

# System of Care St. Louis Region

## Memorandum of Understanding and Member Commitment



This Memorandum of Understanding and Commitment is created for the purpose of enhancing the System of Care Council interagency governance structure responsible for decision making at the policy level. This governing entity will provide legitimacy, authority and accountability for the mental health service delivery system for children, youth and young adults in the City of St. Louis and in St. Louis County.

Member agencies commit to support, coordinate, and collaborate with other member agencies for the overarching purpose of improving mental health outcomes for children and youth through promotion and support of wide scale operation, expansion and integration of the system of care approach; and creation and maintenance of a sustainable infrastructure by which to ensure the effective delivery of service to eligible children and families in the St. Louis Region.

*Membership – Agencies/Entities shall become members of the “System of Care St. Louis” upon signing this Memorandum of Understanding.*

*Governing Body – The System of Care Council shall be the governing body of the System of Care St. Louis.*

*Representation – Each member agency shall appoint one representative and one alternate representative to serve on the System of Care Council.*

### **Philosophy**

The System of Care St. Louis will provide a collaborative approach, called *System of Care*, to delivering services to children and families in the St. Louis Region for whom traditional service delivery models have been ineffective. An imperative of these collaborative approaches is culturally competent assessment, service delivery, and evaluation, all of which must take into account the family’s culture, ethnicity, religion, race, gender, socioeconomic status, language, sexual orientation, geographical origin, neighborhood location and immigration status. The System of Care St. Louis also emphasizes the inclusion of family members and youth in the development of the System of Care. The family and youth members will serve as the “voice” of other service consumers and advocate for the needs of St. Louis families and youth. The System of Care St. Louis will be guided by the System of Care principles.

**Target Population:** *The target populations monitored by the System of Care St. Louis include, but are not limited to, the list below:*

1. Children and youth unable to function in the family, school or community, or in a combination of these settings
2. Children and youth with multiple risk factors for developing a serious emotional disturbance.
3. Children and youth with Serious Emotional Disorders between the ages of birth and 25 who are currently involved with at least one of the four major child-serving agencies (Health/Mental Health, Children and Family Services, Juvenile Justice, Education) and who are exhibiting difficulties functioning in at least two areas of daily living (school, home, community).
4. Children and youth who are at risk for multiple out-of-home placements.
5. Transitional aged youth (16-25 year olds) that require more intensive supports than are available through traditional service delivery models.

**Guiding Principles:** *The System of Care St. Louis is based upon and governed by the following core principles:*

- **Family Focus:** The recognition that (1) the ecological context of the family is central to the care of all children; (2) families are important contributors to and equal partners in any effort to serve children; and (3) all system and service processes should be planned with maximum involvement of families and consumer youth.
- **Cultural and Linguistic Competence:** Sensitivity and responsiveness to, and acknowledgment of, the inherent value of differences related to race, religion, language, national origin, gender, socioeconomic background and community-specific characteristics.
- **Least Restrictive:** Recognition that services should be delivered in settings that maximize choice and movement, and that present opportunities to interact in normative environments (e.g. school and family).
- **Individualization:** The provision of care that is child centered; i.e. care that addresses the child’s specific needs, and recognizes and incorporates the child’s strengths and service plans.
- **Interagency Cooperation:** The involvement in partnership of core agencies in multiple child-serving sectors including child welfare, health, juvenile justice, education and mental health.
- **Collaboration:** Professionals within and across systems and initiatives working together in a complementary manner to avoid duplication of services, to eliminate gaps in care and to facilitate the child’s and family’s movement through the service system.
- **Accessibility:** Minimizing barriers to services such as physical location, scheduling and financing.
- **Community Based:** The provision of services within close geographical proximity to the targeted community, and through ongoing consultation with individuals, organizations, and institutions that facilitate the acceptance, integration and de-stigmatization of children with serious emotional disturbance and their families.
- **Accountability:** The provision of frequent, detailed and accurate reports by the organization responsible for the management and delivery of system-of-care services, to funders, policymakers, community members and consumer youth and families, regarding the outcomes of services, with the goal of receiving feedback on system-of-care performance from those stakeholder groups.
- **Trauma Informed:** The provision of services using principles of a trauma-informed approach and trauma-specific interventions designed to understand, recognize and respond to the effects of all types of trauma.
- **Equity Focused:** The provision of services that recognizes and addresses the impact of disparity and disproportionality across child-serving systems.

**Shared Information**

To the extent allowed by the confidentiality requirements of each individual agency, the System of Care St. Louis will strive for the development of a common pool of shared data regarding client characteristics, services and outcomes. Sharing of this data will be determined and governed by an opt-in use agreement to be developed by the System of Care Council to include the following criteria:

1. Each of the member agencies agrees to make basic non-identifying client, service delivery, and outcome data available.
2. Members will determine by mutual agreement what information can be extracted and shared.
3. A common release of information will be developed and used by all participating agencies. All necessary steps will be taken to protect client confidentiality requirements.
4. Each signatory will participate in the development of a computer-based system that will permit on-line pooling of basic non-identifying client data necessary to monitor System of Care outcomes.
5. Member agencies agree to share agency data with agency partners for collaborative grants and proposals when requested.

**State Collaboration**

A primary focus of the System of Care St. Louis will be to enhance coordination processes and mechanisms between regional and statewide SOC efforts. These efforts include but are not limited to: 1) formalization of collaborative relationships and 2) coordinated efforts to recommend, implement and support SOC-related policy changes.

**Term of Agreement**

This Agreement shall be effective for each participating agency upon signing by the authorized representative of that agency through the four-year period of the System of Care Expansion and Sustainability Cooperative Agreement (September 30, 2019 – September 29, 2023) and beyond upon mutual agreement.

A member agency may elect to terminate the MOU and its participation in the System of Care St. Louis at any time, with or without cause. Nothing in the MOU will be interpreted as requiring members to provide any funding or to share any client/patient-identifiable, confidential or other protected data.

**Institutional Commitment –**

Name of Organization:	
Name & Title of Authorized Official:	
Signature and Date:	

**Member Agreements and Norms**

- **Participation:** I will actively participate in meetings by sharing and contributing ideas, even when perspectives may differ. As much as possible, I will remove distractions during meeting times such as phones, tablets, laptops. I agree to use active listening to ensure that I am hearing and understanding the intent from other members.
- **Follow-through:** I agree to share in the responsibility of work and follow-through on any SOC related commitments such as providing timely feedback, securing organizational commitment when needed, and carrying out any assignments including implementation, monitoring/measuring and reporting functions.
- **Communication:** All meeting notes will include defined action items, persons responsible and timelines for due dates. Meeting notes will be sent out promptly following each meeting so team members can review, submit any necessary edits quickly and follow-through on commitments.
- **Connection:** I will seek to understand the work of the System of Care, so that I can effectively make connections with initiatives, projects, and organizations in the community that could benefit from or be a benefit to the work of the System of Care.

**Member Commitment -**

Name & Title of Institutional Representative:	
Signature and Date:	

Name & Title of Alternate Institutional Representative:	
Signature and Date:	