

Minnesota System of Care Expansion Grant

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

System of Care efforts in Goodhue County

In Goodhue County, the System of Care (SoC) partners are working to enhance upstream protective factors for youth, families, and the community to prevent the need for intensive mental health services down the road, as well as expanding notions about effective, trauma-informed mental health practices rather than relying on traditional therapy and medications. The services also helped them better understand the continuum of care in their county.

This experience has allowed us and pushed us to zoom out and ... it put a framework around the continuum of care in a way I hadn't seen before.
– Project team member

Beyond reductions in out-of-home placement through implementation of Collaborative Intensive Bridging Services (CIBS), project team members perceived that CIBS provided access to services and supports while engaging the whole family.

It has provided intensive in-home family therapy for families that did not have access to it before, and that has been significant in meeting the mental health needs of children. In order for the children's mental health needs to be met, their families have to have the skills to do that. Prior to CIBS there wasn't a mechanism to do that. – 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.

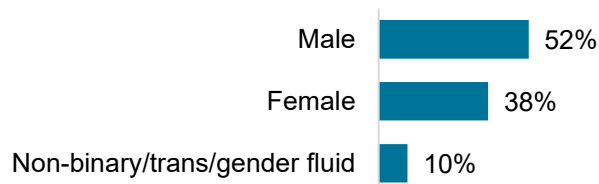
The following long-term goals have guided the county’s initiative-level efforts:

- Youth will feel heard, empowered, and will have a pivotal role in driving system-level change
- Increased parent representation on the Goodhue County Child & Family Collaborative (GCCFC)
- Service providers embracing the SoC values of youth and family engagement and culturally responsive services

Youth and families served

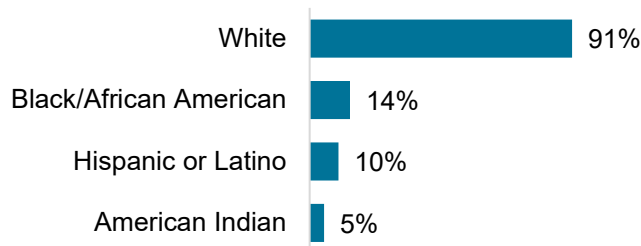
Through the end of June 2022, 21 youth received CIBS services. Of these, six were known to have had a past out of home placement. 67% of the youth referred began services while living at home, while the remaining started from foster care, residential treatment, or an unknown setting. The majority of youth served in Goodhue County identified as White (91%) and over half identified as male (52%). In addition, 57% were between the ages of 13 and 17 (median age=17).

1. YOUTH SERVED BY GENDER N=21



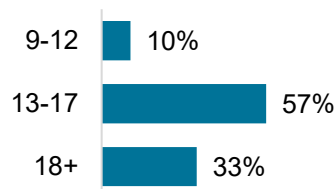
Note: Due to rounding, percentage may not equal 100%.

2. YOUTH SERVED BY RACE N=21



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

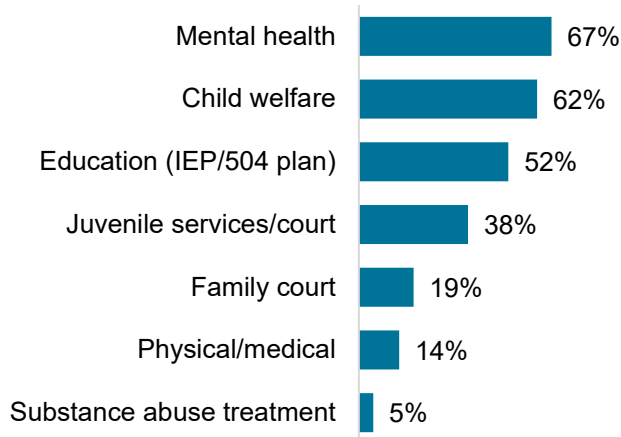
3. YOUTH SERVED BY AGE N=21



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

Prior to their involvement in CIBS, 67% of youth were involved in three or more systems. Of the system involvement, mental health (67%) and child welfare (62%) were the most utilized.

4. PRIOR SYSTEM INVOLVEMENT AMONG YOUTH SERVED BY CIBS N=21



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

CIBS implementation

Families participated in CIBS from one month to 2 years and three months, with the median amount of participation time as six months. To date, all but one 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 (43%). Other reasons for the discharge were referrals to other programs, admittance into other long-term residential programs, agency decision, and withdrawing/refusing services.

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 Goodhue County, 10 of the youth served (48%) moved into Phase 2. These youth were in their Phase 2 placement from between 29 and 31 days, with an average of 30 days. In addition, 11 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.

Goodhue 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 facility placement. 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.

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 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 and supports, especially when it came to making decisions about their child’s mental health services. Project team members also noted that the youth appreciated that the program focused on addressing family issues versus seeing youth as the problem. Additionally, team members shared that they were able to engage with the entire family in service provision and planning, which is something team members are committed to continuing after the grant has ended. Four families were interviewed about their experiences with CIBS in Goodhue County. Because of this small sample size, these thoughts may not be representative of all families receiving services in this community. Parents and guardians also noted they appreciated their ability to make informed decisions as a family while in the program.
- **Youth-guided.** There was not a clear consensus from the project team as to whether or not youth had positive experiences with the program. Team members did note that youth appreciated making decisions about their mental health services while in the program.

In addition, Goodhue County ensured youth voice was part of the development of the overall CIBS model in their community. They gathered input from high school students on what they would find helpful and made adaptations to their implementation of CIBS based on this feedback.

- **Culturally responsive.** Goodhue County Public Health strengthened their equity policy as part of their accreditation process, which laid the groundwork for continued work in this area. The GCCFC has been focusing on equity, historical trauma, and Adverse Childhood Experiences. The county contracts for interpretive services, and Hispanic Outreach coordinates a Spanish-speaking therapist in Red Wing weekly. Fernbrook uses Intelligere for translation during family sessions, and has their documents available in multiple languages. Fernbrook has also involved Hispanic Outreach in their school-linked mental health grant, sharing tools and resources. Since the last reporting, project team members noted that one of the most significant changes they have made through the grant to address the CLAS standards was completing trainings that addressed implicit bias, white privilege, cultural humility, etc. In addition, team members were able to partner with local networks, committees, and cultural groups or leaders to help address the standards.

I think we have made some huge strides when we look at the equity issues, and cultural appropriateness, that we have learned a lot about the value of just offering culturally appropriate resources and supports. And I think that our administration sees and values that, and recognizes the importance of sustaining that.
– Project team member

Project team members saw that these standards would be embedded into the service providing agency and partners/ collaborators after the grant has ended.

¹ 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 found that one of the key benefits of CIBS was that it provided services and supports that prevented or reduced out of home placement. In addition, other benefits the team observed were:

- Increased communication and collaboration among system partners, including more meetings

One of the things we have been able to sustain and enhance because of the SoC grant is by offering the juvenile placement screening teams virtually – using that technology has increased our ability to collaborate and pull together meetings on a more frequent basis, and it has allowed me to participate in some of the consultations for cases that were going through the CIBS process or for families that were involved in CIBS. So, the SoC has definitely enhanced the collaboration among the direct service providers, their supervisors, their clinical supervisors, and referring agencies. – Project team member

- Improved referral processes
- Involved a team of caregivers
- Greater community awareness and understanding of mental health services

Individual team members noted other benefits including:

- Meeting the family where they are at
- Expanding services to specific populations
- Providing consistent services
- Offering family-focused services

Benefits identified by parents and caregivers

Parents and guardians shared that one of the benefits of the programs was that their care team and the program provide support for their family and not just the youth, which reduced parents' and guardians' stress. The program also provided families with skills and tools to help navigate the youth's behavior. Parents and caregivers appreciated that the program helped improve communication between their youth and their family, which allowed the youth to be heard and valued.

Well we're working really big with communication and being proactive instead of reactive. So ... instead of waiting for there to be a problem to blow up and having to react to it, we're trying to be proactive and notice things and trying to make conversation. – 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, Goodhue County experienced challenges specific to the grant and the services they were providing.

- **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.

Right now, having the therapist to do the work, that tends to be the biggest challenge, especially in these more rural communities. I know that there are many more referrals out there that would benefit from this level of work and service. However, we don't have the therapists to be able to do that. – Project team member

- **Intensity and time commitment.** Project team members and parents/guardians all agreed that CIBS was very intense and required too much time.
- **Telehealth.** Project team members shared that telehealth was difficult and posed challenges in getting youth to engage.
- **Identifying families for program.** It was noted that team members had a hard time identifying families that would be a good fit for the program.
- **Change in systems.** Team members shared that it was difficult to get buy-in and support from those outside of the care team. Additionally, it was difficult to get change in systems or see cultural shifts due to established structures in place.
- **Knowledge, skills, and resources.** While team members did note they had received training to work with specific cultural groups, they found that it was difficult to obtain ongoing knowledge, skills, and resources for working with specific cultural groups.

Project team members noted that these challenges and barriers have not been overcome.

Challenges identified by parents and caregivers

One of the biggest challenges interviewed parents and guardians noted about the program was the amount of time and activities they were required to commit to. They found this challenging, especially if they had to rearrange other family members' schedules or it required parents or guardians to take time off work. Again, it's good to keep in mind the small sample size (four families) and that these thoughts may not be representative of all families receiving services in this community.

Just having to schedule so many appointments was stressful and trying to work in the fun stuff because ugh, we've got therapy tonight, so all that was stressful. Let's go get ice cream tonight but oh no we have therapy tonight. So that was just kind of a pain. – Parent/caregiver

Another challenge interviewed parents and guardians faced were members of their care team not being appropriately matched with the families or not appropriately providing services. In some instances families noted that their therapists were not experienced enough to work with families and were not able to provide the needed services and supports to the families.

If I could have changed any, I would have had a therapist that had kids and had more experience. Our therapist was fresh out of school and really young... It took a long time for her to understand what our family circle looked like and give us constructive advice because she was so young and sometimes she would admit that to herself. She would talk to her supervisor and come back with a different game plan...She was learning right along with us. – Parent/caregiver

Some interviewed families felt that members of the care team were not a good fit and did not understand how to communicate with their youth, which made it hard to create a meaningful and trusting relationship. Additionally, some interviewed families felt that the care team didn't listen to their concerns causing negative experiences with the program and ultimately with the outcome of the youth.

They didn't want to listen when my son was in their placement... In our meetings, they didn't want to listen to me and then he went into residential for a long period. – Parent/caregiver

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 their primary concern about their ability to sustain the program is the lack of providers and support staff. Team members shared that therapists and staff need to be provided with supports and resources to successfully carry out their roles, this includes appropriate compensation, appropriate amount of cases, and overall well-being support. Additionally, issues around retention should be addressed by project leaders.
- **Identifying sustainable funding sources.** Project team members identified the need for continued financial support, including from state and/or county sources, and indicated that sustainability depends on future funding.

Individually, project team members had their own recommendations:

- Continue to provide ongoing training for team members, including training specifically on SoC values
- Improve communication between the state, state partners, and grantees
- Provide time to get to know families and understand how to engage with them
- Hire a program coordinator
- Start evaluation efforts at the beginning of the program

Recommendations from parents and caregivers:

- **Hire qualified therapists.** While hiring and retaining staffing is an issue that many organizations are facing, it is important to hire qualified therapists that have the experience to help families participating in the CIBS program. Because this is a unique program, therapists who just recently graduated or who do not have the experience may not be the best or most appropriate fit for this program.

Have workers that have experience. They had four months and they were thrown into this program where they don't know much. One of my workers was a naive person. – Parent/caregiver

- **Improve meetings with families.** Interviewed parents and caregivers noted their desire to have productive meetings that eliminate repetitive information. Families felt that they were not able to accomplish as much as they would have liked due to the same agenda and information from meeting to meeting. Additionally, interviewed family members noted that in some meetings, they were not able to participate in the discussion or make decisions.

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