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

North Dakota Wraparound Practice Model

National TA Center Webinar Series
Thursday, September 15, 2011, 1:00 – 2:30 PM ET

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Acknowledgements

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Building Systems of Care
A Primer for Child Welfare

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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 (Strol & 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 1994 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 redefining 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 (Strol & Friedman, 1986; 1986; Strol, 1992; Strol, Blas, & Sontheimer, 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 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 (Strol et al., 2018). Through this program, as well as through grassroots efforts, substantial progress
Agenda

• Project overview
• Background and overview of North Dakota
• Cross-system collaboration strategies
• Cross-cutting themes
• Question and answer
Polling Question #1
Background

- *Child and Family Services Reviews 2001 – 2004, A Mental Health Analysis*
  - Selected Findings
  - Examples of Collaboration
The Planning Process

- Guided by Children’s Bureau
- Convened Child Welfare Consultative Collaborative
- Developed research goals
- Interview protocols
- Received IRB approval
Pilot Site Selection Criteria

- Focus on improving mental health outcomes for CW children, youth and families as active partners
- Statewide and community-based
- Strategies for ensuring cultural and linguistic competence
- Comprehensive, accessible and effective mental health services
- Commitment from local and state partners for sustainability
- Systemic solutions

North Dakota was chosen for its state-wide model that has been sustained approximately 10 years.
Data Collection and Analysis

- Identified key stakeholder groups/individuals
- Interviewed a total of 33 respondents
- Audio-taped and transcribed interviews
- Used ATLAS.ti to manage data and facilitate analysis
ACYF Priority, 2011 - 2013
Commissioner Samuels

• Promoting social emotional well-being to facilitate healing and recovery
  – Helping children and youth who have experienced trauma and behavioral/mental health concerns:
    ✓ Integrate their experiences,
    ✓ Utilize their strengths,
    ✓ Address their risk factors, and
    ✓ Build skills, capacities and mechanisms to heal and recover.
Background & Overview
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%

• 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

• Population Distribution (2010)
  - 58.0% Urban
  - 42.0% Rural

- ND accepts 400 refugees per year
- Refugee population concentrated in Fargo (6%)
Governance Structures

- Department of Human Services (DHS)
  - Mental Health/Substance Abuse
  - Children and Family Services
- Department of Corrections
  - Division of Juvenile Services (DJS)
- Co-location
- Eight Regional Human Service Centers
- State supervised, county administered
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

Child Welfare

2003-04 Expanded Wraparound Practice Model to Child Welfare
2004 Rolled out first cross-system database, Single Plan of Care
2009 Implemented new cross-system database, FRAME
North Dakota’s Wraparound Practice Model

An approach that promotes safety, family strengthening, permanency, and community based services for children and families in child welfare.

- **Keep children in their communities**
  - Keep more children at home with their families and offer more services in their communities, across all levels of care.

- **Place children in families first**
  - Place more children who enter care with relatives or in resource families as appropriate to meeting their needs, leading to fewer children in congregate care setting.

- **Preserve family connections**
  - Keep children connected to families and assure families are active partners in the process.

- **Minimize length of stay**
  - Reduce length of stay in out-of-home care, increase reunification, and decrease placement disruptions.

- **Reallocate resources**
  - Shift resources from the back-end to the front-end.

- **Manage with data**
  - Ensure that managers have relevant data to improve decision making, oversight, and accountability.

Better outcomes for children and families in North Dakota.
North Dakota’s Well-being Outcomes

  - 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% in law enforcement involvement
Findings: Strategies for Cross-system Collaboration
Strategies for Cross-system Collaboration

- Engaging in system level collaboration
- Shared philosophy/values
- Relationships
- Flexibility
- Communication
- Joint Training

- Coordinating holistic services across systems
- Conducting joint training across agencies
- Establishing strong family support and involvement
- Using shared electronic health records/service plan
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.”

Engaging in System Level Collaboration

• Developed and expanded cross-system advisory board 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
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

- Shared philosophy/values
- Relationships
- Flexibility
- Communication
- Joint Training
- Coordinating holistic services across systems
- Engaging in system level collaboration
- Conducting joint training across agencies
- Establishing strong family support and involvement
- Using shared electronic health records/service plan
Conducting joint training across agencies

- Used the same language across agencies
- Created shared philosophy and values among agencies
- Established formal and informal relationships
- Included key stakeholder voices during training
- 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

- Created shared philosophy and values among trainees
Conducting Joint Training Across Agencies

- Included key stakeholder voices during training
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

<table>
<thead>
<tr>
<th>Primary Responsibilities of Team Members</th>
<th>Team member</th>
<th>Facilitator Service Coordinator</th>
<th>Family Advocate</th>
<th>Supervisor Project Coordinator</th>
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<td>Offer initial support to help &quot;get the team going&quot;</td>
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<td>Provide team process overview</td>
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<td>Help with periodical team reviews</td>
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<td>Coordinate team meetings</td>
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<td>Set ending time</td>
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<td>Facilitate team meetings</td>
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<td>Attend team meetings</td>
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<td>Encourage balanced participation</td>
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<td>Ensure communication is understood by all</td>
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<td>Ensure team members are being heard</td>
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<td>Encourage active listening</td>
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<td>Ensure paperwork is completed and updated</td>
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<td>Collecting and reporting outcomes</td>
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<td>Contribute to discussions</td>
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<td>Distribute meeting notes</td>
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<td>Listen to and respect teammates</td>
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<td>Keep team focused on agenda</td>
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<td>Share appropriate information with co-workers</td>
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<td>Support the conflict resolution process</td>
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Strategies for Cross-system Collaboration

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- Coordinating holistic services across systems
- Shared philosophy/values
- Relationships
- Flexibility
- Communication
- Joint Training
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

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- Relationships
- Flexibility
- Communication
- Joint Training

Engaging in system level collaboration
Establishing strong family support and involvement

- Established strong family and youth organizations
- 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 family and youth organizations
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
Strategies for Cross-system Collaboration

- Coordinating holistic services across systems
- Engaging in system level collaboration
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- Joint Training
Coordinating holistic services across systems

- Created one unique individualized plan for each family with increased pathways to services
- Developed and expanded culturally appropriate services
- Expanded the provider network by implementing trauma related services

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Coordinating Holistic Services Across Systems

• Created one unique individualized plan for each family with increased pathways to services

“I said I need help; I don’t know what help I need, but I need help.”
– North Dakota Interviewee
Coordinating Holistic Services Across Systems

• Developed and expanded culturally appropriate services

“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
Barriers to Collaboration

- Staff resistance barriers
- Philosophical barriers
- Language and communication barriers
- Structural barriers
Polling Question #2
Cross-Cutting Strategies
Cross-Cutting Themes

- Shared philosophy/values
- Relationships
- Flexibility
- Communication
- Joint Training

- Engaging in system level collaboration
- Coordinating holistic services across systems
- Conducting joint training across agencies
- Using shared electronic health records/service plan
- Establishing strong parent support and involvement
Online Resources

• Data Matters
  http://www.gucchdgeorgetown.net/data/issues/2011/0511_article.html

• Online Evaluation
Question and Answer

Please type questions into chat pod.
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