



System of Care St Louis (SOC-STL) 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.

Philosophy

Centered on SAMHSA's System of Care collaborative approach, SOC-STL promotes the delivery and sustainability of services to children and families in the St. Louis Region for whom traditional service delivery models have been ineffective. SOC-STL is community-based, family-driven, and youth-guided. An imperative of these collaborative approaches is culturally competent assessment, service delivery, and evaluation, all of which must consider the family's culture, ethnicity, religion, race, gender, socioeconomic status, language, sexual orientation, geographical origin, neighborhood location and immigration status.

SOC-STL 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. SOC-STL will be guided by the System of Care principles.

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.

Member Agreements and Norms

- **Participation:** I will actively participate in meetings by sharing and contributing ideas, even when perspectives may differ. I agree to use active listening to ensure that I am hearing and understanding the intent from other members. Meetings will be held on a bi-monthly basis.
- **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.

Terms 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, 2023 – September 29, 2027) 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.



Member Commitment

Name, Title, and Institution	
Signature and Date	
Contact Email	
Name and email of Representative (if different from above)	
Name and email of Alternate:	

- 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.