

Minnesota System of Care Expansion Grant

Dakota 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. Dakota County received its subaward from DHS in December 2018. Drawing on insights from six project representatives from the county and partnering provider agencies, 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 implementation of CIBS by creating a new regional coordinator position, and to expand CIBS services to other counties in Minnesota. SoC has also expanded Dakota County's existing youth and family engagement efforts, as well as approaches to ensuring culturally responsive services systems-wide.

While Dakota County is not using SoC grant dollars to implement CIBS, delivery of CIBS and community-based services and supports (e.g., respite) has become more streamlined and consistent due to the role of the new regional CIBS Coordinator. This has resulted in expedited referrals and assignment, a decrease in confusion and mixed messages to youth and families about CIBS process and goals, clearer definition of the services, clear expectations of youth and families, and clear expectations of CIBS therapists and CIBS facilities. Involving the CIBS Coordinator in various agency processes has resulted in more integrated service delivery and increased understanding of referral processes.

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:

- Improved 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

System of Care leadership and governance

Dakota County’s SoC efforts are led through multiple teams and working groups. The county implemented an internal System of Care committee, composed of key staff and stakeholders, as well as several subcommittees that are responsible for leading different components of the grant, including youth and family engagement and Culturally and Linguistically Appropriate Services (CLAS) standards work.

We have a structure for meeting, and people show up. We all know what our roles are. We've had a business plan that lays out what our deliverables are, and what each person's role is to achieve what we need to achieve.

In addition to the core SoC team, the Dakota County Juvenile Screening Team (JST) is a cross-division interdisciplinary team that reviews all requests for placement related to a treatment need. This team consists of staff from Children’s Mental Health, Developmental Disability, and Community Corrections. Transition to virtual JST meetings has increased youth participation.

More broadly, the county’s Local Advisory Council (LAC) and Integrated Children’s Mental Health and Family Service Collaborative or Dakota County Collaborative (DCC) work to ensure that services and supports are shaped by youth and family input. Youth, young adults, and parents participated in voting on six areas of focus for the LAC in 2020: development of a resource guide for transition-aged youth and young adults, post-crisis reintegration protocols, school-based mental health and wellness, crisis response/stabilization, youth outreach, and day treatment. As a result, the LAC developed a reintegration plan and checklist, informed by youth and family experiences with reintegration into the school community following residential placement. The DCC helped distribute the plan and checklist to all Dakota County middle and high schools. The Collaborative also developed recommendations for day treatment needs, incorporating the LAC’s guidance.

Key partners

Dakota County contracts with Nexus-FACTS Family Healing, Family Service Rochester, Life Development Resources, Mosaic Consulting and Family Services, and Nystrom & Associates to provide CIBS services to youth with mental health needs and their families. Bridges MN (corporate foster care), Carrington House, and Gerard Academy serve as CIBS Phase II partners, offering brief residential placement for youth. In addition to the JST, LAC, and DCC, other SoC partners include Isuroon, Emergent Counseling Services and Nurturing Connections Therapy Services. Dakota County representatives reported that communication has increased among system partners as a result of SoC work, not only related to the implementation of the CIBS program, but also broader conversations related to cultural competency, and diversity, equity, and inclusion work.

The county also partners, in a sense, with other SoC grantees implementing CIBS. The regional CIBS Coordinator hired by Dakota County works directly with families from Goodhue County and MN Prairie (Dodge, Steele, and

Waseca counties). The county's SoC lead provides training and ongoing consultation to Crow Wing County, Olmsted County, and Region IV (Clay, Grant, Ottertail, and Pope counties).

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.

- **Family-driven.** Parents are represented on Dakota County's LAC. While representatives felt that families engaged in CIBS services are primarily focused on addressing immediate needs, parent input has been used to change processes. For example, initially, the CIBS team would meet to review all information and documentation provided by the case manager, after which parents would be invited to answer key questions. Parents felt that the team had already made decisions, and asked to be brought in first. After parents gave input to the process, now parents come in to share what is happening and with what frequency, hopes and fears, strengths of the child, and what the family hopes to get out of residential treatment placement before any documentation is reviewed.
- **Youth-guided.** Two youth who have received CIBS services participated in an online Youth Self-Advocacy Training Review. Four youth receiving mental health services in the county applied to contribute to the online magazine Voices of Experience, and two were selected to participate. Children and Family Service Coordinators finalized JST policy and procedure changes to include youth voice by establishing processes for youth to call in to meetings or provide a written statement that can be read at the JST meeting.

We talked with Youth MOVE about the ladder of where [youth] are at. Are they informed? Are they actively making changes? I would say we're sort of in the middle. They're informed of what we're doing, we're asking for input, but I think we can take it to that next level where maybe there's some more peer-led changes.

- **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. The Dakota County Children and Family Services Race and Culture Forum reviewed the Children's Mental Health Intake Policy using the "Race Equity Lens" to assess their contracted partners' policies and training practices.

It's also caused us to look very deeply at the contracts that we have with providers. What are the services that they're offering? If they don't have their own interpretive services, they would be able to use the county's. We've been very intentional about looking at the training that they are receiving. Dakota County is requiring that all staff, all supervisors, all management go through an introduction to advancing racial equity [training]. We've started looking at, "Okay, now how do we offer this to our contracted vendors because they are an extension of us." If a part of who we are is about racial equity and cultural linguistic appropriateness and all of those pieces, then our contracted vendors also have to be because they are standing in for Dakota County at that time.

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.

Most respondents said they were already providing interpretive services before the SoC grant, and that they already had training in place on culturally and linguistically responsive services. All county social service staff completed the Intercultural Development Inventory, and the department had already established hiring, retention, and recruiting committees to address implicit bias and institutional racism in hiring and retention processes. They had also developed employee resource groups around race and culture, spirituality and faith, and gender prior to the SoC grant.

Project representatives were of mixed opinion about the extent to which SoC values would be implemented in the county. Half felt that the core values would be adopted throughout the entire service area. One person spoke to the need to train workgroup chairs, judges, program directors, and other key decision-makers on the SoC values. Another representative felt that additional funds would be needed to ensure broad systems change, and that the resources directed to COVID would lead to further delays in more widespread change.

CIBS implementation

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.

Capacity and infrastructure

Dakota County has been able to improve the consistency of CIBS implementation, so there is less variability depending on who the family had as a referring case manager, who supervised the case manager facilitating the meeting, or who happened to be the therapist at the residential treatment facility the youth was admitted to.

It was really eye opening to look at all the training that we were providing to other sites and other locations in the state, and to look at ourselves and say, "When was the last time we did case manager training? When was the last time we did supervisor training? So it was kind of a reflective process for us to be able to say, "Oh my God, look at all of the support, assistance, and information that we're providing to the implementation in some of the other areas that, if we've ever done it with our staff, we haven't done it in a really, really long time.

A CIBS fidelity tool was developed, and piloted in spring 2020. Fidelity assessments were repeated in fall 2020 by provider agencies implementing CIBS throughout Minnesota. Staff at county and provider agencies throughout the state completed surveys regarding the CIBS training and consultation they received; their knowledge, skills, and resources; and the extent to which CIBS is a good fit for the clients they serve.

Youth and families served

While Dakota County is not funding 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 the start of the grant through the end of September 2020, 16 Dakota County youth had been referred to and determined eligible to receive CIBS services. To date, three of the youth who began to receive CIBS services have discharged. In one of the three cases the family moved, in another case the youth was admitted into long-term treatment. More information about youth receiving CIBS services will be included in future reports.

Stakeholder impressions of CIBS

Dakota County staff obtained feedback from parents/caregivers through interviews, as well as surveys. Project representatives noted that parents and caregivers appreciate having a voice at the table, but that telehealth has introduced challenges. Families are engaged from the beginning, told about what they can expect and what their options are, and asked about their family's specific needs and concerns—as such, caregivers feel included and heard. Some families struggle with the intensity of services, which includes two or three weekly visits with the CIBS therapist, especially parents and caregivers working on managing their own mental health issues.

Almost all representatives shared that youth appreciate having a voice at the table, and appreciate the focus on addressing family issues versus only a focus on the youth's behavior. The regional CIBS Coordinator acknowledged that engagement seems better when both the youth and the parent meet to discuss the CIBS process as a family.

Typically they feel like it isn't only their behavior or action that is responsible for change, that it's their family. So I think that that's really positive. I think that kids value the opportunity to be able to be really focused in their effort, so that they're not away from their community and all their friends. They know it's a focused intervention, and it's easier to sustain effort when you know that you're going to be back home in a timely way. I think kids feel like they're not being abandoned somewhere, and that they're labeled as the problem.

Project representatives also described Dakota County's continuum of care. In addition to a full range of services offered by the county and by providers, county staff ensure that families are connected to community resources and natural supports. When the regional CIBS Coordinator first meets with a family, information is gathered about people that family can turn to when they need help, or need someone to talk to—an extended family member, neighbor, or friend. SoC staff also ensure youth are connected to community resources and connections that will help them develop life skills as they transition into adulthood and independent living.

What the System of Care grant has done for us is to really enhance the importance of youth mentorship. If it's not in the home, how can we connect them in the community with some type of positive influence or mentorship-type relationship. The grant has really helped us recognize stabilization is also getting them involved in those natural supports in the community. So that might be a support group, it might be something at the library, or it might be something that meets their interests. Just really trying to think outside the box as to what that might mean, and it's going to look different for everybody.

Additionally, during COVID, a new agency opened to deliver intensive outpatient services on a face-to-face basis (physically distanced) for youth with significant needs who were not able to utilize telehealth services.

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. County staff worked with CIBS providers on triage plans to determine when services would be delivered via telehealth versus face to face, and to establish protective policies for face to face sessions including physical distancing and personal protective equipment. One major COVID-related challenge was the disruption in Phase II CIBS services at Gerrard Academy, which instituted policies that would not allow for parent visits, or for youth to go on home visits. Engaging new families who didn't have existing relationships with therapists has also proved a challenge during the pandemic. Telemental health has been successful with caregivers, but efforts are in place to resume in-person sessions with youth individually and with families as a whole.

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

- **Uncertain mechanisms to financially sustain CIBS.** Representatives wished for ongoing communication from the state regarding steps being taken to identify approaches to covering CIBS, whether through the Prepaid Medical Assistance Program, Families First, or another funding stream. Further, high deductible health care plans have posed a barrier for some families who are underinsured rather than uninsured.

I really want them [DHS] to solve the sustainability of the service delivery issue. I feel that's at their level. I hope they're strongly focused on that, because they're the only ones that can do it.

- **Increasing and diversifying the provider pool.** Representatives described challenges with recruiting and retaining therapists. Additionally, while two culturally specific MST therapists have been added, more are needed to increase the capacity to provide culturally specific treatment services.
- **Lack of clarity, clear communication, and customized technical assistance from DHS and state partners.** Representatives reported that at the start of the grant, they received unclear and inconsistent communication about the scope of expectations for the grant deliverables. Some feel that DHS and state partners haven't recognized the values work that has been happening in the county for years, and how that work can be integrated with the SoC grant deliverables. There is a feeling that the target keeps moving, and that there hasn't been a consistent voice. Two respondents felt that they're not getting adequate, customized technical assistance. The county is asked what they are working on, but they are not getting rich conversations and suggestions for improved approaches or localized strategies that make sense for Dakota County. They would like DHS and partners to work alongside them to determine what is the best fit for the county. In addition, one representative would like more specific and concrete examples on how to enhance the CLAS standards, how to diversify the LAC, and how to incentivize parents, youth, and community members to participate in meetings and surveys.

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:

- **Continue to streamline Phase II processes for CIBS youth and their families.** Dakota County is exploring ways to ensure Phase II placements are available when needed versus waiting for a bed to open up, and clarifying goals for Phase II that can be accomplished during a 30-45 day placement.
- **Continue to review policies with a “race equity lens tool.”** The county plans to gather feedback from inclusion, diversity, and equity groups, as well as feedback from community members through surveys, interviews, or meetings to inform systems change. Policies will be reviewed to ensure families receive equitable resources and services.
- **Promoting local governance structures.** The LAC plans to create a video highlighting the work of the committee and promoting membership. The video will be featured on the Dakota County Government Facebook page, and potentially shared via Instagram.
- **Exploring opportunities to sustain CIBS services and the regional CIBS Coordinator position.** Dakota County is researching options to include cross-county funding, joint funding, grants, and Families First funding to sustain the regional coordinator position. Nexus-FACTS Family Healing and Dakota County submitted CIBS materials and documentation highlighting successful outcomes to the Federal Clearing House for Family First.
- **Increasing day treatment services.** The Collaborative, the LAC, and community partners are exploring ways to increase day treatment services, and funds have been set aside for start-up costs.

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

For more information

For information about System of Care efforts in Dakota County, contact Leslie Yunker, Truancy & Children's Mental Health Supervisor – Social Services, 952-891-7425.

For more information about this report, contact Melissa Adolfson at Wilder Research, melissa.adolfson@wilder.org.

Author: Melissa Adolfson

NOVEMBER 2020