

Minnesota System of Care Expansion Grant

Carlton County Final Summary

In 2017, the Minnesota Department of Human Services (DHS) received a four-year System of Care Expansion Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to strengthen the state's children's mental health system. DHS gave sub-awards to 13 communities (counties, regions, and one tribal nation) to pilot new services and adopt system of care principles. Carlton County received its sub-award from DHS in fall 2018. Drawing on insights from eight project team members, this summary describes the county's implementation and perceptions of their system of care work.

System of Care efforts in Carlton County

Carlton County's System of Care (SoC) initially focused on expanding access to mental health services for young people through telepresence. Their overarching goal is to change how mental health services are delivered by changing paradigms, systems, and how service providers work with one another. One component of this is to increase collaboration across sectors so that services, including mental health, education, and primary health care, are more integrated. Carlton County staff view telepresence as central to bringing greater equity to the mental health system in ensuring that all people have access to the mental health care that they need, though in the final year of the grant there was less focus on technology partnerships and more focus on integrated services.

The initial vision was the adoption of a single platform for telepresence, but the COVID-19 pandemic drove community partners to the rapid adoption of multiple platforms. As such, Carlton County's SoC team focused on strengthening their efforts to ensure systems are youth-guided and culturally responsive. The children's mental health crisis that was exacerbated by the pandemic intensified regional collaboration to improve the continuum of care and work toward integrated behavioral health care.

What is a system of care?

A system of care is defined as a spectrum of effective, community-based services and supports for children with mental health needs and their families that is culturally responsive, organized into a coordinated network, and builds meaningful partnerships with families and youth to help youth function better at home, in school, in the community, and throughout life.

Minnesota's System of Care for Children's Mental Health initiative is focused on creating better outcomes for youth and their families in Minnesota by bringing together the work of many partners across the state. The goal of the initiative is to create an accessible and collaborative network of mental health care, grounded in system of care principles, that enables families to connect to the right level of care at the right time and place, which lessens the need for more restrictive and costly interventions.

Telepresence

Carlton County, and the broader Arrowhead region of Minnesota, has been designated as a mental health professional shortage area since 2014. Telepresence, or using an online platform to talk to a health professional via video, offers potential to address service gaps by increasing access to professionals and specialists from other regions, reducing travel times for families, and improving coordination among service providers and families.

Prior to the COVID-19 pandemic, county staff envisioned working with the legislature to support the adoption of a single platform (Vidyo) to be used among county professionals across the state to promote easier adoption and coordination across departments. At the start of SoC, the Arrowhead Telepresence Coalition had 398 individual user accounts registered in the DHS Vidyo telepresence system, with 76 users in Carlton County. By the end of the grant, there were 1,134 registered user accounts in the region, including children's residential treatment providers, mental health providers, county public health and social service agency staff, and school staff.

Efforts to support Carlton County schools expand their use of telepresence included:

- Conducting an inventory of existing telepresence equipment (e.g., computers, carts) previously provided to schools.
- Creating new Vidyo user accounts for staff as needed.
- Providing schools with policies and procedures related to the Vidyo platform.
- Hosting brief, bimonthly user meetings to help staff become familiar with the equipment and platform.
- Providing information to schools on the benefits of telepresence in creating more immediate access to supports and services for youth and families.
- Sharing resources on creating telepresence workflows, privacy and security considerations, and tips on effective video communication.

The pandemic required many mental health professionals and other service providers to adopt telepresence rapidly, which increased buy-in for the use of telepresence and expanded the potential reach for Carlton County's work. At the same time, the number and quality of videoconferencing platforms used by providers (e.g., Microsoft Teams, Zoom, WebEx) has increased, which has made it more difficult for Carlton County to advocate for a single statewide system. Accelerated adoption of Vidyo placed significant demands on the system, making connectivity during peak periods unreliable. DHS restricted Vidyo use to supporting direct client service, limiting use by other SoC partners. Further, DHS restrictions related to data sharing made it difficult to gather utilization data to support the evaluation of telepresence efforts.

Given the expanded use of telepresence for schools, health care providers, and others during the pandemic, Carlton County's technical assistance efforts through SoC shifted from support specific to Vidyo to sharing broader resources supporting telepresence implementation and connectivity. SoC did help provide iPads and internet access for youth during distance learning, as well as for local mental health providers at three offices. How-to worksheets were developed for schools and providers on using telepresence regardless of platform.

Key partners

Relationships between the county and partner organizations were described as strong, though these partnerships were in place before the SoC grant. Community partners noted that in small, rural areas collaboration is not only important but also necessary.

In a small rural area it doesn't work to not collaborate with neighboring agencies. We are too small to not do that. Other places are too big for that. It's our standard. We're relationship-based. You need to build relationships to do this work. – Project team member

While feelings were mixed as to whether collaboration increased specifically because of the grant, several respondents noted a strengthened partnership between the county and the REACH Program (a youth-adult partnership in Carlton County). SoC also fostered a new partnership between Carlton County and the Minnesota Association of Children’s Mental Health (MACMH). Following a session on youth voice and leadership at the November 2019 SoC Learning Community event, REACH applied for and was accepted to be a Youth MOVE MN Chapter. While partnerships existed between county and community agencies, turnover at the SoC health educator level and among staff at mental health provider agencies required new relationship building.

The MACHM connection was great and will be maintained/solid. Youth MOVE. Relationships with Matt and Mariah. Carlton County is going to be a pilot site for a Fidgety Fairytales summer camp on anxiety. It’s relationship based. There is a face and name attached to the initiative. – Project team member

The emerging children’s mental health crisis, exacerbated by the pandemic, spurred the development of a Children’s Mental Health Cabinet in the Arrowhead Region in June 2021. The cabinet includes representation from seven counties, three tribal nations, three community mental health centers, and two health boards. The cabinet supports eight active groups: Resource Development, Prevention and Resiliency, School-Based Mental Health, Youth and Youth Serving Agencies, Existing Resources, Telehealth, Financial, and Legislative. The goal of the cabinet is to create a more comprehensive regional children’s mental health continuum of care so children and families can access appropriate services closer to home. While the Clarity Project, based in Duluth, has brought improvements to mental health systems for adults in the region, there are gaps in services and supports for youth. An early success for the cabinet was a regional summit held in February 2022.

We specifically got commitment from key decision makers from each county, each tribe, each mental health center and each health board. There is a huge gap. Grown-ups need to take responsibility and provide leadership. We are letting kids down. – Project team member

Key activities and highlighted accomplishments

Youth-guided

One core value of SoC is ensuring services are youth-guided. The voices of Carlton County youth are elevated through multiple programs and groups, including REACH, the Local Advisory Council, youth ministry, youth groups, and staff sitting in on Indian Education classes. REACH encompasses Students Offering Support (SOS), trainings, out of school programming, and the Youth Advisory Board (YAB). In addition to these programs, youth were included in interviews conducted to obtain feedback on community strengths and challenges. Several community partners noted that youth do not necessarily know the grants (e.g., SoC) or which pots of funding cover which programs—they know the staff who are partnering with them.

- **YAB.** The YAB, made up of middle and high school youth from Carlton County, advocates for youth and improving the experiences of young people. REACH led the charge in ensuring that one branch of the Children’s Mental Health Cabinet is youth-involved services so that youth are consulted and involved.

[Kids] have more knowledge and wisdom to share with us than we do with them, if we’re willing to hear it. – Project team member

They didn’t like the top-down approach of mentoring where an adult is “bestowing knowledge” onto a young person. They want a youth-adult partnership. – Project team member

- **Youth MOVE.** In spring 2020, REACH youth were featured in a magazine on the new Youth MOVE MN website. That fall, the youth participated in a seven-part training series hosted by Youth MOVE. Topics included mental health, self-care, trauma, and social justice.
- **Summer garden.** During summer 2020, the first in-person, socially distanced activity with youth was the planting of a garden that primarily featured herbs. Youth were then guided through the process of making soap using the herbs.
- **Podcasts.** Through SoC, Carlton County purchased podcast equipment in order to share stories of community resilience and to elevate youth voice. In partnership with REACH, county staff recorded youth presentations geared toward parents on how to talk with and engage youth. Six youth participated in a weeklong class to learn technical skills, form connections with each other, and create podcasts. In partnership with the Cloquet Public Library, Carlton County started a podcast club that allows youth to meet weekly to create, record, and edit podcasts. The county also plans to work with the restorative justice group to create podcasts on secondary trauma geared toward teachers and social workers.
- **Children’s Mental Health Summit.** MACMH gave young people a stipend to attend DHS’ Children’s Summit. While the opportunity and stipends were appreciated, youth were vocal about their recommendations for future summits. The summit was held during school days, which meant youth had to miss class to attend. There were discussions about billing and insurance, which left youth wondering why they couldn’t access supports without a diagnosis. There was also heavy use of acronyms during the summit that youth were not familiar with, which can feel exclusionary to participants who are not working in the mental health field. The organizers of the summit agreed to meet with the YAB. Following the initial discussion, they agreed to check in regularly with REACH but no follow-up has occurred.
- **Summer credit recovery classes.** In 2021 and 2022, in an effort to re-engage youth they were provided opportunities to recover school credits during the summer through skill-based classes. Students were required to complete 24 hours of class time to earn a quarter of a credit. In 2021, 30 students attended summer credit recovery classes. In 2022, that doubled to 60 students. Offerings included robotics, dog training, life skills, and cooking classes as examples, with youth favorites being agriculture science and build-a-picnic-table. The focus of the classes was on learning new interests and skills.

We did have one girl who hadn’t been in school for two years. Now she is back in school and in after school activities. That was one big success story. – Project team member

We had a cooking class and a professional chef came in. The chef made a connection to one student in particular. She said, ‘You don’t have to go to college. I didn’t and I am a successful chef.’ So kids can find themselves. – Project team member

Family-driven

The SoC grant helped revitalize Carlton County’s Children’s Mental Health Local Advisory Council (LAC). In May 2019, the LAC by-laws, welcome letter, orientation materials, and application were updated. Meetings are held in the evenings, and parents and youth are offered a stipend of \$35 per meeting to attend. During COVID, meetings were held virtually. This led to an increase in parents attending, as they didn’t have to find child care and leave their homes. Carlton County posted a video on their website to help inform parents and caregivers on the process for accessing Children’s Mental Health case management services. Carlton County Public Health and Human Services also have county social workers in local schools that help families access services.

Culturally responsive

Another core value of SoC is ensuring services are culturally and linguistically appropriate. Collaboration between Carlton County and the Fond du Lac Band of Lake Superior Chippewa Tribal Nation, prior to and throughout SoC, ensured Tribal input on local policies and support for equity training. Also prior to and throughout SoC, Carlton County staff use the Intercultural Development Inventory to increase capacity for diversity, equity, and inclusion. Challenges shared by community partners include turnover (including people new to Carlton County who aren't familiar with the existing relationship between the county and Fond du Lac), engaging people who have been exhausted by the pandemic, and disproportionate disciplinary measures at area school against students of color. Despite the challenges, Carlton County experienced several successes.

Passing policy. Through the SoC grant, the Carlton County Board adopted a policy in December 2021 to ensure that health equity will be included in county policies, services, and interventions. The policy includes the broad goal to advance health equity through efforts such as challenging assumptions and biases, prioritizing community needs and input, applying a health equity lens to programs and services, and ensuring sound stewardship and equitable access to resources. Annual diversity, equity and inclusion (DEI) training is now required for all staff, as well as for new staff during on-boarding. Prior to developing the policy, the county worked with an outside agency to do focus groups, listening sessions, and interviews. A recurring theme was diversity, and voices not being heard.

Training. Carlton County partnered with the Fond du Lac Tribal and Community College to identify local experts who could provide training. The county plans to provide ongoing training on equity and humility that is youth-focused. Community partners shared that youth were very engaged in the anti-racism training conducted in 2021, which they found pertinent and relevant. The collaboration between the county and the Tribe also resulted in Niibidoon (the Ojibwe word for “act on it”), a monthly series on equity and inclusion.

- **DEI Training.** These trainings uncover hidden or unconscious biases among trainees, address discriminatory or inequitable practices within an organization, and help marginalized employees feel more seen and more represented.
- **Blanket Exercise Training.** This interactive training raises awareness of the nation-to-nation relationship between Indigenous and non-Indigenous people in the United States. The experience is designed to increase knowledge about the laws, policies, and programs used during nation build that impacted Indigenous people's rights and self-governance. Training participants are provided the opportunity to form a common memory, and hold conversations about how to build intercultural bridges. Thirty-two people attended the training.
- **Transforming White Privilege.** This training helps supervisors and leaders recognize, talk about, and address white privilege.
- **Other culturally responsive training.** Two trainings were delivered by Dr. Roxanne DeLille, *Cultural Humility*, and *Anishinaabe of the Northland*. Sixty-four people attended each training.

Increasing accountability. The Minnesota Department of Education created a position to work with schools that have a disproportionate number of disciplinary measures involving students of color. The person they hired is a former Carlton County school principal. Community partners anticipate that the local tie will help build buy-in and engagement from schools.

Continuum of care

Access to mental health providers

Community partners spoke to the importance of youth being able to continue to connect with their therapist via telepresence during the pandemic. For some youth with severe anxiety, virtual sessions felt more comfortable. In the event of long wait lists, or lack of general practitioners in Carlton County willing to prescribe psychological medications, WebMed can connect youth with a virtual psychiatrist and nurse who can write the script. Challenges to accessing mental health services include reimbursement limitations and related workforce shortages. Community partners mentioned low starting wages, limited funding for school-linked mental health, inability to bill for some services, few people entering the mental health field, and a lack providers delivering in-person, skills-based support. Another challenge noted was the need for more crisis stabilization centers for youth.

These are things that telehealth just doesn't fix—in-person, skills-based support. Technology only goes so far. We need boots on the ground helping families and the dollars to support them. – Project team member

Workforce and community trainings

Through SoC, Carlton County provided Crisis Intervention (CIT) training and National Alliance on Mental Illness (NAMI-MN) training. CIT training topics cover mental health in the workplace, living with mental illness, recognizing mental health episodes, and how to properly de-escalate high-tension situations without the use of force. Due to popularity, this training was held three times. NAMI training was centered on understanding the Children's Mental Health System, how to build a family-driven mental health system, how to successfully advocate for children, and how to properly work with families as partners.

Need for increased integration of care

A recurring theme among community partners was the need for more integrated services, such as school-linked mental health services, and behavioral health services integrated into primary care settings like hospitals. On the topic of school-linked mental health services, partners noted that there is cooperation between the county and schools. County staff provide case management, working alongside school-based providers. One current challenge is that therapists working in the schools limit the number of hours their contracts will cover. Services stop when billable hours are met, so youth do not end up receiving year-round services. Another challenge noted is that some school-based providers are reluctant to connect youth with community-based providers.

We need a both/and approach. Support both schools, and providers from outside school. – Project team member

In terms of integrating mental health services into primary care settings, community partners stressed the need for behavioral health providers who are on the same team as primary care providers rather than referring youth to another location. Community partners noted that some slow progress is being made, and that Two Harbors now has behavioral health services co-located at Lake View Hospital – St. Luke's.

Mental health is always the #1 problem identified in our community health assessments. Billions of dollars in improvements were made to St. Luke's and Essentia, their buildings and campuses, but no new capacity for mental health. Both hospitals worked on The Clarity Project. A facility is being built between the two hospitals in Duluth that will provide space for assessment. The priority is adults, but then hopefully we can move to kids. Psychiatrists, SUD, the whole gamut and homelessness support. Bringing telepresence to critical access hospitals in the region. Leverage those resources. – Project team member

Augmenting respite and ancillary services

Community partners spoke to the need for public/private/tribal partnership to expand access to services and supports, and to improve the continuum of care. One gap noted was access to “flex cash” to address more immediate needs of families. While concerned about youth access to therapy during the summer, one community partner did note that the county’s respite grant can be used to give parents a break by covering costs for things like camp and swimming lessons.

We need a both/and approach. Support both schools, and providers from outside school. – Project team member

This kid needs his driver’s license because mom can’t drive. Grandma lives with them. They have a car. How can we get the kid a license so he can bring them to appointments? – Project team member

Meeting families where they are

In addition to flexible funds, one community partner spoke to the need for more flexibly county processes and protocols. Changing the way the county provides services would allow staff to meet clients where they are and when it’s convenient for them. Staff spoke to the need to provide services to working families outside of the 8:00 am to 4:00 pm business hours. Another solution proposed was offering home visits.

Why is truancy court in the middle of the day? – Project team member

Take your county laptop in your county car and sit at the table at someone’s house. – Project team member

Challenges

While Carlton County met COVID-related challenges with creativity, flexibility, and hybrid opportunities, community partners named ongoing and new challenges to implementing System of Care (SoC). Ongoing challenges and barriers included technology issues, reimbursement, distance to services, and access to basic needs. COVID and civil unrest exacerbated workforce shortages as well as youth and family engagement.

Basic needs. Most community partners interviewed cited high levels of poverty in Carlton County, with families struggling to meet basic needs like food security. Transportation was also frequently mentioned, including not having access to a reliable vehicle, the ability to afford fuel, and long distances to services in Duluth, which serves as a hub for the region.

Broadband connectivity and access to technology. Even before COVID, greater Minnesota communities faced gaps in broadband access and need for infrastructure improvements. Not all families have internet at home, or internet-enabled devices. The COVID-19 pandemic worsened connectivity due to high volumes of use, which sometimes required turning cameras off during meetings and sessions. Spring storms in 2022 further exacerbated connectivity issues. Another technology challenge mentioned was the interoperability between platforms and devices. For example, Microsoft Teams doesn’t work well with Apple, thus completing forms, obtaining consent, and getting data sharing documents can be difficult.

Staff turnover and workforce shortages. Community partners shared that burnout was contributing to teachers and other school staff leaving or taking early retirement. Law enforcement officers have been leaving and/or retiring early, including the Moose Lake Chief. Given the turnover challenge, paired with youth experiencing emotional dysregulation, Carlton County used SoC to pay for a three-day de-escalation training for several law enforcement officers. The SoC Coordinator position was filled four times during the course of the grant.

Challenges finding and retaining mental health providers was a key theme. Local provider agencies were all actively advertising positions. Shortages include therapists, Children’s Therapeutic Service and Supports (CTSS) workers, and both residential treatment and day treatment providers. One community partner noted that wait times for Psychiatric Residential Treatment Facilities (PRTF) are 9 to 12 months. Reimbursement rates were named as a key challenge related to recruitment and retention.

Staff are underpaid. Not a platform issue, but an issue of a rotating door or therapists. Some youth saw 2-3 different therapists over the course of the pandemic. Kids say ‘not gonna waste my time ‘cause they’ll just leave.’ It’s a relationship-based service. Kids are tired of telling their story to yet another person who might not be there in a few months. How to appreciate and compensate therapists/providers in a way that shows them the importance of their work. Traveling nurses were seen as saviors during the pandemic. And now some of them are being cut, and/or the salary has dropped for those positions as the pandemic is ending. Needs to be a better way. Can get as much per hour working at Kwik Trip with less stress and better benefits. People can only be altruistic for so long. – Project team member

Youth and family engagement. Long-term isolation during the pandemic led to disengagement among youth and parents/caregivers. Community partners spoke to families being stressed, turning down public health services like home visiting, and not attending meetings and events. “School avoidance” was named as a key concern, with a record number of students receiving letters from schools after missing 15 days of classes. Carlton County also saw an increased number of school violence threats (e.g., bomb threats, shooting threats) that shut down multiple schools during the last academic year.

It’s hard to think about. This crap has been going on 2-3 years. If a kid is 12, that’s 20% of their life not socializing, not hugging grandparents. Some kids are having a hard time coming back. What does that mean down the road? We did a circle process with a 7th grader and they didn’t know the word effect. We’re having conversations around policy. Generally we keep it at an 8th grade level, but we’re taking it down because some kids are so delayed. Big concerns. We got an English intern to take all forms down another grade level or two. This will be a challenge for a long time. Thinking about a 4 year old, this is all they know. No SEL, basic neuron attachment. What does that look like when those littles are 8, 10, or 12? It’s scary. – Project team member

State systems. The months-long stop-work order during the no-cost extension led to staff turnover, Carlton County not being able to hire a new SoC Coordinator until the budget could be approved, and loss of momentum. This resulted in the county being underspent on the budget with only a short window of time left to spend down. Due to SoC staff turnover at DHS, Carlton County was not able to receive feedback or approval on deliverables like the social marketing plan. Community partners noted a lack of support from MN.IT for Vidyo as a telepresence platform, and inability to access Vidyo usage data that could have helped inform a cost-benefit analysis. Partners also expressed the sense that decisions about children’s mental health systems have been made “in a vacuum” without county input.

Families First threw a monkey wrench in the behavioral health system with NAMI’s Third Path to residential treatment, which the state has been challenged to interpret and is not fully funded. NAMI asked for it and the legislature approved it, but there are not enough funds for Third Path to residential treatment. Will there be an appeal and need 100% county dollars? It’s not a ‘placement’ but a ‘service.’ Decisions keep being made in a vacuum about children’s mental health. I appreciate best practices and safeguards to avoid placements, but it’s a whole new process when they already have a therapist and assessment (CASII). Now a third person is doing the CANS assessment. Parents just want help. Staff keep asking why and I can’t answer. – Project team member

Recommendations

A common theme shared by community partners is that there is “no going back.” Telepresence will continue as a means to connect youth and families to services, though partners acknowledged room for improving delivery and exploring hybrid options. Carlton County plans to apply lessons learned from SoC to improve children’s mental health services. Lessons learned include the following recommendations:

Recommendations for Carlton County’s next steps

- **Continue to provide training on equity.** Several community partners noted that current training on topics like digital wellness are resonating less with youth than earlier trainings on anti-racism. One partner recommended the Blanket Exercise workshop for county staff, especially law enforcement.

Last year we had anti-racism training and the young people were super engaged—this was after George Floyd. Those were pertinent and relevant. My young people I work with are heading more towards a Part 2 (training) on anti-racism. – Project team member

- **Continue to make learning more engaging for youth.** Summer credit recovery courses focused on skill building and tapping into youth interests.

The focus was on learning new skills and interests. It was a different type of learning—not sitting in class listening to a lecture. I hope schools will do this more. – Project team member

- **Continue to evaluate efforts.** Wilder Research developed an evaluation toolkit, including surveys, instructions, consent forms, and tip sheets in order to build Carlton County’s capacity to sustain evaluation efforts. These tools will help the county continue to elevate youth voice and use data to inform and improve telepresence services. A focus group with youth receiving mental health services conducted in 2020 found that youth preferred in-person sessions to virtual. However, that focus group took place at time when youth were fatigued with distance learning. Hybrid approaches, audio-only options, and use of telepresence for other services (e.g., restorative practices, chemical health assessments) may be preferred by some youth, and preferences may evolve over time.

Recommendations for the state

- **Revisit reimbursement.** Several community partners addressed the need to improve both public and privately covered reimbursement policies. It was noted that provider agencies don’t want to take the financial risk of providing in-home skills work as they cannot get reimbursed if the family is not home at the time of the appointment. One suggestion was to better fund upstream services like universal home visiting, lactation consultation, and early childhood education, and even mid-stream services like day treatment, in order to avoid more costly services like residential treatment. Another recommendation was for a public-private partnership to help youth meet basic needs.

An app that young people could access off their phones that links to resources in a local community. So if food insecure, a relationship is built and money goes to Super One or Aldi and young people could get basic food. A local coffee shop—build a relationship with the owners so if a kid needs a safe place to go they could get cocoa and chili or a sandwich. A web of support of local businesses that would get funds, but kid could say ‘hey, I have a coupon app or I need to stay here for the next three hours because my parents are fighting or I don’t want to go home.’ Here is a sandwich. Local gyms could offer a free pass to work out, use the pool, or have place to hang out and stay safe. – Project team member

- **Authentically engage system partners.** Specific to System of Care, community partners wished for more clarity about grant requirements up front, consistent follow-through on deliverables like marketing plan approval, and faster contracting. Partners wished for more technical assistance and concrete guidance on social media and CLAS standards. Carlton County appreciated the flexibility of being able to bring in their own cultural training. More broadly, one person shared that counties want to feel like authentic partners on the same team as the state noting that it sometimes seems that DHS has already made a decision when they are asking for feedback. This partner called for greater transparency.

Shared recommendations

- **Center the work on young people.** Community partners recommended focusing on young people’s lived experiences and voices, and including them in the strategic planning process. Engage youth in discussions about best practices and community assets. One partner recommended tapping into existing resources in Minnesota like the Search Institute’s Developmental Relationships training and tools, and findings from youth-focused Wilder Research projects. Several community partners recommended that the state authentically engage youth in future children’s mental health summits and other youth-focused events.
- **Share lessons learned widely.** As Carlton County community partners plan to utilize local lessons learned from SoC, they also hope that the state will share lessons learned widely as was promised during the children’s summit. Locally, partners hope to build on what has been developed, connecting dots rather than duplicating what is already in place. Recommendations included a creative dissemination plan that reaches people in a way they will “hear and listen,” and also sharing the unanticipated lessons learned that were not associated with a formal task or deliverable. Partners also recommended that the state work on state-level systems.

Each state agency does something related to mental health (DHS, MDH, MDE, DOC, DPS, DNR, DOT) but they are not doing it in a coordinated way—the state needs to build a SoC itself. In the future, tie the funding to existing systems (Collaboratives, SHIP, AMHI, mobile crisis) rather than having it be a separate pot of money which leads to administrative duplications. – Project team member

Funding for this report comes from a Substance Abuse and Mental Health Administration grant received by the Minnesota Department of Human Services.

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SEPTEMBER 2022