

# Minnesota System of Care Expansion Grant

## Dakota 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. Dakota County received its sub-award from DHS in December 2018. Drawing on insights from eight project team members from the county and partnering provider agencies, caregivers of youth served, and administrative data, this summary describes the county's efforts to date.

### System of Care efforts in Dakota County

For Dakota County, the System of Care (SoC) grant is providing an opportunity to increase fidelity to the Collaborative Intensive Bridging Services (CIBS) model that was already being implemented, to streamline the implementation of CIBS by creating a new regional coordinator position, and expand CIBS services to other counties in Minnesota by providing training and technical assistance. SoC has also expanded Dakota County's existing youth and family engagement efforts and approaches to ensuring culturally responsive services systems-wide.

Project team members perceived that the SoC grant has provided services and supports that reduce the out-of-home placement of youth that would not have otherwise been possible, and supports youth who need to access a higher level of residential treatment. In addition, the grant allowed for the expansion of CIBS services while providing a holistic approach to mental health treatment that focused on the whole family.

*I think what it did is met the needs of families more holistically. It didn't take away anything, but it kept that continuity of more connected and seamless clinical care from before going into residential and then keeping that family engaged while their child wasn't in their home, and maintaining those connections. It solved a lot of things that weren't working – programmatically, financially, and emotionally. And the fact that by having a coordinator doing this intensive in-home work reduces the need for the residential at all in many cases. – Project team member*

#### 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.

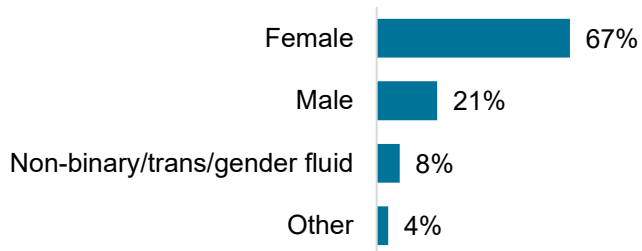
The following long-term goals have guided the county’s implementation efforts:

- Improving youth functioning and outcomes—especially transition into adulthood
- Incorporating the SoC values of youth and family engagement and culturally responsive services across all system partners
- Expanding CIBS throughout Minnesota

## Youth and families served

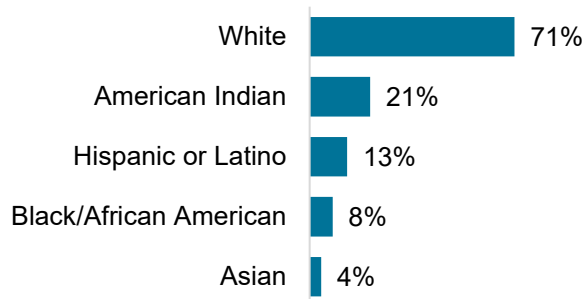
While Dakota County is not funding the implementation of CIBS through the SoC grant, the county's CIBS cases are being entered into the SoC database hosted by Wilder Research to contribute to the overall evaluation of grant efforts. From January 2019 through June 2022, 24 Dakota County youth received CIBS services. Of these, one-third were known to have had a past intervention in foster care, corrections, or a chemical health treatment facility. The majority of youth served in Dakota County identified as White (71%) and female (67%). In addition, well over half were between the ages of 13 and 17 (median age=16).

### 1. YOUTH SERVED BY GENDER N=24



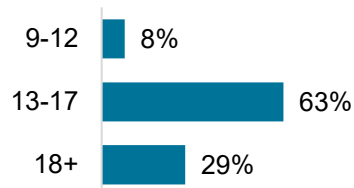
Note: Due to rounding, percentage may not equal 100%.

### 2. YOUTH SERVED BY RACE N=24



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

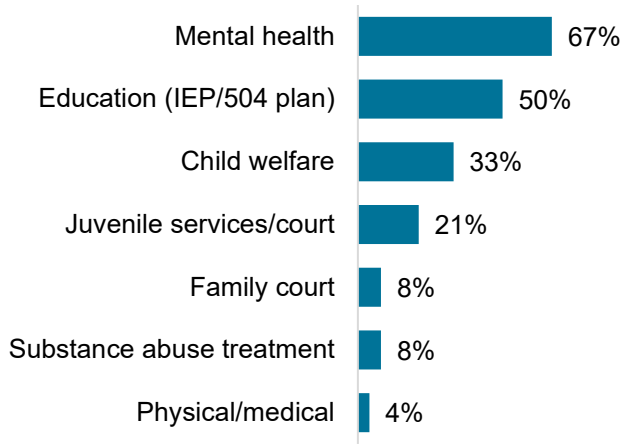
### 3. YOUTH SERVED BY AGE N=24



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

Prior to their involvement in CIBS, over half of the youth (54%) were involved in three or more systems. Of the system involvement, mental health was the most utilized with 67% of youth accessing these services

#### 4. PRIOR SYSTEM INVOLVEMENT AMONG YOUTH SERVED BY CIBS N=24



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

## CIBS implementation

Families participated in CIBS from three months to one year and three months, with 8.5 months being the median. To date, 22 of the youth who began to receive CIBS services have been discharged. Of those discharged, almost half were due to mutual agreement of completion of services (46%). Other reasons for the discharge were youth being admitted into other treatment/residential programs, referrals to other services and supports, or withdrawing/ refusing services altogether.

### Phase 2 placement

The CIBS model involves youth entering a brief (less than 45 days) residential treatment placement during services. This placement is referred to as Phase 2 because it is centered between two rounds of intensive in-home family therapy and supports (Phase 1 and Phase 3). Phase 2 includes continued engagement with the CIBS providers and the family leading up to, during, and after the placement.

In Dakota County, 20 of the youth served (83%) moved into Phase 2. These youth were in their Phase 2 placement from between 26 and 46 days, with an average of 33 days. In addition, two youth decided with their families and providers that the Phase 2 placement was not necessary and they moved directly in to Phase 3. The remaining two youth are still engaged in services and the decision regarding their Phase 2 placement was not made at the time of this report.

Dakota County developed CIBS, a multi-faceted, strengths-based model that is based on Multisystemic Therapy (MST), and had been implementing the model prior to receiving the SoC subaward. CIBS relies on intensive in-home therapy with active parental engagement and often a brief, intensive residential treatment facility placement. Through the grant, Nexus-FACTS Family Healing and Dakota County staff have provided training and coaching to supervisors, CIBS coordinators, and clinicians in other SoC-funded CIBS sites to implement their model with fidelity.

## 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 described how they see these values being advanced through their work.

- **Family-driven.** Project team members perceived parents and caregivers having mixed feelings about their experience in the program. While some team members indicated that parents had positive experiences and felt services were worthwhile, others shared that the parents felt the program was too intense and rigid. Four families were interviewed about their experiences with CIBS in Dakota County. Because of this small sample size, these thoughts may not represent all families receiving services in this community. Like some of the project team members, parents and caregivers interviewed found the program very time consuming and intense. Families interviewed did not mention the extent to which they were involved in their child’s care plan and decision-making. One family mentioned that it was hard to be involved when they would have liked due to the staff’s lack of communication and follow-up.

*I think families, in general, are very grateful, feel very heard and supported. The feedback that I have gotten from a lot is that it is so much – so much meeting and how do I do all that I need to do, while also meeting so intensively with people. I believe that while most families appreciate the work, learn a lot, feel that it’s been a great service, they also recognize that it is a lot of work and it’s tough and it’s time-consuming. – Project team member*

In addition to caregiver engagement in their family’s services, the System of Care model includes opportunities for families to guide overall decision-making for the CIBS services and within the continuum of care. Dakota County had many parents represented on the Local Advisory Council or Collaborative, more than most other System of Care sites.

- **Youth-guided.** Project team members observed that youth had mixed feelings about their experience, similar to that of their parents/caregivers. From the interviews with the program team, it was noted that the youth appreciated that CIBS focused on addressing family issues versus seeing the youth and the problem. Project team members indicated that youth could make decisions about their mental health services. Like parents and caregivers, Dakota County youth were able to participate in the Local Advisory Council or collaborative.

*I think kids can see that the relationship they build with being with the therapist as much as they are, and the therapist holding both kid and family accountable – I think kids can see the benefit in that, and I think it’s different because the kids see the family work along-side of them. – Project team member*

- **Culturally responsive.** The county’s diversity and inclusion goals are threefold: to ensure an environment that is welcoming of diversity, to recruit and retain a workforce that is reflective of the community the county serves, and to ensure a culturally competent workforce. One example of the work completed during this grant is that Dakota County Children and Family Services Race and Culture Forum reviewed the Children’s Mental Health Intake Policy using a racial equity assessment tool to review their contracted partners’ policies and training practices. Project team members recognized that the most significant change due to the grant in regards to the CLAS standards was receiving training on things like implicit bias, white privilege, and cultural humility. Additional changes the team members noted were their ability to collaborate with local networks and cultural groups, hiring fluent liaisons, and utilizing equity lens tools to review policy and operating decisions.

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<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.

## Perceived benefits of CIBS

Project team members agreed that the most significant benefit of CIBS is reducing out-of-home placement. In addition, there was agreement among the project team that CIBS:

- Helped increase access to services and supports, not just for the youth, but also the entire family
- Created an environment for collaboration between the county and providers

*[A]mazing cross-collaboration. We are able to be intentional about how we can support family and kids in the community, and here's what it is going to look like. That collaboration is very unique to what SoC provides.*  
– Project team member

- Increased communication among system partners
- Provided opportunities for training
- Provided consistent services to families

Additionally, individual team members saw that CIBS:

- Improved the referral process
- Increased accountability among team members
- Allowed for strength-based approach
- Met families where they were at
- Created trusting relationships
- Involved a team of partners for families

Further, some team members identified benefits associated with the overall System of Care grant, beyond those specific to CIBS, including that the grant:

- Increased support from leadership
- Provided new contracts with providers that could include integrating CLAS standards
- Allowed for new partnerships with local networks, committees, and cultural groups
- Allowed for the hiring of fluent liaisons

### Benefits of a Collaborative Intensive Bridging Services Coordinator (CIBS) Coordinator

Dakota County was unique in the fact that they funded a full-time CIBS coordinator through the grant, as opposed to funding CIBS implementation as other sites did. It was clear from the interviews with Dakota County team members that this position was both valuable and crucial to the success of the program and their work. Team members shared that the position provided numerous supports and services to the team, including ensuring fidelity to the model, communicating and coordinating with different team members across the system, facilitating Phase 2, collaborating with providers, working to engage families from the start, creating and maintaining relationships with all involved, and answering overall grant questions, among a host of other tasks. Team members noted their desire to find funding to sustain this CIBS coordinator position moving forward.

*I don't think CIBS is sustainable without that [the coordinator] position.* – Project team member

*Sandy has authentic relationships – so then when we are doing some of the system’s work, the education, the communication work, she has a built-in, almost like a focus group, already established. – Project team member*

*I believe that Sandy’s position is funded out of the grant, and so we really had to figure out how we were going to sustain her position because this is such an important component we can’t let it go away. I know management had a lot of options to plan around, and county board support to make sure we could keep Sandy and her position in the whole CIBS program, including her role in helping to expand it in other counties. – Project team member*

## Benefits identified by parents and caregivers

Parents and caregivers shared that the program provided services that include resources and skills to help all family members, not just the youth, and overall support from a team of caregivers. Families noted that these benefits of the program helped reduce their stress and allowed for a more extensive network of support. Parents and caregivers also experienced that the program built upon established strengths of the family and youth, utilizing the strengths to work with the families. They also shared that families benefited from the program, ensuring that each family member is accountable, which reduced the “he said/she said” behaviors families experienced in other programs.

*She’s receiving these services... she’s able to work through the problems she’s having so this reduces my stress somewhat. She’s getting skills for now and the future. – Parent/caregiver*

Other benefits shared by parents and guardians were...

- Providing an overall therapist for the family instead of multiple therapists, which often resulted in too many people being involved with the loss of communication and lack of a clear path on how to help the family as a whole
- Flexibility of the team to meet during “off-hours,” like on the weekends
- Approaching problems and issues in a practical manner
- Processes in place to help get youth into residential treatment when needed

## 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, Dakota 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. Additionally, project team members noted that hiring and retaining support staff has been extremely difficult recently, something that many other industries are currently experiencing.

*Staffing – staff turnover and retention. Even just hiring – there is just not a pool of therapists out there who are interested in this work right now. Competition is really high, and therapists are choosing other kinds of work – there is less interest in community and home-based work. – Project team member*

- **Waitlists.** Project team members shared that waitlists were becoming more of an issue. Team members shared that there is not a lack of families needing services at the time, but due to the lack of therapists and support staff, they have no other option besides placing them on a waitlist.
- **Minnesota Department of Human Services.** Project team members found it challenging to work and communicate with DHS. One respondent specifically discussed the allocation of funds, which resulted in more money going to state administration and less to grantees who would benefit significantly from those funds. Additionally, team members would like ongoing support and a coherent plan for sustaining the SoC beyond the grant from DHS.

*It felt like our communication with DHS has not been good. It felt like they used the grant to fund a bunch of state positions rather than the funding going to grow resources in the community. That the funding did not actually result in being supported in our efforts, in the goals of the grant, but, rather, it felt like they [state] used these positions to make demands, and so it was not a good experience. And the communication was not good.*  
 – Project team member

- **Work with specific cultural groups.** While project team members noted they had been provided training for working with specific cultural groups, they saw that it was difficult to obtain ongoing knowledge, skills, and resources for working with different cultural groups they serve, as well as meeting the needs of these groups.

From the interviews, individual team members shared challenges and barriers that also included:

- Difficulty engaging remotely with families
- Time and resources to support system change
- Gaining organizational support outside of the project team

### **Challenges identified by parents and caregivers**

From the interviews, it was clear that the most prominent challenge families faced was the amount of time and effort they were expected to put into the program. Additionally, each family faced different challenges during their involvement in the program; challenges that families noted were:

- Not receiving the appropriate mental health treatment that the child needed
- Change in care team mid-way through
- Lack of communication from the care team
- Needing services but being placed on waitlists or gaps in services while awaiting placement in another program or residential facility
- Lack of services and supports after leaving the program

## 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.

- **Accessing different sources of funding.** While project team members noted that they have already heavily invested in the program financially, they still need continued financial support, from state and/or county sources, and indicated that sustainability depends on future funding.
- **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 systems are put in place that support the needs of the therapists. These supports include ensuring an appropriate caseload, providing resources, fair compensation, and ensuring the general well-being of therapists.
- **Sustaining CIBS coordinator.** Project team members expressed the value and importance of a designated CIBS coordinator. It would be recommended that funds be provided to hire/sustain a coordinator position to ensure consistency and fidelity of the program.
- **Supporting sustainability planning.** Throughout the interviews, project team members shared that they would have liked sustainability planning from the beginning and ongoing support for sustainability after the grant ends. This includes help from DHS with consultation, supervision, social marketing, understanding of how to bill for services, and ongoing training,

*Plan for sustainability from day one. Don't put it off, don't have these unrealistic expectations about what it's going to look like. Have a coordinated, disciplined, organized plan for sustainability and options for sustainability from the get-go. – Project team member*

### **Project members also noted their individual recommendations, which include:**

- Ensuring stronger leadership at the state level guiding SoC
- Clear and consistent communication between DHS and state partners and grantees
- Ensuring the care team has the time to get to know the family and fully understand how to engage with them
- Ensure the program model is followed to maintain fidelity to the process and the core goals
- Implementation of program evaluation early in the process – including collecting quantitative data and return on investment data on the program
- Reduce and simplify reporting requirements



## Recommendations from parents and caregivers

There was not consensus on recommendations from the small group of parents and caregivers interviewed. However, individually parents and caregivers noted that they would have liked the following:

- **Transparency at the beginning of the program.** More transparency about the amount of time and intensity of the program before families are admitted. One family felt that they were not given enough information on what was expected of them and would have liked more information up front before moving forward in the program. It should be noted that this experience may have been more prevalent before the coordinator position was in place.
- **Clear and consistent communication.** One family noted they would have liked to have more clear and consistent communication with their care team; this affected how involved the family felt during their time in the program.

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### For more information

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