

# Minnesota System of Care Expansion Grant

## Crow Wing 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. Crow Wing County received its sub-award from DHS in December 2018. Drawing on insights from six project team members from the county and a partnering provider agency, information from caregiver interviews, and administrative data provided by partnering provider agencies, this summary describes the county's implementation and perceptions of their system of care work.

### 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.

Similar to the first reporting in 2020, project team members noted that Collaborative Intensive Bridging Services (CIBS) through the SoC grant have helped decrease out-of-home residential placements. Beyond reductions in out-of-home placements, project team members noted that increased collaboration between the county and partners, as well as a family-based approach, have helped to create a successful CIBS program. Because of the success Crow Wing County experienced with CIBS, they have support from their board to continue CIBS and it is in their 2023 budget.

#### 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.

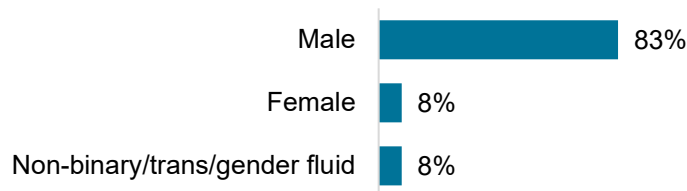
The following long-term goals have guided the county’s system transformation efforts:

- 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

## Youth and families served

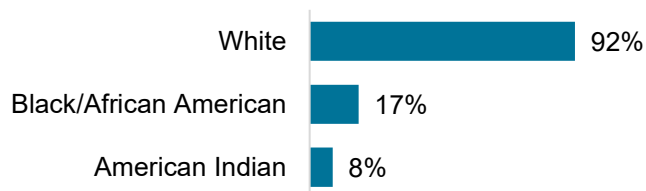
Through the end of June 2022, 12 youth received CIBS services. Of these, six were known to have had a past out-of-home placement. Ten of the youth referred began services while living at home. The majority of youth served in Crow Wing County identified as White (92%) and male (83%). In addition, two-thirds were between the ages of 13 and 17 (median age=16).

### 1. YOUTH SERVED BY GENDER (N=12)



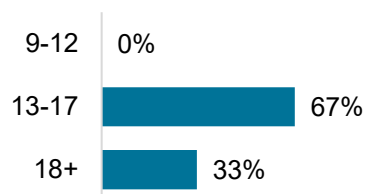
Note: Due to rounding, percentage may not equal 100%.

### 2. YOUTH SERVED BY RACE (N=12)



Note: Due to ability to select more than one race, percentage may not equal 100%.

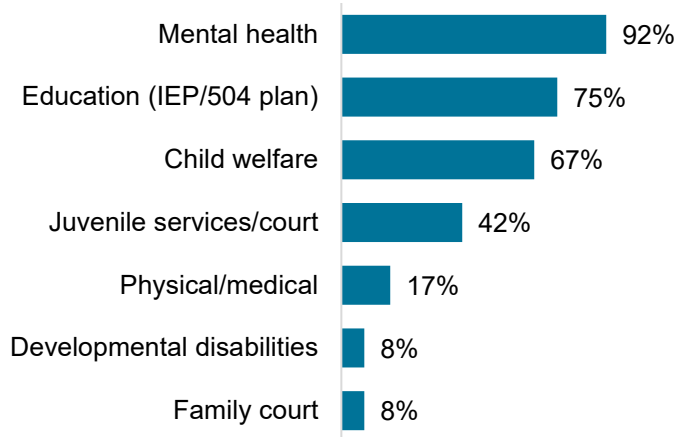
### 3. YOUTH SERVED BY AGE (N=12)



Note: The age range for CIBS is 9-17 with some exceptions.

Prior to their involvement in CIBS, 75% of youth were involved in three or more systems. Of the system involvement, mental health was the most utilized with 92% of youth accessing these services.

#### 4. PRIOR SYSTEM INVOLVEMENT AMONG YOUTH SERVED BY CIBS (N=12)



### CIBS implementation

Families participated in CIBS from less than a month to eight months, with the median amount of participation time as two months. To date, nine of the youth who began to receive CIBS services have been discharged. Of those discharged, reasons included withdrawing/refusing services, entering another treatment program, referral to other services, or for another reason.

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 Multisystemic Therapy (MST). 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.

### 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.<sup>1</sup> Project team members from the county described how they see these values being advanced through their work.

- **Family-driven.** Project team members shared that parents and caregivers had a positive experience with the services their family received and that they appreciated the opportunity to be involved in guiding the services

<sup>1</sup> The National Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) were developed by the U.S. Department of Health and Human Services Office of Minority Health.

and supports. Project team members also noted that the youth appreciated that the program focused on addressing family issues versus seeing youth as the problem. It was noted that getting families engaged in the beginning was difficult, as they were not aware of the amount of time and effort that was needed from everyone involved. Additionally, project team members noted that parents and caregivers were not involved in any other capacity, like advisory councils or broader system-wide decision-making, while participating in the program.

*I think that the kids feel better in a sense when they come to realize that mom and dad have to put in some work as well – and it's not just them. – Project team member*

- **Youth-guided.** Project team members observed that youth had a positive experience with services provided to them and that they appreciated an opportunity to make decisions about their own mental health services. Some respondents shared that youth may be reluctant to engage at the beginning, but once they see that their family is invested and they start to experience positive changes, they become bought-in.

*The most important piece is that youth felt heard. This is a focus – giving them a voice at the table. Youth ground us and remind us that the world is changing – and help put things in perspective for us. – Project team member*

- **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. Project team members noted that these training opportunities, partnering with local cultural groups and community leaders, and engaging with families from different backgrounds or cultures have been the most significant changes they have made since the spring of 2020. Project team members did note that gaining knowledge, skills, and resources for working with specific cultural groups and meeting those needs have been a challenge in their work.

Project team members 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.

## Perceived benefits of CIBS

Project team members agreed that the biggest benefit of CIBS is reducing out-of-home placement. One respondent noted that this model should become a standard practice offered to all Minnesota residents. While there was not clear consensus on other benefits of CIBS, individual team members saw that CIBS:

- Increased access to services and supports outside of the CIBS program
- Created relationships between families and care teams that help lead to successful program outcomes
- Increased collaboration and communication among system partners

*I think the coordination and communication has been very, very vital for all parties, especially for the families to coordinate the best services we possibly can. – Project team member*

- Improved referral processes
- Reduced costs to tax payers
- Increased organizations' commitment to try to keep implementing the CIBS model due to the experience working with families and successful outcomes they observed

*I can't speak highly enough about how this has saved a lot of families from sending a kid to a treatment center or other out-of-home placement for a year or something. – Project team member*

## Benefits identified by parents and caregivers

Two families were interviewed about their experiences with CIBS in Crow Wing County. Because of this small sample size, these thoughts may not be representative of all families receiving services in this community. Similar to project team members, parents and caregivers interviewed found having their child receive services and supports in the home as a benefit of the CIBS program. These parents and caregivers also saw that the program reduced their family's stress by providing a team of supporters who offer tools and skills to help with understanding and communicating with their child. Additionally, they appreciated the time to learn together, added structure, and connections to additional supports.

*We are learning together and we are learning a lot...We are learning better communication, we are learning coping skills, different ways to parent, respect for authorities. – Parent/caregiver*

## Challenges

During this grant, there were challenges beyond the scope of System of Care, including the onset of COVID-19, an unprecedented global pandemic, which forced individuals, organizations, and systems to adapt quickly 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. In addition, Crow Wing County experienced challenges specific to the grant and the services they were providing. Many of the project team members reported that these challenges/barriers have yet to be resolved.

- **Finding and retaining qualified therapists and support staff.** Project team members described challenges in recruiting and retaining therapists, especially given the intensity of the services and the relatively low salaries for CIBS therapists, which are driven by reimbursement rates for CIBS services. While project team members noted they had the tools and desire to help as many families as they could, they just didn't have the capacity. Additionally, project team members noted that hiring and retaining support staff has been extremely difficult recently, something that many other industries are currently experiencing.

*There is less willingness on the part of therapists to go into people's homes, to work evenings, weekends – this was a hurdle 10 years ago, but then we were able to find candidates – people accustomed to working evenings and some weekends. But today, candidates are very much looking for regular hours (8-4, Monday through Friday). – Project team members*

- **Finding creative ways to create and sustain ongoing family engagement.** Project team members and interviewed families noted that getting families initially engaged and maintaining that engagement was a challenge. The challenge was especially apparent via virtual meetings where Project team members noted maintaining engagement during the session was hard, particularly with children. In addition, parents and caregivers interviewed noted that the time commitment for the program was a challenge especially with other things going on in the families' lives. However, they understood that a program like CIBS required more time and commitment than other programs.

## Recommendations

Project team members were asked to share their recommendations for DHS and for other communities implementing System of Care and CIBS services. Project team members shared their desire to sustain the program and carry out the core values moving forward; however, to do this they indicated a few priority areas that will be important focal points to ensure the sustainability of the program.

- **Increasing staff capacity.** Project team members noted that to sustain the program they need to hire more therapists and support staff, and build out systems to retain staff. This would help address the issue of waitlists. In addition, project team members recommended that qualifications of therapists should be revisited to ensure that a larger pool of candidates could be considered for positions. To do this, project team members noted that financial support is greatly needed, as well as advice and resources for where to find qualified staff.
- **Revisiting therapist job qualifications.** Project team members recommended that qualifications of therapists should be revisited to ensure that a larger pool of candidates could be considered for positions. This could help decrease waitlists and help with hiring of staff.
- **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. Project team members expressed interest in developing new processes that would allow youth and families to generate ideas for systems improvement.
- **Building relationships with families.** Project team members recommended that more time and resources be set aside for care teams to get to know and understand the family before starting to provide services and supports. This would require more time and more funding, but is seen as a critical first step in engagement.

### Recommendations from parents and caregivers

- **Offering scenarios.** Parents and caregivers interviewed noted they would have liked to be given scenarios on how to respond to potential incidents or issues their family may face during the program. For example, how families should respond if their child runs away from treatment.
- **Focusing more on in-person meetings.** Parents and caregivers interviewed indicated that virtual meetings were difficult especially when therapists could not full see body language of the child and could not understand the s

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

## Wilder Research®

Information. Insight. Impact.

451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700  
[www.wilderresearch.org](http://www.wilderresearch.org)

### For more information

For information about System of Care efforts in Crow Wing County, contact Kara Griffin, Division Manager – Community Services, 218-824-1159.

For more information about this report, contact Julie Atella at Wilder Research, [julie.atella@wilder.org](mailto:julie.atella@wilder.org).

Author: Maria Robinson

SEPTEMBER 2022