

Minnesota System of Care Expansion Grant

Crow Wing 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. Crow Wing County received its subaward from DHS in December 2018. Drawing on insights from eight project representatives from the county and partnering provider agency, and administrative data provided by partnering provider agencies, this summary describes the county's efforts to date.

System of Care efforts in Crow Wing County

In Crow Wing County, the System of Care (SoC) partners are working to ensure services are youth- and family-driven, with an overarching goal of improving the quality of life for youth and families. Prior to receiving funds through the grant, the county lacked in-home family therapy options and averaged 12 youth in residential treatment facilities at any given time—with 2 out of 3 youth placed out of state. Since launching Collaborative Intensive Bridging Services (CIBS) through the SoC grant, out-of-home residential placements have decreased, and no youth have been placed out of state.

Beyond reductions in out-of-home placements in residential settings, including a reduced number of placements and length of placements, county representatives said investments were being made in upstream preventative services and supports for families, as well as opportunities for community enrichment and involvement. A shared vision for success includes working in partnership with youth and families to infuse new ideas and approaches system-wide.

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 following long-term goals have guided the county’s system transformation efforts:

- Improved youth functioning and outcomes
- Youth and families have a pivotal role in driving system-level change
- Increased trust in county services and systems
- Fewer youth receive residential mental health interventions, particularly out-of-state services

System of Care leadership and governance

Crow Wing County Community Services has led the county’s SoC planning and implementation efforts, meeting frequently with their team and stakeholders to provide updates, plan, and coordinate local efforts. Representatives from the county described a shared philosophy among partners of working together as a team to support families. The SoC grant has revitalized the county’s Local Advisory Council, composed of community mental health providers and families. SoC lead staff regularly report to the county board, highlighting the importance of the CIBS program and its impact on the frequency of youth out-of-state residential placement.

I go to the County Board every quarter. It started out as being just about the budget, and why we have \$5.3 million in levy dollars going towards out-of-home placement. And it really changed to now talking about why kids are going into care. I really believe that the education that we've done with all the community partners has highlighted the importance of kids staying in the community.

Key partners

In addition to the agencies and organizations who are partners in SoC efforts through their participation in the Family Services Collaborative (FSC), the county has subcontracted with Nystrom & Associates and Lutheran Social Services (LSS) to provide CIBS to youth with mental health needs and their families. Northern Pines Mental Health Center, Nystrom & Associates, and Greater Minnesota Family Services provide case management services, and Pinehaven provides brief residential treatment for boys. The Shop, a dedicated space for homeless, disenfranchised, and marginalized youth, is another strong partner. A representative from one of the mental health agencies noted that their partnership with the county has been very robust and positive. While Crow Wing County respondents reported that county-provider relationships have been consistently positive, there has been increased collaboration and more frequent communication as a result of their local SOC work.

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 CLAS Standards.¹ Representatives from the county described how they see these values being advanced through their work.

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.

- **Family-driven.** Representatives from the county shared that parents and caregivers appreciate the opportunity to help make decisions about the services their family receives, and about their overall treatment goals. However, it has been difficult to engage parents and caregivers in broader systems-change work. They are not well represented on advisory councils, and COVID exacerbated recruitment challenges. NAMI’s Navigating the Children’s Mental Health System training was delivered to both professionals and parents, which county staff found beneficial. Project representatives, along with several community partners, hosted a self-healing communities project. They visited neighborhoods with high volumes of child protection reports, inviting families out to get to know their neighbors to help build informal supports.
- **Youth-guided.** County staff have partnered with The Shop to engage with and learn from youth. An event was held at The Shop to gather input, and 23 youth attended. In addition, youth have a voice at the table through a partnership with the Lakes Area Restorative Justice Project.

The [youth] that have participated in The Shop seem to have really enjoyed it. [They] like having us show up and of course then we feed them, but asking for their opinion and listening. I don't think it happens very often that they're respected for their input. We already had a strong relationship with The Shop, and we'd go and volunteer and sit down with the youth and talk to them. So I think we're just being more mindful because of this Systems of Care grant.

- **Culturally responsive.** Prior to the SoC grant, Crow Wing County provided training on culturally responsive services, including historical trauma training and mandatory training on implicit bias, to county staff. Policies were reviewed annually, and interpreters have been available. In collaboration with Crow Wing Energized, a community advisory council on equity has been established. Staff from mental health provider agencies noted that they’ve always inquired about clients’ cultural, linguistic, and spiritual practices to help better inform treatment planning. One county representative acknowledged that more work could be done in this area.

We're consistently having to call each other out, or hold each other accountable, and learn from moments. Whether it's the language that we're using, or what type of form we put together. Staff feel safe to bring that to our attention and talk through it.

Project representatives recognized that transforming the local children’s mental health system will require much deeper work in all of these areas, and that this work must be done in partnership with local providers and with youth and families engaged in designing a system that meets their needs.

CIBS implementation

Crow Wing County focused its grant-funded service pilot on implementing Collaborative Intensive Bridging Services (CIBS). This multi-faceted, strengths-based model is based on Multi Systemic Family Therapy. It relies on intensive in-home therapy with active parental engagement and often a brief, intensive residential treatment intervention. Through the grant, DHS contracted with Nexus-FACTS Family Healing to provide training and coaching to all SoC grantees to train supervisors, CIBS coordinators, and clinicians to implement their model with fidelity. Nexus-FACTS also provided technical assistance on the creation of electronic health record documents to track CIBS intervention.

Capacity and infrastructure

While there are currently a number of youth on waiting lists for CIBS, both LSS and Nystrom & Associates are adding new therapists to meet the growing demand for services. Additionally, a highly skilled CIBS therapist with strong youth-engagement skills who had left the county is returning. Staff check in regularly with case managers

and with families on waitlists to update them about where they are on the list, provide supports, and maintain optimism. Crow Wing County plans to establish regular meetings with therapists, and mentoring opportunities for new therapists.

Youth and families served

Through the end of September 2020, 12 youth had been referred to and determined eligible to receive CIBS services. Of these, five (42%) were known to have had a past intervention in a residential mental health or corrections setting. Eight of the youth referred began services in a residential intervention setting, foster care setting, or group home. To date, four of the youth who began to receive CIBS services have discharged. One of these youth was referred to other services, while the other youth discharges occurred when families refused or decided to discontinue services.

Stakeholder impressions of CIBS

The project representatives interviewed shared mostly positive impressions of CIBS during this early implementation period. Anecdotally, they understand families have mixed experiences with services. While some families and youth have felt supported, others have felt that CIBS is too intense given the requirement of meeting three times per week. Families reporting positive experiences appreciate having the support of a team, as well as the tools and strategies for addressing their child's behavior. Those with less than positive experiences find the time and energy commitment that's required with CIBS daunting on top of economic stressors, housing challenges, work demands, and distance learning.

Given that many CIBS-eligible youth have been involved in multiple systems, and have tried other therapeutic approaches, some are skeptical about the potential effectiveness of CIBS. Yet some youth have expressed appreciation for the opportunity to help guide their treatment planning.

We had plans to work with the kiddo, being socially distant together, doing things outside of a typical therapy office. He did seem excited by that idea. He loved the idea of working on bikes together or using his animals in a therapeutic way during therapy, if that was an option. Using CIBS in that way could work very well for some families. And that's exciting to me. During one of our sessions, I had asked the kiddo what didn't work well in therapy and what has worked well. He has had a therapist in a residential facility who wasn't like, "a normal therapist." And he would do things with him that were a little unconventional like building things together. And he really liked that. I thought, wow, we could do that.

While CIBS is an important addition to the continuum of services available to families, project representatives described other Crow Wing County strengths. The county has a high rate of providers per population, school-linked mental health services, a family preservation unit, a new autism gym, and a strong crisis response system. County staff have good relationships with social workers at area hospitals and emergency departments, and know whom to call when crises arise. Despite these services and supports, representatives noted that families still have to travel long distances for specialty services, waiting lists continue, there's a general lack of awareness of services that are in place, and there is a need for earlier intervention.

I think we need earlier intervention, diversified psychiatric and clinical services so the children are receiving assessment and intervention earlier and at all steps of the 12 and up program. We could intervene earlier and prevent some of the traumas and attachment challenges. Perhaps we would be more effective.

Challenges

The onset of COVID-19, an unprecedented global pandemic, focused individuals, organizations, and systems to quickly adapt to a new normal. While changes have been made to address many of the technical challenges of converting mental health services, school, and meetings to virtual formats, there are still many challenges and considerable uncertainty. Project representatives described multiple ways that the pandemic disrupted momentum in this work, including staff time being diverted to COVID response and difficulties engaging new families.

Within this broader context, project stakeholders also identified additional service- and system-level challenges:

- **Uncertain mechanisms to sustain CIBS.** Representatives were unclear about how they would receive ongoing support in determining eligibility, and ongoing training and consultation on the CIBS model without the grant to cover the state partners providing these supports. Mental health provider agency staff requested help in determining which hours are billable, and systems to track and report information needed to document and request reimbursement for billable services.
- **Broad adoption of system of care values.** While all respondents expressed hope and optimism that SoC values would be adopted and integrated across the county and even the region, family engagement challenges have been heightened due to the pandemic. One county representative also noted that there was some pushback by county staff when culturally responsive trainings were made mandatory.
- **Finding and retaining qualified therapists.** Representatives described challenges in recruiting therapists, including the intensity of the services and the relatively low salaries for CIBS therapists, which are driven by reimbursement rates for CIBS services.
- **Finding families that are a good fit for CIBS.** Services are time and energy intensive. Telemental health challenges and distance learning only amplified family engagement challenges. Respondents were able to overcome some of these challenges through relationship and trust building, and communicating realistic expectations for families.
- **Limited local short-term placement options.** Crow Wing County is limited in the number of local residential treatment facilities that can be Phase 2 providers for CIBS, as well as family foster homes and group homes. Options are especially limited for girls, as Pinehaven is a gender-specific residential treatment facility that only accepts boys.

Moving forward

The project representatives identified a few priority areas that will be important focal points through the end of the grant period (September 2021) and beyond:

- **Decreasing waiting lists, and establishing a regular check-in system for families on waiting lists.** Project representatives described the growing number of referrals to CIBS as a “good problem” to have, and are working to identify additional CIBS therapists. In order to maintain families’ optimism, processes are being established for regular check-ins with families to let them know where they are on the waiting list, offer other supports and services such as Children’s Therapeutic Services and Supports (CTSS), and to help them problem solve pressing needs.
- **Identifying funding mechanisms to sustain and expand services.** Provider agencies voiced the need for reimbursement for travel, and increased rates of reimbursement for in-home services. Interest was expressed in future technical assistance with billing and documentation (e.g., when clients can be billed through CTSS, what is billable through commercial plans).
- **Strengthening and building new approaches to family engagement.** While parents and caregivers appreciate being invited to the table, competing demands for their time have resulted in limited representation on governance committees tasked with driving systems change. Representatives expressed interest in developing new processes that would allow youth and families to generate ideas for systems improvement.

I would love to never ever get a call from a parent saying, "I don't know what to do. I don't feel like there's enough support or services. I don't feel like I'm being understood or heard in the system."

- **Encouraging other programs and places to adopt the SoC core values.** Project representatives would like to see other organizations and agencies in the county and region implement a youth- and family-guided approach.

With sharing what we're doing here with our partners, they always ask how's the System of Care grant going. I think for sure we want to influence the entire county. Quite honestly, we want to be able to influence the entire state, and we're hoping that we can tell a good enough story and demonstrate positive outcomes.

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