Section A: STATEMENT OF NEED

A1: Program Activity Fit With SAMHSA's Theory of Change

The Montana Office of Public Instruction (OPI), the state's educational governance agency, will use the SAMHSA theory of change to sustain the tribal high fidelity wraparound system of care (SOC) that currently exists in seven communities on five reservations (five of which are included in this proposal), and expand to two additional tribal communities. The OPI SOC project was adopted as a key component of its Schools of Promise initiative to dramatically improve the quality of education in Montana's most struggling schools. It is urgent for the OPI to ensure that culture-based wraparound services are available for tribal youth with SED/SMI and their families (including early onset), and youth at risk for SED/SMI. Without SOC support these youth miss school, fall behind academically, and fail to graduate. The OPI envisions a future where *all* students in tribal schools have access to an effective culture-based high fidelity wraparound system of care.

In the first five years of implementation, the OPI has completed many of the tasks of Innovation and Translation in the SAMHSA theory of change model. It has proven the concept works in the tribal context by engaging and serving 82 youth; developed curriculum and processes to credential staff; and secured commitments from tribal governments in the form of resolutions supporting the OPI SOC approach.   In order to get to widescale adoption, this proposal is largely focused on SAMHSA Theory of Change Dissemination and Implementation tasks.

Five years of experience have created readiness conditions to improve fidelity to model; create better systems for early identification and evaluation; move advisory teams (local and state) from "advisory" to a more explicit governance role; enhance the role of families and youth in governance; create communications plans (including social media); improve evaluation capacity (a deep challenge in the tribal world where models have often been imposed from the outside, and data has often been misused and even abused); diversify funding; and ensure that local and state government, schools, health, justice, and child welfare systems are formally aligned through policies and MOUs. Several kinds of technical assistance and workforce development activities have been identified in the proposal to equip Project Staff and stakeholders with the tools they need to achieve the objectives of the proposal (including sustainability). One of these is training and coaching on the principles, strategies and tools of an evidence based system change model (to be selected by local communities). Another is technical assistance related to funding models. This training/coaching provides tools for Project Staff, local advisory teams (LATs) and state advisory teams (SATs) to develop realistic, effective sustainability action plans (years 1 and 2). These culture-based plans will identify key funding, policy, workforce development, governance, communication, and evaluation infrastructure activities to sustain and expand high fidelity wraparound. In years 3 and 4, stakeholders will implement the action plans, leading to Widescale Adoption. The OPI SOC Project recognizes that several intangible factors will be the "it" factor for grant success with dissemination, implementation and widescale adoption: *experience* and *trust* built over a five year period; *shared vision*; system leaders *belief in* and *desire for* system changes; *momentum* with local successes. The expansion communities (in Fort Peck and Fort Belknap) have been selected specifically with this in mind. Fort Peck has momentum with an effective cross sector Tribal Action Planning Committee engaged in coordination, collaboration and governance, as well as an effective Crisis Response Protocol to identify and respond to youth in crisis. Fort Belknap

has asked to replicate these. Fort Peck will be expanding from two to three communities and Belknap will be expanding from one to two, so both have experience with the model and trusting relationships with the OPI SOC Project Director.

A2 Local Jurisdictions

The OPI SOC Project will be implemented in seven communities on four American Indian reservations. The communities are Frazer, Brockton (Fort Peck Reservation), Hays Lodgepole (Fort Belknap), Heart Butte (Blackfeet), and Lame Deer (Northern Cheyenne Reservation) where current OPI staff are providing wrap around services. Through the grant period, the OPI will expand to two additional tribal communities: Poplar (Fort Peck), and Harlem (Fort Belknap). The expansion communities were specifically identified because of their potential to almost double the number of youth being served (from 576 to 1118) as well as existing success in implementing high fidelity wraparound in Frazer, Brockton and Hays Lodgepole; governance and policy structures in Fort Peck that Fort Belknap wants to replicate and the OPI wants to bring to scale in other communities.

Commitment of local authorities is the key to expanding the high fidelity approach in additional communities over time. All the reservations that have wraparound in one or more communities, also have many communities not being served. The tribal authorities (who also convene or are members of the LAT for the OPI SOC), have governance authority to create the infrastructure (funding streams, service agreements, laws, policies) necessary for reservation wide implementation. Letters of commitment from authorities in these communities are attached. Tribal governments in the OPI SOC catchment area have also passed resolutions supporting the wraparound approach.

In this proposal, tools are being systematized at the local jurisdiction level (for example, Tribal Action Planning Teams, and tribal Crisis Response Protocol), and at the state level at the OPI in their Indian Education, Special Education, and Montana Behavioral Initiative departments. This systematization will ensure that in addition to expanding on the reservations where wraparound currently exists, reservations or tribes not yet involved (for example Rocky Boys, Flathead) can be provided with the tools to begin wraparound.

A3 Not applicable
A4 Catchment Area & Demographics

The catchment area for the OPI SOC Project consists of seven tribal communities on four American Indian reservations (includes five existing SOC sites and two expansion sites), representing six federally recognized tribes (See Table 1). The reservations encompass four out of seven reservations in Montana. All the areas are considered medically underserved by MT DPHHS (2013 State of the State's Health), and are top priorities for the OPI as illustrated in the OPI priority letter. The catchment area meets the requirement of state applications to expand to two new jurisdictions and furthermore meets SAMHSA's priority of reducing behavioral health inequities. The OPI SOC project is housed in public schools serving reservation students and is supported by cross-sector tribal stakeholders. The intended outcome of wraparound services is
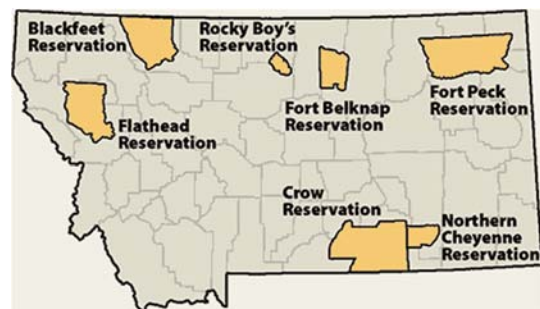
to increase health outcomes for youth in grades six to twelve with SED/SMI, and youth at risk for SED/SMI, and their families. It is estimated that about 125 youth in the catchment area have SED/SMI and the grant will have capacity to serve 8 per site at any given time. The majority of students in the schools are considered to be at risk and the entire school population (pop 1118) will be targeted, along with the entire community (pop 29,066)is targeted to increase trauma informed knowledge and practice, access to natural supports and professional services, and create local strength-based solutions.

The basic demographic and socioeconomic data of the catchment schools and communities are captured in Tables 1 and 2. Corresponding information for Montana is provided in each table for comparison purposes. When compared to Montana, the catchment area has more than double the number of individuals living in poverty, higher levels of unemployment, and is composed of majority American Indian (AI) residents. The vast majority of the population on the reservation are AI with a few white residents. Blackfeet is 79.5% AI and 17.2% White; Fort Belknap is 95.2% AI and 2.7% White; Fort Peck is 61.5% AI and 30.1% White; and Northern Cheyenne is 89.6 AI and 7.5% White. Other races compose less than 1% each of the population. The reservations with higher populations of white residents have border towns that sit half on and half off the reservation and the majority of white residents live in these areas. The predominant language spoken is English. Tribal languages are spoken to varying degrees. On Blackfeet, 88.6% speak English only, and 11.4% speak a language other than English. In Northern Cheyenne, 80.9% speak English only and 19.1% speak a language other than English. In Fort Belknap and Fort Peck the percentages of "English only" go up to 94.5% and 96.8% respectively with 5.5% and 3.2% speaking a language other than English. In all cases, less than 1% of the population "speak English less than very well." (US Census: ACS 2010-2014 Five Year Estimates).

Table 1: Catchment Area School Demographics

Community	Reservation	Federally Recognized Tribes	# students Grades 6-12	# SED/SMI *	% AI**	% Free /Reduced	% Male	% Female
Heart Butte	Blackfeet	Blackfeet	101	11	99%	100%	55%	45%
Hays Lodgepole	Fort Belknap	Assiniboine, Gros Ventre	110	12	96%	100%	53%	47%
Harlem (expansion site)	Fort Belknap	Assiniboine, Gros Ventre	209	23	89% AI 5% White	100%	56%	44%
Frazer	Fort Peck	Assiniboine, Sioux	77	9	99%	100%	58%	42%
Brockton	Fort Peck	Assiniboine, Sioux	67	8	91%	100%	55%	45%
Poplar (expansion site)	Fort Peck	Assiniboine, Sioux	333	37	94%	100%	50%	50%
Lame Deer	Northern Cheyenne	Northern Cheyenne	221	25	96%	100%	50%	50%
Catchment Area Totals			1118	125	94%	100%	53%	47%
State of Montana			145,319		11%	45%	51%	49%

* No data are available on the exact number of SED/SMI youth (including early onset) in the catchment area. The numbers are extrapolated based on national prevalence data showing that one in every four to five youth in the general population meet criteria for a lifetime mental disorder that is associated with

severe role impairment and/or distress (11.2 percent with mood disorders, 8.3 percent with anxiety disorders, and 9.6 percent behavior disorders)[1]. The # here is calculated at 11.2% of the population.
** The majority of students in these schools are AI, reflecting their communities. Harlem is a border town, so has more white students than the other schools. In addition to AI, all schools have students of two races or more (AI and White). Fewer than 1% of students are other races.

Table 2: Catchment Area Community Demographics

Reservation	Total Population	Pop Age 5-17	% Female	% Male	% Below Poverty	% Unemployed
Blackfeet	10,994	2,591	50.1	49.9	37.9	11.8
Fort Belknap	3,025	795	48.0	52.0	37.9	11.1
Fort Peck	10,262	2,318	50.7	49.3	28.1	2.4
Northern Cheyenne	4,785	1,391	52.0	48.0	44.5	17.7
Montana	998,554	162,255	49.8	50.2	15.2	4.7

Youth with SED/SMI (including early onset) and Youth At Risk
In the catchment area, as for the whole Billings Area Service Unit of the Indian Health Service (IHS), mental health has been one of the top five reasons for visits to IHS. The five leading causes of behavioral health visits from 2009-2012 were: Depressive Disorder NEC (14.2%), Anxiety State NOC (7.6%), Alcohol Dependence Syndrome (7.4%), Post-Traumatic Stress Disorder (6.3%), and Attention Deficit Hyperactivity (5.7%) (Billings Area IHS Report: 5-Leading Causes FY2009-FY2012). According to providers in 10 of the 12 IHS service areas, including the Billings area, mental health was identified as the number one health problem confronting AI and Alaska Native (AN) communities today; along with social problems. It was estimated to contribute to more than one-third of the demands for services.

The estimated # of SED/MSI youth in Table 1 (125) is very conservative and no specific data are available for early onset. Prevalence rates for the general population were used for the calculation. The National Center for Health Statistics says that AI/ANs experience serious psychological distress 1.5 times more than the general population and post traumatic stress disorder more than twice as often as the general population[2]. According to Montana Medicaid data, SED AI Children are over-represented by 2.8 times higher than would be expected. In 2003 they made up 17.3% of the SED cases in the state, but only made up 6.2% of the state's population. At that time they also accounted for 41.67% of the highest cost multi-agency children age 5-18 being served in Montana. It is likely that these numbers are actually an undercount since many AI youth who might qualify for services probably do not access them[3]. SOC research in Montana found that for communities with populations between 5,000-9,000, the weighted score for service availability was 65.3 out of 100 possible points. For communities

---

[1] Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(10), 980–989. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2946114/
[2] APA Fact Sheet: Mental Health Disparities: American Indians and Alaska Natives. American Psychiatric Association, Office of Minority and National Affairs, 2010. www.psych.org .
[3] Montana Department of Health and Human Services (2003). Are You Listening? Kids Integrated Delivery System for Montana. A joint application by the state of Montana and the Crow Nation. Response to SM-03-009 Cooperative Agreements for the Comprehensive Community Mental Health Services Program for their Children and Families. *Shared by DPHHS on January 10, 2013.*

between 2,000-4,999, the score for service availability was 53.5/100. This dropped precipitously for communities with populations between 150-1,999 to 36.6/100[4]. Finally, research has shown "many AI/Alaska Natives are skeptical toward or dismissive of mainstream mental health services owing to differences in cultural orientation and commitments to tribal self-determination."[5]

Many risk factors contribute to the high incidence of mental health problems on the reservations, including extreme poverty, high levels of substance abuse, exposure to violence and trauma (including historical trauma). The prevalence of risk factors create the conditions to put all youth at risk in the catchment area. The following table provides an overview of self-reported risk factors on MT reservations compared to their peers in the state.

Table 3: Alcohol, Cigarettes, Antisocial Behavior, Family History, Suicidal Ideation

2015 Montana Youth Risk Behavior Survey (High School)	Reservation	MT	USA
% who did not go to school because of safety concerns	9.1	5	5.6
% binge drinking in last 30 days	22.9	20.7	17.7
% drinking alcohol on school property in last 30 days	7.4	5.1	
% smoking cigarettes in last 30 days	28.7	13.1	10.8
% using marijuana in last 30 days	40.6	19.5	21.7
% who felt so sad or hopeless for two weeks or more in a row that they stopped doing some usual activities	37.5	29.3	29.9
% who seriously considered attempting suicide	24.0	18.8	17.0
% who made a plan about how they would attempt suicide	20.9	15.5	13.6
% who had a suicide attempt resulting in injury, poisoning, or overdose that required medical treatment during the past 12 months	6.5	3.1	2.7
2016 Montana Prevention Needs Assessment (8th, 10th, 12th graders)	Reservation		Montana
Anti-Social Behavior: % *Drunk or high at school in the last 12 months*	14.5		12.1
Anti-Social Behavior: % *Suspended from school in last 12 months.*	12.9		7
Family History: % say YES to *Has anyone in your family had a severe alcohol or drug problem?*	46		39.7

Montana has the highest suicide rate in the country with a suicide rate of 23.8 per 100,000 compared to the national rate of 12.93 per 100,000. The AI suicide rate in Montana is higher than the state rate, at 26.4 per 100,000. Over the past ten years in Montana, suicide has been the number two cause of death for children ages 10-14, adolescents ages 15-24 and adults ages 25-44, and the leading cause of death for Native American youth in Montana[6].

The death rate for AI children in Montana (50.6 per 100,000) is almost twice the rate for white children (27.7 per 100,000)[7]. White men in Montana live 19 years longer than AI men, and white women live 20 years longer than AI women[8].

The cohort graduation rate for AI students in Montana was 66.6% in 2015 compared to 88.7% for white students, and the dropout rate for AI students was 6.3% compared to 1.8% of white students and 2.3% overall (MT OPI AI Student Achievement Report 2016). AI

---

[4] Lourie, Ira S. (2003). Montana Children's Initiative Needs Assessment Project Report, January 2003.

[5] Gone, J.P., & Trimble, J.E. (2012). "American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities." Annual Review of Clinical Psychology, 8, 131-160.

[6] 2014 CDC

[7] 2014 Montana Kids Count

[8] 2013 State of the State's Health, MT DPHHS

populations in Montana represent one third of the federal court caseload, where they comprise less than one tenth of the state's population[9]

AI/AN youth are exposed to higher levels of trauma than their non-native peers. They experience a crime rate of 656 incidents per 100,000 residents as compared to the crime rate of 506 incidents per 100,000 for the general population. The violent crime rate among AI/AN 12 years and older is 2.5 times the national rate and AI/ANs experience approximately one violent crime for every 8 compared to one violent victimization for every 16 black residents, one for every 20 white residents, or one for every 34 Asian residents[10]. In 2005 Stevens et al found that Native American families had the highest referral rates for sexual abuse, physical abuse, and neglect relative to other ethnic categories in a National Survey of Adolescents[11]. AI/AN children make up less than 1% of the total child population in the country, but represent 2% of the children in foster care[12]. In 2005, AI/ANs had the second highest rate of substantiated child abuse and neglect cases in the country, with 17 substantiated cases of child abuse or neglect for every 1000 AI/AN reports, compared to 12 for the rest of the country[13]. Historical trauma is one explanation of the disproportionate levels of violence, abuse, and neglect on the reservations. Historical trauma refers to the collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of genocide. A growing number of AI/AN behavioral health experts, human services providers, and community advocates believe the source of mental health disparities for AI people to be Euro-American colonization[14].

A5 Progress to Date and Priority to Expand and Sustain Systems of Care
The OPI has demonstrated the priority of expanding and sustaining systems of care through the attached priority letter. More importantly, the OPI has lived this priority over the past six years. In 2010, the OPI launched a multi-million dollar initiative called Montana Schools of Promise to dramatically improve the quality of education in Montana's most struggling schools, all on reservations. These schools were losing close to half of their students before graduation. Central to the Schools of Promise initiative is the mental health and well-being of students. Research shows that students learn better when their mental health needs are met. Recent brain research has provided ever-more compelling evidence that a child's brain – from a physiological perspective – struggles to receive and retain new information if untreated aspects of trauma and neglect go unaddressed.

---

[9] Flanagin, J.; Reservation to Prison Pipeline. *Quartz.* April 27, 2015, www.qz.com .

[10] Juvenile Offenders and Victims: 2006 National Report (2006). Office of Juvenile Justice and Delinquency Prevention. Washington, D.C. Retrieved June 11, 2012 from http://ojjdp.ncjrs.org/ojstatbb/nr2006/

[11] Stevens TN, Ruggiero KJ, Kilpatrick DG, Resnick HS, Saunders BE. Variables differentiating singly and multiply victimized youth: Results from the National Survey of Adolescents and implications for secondary prevention. Child Maltreatment. 2005;10:211–223. [PubMed]

[12] Bigfoot, Dolores Subia, PhD (2007). *American Indian Youth: Current and Historical Trauma.* Indian Country Child Trauma Center, University of Oklahoma Health Sciences Center, Oklahoma City. Retrieved on June 11, 2012 from http://www.nctsnet.org/nctsn_assets/pdfs/AI_YouthCurrentandHistoricalTrauma-ppt.pdf

[13] America's Children: Key National Indicators of Well-Being (2007). Retrieved June 11, 2012. Available at http://www.childstats.gov/americaschildren07/famsoc7.aps#34.

[14] Gone, J.P., & Trimble, J.E. (2012). "American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities." Annual Review of Clinical Psychology, 8, 131-160.

Through the Schools of Promise initiative, the OPI began addressing student mental health needs through a variety of mechanisms. Through collaboration with the Montana Department of Health and Human Services (DPHHS), third-party mental health providers began offering school-based mental health services through the Comprehensive School and Community Treatment Program. This strategy is service provider dependent. In rural frontier communities, access to CSCT service providers is inadequate. It is also not consistent with the system of care values and principles embedded in Sections 561-565 of the Public Health Service Act, as amended. In 2011 the OPI started its first culture-based high fidelity wraparound system of care implementation in four reservation Schools of Promise, which they have since expanded to seven, and are proposing to expand to two more, for a total of nine tribal communities (seven included in this proposal; two being supported by the OPI through other means). The OPI has been able to fund two communities through Special Education general fund dollars and has served 82 youth in the existing SOC communities.

High-fidelity wraparound, as conceived by Vroon VanDenberg (VVDB), is a process used by communities to support students with complex needs and their families through individualized plans of care. The key characteristics of the process are that the plan is developed by a family-centered team, is individualized based on the strengths and culture of the youth and their family, and is needs rather than services driven. These characteristics mirror the core values of the system of care approach authorized in the Public Health Services Act Sections 561-565, as amended. Culture-based high fidelity wraparound establishes a higher standard for cultural competence and the enhanced model ensures that families can receive treatment services that are: a) grounded in their cultures; b) designed by their cultures; c) provided by culturally matched staff. Through culture-based high fidelity wraparound, the OPI ensures that youth receive culture-based, comprehensive, individualized services in a coordinated manner, in the least restrictive setting possible (as required in the Public Health Services Act Sections 561-565).

The OPI has encountered many infrastructure challenges in the past four years, including a decision by Montana DPHHS to move away from the wraparound model for the state of Montana, resulting in the loss of training infrastructure at DPHHS and potential funding. The OPI was forced to evaluate continuing with wraparound. While so many approaches to systems of care feel foreign on the reservation, culture-based high fidelity wraparound is keenly aligned with traditional tribal approaches to health. Tribal communities with wraparound programs wanted them to continue. Trust and relationships are the essential building blocks for any successful system of care. Abandoning high fidelity wraparound would have resulted in the loss of trust and relationships and delayed progress for youth. Key DPHHS staff, as well the National Wraparound Project provided technical assistance to help the OPI bring credentialing and coaching for WA staff into the OPI, and to develop a draft manual for Tribal Wraparound Credentialing and Community Implementation Guide. Tribal Councils also passed formal resolutions supporting the wraparound work. The letters of commitment that are attached to this application demonstrate that in addition to the OPI prioritizing the expansion of wraparound, local jurisdictions are also on board.

Section B: PROPOSED SERVICES AND INFRASTRUCTURE APPROACH

B1 Purpose and Approach

The purpose of the proposed Montana OPI Systems of Care (SOC) project is to expand and sustain a high-fidelity wrap around system of care in public schools on Indian Reservations

in Montana in order to improve behavioral health outcomes for tribal youth (and their families) in sixth through twelfth grade with, or at risk of, serious emotional disturbances (SED), serious mental illness (SMI), or early onset of SED or SMI. The project will expand services to two additional sites (total sixth-twelfth grade pop = 546) and almost double the number of youth/families currently being served in the catchment area (total sixth-twelfth grade pop=576), deepen fidelity to the model, strengthen the culture-based approach, and increase infrastructure to support identification and engagement of youth with early onset SED/SMI or other high risk factors. Local Advisory Teams and State Advisory Teams will take on sustainability tasks early, with plans in place by year two and being implemented by year three. There are six goals for the project.

GOAL 1: Implement high fidelity wraparound services for tribal students (and their families) in sixth through twelfth grade with, or at risk of, SED or SMI in five existing sites (Lame Deer, Frazer, Brockton, Hays Lodgepole, Heart Butte) and two expansion sites (Poplar, Harlem)

Objective 1.1 Equip local and state wrap-around staff to deliver quality services through credentialing all Coaches, Wraparound Facilitators, and Peer to Peer Specialists; weekly coaching, quarterly group professional development and team meetings; SAMHSA grantee meetings and NICWA technical assistance.

Objective 1.2: Deliver culture-based, family-driven, youth-guided wraparound services to up to 56 youth annually (up to 8 per site at any given time), 77 over the course of the four year project (anticipate adding 3 new per year per site and continuing to serve many over more than one year).

Objective 1.3: Over the course of four years increase model fidelity to the highest level possible by contracting with Wrap Around Evaluation and Research Team (WERT) from the University of Washington School of Medicine to work with Project Staff Team to implement the tools of their Wraparound Fidelity Assessment System (WFAS).

Goal 2: In all sites, increase knowledge and skills for school staff, community partners, and community members in trauma informed care; and increase cultural knowledge and skills for all school staff.

Objective 2.1 In Y1 engage all seven wraparound project schools and at least one other stakeholder organization in each location to conduct a Trauma Informed Care system assessment and improvement plan. Engage one additional community partner in Years 2-4 complete system assessment and improvement plan.

Objective 2.2 Over life of grant train 75% of partner staff and 20% of community members in and "101 level" introduction to Trauma Informed Care.

Objective 2.3 Over life of grant, train 50% of the stakeholder staff of the schools and at least one other stakeholder organization per year in a "201" level Trauma Informed Care skills for their profession.

Objective 2.4 Create, implement, and sustain in policy and practice a two part "Cultural Orientation" for school staff members (Part 1-Orientation to Reservation Life/Tribal Culture for nontribal staff (created under advisement of cultural "knowers" in the community); Part 2-Orientation to family driven, youth guided, strength based culture of wraparound for all staff.

Goal 3: Promote the vision, goals, and activities of the OPI SOC Project, and increase access to services and tools for wellness for the entire population (29,066) through communications plan and improved service database.

Objective 3.1 Develop and implement annual communications plan with Youth Councils and Local Advisory teams, targeting SOC stakeholders and the entire community (29,066). Objective 3.2 Increase access to a sustainable, accurate resource referral guide by partnering with www.Montana211.org to increase the number of tribal resources listed in the online directory; increase accuracy of listings; and improve search features for tribes by creating a "tribal services" hot button.

Goal 4: Use a pilot project approach to increase the number of youth with early onset of SED/SMI or high risk who are systemically identified and connected to services early.

Objective 4.1 In Y1 the OPI, Pilot school and Tribal Action Planning team will adapt OPI Early Warning System for the reservation setting, embed the protocols within the existing tribal Crisis Response Protocol, and create tools to implement the system in Y2: risk factors; response protocol; partner MOUs; training; evaluation. Planning/Capacity activities expand to second site in Year 3.

Objective 4.2 At risk youth are identified and served through pilot project implementation (baseline # to be determined in first year of implementation). Wraparound Facilitator plays key role in school MBI team to run Early Warning data reports bi-weekly and lead response efforts for youth identified as at risk. Implementation expands to second site in Year 3.

Objective 4.3 Evaluate pilot project and create Implementation Guide for scaling.

Goal 5: Strengthen local and state governance systems to sustain and scale wraparound.

Objective 5.1 Facilitate and strengthen participation of Local Advisory Teams (LATs) and State Advisory Team (SAT) through evidence based system change model training and coaching ; quarterly meetings; formal MOUs documenting roles in the OPI SOC Project.

Objective 5.2 LATs and SAT complete and implement sustainability plans in order to ensure that post-grant: 1) Funding is secured for all OPI SOC project staff and activities; 2) Governance structures continue; 3) Training and capacity building are available and affordable; 4) Evaluation continues; 5) Mechanisms for sharing and scaling success are in place.

Objective 5.3. Four Family/Youth Advisory Councils (one per reservation) meet monthly; provide input for governance, communication, evaluation. Representation of family/youth voice at LAT, SAT to be determined by families/youth.

Goal 6: Administer all Grant Requirements

Objective 6.1 Ensure all federal and local evaluation data are collected and reported as required.

Objective 6.2 Track financial data and adhere to all federal guidelines for disbursement of funds, complete budget reports according to SAMHSA timeline.

Objective 6.3 Participate in all required SAMHSA grantee meetings

B2 Services Achieve Goals and Promote SAMHSA Theory of Change

The proposed services will improve outcomes for SED/SMI youth and their families because: They are ***grounded in the evidence based model of culture based high fidelity wraparound***. The wraparound process has been used widely on a global basis with indigenous peoples, from Australia to the Arctic, in dozens of Native American Tribes and in First Nation Communities in Canada. Since VVDB was established in 1998, they have worked with dozens of Native American communities, including the Lakota, Arikara, Hopi, Pima, Chickasaw, Blackfoot, and many others. More recently, VVDB has done extensive multi-year support of the Chickasaw Nation in Oklahoma, and provided extensive multi-year support of the Pima people

outside of Phoenix. In the past five years the OPI has successfully introduced this model to
Montana Native American Communities, expanding from three to seven sites. The "culture-
based" (versus culturally competent) wraparound model is essential for success in the catchment
area. This model establishes a higher standard for cultural competence and the enhanced model
ensures that families can receive treatment services that are: a) grounded in their cultures; b)
designed by their cultures; c) provided by culturally matched staff. Guidance for this approach is
provided by the National Wraparound Initiative with regard to "culture-based" community
partnerships, collaborative action, fiscal policies and sustainability, access to supports and
services, human resource development and support, and accountability. The National
Wraparound Initiative has documented the importance of the distinction between "culture-based"
and "culturally competent" to the success of wraparound work with Native Americans in
California. The culture-based approach necessitates that for SOC Expansion to work on the
reservations in Montana, high level policy and decision makers must understand that "cultural
reclamation is a proper treatment for mental health problems, and traditional knowledge is the
arbiter of mental health treatment efficacy."[15]

   The ***target communities were selected based on local conditions that will promote optimal
service and deep infrastructure success***. Two communities that were served in prior years by the
OPI will not be served in this grant; Wyola (47 students) and Pryor (53 students) on the Crow
Reservation. The OPI will continue to provide support to these schools through other channels
such as their Positive Behavior Intervention System (PBIS) – the Montana Behavioral Initiative
(MBI), Indian Education, and Title I. This decision was made to economize the number of tribal
governments/systems the OPI Project Director needs to systemically engage, to maximize the
number of students being served (expansion sites enabled the OPI to almost double the # of
students being reached), and to build on the momentum and synergy of the work that already
exists on the two reservations selected for expansion (governance/policy success in Fort Peck
that Fort Belknap will replicate). In addition to momentum and success with current wraparound
implementation, governance, and policy, the two expansion communities roughly neighbor each
other in northern Montana (two hours apart), and have familial ties through the Nakoda
Assiniboine on Ft Belknap and the Nakona Assiniboine on Ft. Peck. In a rural frontier state that
requires thousands of miles of travel each quarter, economizing distance travelled equals more
time for actual work. The OPI believes that the momentum and local leadership on these two
reservations creates conditions for success not only in serving youth and families, but also in
documenting and sharing lessons learned, and in sustaining the efforts post-grant.
   The project ***increases service delivery staff***, doubling the number of staff for each site and
doubling the number of coaches for the project to increase fidelity to model. These staff are all
carefully credentialed in a process that has been developed with technical assistance from MT
DPHHS. Hiring additional service delivery staff improves service delivery, *and* frees up the
Project Director and Communications Coordinator (also a new position) to focus on
infrastructure including: communication, sustainability, and training/capacity building for local
and state governance teams.
   The project provides ***evidence based training/coaching*** for staff, governance structures, and
community members. For Project Staff this includes technical assistance and coaching from the
Wraparound Evaluation & Research Team from the National Wraparound Implementation

---

[15] Gone, J.P., & Trimble, J.E. (2012). "American Indian and Alaska Native mental health: Diverse perspectives on
enduring disparities." Annual Review of Clinical Psychology, 8, 131-160.

Center at the University of Washington. For partners, a tiered approach to trauma informed training will help move communities from awareness about trauma to being equipped with skills, policies and procedures to prevent and respond to trauma. Entire schools are targeted for deep trauma assessment and skills training, as well as cultural orientation. Both are intended to help address the challenge of high staff turnover (especially of nontribal staff) and move the entire school culture toward creating the positive climate needed to support the OPI SOC.

   Governance structures will be equipped with evidence based systems change models and coaching as they undertake sustainability and scale challenges – the Seed Scale Model and/or Collective Impact Model. **The Seed Scale Model** grew out of a disciplined review of how communities change conducted by Future Generations in the early 1990's. This research drew on evidence over the last century, involved UNICEF, the Rockefeller Foundation, Johns Hopkins University, and the experience of many organizations (including indigenous). The focus was on what has worked in the field of development over the last one-hundred years, specifically on how to take community-based successes to regional scale, and how to sustain their momentum. This global review identified core principles and activities that created the necessary enabling conditions to propel the world's most successful large scale and sustainable community change efforts. These key elements were simplified and packaged into a systematic process known as SEED-SCALE**.** Seed is the process of activating empowerment at the community level and growing a local success. Scale is the expansion of this activity, both in geographic coverage and across development sectors for sustained improvement in quality of life. The principles of SEED-SCALE were used in framing this proposal: 1) Build from local success; 2) Three way partnerships (community, government/policy/funders, outside expert); 3) Work from data; 4) Behavior change (of all stakeholder groups) must be the focus.

   Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. The model was identified by the Foundation Strategy Group (FSG) in Boston, a global company with the goal of unleashing the full potential of funders, nonprofits, businesses, and governments to accelerate progress against the world's most pressing challenges, such as global health, education, and poverty.

   The project ***leverages existing resource structures to improve conditions for high fidelity wraparound success*** A. *The Montana Behavioral Initiative (MBI)*, the OPI Positive Behavior Intervention System (PBIS) – this system is resourced by the OPI to provide training and coaching to school MBI teams across the state. Wraparound staff are members of local school MBI teams. In this proposal, the MBI will be leveraged for the early warning system (EWS) implementation. The EWS is already part of their Tier 1 strategies. The EWS *culture-based* approach and integration with the Crisis Protocol is an adaptation for schools serving reservation youth, and the tools for this approach will be embedded in MBI for ongoing support and training. B. *Montana211*, this is an existing robust resource referral database and website (with some call service) designed for the entire state. The OPI SOC project will partner with Montana211 to leverage their existing infrastructure (database, website, call centers), access to national expertise and training, data maintenance resources, and promotional materials. The OPI SOC will help Montana211 create hot button for tribal resources, equip call staff to field calls from reservations through cultural training; and increase the number of reservation residents accessing information from Montana211 through promotion. C. *The Tribal Action Planning Team* is a mechanism resourced by Indian Health Services for coordination around tribal health issues. Fort Peck has

successfully implemented this model and Fort Belknap will replicate. The model will be shared with other SOC communities.

The OPI SOC Project approach supports the SAMHSA theory of change by grounding all their Dissemination, Implementation, and Wide Scale Adoption tasks in evidence based theory, as described above. **Dissemination tasks** include significant technical assistance provided to project staff as well as governance teams; policy sharing; social media, and local publications of culture-based tools and approaches. The technical assistance is embedded in almost every goal and comes from many sources including outside experts (for example, WERT; Trauma Informed Care Trainers; MBI; Seed Scale or Collective Impact; Montana211); and LATs and families/youth providing assistance to outside entities like OPI and DPHHS (for example: cultural orientation; communications messaging development; Family/Youth Advisory Council, Family/Youth engagement with credentialing, evaluation). The concept of Policy Academies will be embedded in Local and State Advisory team work on sustainability planning (Goal 5) as they systemically identify policies that are working and policies that need improvement. Social Media strategies are embedded in the communications plan in Goal 3 and will be implemented for all sites. Publications will be produced documenting the OPI SOC culture-based tools and approaches (for example: final MT OPI Schools of Promise Tribal Wraparound Certification and Community Implementation Guide; MBI Guide for OPI Schools that serve reservation youth to Integrate Early Warning with Crisis Response Protocols; MBI Guide to Plan and Implement Cultural Orientation Training for new staff; Guide for Tribes to have resources entered and maintained in Montana211).

The OPI SOC Project approaches the **Implementation** tasks in the SAMHSA theory of change model through the sustainability planning that will take place with local and state advisory teams. Within the first two years of the grant, these teams will receive technical assistance and facilitation to develop concrete Sustainability Plans addressing funding, workforce development, policy changes, cross-sector collaboration, governance, scale/expansion infrastructure, evaluation and assessment, communication. The Project Director will devote most of her energy to this work, while the coaches will ensure quality service delivery to youth and families. In years 3 and 4 of the grant, the sustainability plans will be implemented with the goal of sustained high fidelity wraparound in all the existing sites with infrastructure in place to support expansion to other sites. For this to occur, diverse stakeholders with decision making authority must be engaged in funding, staffing, credentialing, and governing the SOC – the conditions for **Wide Scale Adoption** in the SAMHSA Theory of Change. These stakeholders are represented in the LATs and the SAT. Missing stakeholders will be identified and outreach conducted to engage them. MOUs will create clear expectations for all stakeholders, creating optimal conditions for widescale adoption to happen for OPI schools serving reservation youth.

B3 Stakeholder Commitments (including Families, Youth, Consumer Organizations)

Family, youth, and consumer organizations will be fully involved and supported in all planning, implementation, and evaluation efforts of the SOC. A Family/Youth Advisory Council on each reservation will be convened monthly by the Family Engagement Specialist (Goal 5). At these gatherings, opportunity will be created for families and youth to give input to all key aspects of the SOC work. An annual family/youth survey, created by the evaluator, will also be implemented to learn from families about their experience with SOC. Additional family/youth voice will be sought in the credentialing process, and the Wraparound Fidelity Assessment process (Goal 1). Families/youth will be given the opportunity to participate in trauma informed

care training (Goal 2) and give input to the communications plan and the sustainability plan. Youth will be engaged to create the annual wellbeing messaging theme and campaign (Goal 3). Families, youth, and consumer organizations will determine for themselves how they want to be represented at the Local Advisory Team and State Advisory Team (Goal 5).

Other key stakeholders (listed below) will be engaged in the Goals and Objectives of the OPI SOC. They all participate in wraparound service delivery in some way (described below). They will all be offered the opportunity to participate in trauma informed care training (Goal 2), and input will be sought from all of them for Goal 5 sustainability planning and implementation. The evaluation measures in the grant will seek input from these groups (the wraparound fidelity assessment, and other local evaluation).

The specific contributions of the stakeholders are listed below. Each of these stakeholders also participates as a member the wraparound team when requested by the family/youth, or because they are already involved with the family. Unless stated otherwise, it can be assumed that these partners participate in services on every reservation.

Local Public Schools: provide office space and administrative support to wraparound facilitators, support students who are participating in wraparound facilitation, and encourage participation of staff when asked to join a wraparound team. The WF participates as a member of the school Montana Behavioral Initiative (MBI) team (Goal 1). One school will participate as the pilot site for the Early Warning System (Goal 4), and an additional school will replicate. All schools will participate in the Trauma Informed training and assessment, and the cultural orientation (Goal 2).

Montana Department of Health and Human Services (Addictive and Mental Disorders Division, Dept. of Child and Family Services, Office of American Indian Health, Suicide Prevention Coordinator, MT State Suicide Mortality Review Team): provides ongoing technical assistance for high fidelity wraparound training, evaluation, database management; and agency coordination at the state level through the Statutory Systems of Care Committee, and at the local level with regional and local staff. Technical assistance for the funding and policy aspect of sustainability planning.

Indian Health Service Behavioral Health: Provide services for youth when youth are referred from wraparound team (ie. assessment, treatment).

Boys and Girls Clubs: Provide natural support services and after school safety and activities for youth on Fort Peck, Fort Belknap and Northern Cheyenne.

Twenty-first Century Learning After School Programs: Provide natural support services and after school safety and activities for youth.

Local Job Service: provide employment support, including job searches and supported employment services.

Local Child Protective Services: Family preservation services, resource assistance for families, prevention services to prevent removal; give and take crisis referrals.

Tribal Housing: youth activities committee on Fort Peck; housing assistance for families on all reservations.

Tribal Health: assessment, behavioral health treatment, recovery support, physical health, vision, dental, health promotion and education

Family Violence: provide support services to families with domestic violence; training; education; referral services

Juvenile Justice, Courts: Serve on wraparound teams when appropriate; prevention programs for youth to prevent court involvement; family education.

The following individuals provide natural support to families, and often serve on wraparound teams: faith counselors, youth group leaders, tribal elders, grief counselors, maintenance staff at schools, school counselors, teachers, school para-professionals, coaches.

The OPI SOC used existing advisory bodies whenever possible. Local Advisory Team Members (Goal 5), include the entities listed above, as well as these additional members. The teams operate differently in the different locations, with varying levels of formality. The OPI SOC is respectful of the differences in each location. The Tribal Action Planning Team in Fort Peck is more formalized and has all the services stakeholders engaged. They are effective with community planning and implementation of many health projects. Indian Health Services provides resources toward this model. Fort Belknap has asked to replicate this model, so will be working toward that in this grant cycle. In all cases, the OPI SOC Project will be explicit with LATs about the needs articulated in this proposal to complete sustainability planning and tasks for high fidelity wraparound. MOUs will be secured with each reservation around the goals and objectives of this grant.

Fort Peck	Fort Belknap	Northern Cheyenne	Blackfeet
• Spotted Bull Recovery • Tribal Action Planning Team	• Elders' Council • Tribal Social Services • Tribal Diabetes Program • Tribal Social Service • The Tribal Programs' Community Garden	• Tribal Government • Honor Your Life Group	(this is a new reservation for the OPI SOC, infrastructure being built)

The State Advisory Team: the OPI SOC uses the state statutory systems of care committee for the State Advisory Team. The **Children's SOC Planning Committee** was established by statute in 1993 (52-2-301, 52-2-303,52-2-304 MCA) to develop an integrated service system for children under age 18 who are seriously emotionally disturbed (SED), at risk for placement in an out-of-home setting, and needing the assistance of more than one state agency. The statute was updated in 2001 to further describe a children's System of Care and to define the duties of the planning committee. The **Children's SOC Planning Committee** is made up of approximately 30 members who represent family members of youth, Native Americans, advocacy groups, and mental health providers that serve young people and community members. The Director of Department of Public Health and Human Services (DPHHS) appoints the members.
The Children's SOC Planning Committee duties include: Developing policies aimed at eliminating or reducing barriers to the implementation of a system of care; Promoting development of a quality array of core services in-state so that SED youth can avoid out-of-state placements; Encouraging development of the infrastructure of the system of care by encouraging development of local interagency teams.
.
B4 National Standards for Culturally and Linguistically Appropriate Services (CLAS)

The OPI SOC Project advances health equity, improves quality, and helps eliminate health care disparities for Montana Native American tribal youth and families, by establishing a blueprint for culture-based high fidelity wraparound in the OPI reservation schools, in partnership with tribal government, state government, service providers, families and youth. The "culture-based" (versus culturally competent) wraparound model is essential for success in the catchment area. This model establishes a higher standard for cultural competence and the enhanced model ensures that families can receive treatment services that are: a) grounded in their

cultures; b) designed by their cultures; c) provided by culturally matched staff. Guidance for this approach is provided by the National Wraparound Initiative with regard to "culture-based" community partnerships, collaborative action, fiscal policies and sustainability, access to supports and services, human resource development and support, and accountability. All the CLAS standards are supported by grant activities. For example:

Standard: Governance, Leadership, and Workforce
Element 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. The OPI SOC Project is "culture-based wraparound" versus "wraparound with cultural competence." This means wraparound staff are experts in their particular culture as a result of decades of immersion (not forty hours of training). All OPI SOC staff are Native American tribal members, from the communities where they work. Local advisory teams also consist of tribal members who work and live on the reservations where wraparound is being implemented. The OPI has committed to this approach in their draft Tribal Wraparound Certification and Implementation Guide that will be finalized and codified in policy in the next twelve months. All state level work is informed by local advisory teams, families and youth. The OPI SOC project has recognized that non-native staff in partner organizations, especially schools, could benefit from systematized cultural orientation, and that all staff members could benefit from an orientation to the family-driven strength-based culture of wraparound. This will be systematized and implemented for all sites in this expansion project (Goal 2, Objective 2.4 Create a two part "Cultural Orientation" for school staff members (Part 1 Orientation to Reservation Life/Tribal Culture; Part 2 Orientation to family driven, youth guided, strength based culture of wraparound).

Standard: Communication and Language Assistance
Element 5 Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. While most youth in the target communities are proficient in English; many may have literacy challenges which make paperwork and reading challenging. Family members of youth may be more likely to have limited English proficiency and also likely to have literacy challenges. Implementation of the service delivery model (Goal 1, Objective 1.2 Deliver culture-based, family-driven, youth-guided wraparound services) requires that all plans be family driven and youth guided and the wraparound team supporting the youth is selected by the family. It includes professionals but also natural supports. In the team context, translators are provided at no cost for any participant who prefers to use their tribal language. Written assessment tools, plans, and evaluation tools are reviewed verbally with no assumption that clients and/or team members have the literacy skills to fill these out or review them on their own. Assistance is provided for any written paperwork, if necessary. The Peer to Peer Specialist can accompany clients and family members to other appointments if the clients or family members desire, in order to support the client and advocate for their needs (including translation or help with filling out forms, if necessary).

Standard: Engagement, Continuous Improvement, and Accountability
Element 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. Every goal of the OPI SOC Project, with the exception of grant management, integrates community in the design, implementation, and evaluation of policies, practices and services to ensure cultural and

linguistic appropriateness. GOAL 1: High Fidelity Wraparound – the family-driven, youth guided model ensures that the community is at the center of service planning, implementation and evaluation. In addition, Family and Youth Councils are convened to further support their engagement with system work. GOAL 2: LATs will direct, implement and evaluate the cultural orientation for school staff. LATs will engage cultural "knowers" to guide the process. GOAL 3: Youth Councils design annual wellness campaign; LATs, Family and Youth Councils give design input and have final approval of the annual communications plan. GOAL 4: The PD provides leadership and resources for LATs and tribal school administration to be key architects of all aspects of the expansion of existing Crisis Response Protocols to include an Early Warning System in the schools.   An indigenous Montana Behavioral Initiative (MBI) Consultant will also participate in project development and implementation, in order to be able to embed the approach in the OPI MBI system and assist with replication. GOAL 5: Support and technical assistance is provided for LATs to select the approach to system change, to create, and to implement sustainability plans. SATs will be engaged as necessary because of the resources and systems which will be necessary for sustainability; however LATs will have the final decision-making authority for all sustainability strategies pursued for tribal wraparound.

SECTION C: EXPECTATIONS AND REQUIRED ACTIVITIES

C1 The OPI SOC Project addresses all expectations of the request for funding as described in Section 1-2 of the RFP. It sustains and expands (in two new communities) high fidelity wraparound services for tribal youth with and at risk for SED/SMI, and those with early signs and symptoms, and their families. Lessons learned from state-level grants have been applied so that the OPI SOC implementation is a multi-level process that involves:

Making changes at the state level in policies, financing mechanisms, workforce development, and other structures and processes to support SOC's.	GOAL 5 of the project supports the engagement of key stakeholders at the state and local levels to seriously address system infrastructure. In the case of the OPI implementation of SOC in reservation communities, the local advisory team (LAT) includes sovereign tribal government; therefore the LAT must look at changes in policies, financing mechanisms, workforce development and other structures, just like the state advisory team (SAT). They also address planning, implementation, management, and evaluation of the system. GOAL 5 also creates a Family/Youth Advisory Council to ensure their voice is part of these key activities
Making changes at the local system level needed to plan, implement, manage, and evaluate the system.	
Making changes at the service delivery or practice level to provide a broad array of evidence informed treatment and supports to achieve the ultimate goal of improving outcomes for children and families.	GOAL 1 implements high fidelity wraparound in all the local sites *and* system assessment to provide information for data-driven service delivery improvements. GOAL 4 pilots the development of an early warning system in the school setting to systematically identify youth early who are at risk for SED/SMI or exhibiting early signs. The pilot project will address identification, outreach, engagement, planning, implementation, and transition.

The whole grant is a sequential and continuous approach for the wide scale adoption of the OPI SOC project. The goals, objectives, and activities align with the DISSEMINATION, IMPLEMENTATION, and WIDESCALE ADOPTION phases of the SAMHSA theory of change. Goals 2 and 3 provide technical assistance, workforce development, and communication infrastructure to support the service delivery work of Goals 1 (high fidelity wraparound) and 4 (pilot project for early identification and treatment). Goal 5 is about the infrastructure tasks in

SAMHSA's implementation phase: capacity building, infrastructure development, policy change, and systems improvement. By the end of Year 2 sustainability plans will be in place, including a strategic financing plan to ensure the continuity of funding for the OPI SOC Project. Technical assistance is provided for LATs, SATs, Family and Youth Councils to complete the infrastructure work.

In Year 3 of the grant, communities will begin to implement sustainability plans including diversifying funding for SOC staff. Currently the SOC staff are supported by various OPI streams of funding (including the SAMHSA grant) and the majority of local supports are funded locally. Sustainability must be found for the SAMHSA funded personnel and activities and for service gaps identified locally. Reporting and tracking related to the funding will be led by the evaluator, in conjunction with Goal 5 evaluation. The evaluator will provide reports to all Project Staff, LATs, SATs, and Family/Youth Councils monthly via email, and in person quarterly. Every quarterly meeting will allow time for stakeholders to review successes, challenges, and progress toward the timeline; and to make any changes necessary to the Project Plan. The Project Plan is a living document.

The local and state advisory teams working on Goal 5 have decision making authority for policy and funding, and families and youth will decide how they want to be represented. Missing players will be identified and recruited (for example, the State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation grantee) and MOUs will be sought annually with all members to ensure completion of all activities.

A culturally and linguistically competent marketing/communications plan will be developed by the end of Year 1 and updated annually (Goal 3). The plan will promote the goals, strategies and tactics of the OPI SOC Project. Youth Councils will be engaged to develop annual wellbeing messaging campaigns that will provide an annual framework for communication. Families, youth, and LATs will all have input into the creation, implementation, and evaluation of the communications plan. Final approval for the plans will be sought from the LAT each year before the plans are implemented. The Communications Director (1 FTE) will oversee Goal 3 and be the social marketing communications Task Lead. For reasons specific to the geography and culture of the target communities, resource information and communications cannot be only digital. In 2016, the Federal Communications Commission reported that 41 percent of Americans living on tribal lands lacked access to broadband (which the FCC currently defines as 25Mbps for downstream speeds and 3Mbps for upstream speeds); that number leaps to 68 percent for those in rural areas of tribal lands (Tveten, 2016). All of the Montana tribal wraparound projects are in rural areas, meaning that over two thirds do not have access to broadband. Poverty is also a barrier to internet access for many tribal members, making it difficult to afford internet service or phone data plans. Finally, many community members prefer traditional methods of learning and celebrating.

A critical component of high fidelity wraparound services involves recovery support. The four dimensions of recovery: health, home, purpose, and community, are addressed in the wraparound planning process (Goal 1). Families and youth identify strengths in the four domains as well as obstacles. The wraparound team supports families and youth in removing obstacles, supporting and connecting families/youth to strengths. In the wraparound model, all wraparound team meetings are family driven and youth guided.   The 10 guiding principles of recovery (hope, person driven, many pathways, holistic, peer support, relational, culture, addresses trauma, strengths/responsibilities, respect) are very aligned with the 10 principles of wraparound (family voice & choice; team-based; natural supports, collaboration, community-

based; culturally competent, individualized, strengths-based, persistence, outcome-based). The Family/Youth Advisory Council (Goal 5) is a structure that is designed to empower families for health and hope. The monthly meeting will be a time for families/youth to connect to supports they choose, in addition to having a voice in SOC infrastructure, program/service design, planning, and evaluation. The SAMHSA working definition of recovery perfectly reflects the spirit of the OPI SOC project and will be used in communications and planning documents.

The OPI SOC has many partners and the majority of youth treatment (wherever possible) is paid for by third parties. Indian Health Services and Tribal Health are the most common pay sources.

In Goal 3 the OPI SOC Project will partner with Montana211.org to improve access to tribal resource/referral information. One of the hot buttons that already exists on this website is a "Veterans" button. Another hot button is "Mental Health." The OPI SOC will be working to make sure that resources accessible on the reservations are entered into the system, and come up when a search is conducted (many resources on the reservations are not currently entered). In addition, the OPI SOC Project will work with Montana211 to get a "Tribal" resources hot button on the web page. This will, in essence be a customized web portal to all community members -- including veterans and their families, with finding behavioral health treatment and support.

MT OPI SOC PROJECT TIMELINE

PD= Project Director, WAF= Wrap Facilitator, P2P= Peer to Peer Specialist, FES=Family Engagement Specialist,
CDir=Communications Director PStaff=Project Staff, LAT=Local Advisory Team, SAT=State Advisory Team

Goal 1: Strengthen and Expand Wraparound Services																	
Milestones	Responsible	Year 1				Year 2				Year 3				Year 4			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Key Activity: Equip wraparound staff																	
All staff hired (including expansion community)	PD		x														
Professional Development Plans Completed	PD/Coaches	x															
Phase 1 Credentialing Completed for All New Staff (Classroom): 5 Day OPI/DPHHS approved Wraparound 101 Training; Wraparound 101 Workbook; applications for wraparound credentialing	WAF/P2P/FES Coaches	x				x				x				x			
Phase 2 Credentialing Completed for All New Staff (Field): Intensive coaching as staff begin working with families; families working with new staff surveyed re staff member; surveys submitted to OPI Review Board	WAF/P2P/FES Coaches		x				x				x				x		
Phase 3 Credentialing Completed for New Staff: OPI Administrative team makes final determination on credentialing, credentials issued	OPI			x				x								x	
Phase 4 Credentialing Completed for All Staff (Maintenance): Quarterly professional development plan; at least 4 wraparound education meetings each calendar year	PD/Coaches WAF/P2P/FES	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Coach phone support to WAF and P2P: weekly and as needed	Coaches	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Coaching Site Visits: Monthly	Coaches	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
All staff trained on SAMHSA Expansion Grant deliverables, evaluation tools, timeline, roles of each staff member.	PD		x			x				x				x			
Quarterly: Agenda items submitted from staff, evaluation data reviewed, plans adjusted accordingly, Professional Development	PD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Key Activity: Deliver Services																	
Milestones	Responsible	Year 1				Year 2				Year 3				Year 4			
Community stakeholders identified, educated about wraparound, and engaged in process (New Site, Year 1, Q1 & 2: PD/Coach)	WAF, FES, P2P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	4
Minimum of 8 youth being served in each site (new sites Y1Q2)	WAF, Coach, P2P,	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Engagement and Team preparation for 8 youth at each site (new sites Y1Q2). Youth & Families will learn about and engage in the theory of change from within their own context.	WAF, Coach, FES, P2P	x	x	x	x	x	x	x		x	x	x	x	x	x	x	

Milestones	Responsible	Y1Q1	Y1Q2	Y1Q3	Y1Q4	Y2Q1	Y2Q2	Y2Q3	Y2Q4	Y3Q1	Y3Q2	Y3Q3	Y3Q4	Y4Q1	Y4Q2	Y4Q3	Y4Q4
Planning with Family/Team Engagement for 8 youth at each site (new sites Y1Q3) Youth voice maximized in family-led team of universal/natural supports developing plan based on the families' needs.	WAF, Coach FES, P2P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Implementing Plans for 8 youth at each site (new sites Y1Q2) Youth voice is maximized in a family-led team of universal/natural supports real-life implementation and plan revision.	WAF, Coach FES, P2P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Transition with 8 youth at each site (new sites Y2Q3) Youth and Family directed team transition/graduation out of formal wraparound based on family accomplishments.	WAF, FES, PS, Coach		x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Key Activity: Wraparound Fidelity Assessment																	
Contract/plan finalized with U of W Wraparound Evaluation & Research Team (WERT)	PD	x															
Training for Project Staff	WERT		x														
Plans & schedules localized Quarterly Meeting (updated annually)	PStaff		x			x				x				x			
Fidelity Assessment Tools implemented according to plans	Coaches			x	x	x	x	x	x	x	x	x	x	x	x	x	
Implementation Coaching/TA as needed (via phone or at meetings)	WERT			x	x	x	x	x	x	x	x	x	x	x	x	x	
Presentation of Findings, Recommendations for Action	WERT					x		x		x		x		x		x	
Improvement Plans Completed for each site	PStaff						x		x		x		x		x		x

Goal 2: Increase TIC Knowledge/Skills																	
Milestones	Responsible	Year 1				Year 2				Year 3				Year 4			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Key Activity: Trauma Informed Care Training																	
Two year training plans created for each site with input from LAT, Families/Youth	PD		x						x								
TIC 101 level training completed; 75% of school staff, 15% of partner staff (Y1+Y2+Y3+Y4= 60%), 5 % of community (Y1+Y2+Y3+Y4=20%)	PD/Trainer			x				x				x					x
TIC 201 level training: 50% school staff, 50% of the staff in one community partner organization (Y1+Y2+Y3=3 partners trained)	PD/Trainer							x				x				x	
TIC Assessment & Improvement Plan completed: 100% of schools, one partner organization	PD/Trainer								x								
TIC Coach 6 month/1year follow up for Assessment Organizations	Trainer										x		x		x		x
Wraparound Facilitators and Peer to Peer Specialists credentialed as trainers for TIC 101	PD/Trainer					x											
Wraparound Facilitators and Peer to Peer Specialists credentialed as trainers for TIC 201	PD/Trainer								x								
Key Activity: Cultural Orientation																	
Training Planned at Project Team meeting	PTeam					x											
Training materials created or trainer contracted, training scheduled (local cultural "knowers" to be engaged at every step)	PD						x										

Milestones	Responsible	Year 1				Year 2				Year 3				Year 4			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
100% school staff at each site trained	PD						x			x				x			
Evaluation results reviewed; Training adjusted for future implementation	PTeam							x		x				x			
Goal 3: Communicate vision, goals, activities, and increase access to services and tools for wellness																	
Key Activity: Communications Plan																	
Draft Communications Plan Completed	CDIR		x			x				x				x			
LAT and Family/Youth Council Input received	LAT, YC			x			x				x				x		
Communications Plan Finalized and presented to LAT & Family/Youth	CDIR			x			x				x				x		
Electronic Media Infrastructure Created (Facebook, Website)	CDIR				x												
WA Project Brand Created	CDIR				x												
Implement print & electronic strategies (including promotion of 211, TIC information strategies, youth campaign, local events)	CDIR				x	x	x	x	x	x	x	x	x	x	x	x	x
Statewide YC Retreat Planned; Youth Invited	CDIR		x				x				x				x		
Statewide YC Retreat Held; Annual Wellness theme selected, key messages developed, target audience selected, measureable goals set, communication tools selected, previous year evaluated	CDIR			x				x				x				x	
MOUs with local YC for wellness messaging activities	CDIR			x				x					x				x
YCs assist with implementation according to MOUs	CDIR					x	x	x	x	x	x	x	x	x	x	x	x
Key Activity: Access to Resource Referral Information																	
Contract in place with United Way Yellowstone County/Mt211	PD	x															
MT211 overview provided to Project Staff at team meeting	PD		x														
Plan created with MT211 for how tribal services will be identified and entered; maintenance of resources; tribal hot button on website	PD/CDIR		x														
Existing tribal services directories collected, reviewed by LAT for accuracy, sent to MT211	CDIR			x													
Tribal Hot Button for MT211 homepage created	MT211					x											
Tribal hot button tested by families/youth, local advisory teams, facilitated	CDIR, M211						x										
Improvement plans based on tests	MT211						x										
Improvements completed	MT211								x								
Tools created for WA schools and partners by MT211 to request downloads to create print directories	MT211								x								
Scan of tribal resources in 211 by families/youth and Local Advisory Teams, facilitated by MT211	CDIR					x				x				x			
Improvement plans based on scans	CDIR					x											
Maintenance of all tribal resources by MT211	MT211					x	x	x	x	x	x	x	x	x	x	x	x
Cultural Training for Call Centers Planned at Project Team meeting (at same time as cultural orientation for schools)	PTeam					x											
Training materials created or trainer contracted, training scheduled	PD						x										

Milestones	Responsible	Year 1				Year 2				Year 3				Year 4			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
100% of 211 Call Center staff trained	CDIR								x				x				x
Goal 4 : Pilot Project to increase the number of youth with early onset of SED/SMI																	
Milestones	Responsible	Year 1				Year 2				Year 3				Year 4			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Key Activity: Pilot Project Planning (Y1-2 Pilot Community Only; Y3-4 add one community)																	
Y1 Pilot community identified, Y2 Expansion community identified	PD		x						x								
OPI/LAT Meeting: Y1 - EWS explained, EWS adaptations identified to fit with Crisis Response Protocol, implementation plan created. Y2-4 Evaluation Report presented, improvement strategies identified	PD, OPI_MBI, LAT			x				x				x				x	
Y1 Training Tools Created Y2 Training Tools Refined	OPI_MBI			x				x				x				x	
School MBI Team Trained	OPI_MBI				x			x				x					
100% School Staff, Community Partners Trained	OPI_MBI					x		x				x					
OPI_MBI creates draft and final guides for culture-based EWS implementation in schools serving reservation youth	OPI_MBI							x				x					
Key Activity: Pilot Project Implementation (Years 1 and 2 Pilot Community Only; Y3-4 add one additional community)																	
EWS System Reports run bi-weekly	WAF					x	x	x	x	x	x	x	x	x	x	x	x
EWS System Report reviewed by MBI Team bi-weekly and action plan created to engage at risk youth/family	MBIT					x	x	x	x	x	x	x	x	x	x	x	x
Identified youth/family engaged	WAF					x	x	x	x	x	x	x	x	x	x	x	x
Plan created using family driven, strengths approach	WAF					x	x	x	x	x	x	x	x	x	x	x	x
Plan implemented with support from MBI Team	WAF MBIT					x	x	x	x	x	x	x	x	x	x	x	x
When appropriate youth is transitioned	WAF						x	x	x	x	x	x	x	x	x	x	x
Evaluation data tracked	WAF					x	x	x	x	x	x	x	x	x	x	x	x
Evaluation data analysis and report to OPI_MBI, LAT	Evaluator							x				x				x	
Goal 5 Strengthen local and state governance systems to sustain and scale wraparound																	
Milestones	Responsible	Year 1				Year 2				Year 3				Year 4			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Key Activity: Facilitate and strengthen participation of Local Advisory Teams (LATs) and State Advisory Team (SAT)																	
Determine missing stakeholders in LATs and SAT and conduct outreach		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Quarterly meetings with LATs and SAT	PD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
LATs select systems change training & trainer is secured	PD		x														
Systems Change Training for completed for LAT and SAT (Y2-4 includes review of lessons learned/challenges/successes)	Trainer			x				x				x					x
Systems Change Coaching for PD and LATs as needed	Trainer					x	x	x	x	x	x	x	x	x	x	x	x
MOUs in place with LATs outlining role of LAT (revisited annually)	PD					x				x							x
LAT work embedded in WAF and P2P work plans and revisited annually						x				x							x
Key Activity: LATs and SATs complete and implement sustainability plans																	
Technical assistance engaged for retreat (for example: financing strategy TA; policy TA; workforce development TA; early onset TA)	PD		x														

Milestones	Responsible	Y1 Q1	Q2	Q3	Q4	Y2 Q1	Q2	Q3	Q4	Y3 Q1	Q2	Q3	Q4	Y4 Q1	Q2	Q3	Q4
TA recommendations prepared for SAT, LATs to consider in planning	PD			x													
Sustainability retreat planned with input from NICWA technical assistance; systems change coach; SAT, LATs	PD					x				x				x			
Sustainability Retreat with LATs and SAT: sustainability challenges identified; sustainability tasks (financial; training; governance; expansion; evaluation) identified for local teams and state; timeline for completion of tasks set. (Facilitated by SOC expert)	PD, Facilitator						x				x				x		
Sustainability Plans Completed with technical assistance when necessary (for example, financing strategy TA) – updated annually	PD, LATs, SAT						x	x			x	x					x	x
Project Staff, LATs and SATs implement sustainability tasks as planned	PD, LATs, SAT									x	x	x	x	x	x	x	x
WA staff and program expenses fully funded for Year 5 (post-grant)	PD, LATs, SAT																x
Key Activity: Family and Youth Councils																	
P2P trained in Family Engagement/Asset building models	PD/Trainer		x				x				x				x		
12 Month Plans created for monthly family/youth gatherings (Y1 by staff; thereafter finalize draft plan created by families/youth)	FES		x				x				x				x		
Materials created or ordered/speakers or entertainment engaged	FES			x	x	x	x	x	x	x	x	x	x	x	x	x	x
Families/Youth invited via phone, face to face, mail, social media	FES			x	x	x	x	x	x	x	x	x	x	x	x	x	x
Families/Youth create draft 12 Month Gathering Plans	FES					x				x				x			
Monthly Gatherings held	FES			x	x	x	x	x	x	x	x	x	x	x	x	x	x
Families and Youth review SOC evaluation progress reports, discuss and provide feedback	FES			x	x	x	x	x	x	x	x	x	x	x	x	x	x
Families/youth decide how they want to be represented at LAT and SAT	FES					x				x				x			
Goal 6: Grant Administration																	
Milestones	Responsible	**Year 1** 1	2	3	4	**Year 2** 1	2	3	4	**Year 3** 1	2	3	4	**Year 4** 1	2	3	4
Key Activity: Data Collection and Reporting																	
Project staff trained on evaluation tools	Evaluator		x			x				x				x			
Evaluation data is collected monthly	Evaluator	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Evaluation data is reported monthly and quarterly to stakeholders	Evaluator	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Quarterly Meeting evaluation review, adjust plans as necessary	Evaluator	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Grant Reports completed (TRAC, Semianual)	Evaluator		x		x		x		x		x		x		x		x
Other Cross Site Evaluation measures as required	Evaluator	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Key Activity: Financial Management																	
Payroll, Accounts Receivable/Payable, Audit, Drawdowns		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Key Activity: Grantee Meetings																	
Key Project Staff and Evaluator attend required meetings (dates TBD)																	

C2A Through partnerships Wraparound Facilitators ensure that youth who are referred and engaged receive appropriate mental health services. Partners and the service they provide include:

- *Indian Health Service and Tribal Health*: 1) diagnostic and evaluation services; 2) outpatient services, including individual, group and family counseling service, professional consultation, and review and management of medications; 3) Intensive day treatment services; 4) 24-hour emergency services, seven days a week; 5) Assisting the child in making the transition from services received as a child to the services to be received as an adult; 6) Recovery support
- *Child Welfare*: 1) Intensive home based services for the children and their families when the child is at imminent risk of out-of-home placement; 2) Therapeutic foster care services and services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children; 3) Respite care; 4) Assisting the child in making the transition from services received as a child to services to be received as an adult.
- Job Service: 1) supported employment; 2) job search

C2B The OPI SOC Project is culture based, meaning that all key staff positions are tribal members who have ingrained cultural competencies as a result of a lifetime in the culture. Other providers employ a majority Native American workforce and have cultural and linguistic competence as core values. The WAF will be engaged continuously with families and youth, even when they youth is being served by another partner and will ensure all treatment plans are family driven and culturally and linguistically competent for the family.

C2C Families and youth will be engaged in driving/guiding their own treatment plan from engagement through transition. They will be present at team meetings and be the determining voice in their own treatment.

C2D Two structures support family and youth engagement with planning, governance, implementation, evaluation and oversight of grant activities and in system planning efforts to expand and sustain systems of care. 1) Family/Youth will have monthly gatherings, supported by the Peer to Peer Specialist. At these gatherings, family and youth voice will sought for all key grant management tasks. This structure provides a comfortable way for *all* families/youth to have their voice heard. 2) Family/Youth will elect two members (one parent, one youth) to participate in the Local Advisory Team, and two to participate in State Advisory teams (one parent, one youth). These representatives will prepare for meetings in advance with all families/youth who attend their monthly gatherings, and report back (just as agency representatives must do).

C2E All OPI SOC Project services are trauma-related. Trauma screening occurs at ___ phase of wraparound. Typcially 100% of engaged youth have ACE scores between 5 and 10. Trauma treatment is a part of every care plan. A concerted effort is being made to move all community partners along a continuum from being trauma reactive to being trauma informed through effective trauma informed care training, organizational assessment, and coaching.

C2F Mechanisms to promote and sustain youth and family participation include the staff roles of Peer to Peer Specialist and Family Engagement Specialist. These staff positions will be family members who have been through the wraparound process themselves. They will support youth and families in whatever way the youth and family direct. The Family Engagement Specialist will also convene a Family/Youth Council monthly gathering. The gathering will be used to

support Families and Youth in their health journeys. While the FES will plan the first gathering; families/youth will be engaged in creating a plan for the subsequent months. These gatherings will function much like a wraparound team meeting: family driven, youth guided, and facilitated by the FES. This gathering time will be used for families/youth to give input into program design, infrastructure decisions, communications, and evaluation. Families and youth will decide how they want their voice to be heard in the LAT and SAT. The Peer to Peer Specialist and FES will be provided with training/coaching on family engagement and the SEARCH institute developmental asset model in order to ensure success with youth and family efforts.
C2G Cross Agency collaboration is the fourth core principle of wraparound, so the OPI SOC Project has a "community team" approach to services. Three teams are relevant here: 1) The Service Team -- all the service providers who are engaged with a youth/family participate in a team facilitated by the WAF. The team makes decisions in the best interest of the youth/family. The team process is family driven/youth-guided. 2) The Local Advisory Team consists of local government, as well as multiple youth servicing agencies: for example schools, health, childcare, corrections, child welfare, tribal government). This interagency team addresses systemic issues like policies, community plans, funding at the local level; 3) The State Advisory Team is an interagency group (DPHHS Mental Health, DPHHS Substance Abuse, the OPI, Dept of Corrections, Child Welfare). The LAT, Families and Youth decide how they want their voice to be heard at the SAT. The SAT addresses systems issues but at the state level.
C2H Providing training and workforce development is a key strategy throughout this proposal. It can be found embedded in every goal because it is critical to build capacity for quality services as well as sustainability. Training that is proposed includes: 1) Credentialing process for wraparound staff; 2) Ongoing coaching for WA staff; 3) Coaching for project staff from Wraparound Evaluation & Research Team; 4) Trauma Informed Care Training for schools, LATs, community members (with goal of saturating community);5) Cultural Orientation (to tribes & to strength based approach of wraparound) for all school staff; 6) Training for LATs on OPI Early Warning System so they can expand Crisis Response Protocol to include early warning in school setting; 7) Early Warning implementation training for all school staff; 8) Evidence based systems change model training for LATs and SATs; 9) Training for Project Staff and LATs on MT211 system; 10) Training on family engagement for Family Engagement Specialists and Peer to Peer Specialists; 11) NICWA technical assistance as needed; 2) SAMHSA grantee conference
C2I There is a whole goal devoted to developing an effective early identification and referral process for the OPI SOC project. A pilot project will be implemented to expand the Crisis Protocol in Fort Peck to include a school-based early warning system. Technical assistance will be provided to LATs to adapt the current OPI Early Warning System to include indicators of early on-set of SED/SMI and other hard to reach populations.

Section D: STAFF, MANAGEMENT, AND RELEVANT EXPERIENCE

Section D1 Capability and Experiece
The Montana Schools of Promise, a project overseen by the Indian Education Division of OPI is a partnership between schools, communities and the OPI to improve Montana's most struggling schools. In communities across Montana, parents, families and caregivers share the hope that their children will graduate from high school and be prepared to go on to college or enter the

workforce. Montana Schools of Promise was established in 2009 under the leadership of State Superintendent Denise Juneau to significantly improve the educational experience and outcomes for students attending SIG eligible schools.

The systems of care tribal wraparound project was born out of this initiative to address the final piece of the puzzle, mental health and the well-being of youth and their families. We are one of the few State Education Agencies to implement this type of mental health service within our school systems. This project will directly address challenges youth face which prevent them from succeeding in school.

The goal of the Indian Education Division is to assist in the successful implementation of the Indian Education for All Act (MCA 20-1-501) and to work to close the achievement gap for American Indian students in Montana.

Implementation of Indian Education for All involves state-wide efforts to ensure that accurate content about American Indians is taught at all grade levels and all content areas. This is achieved through professional development, grants to local schools, funding to regional education providers and other partners, and through the development and publication of material and resources for K-12 public schools.

The Indian Education Division works with schools on Indian Student Achievement through state and federal funds. This allows for unique and innovative work related to school improvement, student well-being/mental health, and other key areas related to overall student growth. This is accomplished through direct services (school improvement and wrap around), grants, professional development, pilot projects and technical assistance to individual schools.

Section D2 Staff Positions, Key Personnel and Qualifications

Principle Investigator (10% Effort)
Description of roles and responsibilities: The Principle Investigator will be responsible for the development and supervision of the OPI Tribal Wraparound Initiative and related school-based mental health programming in consultation with state and federal agencies, Tribal Governments ad local school districts. Responsible for oversight of grants, contracts and agreements to develop the capacity to deliver evidence based practices (EBP) including wraparound services. Responsible for collection and accurate reporting of all appropriate data, including program evaluation information. Serve as state level and MT OPI level liaison in all SOC and other mental health related work. Represent OPI on the Statutory Systems of Care Committee and as a liaison with the Montana Department of Health and Human Services and other agencies as necessary.

Qualifications for position: A bachelor's degree and a master's degree, preferably in administration, behavioral science, human services, social work, community development, human development and counseling, education, public health or closely related field and 3 or more years job-related experience.

Skills and knowledge required: Extensive knowledge of public mental health and related human services fields. Experience in working with evidence based practice models and approaches. Knowledge of Medicaid and other funding sources relevant to public mental health services and systems. Considerable knowledge of the concepts and practices of serving multi-agency, high risk youth and their families in a system of care framework that includes schools, Tribal programs, state and federal programs. Experience in working with Native American children, their families and public schools on Reservations. Basic knowledge about child-serving systems that interact with youth with mental health needs, such as education, juvenile justice and corrections, youth services and child welfare, substance abuse treatment services, and vocation services. Knowledge of how to develop and manage a contract, read and prepare a budget, and understand and adhere to federal reporting requirements.

Personal qualities: Use effective communication with diverse audiences in groups and individually by employing active listening and the use of clear, concise verbal and written communication that is accurate, timely and courteous. Use time management and prioritization skills to achieve project goals and meet deadlines demonstrating the ability to function effectively under stress and make appropriate decision while continuing to maintain effective working relationships. Develop and maintain strong working relationships with supervisees, schools, principal's administrators, teachers, with Tribal representatives, agency representatives, with family and youth representatives, and with other stakeholders as needed. Think creatively and bring innovative ideas forward after analyzing project goals and objectives and linking proposed solutions to these as well as to the identified needs of both the community and individual family and youth and the available resources.

Project Director (100%)

Description of roles and responsibilities: The OPI SOC Project Director will be responsible for the daily supervision of all SOC staff and is a credentialed wraparound facilitator and master coach. Director will assist Local Advisory Teams and State Advisory Teams in the development, training and implementation of a SOC model that works for their community. The position requires and extensive knowledge of working in tribal communities and facilitating a network of a diversity of stakeholders to develop and convene biannually the statewide MT OPI SOC Tribal Wraparound Initiative Council.

Qualifications for position: A Master's Degree in Human Services or related field preferred, will accept bachelor's degree experience 3 to 1 years working in tribal communities and similar fields. Experience working with evidence practice models and approaches. Knowledge of grants management, federal budgeting systems, knowledge of funding sources relevant to public mental health and systems, i.e. Medicaid, P.L. 638 contracting with federally recognized tribes, other 3rd party billing mechanisms.

Considerable knowledge of the concepts and practices of serving multi-agency, high risk youth and their families in a system of care framework that includes schools, Tribal programs, state and federal programs. Experience in working with Native American children, their families and public schools on Reservations

The position requires extensive knowledge of working in tribal communities and facilitating a network of a diversity of stakeholders to develop and convene a network of state, tribal,

youth/family stakeholders to participate in both local and statewide events around implementation of a SOC for their respective communities.

Project Coordinator/Data Specialist (100% Effort)
Description of Roles and Responsibilities
Coordinate, and implement program activities (e.g., reporting, monitoring, technical assistance, and program evaluation) for the MT OPI SOC Wraparound Grant Project to ensure compliance with program regulations; assist Project Director and local Tribal Wraparound Facilitators in implementing, evaluating, and reporting on continuous Systems of Care and Wraparound Expansion Efforts. Provide technical program support functions including database and grantor information reporting systems (TRAC, National SOC Expansion Evaluation, continuation grant application, progress reports, etc.); supporting system users; and developing and producing electronic documents, templates, and on-line interfaces to facilitate public notification and information dissemination processes. Administer and coordinate office functions and support services for the grantee stakeholders in four tribal communities. This involves establishing clerical processes and procedures, developing filing systems, developing forms and preparing specialized reports and routine correspondence, data formatting and entry, making travel and meeting arrangements, and coordinating communications. Performs a variety of other duties in support of ongoing division and OPI operations. This includes coordinating special projects, attending meetings and conferences, and participating in ongoing training and educational programs as directed.

Qualification for Position
Prefers an applicant with a BA in human services field, but will accept a two year degree or vocational training. Will consider specific job related experience in exchange for the two year degree on a 3 year to 1 year basis.

Wraparound Facilitators (100% Effort)
Description of Roles and Responsibilities
The primary purpose of this position is to ensure family and community involvement in program development, and in the implementation of wrap around services and integrated school-based mental health for children and families served in tribal communities in Montana.   A primary task will be to increase, support and diversify family participation in individual child and family decision making, and in evaluation efforts with the effect of ensuring that practices reflect the family and community culture using the wrap around philosophy of care. This function is carried out through direct contact with family members, schools, tribal entities, service participants, mental health professionals, and advocacy organizations. Coordination with other state agencies, local and tribal government, private providers and individual practitioners, advocacy groups and other local stakeholders or contractors is expected.

Qualifications of Positon
Prefers an applicant with a BA in human services field, but will accept a two year degree or vocational training. Will consider specific job related experience in exchange for the two year degree on a 3 year to 1 year basis. Must be a credentialed Wraparound Facilitator, will be given to individuals with a clinical license, but is not required.

Wraparound Coaches (100% Effort)
Description of Roles and Responsibilities
This position is responsible for training wraparound facilitators, family support specialists and youth engagement specialists. Coach's will provide orientation to wraparound staff, provide shadowing experiences, prepares staff to work with families, supports training processes, provides ongoing training opportunities, supports peer-to-peer coaching, and also tracks wraparound staff paperwork and monitors paperwork for fidelity.

Qualifications for Position
This position requires a Bachelor's Degree in Human Services or related field.

Family Engagement Specialist (100% Effort)
Description of Roles and Responsibilities
The primary purpose of this position is to ensure family in the implementation of wrap around services and integrated school-based mental health for children and families served in tribal communities in Montana.   A primary task will be to increase, support and diversify parent participation in family decision making, delivery of services and in evaluation efforts with the effect of ensuring that practices reflect the family and community culture using the wrap around philosophy of care. This function is carried out through direct contact with parents of youth identified to participate in wraparound, family members, schools, tribal entities, service participants, mental health professionals, and advocacy organizations. Coordination with the wraparound facilitator in the implementation of the wraparound process is expected.

Qualifications for Position
Prefers an applicant with an associate's degree in human service or related field. Must be willing and able to travel vast distances across the State of Montana to the various sites to engagement youth/families and communities.

Wraparound Peer to Peer Specialist (100% Effort)
Description of Roles and Responsibilities
In collaboration with the wraparound facilitators, and other wraparound staff, ensure youth voice in establishing a team that supports youth in the wraparound process. Ensure youth-driven activities occur to increase engagement in system of care development. Work as a team with wraparound personnel and the community to integrate the approach and effort in promoting mental health support in the community. Establish and maintain consistent, close relationships with other youth serving community agencies and organizations and behavioral health providers for referral, early intervention response, and networking purposes. Be willing to become certified as a Wraparound Family Support Partner. Assist in the preparation, maintenance, and acquisition of relevant documentation, files and records, ensuring rigorous protection of client information.   Assist in the development and distribution of educational and informational materials to increase individual, youth, familial, and community awareness of and provide educational information regarding the systems of care approach and related issues. Participate in upholding the standards of high fidelity wraparound through incident reporting and identifying opportunities for improvement.

Qualifications for Position

Prefers an applicant with an associate's degree in Human Services or related field.

Communications Coordinator (100% Effort)
Description of Roles and Responsibilities
The coordinator is responsible for developing a comprehensive social marketing/communications strategy for four SOC communities across the state, including a social marketing strategic plan, public education activities, and overall outreach efforts. This position coordinates activities with the national communications campaign contractor named by funder.

Work with the Project Director and other key staff to build relationships with key collaborators, including youth, families, health care providers, policymakers, and others on behalf of the system of care. Develop and oversee the program's social marketing/communications plan. Communicate with community and media representatives on a regular basis, through telephone, email, meetings, etc. As appropriate, implement social marketing/communications plan activities

Qualifications of Position
Must have a Bachelor's Degree in a communications field with 2 years of experience in social marketing/public education campaigns, preferably ones that relate to health issues. Must have excellent oral and written communication skills, proven ability to orchestrate community-based, culturally and linguistically competent social marketing/public education campaigns including outreach to and partnership building among a diversity of state, tribal and federal stakeholders.

Section D3 Youth and Family Engagement

Identified youth and their families have an inherent leadership role in the delivery of the SOC OPI Tribal Wraparound Project. The wraparound process maximizes youth voice because the process is directed by the family with an emphasis on utilizing the identified youth's, strengths, culture and needs. All youth participating in wraparound volunteer to participate in the wraparound process and thereby create ownership of the process.
-
- Two full-time, salaried positions will employ family members of youth with, or at risk of, an SED, SMI or early onset of either SED or SMI.
- Peer to Peer Specialist: This position is filled by a parent or other family member of a child or adolescent with a serious emotional disturbance. This individual represents the voice of youth, and families of youth, who have an SED and is responsible for infusing that perspective throughout the SOC.
- Family Engagement Specialist: This position is filled by a parent or other family member of a child or adolescent with a serious emotional disturbance. Responsibilities include, but are not limited to, working in partnership with the OPI SOC Tribal Wraparound Project staff in all levels of decision-making, including the development, implementation and evaluation of the SOC, and providing support services for families receiving services through the cooperative agreement.
- Youth and family will play an integral part of the social marketing plan enacted by the project. A Communications Coordinator will be hired to implement a comprehensive social marketing/communications strategy for the OPI SOC Tribal Wraparound Project,

including a social marketing strategic plan, public education activities, and overall outreach efforts. This work will be done in close collaboration with, and leadership from, youth and family engaged in local systems of care.

Section E: DATA COLLECTION AND PERFORMANCE MEASUREMENT

E1 Ability to collect and report on required performance measures

An external evaluator will be contracted by the OPI to ensure that all local and required performance measures are being collected and reported. This includes required data as it pertains to the obligations under the GPRA Modernization Act of 2010 (GPRA), any required national evaluation being conducted to determine the effectiveness of grant operations, and National Outcomes Measures. Per state law, the OPI must put this evaluation contract out for bid. An evaluator will be selected who is appropriately credentialed and experienced with evaluation in a culture-based American Indian context. The evaluator will work closely with key project staff and the Wraparound Evaluation Research Team (contracted for fidelity assessment) to ensure that data are being collected. The evaluator will train all personnel and communities in a "grant orientation" meeting, provide staff members with easy to use tools (for example, simple tracking mechanisms and reporting checklists), follow up at weekly meetings with emails & phone calls, facilitate evaluation component of quarterly Project Staff meetings, and when needed, travel to the sites. The evaluator will attend all required SAMHSA meetings in order to ensure federal data needs are being met.

Quarterly, the evaluator will prepare a performance measure report that will be reviewed by the SOC local and state governance teams pre (within one month prior) and post (within one month post) TRAC (Transformational Accountability) system updates. The report will include items from the timeline in Section B and the performance measures listed in Table 4 in E2..

The evaluator will be responsible to see that all data are appropriately entered in the TRAC system, and for semi-annual reports to SAMHSA which will provide additional information on progress achieved, barriers encountered, and efforts to overcome these barriers.

E2 Specific Plan for data collection, management, analysis, reporting

Monthly, all staff will complete a report documenting national and local indicators for project evaluation (see Table 4), using the training and tools provided to them by the evaluator. If staff do not complete monthly reporting, the evaluator will follow up to learn what the obstacles are, work with coaches and Project Director to resolve the obstacles. The evaluator will use the data reported to create a monthly report that will be sent out to project staff, local and state advisory teams, and to SAMHSA according to grant requirements. Every monthly report will begin with an analytical summary including: successes and challenges. A project timeline will be updated to show if activities are ahead, behind, or on track according to the Activity Plan in Section C.

Table 4: Data collection Plan

REQUIRED PERFORMANCE MEASURES
Responsible: Project Director, Coaches
# of policy changes. *Source: Meeting minutes, reports, policy text* # of organizations or communities implementing mental health related training as a result of the grant. *Source: training records, sign in sheets, certifications* # of agencies/organizations that entered into formal written inter/intra organizational agreements to improve mental health-related practices/activities as a results of the grant. *Source: Signed MOUs*
Responsible: Wraparound Facilitators

# of individuals contacted through program outreach efforts
# of individuals referred to mental health or related services
# of individuals receiving mental health or related services after referral
Source: Youth and Family File
For each person served the following will be collected at baseline, 6 months, and discharge:
- Mental illness symptomology, Employment/education, Crime and criminal justices, Stability in housing; access, nubme rof persons served by age, gender, race and ethnicity, Rate of readmission to psychiatric hospitals, Social support.social connectedness, Client perception of care   *Source: CMHS Child Outcome Measures for Discretionary Programs.*

LOCAL PERFORMANCE MEASURES:

Goal 1: Strengthen and Expand Wraparound Services

Responsible: Coaches *Source: Training Records (sign in, homework, notes from coach calls etc)*
# of staff completing each credentialing phase
# of staff credentialed
# of professional development plans completed and/or updated
# of coach calls

Responsible: Wraparound Evaluation Research Team *Source: WERT Records*
# of wraparound fidelity assessment tools completed
# of improvement plans completed to increase fidelity
# of actions, and type of actions taken to increase fidelity

Goal 2: Increase trauma informed knowledge/skills, and cultural competence

Responsible: Trauma Informed Care Trainer   *Source: Training Records (sign in, training evaluations, plans)*
# of partner organizations who undergo a Trauma Informed Care system assessment.
# of partner organizations and individuals who are trained in Trauma Informed care 101 and 201.
# of trauma informed care improvement plans
# of local residents trained to be trainers for TIC 101 and 201

Responsible: Project Director *Source: Training Records (sign in, online surveys)*
and types of training products created
teachers who participate in cultural orientation
Outcomes of cultural orientation via brief online survey after one month and six months

Goal 3: Communications Plan and Resource Referral Database

Responsible: Communications Director and MT211 Partners *Source: Youth Retreat Records, Google Analytics, product counts, 211 Reports)*
# of youth engaged in creating wellness campaign
and type of communications infrastructure created
of communications pieces created and disbursed (electronic or other)
# of people reached via media tools (facebook, web page, print)
# of tribal resources entered into MT211
# of hits to MT 211 data system from project communities
# of people trained about the 211 resource
# of searches for "mental health" and related key words

Goal 4: Pilot Project for Early Warning

Person Responsible: Project Director *Source:*
and type of tools created for early warning and response
of MOUs with partners for EWS response
# of local and OPI policy changes as result of EWS
# of meetings, communication for expanding the EWS approach to other communities
# of tools created to facilitate sharing and scaling EWS to other communities
# of communities adopting the Crisis Response Protocol inclusive of EWS

Person Responsible: Wraparound Facilitator *Source: EWS records*
# of youth identified through EWS
# of youth engaged in services as a result of EWS

Outcomes of youth engaged
Goal 5: Strengthen local and state governance systems.
Person Responsible: Project Director # of meetings with LAT and/or SAT Outcomes of meetings (decisions, products, program feedback, ideas, policy changes) # of people participating in meetings # of families and youth actively participating in LAT and/or SAT # of LAT and/or SAT members participating in system change training # of sustainability action plans created # and type of actions taken to implement Sustainability Plans # and type of new funding sources being applied to wraparound # and type of policy changes made as a result of LAT and SAT work # and type of infrastructure created for sharing/scaling practices Responsible: Family Engagement Specialist *Source: Meeting Records (agendas, sign in, meeting notes, annual family survey, annual youth survey)* # Family & Youth Advisory Meetings Outcomes of Advisory Meetings (decisions, products, program feedback, ideas) # of Families and youth attending monthly advisory meetings
Goal 6: Administer all Grant Requirements
Person Responsible: Evaluator   *Source: Grant documentation* # Required and Local Performance Measures being tracked in an accurate, timely manner # Monthly Reports generated for local use # of TRAC reports generated for SAMHSA # of semi-annual reports completed in a timely manner Person Responsible: Project Director   *Source: Grant documentation* # of persons attending required grantee meetings # of continuation proposals submitted in a timely manner # of budget adjustments submitted (if required) # of budget reports submitted in timely, accurate manner # closeout processes completed

E3 Local performance assessment

The Evaluator will create all the data collection tools necessary for local performance assessment, including tools to track process measures and tools to track and assess training, communications, pilot projects, and governance indicators. The tools will be created in a participatory manner with the Project Staff, Families & Youth, and LATs, so they meet the needs of the local community.

Performance data will be reviewed by stakeholders individually when they receive monthly reports from the evaluator, and as a group at quarterly meetings (staff, LAT, SAT, Family & Youth Council). The monthly reports will provide easy to read information that is actionable for stakeholders to celebrate, to question, to share, or to improve. The project goals and objectives will be clearly stated so that stakeholders can consider whether or not they are being accomplished. Where performance indicators demonstrate that activities are falling behind schedule or are not achieving desired outcomes, the Evaluator will notify the Project Director and the Project Director will work with the appropriate team members to problem solve. The problem solving may take place in individual or team meetings. Monthly & quarterly staff meetings will all have a standing "evaluation" component where evaluation reports will be examined and discussed. Family & youth meetings and LAT meetings will also have a standing evaluation component.

E4 Quality improvement process

The Evaluator will select or create a database to track all the OPI SOC goals, activities, data, and outcomes. The system and methodology for tracking and reporting data will be approved by local authorities to ensure the system meets the needs and standards of tribes. This is an essential step for the OPI SOC to own their data and evaluation processes. Data will be entered into federal databases as required; however these systems are designed to meet federal needs, not local. In order for local communities to engage in quality improvement, they need their own data system designed for them. In addition to the data system, face to face time will be utilized to process information.

During the evaluation component of standing meetings with staff, Family/Youth, LAT and SAT, outcomes questions will be considered, such as: are we achieving the goals and objectives we had hoped for? What are the program/contextual/cultural/linguistic factors that are contributing to success or presenting challenges? What individual factors, including tribal culture/gender, sexual identity, are contributing to success or presenting challenges? Are the impacts of our work durable? Process questions will also be considered, such as: how closely did implementation match the plan? What changes were made to the original plan? What changes need to be made? The evaluator will capture the key points from these conversations and work with Project Staff to see that any necessary changes are made to timetables and action plans, and that approval is requested from SAMHSA when necessary for items such as scope changes, budget adjustments, timeline shifts.

E5 Data driven quality improvement for population disparities in access/use/outcomes

Every component of the OPI SOC project is about improving the mental health disparities experienced by American Indians in Montana. The reports and data collection training prepared by the evaluator will provide valuable tools that are actionable for Project Staff, LATs, and Families/Youth. "Data driven" first requires access to data. To date, programmatic data (both process and outcome), has been inaccessible even to project staff. While they collect data; there has not been a good process in place to improve data collection, and to analyze the data and provide it back to stakeholders. That feedback loop is created in this proposal with the evaluator preparing reports and sharing them via email and at quarterly meetings. The reports will be in dashboard format, telling the impact story of the work happening in the project communities. Project Staff, LATs, Families and youth will be able to see what is working to improve disparities and what is not working, and to adjust work plans accordingly. This approach is expected to result in effective programming that reduces disparities. The following disparities will be tracked during the lifetime of this grant:

	BASELINE		
2015 Montana Youth Risk Behavior Survey (High School)	Reservation	MT	USA
% who did not go to school because of safety concerns	9.1	5	5.6
% binge drinking in last 30 days	22.9	20.7	17.7
% drinking alcohol on school property in last 30 days	7.4	5.1	
% smoking cigarettes in last 30 days	28.7	13.1	10.8
% using marijuana in last 30 days	40.6	19.5	21.7
% who felt so sad or hopeless for two weeks or more in a row that they stopped doing some usual activities	37.5	29.3	29.9
% who seriously considered attempting suicide	24.0	18.8	17.0

% who made a plan about how they would attempt suicide	20.9	15.5	13.6
% who had a suicide attempt resulting in injury, poisoning, or overdose that required medical treatment during the past 12 months	6.5	3.1	2.7

2016 Montana Prevention Needs Assessment (8th, 10th, 12th graders)	Reservation	Montana
Anti-Social Behavior: % *Drunk or high at school in the last 12 months*	14.5	12.1
Anti-Social Behavior: % *Suspended from school in last 12 months.*	12.9	7
Family History: % say YES to *Has anyone in your family had a severe alcohol or drug problem?*	46	39.7

	Montana Native American	**Montana**	**USA**
Suicide Rate per 100,000 (CDC)	26.4	23.8	12.93
Child Death Rate per 100,000 (DPHHS)	50.6	27.7	16
Cohort Graduation Rate (OPI)	66.6%	86%	83.2%