

# North Dakota System of Care

*Working together to improve  
children's behavioral health  
outcomes*



# Our Focus Today

- To provide an overview of System of Care (SOC) Framework.
- To discuss the prevalence of SED and rationale for change.
- To share updates regarding strategic goals and milestones.
- To build awareness, points of collaboration, and excitement for SOC efforts.



# ND SOC Grant Overview

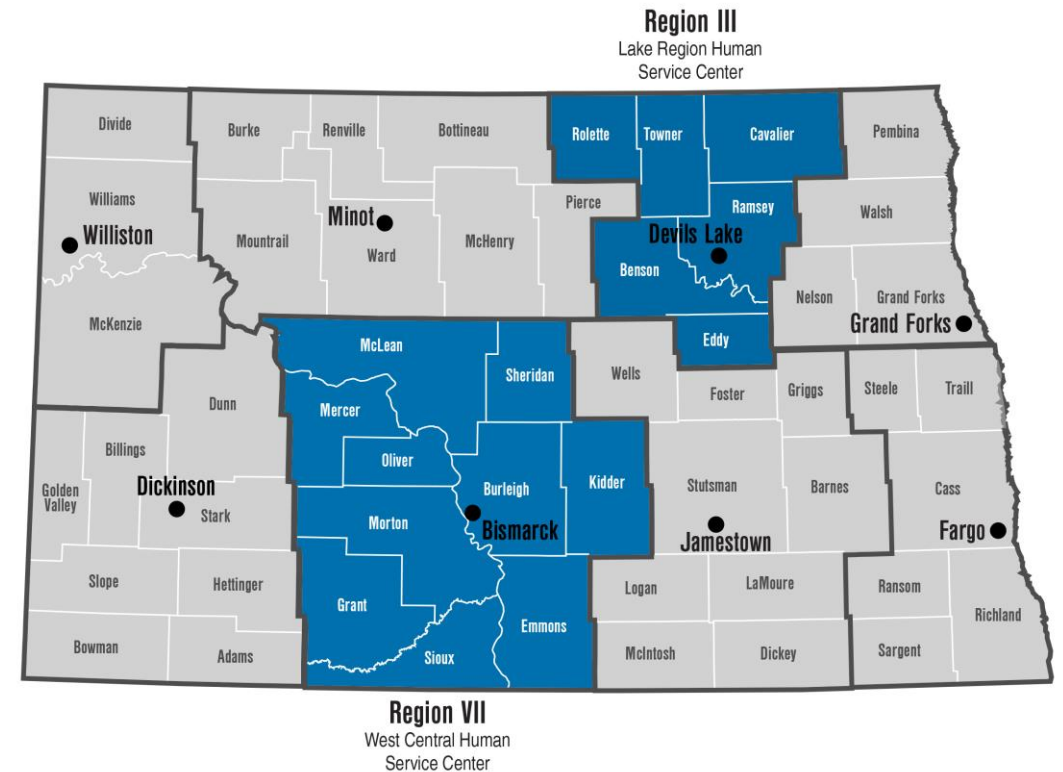
**Substance Abuse and Mental Health Services (SAMSHA) System of Care (SOC) Expansion and Sustainability Grant – one of six states awarded \$3 million per year for 4 years.**

## SOC Grant Purpose

We will utilize funding to build and expand a comprehensive set of community-based behavioral health services and supports for children and youth with serious emotional disturbances (SED), birth - age 21, and their families.

## Geographical Catchment Areas

These regions include four tribal nations: The Standing Rock Sioux Tribe, Spirit Lake Nation, the Turtle Mountain Band of Chippewa Indians and Mandan Hidatsa Arikara Nation.



# ND SOC Grant Goals

To **develop a sustainable infrastructure to support the System of Care approach** for ND children with SED and their families. This infrastructure and service delivery would include: outpatient services, 24-hour crisis emergency services, intensive home-based outreach and case management, intensive day treatment, respite care, recovery support services, and transition from the child/youth services to the adult delivery system.

To **increase access to high-quality and culturally appropriate services and supports** available to children with SED and their families in the identified regions.

**The implementation of SOC requires interagency partnerships with publicly-funded services, private agencies, tribal leadership and services, schools and educational services, social and child welfare agencies, juvenile justice services, health services, youth and family advocacy organizations, the youth and families most impacted.**

# History of System of Care

The System of Care (SOC) approach was introduced in the 1980s to address well documented problems in mental health systems:

Overuse of  
excessively  
restrictive  
settings.

Limited home and  
community-based  
services.

Lack of cross-  
agency  
coordination.

Limited  
partnerships with  
youth and  
families.

# What is System of Care?

A *System of Care* is a spectrum of effective, community-based services and supports for children and youth with or at-risk for mental health or other challenges and their families that...

...is organized into a **coordinated network**;

...builds meaningful **partnerships** with families & youth;

...addresses **cultural and linguistic needs**

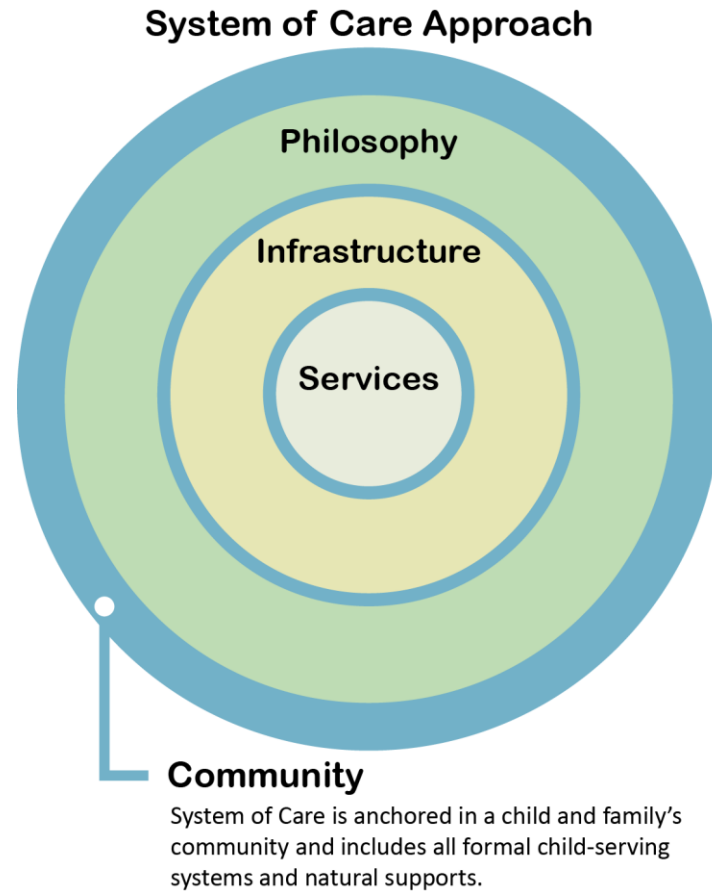
Primary Goal: To help families function better at home, in school, in the community, and throughout life.

# What a System of Care is NOT?

- A specific program and service.
- An exact model to be replicated.
- A treatment or clinical intervention.
- A place that children and families can enroll – **YET!**

**System Change + Practice Change = Improved child and family outcomes**

# The System of Care Approach



## Principles:

1. Comprehensive array of services and supports
2. Individualized, Strengths-based, services and supports
3. Evidence-based practices and practice-based evidence
4. Trauma-informed
5. Least restrictive natural environment
6. Partnerships with families and youth
7. Interagency collaboration
8. Care Coordination
9. Health-Mental Health Integration
10. Developmentally appropriate services and supports
11. Public Health Approach
12. Mental Health Equity



# Serious Emotional Disturbance (SED)

Refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.



Current prevalence of SED range from 4.3-11.3% of children

It has been estimated that 75-80% of children, youth, and young adults with SED/SMI do not receive adequate treatment.

Untreated symptoms lead to negative impacts on academics, employment, physical health, substance use risk, criminal justice involvement, and poor life indicators.



# Prevalence of SED

Children and Youth (6–17)	Region VII		Region III	
	n	%	n	%
Serious Emotional Disturbance (Ages 6–17)	2,687	10%	733	10%
Major Depressive Episode (Ages 12–17)	1,582	12%	448	13%
Attempted Suicide	1,118	4%	296	4%
Substance Use Disorder	587	2%	185	3%
Co-Occurring MDE and SUD	437	2%	124	2%
Experiencing Two or More ACEs	4,257	16%	1,161	16%

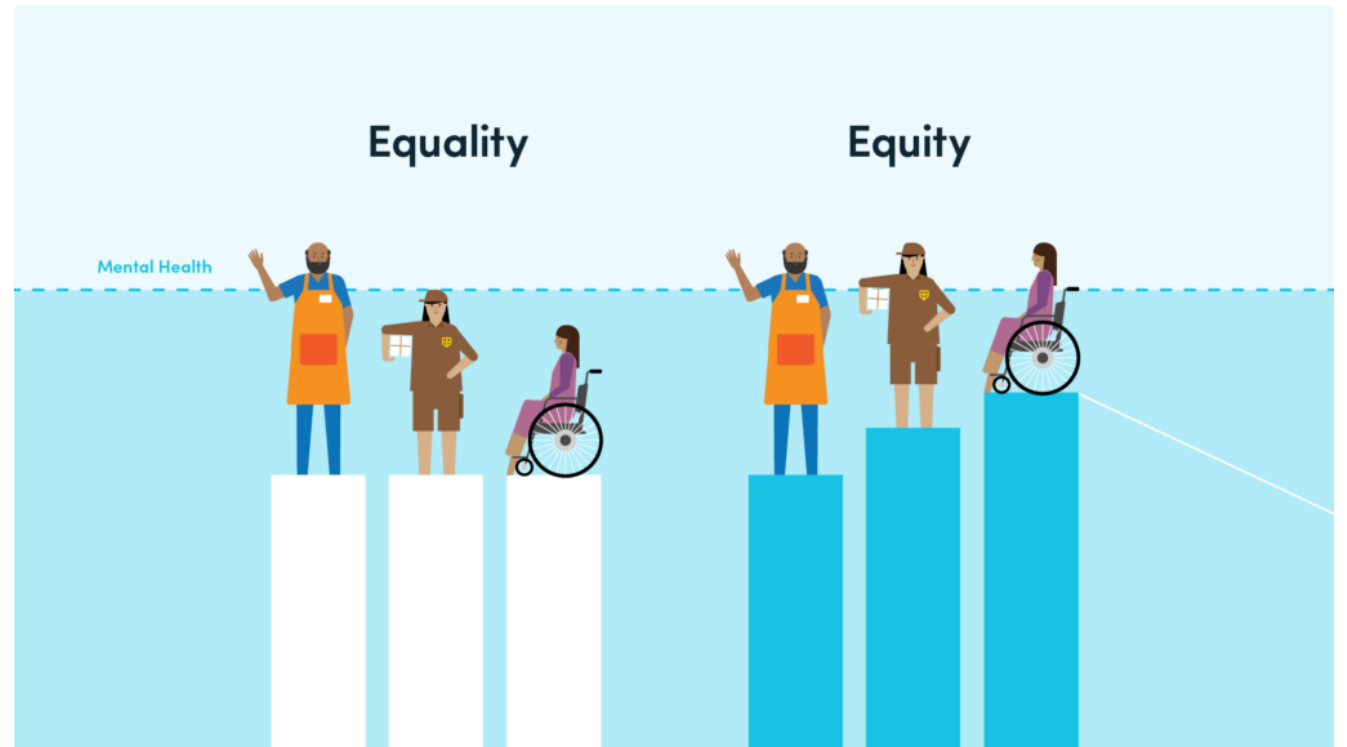
# Mental Health Equity

- **Core Values**

- Youth and Family Driven
- Community-based
- Culturally and linguistically responsive

- **Intersectional Identities**

- Native American/American Indian
- LGBTQ+
- Rural Communities
- In foster care
- Unhoused / experiencing poverty



# Partnerships with Youth and Family

Family and youth driven, with families and young people supported in determining the types of treatment and supports provided (with increasing youth/young adult self-determination based on age and development), and their involvement in decision-making roles in system-level policies, procedures, and priorities.

- Lived experience contributes to a deeper understanding of the child welfare system's needs and service gaps.
- Families and youth can pull from their own knowledge they have learned from their own behavioral health journey and leverage knowledge to support others
- Family Peer Support (current training opportunity)
- We are hearing across all partnerships that child-serving agencies and schools are struggling with **family engagement**.

# Lead Family Administrator

**The role is a grant requirement and an integral part of System of Care values.**

- Work in partnership with existing family-run organizations
- Facilitate family engagement in all aspects of System of Care governance, implementation, and as consumers of services and supports
- Identify barriers families may be encountering and ensuring advocacy for equity
- Lead steering committees specific to the catchment areas
- Oversee dedicated funds for family activities, involvement, and training
- Collaborate with Community Supports on family and youth peer support roles and implementation in System of Care

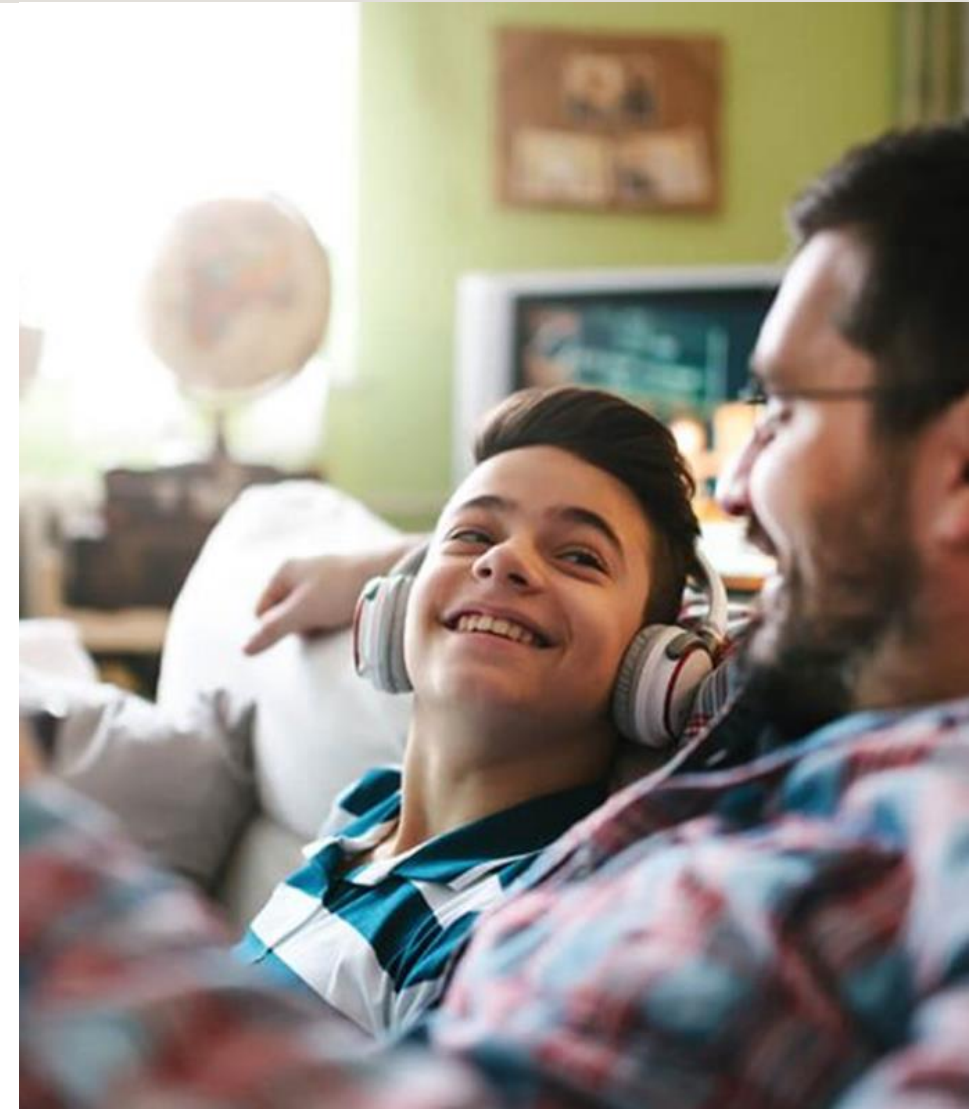
## Aim 5

Enhance and streamline  
System of Care for  
Children with complex  
needs and their Families.

# Goal 5.1 Establish funding and full-time staff to support the development of System of Care for Children with complex needs and their families

## Action Steps:

- Secure SAMHSA funding for System of Care Expansion (complete)
- Hire and onboard Clinical Administrator and Lead Family Administrator as required for grant administration (complete)
- Assess need for Equity and Cultural Competency Lead Administrator to support implementation of System of Care goals to develop culturally accessible and inclusive services and supports (In progress)





# Goal 5.2 Develop a sustainable infrastructure to support the System of Care approach for North Dakota children and families

## Objectives:

- Establish and convene local steering committees in each of the two implementation regions.
- Develop governance structure for System of Care.
- Build strong and effective partnerships with youth and families through engagement with advocacy groups and provision of family peer support training.
- Develop collaborative relationships with tribal nations in geographic catchment areas.
- Complete a needs assessment addressing gaps in service delivery for the children and families we serve.
- Develop a System of Care funding structure and sustainability plan.



# Goal 5.3 Increase access to high-quality and culturally appropriate services for children and their families in the identified System of Care regions.

## Objectives:

- BHD and two regional, publicly-funded behavioral health clinics will partner on implementing grant data requirements and build upon current youth and family services and supports in two identified System of Care regions.
- Enter into partnerships between BHD and private agencies in the WCHSC and LRHSC regions to enhance current services and fill gaps in children's behavioral health continuum of care.
- Expand culturally responsive, evidence-based, and trauma-informed wraparound services for children and families in the System of Care regions to lay the groundwork for statewide expansion.
- Establish fidelity standards and engage in evaluation and continuous quality improvement to apply for all wraparound services in the state.



# Our Milestones

- Secured SAMHSA Funding (September 2022)
- Hired and onboarded two full-time staff (January 2023)
- Completed SOC Needs Assessment (March 2023)
- Trained staff and implemented National Outcome Measures (NOMS) Tool at WCHSC (March 2023) and developing processes for LRHSC in June 2023.
- Convened regional steering committees with 25 active members.
- Completed 70+ meetings and presentations across the child-serving continuum.

**System of Care implementation will require broad, cross-system support, engagement, and administration.**



# Partner Meetings and Presentations

- Child and Family Services Administration (Title IV E, licensing, case management, Zone operations)
- Human Service Zones (Burleigh, Dakota Central, Mountain Lakes, Northern Valley, South Country)
- DJS (Director, Training Director, Director of Clinical Services)
- Bismarck Public Schools
- Mandan Public Schools
- Devils Lake Public Schools
- Lakes Region Special Education Unit
- ND Supreme Court
- Juvenile Court
- Developmental Disabilities Administration
- Central Regional Education Association
- Chambers and Blohm
- Kid's Therapy Center
- The Village Family Service Center
- Bismarck Police Department
- Dakota Boys and Girls Ranch
- ND Federation of Families
- Manchester House
- Police Youth Bureau
- Family Voices of ND
- Health Equity – Tribal Liaisons
- MHA Nation Behavioral Health
- Turtle Mountain Behavioral Health
- Spirit Lake Behavioral Health
- Spirit Lake Social Services
- Native Inc
- Youthworks
- Consumer Family Network
- Lifewise
- Children in Need of Services (CHINS)
- Nexus-PATH
- Protection and Advocacy
- Cavalier Co Behavioral Health Taskforce
- Cavalier Co Public Health Unit
- ND ASD Advocacy Coalition
- Advanced Counseling for Change
- Prevent Child Abuse ND
- Dakota Children's Advocacy Center
- Solution Behavioral Health
- Nuvation Health Solutions
- DHHS Internal (HSC state leadership, HSC operations, Assessment leads/directors, Accreditation, HSC crisis services)
- ND Medicaid
- Rural Psychiatry Associates
- Together Counseling
- Children and Family Services Training Center



# ***SOC Outcomes***

- Outcomes such as reduced behavioral and emotional symptoms, suicide rates, substance use, and juvenile justice and child welfare involvement. SOC approach has been found to improve school attendance, grades, stability of living situations, and reduced caregiver strain and improved family functioning (Stroul, B.A., 2021)
- Positive return on investment – cost savings result from decreased use of inpatient, residential, and other restrictive settings. (Stroul, B.A., 2021)



# Thank You

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# SOC Resources

- [The Evolution of the System of Care Approach, 2021](#)
- [National Training and Technical Assistance Center](#)
- [Texas System of Care Toolkit](#)
- [Surgeon General's Youth Mental Health Report, 2021](#)
- [New SOC Grantees Resources](#)
- [ND Behavioral Health Data Booklet, 2023](#)
- [ND System of Care Website](#)