



National Technical  
Assistance Center for  
Children's Mental Health

GEORGETOWN UNIVERSITY CENTER FOR  
CHILD AND HUMAN DEVELOPMENT

# Collaborative Approach to Promoting Social Emotional Well-Being for Children, Youth and Families in the Child Welfare System

## North Dakota Wraparound Practice Model

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Policy to Practice Dialogue (P2P)  
Thursday, October 13, 2011

Funded by Children's Bureau, Administration for Children, Youth and Families

# Agenda

Project history

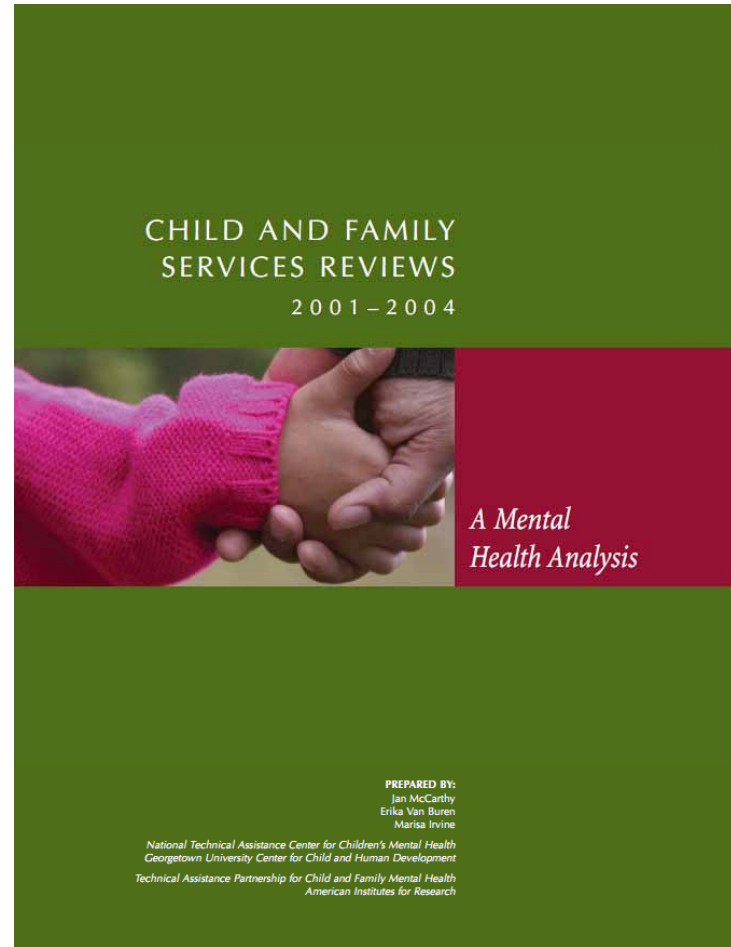
Background and overview of North  
Dakota

Cross-system collaboration strategies

Cross-cutting themes

# Project History

- *Child and Family Services Reviews 2001 – 2004, A Mental Health Analysis*
  - *Selected findings*
  - *Examples of collaboration*
- *Guided by Children's Bureau*
- *Pilot selected*
- *IRB approved*
- *ATLAS.ti for qualitative analysis*





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# Background & Overview



# North Dakota Demographics

- State Population
  - 646,844 total (2009)
  - 142,429 children (2010)
- Racial Composition (2010)
  - Caucasian: 90.0%
  - American Indian/Native Alaskan population: 5.4%
  - Other: 4.6%
- Population Distribution (2010)
  - 58.0% Urban
  - 42.0% Rural
  - ND accepts 400 refugees per year
  - Refugee population concentrated in Fargo (6%)

# Child Welfare Demographics

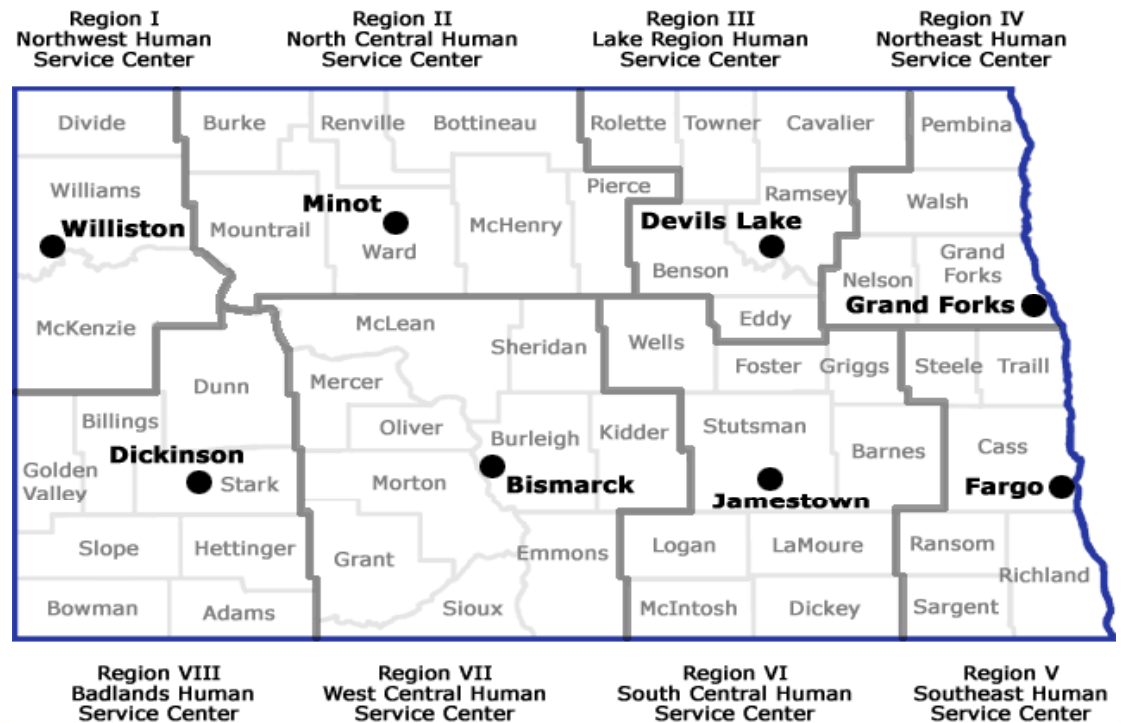
- Child Welfare (2008):
  - 1,226 children living apart from their families
  - 877 children exited out-of-home care
  - 503 were reunited with their parents or other family members
- Alaska Native/American Indian Population
  - 9.1% of general child population
  - 30% of child victims (NCANDS 2009)
  - 25.5% of children in foster care (AFCARS 2009, 2010)
  - 24.2% of children waiting for adoption while 9% adopted (2010)
  - Fastest growing child and adult population in ND

# Governance Structures

Department of Human Services (DHS)  
- Children and Family Services  
- Mental Health and Substance Abuse

State supervised,  
county administered

Department of Corrections  
- Division of Juvenile Services (DJS)



# Wraparound Timeline: Mental Health

**1993**

Initiated pilot program in Bismarck using CASSP grant

**1994**

Received one of the first SOC grants

**1994-99**

Implemented in three regions with a 5 year SOC grant

**2000**

Expanded statewide to all 8 regions

# Wraparound Timeline: Child Welfare/Juvenile Justice

**2000**

First CFSR in  
the Child  
Welfare system

**2003-04**

Expanded  
Model to the  
Child Welfare  
system

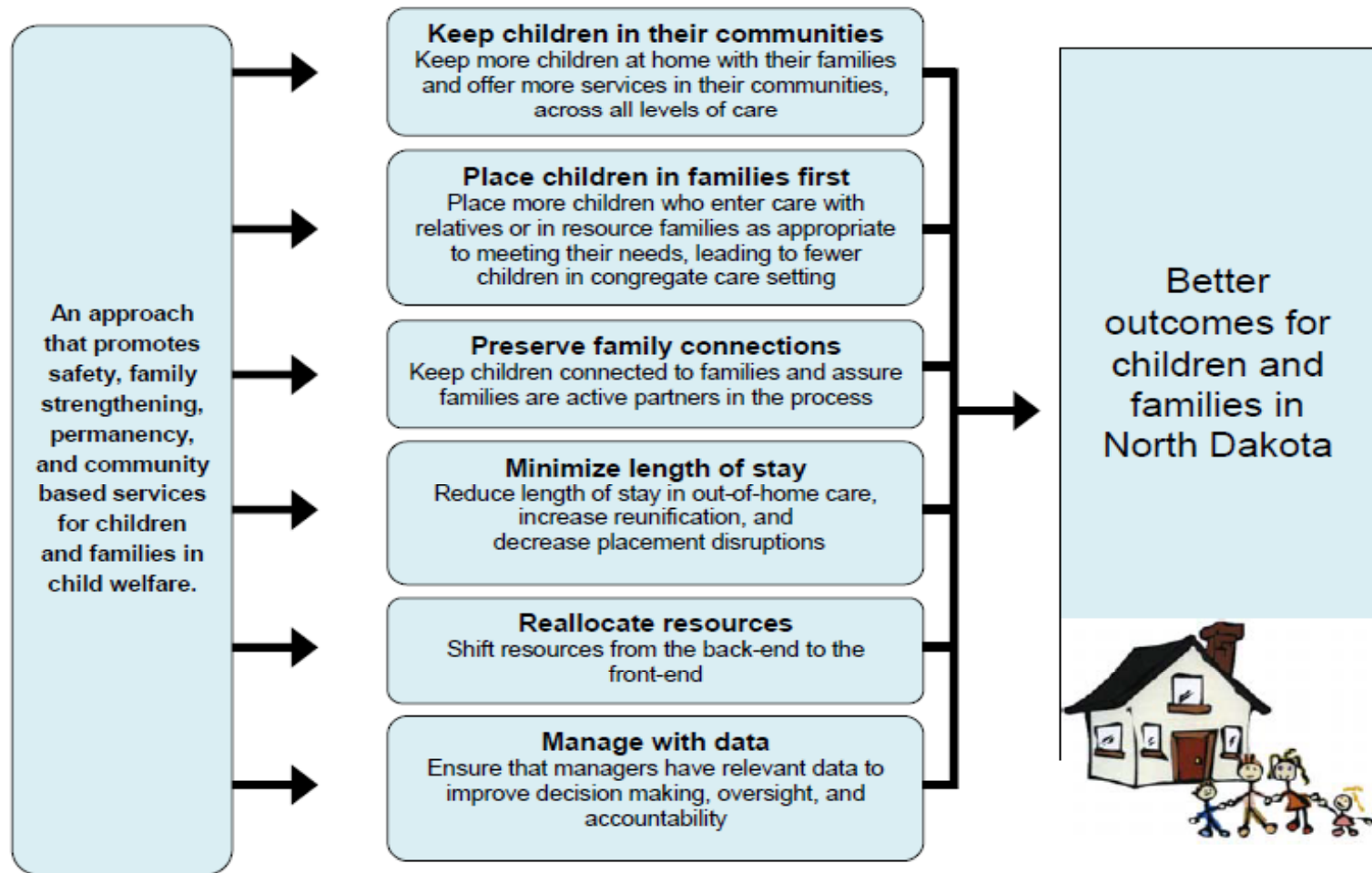
**2004**

Rolled out first  
cross-system  
database: Single  
Plan of Care

**2009**

Second cross-  
system  
database:  
FRAME

# North Dakota's Wraparound Practice Model



# North Dakota's Well-being Outcomes

## ND Final Progress Report (1995-2000)

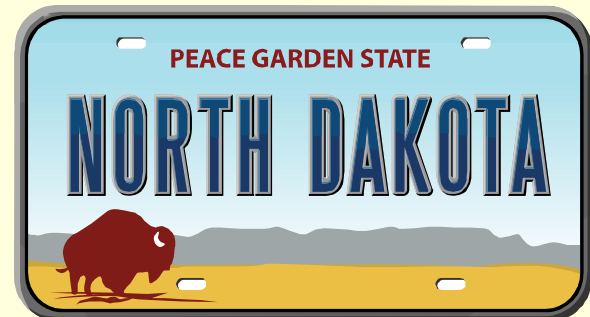
- 939 children were served over the course of the grant period
  - 15% decrease in residential treatment use
  - 55% decrease in psychiatric hospitalization use
  - 9.4% increase in school performance
  - 9.9% decrease in law enforcement involvement



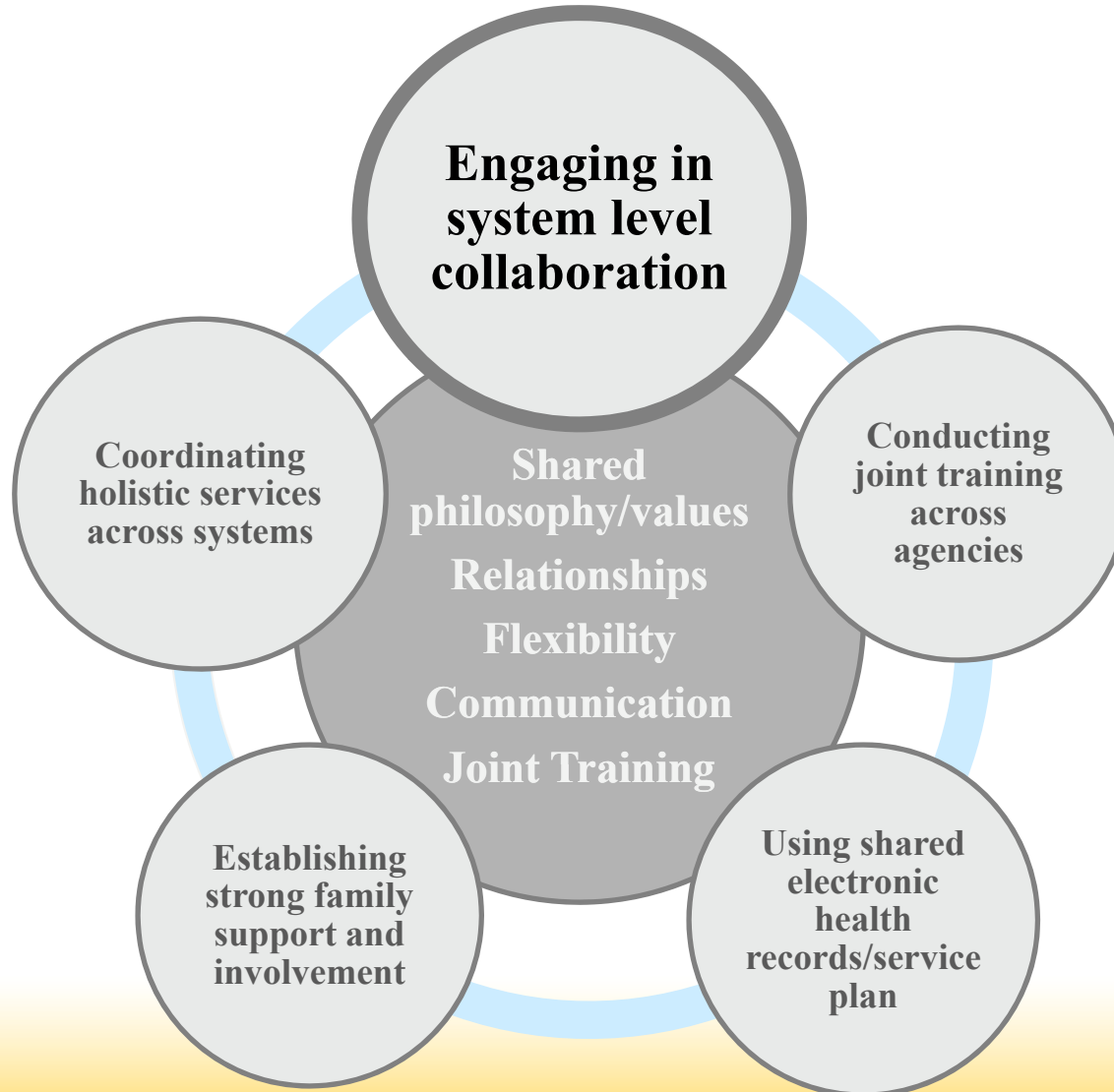
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# Findings: Strategies for Cross-system Collaboration



# Strategies for Cross-system Collaboration





**Engaging in  
system level  
collaboration**

**Created shared philosophy and  
values across systems**

**Developed and expanded cross-  
system advisory board committees**

**Engaged in a strategic and gradual  
process**

**Established mechanisms for conflict  
resolution**

**Embraced the CFSR process**

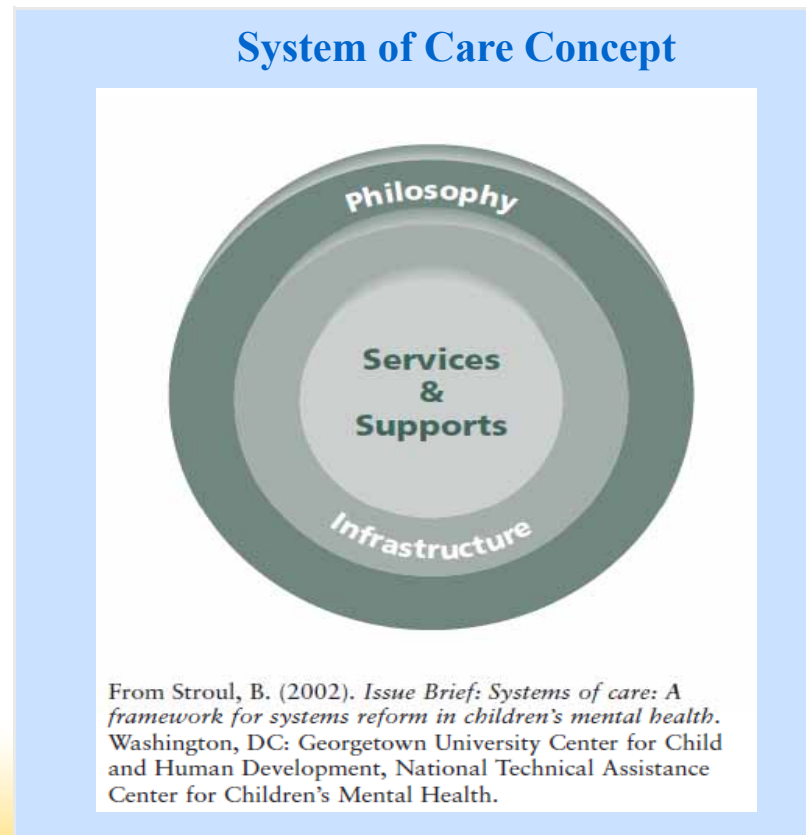
**Continued involvement and  
support from management teams**

# Engaging in System Level Collaboration

- **Created shared philosophy and values across systems**

*“At the most basic level, systems of care can be understood as a range of services and supports, guided by a philosophy, and supported by an infrastructure. The construction is not intended as a prescription, but rather a guide, with inherent flexibility to implement the concept and philosophy in a way that fits the particular state, community, tribe, or territory.”*

-Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.



# Engaging in System Level Collaboration

- **Developed and expanded cross-system advisory boards/committees**



# Engaging in System Level Collaboration

- **Engaged in a strategic and gradual process**

*“And they have to agree because there is going to be give and take. There are some things that you are going to give up and there are some things that you’re going to get. And it’s really...a process of negotiation...Frankly, it may not matter what you use but it does matter that all agree to use it.”*

–North Dakota Interviewee

# Engaging in System Level Collaboration

- **Established mechanisms for conflict resolution and mediation**



# Engaging in System Level Collaboration

- **Embraced the federal CFSR process**

*“If we didn ’ t have our CFSR folks sitting with us, making us go through each of those steps, I think we probably would ’ ve lost the will to do it. Because it was lengthy; it was painful; it was hard work...”*

–North Dakota Interviewee



*U.S. Department of Health and Human Services*

**Administration for Children & Families**

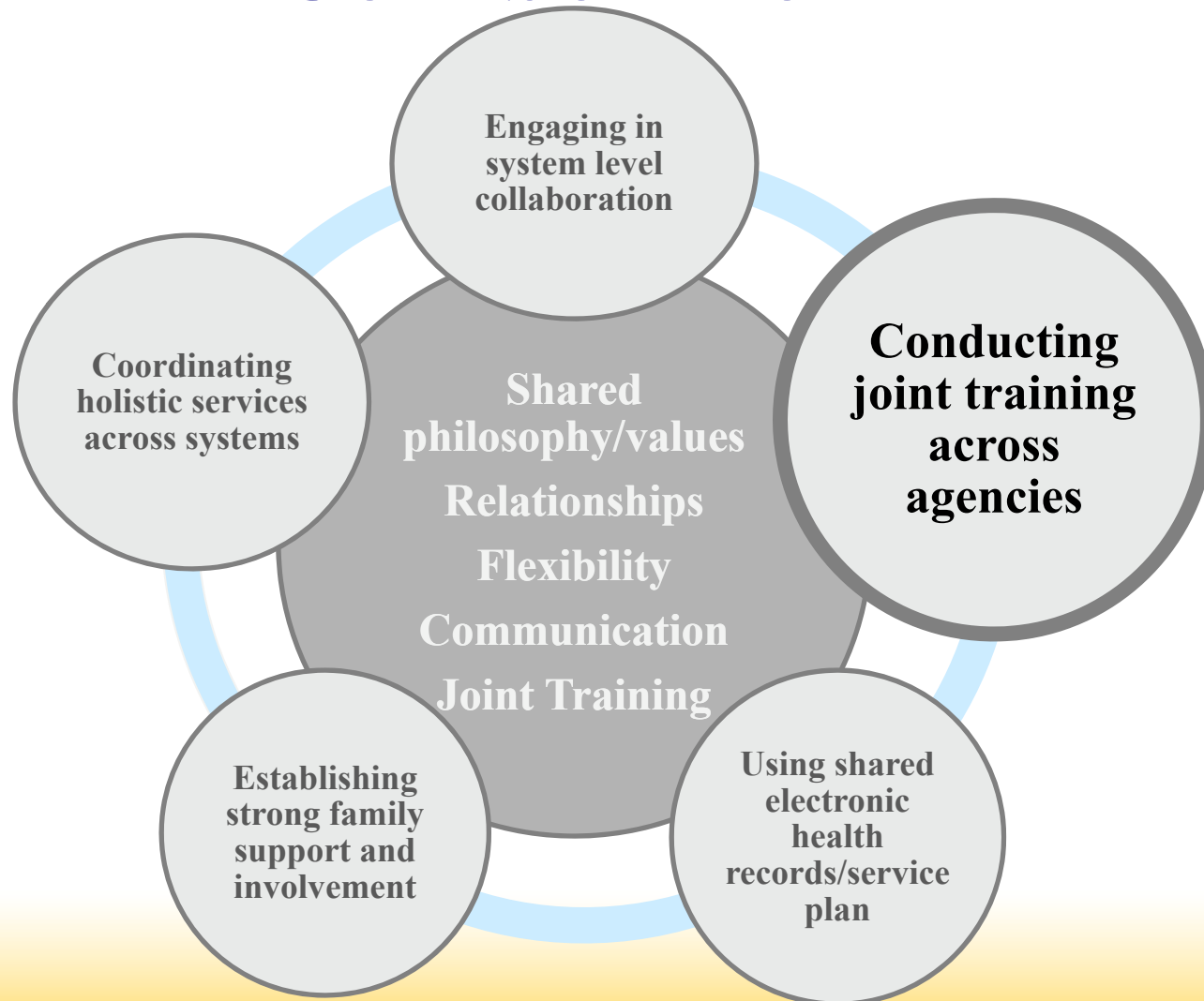
**Child and Family Service Reviews**

# Engaging in System Level Collaboration

- **Ensured continuous involvement and support from management teams**

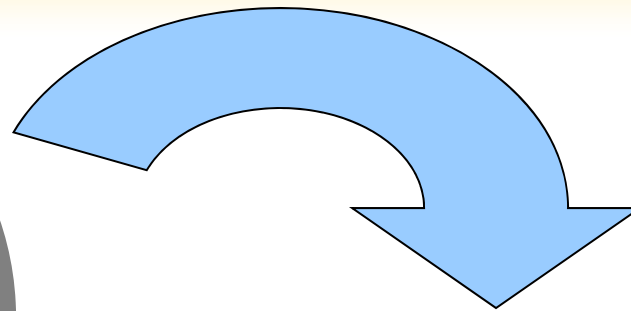
*“I don’t want [my employees] to be scared when I call them...I’m not after anybody being fired. I’m after getting a good practice result...It’s a series of relationships and partnerships...I want the frontline worker to be able to get the research that he or she needs so that they can deliver the practice expectations.”* -North Dakota Interviewee

# Strategies for Cross-system Collaboration





**Conducting joint  
training across  
agencies**



**Used the same language across  
agencies**

**Included key stakeholder voices  
during training**

**Created shared philosophy and  
values among trainees**

**Established formal and informal  
relationships**

**Trained partners in skill-building  
and role-definition**

# Conducting Joint Training Across Agencies

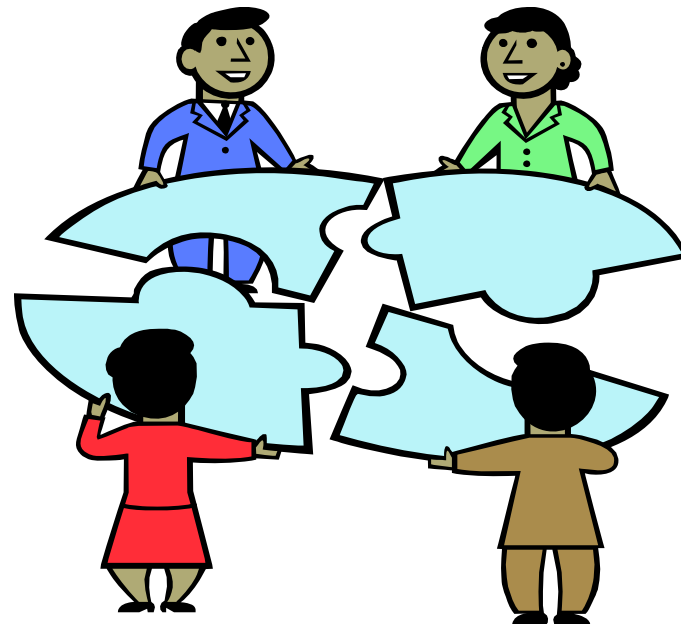
- **Used the same language across agencies**

*“Whose [tools] are you going to use? Mental Health or Child Welfare? And when they are actually very similar, it was the name. The name has history and has emotions connected to it.”*

*-North Dakota Interviewee*

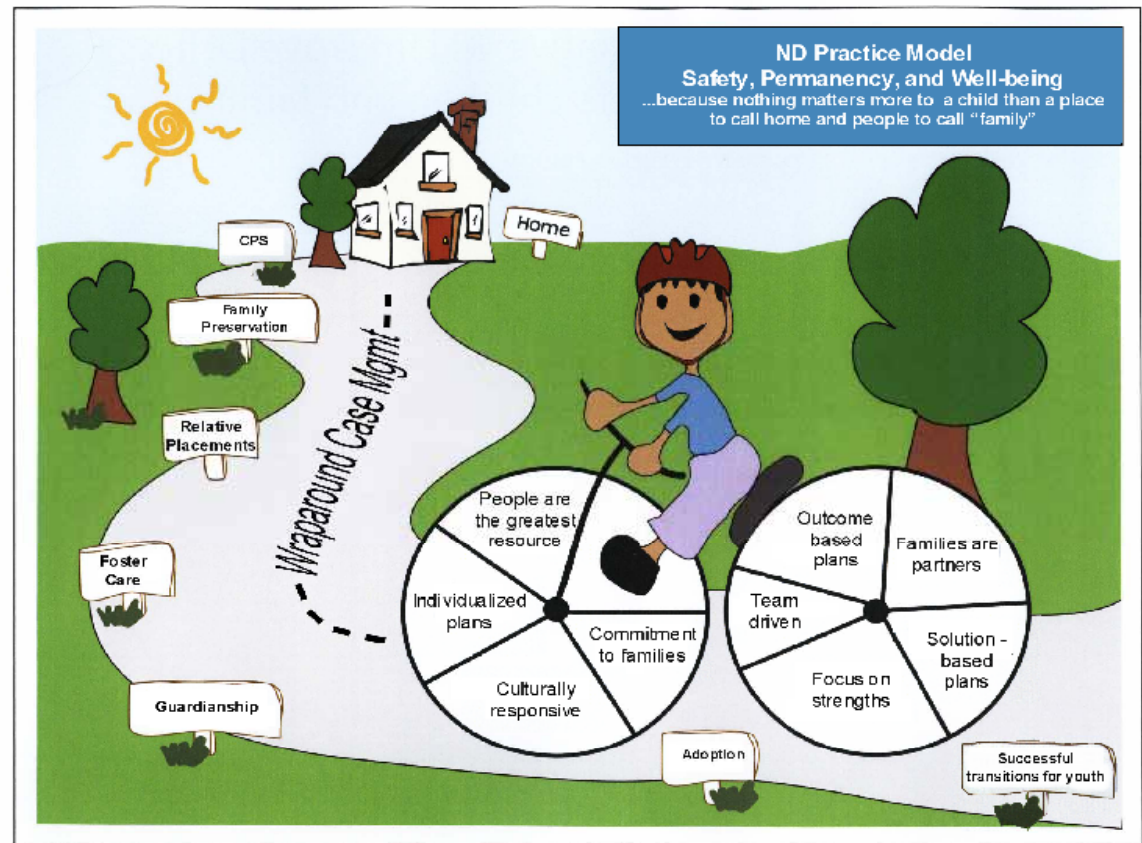
# Conducting Joint Training Across Agencies

- **Included key stakeholder voices during training**



# Conducting Joint Training Across Trainees

- Created shared philosophy and values among trainees



# Conducting Joint Training Across Agencies

- **Established formal and informal relationships**

*“...you have relationships with people around the table that don't just stop at your job...it's not just when you're sitting around the table; it goes beyond that.”* – North Dakota

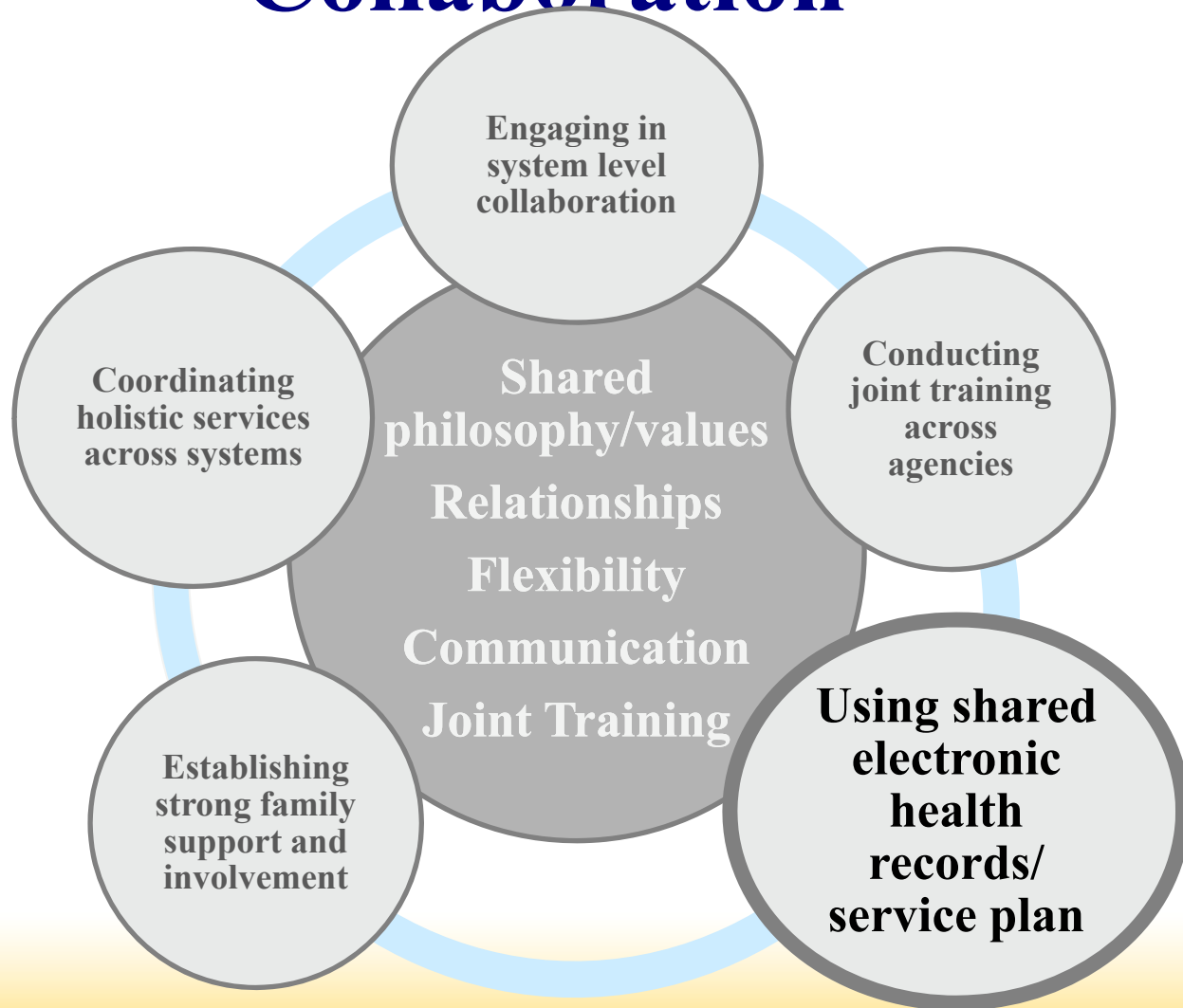
Interviewee

# Conducting Joint Training Across Agencies

- **Trained partners in skill-building and role definition**



# Strategies for Cross-system Collaboration



**Using shared  
electronic health  
records/ service  
plan**

**Designed an integrated database  
infrastructure**

# Using Shared Electronic Health Records/Service Plans

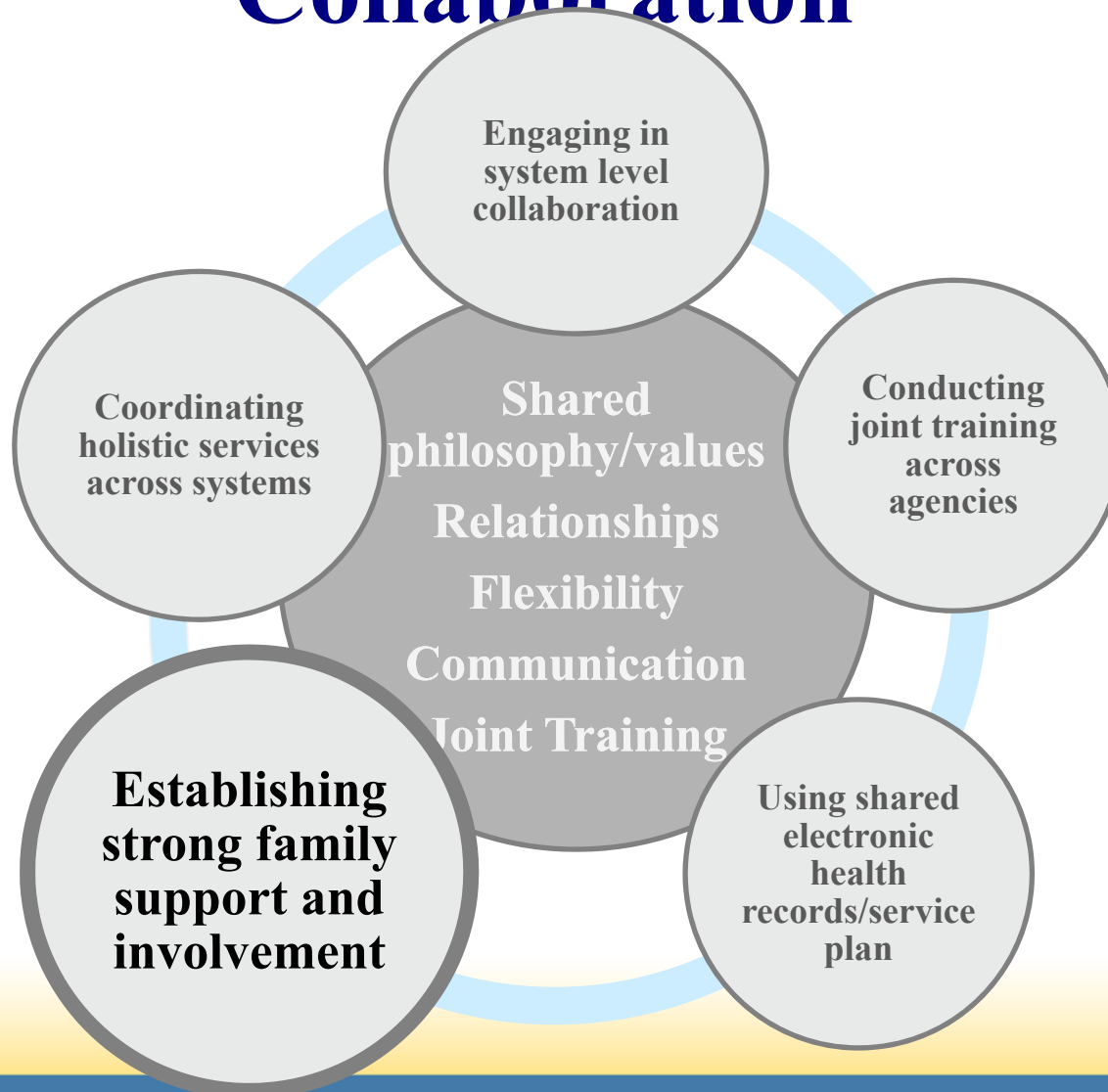
- **Designed an integrated database infrastructure**

*“...working with families is not reduced to a computer system.”*

-North Dakota Interviewee



# Strategies for Cross-system Collaboration



**Establishing  
strong family  
support and  
involvement**

**Established strong connections to a  
family run organization**

**Engaged parents in planning and  
implementation at the system level**

**Engaged youth and families at the  
individual level**

# Establishing Strong Family Support and Involvement

- **Established strong connections to a family run organization**



# Establishing Strong Family Support and Involvement

- Engaged parents in planning and implementation at the system level

*“If we wouldn’t have involved families, we would have made a really [poor] decision about how we were going to provide that service.”*

*– North Dakota Interviewee*



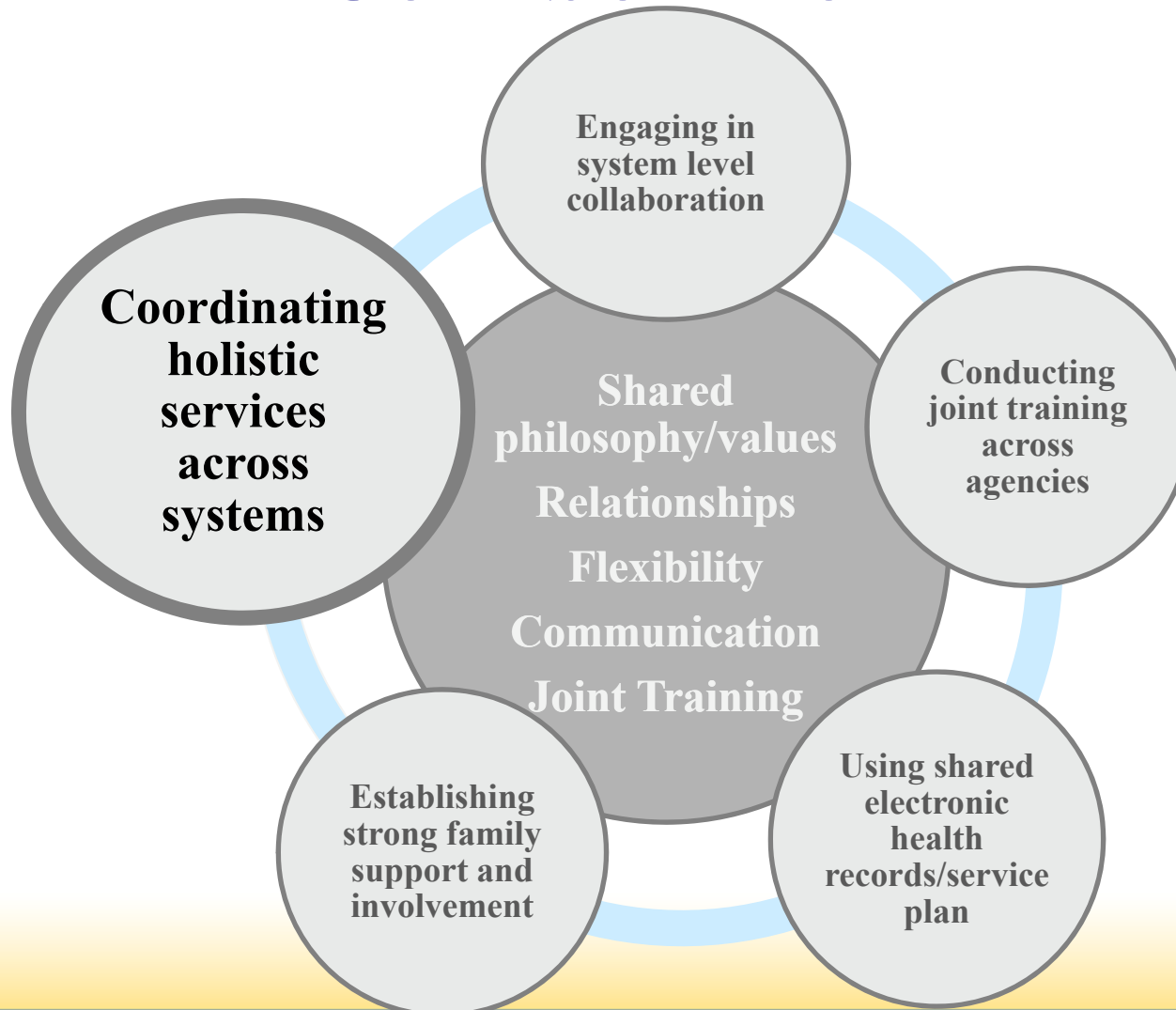
# Establishing Strong Family Support and Involvement

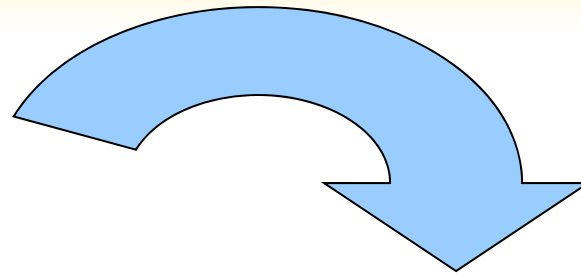
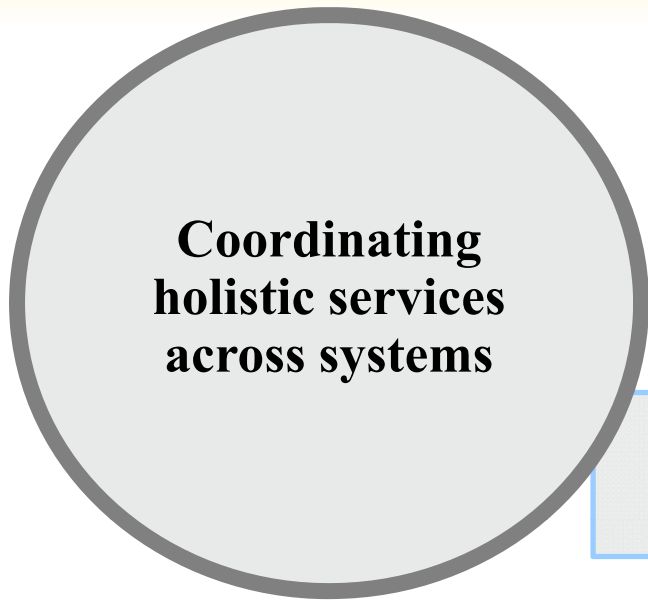
- **Engaged youth and families at the individual level**

*“As parents or other family members, they ’ re more invested in the plan and the process because it ’ s theirs... [The parents] are the ones that are running what the goals and tasks [are]. ”*

*– North Dakota Interviewee*

# Strategies for Cross-system Collaboration





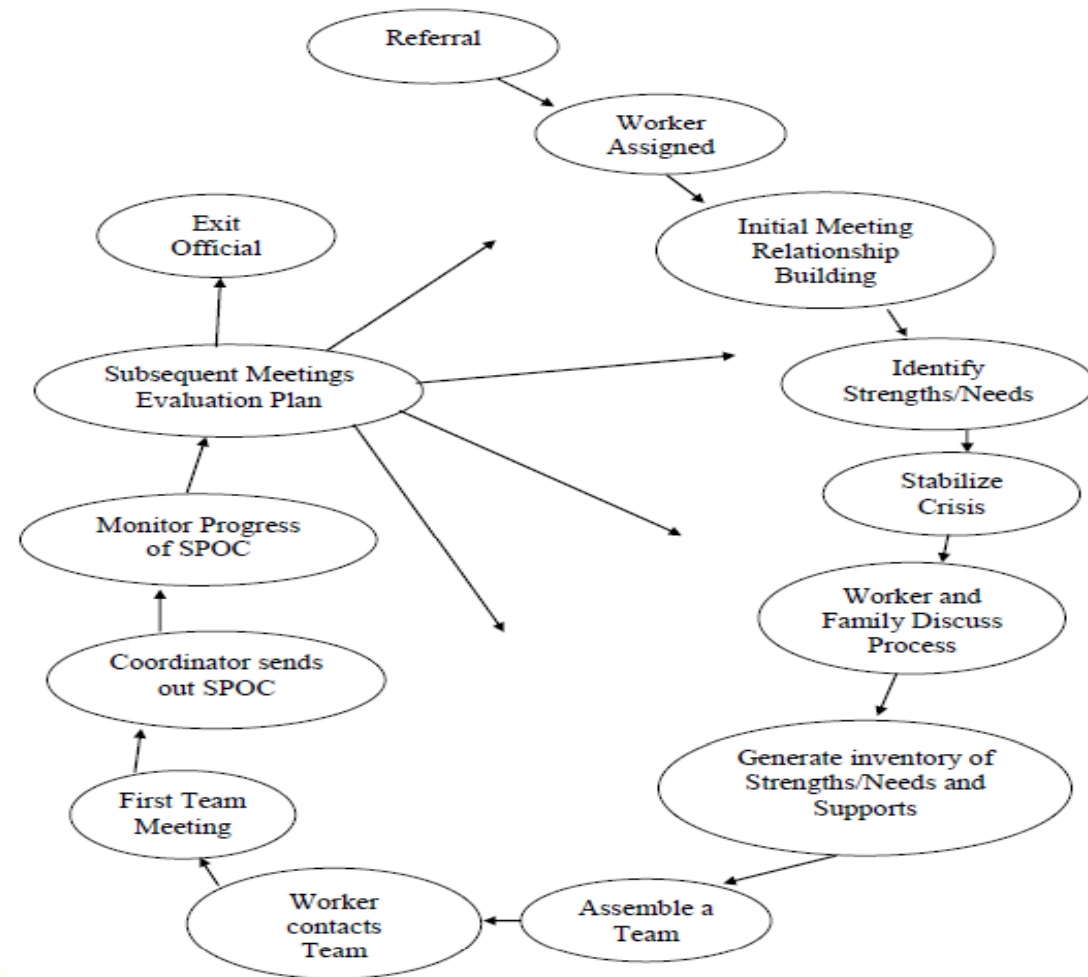
**Created one unique individualized  
plan for each family**

**Embedded an expansive view of  
culture within the child-serving  
agencies**

**Expanded the provider network by  
implementing trauma related  
services**

# Coordinating Holistic Services Across Systems

- Created one unique individualized plan for each family



# Coordinating Holistic Services Across Systems

- **Embedded an expansive view of culture within the child-serving agencies**

*“It’s not the color of your skin; it’s not what you call yourself. It’s your family’s culture and how you define yourself as a person. Teaching them to think of culture very differently and that it’s unique to each person in each family.”* – North Dakota Interviewee

# Coordinating Holistic Services Across Systems

- **Expanded the provider network by implementing trauma related, evidence-based services**

*“No matter what you're going through, don't be embarrassed; don't be afraid to get help because there are services out there that will help you.”*

– North Dakota Interviewee



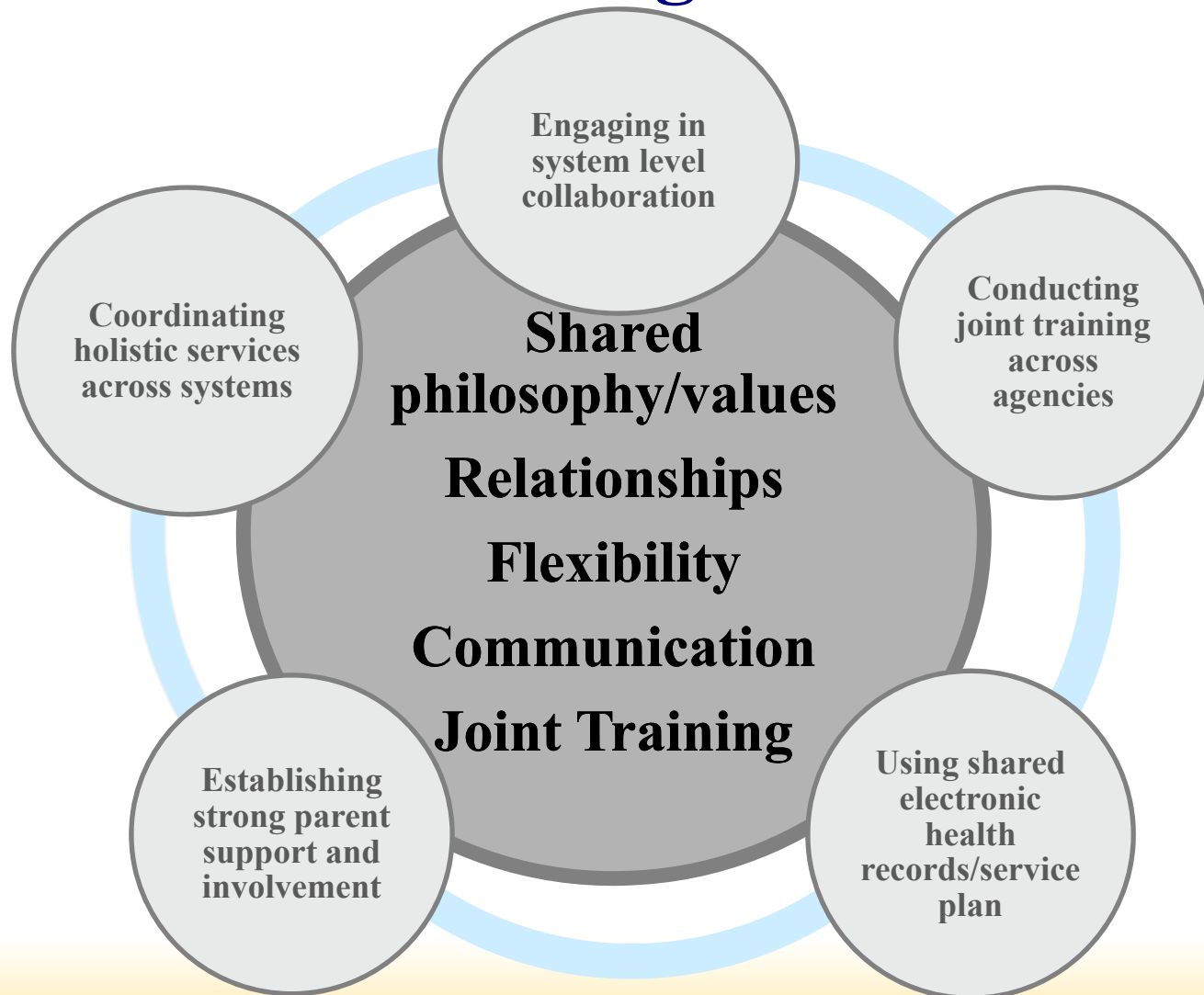


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# Cross-Cutting Strategies

# Cross-Cutting Themes



# **Acknowledgements**

## **Project Team**

Charles Perez, Cheryl Barrett, Eric Lulow

**CWCC**

## **North Dakota Leads**

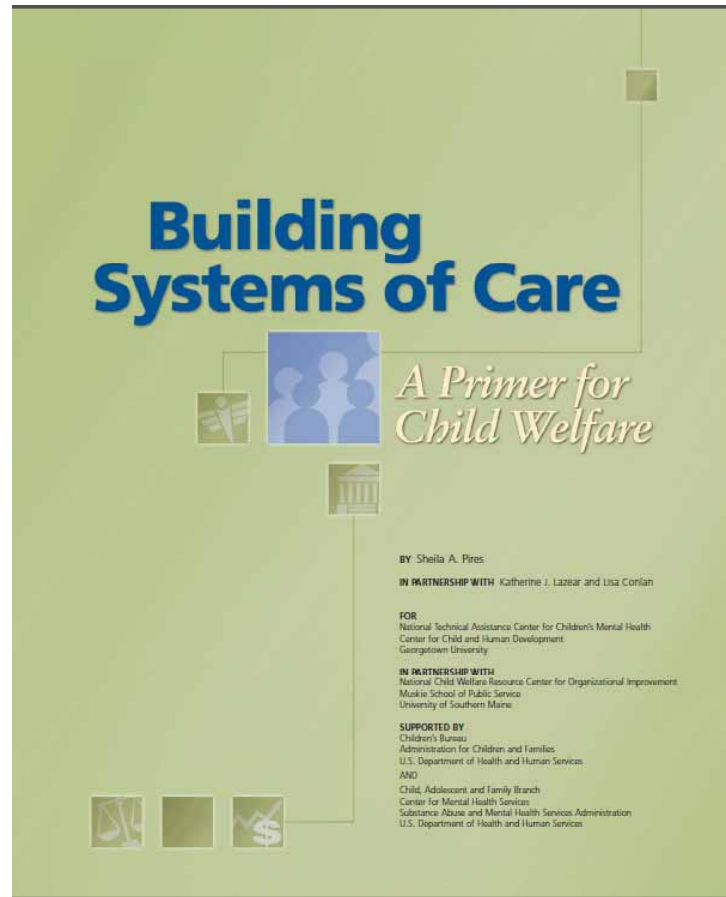
Diana Weber, Wendy LaMontagne

## **North Dakota Interviewees**

## **Research Team**

Lan T. Le, Marisa Irvine, Erin Thompson, Sohini Sircar

# Acknowledgements



## Updating the System of Care Concept and Philosophy

The system of care concept for children and adolescents with mental health challenges and their families was first published in 1986 (Stroul & Friedman), articulating a definition for a system of care along with a framework and philosophy to guide its implementation. The concept and philosophy were the result of a participatory process that began with the 1984 initiation of the Child and Adolescent Service System Program (the first Federal program to systematically address children's mental health) and involved multiple and diverse stakeholders including policy makers, service providers, agency administrators, technical assistance providers, family members, advocates, leaders in cultural competence, researchers, and others. And now, 25 years later, the concept is widely accepted, used, and adapted in national policy and across service systems in states, communities, tribes, and territories.

The original concept was offered to guide the field in reforming child-serving systems, services, and supports to better meet the needs of children and youth with serious mental health challenges and their families. A system of care was defined as a coordinated network of community-based services and supports characterized by a wide array of services, individualized care, and services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, and cultural and linguistic competence (Stroul & Friedman, 1986; 1996; Stroul, 2002; Stroul, Blau, & Sondheimer, 2008).

The concept has shaped the work of nearly all states, communities, tribes, and territories to the extent that at least some elements of the system of care philosophy and approach can be found in nearly all communities across the nation. Perhaps most significantly, the system of care concept is the foundation of the Federal Comprehensive Community Mental Health Services for Children and Their Families Program (also referred to as "the Federal children's mental health initiative"), which has provided more than \$1 billion in resources since 1992 to build systems of care nationwide under the auspices of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services (Stroul et al., 2008). Through this program, as well as through grassroots efforts, substantial progress

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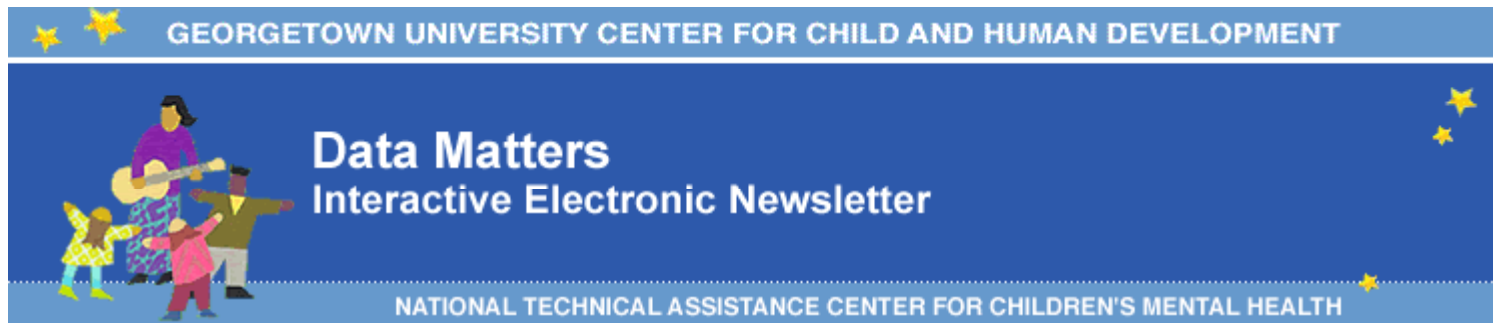
### In Partnership With:

 Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

# Online Resources

- Data Matters

[http://www.gucchdgeorgetown.net/data/issues/2011/0511\\_article.html](http://www.gucchdgeorgetown.net/data/issues/2011/0511_article.html)



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