

North Dakota Child Welfare Services Program Improvement Plan

General Information

Name of State Agency: North Dakota Department of Human Services, Children and Family Services Division

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North Dakota Child Welfare Services Program Improvement Plan

November 13, 2003

Introduction

This plan is comprised of three major components:

- **Implementation of the Wraparound Process case management model.** This effort entails global, systemic change to North Dakota. It is our major initiative in meeting the requirements of the Adoption and Safe Families Act (Public Law 105-89). This includes the Children and Family Services Review (CFSR) process, and the development of our Program Improvement Plan (PIP).

We feel it is imperative to emphasize the importance of this effort. As such, a separate section of this PIP was developed that details all of the major benchmarks, processes, and goals for implementing the wraparound process. It is also important for the reader to remember that the wraparound process will also affect almost all aspects of the child welfare system in North Dakota. To emphasize this point, a reference to the implementation of the wraparound process is inserted in the matrix under each “area needing improvement.”

- **Implementation of an initiative that mirrors the CFSR process.** This is an essential quality assurance effort that will allow us to measure positive change in the goals of our PIP, and monitor compliance with applicable Federal, and State policy and regulation as we move towards increasing the safety, permanency, and well being of children and families in North Dakota.
- **Training and curriculum development for caseworkers and supervisors.** This portion of our PIP is designed to strengthen, support, and provide updated tools for the direct service workers in the field.

The Wraparound Process

Wraparound is a, "philosophy of care, a process, a modality, and an intervention".¹ "... (Wraparound) includes a definable planning process involving the child and family that results in a unique set of community services & supports individualized for that child and family to achieve a positive set of outcomes".² This process will be implemented through a 3 - 5 year training and certification plan going beyond the two-year program improvement plan time frame. The wraparound process is imbedded in the certification training process. Staff will be trained in the planning process that results in an individualized set of services and supports designed to help the family improve their situation. The training focuses on the values and principles of the process, assessment, strength discovery, life domains, team process, decision-making, consensus building, conflict resolution, goal writing, safety planning, and use of the Single Plan of Care (SPOC) computer application, which supports the process. The information gained in the safety, strength, risk assessment (SSRA) used in child protection assessments will flow into the wraparound process used in foster care and in-home cases. This will happen by using a guide developed by matching the safety/risk factors from the SSRA to the Strength Discovery Life Domains in SPOC computer system.

The wraparound process according to California Institute for Mental Health states, "To date, there are only two intervention models that have demonstrated effectiveness for the treatment of foster care children. One is a service strategy--- "Wraparound"--...."³ "While systems of care originally were conceptualized to address the needs of children with serious emotional disturbances and their families, today that approach is being applied in a broader context to serve all children and families."⁴

Implementation of the Wraparound Process

The implementation of the wraparound process in the child welfare system in North Dakota will address the following areas needing improvement cited in our final State Assessment. Specifically, this process will improve:

- **Safety Outcome 1: Repeat Maltreatment (item 2); and**
- **Safety Outcome 2: Risk of Harm to Child (item 4);**
- **Permanency Outcome 1: Foster Care Re-Entries (item 5);**

¹ Pacione-Dyszewski M.: Wraparound: An Evolving Model of Care for Children's Mental Health. Brown University Child and Adolescent Behavior Letter 18(5):1,6, 2002.

² Burns BJ, Goldman SK (Eds.): Promising Practices in wraparound for children with serious emotional disturbances and their families. Systems of Care: Promising Practices in children's Mental Health, 1998 Series, Volume IV. Washington, D.C.: Center for Effective Collaboration and Practice-American Institute for Research, 1999.

³ Mariensch,L LCSW: Evidence-based Practices in Mental Health Services for youth in foster care, 2002,California Institute for Mental Health, Sacramento, CA:

⁴ Stark, D: Strategies from Six Communities Engaged in Collaborative Efforts Among Families, Child Welfare, and Children's Mental Health. p. 4. National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center, 1999.

- **Well-being Outcome 1: Needs and Services of Child, Parents, and Foster Parents (item 17);**
- **Well-being Outcome 1: Worker Visits with Child (item 19);**
- **Well-being Outcome 3: Mental Health of Child (item 23).**

The wraparound process will improve these outcomes by having:

- **Strong and thorough strengths discovery that identifies areas of needs, risks, safety and strengths,**
- **Clearly defined treatment plans,**
- **Individualized treatment plans,**
- **Stronger engagement with families,**
- **Detailed safety plans,**
- **Life domains chosen for goals in prioritized areas,**
- **Attention and efforts focused on tasks that will lead to goal attainment reflecting what families will do differently,**
- **Methods chosen based on family's culture and preferences, whenever possible.**

The implementation of the wraparound process will bring consistency to service planning in not only the child welfare system, but also the Mental Health and Juvenile Justice systems. County Social Service Agencies will use this process when providing case management services in in-home and foster care situations; mental health will be using this process in their Partnerships program for children with Serious Emotional Disturbances (SED), and Juvenile Justice will be using this process for children/youth in their system who have SED's. Youth under the custody of Juvenile Justice, and in foster care, who do not have an SED, will have a comprehensive treatment plan which includes the COMPAS risk assessment. The planning process will be consistent and will include involvement of the family, with a team they have identified. Each family's team will have both formal and natural support members. The complexity of the teams will be determined by the families' needs.

The families' strengths, needs, risks and safety issues will be assessed in 10 different life domains through the use of the Strength's Discovery. A safety plan will be developed that will address situations that may compromise safety of family members. Through the team process, individualized and creative services and supports will be identified to help the family meet their goal(s). Natural Supports will be utilized whenever possible. This effort will result in each family having a single plan of care and a safety plan.

The wraparound process by its design is set to improve collaboration. Wraparound is a team driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plans. North Dakota will not see an influx of new dollars and new services in the near future. The process can stretch current resources and increase access through the use of informal resources and better collaboration. The certification training challenges and encourages staff to move beyond focusing only on formal services as strategies to address needs and safety issues. When focus is placed on needs of families, new options and intervention strategies often arise.

The Native American Training Institute was awarded a system of care grant in August 2003. This grant will interface with the child welfare program improvement plan and increase possibilities of furthering collaboration.

The plans will be entered into the SPOC computer system. This computer system will support the wraparound process and will provide outcome data for each child in the area home, school and community. SPOC is not a case management system but it is the tool that will be used by certified wraparound facilitators to complete the wraparound process and service plan with families. Each family's plan will be reviewed every 3 months to determine if goals are being met.

Select state staff will have the ability to view all of the plans that are created by field staff. A quality assurance process will be developed to determine if the process is actually happening.

The competencies that will be needed by the certified wraparound facilitator to provide this process will include:

1. Knowing and understanding the core principles of wraparound and integrating them into practice;
2. Knowing how to join with families to develop a relationship with them;
3. Knowing how to complete a family assessment including a strengths assessment;
4. The ability to integrate life domains into the assessment and planning process;
5. Understanding the impact of culture in working with families;
6. Understanding the importance of the "team" in developing the plan with the family;
7. The ability to conduct a child and family team meeting;
8. The ability to write a service plan that utilizes strengths to meet the needs;
9. The ability to engage the team in creative and individualized service planning;
and
10. The ability to use the computer system that supports this process.

The following two charts describe the action steps leading toward full implementation of the wraparound process.

Wraparound Implementation Benchmarks

Action Steps	Lead Staff	Benchmark projected completion date	Annual outcome benchmark	Actual Completion Date
1 Each newly certified County Social Service case manager <u>will begin using the</u> wraparound process with families that are newly assigned to them.	JoAnne Hoesel Kathy Neideffer	June 2003 – Dec 2004	In July 2004, 130 case managers will be providing wraparound in in-home and foster care cases to their newly assigned cases.	June 2003 SPOC became available and 22 certified staff was given security clearance. They began using the wraparound process with new families assigned.
2. Wraparound will be available in all regions of the State.	JoAnne Hoesel Kathy Neideffer	1/2004	NA	
3. Computer application will be completed and implemented.	JoAnne Hoesel Kathy Neideffer	6/2003	NA	6/2003
4. Participant manual developed/completed.	JoAnne Hoesel Kathy Neideffer	3/2003	NA	3/2003
5. Curriculum development completed.	JoAnne Hoesel Kathy Neideffer	3/2003	NA	3/2003
6. 2 day annual training agenda developed.	JoAnne Hoesel Kathy Neideffer	4/2003	NA	4/2003
7. 2 day annual training cycle begins.	JoAnne Hoesel Kathy Neideffer	4/2003	NA	4/2003
8. Two 2-day training sessions provided in 2004 and 2005 to child welfare staff certified in 2001, 2003 and 2004	JoAnne Hoesel Kathy Neideffer	2004 sessions provided 2005 sessions provided 2006 sessions provided	2004 Sessions occurred 2005 sessions occurred	
9. Integrate SPOC chart review into each of the regional CFSRs. Set baseline data on educational, juvenile justice and restrictive ness of living outcome measures located in SPOC.	JoAnne Hoesel Kathy Neideffer	Begin in 1/2004, 2/2004, 3/2004, 4/2004, 5/2004, 8/2004, 9/2004, 10/2004	SPOC chart review tool was used in Jan – May’s CFSR’s regional reviews.	
10. Initial Wrap certification training sessions held with 20 – 30 participants attending each session from DJS, Child Welfare, Human Services, and partner agencies.	JoAnne Hoesel Kathy Neideffer	March 2003-2 sessions 5/2003, 7/2003, 9/2003, 10/2003, 11/2003, 1/2004, 3/2004, 5/2004, 7/2004, 10/2004, 11/2004	Trainings Held: 7 training sessions held in 2003 with at least 175 participants. 6 training sessions held in 2004 with at least 20 -30 participants.	Trainings Held/participants: March 2003/52 May 2003/20 July 2003/23 September 2003/29
11. Wraparound Certification Training 2004	JoAnne Hoesel Kathy Neideffer	1/2004 Minot 3/2004 Grand Forks 5/2004 Fargo 7/2004 Bismarck 10/2004 Grand Forks 11/2004 Fargo		

Wraparound Process Benchmarks

Action/Steps	Lead Staff	Projected Benchmark completion dates	Annual outcome benchmarks	Actual Completion Date
1. Each family newly assigned to in-home and foster care programs will receive wraparound process from a certified case manager, at the point the case manager is certified.	JoAnne Hoesel Kathy Neideffer	Begin June 2003 As of Dec 2006, 170 existing child welfare staff certified providing in-home or foster care case management will be certified. A 10% sampling of current cases in CCWIPS and CAN databases will be cross referenced with cases in SPOC and reviewed by December 2006.	As of July 2003, 34 child welfare staff are certified (16 supervisors). As of December 2004, 190 child welfare staff are certified in the wraparound process (36 supervisors). As of December 2005, 208 child welfare staff are certified in the wraparound process (38 supervisors). A 10% sampling of current cases in CCWIPS and CAN databases will be cross referenced with cases in SPOC and reviewed by December 2003. A 10% sampling of current cases in CCWIPS and CAN databases will be cross referenced with cases in SPOC and reviewed by December 2004.	As of July 2003, 54 child welfare staff were certified. (16 supervisors)
2. Each new family assigned with a certified case manager will have their strengths, needs, risk, and safety issues assessed through the use of Strength Discovery. The results of this Strength's Discovery will be recorded in the SPOC computer application.	JoAnne Hoesel Kathy Neideffer	Begin June 2003, a 10% sampling of current cases in CCWIPS and CAN databases will be cross referenced with cases in SPOC by December 2005 and reviewed for their strengths, needs, risk, and safety issues assessed through the use of Strength Discovery. The results of this Strength's Discovery will be recorded in the SPOC computer application.	A 10% sampling of current cases in CCWIPS and CAN databases will be cross referenced with cases in SPOC by December 2004 and reviewed for their strengths, needs, risk, and safety issues assessed through the use of Strength Discovery. The results of this Strength's Discovery will be recorded in the SPOC computer application.	

3. Each new family will have a child and family team based on family needs. This team will be comprised of both formal and natural support, all involved in developing a plan to address risk factors, needs, and safety issues of the family.	JoAnne Hoesel Kathy Neideffer	A 10% sampling of current CCWIPS, COMPAS, and In-Home cases and will be cross referenced with cases in SPOC by December 2005 and reviewed for team membership.	A 10% sampling of current CCWIPS, COMPAS, and In-Home cases and will be cross referenced with cases in SPOC by December 2004 and reviewed for team membership.	
4. Each new child and family will have a safety plan.	JoAnne Hoesel Kathy Neideffer	A 10% sampling of current CCWIPS, COMPAS, and In-Home cases and will be cross referenced with cases in SPOC by December 2005 and reviewed for safety plans.	A 10% sampling of current CCWIPS, COMPAS, and In-Home cases and will be cross referenced with cases in SPOC by December 2004 and reviewed for safety plans.	
5. Each new family will have their plan reviewed at least every three months to assess if goals are being met; and tasks are accomplished.	JoAnne Hoesel Kathy Neideffer	A 10% sampling of current CCWIPS, COMPAS, and In-Home cases and will be cross referenced with cases in SPOC by December 2005 and reviewed for 3-month formal reviews.	A 10% sampling of current CCWIPS, COMPAS, and In-Home cases and will be cross referenced with cases in SPOC by December 2004 and reviewed for 3-month reviews.	
6. A sample of SPOC/COMPAS will be reviewed during the CFSR done in the regions	JoAnne Hoesel Kathy Neideffer	CFSR will include SPOC/COMPAS reviews beginning in January 2004.	CFSR will include SPOC reviews beginning in January 2004 and in each review thereafter.	
6a. The CFSR SPOC/COMPAS sampling will be reviewed for having a completed Strength's Discovery with safety, risk and needs identified and strengths of the family tied to life domains.	JoAnne Hoesel Kathy Neideffer	CFSR review will review for strengths, needs, risk, and safety issues assessed through the use of Strength Discovery/COMPAS beginning in calendar year 2004.	CFSR review will review for strengths, needs, risk, and safety issues assessed through the use of Strength Discovery/COMPAS beginning in calendar year 2004 and in each review thereafter.	
6b. The CFSR SPOC sampling will be reviewed for having a safety plan.	JoAnne Hoesel Kathy Neideffer	CFSR review will review for containing a safety plan as documented in the Single Plan of Care beginning in calendar year 2004.	CFSR review will review for containing a safety plan as documented in the Single Plan of Care beginning in calendar year 2004 and in each review thereafter.	

6c. The CFSR SPOC sampling will be reviewed for having a family plan with goals and tasks.	JoAnne Hoesel Kathy Neideffer	CFSR review will review for containing a family plan with goals and tasks as documented in the Single Plan of Care beginning in calendar year 2004.	CFSR review will review for containing a family plan with goals and tasks as documented in the Single Plan of Care beginning in calendar year 2004 and in each review thereafter.	
6d. The CFSR SPOC sampling will review three-month review timeframes and any adjustments to these time frames.	JoAnne Hoesel Kathy Neideffer	CFSR review will review for cases having 3-month reviews as documented in the Single Plan of Care beginning in calendar year 2004.	CFSR review will review for cases having a 3-month review as documented in the Single Plan of Care beginning in calendar year 2004 and in each review thereafter.	
6e. The CFSR SPOC sampling will review team membership.	JoAnne Hoesel Kathy Neideffer	CFSR review will review for team membership as documented in the Single Plan of Care beginning in calendar year 2004.	CFSR review will review for team membership as documented in the Single Plan of Care beginning in calendar year 2004 and in each review thereafter.	
6f. The CFSR review will include the regional team representative(s) to discuss system development issues relative to the expansion of the wraparound process.	JoAnne Hoesel Kathy Neideffer	CFSR review will include regional team representatives beginning in calendar year 2004.	CFSR review will include regional team representatives beginning in calendar year 2004 and in each review thereafter.	

* Source: CFSR Final Assessment, Executive Summary. In the "Items Contributing to Non-Conformity" section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Monitoring Goal Achievement

Progress made toward these goals will be measured through the CFSR process held in each region. As the wraparound process is institutionalized, an increasing percentage of the cases in the sample universe will in fact be wraparound cases. This gradual movement towards reviewing wraparound cases will allow us to measure the improvement resulting from implementing the wraparound process. Additionally, this method will allow us to maintain the integrity of the random sampling process.

Beginning with the regional CFSR cycle of calendar year 2004 we will specifically review wraparound cases using the CFSR process. We expect to review two wraparound cases in each region. These cases will be in addition to the six cases reviewed as part of the “regular” review process. Results of these wraparound reviews will be included in the quarterly reports submitted to ACF.

It is anticipated that the wraparound process will impact aggregated data by its impact on practice. Once a worker is certified in wrap-around, all of their new cases will use this process. For existing cases, it is anticipated that supervision, initial certification training participation, CFSR reviews, and ongoing discussion will impact current practice and have a ‘trickle down’ impact.

Cross System Quality Assurance

Although not part of the PIP, the plans developed through the process (wraparound) will be reviewed across all the different systems involved (Mental Health, Corrections, Child Welfare). In addition, three universal outcome measurements will be implemented for each child. Those are Educational Attendance and Performance Indicators, Juvenile Justice and Law Enforcements Indicators, and the Restrictive-ness of Living Environments Scale (ROLES). These measures concentrate on the child's functional and behavioral changes and assess overtime whether the child is functioning better in the community, educationally, and living in the less restrictive settings.

The tables below provide detail on benchmark 8 (Review of Cases, with a plan in SPOC), in the Wraparound Implementation Process matrix.

Monitoring Benchmark	Evaluation Method
Who are we serving?	Intake Data
What Services are we providing?	Family Preservation data elements, task entries
How are children functioning?	Educational and Juvenile Justice outcome measures
Are children living in less restrictive settings?	ROLES outcome measure
How many families are served?	SPOC intake data
Are strengths being used to formulate goals?	Sampling of SPOC life domain goals
Does each plan identify needs, goals, tasks, and assign roles through the establishment of the plan?	Sampling of SPOC family plans

* Source: CFSR Final Assessment, Executive Summary. In the "Items Contributing to Non-Conformity" section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Specific SINGLE PLAN OF CARE Reports

Aggregate	State-Wide	By Region	By Agency
# Of SPOC's in System	X	X	X
# Of Clients in System	X	X	X
Case Load per Case Manager	X	X	X
# Of Medicaid Recipients	X	X	X
Axis 1 Diagnosis (top 5)	X	X	X
# Of Clients with Axis 1 Diagnosis	X	X	X
Axis 2 Diagnosis (top 5)	X	X	X
# Of Clients with Axis 2 Diagnosis	X	X	X
GAF Scores	X	X	X
Referral Source	X	X	X
Presenting Problem	X	X	X
Child Risk Factors by Frequency	X	X	X
Family Risk Factors by Frequency	X	X	X
County of Residence	X	X	X
Region of Residence	X	X	X
# Of Families Receiving Intensive In-Home	X	X	X
# Of Families Receiving Parent Aide	X	X	X
# Of Families Receiving Respite Care	X	X	X
# Of Families Receiving Prime Time Care	X	X	X
Educational Descriptive Indicators	X	X	X
Juvenile Justice Descriptive Indicators	X	X	X
ROLES	X	X	X
Child Specific Reports			
Case Load List by Case Manager			X
New Care Plans Due by Case Manager			X
Outcome Reports by Child			X

The reader is encouraged to read the attached white paper for a more comprehensive review of the Wraparound process; it's philosophy, and implementation in North Dakota located in Addendum 1.

Regional CFSR Process

CFS will implement an on-site review process in select regions/counties mirroring the national CFSR process, including case reviews, interviews with those involved in the case, and interviews with community stakeholders. **This is a major quality assurance initiative that will be institutionalized in North Dakota.** The reviews began in February 2003. Each of the eight regions will be reviewed every year. Six case file reviews will be conducted in each region.

Beginning in the review cycle of calendar year 2004 we will review an additional two wraparound cases per region using the CFSR methodology.

Reporting on the results of the reviews and corrective action steps will occur in the following manner:

1. Each County that has a case(s) reviewed will receive a detailed synopsis of their result(s). Each County will be asked to respond in writing how they will address areas needing improvement.
2. The regional results will be compiled in a less detailed format, and distributed to each County, Regional Offices, and any interested Stakeholders. Essentially they will be public documents. These regional reports will also be submitted to ACF as part of our CFSR quarterly reporting requirement.
3. The yearly compilation of these reviews will be used to measure PIP progress in the outcome(s) needing improvement from the CFSR results, using the final CFSR report (4/2002) as a baseline.
4. The body of knowledge developed from these reviews will allow CFS to identify best practices and provide direction toward appropriate program and policy changes.
5. It is expected that the reviews will have an immediate positive impact at the practitioner level through their participation in the review process.
6. Beginning in calendar year 2004, the number of wraparound cases reviewed, and the results of these reviews.

Training and Curriculum Development

In addition to the training and certification developed and implemented as part of the Wraparound Process, training will be conducted in the following areas: decision-making process, assessing risk, case documentation, CPS case management, foster care case management, and supervision. Resources (manuals, guides, handbooks) will be developed, or existing documents revised, to support the front line workers and supervisors. Front line workers and supervisors will be trained on bringing information gained in the safety, strength, risk assessment (SSRA) used in child protection assessments, into the Strength Discovery life domains.

These training and curriculum efforts are noted in the respective “Methods to Achieve Goal” tables/matrices. The reader should notice that some of these efforts are the same, that is, the same training effort will affect multiple outcomes.

Required Quarterly Reporting

Each quarter North Dakota will provide the ACF/CB a report that reflects all progress made towards completion of our PIP. As goals are met we will continue to monitor and report on these goals for two quarters after achieving the target.

This report will include:

1. An updated matrix showing progress made towards meeting stated benchmark dates.
2. A detailed report on all specific work completed (relating to the PIP) for the reporting period.
3. Updates showing movement on all available national data measures.
4. Information on the results of the regional CFSR’s.
5. An analysis of any trends or developing issues that may impact the goals or timetables of the PIP.

On a yearly basis we expect to provide an extensive report that details the movement made towards substantial conformity. This will be accomplished by using the CFSR results from 2001 as a baseline, calculating the results from our regional CFSR’s, and measuring the resulting change using the identical format prescribed by ACF/CB in the CFSR.

Technical Assistance Plan used in Development and Implementation of the PIP

We intend to consistently review the need for accessing the assistance of the various National Resource Centers. As these resources are utilized, updates will be included in the State's quarterly PIP report.

Below is a list of resources that have been, or are currently being utilized.

Peter Watson – National Resource Center for Organizational Improvement

This resource is being used to help institutionalize the CFSR process in North Dakota. This is being accomplished by training state staff in using the CFSR tools. More importantly Mr. Watson has been a valuable resource in helping the State customize the review process to meet our needs.

February 6-7, 2003	Training staff on CFSR process
June 2, 2003	Training staff on CFSR process
November 18-20, 2003	Training staff on CFSR process (tentative)

John Franz – PaperBoat Consulting, Madison Wisconsin

September 26, 2002	John met with the wraparound curriculum work group. Technical assistance concentrated on developing the process of implementation across systems, and defining competencies resulting from the certification training.
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Rationale for choosing percentage improvements in Goals

The percentage of improvement in the national data standards is the sampling error. This is the minimum improvement required as referenced in ACYF-CB-IM-01-07, and was determined to be a reasonable and realistic target.

The percentage of improvement in all other areas is 4% over the two year PIP cycle. This percentage improvement was determined to be a reasonable and realistic target.

The next section of this PIP includes detailed information on each of the areas in which North Dakota was not in substantial conformity.

We list the specific item determined to be the major cause of non-conformity, as referenced in the Final State Assessment (4/12/02). Additionally we list the specific goal, evaluation methodology, and methods to achieve (action steps) that goal.

Safety Outcome 1 – Repeat Maltreatment

Outcome S1: Children are first and foremost, protected from abuse and neglect.

Item(s) Contributing to Non-Conformity*

North Dakota did not achieve substantial conformity on Safety Outcome 1. Repeat Maltreatment (item 2) was the primary area of concern.

Item 2 (Repeat Maltreatment) was rated as an area needing improvement because North Dakota's incidence of repeat maltreatment for CY 1999 (11.7%) was higher than the national standard of 6.1%

Goal

Decrease the incidence of repeat maltreatment from 9.18% (CY 2002 actual) to 8.28% (sampling error (0.90%)) within two years of plan approval.

Of all children who were victims of child abuse and/or neglect (service required) during the first six months of the year, 6.1% or fewer had another (services required) assessment within a 6-month period.

CY 1999	CY 2002 actual	CY 2004	CY 2005	National Std.
11.7 %	9.18 %	8.63 %	8.28 %	6.1 %

Evaluation Method

Using the federal methodology, we will calculate the recidivism rate each year by using the state's Child Abuse and Neglect computer systems data. In addition, the state will implement a Quality Assurance review of cases that replicates the CFSR methodology (action step #2). This will allow us to track progress towards this goal.

* Source: CFSR Final Assessment, Executive Summary. In the "Items Contributing to Non-Conformity" section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Goal: Safety Outcome 1 – Repeat Maltreatment

Decrease the incidence of repeat maltreatment from 9.18% (CY 2002 actual) to 8.28% (sampling error (0.90%)) within two years of plan approval.

Methods to Achieve Goal – S1 Item 2

Action Steps/Benchmarks	Lead Staff	Projected Benchmark Completion Date	Actual Completion Date
1. Implementation of the Wraparound Process case management model. This is our major initiative in meeting the requirements of the Adoption and Safe Families Act (Public Law 105-89).	Kathy Neideffer JoAnne Hoesel	Please reference earlier narrative/matrix.	
2. Conduct the on-site portion of the CFSR process in selected regions/counties in North Dakota. Process will include case reviews, interviews with individuals involved with the case, and community stakeholders.	Tom Pomonis Don Snyder	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003, 11/2003, CY 2004 dates TBA	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003
3. A review form will be developed which will require an analysis of each case where a services “required decision” was made and within six months another cps assessment was completed with a “services required” decision. The regional supervisors of Child Protection Services will complete the review analysis. Those reviews will be sent to the central office of Child Protection Services. The central office will complete a summary of the reviews and provide feedback to the regional and county cps staff. The summary should also provide information on changes needed in policies, training and technical assistance for the decrease in repeat maltreatment of children.	Gladys Cairns	11/2003	
4. Create and distribute to the Multi-disciplinary CPS Teams a handbook that provides guidance for appropriate decision making processes.	Gladys Cairns	2/2004	
5. Train CPS team members in improved decision-making processes.	Gladys Cairns	6/2004	
6. Develop a guide for CPS social workers to facilitate assessing safety, strength, and risk in the decision making process.	Gladys Cairns	9/2003	8/2003
7. Provide training to CPS social workers on the assessment of safety, strength, and risk. The training will focus on improving the assessment of safety, strength, risk factors, and decision-making.	Gladys Cairns	6/2004	
8. Provide case documentation training to CPS social workers.	Gladys Cairns	6/2004	
9. Provide supervision training to child welfare supervisors of CPS assessments, CPS case management, and foster care case management.	Gladys Cairns	3/2003, 9/2003, 3/2004	3/2003, 9/2003
10. The CPS data system will be used to identify cases with a victim or subject with five or more previous decisions of “services required” or “no services required, but services recommended”. A “red flag” process will be implemented that initiates a high level of review of the cases identified by the data system. This review will be used to identify factors contributing to repeat maltreatment. The review will be conducted at the local level with case specific information sent to the central	Gladys Cairns	1/2004	

* Source: CFSR Final Assessment, Executive Summary. In the “Items Contributing to Non-Conformity” section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

<p>office. The central office will summarize the reviews, analysis any appropriate policy, training or technical assistance changes and report back to the regions and counties. Information gleaned from the reviews will be analyzed to identify factors contributing to repeat maltreatment and risk of harm to the child. After the factors are identified, steps will be taken to address each contributing factor, including training, supervision, policy changes, or other strategies as appropriate to address the identified contributing factors.</p>			
<p>11. Analyze Child Abuse and Neglect administrative computer system data to examine potential case level factors that contribute to higher levels of repeat maltreatment.</p>	<p>Research Staff</p>	<p>4/2003</p>	

Safety Outcome 2 – Risk of Harm to Child

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Item(s) Contributing to Non-Conformity*

North Dakota did not achieve substantial conformity on Safety Outcome 2. Risk of harm to child (item 4) was the primary area of concern.

Item 4 was assigned an overall rating of Area Needing Improvement because in 22% of the cases reviewed, reviewers determined that the risk of harm to children was not adequately addressed.

Goal

Increase the percentage of cases in which risk of harm to children is adequately addressed by four percentage points (i.e. 81.3 % to 85.3 %) within two years of plan approval.

Percent of cases determined to adequately address the risk of harm to children.

FFY 1999	FFY 2003 Actual	FFY 2004	FFY 2005	Substantial Conformity
78.0 %	81.3 %	83.3 %	85.3 %	90.0 %

Evaluation Methodology

The state will implement a Quality Assurance review of cases that replicates the CFSR methodology (action step #2). This will allow us to track progress towards this goal.

* Source: CFSR Final Assessment, Executive Summary. In the "Items Contributing to Non-Conformity" section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Goal: Safety Outcome 2 – Risk of Harm to Child

Increase the percentage of cases in which risk of harm to children is adequately addressed by four percentage points (i.e. 81.3 % to 85.3 %) within two years of plan approval.

Methods to Achieve Goal – S2 Item 4

Action Steps/Benchmarks	Lead Staff	Projected Benchmark Completion Date	Actual Completion Date
1. Implementation of the Wraparound Process case management model. This is our major initiative in meeting the requirements of the Adoption and Safe Families Act (Public Law 105-89).	Kathy Neideffer JoAnne Hoesel	Please reference earlier narrative/matrix.	
2. Conduct the on-site portion of the CFSR process in selected regions/counties in North Dakota. Process will include case reviews, interviews with individuals involved with the case, and community stakeholders.	Tom Pomonis Don Snyder	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003, 11/2003, CY 2004 dates TBA	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003
3 A review form will be developed which will require an analysis of each case where a services “required decision” was made and within six months another cps assessment was completed with a “services required” decision. The regional supervisors of Child Protection Services will complete the review analysis. Those reviews will be sent to the central office of Child Protection Services. The central office will complete a summary of the reviews and provide feedback to the regional and county cps staff. The summary should also provide information on changes needed in policies, training and technical assistance for the decrease in repeat maltreatment of children.	Gladys Cairns	11/2003	
4. Create and distribute to the Multi-disciplinary CPS Teams a handbook that provides guidance for appropriate decision making processes.	Gladys Cairns	2/2004	
5. Train CPS team members in improved decision-making processes.	Gladys Cairns	6/2004	
6. Develop a guide for CPS social workers to facilitate assessing safety, strength, and risk in the decision making process.	Gladys Cairns	2/2004	
7. Provide training to CPS social workers on the assessment of safety, strength, and risk. The training will focus on improving the assessment of safety, strength, risk factors, and decision-making.	Gladys Cairns	9/2003	8/2003
8. Provide case documentation training to CPS social workers.	Gladys Cairns	6/2004	
9. Provide supervision training to child welfare supervisors of CPS assessments, CPS case management, and foster care case management.	Gladys Cairns	3/2003, 9/2003, 3/2004	3/2003, 9/2003
10. The CPS data system will be used to identify cases with a victim or subject with five or more previous decisions of “services required” or “no services required, but services recommended”. A “red flag” process will be implemented that initiates a high level of review of the cases identified by the data system. This review will be used to identify factors contributing to repeat maltreatment. The review will be conducted at the local level with case specific	Gladys Cairns	1/2004	

<p>information sent to the central office. The central office will summarize the reviews, analysis any appropriate policy, training or technical assistance changes and report back to the regions and counties. Information gleaned from the reviews will be analyzed to identify factors contributing to repeat maltreatment and risk of harm to the child. After the factors are identified, steps will be taken to address each contributing factor, including training, supervision, policy changes, or other strategies as appropriate to address the identified contributing factors.</p>			
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* Source: CFSR Final Assessment, Executive Summary. In the "Items Contributing to Non-Conformity" section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Permanency Outcome 1 – Foster Care Re-Entries

Outcome P1: Children have permanency and stability in their living situations.

Of all children who entered foster care during the year, 8.6% or fewer of those children re-entered foster care within 12 months of a prior foster care episode.

Item(s) Contributing to Non-Conformity*

North Dakota did not achieve substantial conformity on Permanency Outcome 1. The primary area of concern was Foster Care Re-Entries (item 5).

Item 5 was assigned an overall rating of area needing improvement because 16.3% of the children entering foster care in North Dakota during FFY 1999 were re-entering care within 12 months of discharge from a prior foster care episode. This exceeds the national standard of 8.6%.

Goal

Decrease the incidence of foster care re-entries by 1.35 percentage points (i.e. 19.5% to 18.15%) within two years of plan approval.

FFY 1999	FFY 2002 Actual	FFY 2004	FFY 2005	National Std.
16.3%	19.5 %	18.83 %	18.15 %	8.6 %

Evaluation Methodology

Using the federal methodology, we will calculate the re-entry rate at six-month intervals using the state's AFCARS data. In addition, the state will implement a quality assurance review of cases that replicates the CFSR methodology (see action step #2). This will allow us to track progress towards the goal.

* Source: CFSR Final Assessment, Executive Summary. In the "Items Contributing to Non-Conformity" section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Goal: Permanency Outcome 1 – Foster Care Re-Entries

Decrease the incidence of foster care re-entries by 1.35 percentage points (i.e. 19.5% to 18.15%) within two years of plan approval.

Methods to Achieve Goal – P1 Item 5

Action Steps/Benchmarks	Lead Staff	Projected Benchmark Completion Date	Actual Completion Date
1. Implementation of the Wraparound Process case management model. This is our major initiative in meeting the requirements of the Adoption and Safe Families Act (Public Law 105-89).	Kathy Neideffer JoAnne Hoesel	Please reference earlier narrative/matrix.	
2. Conduct the on-site portion of the CFSR process in selected regions/counties in North Dakota. Process will include case reviews, interviews with individuals involved with the case, and community stakeholders.	Tom Pomonis Don Snyder	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003, 11/2003, CY 2004 dates TBA	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003
3. CFS Director will meet with DJS and Tribal representatives on a quarterly basis to review re-entry data, factors influencing re-entry and possible remediation strategies.	Paul Ronningen	First meeting will occur in 4/2003 and quarterly thereafter.	4/2003, 5/2003
4. Develop and implement a “red flag” process that initiates a high level review of cases with a re-entry within the previous year.	Don Snyder	7/2004	
5. Analyze CCWIPS data to examine potential case level factors that contribute to higher levels of re-entry into foster care.	Research Staff	7/2003	
6. Examine permanency planning committees to determine if required and recommended persons are participating, such as teachers, therapists, etc.	Don Snyder	7/2004	

Well-Being Outcome 1 – Needs and Services of Child, Parents, and Foster Parents

Outcome WBI: Families have enhanced capacity to provide for their children's needs.

Item(s) Contributing to Non-Conformity*

North Dakota did not achieve substantial conformity on Well-Being Outcome1. One of the primary areas of concern was item 17 (Needs and services of child, parents, and foster parents).

Item 17 was assigned an overall rating of Area Needing Improvement based on the finding that in over one-fourth of the cases reviewed, reviewers determined that the agency had not adequately met the service needs of children, parents, and foster parents. One key problem was that in cases in which children remained in their homes, the agency tended to focus on the service needs of the parents and pay insufficient attention to the children's service needs.

Goal

Increase the percentage of cases in which the agency has adequately met the service needs of children, parents, and foster parents by four percentage points (i.e. 76.2% to 80.2%) within two years of plan approval. We will primarily focus our efforts on improving attention to children's service needs.

Percent of cases determined that the agency had adequately met the service needs of children, parents, and foster parents.

FFY 1999 actual	FFY 2003 actual	FFY 2004	FFY 2005	Substantial Conformity
73.0%	76.2%	78.2%	80.2 %	90%

Evaluation Method

The state will employ a quality assurance review for cases that replicates the CFSR methodology (see action step #2). This will allow us to track progress towards this goal.

* Source: CFSR Final Assessment, Executive Summary. In the "Items Contributing to Non-Conformity" section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Goal: Well-Being Outcome 1 – Needs and Services of Child, Parents, and Foster Parents

Increase the percentage of cases in which the agency has adequately met the service needs of children, parents, and foster parents by four percentage points (i.e. 76.2% to 80.2%) within two years of plan approval. We will primarily focus our efforts on improving attention to children’s service needs.

Methods to Achieve Goal – WB1 Item 17

Action Steps/Benchmarks	Lead Staff	Projected Benchmark Completion Date	Actual Completion Date
1. Implementation of the Wraparound Process case management model. This is our major initiative in meeting the requirements of the Adoption and Safe Families Act (Public Law 105-89).	Kathy Neideffer JoAnne Hoesel	Please reference earlier narrative/matrix.	
2. Conduct the on-site portion of the CFSR process in selected regions/counties in North Dakota. Process will include case reviews, interviews with individuals involved with the case, and community stakeholders.	Tom Pomonis Don Snyder	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/ 2003, 10/2003, 11/2003, CY 2004 dates TBA	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003
2. Strengthen policy related to assessing the needs of children, parents, and foster parents, focusing on improvements in addressing children’s needs.	Kathy Neideffer	3/2004	
3. Revise policy manuals to include wraparound process.	Kathy Neideffer	6/2004	

* Source: CFSR Final Assessment, Executive Summary. In the “Items Contributing to Non-Conformity” section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Well-Being Outcome 1 – Worker Visits with Child

Outcome WBI: Families have enhanced capacity to provide for their children’s needs.

Item(s) Contributing to Non-Conformity*

North Dakota did not achieve substantial conformity on Well-Being 1. One of the primary areas of concern was Item 19 (Worker visits with child).

Item 19 was assigned an overall rating of Area Needing Improvement because in 22% of the cases, reviewers determined that visits between the workers and the children did not meet State policy recommendations and/or were not sufficiently frequent to ensure children’s safety and well being. Some stakeholders commenting on this issue noted that there seems to be some confusion about who is responsible for knowing the status of a child when both the agency and contract service providers are involved with the family. These stakeholders suggested that both the agency and the providers need to clarify this issue to ensure sufficient monitoring of children’s well-being status.

Goal

Increase the percentage of cases in which the worker visits with child were sufficient to ensure children’s safety and well being by four percentage points (i.e. 78.6% to 82.6%) within two years of plan approval.

Percent of case determined that worker visits with child were sufficient to ensure children’s safety and well being.

FFY 1999	FFY 2003 actual	FFY 2004	FFY 2005	Substantial Conformity
78.0 %	78.6%	80.6%	82.6%	90.0 %

Evaluation Method

The state will employ a quality assurance review for cases that replicates the CFSR methodology (see action step #2). This will allow us to track progress towards this goal.

* Source: CFSR Final Assessment, Executive Summary. In the “Items Contributing to Non-Conformity” section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Goal: Well-Being Outcome 1 – Worker Visits with Child

Increase the percentage of cases in which the worker visits with child were sufficient to ensure children’s safety and well being by four percentage points (i.e. 78.6% to 82.6%) within two years of plan approval.

Methods to Achieve Goal – WB1 Item 19

Action Steps/Benchmarks	Lead Staff	Projected Benchmark Completion Date	Actual Completion Date
1. Implementation of the Wraparound Process case management model. This is our major initiative in meeting the requirements of the Adoption and Safe Families Act (Public Law 105-89).	Kathy Neideffer JoAnne Hoesel	Please reference earlier narrative/matrix.	
2. Conduct the on-site portion of the CFSR process in selected regions/counties in North Dakota. Process will include case reviews, interviews with individuals involved with the case, and community stakeholders.	Tom Pomonis Don Snyder	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/ 2003, 10/2003, 11/2003, CY 2004 dates TBA	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/2003, 10/2003
2. Strengthen and clarify policy related to worker visits with foster children (i.e. replace “recommended” visits with “required” visits).	Don Snyder	6/2003	3/2003
3. Strengthen policy and practice regarding case management responsibility with a family when multiple agencies are involved.	Don Snyder Kathy Neideffer	3/2004	
4. Revise policy manuals to include wraparound process.	Kathy Neideffer	6/2004	

Well-Being Outcome 3 – Mental Health of Child

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Item(s) Contributing to Non-Conformity*

North Dakota did not achieve substantial conformity on Well-Being Outcome3. The primary area of concern was mental health of children (item 23).

Item 23 was assigned an overall rating of Area Needing Improvement because reviewers indicated that in 20% of the applicable cases, the child’s mental health services needs were not adequately addressed. There was a lack of both mental health assessments as well as services.

Goal

Increase the percentage of cases in which the child’s mental health service needs were adequately addressed by four percentage points (i.e. 80% to 84%) within two years of plan approval.

Percent of cases determined that the child’s mental health service needs were adequately addressed.

FFY 1999	FFY 2003 actual	FFY 2004	FFY 2005	Substantial Conformity
80.0 %	62.9 %	82.0 %	84.0 %	90.0 %

Evaluation Method

The state will employ a quality assurance review for cases that replicates the CFSR methodology (see action step #2). This will allow us to track progress towards this goal.

* Source: CFSR Final Assessment, Executive Summary. In the “Items Contributing to Non-Conformity” section, much of the language from the Final Assessment was used word for word to ensure no loss of content.

Goal: Well-Being Outcome 3 – Mental Health of Child

Increase the percentage of cases in which the child’s mental health service needs were adequately addressed by four percentage points (i.e. 80% to 84%) within two years of plan approval.

Methods to Achieve Goal – WB3 Item 23

Action Steps/Benchmarks	Lead Staff	Projected Benchmark Completion Date	Actual Completion Date
1. Implementation of the Wraparound Process case management model. This is our major initiative in meeting the requirements of the Adoption and Safe Families Act (Public Law 105-89).	Kathy Neideffer JoAnne Hoesel	Please reference earlier narrative/matrix.	
2. Conduct the on-site portion of the CFSR process in selected regions/counties in North Dakota. Process will include case reviews, interviews with individuals involved with the case, and community stakeholders.	Tom Pomonis Don Snyder	2/2003, 3/2003, 4/2003, 6/2003, 7/2003, 8/ 2003, 10/2003, 11/2003, CY 2004 dates TBA	2/2003, 3/2003, 4/2003
3. Implement a mental/behavioral health-screening tool for children who do not receive a Health Tracks screening.	Kathy Neideffer Don Snyder	1/2004	
4. Strengthen policy related to assessing children’s mental health needs and services.	Don Snyder Kathy Neideffer	6/2004	
5a. Revise policy manuals to include wraparound process.	Kathy Neideffer	1/2004	
5b. Provide certification training in the wraparound process to supervisors and family social work staff.	Kathy Neideffer JoAnne Hoesel	1/2004	
5c. Provide certification training in the wraparound process to Child Protection and foster care case management staff.	Kathy Neideffer JoAnne Hoesel	6/2005	
5d. Develop and implement the Single Plan of Care (SPOC) computer application as the treatment/service plan to support the wraparound process.	Kathy Neideffer JoAnne Hoesel	6/2003	6/2003
5e. Meet with the Regional Supervisors of County social service programs to facilitate the implementation of the wraparound process.	Kathy Neideffer	4/2003 and quarterly thereafter.	4/2003, 7/2003, 10/2003

Addendum 1

CHILDREN AND FAMILY SERVICES WHITE PAPER CHILD WELFARE CASE MANAGEMENT MODEL USING THE WRAPAROUND PROCESS

PURPOSE:

The Child Welfare System implemented a case management model of practice (Family Social Work) in 17 Counties. The Mental Health system implemented a strengths based planning process called Wraparound 7 years ago. Philosophically these two processes are very similar. Currently these two processes are being merged into one process. This process will become the case management model across the child welfare system with the goal of achieving consistent practice in child welfare. Efforts will be made to streamline the various program requirements and eliminate duplication of efforts. The Children and Family Services Division will move forward over the next 3 to 5 years to implement this model in child welfare.

HISTORY:

The Children and Family Services Division, the Division of Mental Health and Substance Abuse, and the Division of Juvenile Services have been working jointly with a work group to develop a strength-based wraparound planning process across systems for children and families with complex needs. This work has been in progress since 1999 but most recently, within the last 8 months, efforts have been stepped up. The systems involved include mental health, corrections and child welfare. Certification in the wraparound process will be a requirement in order to deliver this process and claim Title XIX targeted case management funding. As a result a cross system certification-training curriculum is being developed incorporating both the strength based wraparound planning and the family social work model. Other systems have shown an interest in being involved in this process and are a part of the curriculum development, computer development and training. They include two private agencies, Dakota Boys Ranch, and PATH. A parent representative from the Federation of Families is also actively involved in the curriculum development and training.

VALUES, BELIEFS AND PRINCIPLES:

The design and implementation of this process is founded on the various systems shared values, beliefs and principals which include:

- A. Families are full and active partners and colleagues in the process.
- B. Services focus on strengths and competencies of families, not on deficiencies.
- C. Services are culturally responsive.
- D. Treatment is based on a team driven approach involving the family and the support of service providers.
- E. Service plans are outcome based.
- F. Services and plans are individualized to meet the needs of children and families.

- G. Resources and supports, both in and out of the family, are utilized for solutions.
- H. Unconditional commitment to working with families and children is provided to refine supports and services.

TRAINING:

A cross system work group is in the process of developing a wraparound certification training curriculum using the strength based wraparound planning process and the second week of the child welfare certification training (Family Social Work) as the base. A team of cross system trainers will present the training hence modeling the cross system planning. The training will present the global concepts required for all systems to facilitate the wraparound process along with the specific requirements within each system. Each system will bring to the process a unique set of requirements for which they are responsible. Child welfare is responsible for child safety, corrections are responsible for community safety, and mental health is responsible for many aspects of safety.

The purpose of this cross system effort is to:

- Provide more consistent and efficient procedures for the coordination and access to services;
- Improve distribution of services across various types of assistance;
- Improve the connection between systems of care for children and families with complex needs;
- Provide services in the least restrictive setting;
- Provide services in the most cost effective manner possible using the wraparound process;
- Decrease the re-entry rate of children and youth to out of home care;
- Improve access to care as well as control of the escalating costs of out of home treatment services.

IMPLEMENTATION:

Certification training in the strength based wraparound process began in December 2001 and will continue in March 2003. A total of 7 week long training sessions, using the cross system certification curriculum, and are planned in various regions of the state through March 2004. Supervisors from the various systems will be among the first to receive the training. In addition all of the Family Social Work Staff, Human Service Center partnerships staff, DJS case managers, and some of the PATH, Dakota Boys Ranch, and Casey staff will receive the training this biennium. CPS follow up and foster care staff will be next on the list to receive the training. Starting in April 2003 and continuing through June 2005, 2-day annual training sessions will be required for those initially certified. These sessions will be for current and new CPS and foster care staff and new staff in each of the systems.

SUPPORT:

A SPOC computer application is being built to support the process in each system. The SINGLE PLAN OF CARE is the treatment/service plan that will be used by the systems and will interface with CCWIPS and several other computer systems. This computer application is web-based and certified people working in corrections, child welfare and mental health will have full access to this application with Internet connectivity. Team members who work for partner agencies will have 'view' capability of the plan with security clearance from the certified individual.

The structure of the SINGLE PLAN OF CARE includes identification of the risks, needs and strengths in the following life domains: basic needs; social/recreational; family; educational/vocational; community; financial/economic; physical health; legal; leisure/recreation; emotional/behavioral; and spiritual/cultural. Safety is paramount in all of the systems therefore safety will be assessed in all of the domains. If safety is an issue a safety plan will be developed with the child and family team. The domains are used to write the treatment/service plan by matching the strengths with the needs.

A continuous quality improvement (CQI) process will be designed using a peer review model to monitor the fidelity of this process. The CQI process will begin in the fall of 2003.

The implementation of this process over the next 3 to 5 years will address several of the areas that need improvement as a result of the federal Child and Family Service Review (CFSR) last September including:

Safety Outcome 2, Item 4 – Risk of Harm to the Child
Well-Being Outcome 1, Item 17 – Needs and Services of Child, Parents, Foster Parents
Well-Being Outcome 1, Item 19 – Worker Visits with Child
Well-Being Outcome 3, Item 23 – Mental Health of Child
Permanency Outcome 1, Item 5 – Foster Care Re-entries
Permanency Outcome 1, Item 6 – Stability of Foster Care Placements

Please find the following attachments:

ATTACHMENT A: Child Welfare Model of Practice Committee
ATTACHMENT B: Single Plan of Care Work Group - April 1999
ATTACHMENT C: State Team
ATTACHMENT D: Wraparound Curriculum Work Group
ATTACHMENT E: SINGLE PLAN OF CARE Computer Work Group
ATTACHMENT F: Wraparound Certification Trainer List

ATTACHMENT A

The federal ASFA legislation, which was passed in 1997, prompted the development of this committee. Prior to 1997 the department implemented a model of practice called Family Focused Services. This committee began to work on a model that would replicate the Family Focused Model that would cut across the child welfare system. This committee was established in early 1998.

CHILD WELFARE MODEL OF PRACTICE COMMITTEE

1. Foster Care Administrator, CFS
2. Julie Hoffman, CFS
3. Gladys Cairns, CFS
4. Tom Pomonis, CFS
5. Kathy Neideffer, CFS
6. Dave Young, R&S
7. Betty Keagan, Rolette County
8. Connie Cleveland, Cass County
9. Clare Mark, Cass County
10. Liz Powers, AASK Program
11. Maureen Haman, Badlands HSC
12. Eva Rohr, Stark County
13. Pete Tunseth, UND CFS Training Center
14. Kathy Puma White, Burleigh County
15. Mary Hermanson, North Central HSC
16. Kate Kenna, Northeast HSC
17. Marlys Baker, CFS
18. Don Snyder, CFS
19. Jeni McCann, Ward County
20. Irene Dybwad, Grand Forks County
21. Pat Podoll, Cass County
22. Susan Wagner, DJS
23. Delores Friedt, CFS

ATTACHMENT B

The single plan of care work group was developed from pulling existing members from the Child Welfare Model Of Practice Committee and adding individuals from other agencies and systems. The goal was to develop a strength based planning process across systems for families with complex needs. The family would have one plan that would provide better access to needed services in the community. The groups identified below were not all involved at the same time but over time all of these individuals were a part of this work group.

SINGLE PLAN OF CARE WORK GROUP - APRIL 1999

1. Michelle Aamold, Manchestor House
2. Karen Berg, Path- Minot
3. Paula Bosh, NCHSC
4. Dan Buckmeier, Burleigh CSSB
5. Jean Burke , NCHSC
6. Peggy Clauson, Ward CSSB
7. Gladys Cairns, CFS
8. Mary Jo Dailey, NDPP
9. Lavon Foster-Briwer, Region V Partnership
10. Laurie Getwasbee, NC HSC
11. Holly Hanson, Path Intern
12. Pat Hardes, Federation
13. Linda Heilman, Ward CSSB
14. Mary Hermanson, NCHSC
15. JoAnne Hoesel, DHS
16. Denise Johnson, Region V Partnership
17. Marcie Kahl, DJS
18. Celeste Knudsen, NCHSC
19. Dawn Krieger, WCHSC
20. Debbie Laffertz, Path
21. Beth Larson Steckler, Casey Family Programs
22. Carlotta Mcclary, Federation
23. David Meiers, ND Federation Of Families
24. Kathy Neideffer, CFS
25. Kathy Nelson, Bureigh CSSB
26. Sara Jo Olson, Region V Partnership
27. Shelly Osborn, Bismarck Public Schools
28. Cory Pedersen, DJS
29. Pat Podoll, Cass CSSB
30. Tom Pomonis, DHS/CFS
31. Dawn Rearson, WCHSC
32. Betsy Roche, Region V Partnership
33. Eva Rohr, Stark CSSB
34. Paul Ronningen, DHS
35. Junell Roswick, DJS
36. Tim Sauter, WCHSC

37. Margaret Schaar, WCHSC
38. Amber Sherman, Path
39. Don Snyder, DHS/CFS
40. Greta Snyder, WCHSC
41. Kerrie Soulis, SCHSC
42. Karen Stave, WCHSC
43. Janna Stein, Path - Bis
44. Pete Tunseth , CFSTC
45. Dale Twedt, Path
46. Lisa Ulrich, WCHSC
47. Michelle Vallan, Bismarck Public Schools
48. Lynda Vistad, SE HSC
49. Susan Wagner, DJS
50. Diana Weber, SCHSC
51. Rita Weisz, WCHSC

ATTACHMENT C

The state team represents the various systems involved in the collaborative effort to implement the wraparound process. The roll of the state team will be to address issues that the regional teams need assistance with. They will also oversee the development and implementation of the wraparound process in the system of care.

State Team

1. Karen Larson, DMHSA
2. Paul Ronningen, CFS
3. David Zentner, Medicaid
4. Tom Solberg, Medicaid
5. David Snyder, CFS
6. Timothy Sauter, West Central HSC
7. Deb Painte, Sacred Child
8. Larry Bernhardt, Stark County
9. Susan Wagner, DJS
10. Kathy Neideffer, CFS
11. Dawn Krieger, West Central HSC
12. Lynda Vistad, South Central HSC
13. Greg Clark, South Central HSC
14. Jean Burke, North Central HSC
15. Bob Rutten, DPI
16. Al Lick, DJS
17. Debra Balsdon, DHS DD
18. Paula Bosch, North Central HSC
19. James Knudsen, North Central HSC
20. Marilyn Rudolph, Northwest HSC
21. Joe John Walker, Sacred Child
22. Nancy McKenzie, Southeast HSC
23. Mike Ahmann, DPI
24. Greg Wallace, Supreme Court
25. Carlotta McCleary, Federation of Families
26. JoAnne Hoesel, DMHSA/CFS

ATTACHMENT D

This work group, which represents corrections, child welfare, mental health, PATH and Casey, was created in early 2002 to develop a training curriculum for the wraparound certification process.

CURRICULUM WORK GROUP

1. Beth Larson Steckler, Casey (SCOPE)
2. Karen Larson, MHSA
3. Dawn Krieger, West Central HSC
4. Pete Tunseth, UND, CFS Training Center
5. Dale Twedt, Path
6. Susan Wagner, DJS
7. Kathy Neideffer, CFS
8. Carla Kessel, Burleigh County
9. Patricia Podoll, Cass County
10. Gladys Cairns, CFS
11. Rita Weisz, West Central HSC
12. Margaret Schaar, West Central HSC
13. Carlotta McCleary, Federation of Families
14. JoAnne Hoesel, DMHSA/CFS

ATTACHMENT E

The single plan of care work group was created to assist with the development of the computer application of the SPOC. The computer application development of THE SINGLE PLAN OF CARE has been an on going process since 2001. In January 2002 the SPOC took on a new life and is now a web based product that will be much more user friendly and flexible to meet the various system needs. The projected date for the production phase of the SPOC is April 2003.

SINGLE PLAN OF CARE COMPUTER WORK GROUP

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