



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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Presentation Outline

Project History/Methodology

Cross-system Collaboration Strategies

Peer Learning Discussion

Cross-cutting Themes

Question and Answer



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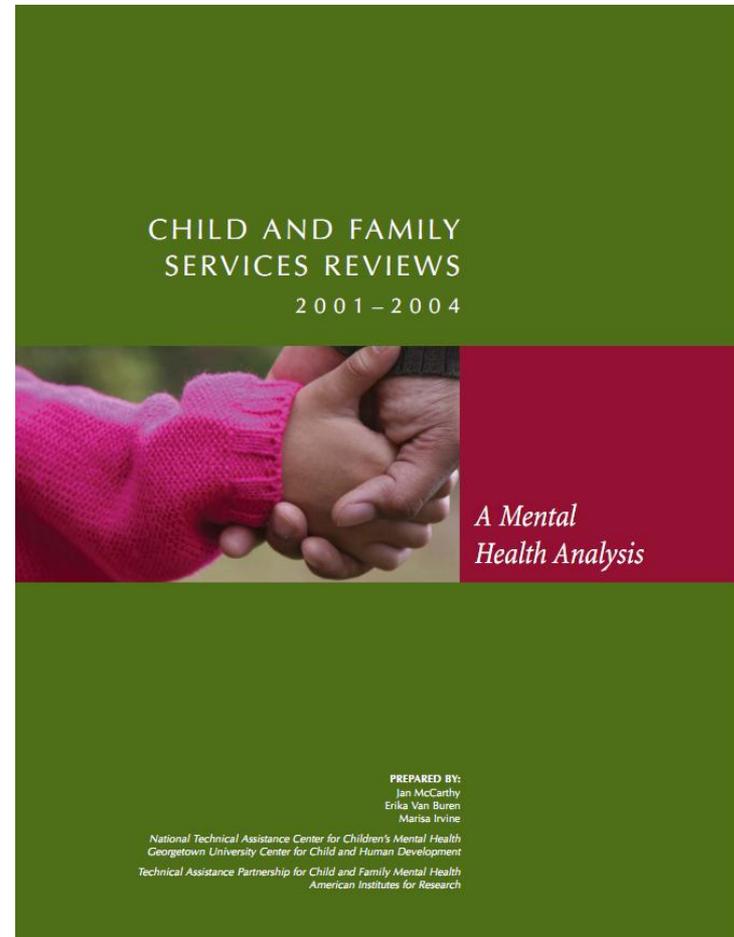
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Project History/Methodology

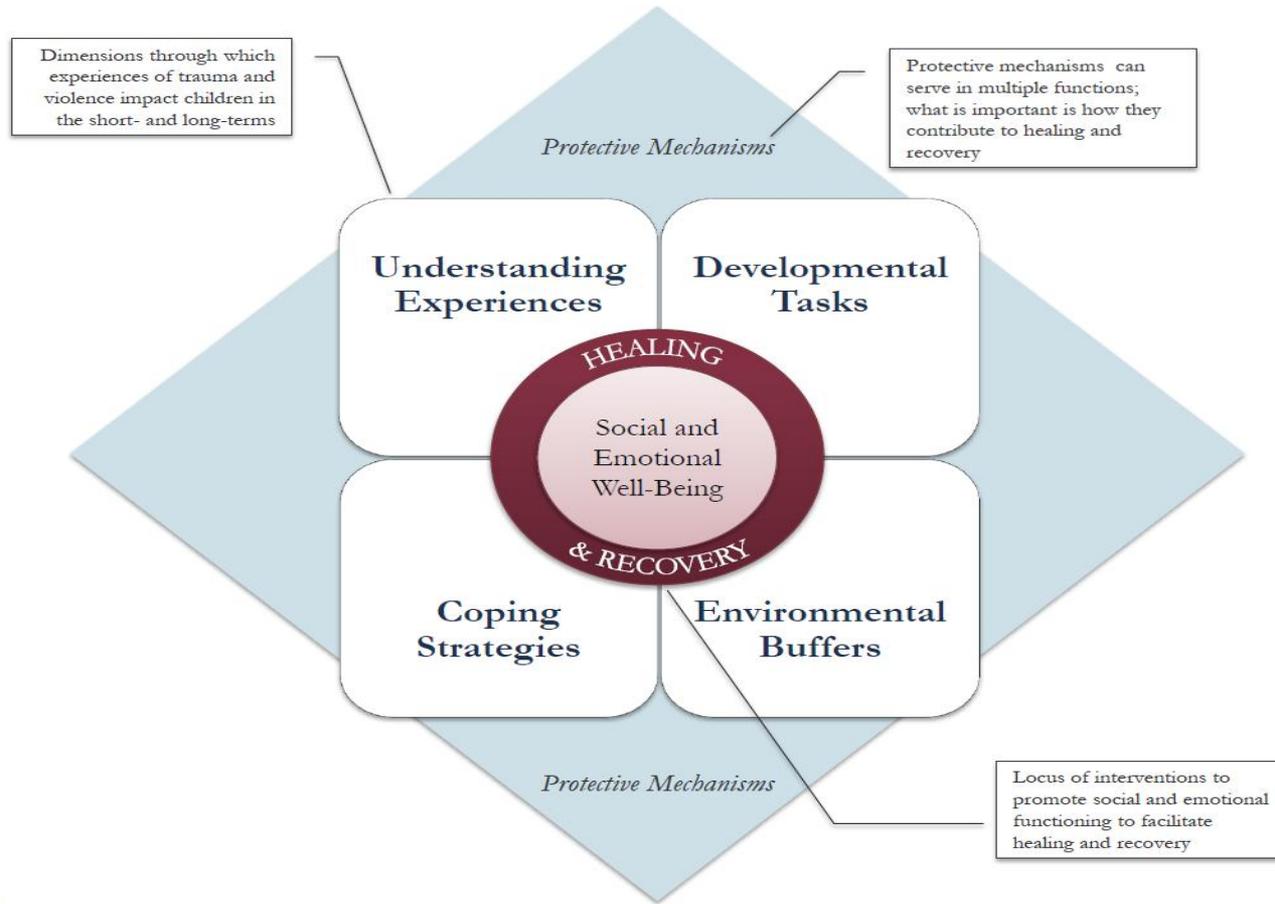


Background

- *Child and Family Services Reviews 2001 – 2004, A Mental Health Analysis*
 - Selected Findings
 - Examples of Collaboration
- Guided by the Children’s Bureau



Promoting Social and Emotional Well-Being to Facilitate Healing and Recovery



Samuels, Bryan. 2011. Promoting Social and Emotional Well-Being by Facilitating Healing and Recovery : The Critical Interplay of Relationships and Brain Development. PowerPoint Presentation for Children's Bureau 2011 Policy to Practice Conference. Washington, DC.

The Planning Process

- Convened Child Welfare Consultative Collaborative
- Developed research goals
 - Review a state's promising approach
 - Document and share lessons learned
 - Evaluate the pilot study



Protocol Development

1. Background/Overview
2. Cross-System Collaboration
3. Child, Youth and Family Engagement
4. Holistic, Coordinated Service Plan
5. Culturally, Linguistically and Developmentally Appropriate Services
6. Effective Mental Health Services
7. Access to Services

Pilot Site

- Focus on improving mental health outcomes for CW
- Children, youth and families as active partners
- Statewide and community-based

North Dakota was chosen for its state-wide model that has been sustained approximately 10 years

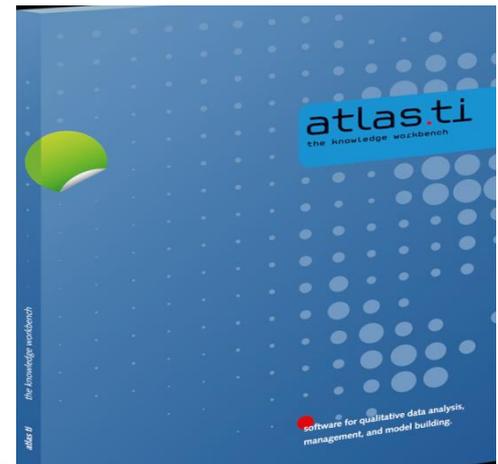
Data Collection

- Identified key stakeholder groups/individuals
- Assembled Project Team
- Interviewed a total of 33 respondents
- Audio-taped and transcribed interviews

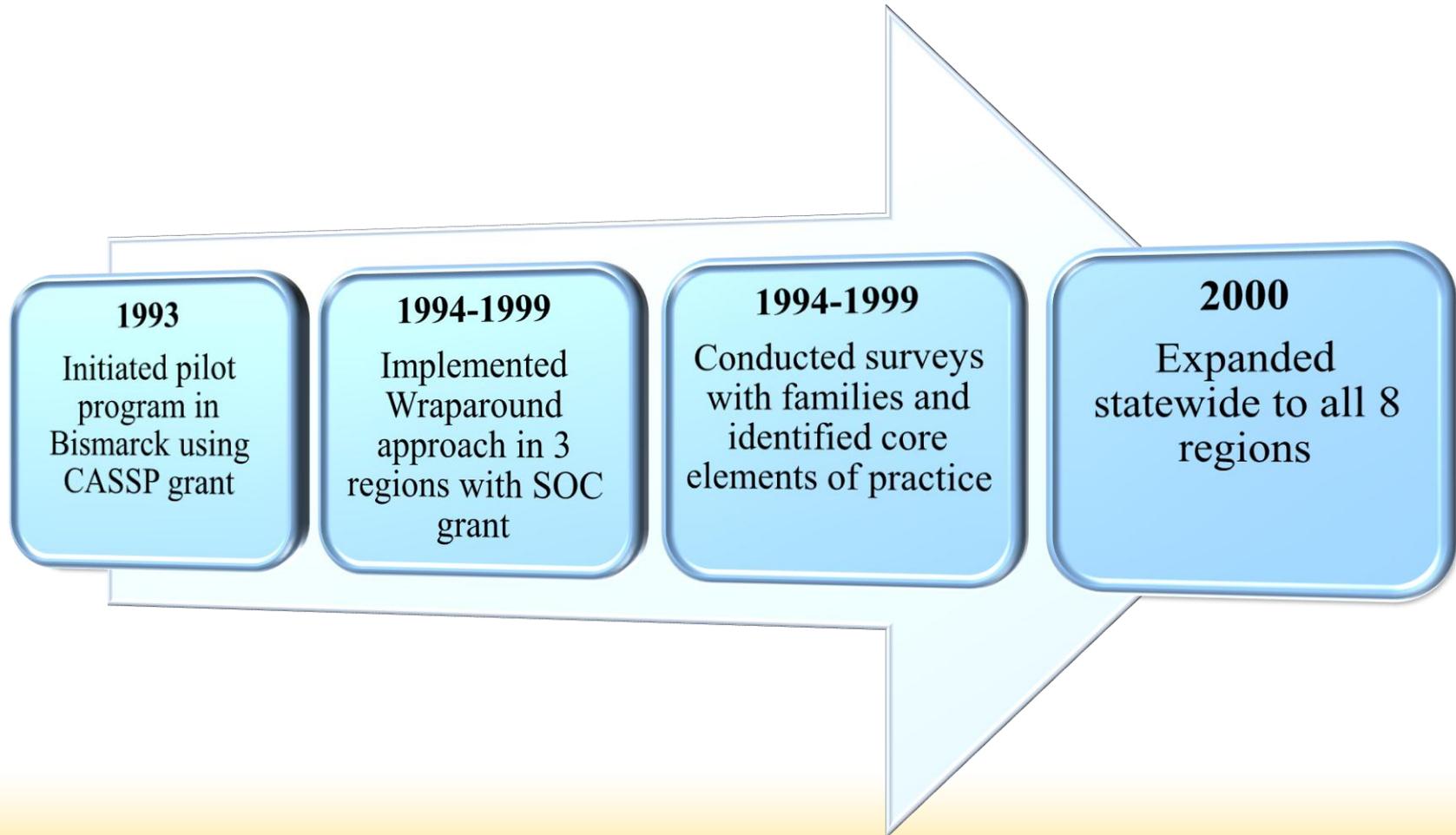


Analysis

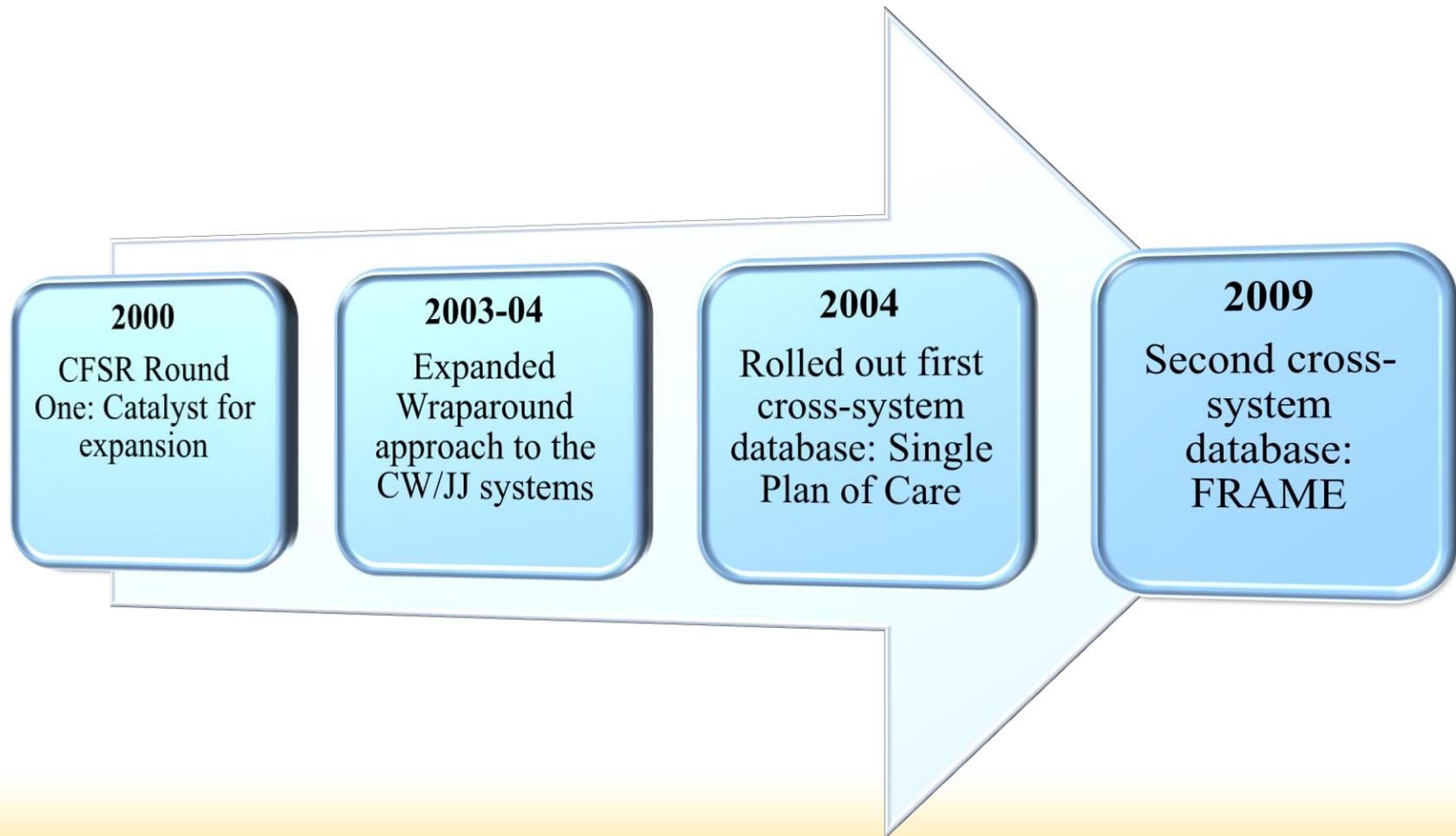
- Hired two research assistants
- Used ATLAS.ti to manage data and facilitate analysis
- Met weekly as a research team



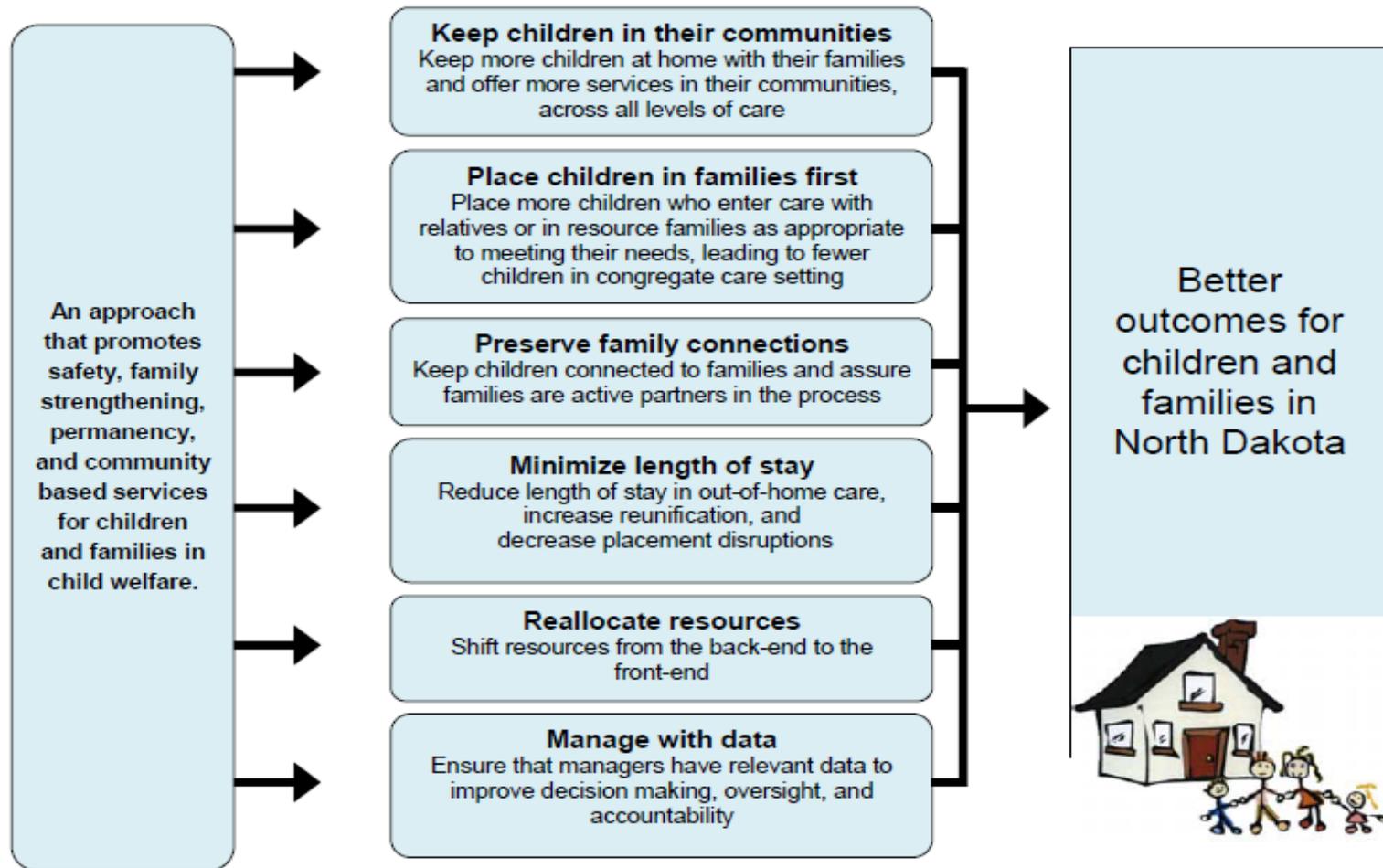
Wraparound Timeline: Mental Health



Wraparound Timeline: Child Welfare/Juvenile Justice



North Dakota's Wraparound Practice Model





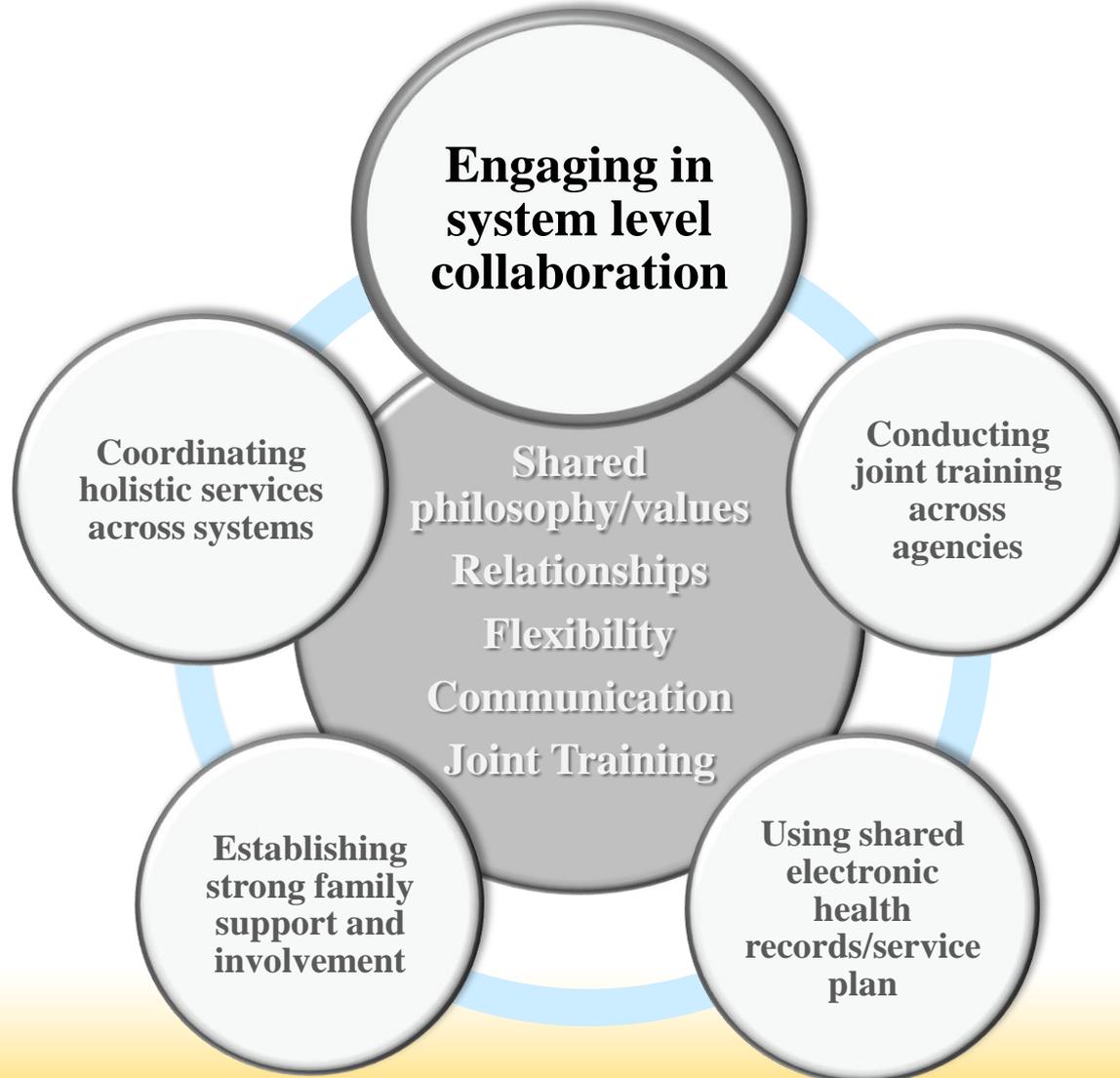
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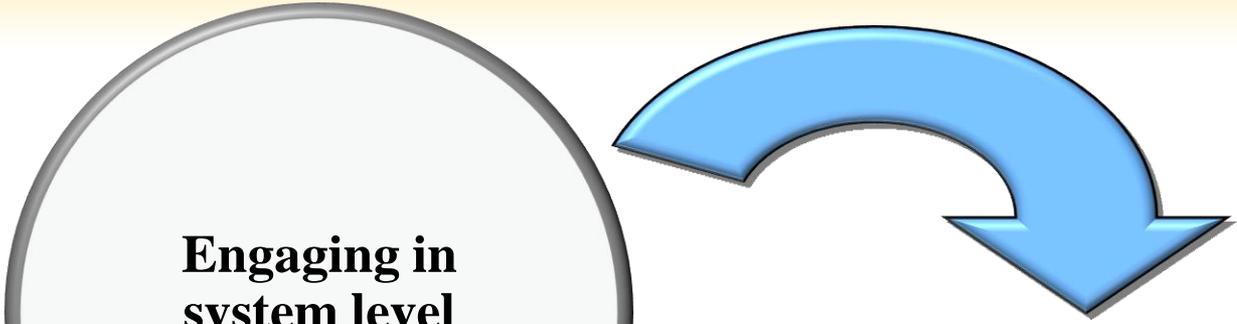
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Findings: Strategies for Cross-system Collaboration



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

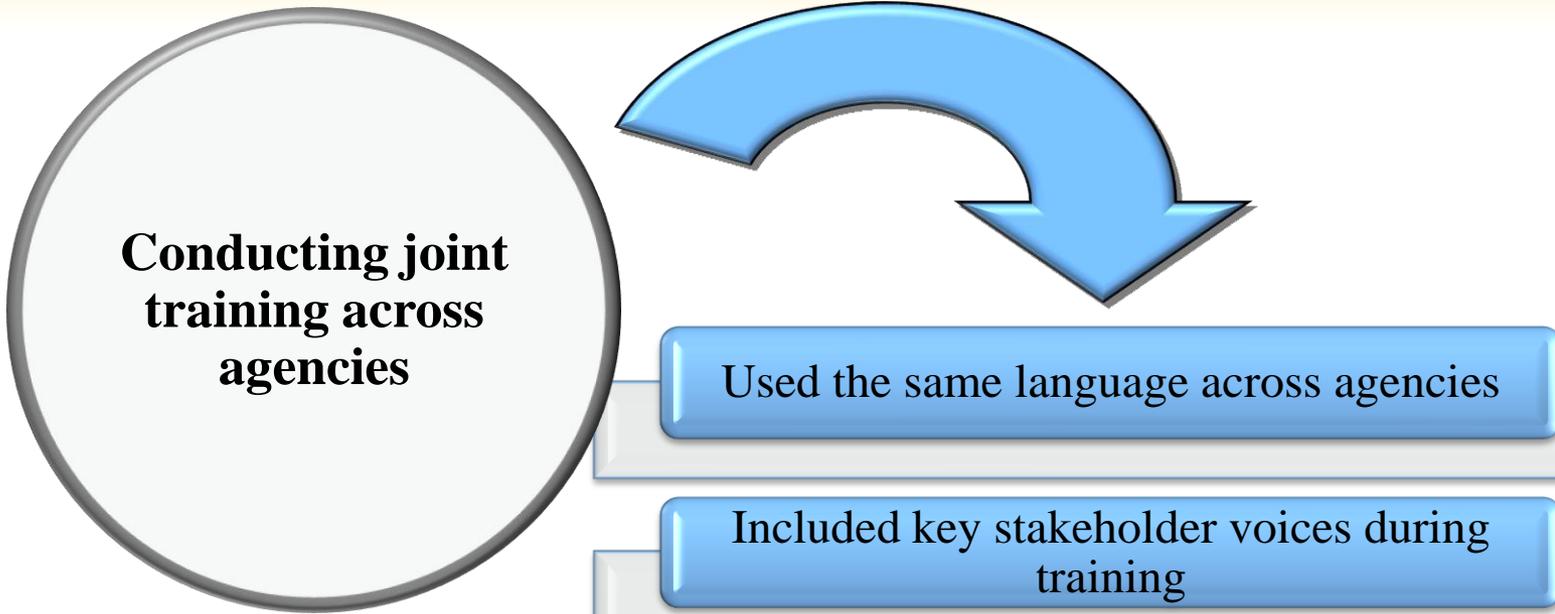
- **Ensured continuous involvement and support from management teams**

“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

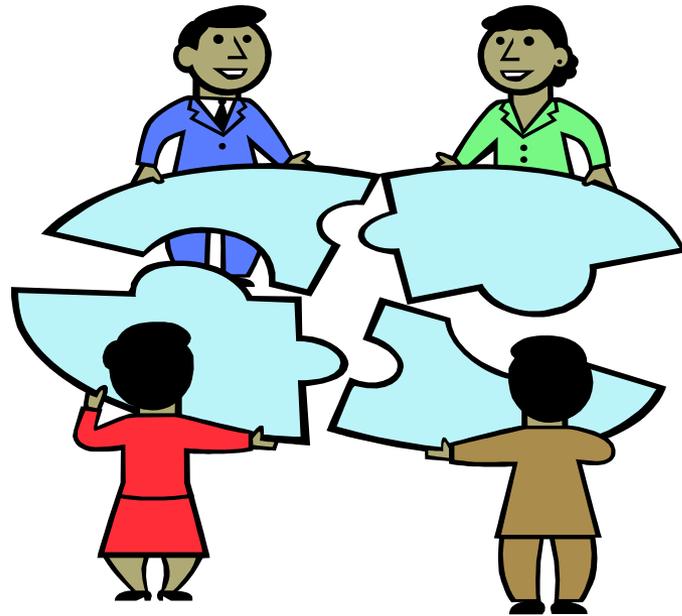
- **Used the same language across agencies**

“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

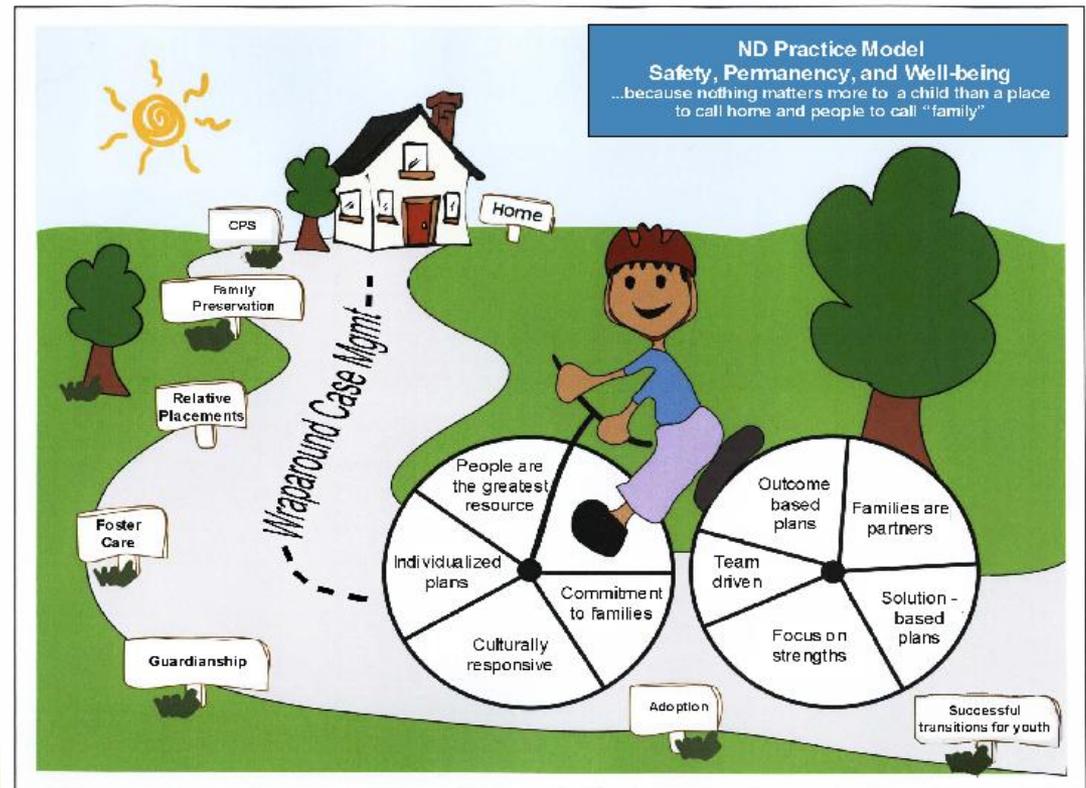
Conducting Joint Training Across Agencies

- **Included key stakeholder voices during training**



Conducting Joint Training Across Agencies

- 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 usually. And so I think some of that buy-in from being a team player is that it’s not just when you’re sitting around the table; it goes beyond that.”

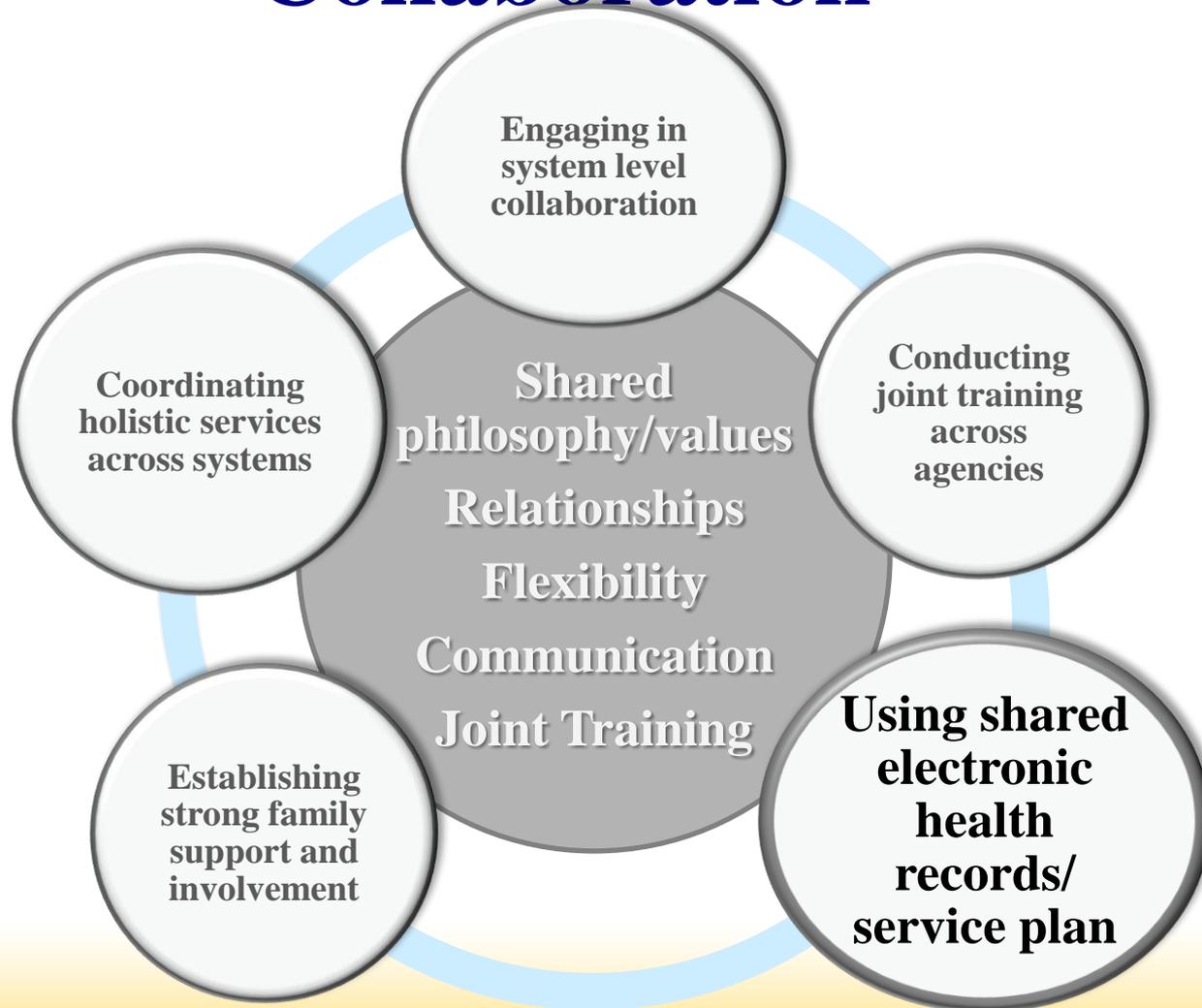
– North Dakota Interviewee

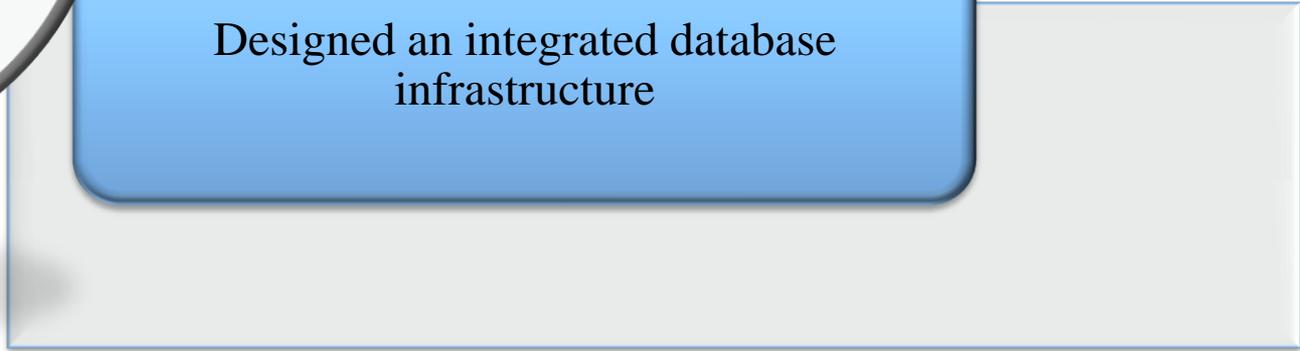
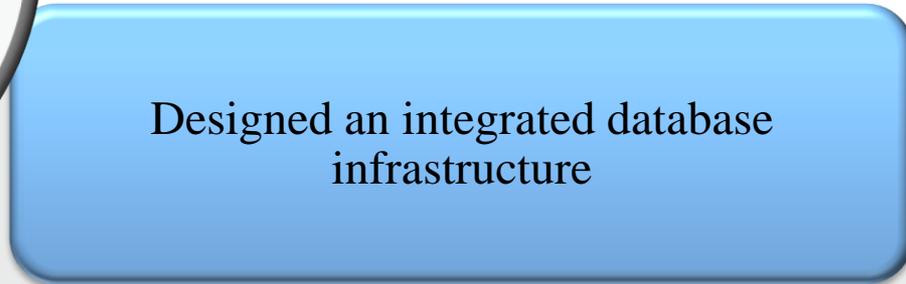
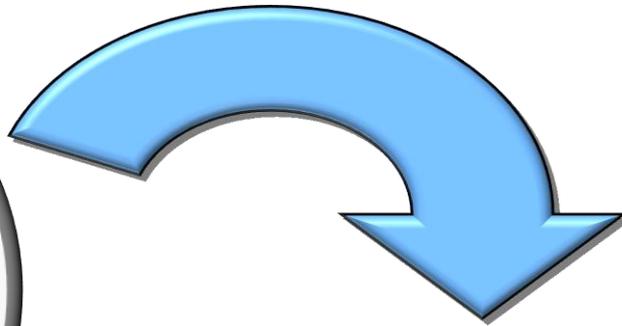
Conducting Joint Training Across Agencies

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



Strategies for Cross-system Collaboration





Using Shared Electronic Health Records/Service 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



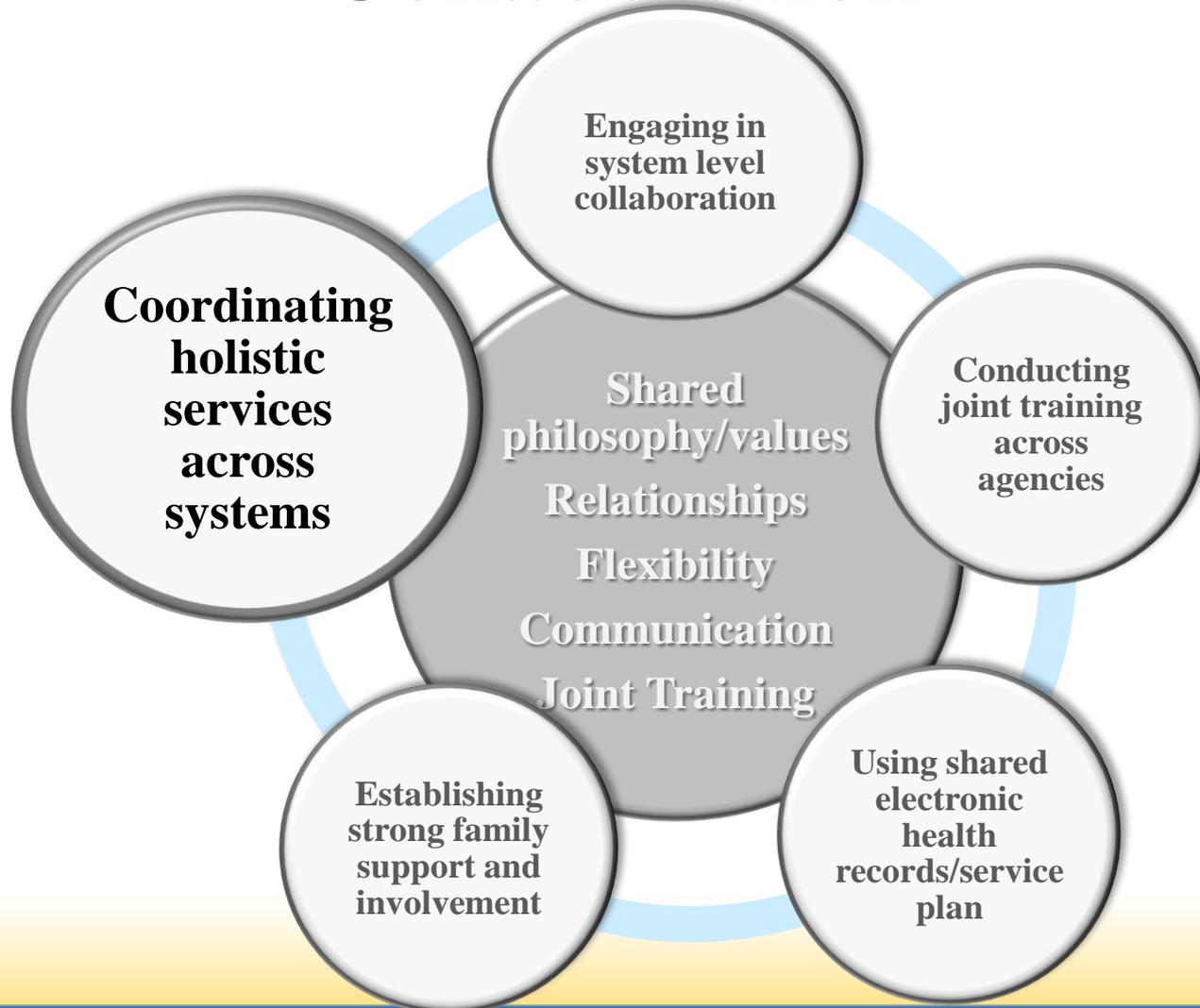
Establishing Strong Family Support and Involvement

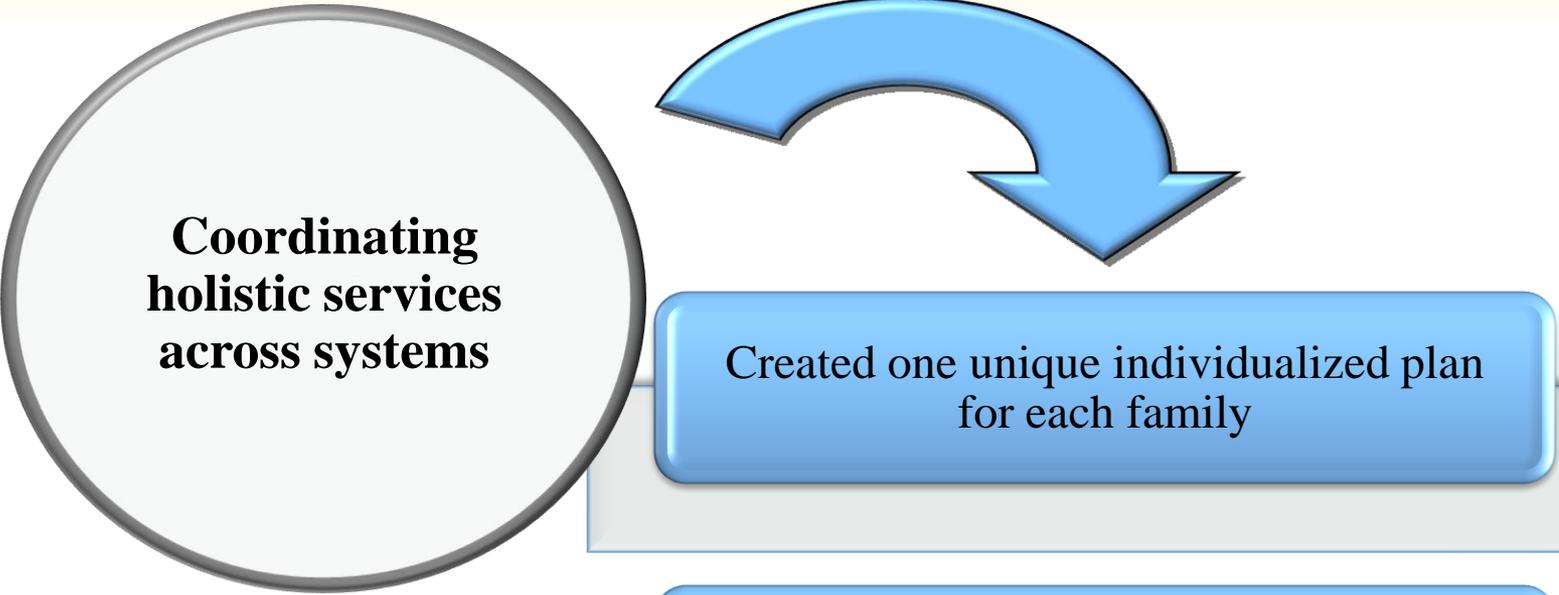
- **Engaged youth and families at the individual level**

“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





**Coordinating
holistic services
across systems**

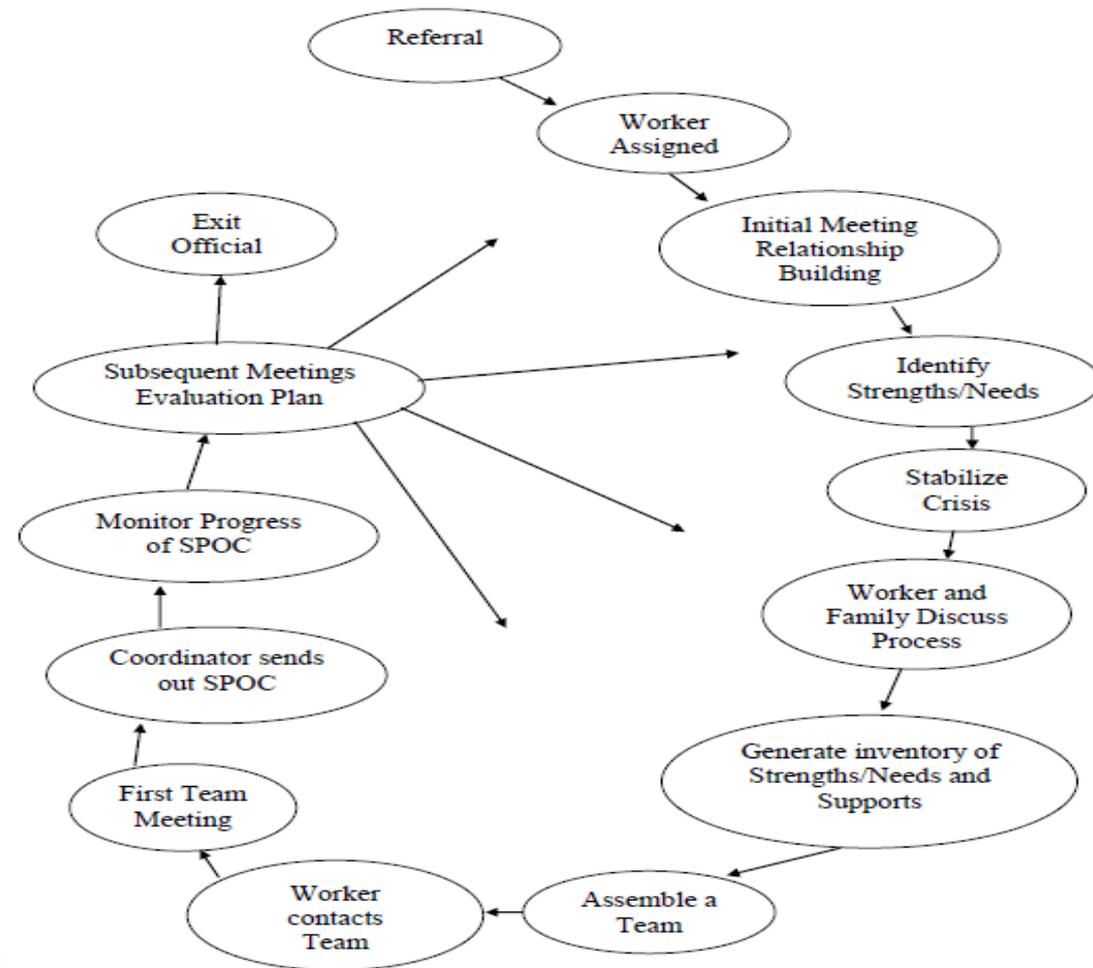
Created one unique individualized plan
for each family

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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Discussion



Peer Learning Discussion

- Share strategies/lessons learned from your state that:
 - engaged system level collaboration
 - supported joint training
 - used a shared electronic service plan
 - established strong family support and involvement
 - coordinated holistic services across systems

10 minutes for small group discussion and 5 minutes to discuss together.



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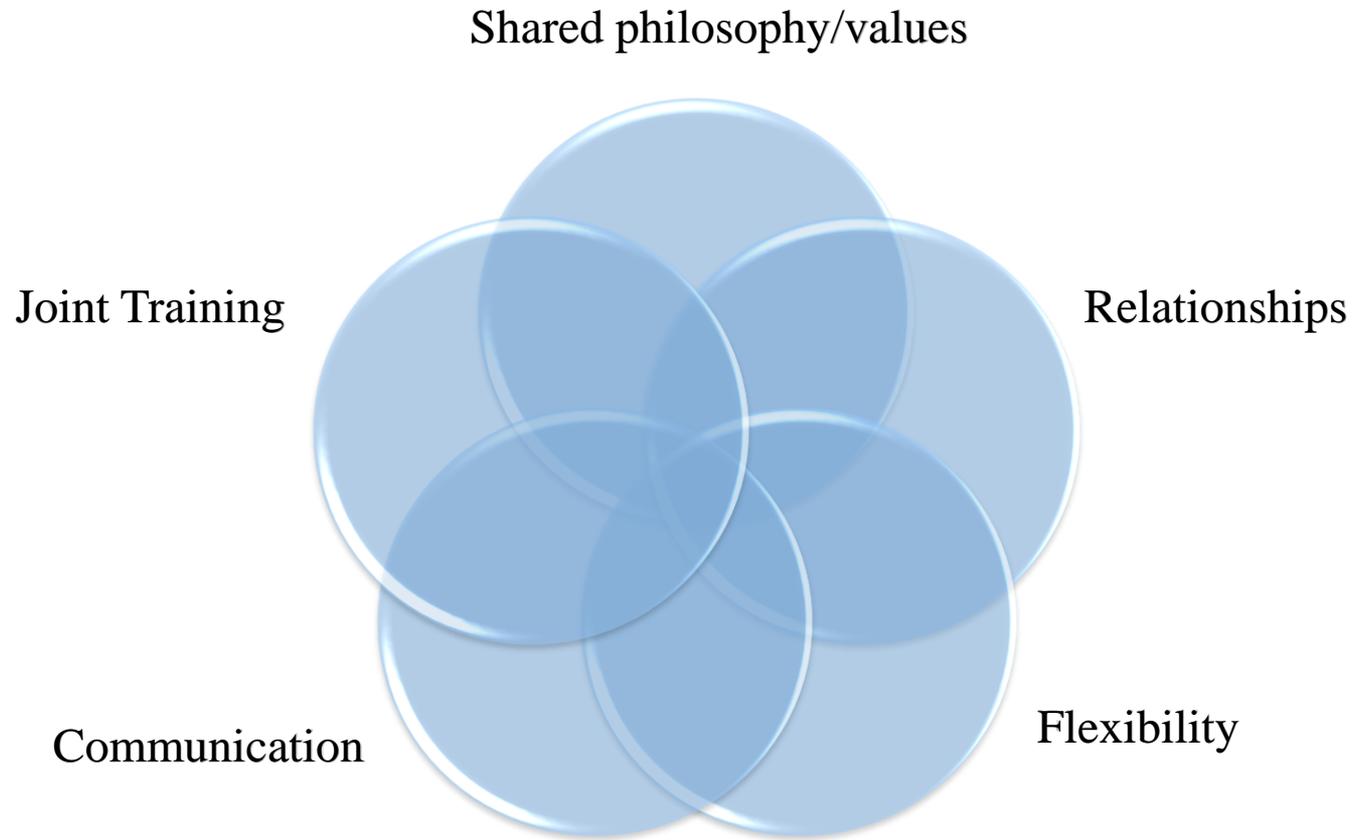
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Cross-cutting Themes



Cross-Cutting Themes



Implications and Future Study

- ❑ Protocols

- ❑ Length
- ❑ Financing

- ❑ Generalizability

- ❑ Other states
- ❑ Other systems

- ❑ Site Visits

- ❑ Descriptive Study



Question and Answer



Acknowledgements

Project Team

Charles Perez, Cheryl Barrett, Eric Lulow

Child Welfare Consultative Collaborative

North Dakota Leads

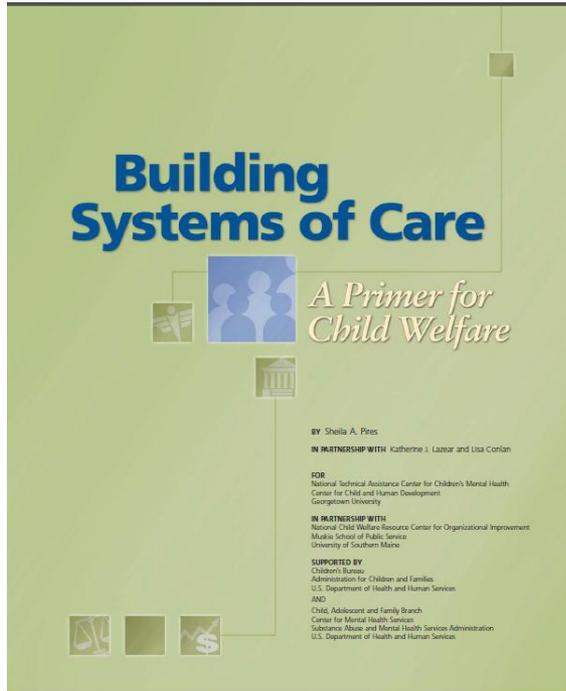
Diana Weber, Wendy LaMontagne

North Dakota Interviewees

Research Team

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

Additional Resources



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, 23 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 (Stroul et al., 2008). Through this program, as well as through grassroots efforts, substantial progress

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U.S. Department of Health and Human Services
AND
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

