligible to participate in the National Evaluation studies.

### **Descriptive Study**

Data is collected at all OSOC sites for all enrolled youth. Data is gathered using the Enrollment Form (see attachment) administered during the enrollment process. The data address the following areas:

1. Demographics – age, ethnicity, gender
2. Presenting problems, diagnoses
3. Referral source and involvement with other agencies

Sites enter these data in the Youth Information System. The evaluation team subsequently extracts the information and uploads it to CMHS’ national evaluation contractor, Macro International.

### **Longitudinal (Outcomes) Study**

Data is collected by interviewers hired by the evaluation team. The study tracks SOC families for up to three years following their enrollment and involves an extensive set of instruments that are administered at baseline (enrollment) and every 6 months thereafter, even if the family has separated from SOC, for up to 2 years. Interviewers are selected from FSPs working at OSOC sites in counties adjacent to the new Phase VI communities

For the Phase VI grant, the Oklahoma program is to provide a total of 220 families for the longitudinal study over 3-4 years. Participating sites are required to provide new families with information about the study and materials with which to contact the Evaluation Team. The sites also offer logistical support and advice related to security concerns to the longitudinal study interviewers. All data collection responsibilities lie with the interviewers and the evaluation team. Participating families receive compensation for their time in the form of gift cards for each interview they complete, and families that stick it out through all expected interviews receive a ‘balloon payment’ at the end of the process in appreciation of their dedication. Data from the study interviews is recorded during the interview process and submitted to the national evaluation contractor, Macro International, in Atlanta, using software created by Macro.

The data from the two studies that make up the National Evaluation are vital to the long-term prosperity of SOC nationwide. The CMHS and Macro International use these data to showcase the successes of the SOC approach and to illustrate, in statewide programs such as Oklahoma’s, the enthusiasm and hope that SOC generates among children’s service agencies and workers across the country. Since such efforts are typically too expensive for local grant communities, CMHS and Macro are also engaged in generating comparison data from non-SOC programs with which to test the relative efficacy of the OSOC Wraparound model.

## Training and Technical Assistance

The Oklahoma SOC state staff is available to provide training to all communities across Oklahoma. This team is also prepared to provide onsite coaching to help ensure the success of your local SOC staff and support of your families. The following training matrix summarizes the standard classes offered by Children, Youth and Family Services.

<b>Training Class</b>	<b>Applies to</b>	<b>Training Frequency</b>
Wraparound 101 (4 days)  <i><b>PRE-REQUISITE</b></i> <i>for all other courses</i>	All Staff (Care Coordinators, Behavioral Health Aids, Family Support Providers and Project Directors)  This is also open to community members as well	Initial Hire and refreshers as needed
Family Support Provider Training (2 days)	Family Support Providers	Initial Hire and refreshers as needed
BHA Training (1 day)	Behavioral Health Aids (BHA)	Initial Hire
Wraparound 401 Aggressive and Passive Aggressive Behaviors	Can be counted towards continuing education for credentialing	As Needed
Wraparound 401 Fire Setting and Stealing	Can be counted towards continuing education for credentialing	As Needed
Wraparound 401 Running Away and Sexual Acting Out	Can be counted towards continuing education for credentialing	As Needed
Wraparound 401 Functional Assessment, Crisis Planning & Safety Planning	All CC's, FSP's, BHA's	At least 1X and refreshers as needed
Strengths Based Supervision	Anyone in a supervisory position, including Coaches	As Needed

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## **TRAINING DEFINITIONS & GUIDELINES**

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**ATTENDANCE:** The classroom is your work assignment for the day. You are professionally obligated to be at “work” each day and be on time from the start of each session in the mornings, after breaks and after lunch. Any person missing two or more hours of the training will be required to repeat the entire training.

**CLASS SIZE REQUIREMENT:** Trainings may be limited to a certain size audience. The Training Coordinator reserves the right to cancel or reschedule training if the minimum number of participants is not met.

**CONFIDENTIALITY:** During some courses, people may discuss their own experiences with families with which they are currently working. All participants are asked not to disclose any identifying information about the individual/individuals.

**CONTINUING EDUCATION (CEU):** Each participant is expected to complete training in its entirety. CEUs will be adjusted for early departures. Certificates will not be awarded before the completion of the training or given to a colleague of someone who left early.

**CONFIRMATION:** Confirmation will be sent electronically so please include email or contact information. Directions to the site will also be included.

**CANCELLATION:** *DON'T BE A NO-SHOW.* To cancel your registration, call (405) 522-8019.

**EXPENSES:** Currently, SOC trainings are a grant activity. Snacks and beverages will be provided during the training. Lunch is on your own. Hotel expenses and travel are the responsibility of the employer.

**LOGISTICS:** We encourage you to arrive at 30 minutes early to sign-in. Trainings are scheduled from 9AM to 4PM with an hour for lunch and breaks throughout the day.

**MISCELLANEOUS:** Dress code is casual. Be prepared to adapt to a training room temperature that may be too cold or too warm for personal comfort.

**REGISTRATION ONLINE:** All available classes are posted on the “Calendar of Events” on the ODMHSAS website. Click on Calendar of Events > Scroll to the class you want to register for > click on the “register now” link and complete the online registration form.

**REGISTRATION DEADLINE:** Registrations received after the deadline may not be guaranteed.

**SPECIAL NEEDS:** If you require special accommodations in order to participate, call (405) 522-8019.

**TRAINING ETIQUETTE:** Cell phones and other electronic devices are to be placed in the “off” or “silent” mode during training. If there is an emergency, please notify on site staff.

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## **COURSE DESCRIPTIONS**

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### **Wraparound 101**

**Description:**

This is the introductory 4-day training that will focus on the principles and values of Wraparound. It is an in-depth look at the phases of Wraparound how to complete the necessary components of Wraparound including strengths, need cultural discovery, functional assessments, crisis/safety plans, Wraparound plans and other components. Participants will learn to recognize the differentiation in roles within the process. This is a training that requires active participation during all four days of training and is a required training for all Wraparound staff at SOC sites that are funded by ODMHSAS.

**Learning Objectives:**

**Part 1 (Class 1):**

Participants will:

1. understand differences between traditional service planning and Wraparound planning.
2. learn the history of OSOC and Wraparound.
3. learn how to apply Wraparound values and principles to actual practice.
4. practice engagement skills.
5. identify potential areas of crisis that need stabilization.
6. learn elements of strengths, needs, and culture discovery and how to engage the family in this process.
7. acquire skills to conduct an interview for the exploration of a family's life and learn ways to maximize natural support membership on the child and family team.
8. understand the roles and differences of the Care Coordinator (CC), Family Support Provider (FSP), Behavioral Health Aide (BHA), and Project Director (PD).
9. learn and practice child and family team formation skills.
10. identify family needs, and with the family develop long range vision and short term goals, will evaluate Wraparound plans according to quality indicators.

**Part 2 (Class 2):**

Participants will:

1. learn a method for the critical review of SNCD.
2. strengthen observational skills and identify effective facilitator interventions.
3. learn crisis planning steps and will demonstrate crisis planning skills.
4. gain an understanding of facilitator role and be able to critique Wraparound plans according to skill sets.
5. learn steps of safety planning and demonstrate implementation in development of initial safety plan.
6. identify factors that lead to successful collaboration and develop action plans for improving collaboration with system partner(s).
7. learn basic facilitation skills, practice redirection skills with challenging team members, and learn criteria for discontinuation of formal Wraparound services.

### **Wrap 401: Fire Setting, Aggression, Stealing**

**Description:**

This workshop will focus on dealing with complex, severe behaviors that put family and community at risk. The training will describe how to work with clinical consultation, respect family voice and craft a safety plan that reduces risk for the entire family and the community. The goals are for Wraparound staff to become more comfortable working with higher risk youth and to increase safety for youth, families, staff and communities.

**Learning Objectives:**

Participants will:

1. gain an understanding of the breadth of the Wraparound process when dealing with severe and persistent behaviors of children and youth with serious emotional disorders.
2. understand the current successes and challenges in Oklahoma with addressing severe problem behaviors.
3. learn specific tips for dealing with fire setting, sexual offenses, severe aggression and other problem behaviors.
4. learn how and when to obtain clinical consultation and supervision.
5. learn how to respect family and youth voice in dealing with problem behaviors.
6. learn advanced elements of crafting safety plans suitable for Wraparound and presentation to authorities, such as the courts.
7. how to develop and use functional assessments as a tool in family team meetings when addressing the problem behaviors.

### **Wrap 401: Running Away, Sexual Acting Out, Passive Non-Compliance**

**Description:**

This workshop will focus on dealing with complex, severe behaviors that put the youth, family and community at risk. The training will describe how to work with clinical consultation, respect family voice and craft a safety plan that reduces risk. The goals are for Wraparound staff to become more comfortable working with higher risk youth and to increase safety for youth, families, staff and communities.

**Learning Objectives:**

Participants will learn:

1. about current research and myths about the included behaviors.
2. do's and don'ts about safety planning to ensure youth and public safety in the area of these key behaviors.
3. how to develop and use functional assessments as a tool in family team meetings when addressing the problem behaviors.
4. from each other about creative Wraparound solutions for dealing with the problem behaviors.

## Family Support Provider

### Description:

Children and families with the most complex needs generally do not achieve universally-desired outcomes such as: success in school, non-involvement in the juvenile justice system, safety, stable residence in their home community, productive careers and satisfying relationships. For these children and families, often considered "resistant and untreatable", the Wraparound process has produced hope at the child and family team level and more frequent attainment of the desired outcomes listed above. The role of the Family Support Provider (FSP) is an essential role in the effective delivery of the Wraparound process.

The FSP role is relatively new in the behavioral health field. It is becoming clear that this job is very complex with a complex set of skills. This curriculum offers a basic look at these skills and provides an orientation to the processes involved with Wraparound.

### Learning Objectives:

#### Days 1 & 2

Participants will learn:

1. how to identify how our own culture impacts our ability to give and receive support
2. how to empower youth and families by understanding the theory of change for the high fidelity Wraparound process
3. roles and examples of activities that are typically associated with the job functions of the FSP position and how these compliment the CC job function
4. skill sets of the FSP and how these support youth and families and high fidelity Wraparound.
5. to understand the family support functions of role modeling effective behavior for youth, families and other team members
6. to understand the family support function of advocating and supporting youth and families to get needs met through high fidelity Wraparound.
7. how personal trauma can impact the FSP and strategies for personal self care.
8. how celebrating the joys of the youth and family support roles are an important support for self care
9. the importance of and how to use your story effectively.
10. how to support families and youth by empowering through building self efficacy
11. the function of supporting youth and families to develop and strengthen natural support systems
12. the importance of partnering with the CC and fostering collaboration and integration across the team
13. specific activities and tasks for each of the phases of Wraparound
14. how to support youth-to-youth and family-to-family supports and building system level youth and family voice
15. to support personal self care by developing a plan

## **Functional Assessments, Crisis Plans and Safety Plans**

### **Description:**

This in-depth training is designed to enhance your skills in working with family teams as they develop their safety plan, crisis plan and functional assessment built on the family's strengths and culture.

### **Learning Objectives:**

Participants will learn:

1. the difference between a Functional Assessment, Safety Plan and Crisis Plan.
2. the difference between an Immediate Crisis Stabilization Plan and a Crisis Plan.
3. the phases of a crisis.
4. the key steps to developing a Functional Assessment, Safety Plan and Crisis Plan based on the family's SNCD.
5. strategic ways of brainstorming replacement behaviors with their family teams.

## **Strengths-Based Supervision**

### **Description:**

Supervisors do not always receive the extensive support and training needs to perform their jobs to maximum levels. In Human Services, supervisors are rarely trained in creative supervision techniques, and yet may be faced with ever more challenging staff behaviors. This 2-day strengths-based workshop will examine and enhance key supervisory skills that today's supervisors need in order to ensure that the mission of the agency is fulfilled.

### **Learning Objectives:**

Participants will:

1. utilize strengths-based supervision plans during supervision.
2. identify and utilize various coaching techniques.
3. employ strategies for managing UP.
4. improve collaboration and integration during cross-system supervision.
5. identify strategies for supporting challenging or struggling staff.
6. develop quarterly staff development plans.
7. design a personal supervision plan.

## **SOAR Training**

(ODMHSAS training specifically helpful for transition-aged youth)

**Description:** Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that generally also provide either Medicaid and/or Medicare health insurance to individuals who are eligible. Accessing these benefits is often a critical first step in recovery. The application process for SSI/SSDI is complicated, detailed, and often difficult to navigate.

**Learning Objectives:**

SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps family members, social service professionals, and mental health/substance abuse provider access SSI/SSDI for people who are homeless, disabled, transitioning, or at risk of homelessness through:

1. strategic planning.
2. training.
3. technical assistance.
4. an in-depth, step-by-step explanation of the SSI/SSDI application and disability determination process.
5. strategies for working with individuals with serious mental illness and co-occurring disorders – only a fraction of this population receives the benefits to which they are entitled.
6. exercises and worksheets provide practical application tools.
7. release-of-information samples, sample reports, letters, assessment forms, SSA forms with explanations.

## **Medicaid Food Stamp Training**

(ODMHSAS training specifically helpful for transition-aged youth)

**Description:** Medicaid Food Stamp training is an introduction of how to access Medicaid and Food Stamp programs for families, youth, and transitional age youth. The program is an in-depth, step-by-step explanation of the Medicaid and Food Stamp application process, strategies to actively and successfully assist individuals with a disability to improve access to state benefit programs.

**Learning Objectives:**

Training program focuses on learning:

1. who qualifies for healthcare benefits through the Oklahoma Benefits Program.
2. the state run Medicaid programs, the services and income guidelines for each program.
3. the basic eligibility requirements and the categorical relationships for state run Medicaid programs.
4. the eligibility requirements and income guidelines for food stamps.
5. the application process for Medicaid and food stamps.

## Cultural and Linguistic Competency

- Description:
- Attendees will:
- Experience activities as participants and in a group process
  - Experience self-awareness and growth
  - Experience building community, and
  - Will be asked to think strategically about modeling diversity ally behaviors and promoting cultural competence within their respective agencies.

Learning Objectives:

Participants will:

1. identify your cultural lens, blind spots, and triggers.
2. demonstrate basic cultural competency skills to improve interactions with other people.
3. assess your program's readiness to implement cultural competency.
4. develop a cultural competency plan for yourself and your respective program.

## Care Coordinator Credentialing

A credentialing process has been developed and implemented for CC's and coaches that work in a local SOC community (FSP credentialing coming soon). This process is designed to ensure that we are providing families with the best possible services and to help our staff continue to increase skill level. CC's are expected to complete credentialing within 9 months of starting process.



The goals for this level of credentialing are for the staff to have acquired and demonstrated a conceptual framework of the Wraparound process and have practiced and demonstrated basic skills. This is accomplished by attending the following trainings in which the individual has completed in-class behavioral rehearsals at a satisfactory level. Requirements for credentialing:

- Complete Wraparound 101 (4 day training)
- Complete 2 Wraparound 401's (per year)
- Receive 2 hours of supervision/coaching per week (by local supervisor)
- Have a professional development plan (PDP)
- Demonstrate basic skills by using a standardized documentation review and observation forms

## Training Online Registration

Visit the [ODMHSAS Children, Youth and Family website](#) for currently scheduled classes and to complete online registration.



## **Co-Occurring & Substance Abuse Disorders**

Dear Oklahoma Systems of Care Partners,

It is imperative to move our local SOC community teams and Wraparound teams to a full understanding of the prevalence of co-occurring mental illness and substance abuse disorders and a working knowledge of the resources and best practices available for successful treatment. Almost half of all youth receiving mental health services in the United States have been diagnosed with a co-occurring disorder (DHHS, 2002).\*

Eighty percent of people with multiple mental health and substance abuse disorders report onset before age 20 (DHHS 2000).\*\* By providing effective and integrated treatment at first onset, your community can help re-set a young person's life trajectory. You can play a role in helping our young people avoid much heartache and failure in life and you will be part of saving the State of Oklahoma millions of dollars in the future. Untreated co-occurring disorders lead to high rates of medical problems, homelessness, unemployment, incarceration, truancy and poor relationships. With successful treatment, rather than being the group least likely to work and pay taxes, our young people can have productive futures.

Not enough is yet known about effective services for co-occurring disorders in children and adolescents. Your local SOC can partner with ODMHSAS to lead the way in development of these services. By partnering with your local substance abuse providers and taking advantage of the training which will be offered on an ongoing basis, you will begin to see improved outcomes for the children and youth served in your community.

Thank you for your dedication to your community's children, youth and families, and your willingness to come together and work as a team.

Sincerely,

**Jacquelyn Shipp, LPC**

Director of Children, Youth and Family Services

Oklahoma Department of Mental Health and Substance Abuse Services

1200 NE 13<sup>th</sup> Street • Oklahoma City, OK 73152

Email: [jshipp@odmhsas.org](mailto:jshipp@odmhsas.org) • Phone: 405-522-4142

\*U.S. Department of Health and Human Services. (2000, May). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders. SAMHSA.

\*\*U.S. Department of Health and Human Services (2002, November). Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse and Mental Disorders. SAMHSA.

People are said to have co-occurring disorders when they have one or more disorder relating to the use of alcohol and/or other drugs of abuse as well as one or more mental health disorder. A diagnosis of co-occurring disorders occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder.

Most of the children and youth with mental health disorders do not receive services. Youth with substance use disorders are also underserved. Similar to adult populations, having a co-occurring disorder is now considered to be the “norm.” The combination of mental illness and substance abuse is so common that many clinicians now expect to find it. Studies show that more than half of young persons with a substance abuse diagnosis also have a diagnosable mental illness.

### **Drug and Alcohol Services Information System (DASIS) Report**

The DASIS Report December 2003 reported that adolescent admissions with co-occurring disorders were more likely to be female (38%) than other adolescent admissions (28%). Nearly three-quarters of adolescent admissions with co-occurring disorders were White (72%) compared with half of other adolescent admissions (51%). Criminal justice system referrals were the most common source of referral for both adolescent admissions with co-occurring disorders (48%) and other adolescent admissions (57%).

#### Those with co-occurring disorders:

- Have an earlier onset of substance use
- Use substances more frequently
- Use substances over a long period
- Have greater rates of family, school, and legal problems, and
- Early life issues.

Studies that have evaluated the contribution of co-occurring disorders to treatment outcomes for adolescents with a substance use disorder have found higher treatment dropout rates and poorer long-term success. (2001 Dual diagnosis and successful participation of adolescents in substance abuse TX. Journal of Substance Abuse TX, 21, 161-165)

### **Barriers to Co-Occurring Treatment**

- Shortage of Chemical Dependency Professionals, dually certified clinicians and adolescent-specific qualified staff throughout the state.
- Mental health services for kids with co-occurring disorders are very limited and difficult to access.
- Recovery support services such as transitional and recovery housing, drug-free youth activities, vocational training, youth-specific support groups, and peer/adult mentoring are needed in all communities.
- Lack of resources in rural communities.
- Lack of collaboration between substance abuse and mental health agencies.
- Lack of funding.

### What causes these disorders?

Mental health and addiction counselors increasingly believe that co-occurring and substance abuse disorders are biologically and physiologically based.

### What kind of treatment works?

Families and caregivers may feel angry and blame the adolescent for being foolish and weak-willed. They may feel hurt when their child breaks trust by lying and stealing. But it's important to realize that mental illness and often substance abuse are disorders that the adolescent cannot take control of without professional help.

Teens with difficult problems such as concurrent mental illness and substance abuse disorders do not respond to simplistic advice like "just say no" or "snap out of it." Psychotherapy and medication combined with appropriate self-help and other support groups help most, but patients are still highly prone to relapse.

Increasingly, the psychiatric and drug counseling communities agree that **both disorders must be treated at the same time**. Early studies show that when mental illness and substance abuse are treated together, suicide attempts and psychotic episodes decrease rapidly.

Since dually diagnosed clients do not fit well into most traditional 12-step programs, special peer groups based on the principle of treating both disorders together should be developed at the community level. Individuals who develop positive social networking have a much better chance of controlling their illnesses. Healthy recreational activities are extremely important. **Caution:** Since some of the co-occurring mimic substance abuse symptoms one must watch and not diagnosis a co-occurring disorder too quickly.

### **Nine Characteristics of Effective Co-Occurring Treatment**

1. **Assessment and Treatment Matching:** Programs should conduct comprehensive assessments that cover psychiatric, psychological, and medical problems, learning disabilities, family functioning, and other aspects of the adolescents life.
2. **Comprehensive, Integrated Treatment Approach:** The adolescent's problems should be addressed comprehensively (medical, psychiatric, family, and environmental) rather than concentrating solely on curtailing substance abuse.
3. **Family Involvement in Treatment:** Engaging both adolescent and parents or caregiver and maintaining close links with the adolescent's family, home, school, and where necessary, the juvenile justice system will ensure greater success in treatment.
4. **Developmentally Appropriate Program:** Due to the unique and rapid development that occurs during adolescence, it is important that substance abuse programs be specifically designed for adolescents rather than merely modified adult programs.
5. **Engage and Retain Teens in Treatment:** Treatment programs should build a climate of trust between the adolescent and the therapist.

6. **Qualified Staff:** Staff should be trained in adolescent development, co-occurring mental disorders, substance abuse, and addiction.
7. **Gender and Cultural Competence:** Programs should address the distinct needs of adolescent boys and girls as well as cultural differences among minorities.
8. **Continuing Care:** Programs should include relapse prevention training, aftercare plans, referrals to community resources, and follow-up.
9. **Treatment Outcomes:** Rigorous evaluation is required to measure success, target resources, and improve treatment service.

### Model Programs

There are a growing number of model programs for treating mental illness and substance abuse. Support groups are an important component of these programs. Adolescents support each other as they learn about the negative role that alcohol and drugs has had on their lives. They learn social skills and how to replace substance use with new thoughts and behaviors. They get help with concrete situations that arise because of their mental illness. Look into programs that have support groups for family members and friends.

### **Common Signs of Drug Abuse**

- Impaired judgment and motor skills
- Nausea and vomiting
- Lack of coordination
- More talkative than usual
- Rapid heartbeat and breathing
- Bloodshot eyes
- Visual or auditory hallucinations
- Marked difference in appetite
- Extreme moods, like euphoria or depression
- Slurred speech
- Agitation, irritability, anxiety, paranoia, or confusion
- Tremors, shaking
- Excessive energy or drowsiness
- Change in friends

### **If your teen has a substance abuse disorder...**

- Don't regard it as a family disgrace. Recovery is possible just as it is with other illnesses.
- Encourage and facilitate participation in support groups during and after treatment.
- Don't nag, preach, or lecture.
- Don't use the "if you loved me" approach. It is like saying, "If you loved me, you would not have tuberculosis."
- Establish consequences for behaviors. Don't be afraid to call upon law enforcement if teens engage in underage drinking on your premises. You can be held legally responsible for endangering minors if you do not take timely action.
- Avoid threats unless you think them through carefully and definitely intend to carry them out. Idle threats only make the person with a substance abuse disorder feel you don't mean what you say.
- During recovery, encourage teens to engage in after-school activities with adult supervision. If they cannot participate in sports or other extracurricular school activities, part-time employment or volunteer work can build self-esteem.
- Don't expect an immediate, 100-percent recovery. Like any illness, there is a period of recovery with a brain disorder. There may be relapses and times of tension and resentment among family members.
- Do offer love, support, and understanding during the recovery.

### Resources for Co-occurring & Substance Abuse Disorders

Visit the **ODMHSAS Children, Youth and Family Services website** to find a large array of resources related to co-occurring and substance abuse disorders.

- For help in linking to services, call ODMHSAS Reach-Out hotline at 800-522-9054.
- The Oklahoma Prevention Resource Center is open between the hours of 8 a.m. to 5 p.m. Monday through Friday, and is located at the ODMHSAS Shepherd Mall offices. The street address is 2401 NW 23rd Street, Suite 82, Oklahoma City, OK 73107. Phone: 405 522-3810

For additional technical assistance on Adolescent Co-Occurring Disorders contact:

#### **Teresa Shuck**

SA Field Service Coordinator

Phone: (405) 522-2689 • Email: [tshuck@odmhsas.org](mailto:tshuck@odmhsas.org)

#### **Doris Wolfe-Klingler**

SA Field Service Coordinator

Phone: (405) 522-4121 • Email: [dwolfe-klingler@odmhsas.org](mailto:dwolfe-klingler@odmhsas.org)





## Policies

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### **FLEX FUND GUIDELINES**

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The following guidelines were created for ODMHSAS-funded SOC communities and approved by the ODMHSAS and the OSOC team. These guidelines are designed to allow for sufficient flexibility to serve families based on their individual needs. These guidelines do not replace the need for good judgment while making local decisions on the use of flex funds for families in Wraparound. When in doubt please consult with the State Project Director.

There are two main purposes for the use of flex funds for families currently receiving Wraparound services within a funded Systems of Care Community.

#### **Emergency needs for families include:**

- Documented rental deposits and/or the first month's rent, or a single month's rent to avoid eviction. Apartment rent and deposits for adolescents living independently.
- Food or personal care items for the household. Neither alcoholic beverages nor tobacco products may be purchased with flexible funds.
- Medication necessary to maintain physical or psychiatric needs.
- Emergency medical/dental expenses.
- Durable goods such as furniture and appliances. (Flexible fund expenditures for large appliances, such as stoves, refrigerators and air conditioners, cannot be replaced for 18 months unless there is documentation that the appliance is no longer working.)
- Home maintenance and repairs including, but not limited to, plumbing, painting, repair of broken windows or doors, purchase of screens and door locks and insect fumigation.
- Suitable clothing and shoes for family members.
- Transportation costs necessary to get children to and from medical and/or counseling appointments, including costs for car repairs necessary to assure adequate medical and/or behavioral health care.

- Purchasing services or goods necessary to meet the identified needs of the family as part of the treatment plan (e.g. tutoring, mentoring, group and family counseling, job placement, therapeutic or recreational services and educational or vocational advocacy).
- Expenses for family recreational activities such as trips to the zoo, Omniplex, state fair, etc. Documentation for flexible funds expenditures for recreational activities will include a brief statement outlining the therapeutic value of the activity.
- Expenses necessary to assist in normalizing a child's life (e.g. karate, music, dance or swimming lessons, equipment needed to participate in organized sports, uniforms needed to participate in scouting or other appropriate youth programs, membership in appropriate youth and family clubs, expenses for a field trip, uniforms for employment, etc).

### **General Guidelines**

- Flexible funds may not be disbursed directly to families; rather, flexible funds should be expended as directed reimbursement for goods and services.
- All Systems of Care Communities are required to have a local policy and process for utilizing flexible funds.
- All flexible fund expenditures will be reviewed by the families Care Coordinator along with the family team and an assessment made of the legitimate need.
- Flex funds must be approved locally by the local Project Director.
- All flexible fund expenditures must be documented with receipts and a brief statement of the therapeutic purpose of the expense.
- Flexible funds should only be used after all other sources of funding have been exhausted.
- Within the reasonable constraints of time, level of emergency need and scheduling available, flexible fund expenditures should be made with the advice and consent of the entire Family team.
- Communities are strongly encouraged to have an oversight body review flex fund expenditures on a regular basis. The committee's review of flexible fund expenditure takes place after the funds have been disbursed. The purpose of the committee's review of flexible fund expenditures is to track expended funds as a percentage of budgeted amounts, ensure appropriateness of expenditures, provide the Community Team with reports, and to coach and counsel Care Coordinators as necessary to ensure continued fiscal responsibility.

- Any purchases over \$500 or more must have prior approval of either the Principal Investigator or State Project Director.
- The purchase of pet food is not allowed

Flex funds are designed to quickly address short term needs of the family while longer term solutions that will remain available to the family after they graduate are developed. Examples include counseling and other therapeutic interventions, family activities and rewards for good behavior and accomplishing goals.

Expenses for monthly and regular activities designed to support family and youth involvement in Systems of Care should not be taken out of the flex funds budget category. These activities including family and youth meetings, holiday parties and group outings, should be budgeted from a separate category such as youth and family activity and support.

The use of gift cards should be extremely limited. If a gift card is used it should be for vendors that provide very specific merchandise or services such as sporting goods or fuel. Communities are encouraged to develop a higher accounting requirement such as a return receipt if gift cards are used.

Flex funds should never be used to purchase the same item at the same time for all families involved in Wraparound. Flex funds are designed to meet the unique needs of each individual family. If the flex fund expense is not addressing a unique need then it is not an appropriate use of flex funds.

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## **RESPITE CARE PROCESS**

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### **Emergency CMHC Respite**

All Community Mental Health Centers (CMHC) have access to Emergency Respite Care. Any clinician working with a family that needs respite care should follow the process below. However, these must be approved individually by the State Systems of Care Project Director or Director of Children, Youth and Family Services.

### **Systems of Care Respite**

Systems of Care has a set annual budget with DHS for respite care services. The Project Director or whoever they assign approves or disapproves the respite application. The money is then spent down until it is gone. Care Coordinators or Family Support Providers should talk to the families about respite care, help them find a provider and complete the *Respite Care Program Application*. The form need to be approved locally and then sent via e-mail or fax to:

Mary Nichols

Email: [Mary.Nichols@okdhs.org](mailto:Mary.Nichols@okdhs.org)

Phone: (405) 521-2207

Fax: (405) 522-2082

The caregiver will receive the vouchers with a packet of information within one working day. These serve as a checkbook for the caregiver to write checks to the provider who turns them in for payment.

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## **CORE PRACTICE STANDARDS**

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Approved by the State Team on 8-6-04



### **Collaboration**

#### Community Team

1. The community team should be led by a trained and active chair who understands their role and assumes a leadership position within the SOC Initiative within their community. (Job description under development)
2. An active and effective community team is in place that not only ensures a well run SOC project but makes pro-active and high profile efforts in the community to improve the overall system of care for children and their families struggling with behavioral and emotional issues.
3. Community Team membership
  - A. Core membership shall include: Parents, DHS, Child Welfare, DHS-DDSD, Youth, OJA, School, Host agency, Other Social Service Providers (substance abuse, mental health, and others), Child Guidance
  - B. Recommended: Primary health care providers, District Attorney, Judges, Child abuse response agency, Faith, Youth activities (BBBS, Boys/Girls clubs, Scouts, law enforcement, etc.), Community coalitions (Turning Point, Community Partnership Boards, Child Abuse Prevention Task Forces, etc.)
  - C. Referral Team Membership: Directors or supervisors of Child Welfare, OJA/JSU, mental health, Special Ed.
4. Community Teams will have significant family voice and leadership from the community at every team meeting with minimal staff involvement.

### **Services**

#### Clinical Treatment and Wraparound

1. SOC Communities must adopt the standard referral form. However, SOC Communities may require additional information and adapt the form to include local contact information.
2. A referral shall be reviewed and the referred family contacted within two weeks of receipt and taken to the next scheduled referral team for review and acceptance unless special circumstances make it impossible or unwarranted.
3. The referral source will be informed of the team's decision.
4. All referrals will be tracked using the client tracking form. This form will be monitored by local Project Directors and the State Project Director to ensure reasonable timelines for referrals are maintained.
5. Crisis Plans: Initial Crisis plans will be developed with the family within one week of acceptance by the referral committee. A copy of the crisis plan will be put in the family's chart and a copy will be given to all appropriate family team members and advocacy organizations that the family desires. Contact information will be listed on the crisis plan.

6. All documentation required by the ODMHSAS, Medicaid and any other pertinent oversight bodies will be maintained according to the oversight body's guidelines.
7. Holiday, evening and weekend office coverage: Each SOC project will create and maintain a plan for off hour coverage that ensures an SOC staff member can respond by phone to a crisis within 15 minutes.
8. If a family is placed on a waiting list, SOC staff will inform the family they are being placed on the waiting list with an estimate of when they may begin SOC services and make all referrals necessary to ensure the family is in a stable and safe environment.
9. Graduation: Graduation criteria will be developed by the family and family treatment team at the onset of services. These individualized criteria will be the basis for each family's graduation.
10. Team membership: Teams include all formal family support representatives and as many informal supports as possible. At the midpoint of treatment the majority of family treatment team members should be informal supports. By the end of treatment most of the members should be informal.
11. Wraparound treatment plans will be reviewed and modified if needed at each family team meeting based on the changing needs and goals of the family.

## **Support Infrastructure**

### Staffing

1. A primary lead executive or Project Director who administers the local SOC initiative and supervises staff.
2. Family Support Provider(s) who meet the minimum job description.
3. Care Coordinator(s) who meet the minimum job description.

### Financial Reporting

1. Monthly financial statements that compare monthly actual expenditures to the monthly budget approved by the community team as well as year to date expenditures. (See current budget template)
  - A. Provided to the community team on a regular basis for review, approval and recommendations for changes as needed.
  - B. Provided to the State Project Director for review along with the monthly invoice.
  - C. The annual budget and major budget changes throughout the year must be approved by the State Project Director.

#### Evaluation

1. Completion and submission of all required evaluation information as outlined in the current data submission timeline and current statement of work including submitting and implementing any required plans of correction.
2. Share and use data locally.

#### Training

1. All SOC staff serving in the role of a Wraparound facilitator will be credentialed utilizing prescribed tools.
2. Project Directors will ensure all staff working under their supervision attend training necessary to perform their duties including but not limited to crisis and safety planning and Wraparound.

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## **STATEMENT OF WORK**

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### **Oklahoma Systems of Care Host Agency FY2010**

#### **Systems of Care**

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## **STATEMENT OF WORK**

### **1.0 WORK REQUIREMENTS**

- 1.1 The System of Care (SOC) Best Practice Model (as established by SAMHSA through the National Technical Assistance Center for Children’s Mental Health) is youth-guided, Family-driven, Community-based, needs driven and culturally competent. A local community team, with significant parent representation and involvement, serves as the primary coordinating body regarding the needs of children and families to be served.
  - 1.1.1 Contractor shall serve as lead coordinator, facilitator, and fiscal agent for the **{fill in county name here}** County SOC project. Contractor will ensure the development and ongoing operation of a culturally competent SOC project using the best practice model, as described above. This task shall be accomplished through facilitation and coordination by a local Project Director in collaboration with the community team, with guidance and assistance from the state Project Director, state SOC staff, and State Advisory Team.
  - 1.1.2 Contractor shall employ or contract with a local Project Director, who will be responsible for, and have the authority to carry out, the coordination of persons providing services for the project and the day to day operations of the project.
  - 1.1.3 Contractor, through the local Project Director and community team will develop and implement a plan for significant family involvement on all levels of the project.
  - 1.1.4 The local Project Director shall oversee the development of a Community-based SOC Team. This community team shall be comprised of parents of children with serious emotional disturbance, community service providers as outlined in the core standards, and other community stakeholders who desire to create a responsive children’s behavioral health system.

- 1.1.5 The confidentiality of clients shall be strictly enforced, in accordance with applicable laws and regulations.
- 1.1.6 The local Project Director, in collaboration with the community team, shall develop a strategic plan for the implementation of the project utilizing the best practice model. The plan shall include an organizational structure such as committees, identify the steps necessary to implement the SOC project, and include strategies for ongoing community development, project sustainability, and the continuous evaluation of family and community needs.
- 1.1.7 The local Project Director, in collaboration with the community team, will follow the established program eligibility guidelines. These include children and youth ages 0-21 with serious emotional disturbance or co-occurring issues who are at risk of out of home placement, who are having difficulties in two and more life domains, and who are receiving services from multiple social service providers.
- 1.1.8 Direct Wraparound services shall be provided using the SOC best practices model to an average standard caseload of **{fill in number here}** children during the contract period.
- 1.1.9 Individual services shall be provided under the direction of a child and family team, and made up of both formal and informal supports. These services include but are not limited to crisis planning, functional assessment, respite care, use of flexible funds, and the development of a Family-driven interagency treatment plan.
- 1.1.10 Recommendations for the utilization of flexible funds shall be determined by the child and family team for each child receiving services. Use of flex funds shall follow the ODMHSAS Guidelines for Use of Flexible Funds. Any Flex Fund expenditures of \$500.00 or more must receive the prior approval of the State SOC Project Director or the Director of Children, Youth and Family Services.
- 1.1.11 Contractor shall ensure that required evaluation instruments are administered to youth and their families receiving services. In addition, the contractor shall ensure that data is reported to the SOC Lead Evaluator each month following established timelines and methods.

- 1.1.12 Contractor shall report all services provided to a child and his or her family in the project through ICIS. This includes services provided by other agencies and individuals. Contractor's records pertaining to SOC (both clinical and financial) will be subject to review by ODMHSAS and other agencies funding the project.
- 1.1.13 Contractor shall provide ODMHSAS a proposed annual project budget for review and approval for the next fiscal year by June 15<sup>th</sup>. This proposal and any subsequent revisions shall be developed through consensus of the community team and contractor.
- 1.1.14 Contractor shall submit a monthly financial statement comparing current **monthly** expenditures to budgeted **monthly** amounts. Contractor will also follow SOC invoicing instructions.
- 1.1.15 The local Project Director or designee will submit monthly written reports to the State Project Director or their designee to ensure coordination and communication.
- 1.1.16 Project personnel will attend and participate in state SOC meetings and training as required by ODMHSAS to ensure coordination with the state SOC staff and general communication and functioning of the statewide initiative.
- 1.1.17 Contractor will take all steps necessary to maximize 3<sup>rd</sup> party reimbursement including utilizing ODMHSAS fee for service dollars, Medicaid and 3<sup>rd</sup> party insurance.
- 1.1.18 Contractor will report all Medicaid Revenue on their monthly financial statement.
- 1.1.19 Systems of Care staff who's salaries are paid through the cost reimbursement Contract will not be eligible to collect ODMHSAS fee for service funding for providing Wraparound or other services as part of their regular duties.

## **2.0 PERFORMANCE MONITORING**

- 2.1 Successful performance will be monitored through:
  - 2.1.1 An annual formal site review and report conducted by state SOC staff
  - 2.1.2 Review of monthly data and evaluation reports by state SOC staff
  - 2.1.3 Monthly review and approval of invoices
  - 2.1.4 Review of monthly Project Director's Report

## **3.0 COMPENSATION**

- 3.1 Compensation pursuant to this addendum shall not exceed \$**fill in amount here**.
- 3.2 Contractor shall be reimbursed for such services upon documentation of expenditures pursuant to a Department approved project budget, and according to procedures prescribed in the invoicing instructions document. Contractor shall submit a monthly invoice to the Department, subject to approval by the state Project Director or the Department's Director of Children, Youth and Families.
- 3.3 Invoices may be held until the current reporting month's data report shows an 80% completion rate for all baseline and follow up assessments due for the month. This applies to all SOC ODMHSAS contracted communities once data collection has begun. Consideration will be given for special circumstances.



## Oklahoma Systems of Care Initiative Grievance Policy/Form

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(Local Project Name and County)

Grievances are received for specific incidents where it is believed that the Core Values and/or Principles of Systems of Care (SOC) have been violated by one of the official SOC Communities or State Team. This is a process to be used where less formal methods of conflict resolution have failed.

If the grievance is from a local site:

- 1) Contact Parent Advocate and /or Project Director or other SOC Staff to attempt a resolution of the problem.
- 2) If not resolved, the individual(s) files an official grievance with the local Project Director first, using the form provided below. He/she then responds within 5 working days, letting the person(s) know that the grievance has been received and informing them of the process. If the grievance is not satisfied by the Director or is with the Director, it is sent to the local Steering Committee Chairperson.
- 3) The Executive Team of the local Steering Committee will review the grievance and make recommendations as to how the grievance should be addressed within 15 days.
- 4) Appropriate action taken by the Executive Team to resolve the grievance and reported to the Steering Committee at the next meeting.
- 5) Person(s) filing the grievance is to be notified of the team's decision and action taken within five working days of review, in writing and sent through the US Mail.
- 6) If person(s) filing the grievance is not satisfied with the response of the local Executive Team, the grievance is then sent to the Oklahoma SOC Principal Investigator. He/she then responds within 10 working days letting the person(s) know that the grievance has been received and informing them of the process at the state level.
- 7) If the Principal Investigator is unable to resolve the issue or the person(s) filing the grievance is not satisfied with the result, the Principal Investigator will take the grievance to the State SOC Executive Team for review within 30 days.
- 8) Appropriate action taken by the State Executive Team and reported to the State Team at the next meeting.
- 9) Person(s) filing the grievance is to be notified of the decision and action taken within 10 working days of review, in writing and sent through the US Mail.

If the grievance is a statewide issue or with the State Team:

- 1) The grievance is filed with the Oklahoma SOC Principal Investigator. He/she then responds within 10 working days letting the person(s) know that the grievance has been received and informing them of the process at the state level.
- 2) If the Principal Investigator is unable to resolve the issue or the person(s) filing the grievance is not satisfied with the result, the Principal Investigator will take the grievance to the State SOC Executive Team for review within 30 days.
- 3) Appropriate action taken by the State Executive Team and reported to the State Team at the next meeting.
- 4) Person(s) filing the grievance is to be notified of the decision and action taken within 10 working days of review, in writing and sent through the US Mail.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Written Grievance: (Attach additional sheets if needed and submit to local project director)

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# Chapter 7

## Resources for Community Development

The following resources are tools to assist with the development a local SOC community. All resources are available online at:



### [Children, Youth & Family Services website](#)

For additional support and resources, please contact:

**Sheamekah Williams**

State Project Director

Oklahoma Department of Mental Health and Substance Abuse Services

1200 NE 13<sup>th</sup>

Oklahoma City, OK 73152

Office: 405-522-4152

Cell: 405-795-3726

Email: [sxwilliams@odmhsas.org](mailto:sxwilliams@odmhsas.org)

**Jeff Tallent**

Oklahoma Federation of Families

Cell: 405-203-7898

Email: [jefftallentz@aol.com](mailto:jefftallentz@aol.com)

# **ABC COUNTY SYSTEMS OF CARE**

## **Sample Community Team Bylaws**

**NOTE:** Blue font indicates information that must be customized for your community.

### **Article I. Name**

A. This organization shall be known as the **ABC County Systems of Care (ABC SOC) Community Team**.

### **Article II. Mission**

A. The mission of the **ABC SOC Community Team** is to improve the lives of children and families while upholding the values and principles of SOC and to guide the development of the SOC process for **ABC County** as a resource for families.

B. Develop a group of providers from multiple resources to assist and empower families with children that are SED (Severely Emotionally Disturbed) and those that have SBI (Severe Behavioral Issues). This is to keep the child intact, in school, at home, in the community, and healthy.

### **Article III. Purpose**

A. A SOC is a “comprehensive spectrum of mental health and other support services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbance and their families.” A SOC involves the cooperation of everyone who has a role serving a child with an emotional or behavioral disorder, including family members, advocates, educators, mental health workers, social services, health services, the juvenile justice system, and community and recreational agencies.

B. Services funded through Oklahoma Systems of Care (SOC) will be closely linked with the **ABC SOC Community Team**, which will review and have input into budgets, policies and procedures, evaluation of services, and the selection process of project directors. Select task forces and committees will assist funded projects with efforts to integrate and coordinate services. Agencies and individuals commit to work toward sustainment of funding for any services developed.

### **Article IV. Membership**

A. The membership of the **ABC SOC Community Team** shall consist of the following representing agencies, advocacy groups and family members.

1. Each agency or group identified below shall select the Voting Member and an Alternate Designee. These members, who will act as liaisons for the agencies they represent, should be in a position of authority that permits them to commit the resources of the group or agency. The membership term of these members shall be indefinite and shall be determined by the applicable agency or group.
  1. **Parents/Caregivers of children with SED**
  2. **Department of Human Services (DHS)**
  3. **Native American District Court**
  4. **Native American Behavioral Health**
  5. **Office of Juvenile Affairs (OJA)**
  6. **Court Appointed Special Advocates (CASA)**

7. Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
8. Public Schools
9. Representatives of school districts
10. Concerned Community Members
11. Head Start
12. Private providers of mental health services
13. County Health Department
14. Youth Services
15. Faith/Spiritual Community
16. Local Law Enforcement
17. Youth advocating for services

B. Additional member position may be added to the [ABC SOC Community Team](#) by the vote of the [Community Team](#).

C. Efforts will be made to encourage non-attending members to increase participation or to assist the [ABC SOC Community Team](#) by nominating a representative to replace them that will be able to attend more regularly.

D. Three (3) consecutive absences or absences from more than 50% of regularly scheduled meetings in a single year without sending an alternate may constitute grounds for removal from membership. Removal shall be accomplished by vote of the [ABC SOC Community Team](#).

E. The Chair/Co-Chair shall review vacancies on the [ABC SOC Community Team](#) and initiate procedures to fill the vacancy/ies.

#### **Article V. Meetings (Regular, Special, Quorum)**

A. At least six (6) regular meetings per year will be held. Meetings may be cancelled or rescheduled by a vote of the [Community Team](#) or by agreement of the Chair and Co-Chair.

B. Special meetings may be called at any time by either the Chair or Co-Chair. Also a special meeting will be called if one-third (1/3) of the voting Members request, in writing, a special meeting through the Chair or Co-Chair. In all cases, special meetings shall be limited to a stated purpose which is communicated in advance to all Members.

C. Meetings of the [ABC SOC Community Team](#) shall be conducted as open meetings and in conformance with the state's Open Meeting Act.

D. The Annual Meeting of the [ABC SOC Community Team](#) shall be held in May in conjunction with a regular business meeting, at which time new officers will be elected.

E. A quorum shall consist of a simple majority of the Members of the [ABC SOC Community Team](#) present. A three-fourths (3/4) majority vote of the Members present is needed to approve any business. Each Member shall have one (1) vote in all matters.

F. The use of an Alternate previously accepted by the [ABC SOC Community Team](#) is hereby permitted for those Members unable to attend any regular, special or annual meeting. Alternates are encouraged to attend meetings as often as possible. Members are expected to brief their Alternate on matters of importance in advance of a need for the Alternate's service. Alternates may vote in the absence of the Member for that position.

G. A Member to whom some private benefit (direct or indirect) may accrue as a result of any action contemplated by the [ABC SOC Community Team](#) shall immediately disclose to the Chair and/or Co-Chair that a conflict may exist and refrain from voting, except as may be requested by the Chair and/or Co-Chair.

## **Article VI. Officers**

A. The [ABC SOC Community Team](#) shall have three (3) officers: Chair, co-Chair and Secretary. Either one of the Chair positions shall be a “*family member*” or the other shall be a (n) “*agency representative*”. The position of Secretary shall be a “*family member*” or “*agency representative*”.

B. The officers are responsible for setting the agenda for the [ABC SOC Community Team](#) meetings and appointing any work groups or task forces deemed necessary by the [ABC SOC Community Team](#).

## **Article VII. Roles and Duties**

A. [ABC SOC Community Team](#) members shall use diligence in accomplishing the purpose of the [ABC County Systems of Care Community Team](#) by their service on any [Community Team](#) work group, team or task force or ongoing committee.

### **B. Roles**

- 1) Work in collaboration with the Oklahoma Federation of Families for Children’s Mental Health.
- 1) Maintain the vision of the OSOC State Team to improve the lives of children and families and uphold the values and principles of System of Care, establishing them as the accepted mode in [ABC County](#).
- 2) Assure the involvement and best interest of stakeholders, to include the State Legislature, Federal Government, Parents, Children, Providers and Agencies, Professionals and the Business Communities.
- 3) Serve as the conscience of [ABC County](#) where children’s mental health issues are concerned.
- 4) Create real sustainability by involving local leaders and organizations, local, state, and federal governments, and family advocacy groups in an unyielding vision for long-term funding.
- 5) Serve as a representative body to the ODMHSAS regarding needs for [SOC](#) development in [ABC County](#).
- 7) Provide a forum for the open exchange of information for systemic concerns.
- 8) Hold all local [SOC Initiatives](#) accountable for meeting high standards of care including standards for family involvement and cultural competence.

### **C. Duties**

- 1) Manage, implement and develop [SOC](#) in [ABC County](#).
- 2) Identify and facilitate the removal of barriers.
- 3) Ensure standards of practice are evidence-based.
- 4) Ensure cooperative agreement funds are expended appropriately within the community.
- 5) Ensure services are making a positive contribution to the well-being of children and their families by monitoring the clinical and functional outcomes of children.
- 6) Develop a strategic plan.
- 7) Work with ODMHSAS to use findings from the national evaluation and from any local evaluation to shape future program direction, decisions about practices and policies that work and the development of a managed care approach as appropriate.
- 8) Work with all child serving agencies and local case review teams to increase the extent to which case management and other services enhance the strengths, resilience, and well-being of the child and the child’s family.
- 9) Develop and uphold formal agreements and memoranda of understanding between the collaborating child-serving agencies.

- 10) Ensure that children, youth and families have a voice and identify patterns of common issues to address statewide.
- 11) Appoint a family spokesperson to interact with media in celebrating successes.
- 12) Promote peer to peer support activities.
- 13) Provide verbal and written communication to share resources statewide.
- 14) Provide a grievance procedure (non-personnel).
- 15) Each member will strive to put the good of the whole first and to serve as a liaison to support [ABC SOC](#) philosophy within the group or agency s/he represents.

## **Article VIII. Standing Teams**

A. The following Standing Teams will be staffed by at least one member of the [ABC SOC Community Team](#).

1. Executive – Will develop the local structure of the [Community Team](#) in order to support the development and implementation of the [ABC SOC](#). Consider and act on grievances pursuant to the Grievance Policy. Develop strategic plans, review budgets, and oversee the requirements of state and federal funding. Review the Bylaws every even-numbered year and report to the OSOCI State Team.
2. Sustainability – Will assist in developing plans to financially grow and sustain [ABC County SOC](#).
3. Barrier Busting – Work in the local community to identify the barriers to high quality [System of Care](#) development, finding strategies to solve problems, and communicating successes and further needs to the community.
4. Quality Improvement and Evaluation – Manage the Evaluation and Quality Management of the [ABC County Systems of Care](#) and Wraparound implementation including the development of effective local quality improvement systems and informing the state and local audiences of the results of the local and national evaluations.
5. Staff Development – Coordinate the development of a culturally competent workforce to implement Wraparound and the [System of Care](#) values and philosophy. Coordinate state and local training and technical assistance plans.
6. Community Involvement – Engage, partner with, educate and support youth and family members, business and government leaders, civic group leaders, leaders from culturally based organizations, faith based organizations and other groups to be involved in all aspects of the [Community Team](#).
7. Referral – Involve representatives of DHS Child Welfare, Office of Juvenile Affairs, Juvenile Bureau, Special Education and other youth services and children’s mental health agencies in process of determining eligibility for services in [ABC SOC](#).

B. Standing Team Chairs shall be appointed by the [ABC SOC Community Team](#) for a one-year term, upon a recommendation by the [Community Team](#) at the annual meeting. Team Members are not subject to a limitation of the number of terms. A member or designee of the [ABC SOC Community Team](#) shall sit on each Standing Team. However, all members of the Standing Teams do not need to be members of the [ABC SOC Community Team](#). Local community and family members are encouraged to participate in the Standing Teams. The Executive Team may appoint other team members during the year as the need may arise.

## **Article IX. Bylaws Amendments**

A. These bylaws may be amended or repealed by vote of the [ABC SOC Community Team](#), provided that the proposed amendment has been submitted in writing at a previous regular [ABC SOC Community Team](#) meeting and circulated to all members of the [ABC SOC Community Team](#) prior to the meeting at which a vote is conducted.

## **Article X. Parliamentary Authority**

A. The Chair may use Robert's Rules of Order, Newly Revised, as a general framework in cases to which they are applicable and in which they are not inconsistent with these Bylaws or any special rules of order the [ABC SOC Community Team](#) may adopt.

## **Article XI. Addenda**

A. A set of Addenda shall accompany and complement these bylaws. Such addenda items are guidelines, policies, and other documents adopted by the [ABC SOC Community Team](#) for the operation of the Oklahoma SOC. These addenda items may be modified, added to, or deleted by the standard voting procedures of the [ABC SOC Community Team](#) without having to amend the bylaws.

### Sample 12-Month SOC Budget

Expense		
Salaries	Project Director	38,000.00
	Care Coordinator	28,000.00
	Family Support Provider	24,000.00
Benefits	Project Director	9,500.00
	Care Coordinator	7,000.00
	Family Support Provider	5,000.00
Rent/Utilities/maintenance		7,000.00
Phone/Comm./Cell.		4,000.00
Supplies and equipment		6,000.00
Program Furniture		6,000.00
Travel and Transportation		5,000.00
Staff education and training		4,000.00
Miscellaneous		10,000.00
Flex funds		6,000.00
Training		6,148.80
Total Direct Costs		165,648.80
12% Indirect		19,877.86
<b>Total Costs</b>		<b>185,526.66</b>
<b>Revenue</b>		
SOC Contract Revenue		140,000.00
Medicaid		35,000.00
DMHSAS Fee for Service		
Reimbursement received		25,000.00
Other Revenue		1,000.00
<b>Total Revenue</b>		<b>201,000.00</b>

## **Budget Definitions:**

**SALARIES:** This section includes the total amount of all salaries and wages paid from this budget. A separate attachment includes a breakdown of the salaries line item by position, FTE and amount for all positions paid from this budget.

**FRINGE BENEFITS:** This includes the employer's share of payroll taxes, medical insurance including dental and vision, and the employer's contribution to retirement plans.

**RENT:** This includes the amount paid for rent for office space for the Oklahoma System of Care Community project staff or the fair market value of the space donated for use by the host agency.

**UTILITIES:** This includes the amount paid for electricity, heating fuel, water and trash service. This amount may be prorated by the host agency.

**MAINTENANCE & REPAIRS:** This includes the amount to maintain and repair the office space, office equipment, office furniture and other related expenses.

**OFFICE & EVALUATION SUPPLIES:** This includes the amount for office supplies such as file folders, paper, pens, etc. It also includes the amount for evaluation tools and other related supplies.

**OFFICE FURNITURE:** This includes the amount for office furniture such as desks, chairs, bookshelves, tables, etc.

**OFFICE EQUIPMENT:** This includes the amount for equipment such as telephones, calculators, copiers, etc.

**COMMUNICATIONS-CELLULAR PHONES & PAGERS:** This includes the amount for cellular phones and pagers and their related upkeep.

**PROFESSIONAL INSURANCE:** This includes liability insurance for all necessary employees at the Oklahoma SOC Community.

**VEHICLE EXPENSES:** This includes the amount required for maintenance and upkeep of any vehicles owned by the Oklahoma System of Care Community.

**STAFF TRAVEL:** This includes mileage reimbursements to staff when on Oklahoma System of Care community business such as transporting a family member to a scheduled appointment when there is no other transportation available, using their personal owned vehicles to go to a family's home or other activity with a family, travel to required meetings, etc.

**TRAINING/IN-STATE:** This includes the costs associated with training provided in-state and includes hotel/motel rooms, mileage reimbursements and per diem.

**TRAINING/OUT-OF-STATE:** This includes the costs associated with training provided out-of-state and includes hotel/motel rooms, travel to and from the training and per diem.

**COMMUNITY DEVELOPMENT/INVOLVEMENT:** This includes costs associated with developing the Community Team and encouraging community involvement. These costs may include training for the Community Team and other community members, activities to raise awareness and encourage participation in the Oklahoma SOC Community. Activities to raise awareness and encourage participation could include having booths at various community events, sponsoring a block party, youth activities and family activities.

**FLEX FUNDS:** See the Flex Funds Guidelines, page 89.

**CLIENT TRAVEL:** This includes costs associated with consumer and family member travel to various meetings and trainings as approved by the Community Team.

**\*OTHER EXPENSES NOT INCLUDED ABOVE:** This includes other expenses not included in the above categories but must be explained in detail in the budget narrative.

**INDIRECT COSTS/ADMINISTRATIVE SUPPORT/OVERHEAD:** This amount is typically 12% of the total program expenses. This amount covers the administrative costs incurred by the Host Agency.

## **XYZ LOCAL SYSTEMS OF CARE**

### **Sample Strategic Plan**

#### **Vision**

To eliminate the barriers to effective treatment and support for children who have emotional, behavioral or mental disorders.

#### **Mission**

To ensure that each child referred to our Local System of Care—and their family—receives the treatment and support they require to lead successful lives; that the fidelity of the Wraparound services delivered is of the highest order; that the values of SOC are always honored; and that the required services will be sustained into the future.

#### **Values**

- 1) Our services will be child centered, family focused and needs driven.
- 2) Our services will be Community-based.
- 3) Our services will be culturally competent for the community and the persons served.

### **Major Goals for the Next 18 Months**

#### A. Broaden the representation and visibility of the Community Team

<b>WHAT</b>	<b>HOW</b>	<b>WHEN</b>	<b>WHO</b>
Recruit representatives from local foundations, United Way, Wal-Mart, etc.	Personal visits, letters, recruiting luncheons.	July, August, Sept., 2005	Recruitment Committee, appointed by C.T. Chair
Ensure that at least six family members are core members of the CT.	Get referrals from local CMHC, OFF, OJA, Family Support Providers, etc., and recruit promising family members.	Add one family per month for July-December, 2005.	Recruitment Committee, assisted by Family Support Provider.
Develop series of articles & stories for local newspaper about SOC.	Reformat evaluation data into user friendly and easily understood information for presentation to local reporters. Develop success stories from effected families. Identify local newspaper reporter as contact.	Begin collecting data now. Have the first article/story ready by January 2006 and set a goal of one positive article/story per month.	P.R. Committee appointed by the CT Chair; families with success stories, Project Director
Develop a strong Family Voice within local System of Care	Work with OFF to begin developing a Family Support Group that can provide input, success stories, work with families after children graduate from Wraparound Services.	Identify potential support group members in July & August, 2005; plan first meeting for September; one meeting each month thereafter.	CT Chair; Project Director, Family Support Providers, OFF, State Family Advocate.

**B. Move Community Team From Collaboration to Integration.**

WHAT	HOW	WHEN	WHO
<p>Identify the CT agency personnel who most exemplify the desired attitudes and recognize them.</p>	<p>Agency heads agree upon selection criteria and that criterion is announced to the field. Each CT meeting includes a recognition ceremony with appropriate notice to supervisors.</p>	<p>In place by February, 2006</p>	<p>Community Team with input from State SOC staff.</p>
<p>Identify opportunities for cross training of agency staff.</p>	<p>Agencies look for opportunities to break barriers by cross embedding or swapping staff for brief periods of time, perhaps as part of an orientation or training program for new staff. Also, cross training or joint training shall occur.</p>	<p>In place by February, 2006</p>	<p>Integration Committee, appointed by the CT Chair.</p>
<p>Hold refresher courses in values and techniques of integration.</p>	<p>Mandatory training for all involved staff.</p>	<p>In place by January, 2006.</p>	<p>Community Team, State SOC staff and State Training Coordinator.</p>

**C. Develop a Sustainability Plan to Ensure Continuation of SOC into the Future.**

WHAT	HOW	WHEN	WHO
<p>Appoint a Sustainability Subcommittee to work on the plan and report back to the CT.</p>	<p>Needs to be volunteers with commitment. Chair should have wide latitude in recruitment.</p>	<p>Committee should be operational by March 2006. TA will be sought from OFF and ODMHSAS SOC staff.</p>	<p>CT Chair, who will make this a top priority.</p>
<p>Work with the State Team to ensure that actions are compatible with overall state plans.</p>	<p>Sustainability Committee Chair will report through CT Chair to State Team.</p>	<p>Monthly, beginning April 2006.</p>	<p>CT Chair, Sustainability Committee Chair, ODMHSAS SOC staff and OFF TA specialist.</p>
<p>Develop the framework for a private/public partnership for future funding and collaboration.</p>	<p>Create opportunities to identify and meet with major funding sources and opinion influencers to discuss the benefits of continuation of SOC.</p>	<p>The first special media event, such as open house, set for late May or early June 2006. Other events to follow on a regular basis.</p>	<p>Sustainability Committee, PR Committee, CT</p>
<p>Identify opportunities for resource development at the community level, such as local foundations, large populations of federal or state employees (who can donate funds through their own pay roll campaigns), United Way, wealthy families attuned to children's issues, etc.</p>	<p>Brainstorming</p>	<p>July, 2006</p>	<p>CT, PR Committee and Sustainability Committee with assistance from ODMHSAS SOC staff and OFF.</p>

## Resources and General Information

An extensive library of resources is available at ODMHSAS's website. You are encouraged to visit the website frequently for updated information. A few additional resources, along with those referenced throughout this toolkit, which you'll find online are:



- ❖ Outreach to Schools presentation – orientation for Educators about SOC & Wraparound
- ❖ Advocacy Toolkit – a collection of tools that will help strengthen advocacy skills
- ❖ Resource Toolkit for Families & Providers – a myriad of links to valuable resources
- ❖ Access Guide to Children Services
- ❖ Statewide SOC Communities & PD Listing

**To access electronic versions of the resources, please visit the [Children, Youth & Family Services website](#)**

For additional support and resources, please contact:

**Amy McAlister**

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Oklahoma Department of Mental Health and Substance Abuse Services

1200 NE 13<sup>th</sup>

Oklahoma City, OK 73152

Office: 405-522-3659

Email: [amcalister@odmhsas.org](mailto:amcalister@odmhsas.org)

## Referenced Web Addresses

ODMHSAS Children, Youth and Family Services SOC website:

[http://www.ok.gov/odmhsas/Consumer\\_Services/Children, Youth and Family Services/Systems of Care/index.html](http://www.ok.gov/odmhsas/Consumer_Services/Children,_Youth_and_Family_Services/Systems_of_Care/index.html)

TA Partnership website: <http://www.tapartnership.org/default.php>

SAMHSA website: <http://systemsofcare.samhsa.gov/>

American Institutes for Research website: <http://www.air.org/>

National Federation of Families for Children's Mental Health website: <http://www.ffcmh.org/>

Oklahoma Federation of Families website: <http://www.okfederation.org/>

ODMHSAS website: <http://www.ok.gov/odmhsas>

A Guide to Build Cultural Competency:

<http://www.ok.gov/odmhsas/documents/A%20Guide%20to%20Build%20Cultural%20Awareness.pdf>

Youth Move National website: [www.youthmove.us](http://www.youthmove.us)

Active Minds website: [www.activeminds.org](http://www.activeminds.org)

Find Youth Info website: <http://www.findyouthinfo.gov/ContentPage.aspx?cpid=53>

The Forum for Youth Development website: <http://www.forumforyouthinvestment.org/>

National Resource Center for Youth Services website: <http://www.nrcys.ou.edu/>

Central Oklahoma Workforce Investment Board website: <http://www.cowib.org/>

Associated Centers for Therapy website: <http://www.actcares.org/>

North Care website: <http://northcare.com/>

Central Oklahoma CMHC website: <http://www.cocmhc.org/>

Grand Lake CMHC website: <http://www.glmhc.net/>

Green Country Behavioral Health Services website: <http://gcbhs.org/>

HOPE Community Services website: <http://www.hopecsi.org/>

National Wraparound Initiative website: <http://www.rtc.pdx.edu/nwi/index.php>

National Indian Child Welfare Association: [http://nicwa.org/children\\_families/](http://nicwa.org/children_families/)