

Minnesota System of Care Expansion Grant

Carlton County Progress 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 subawards to 13 communities (counties, regions, and one tribal nation) to pilot new services and adopt system of care principles. Carlton County received its subaward from DHS in fall 2018. This summary describes the county's efforts to date, drawing on insights from six project representatives from the county, and local collaborative and administrative data provided by partnering provider agencies.

System of Care efforts in Carlton County

Carlton County's System of Care (SoC) efforts have focused on expanding access to mental health services for young people through the use of telepresence. Carlton County, and the broader Arrowhead region of Minnesota, has been designated as a mental health professional shortage area (HPSA) 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.

Carlton County initially planned to expand the use of telepresence for two main groups: young people transitioning from Psychiatric Residential Treatment Facilities (PRTFs) and in schools to support care coordination among mental health professionals and school staff. Prior to COVID-19, Carlton County staff also envisioned working with the state 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. Vidyo was selected because of its security features and the low bandwidth required.

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.

The advent of COVID-19 has had significant implications for Carlton County’s work. COVID-19 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 being used by mental health professionals has increased, which has made it more difficult for Carlton County to advocate for a single statewide system.

Their overarching goal is to change how mental health services are being delivered by changing paradigms, systems, and how service providers are working 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.

The following goals have guided the county’s efforts:

- Youth have equitable and ready access to mental health services through the use of telepresence.
- Youth and families have a voice in decisions at all levels of the children’s mental health system.
- There is a continuity of care across the children’s mental health system and other services.
- Providers have the skills to effectively use telepresence, engage youth and families in decision-making, and integrate health equity principles into their care.
- State policies support the use of telepresence within the children’s mental health system.

System of Care leadership and governance

Carlton County’s SoC work has been led by a team of county staff, but the work is also guided by several groups. Through SoC, the county has been able to revive its Children’s Mental Health Local Advisory Council (LAC), providing a platform for youth, families, and providers to advise SoC efforts. Carlton County SoC representatives also participate in the Carlton County Collaborative, a multi-sector group made up of representatives from the schools, law enforcement, emergency preparedness, mental health agencies, county departments, community-based programs, and local tribes. The group provides support and guidance in the SoC efforts to ensure coordination of services across all relevant stakeholders.

Representatives from Carlton County’s SoC work note that this sort of multi-sector collaboration is one of the strengths of their region, providing greater ownership, coordination, and sustainability for the work.

Carlton County has a rich history of partnerships. We work well collaboratively. There’s a lot of investment and in-kind support. If there’s an identified need, the community rallies around it. It’s a strength of what we’ve established and allows for SoC to do even more with our grant funding.

In Carlton County, the community owns the problem. It’s not “that agency” or “that school.” Carlton County kids are our collective responsibility. It’s a mindset that preceded me. It’s a different community norm.

Carlton County has worked with several partners to increase their capacity to use telepresence and engage youth and families. The county has worked with the Arrowhead Health Alliance to create the infrastructure needed to expand telepresence across the region. They are also working with REACH Mentoring to engage youth through a youth survey, focus group, and involvement with the LAC.

Key partners

In addition, staff have worked with mental health clinics and providers to use telepresence with clients, including the Human Development Center in Cloquet, Melissa Anderson Psychological Services in Moose Lake, Hills Youth and Family Services and Northwoods Children’s Services in Duluth, and North Homes Children and Family Services which has locations across the region.

Carlton County representatives reflected that they have seen increased collaboration across mental health providers, schools, and PRTFs through their SoC work. They noted that taking the time to help providers get set up with telepresence and providing ongoing support helped build buy-in and trust.

Key activities and highlighted accomplishments

Integration of system of care values

Through the SoC grant, DHS has emphasized the importance of integrating system of care values into local efforts by providing training and technical assistance and requiring grantees to develop a local cultural and linguistic competence plan focused on three of the National Culturally and Linguistically Appropriate Services (CLAS) Standards.¹ Representatives from the county and Collaborative described how they see these values being advanced through their work.

- **Family-driven.** Carlton County has had some parent and caregiver participation in the LAC where they provide input on the county’s SoC efforts. The county has also provided trainings to families on the children’s mental health system to further support family understanding and involvement in treatment decisions. Expansion of telepresence has also made it easier for parents and caregivers to participate in meetings with mental health professionals and school staff, ensuring they have a greater voice in decisions.
- **Youth-guided.** Carlton County has strengthened its relationship with several youth-serving organizations through the SoC grant, including REACH Mentoring. Through these relationships, they have been able to gather youth input at multiple points, including a survey of 80 youth across the county, a focus group with youth who have used telepresence, and participation in the LAC.
- **Culturally responsive.** Through the SoC grant, Carlton County adopted a policy to ensure that health equity will be included in county policies, services, and interventions. The policy includes the broad goal to “advance health equity by assuring equitable access to opportunities needed to attain optimum health among all county residents” 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.

The county also provided trainings to mental health professionals, school staff, and families on topics related to implicit bias, white privilege, and trauma-informed care. Carlton County has engaged members of the Fond du Lac Band of Lake Superior Chippewa Tribal Nation through participation on the LAC to provide input on key policies. A county representative noted that telepresence also has the opportunity to reduce barriers to access to mental health care and connect clients to providers that reflect their cultural background. Several county representatives reflected that a key part of their work has been to develop a shared language and

¹ The National Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) were developed by the United States Department of Health and Human Services Office of Minority Health.

understanding of equity across county departments and the community, which continues to be a work in progress.

Getting people to understand what [equity] means [is key]. I think it's a foreign language to a lot of people. To get them to understand why and the benefits.

Carlton County staff have also worked with a number of mental health clinics and providers to implement telepresence, providing support with set-up and ongoing technical assistance.

Challenges

The onset of COVID-19 offered new opportunities as well as new challenges for Carlton County's telepresence work. In addition, county staff reflected on longstanding challenges, such as broadband access and connectivity, that preceded, and in some cases were exacerbated by, the pandemic. Project stakeholders identified the following challenges in their work and the ways they have faced them:

Difficulty establishing a single statewide platform. Prior to COVID, Carlton County was working with the governor and state legislature to advocate for the use of a single telepresence platform, Vidyo, across the state. COVID required providers to quickly adopt telepresence using a variety of platforms. This roll-out, as well as technical challenges with the Vidyo platform, has led Carlton County to pause their advocacy efforts. Yet, project representatives noted that they still see a need for greater statewide coordination to improve efficiency and effectiveness, while minimizing costs.

Since the pandemic, [we have] had conversations with the Governor's Office and legislative leaders recommending a single platform for integrated services across the state. But up popped WebEx, Zoom, Vidyo, MS Teams, GoToMeeting, and on and on and on. It's inefficient and expensive, and nobody in a position of power is looking at—should there be a strategy?

Broadband connectivity and access to technology. Even before COVID, greater Minnesota communities faced gaps in broadband access. Key stakeholders described unreliable internet access and platforms, including Vidyo, that could not support the rise in demand. This resulted in delays or freezes in communication or clients being bumped out of sessions. Others shared that even in areas where broadband access is more reliable, some families may not have internet service at home or the appropriate technology, such as laptops or tablets. Although schools have helped fill in the gaps in technology access since COVID began, some students may still be left out, especially during the summer months. Carlton County was also able to secure a \$20,000 donation to buy new devices for young people.

Developing a shared understanding of equity. Some project representatives described the challenges in working across sectors to develop the equity policy within county departments, noting that people are at different places in how they think about equity in their work. Although the policy that was adopted was less potent than earlier versions, project representatives felt it would be a powerful guiding document and a promising first step.

Grant communication. Carlton County representatives also mentioned unclear communication about the SoC grant expectations, especially the provision of wraparound services. Carlton County staff had been trained in wraparound services in the past and it was embedded in the work they did, but they felt the provisions for implementing wraparound services through the high-fidelity model DHS selected to pilot through the SoC grant were more involved than what was initially communicated. Although Carlton County initially proposed implementing wraparound services, they were later able to negotiate with DHS to use a different model that focused on their telepresence efforts, and generally felt DHS was responsive once they shared their concerns.

Several staff also noted some communications challenges about when trainings from partner agencies would be ready. Delays made it difficult for them to move work forward, especially with the requirement that they use trainings from the partner agencies. Carlton County representatives felt there could have been greater flexibility to use locally available trainings. Doing so would better reflect the unique interests and context of their communities and reduce transportation barriers for outstate grantees. Some Carlton County representatives commented on challenges with turnover among DHS staff and partner agencies, and suggested the need for more proactive communication about staff transitions when they occur.

Moving forward

All project representatives felt their work would be sustainable. The unprecedented COVID-19 pandemic created unexpected need for telepresence, adding additional urgency for this work. Although their advocacy efforts around a single statewide platform have been paused, Carlton County will continue to explore ways to support a more coordinated and streamlined system across providers and regions. Project representatives also felt that they had a long history of family-driven, youth-guided work and collaboration across sectors which would provide a foundation for sustaining their work. The revitalization of the LAC, as well as new partnerships with REACH Mentoring and Arrowhead Health Alliance provided further energy for their work.

Carlton County is also committed to using evaluation for capturing the impact of telepresence and understanding community needs. SoC staff are working with Wilder Research to conduct interviews with providers, youth, and parents and caregivers about their experiences with telepresence. Telepresence usage data will be analyzed in order to measure the extent of use, and to estimate time and cost-savings related to reductions in travel for in-person meetings. Wilder is also collaborating with Carlton County on a literature review to explore research on the effectiveness of telepresence and promising strategies for implementation.

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