



System of Care Update

Behavioral Health Planning Council, October 2025



Health & Human Services

Aim 5

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

ND SOC Grant Overview

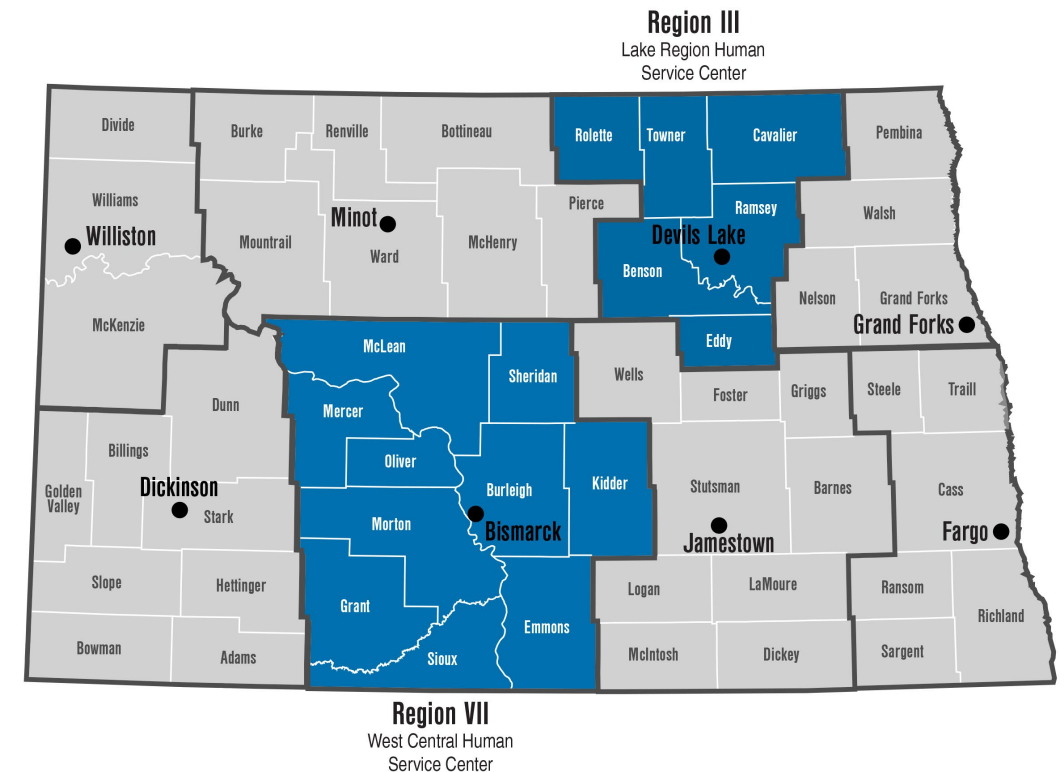
Substance Abuse and Mental Health Services (SAMHSA) System of Care (SOC) Expansion and Sustainability Grant – one of six states awarded \$3 million per year for 4 years (2022-2026).

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.

Primary Goals

1. To increase access to high-quality and culturally appropriate services and supports for children with SED and their families in the identified regions.
2. To develop sustainable infrastructure to support the System of Care approach for ND children and their families.





Shared Leadership

Clinical and Lived Experience

Both advance the overarching goals of the SOC while navigating the healthy tensions that accompany their roles and responsibilities.

Helps your System of Care make informed decisions about services, processes, and policy-making that reflect the experiences of families.

System of Care Values

Community-Based

Services, as well as system management, resting within a supportive, adaptive infrastructure of processes and relationships at the community level.

Youth and Family Driven

The types and mix of services and supports are determined by the strengths and needs of the child and family.

Culturally and Linguistically Responsive

Services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to appropriate supports.



Multi-systemic Involvement (BH, DD, Health, School, Justice, Child Welfare, Economic, etc.)





SOC Goal 1: To increase access to high-quality and culturally appropriate services and supports for children with SED and their families in the identified regions.



Partial Hospitalization Program

CHI St. Alexius Health celebrated the opening of its Child and Adolescent Partial Hospitalization Program in Bismarck, welcoming its first client on April 10, 2025.

- Contracted with BHD in April 2024
- SOC funds supported salaries of clinical team and renovations of building.
- Amending contract to continue working towards sustainability through September 2026.

Current admits: 5
Current Census: 12
Goal Census: 16

PHP Implementation

Successes

- **Addressing a critical regional need:** The program fills a significant gap in the regional continuum of care for children and families, identified as a top priority in the System of Care (SOC) needs assessment by cross-sector stakeholders.
- **Collaborative development:** Under BHD guidance, CHI St. Alexius convened regular community stakeholder meetings to inform the development of admission, treatment, and discharge policies and criteria. Staffing partnerships have been established with WCHSC and local school districts to ensure coordinated support.
- **Comprehensive treatment services:** The program offers integrated mental health, substance use, and co-occurring disorder treatment options for youth and families. Developing data infrastructure to understand demographics, outcomes, and transitions in and out of PHP.
- **Building data capacity:** Efforts are underway to strengthen data systems to track client demographics, treatment outcomes, and transitions into and out of the Partial Hospitalization Program (PHP).

Challenges and Key Learnings

- **Delayed implementation:** The PHP launched six months later than planned due to workforce shortages and difficulties recruiting a child and adolescent psychiatrist, PHP Manager, and behavioral health therapists.
- **Access barriers for families:** Some families faced challenges accessing PHP services, including lack of insurance coverage and limited transportation options.
- **Specialized service needs:** The team identified capacity challenges in serving youth with complex behavioral presentations, including aggression and problematic sexual behaviors.
- **Referral and sustainability concerns:** Limited referrals from community partners have contributed to a lower census, raising concerns about program visibility and long-term sustainability.

SOC Children's Behavioral Health Service Grants

The goal of the SOC Children's Service Grants are to support and empower regional and local innovation to fill service and system gaps for children with SED and their family. This grant opportunity was available to providers and entities that serve children, adolescents, and young adults, birth through age 21, with behavioral health conditions and their families in the SOC regions. The grant agreements are through September 29, 2025.

- Received 26 applications
- Awarded 21 entities, 19 moved forward with implementation. Nexus PATH and Langdon Prairie Health did not move forward with projects (\$321,250 obligated).

Priority Considerations

1. Access to home and community-based services: care coordination, intensive day treatment, intensive outpatient programs, evidence-based treatment, crisis response, integration of family and youth peer support services, aftercare and transition services from hospitalization and residential treatment, and training and workforce development.
2. Agencies and services that integrate youth and family-centered treatment planning
3. Increasing access to behavioral health services for rural and underserved communities.
4. Agencies serving Native American and American Indian children, youth, and families.
5. Culturally responsive evidence-based practices and services and supports that integrate indigenous healing practices.
6. Agencies demonstrating plans to implement or expand 1915i and Title IV-E services.
7. Agencies demonstrating long-term sustainability.

System of Care Grantees

Belcourt Education Resource Center (\$66,280): To support the implementation of trauma-informed evidence-based practices for professionally licensed mental health care providers and school and community members.

Belcourt School District (\$128,092): To support the Turtle Mountain Community School (TMCS) implementation of Belcourt Youth Activities Program and Healthy Living Project.

Bismarck Public Schools (\$170,334): To support the development and implementation of services for students in the School Within a School (SWIS) and RenewEd settings.

Community Options (\$250,000): To expand the implementation of Title IV-E Prevention Programs (Family Check-up/Everyday Parenting) and 1915(i) services.

Dakota Children's Advocacy Center (\$250,000): To increase engagement, access, and capacity to mental health services for traumatized children. The grant will be used to hire professional clinical staff, provide a parent support group (with a Parent Peer), develop family engagement and prevention resources, and expand therapy and resources for Spanish-speaking youth and families.

Family Services Network (\$37,000): To support staff travel within the SOC regions and initiate education opportunities for professionals and community members on Fetal Alcohol Spectrum Disorder (FASD).

Federation of Families for Children's Mental Health (\$73,333): To hire and train Parent Coordinators to provide Parent and Caregiver Peer Support to serve children with SED and their families in both SOC regions.

Fort Totten School District (\$115,611): To address the need for behavioral health services and support for youth at Four Winds High School within the Spirit Lake Nation Reservation. The grant will focus on hiring a Student Services Coordinator to be responsible for coordinating behavioral health services and transportation logistics for students.

System of Care Grantees (cont.)

Healing Connection Behavioral Health Center (\$236,500): To support the expansion of the behavioral health clinic with personnel to serve children, adolescents, young adults, and families with SED on the Turtle Mountain Band of Chippewa reservation.

Indigenized Behavioral Healing (\$249,950): The grant will increase access to trauma-informed care by recruiting clinicians and training them in eye movement desensitization and reprocessing (EMDR) and trauma-based art therapy. This grant will also allow for the ongoing integration of Anishaaabee teaching in healing practices in Indigenous communities through consultation with tribal elder circles.

Kids Therapy Center (\$177,282): To hire, train staff, purchase supplies, and expand evidence-based services for youth and families in Brainspotting and animal-assisted therapy.

Mandan Public Schools (\$135,000): The grant will assist the district in expanding the scope of the current elementary Nexus-Path case manager to provide services for all students.

Mashkiki

Wellness (\$250,000): To enhance holistic wellness within the Turtle Mountain Band of Chippewa community by developing a program that integrates traditional wisdom with contemporary healthcare models. The program will include the development of a cross-system, community-based advisory group and provide direct services for youth and families.

Native Inc. (\$118,081): To provide culturally responsive care coordination and peer support through the 1915(i) State Medicaid Plan for Native American children and their families. The grant will support cultural program supplies and instructors that assist the integration of indigenous healing practices (sweat lodges) in Native Inc.'s youth and family programs.

Solutions Behavioral Healthcare Professionals (\$250,000): To expand Solutions Bismarck office to accommodate the needs for increased space and service capacity. To support Solutions service provision of therapeutic services in rural communities throughout Region 7. Grant funds will also be used to support training, clinical supervision, and supply costs for Parent-Child Interaction Therapy (PCIT).

Youthworks (\$249,872): To expand care coordination, peer support, and other supportive services to adolescents and young adults, ages 16-21, who have been diagnosed or at risk of being diagnosed with a SED.

System of Care Grantees (cont.)

Spirit Lake Behavioral Health (\$19,000): To procure therapy supplies for evidence-based treatment, technology to support telehealth access, and cultural materials to enhance treatment for Native American Youth and families.

USpireND – Healthy Families of North Dakota (\$119,321): To expand Healthy Families home visitation program to the greater Devils Lake region.

SOC Children's Behavioral Health Service Grants

Highlights

- Expanded Family Check-Up (Community Options) and Healthy Families home visiting (UspireND) across SOC regions.
- Supported two Parent and Caregiver Peer Supports (NDFFCMH) offering regional services and a statewide virtual support group, with a new peer-led group at the Dakota Children's Advocacy Center.
- Funded Solutions Behavioral Healthcare Professionals expansion to two Bismarck locations.
- Supported a summer prevention program on the Turtle Mountain Band of Chippewa reservation focused on suicide and substance use prevention.
- Increased clinician capacity at Indigenized Behavioral Healing (Turtle Mountain).
- Funded a Student Support Coordinator at Four Winds High School (Spirit Lake Nation) to strengthen family engagement—now sustained by the district and tribe.
- Expanded care coordination and skills groups for youth ages 16–21 through Youthworks.
- Invested in therapeutic supplies to enhance evidence-based treatments at Spirit Lake Behavioral Health Clinic.
- Developed Spanish-language parent resources and psychoeducation materials with DCAC.
- Funded evidence-based treatment training and expansion, including *Seeking Safety* (BPS), *Parent-Child Interaction Therapy* (Solutions), *ABA* (Solutions), *Brainspotting* (Kids Therapy), and *Animal-Assisted Therapy* (Kids Therapy).

SOC Service Grants

Successes

- **Strengthened regional capacity:** Demonstrated commitment to regional partners by supporting local innovation and program expansion.
- **Expanded Family First Prevention Programs:** Incentivized the growth of *Family Check-Up*, *Healthy Families*, and *Parent-Child Interaction Therapy (PCIT)* within SOC regions, promoting sustainable service models.
- **Focused support for Native communities:** Nine grantees are based in or serve tribal communities, enhancing services for Native American youth and families.
- **Equitable regional distribution:** Investments were balanced across both regions—8 grantees in Region 7, 8 in Region 3, and 3 serving both.

Challenges and Key Learnings

- **Workforce shortages:** Many grantees used funds to cover initial salaries and benefits for new positions. While this supported service expansion, it also highlighted ongoing workforce shortages and the need for long-term sustainability planning.
- **Spending limitations:** Several grantees faced difficulties spending obligated funds due to staffing shortages and limited local infrastructure.
- **Sustainability risks:** Some newly developed services—particularly non-billable supports such as peer-led programs and school or community-based care coordination—may not continue without ongoing grant funding.

Project SPARCS

SOC Contract with Sanford Research North (Treatment Collaborative for Traumatized Youth – TCTY) in May 2024 through September 2026

The overarching purpose of this project is to increase access to high-quality, culturally appropriate and evidence-based treatment for youth experiencing chronic stress in Regions III and VII and start to build sustainable infrastructure to continue services. To achieve this purpose, we will:

- (1) Equip mental health clinicians and school-based co-facilitators with training needed to deliver an evidence-based treatment model appropriate to implement with at-risk youth in Regions III, VII and Tribal Nations by training treatment teams of mental health providers in SPARCS; and
- (2) Increase access to evidence-based mental health services for youth in schools and community programs in both rural and urban areas of Regions III, VII and Tribal Nations by allocating time of trained providers to conduct SPARCS groups with at-risk youth.

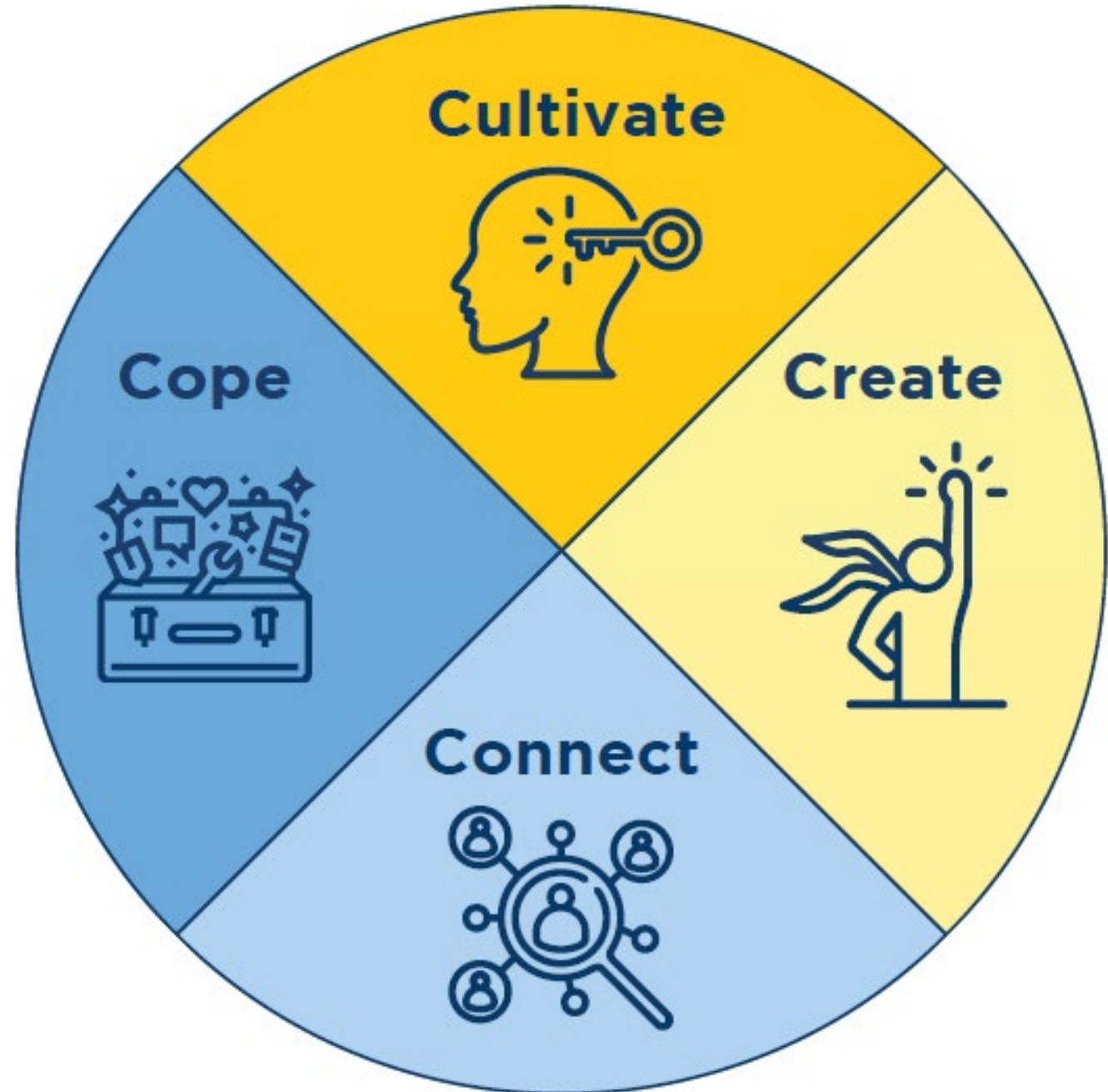


SPARCS

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) is an evidence-based group treatment for adolescents ages 12-21.

16 session group treatment for youth who have experienced trauma and live with ongoing stress. As a strengths-based approach, SPARCS was designed to practice “The Four C’s” in order to:

- Cultivate Awareness
- Cope More Effectively
- Connect with Others
- Create Meaning and Purpose



Project SPARCS



2024-2025 School Year

- 23 groups were completed with a total of 159 youth impacted and 101 children graduating treatment. 36 school personnel and mental health professionals trained. School and community-based sites:

Schools:

- Bismarck Public Schools (Horizon, Simle, Wachter Middle Schools) – WCHSC and community clinicians
- Mandan Public Schools (Mandan Middle and High School) – including one Spanish SPARCS group at the high school.
- Fort Totten School District, Spirit Lake Nation (Four Winds High School)

Outpatient (community-based):

- Lake Region HSC (Devils Lake Public Library)
- Dakota Children's Advocacy Center (including over the summer)
- Sanford Traumatic Stress Treatment Center

PRTFs:

- Dakota Boys and Girls Ranch (Bismarck, Minot, Fargo)

Project SPARCS

2025-2026 School Year

- Train 47 additional Clinicians and school staff – trainings completed in August and October 2025
- Summer group at Dakota Children's Advocacy Center
- Continued implementation and expansion:
 - Region 7 Sites:
 - Mandan Public Schools (1 middle school, 1 high school English, 1 high school Spanish)
 - Bismarck Public Schools (3 middle schools)
 - MHA Nation – Mandaree
 - Underwood
 - Washburn
 - Region 3 Sites:
 - Spirit Lake Nation – Four Winds and Minnewaukan
 - Devils Lake Public Schools – Central Middle School
 - Maddock Public Schools
 - Langdon High School

Clinical Providers:

WCHSC and LRHSC
Dakota Boys and Girls Ranch
Luther Hall
Youth Correctional Center (DJS)
Aspiring Hope Therapy
Innovative Healing
MHA Nation – Elbowoods BH
Journey Mental Health
Treatment Collaborative for Traumatized
Youth / Sanford

Project SPARCS

Highlights

- **Expanded language access:** Increased treatment options for Spanish-speaking youth in Mandan.
- **Spirit Lake implementation:** Sanford Clinical Psychologist and BHD partnered with the Spirit Lake Nation Tribal Council and local school district to implement culturally responsive groups at Four Winds High School. Graduating students were honored in a ceremony with quilts presented by tribal elders. These groups are now sustained through ongoing training and partnership with Spirit Lake Behavioral Health.
- **Bismarck Public Schools adoption:** The SPARCS program is being formalized as a Tier 2 intervention within the district's Multi-Tiered System of Supports (MTSS) framework. BPS shared:

"What we loved most about the group is that peers are helping each other in a guided and open manner. Middle school students are heavily influenced by their peers, and this environment allows them to learn pro-social skills and provides a safe space to explore various options for tackling problems with no judgement. "

A group facilitator reflected, "A SPARCS group member was suspended from school, and upon his return, he was trying to save face in front of the adults. I could tell he was embarrassed, but the adults perceived his behavior as disrespectful. When I entered the room and realized what was happening. I reminded him that he has the tools to manage the situation; he just needs to use them. He de-escalated, and several adults commented that they had never seen him exhibit such self-control. They were amazed at how well he handled himself once he was reminded of his coping strategies. It was such a proud moment for both of us."

Project SPARCS

Successes

- **Strengthened local partnerships:** Developed or deepened relationships between clinicians and schools, enhancing collaboration and continuity of care.
- **Expanded evidence-based treatments:** Increased access to trauma-informed interventions in rural and tribal communities.
- **Enhanced school capacity:** Provided schools with practical tools and skills that can be applied both during group sessions and in everyday classroom settings.
- **Demonstrated student outcomes:** Assessment and survey data show that SPARCS produces measurable improvements in student well-being. Trauma-related symptoms decreased significantly, and students experienced gains in emotional well-being and peer relationships, highlighting the program's effectiveness in addressing distress and fostering connection and support.

Challenges and Key Learnings

- **Capacity:** Demand for SPARCS exceeds current capacity to serve additional sites while maintaining program quality and fidelity.
- **Sustainability:** Implementation is costly due to the need for out-of-state trainers, and current reimbursement rates for group treatment do not fully cover clinical provider expenses.
- **School and community readiness:** Some regions have limited established partnerships between schools and clinical providers, which may affect program implementation and reach.

PRTF Aftercare



SOC Contract with Dakota Boys and Girls Ranch, February 2024 through September 2026

Pilot aftercare care coordination to support the transition of youth and families out of residential treatment at DBGR Bismarck. SOC is funding a bundled daily rate that begins on date admission to PRTF. Services continue until 6 months post-discharge.

- Collecting youth and family outcome measures in collaboration with DBGR and Medicaid re: sustainability.
- Developing quality and performance measures for aftercare care coordination. Considering aligning with FOCUS or wraparound fidelity measures.

PRTF Aftercare

Successes

- **Care coordination:** 56 youth and families have received care coordination services to support transitions from residential treatment.
- **Enhanced assessment:** The QRTP data collection template has been updated to include a joint assessment with both youth and parent/caregiver. This provides a comprehensive evaluation of wellness across multiple life domains, including behavioral health symptoms and treatment services, school engagement, employment, access to prosocial activities, relationships, and individual strengths and barriers—informing more targeted and effective care coordination.

Challenges and Key Learnings

- **Guidance gaps:** Limited best practice guidance is available both regionally and nationally.
- **Policy and infrastructure development:** Efforts are underway to establish clear policies and infrastructure amid the evolving landscape of value-based payment models and CCBHC implementation.
- **Sustainability concerns:** The ongoing provision of costly monthly services is uncertain, as the bundled rate is not guaranteed beyond September 2026.
- **Lack of standardization:** Statewide standards for youth and family care coordination are limited, including expectations for collaboration with schools, child welfare, juvenile justice, and other natural and professional supports.

Human Service Centers



Functional Family Therapy

SOC funds supporting the implementation of Functional Family Therapy (FFT), specifically staff salary and benefits for 3 FFT clinicians at WCHSC and 2 FFT Clinicians at LRHSC.

SOC Funding will be in place until positions are sustained with reimbursements through Family First Prevention funding.

Parent and Caregiver Peer Supports

SOC funds 2 peer roles at WCHSC and 1 peer role at LRHSC.

Human Service Center Staff Training

- Accelerated Resolution Therapy (ART)
- SPARCS
- Seeking Safety
- EMDR
- Play Therapy and Play Therapy Supplies
- Youth Screening Brief Intervention, and Referral to Treatment (YSBIRT)

HSC Integration

Successes

- **Functional Family Therapy (FFT):** Supported the regional launch of FFT to address gaps in intensive home- and community-based services. These services have potential for sustainability through Family First Prevention Funds.
- **Peer-led service integration:** Integration of parent peers into youth and family teams marks a significant milestone in providing parent-specific supports and addressing caregiver stress and strain.
- **Parent peer workforce development:** Invested in training, certification, and funding for parent peers. Training and technical assistance included defining roles, developing job descriptions, and involving the Lead Family Administrator in hiring.
- **Youth-specific evidence-based practices:** Provided training in evidence-based treatments tailored to youth needs.

Challenges and Key Learnings

- **FFT funding:** As of October 2025, Functional Family Therapy positions are not yet sustained through Family First reimbursements.
- **SOC Regions vs Statewide Implementation:** Differences in regional versus statewide oversight create challenges in aligning roles, expectations, and practices consistently across all areas.
- **Parent peer role sustainability:** Ensuring continuation of parent peer positions in SOC regions beyond September 2026 remains a key challenge.
- **Ongoing workforce development:** There is a continued need for training strategies to strengthen the capacity of youth and family teams, with an emphasis on youth- and family-specific skills.

Parent and Caregiver Peer Support



In April 2025, BHD launched Parent and Caregiver Peer Support training to integrate of parents with lived experience into HSCs and across child-serving systems. **SOC Team has a contract with University of Connecticut, Innovations Institute for training and technical assistance, October 2024-March 2026.**

Parent and Caregiver Peers are individuals with lived experience raising a child with emotional, behavioral, developmental, or special healthcare needs. They use their journey to guide and support other families navigating complex systems.

Parent and Caregiver Peer Support



To date, **33 parents** with lived experience have been trained in three core trainings in the last 6 months. Parents are trained

- All 8 HSCs are at some stage of integrating parent peers onto their Youth and Family Teams. Seven of eight clinics have trained parent peers integrated into their teams.
- SOC Funding WCHSC and LRHSC Parent Peers on the youth and family teams. SOC team collaborating with WCHSC and Burleigh Co Juvenile Court to integrate a parent peer into Juvenile Drug Court.
- SOC is funding ND Federation of Families parent peers (SOC Service Grants).
- Hosting statewide webinars to help define the role and develop interest and investment across systems and in community-based entities.
- Supervisor specific training offered

Parent and Caregiver Peer Support

Successes

- **Stakeholder support:** Strong interest and buy-in for parent and caregiver peer-led services from statewide HSCs, family organizations, and community-based agencies.
- **Job creation:** Development of employment opportunities for parents with lived experience.
- **Workforce development:** Positive feedback on UCONN's PEARLS model, highlighting the quality and effectiveness of training for parent peers.
- **Outreach and education:** SOC team is engaging child-serving systems to explore integration of parent peers in diverse settings.
- **Sustainability planning:** Initial discussions with 1915(i) and BCBS are underway to amend the state plan and identify opportunities for reimbursement and long-term sustainability.

Challenges and Key Learnings

- **Role Clarity:** There is confusion between advocacy, family involvement, and parent peer support, leading to unclear expectations.
 - The parent peer role is often misunderstood, particularly the requirement for lived experience as a primary caregiver of a child with behavioral health needs.
- **Job Availability and Career Growth:** Professional growth in the parent peer role is limited due to a lack of available job opportunities.
- **Sustainability:** Reimbursement for parent peer support through Medicaid and private insurance has not yet been established.

Other service investments



- **Community Connect** for transitional-aged youth (18 through 21) in the SOC regions. 79 TAY since March 2024.
- **Child Parent Psychotherapy (CPP)** training and service implementation in Bismarck-Mandan with Solutions.
- **Teen Empowerment Group** implementation in Bismarck-Mandan with Kids Therapy Center.
- **Child Parent Relationship Therapy (CPRT)** training and service implementation in Bismarck-Mandan with Kids Therapy Center.
- **Brief Strategic Family Therapy (BSFT)** clinical consultation for Youthworks to become a provider in Bismarck-Mandan.

SAMHSA Grant Performance - NOMS

National Outcome Measures (NOMS) are required client-level data that are being collected at WCHSC and LRHSC



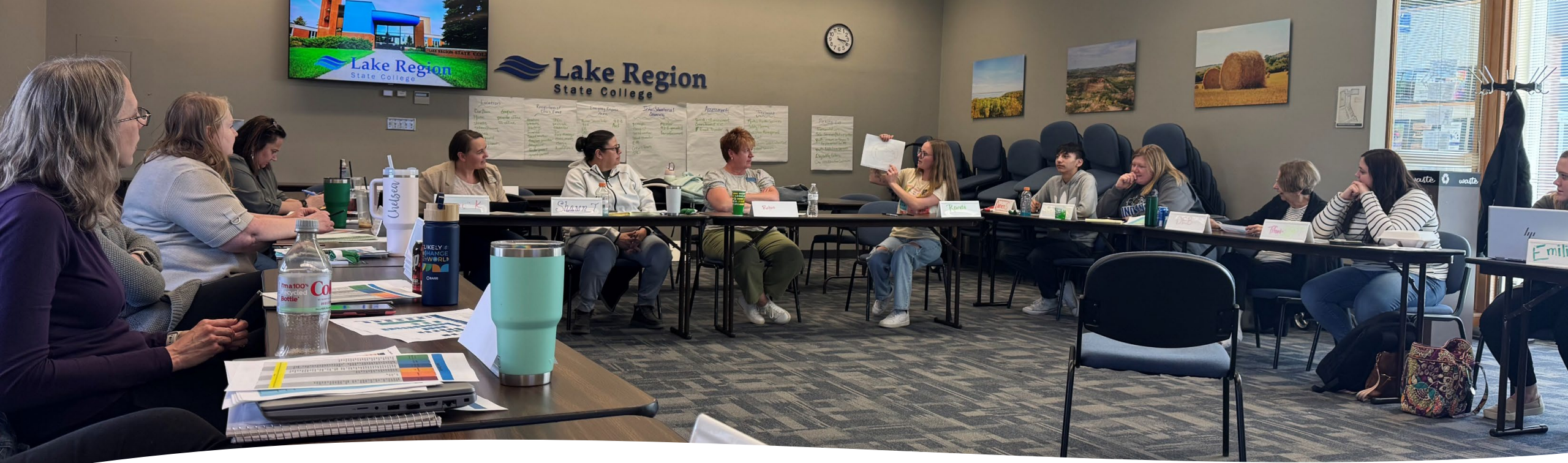
SAMHSA Grant Performance – IPP Goals

Progress to Goal		Year 1: 1/1/22-9/29/23		Year 2: 9/30/23- 9/29/24		Year 3: 9/30/24- 3/31/25	
		Goal	Actual	Goal	Actual	Goal	Actual
PD1	# of policy changes	10	2	10	5	5	0
WD2	# of people trained in mental health-related practices/activities	100	216	75	1027	50	536
WD5	# of consumer/family members who provide mental health related services	8	0	16	9	32	11
T3	# of people receiving evidence-based mental health services	150	521	250	1961	300	1544
O1	# of individuals contacted through program outreach efforts	75	321	150	1100	150	539
AC1	# and % of individuals receiving mental health or related services after referral	30	13	50	97	60	118

Orange circles indicate IPP goal for the year has been reached.



SOC Goal: To develop sustainable infrastructure to support the System of Care approach for ND children and their families.



SOC Steering Committees

To create a vision for the development of youth and family driven, community-based, and culturally appropriate children's behavioral health services and supports. The steering committee will provide guidance on local strengths, barriers to services, and opportunities for change.

- Convened since April 2023, Currently meeting quarterly as a full committee (2 full day in-person, 2 virtual meetings)
- Service Array, Crisis, and Care Coordination Working Groups

Steering Committees

Successes

- **Diverse representation** includes public and private behavioral health, schools, child welfare, juvenile justice, developmental disabilities, family-run organizations, tribal stakeholders, and individuals with lived experience.
- **Coalition and relationship building** is important across child-serving systems, members note that steering committees are not duplicative of other regional meetings.
 - Opportunities for in-person connection support relationship-building among members.
- **Information sharing** improves awareness of local services and supports
- **Leverage relationships and shared values** to develop local solutions, with smaller working groups proving particularly effective.

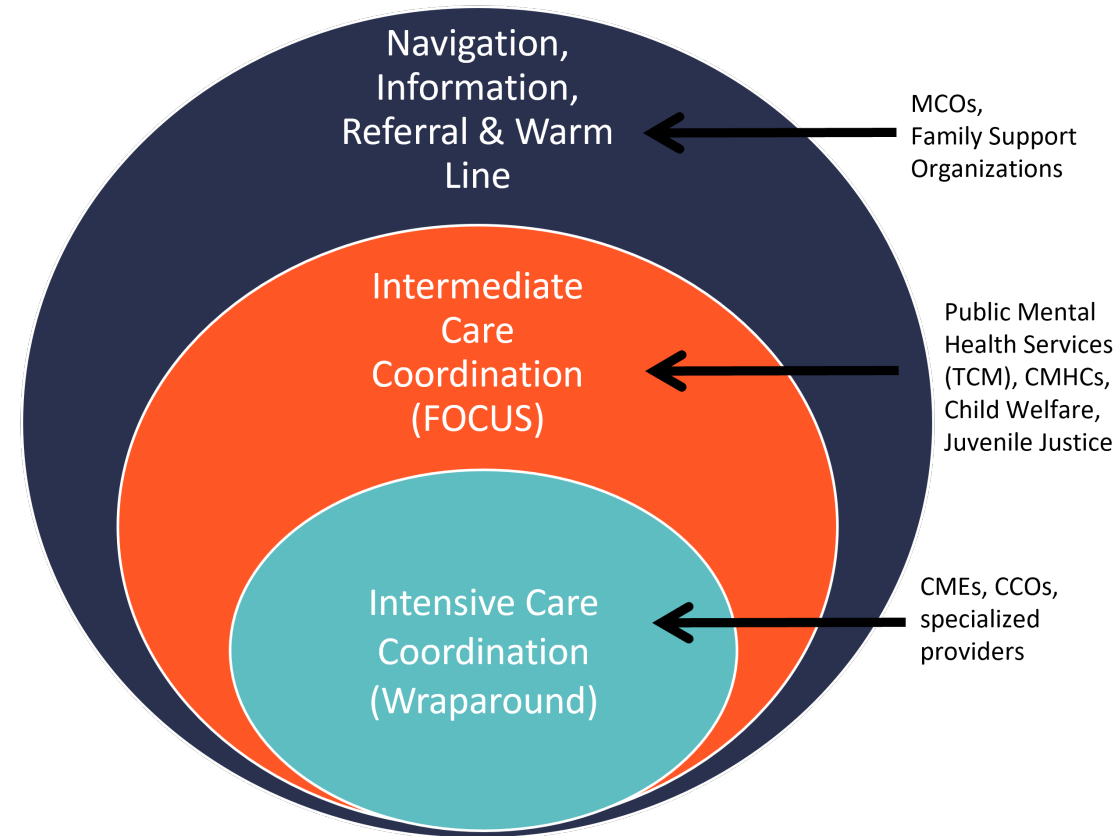
Challenges and Key Learnings

- Lack of shared responsibility and accountability across systems.
- Groups often redefining challenges without being action-oriented.
- Significant administration required to schedule, communicate, and facilitate productive meetings (up to 8 meetings a month). How will we scale this statewide?
- **Absence of a governance structure** to ensure regional work aligns with statewide efforts and supports bidirectional communication from children's behavioral health coalitions.
- **Ensuring appropriate representation** from youth, parents, and other system partners.

Steering Committee Highlights

- **Embedded lived experience** into all System of Care Steering Committee meetings to ensure youth and family voices inform decision-making.
- **Maintained open, flexible membership** through individualized outreach and orientation calls to engage new and diverse stakeholders.
- **Enhanced data infrastructure** at FirstLink to improve tracking of youth crisis calls, including those from third-party referral sources.
- **Developed a statewide scope of service** for Youth and Family Mobile Crisis Teams, guided by regional data and cross-sector stakeholder input.
- **Facilitated youth crisis system collaboration**, convening 40+ partners in regional mapping sessions to strengthen the crisis continuum and reduce reliance on law enforcement and emergency departments.
- **Supported crisis stabilization capacity** by coordinating on-site, cross-sector training for Youthworks' certified shelter beds in Bismarck.
- **Strengthened school-based crisis response**, training nearly 400 educators across two districts on 988 procedures and coordination with Human Service Center crisis teams.
- **Delivered targeted trainings** with Spirit Lake and Mountain Lakes child welfare teams to improve youth crisis response and coordination.
- **Created and shared regional service and asset maps**, updating 211/988 resource listings and presenting findings to local health units, suicide prevention coalitions, and tribal safety net groups in Region 3.
- **Hosted a World Café event** for 10 local providers and committee members to exchange information, build relationships, and identify partnership opportunities.

High Fidelity Wraparound



High Fidelity Wraparound is an evidence-based, intensive care coordination approach grounded in the standards and requirements established by the National Wraparound Implementation Center.

- Single entity responsible for facilitating the HFW process for youth with complex needs with multisystem involvement.
- The interactive, team-based approach employs ten principles and four phases to help families:
 - Reach their desired outcomes
 - Develop skills, confidence, and natural support systems for the future
- Staff ratios of 1:10
- Allows for intensive, individualized, youth and family driven care.

High Fidelity Wraparound



SOC has a current contract with University of Connecticut, Innovations Institute, to provide TA and training for wraparound in North Dakota.

ND Wraparound Readiness Assessment indicated:

- There is broad recognition of the need to reduce reliance on higher levels of care by expanding home- and community-based services and developing a tiered care coordination model. Currently, many children and youth are not accessing the right services at the right time.
- System-wide, care remains crisis-driven, with limited preventive and community-based options. There is no comprehensive Children's Behavioral Health Plan or coordinated strategy for youth with multisystem needs.
- North Dakota has not yet established shared intermediate and long-term outcome measures for children, adolescents, and young adults with behavioral health needs and their families.
- The state lacks the data infrastructure needed to track how youth move across levels of care and service systems. UCONN recommended analyzing interruption points and exploring cross-sector financing to strengthen system alignment.
- Although Wraparound care coordination was identified as a top 10 priority in 2018, no formal steps have been taken to develop a statewide or local implementation strategy. This includes defining the population of focus and identifying shared investments across systems.

***How do we move from
a philosophy of
categorical services
towards an integrated,
coordinated system of
care?***



Considerations

- **Embed System of Care values** across all children's behavioral health programs and services.
 - Embed SOC principles in statewide policy, administration, and clinical practice to ensure that youth and families are engaged as partners in every level of system design and service delivery.
- **Establish shared outcome measures** for children and youth with multisystem behavioral health needs.
 - Develop and track indicators that reflect child, family, and community well-being, cross-system collaboration, and access to home- and community-based services.
- **Expand and sustain a comprehensive children's behavioral health service array.**
 - Prioritize flexible, non-categorical, and community-based services that help youth and families access the right support at the right time. For example, respite and in-home supports.
 - Invest in informal and natural supports that strengthen family resilience and reduce reliance on high levels of care.
- **Implement a tiered care coordination model, including Wraparound.**
 - Design and operationalize a statewide approach that ensures youth with multisystem involvement receive coordinated, family-driven, strengths-based care while reducing family burden and service fragmentation.
- **Scale peer-led services** for parents, caregivers, and youth.
 - Integrate certified parent and caregiver and youth peer specialists into care teams to promote trust, reduce stigma, and enhance engagement across all levels of the system.
- **Develop and expand Mobile Response and Stabilization Services (MRSS)** for children and youth.
 - Build workforce and community capacity to deliver developmentally appropriate crisis response distinct from adult crisis models, ensuring timely intervention and stabilization in the least restrictive setting.
- **Build regional children's behavioral health coalitions** to strengthen community partnerships and leadership.
 - Support locally driven collaboration among families, schools, providers, and agencies to identify needs, coordinate resources, and champion the SOC approach at the community level.

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SOC Website:

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[SOC Needs Assessment \(2023\)](#)

