

Minnesota System of Care Expansion Grant

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

System of Care efforts in Hennepin County

For Hennepin County, the System of Care (SoC) grant is seen not simply as a funding source to pilot new services, but an opportunity to catalyze a broader transformation of the county's children's mental health system. For a number of years, the behavioral health division of Hennepin County and the Hennepin County Children's Mental Health Collaborative (HCCMHC) had learned about the system of care philosophy and how other communities have drawn on these principles to improve state and local children's mental health service-delivery systems. Prior to receiving funds through the grant, the county had taken a number of steps to understand the unmet needs of youth receiving mental health services and their families, including youth who receive residential interventions, and to identify ways that the current system needs to change in response.

Today, county representatives describe their vision for system transformation as three service pillars (Wraparound, a continuum of community-based services, and mobile response), each supported by data, policy, finance, and governance, and interconnected by common system of care values.

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:

- Youth who need mental health services and their families have access to an array of timely, appropriate, and culturally responsive community-based services
- Youth and families have a pivotal role in driving system-level change
- Fewer youth receive residential mental health interventions, particularly out-of-state services

The project representatives noted that these goals require partnership and changes to occur on multiple levels. While these goals are not achievable within the three-year grant period, the representatives hope to see progress in these areas, a confirmation of commitment among SoC partners, and infrastructure in place to ensure the work continues beyond the grant.

System of Care leadership and governance

Hennepin County’s behavioral health division has led the county’s SoC planning and implementation efforts. While the long-term goal is integration and strong collaboration across all child- and family-serving systems, staff working most closely to implement SoC efforts identified their initial steps as providing training, using the grant to demonstrate outcomes, and to help leaders and staff across county divisions see the potential benefits of more fully adopting a system of care approach.

The HCCMHC (or Collaborative), which includes county staff, providers, representatives from school districts and juvenile justice, and caregivers, is a critical partner in shaping SoC priorities, vision, and implementation efforts. Through the Collaborative’s Parent Catalyst Leadership Group (PCLG), caregivers are engaged and active in shaping priorities and decision-making. They envision, but have not implemented, a similar youth group.

The work of people [prior to the grant] set up a strong parent catalyst leadership group (PCLG) that we are able to use as our foundation for building parent and youth voice.

At the time of the interviews (June/July 2020), work was underway to transition more SoC governance responsibilities to the Collaborative, where there is a strong parent voice through the PCLG and a history of cross-sector collaboration. One interviewee noted that as the Collaborative begins to play a larger role in guiding SoC efforts, there is some concern that other priorities the Collaborative had been heavily engaged with, such as expanding school-linked mental health services, may receive less attention and financial support. Another interviewee noted that while the Collaborative can have a stronger governance role, leadership from the county will continue to be critical to implement changes.

Key partners

In addition to the agencies and organizations who are partners in SoC efforts through their participation in the HCCMHC, the county has subcontracted with two mental health agencies, FamilyWise and Volunteers of America, to provide wraparound (WrapMN) to youth with mental health needs and their families. One interviewee noted that as a result of the grant, there has been strong collaboration with agencies providing Wraparound and improved coordination between residential and community-based providers. Perceptions were somewhat mixed about whether the grant has helped improve broader cross-sector collaboration.

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

- **Family-driven.** Representatives from the county shared that they have sought input from the PCLG prior to and during the grant and anticipate the group having greater influence as governance moves to the Collaborative. One project representative emphasized the importance of continually broadening their outreach to hear from parents and caregivers whose experiences and perspectives may not be represented by the PCLG.
- **Youth-guided.** The county does not have an established group, similar to the PCLG, in place to regularly seek youth input. Project representatives from the county had planned to work through local schools to establish a youth peer support and advisory group, but that work stalled with the onset of COVID-19.
- **Culturally responsive.** Prior to the SoC grant award, Hennepin County adopted a strategic priority to advance racial equity and has thought of their work to adopt the three prioritized CLAS standards through that lens. As part of their efforts to ensure they are contracting with a diverse group of providers with experience providing culturally responsive services, the county has adjusted its request for proposals (RFP) process to include individuals with lived experience in developing RFPs and reviewing the proposals that are submitted.

I do feel that attitudes are shifting in the Collaborative and among partners about how families can inform the system.

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. As part of their work to expand interest and involvement in SoC efforts, in February 2020, the county hosted two presentations and discussions with Liz Manley, a national expert on systems of care and member of the national training and technical assistance team. These presentations were designed to introduce system of care principles to a broad group of providers, caregivers, and representatives of multiple child-serving systems and set the stage for greater collaboration moving forward. The presentation took place in February 2020, just before the COVID-19 pandemic. Planned follow-up to the presentation was disrupted as the county and other child-serving agencies and systems needed to redirect their attention to address more immediate needs.

Individuals that might need mental health services and support were not part of the discussion around the design of that system. We have historically tried to solve problems using a framework that doesn’t reflect the population and the community for which it’s serving.

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.

WrapMN implementation

Hennepin County focused its grant-funded service pilot on implementing a wraparound model, WrapMN. Through the grant, DHS contracted with the National Wraparound Implementation Center (NWIC) to provide training and coaching to all SoC grantees to train supervisors and wraparound coordinators to implement their model with fidelity. Hennepin County added to the NWIC wraparound model by funding a parent peer support worker at each agency to provide additional support to the caregiver and participate on WrapMN teams.

Capacity and infrastructure

The WrapMN model that DHS is funding through the grant has a number of training and infrastructure requirements to build the capacity of the staff and agencies providing the service. As of August 2020, FamilyWise has hired and trained five part-time WrapMN coordinators to work with up to 25 families. Due to staff turnover, VOA has had more fluctuations in potential capacity. As of August 2020, VOA had one full-time WrapMN coordinator on staff with plans to hire one more person and increase their capacity to serve up to 21 families. Another aspect of the model is ensuring each agency has the infrastructure, including new policies and practices, in place to support and maintain the service. Through their work, both FamilyWise and VOA moved from the “pre-implementation” set of agency-level capacity-building activities to focus on “implementation” objectives in summer 2020.

Youth and families served

Through the end of August 2020, 30 youth had been referred to and determined eligible to receive WrapMN services. Approximately 2 in 5 youth (43%) were known to have had an intervention in a residential mental health or corrections setting. Eight of the youth referred began services in a residential intervention setting or in a relative foster care setting. To date, nine of the youth who began to receive WrapMN services have discharged. One of these youth began a residential intervention, while the other youth discharges occurred when families decided to discontinue services as a result of stress or feeling the service was not the right fit for their family (N=5), families stopped communicating with the agencies (N=2), or the family moved (N=1). WrapMN is expected to be a 12 to 18 month process, and most families have not yet received services for that long.

Stakeholder impressions of WrapMN

The project representatives interviewed shared positive impressions of WrapMN during this early implementation period. Anecdotally, they understand families have been pleased with Wraparound, particularly in how the process focuses on their needs and how they can be addressed. Another early indication of a positive experience is that only one child who began WrapMN began to receive intensive mental health services in a residential setting.

[With Wraparound], families drive the intervention versus more of a medical model where we prescribe what the intervention looks like to a family, youth, or household.

One of the agencies providing WrapMN also uses another wraparound model, the Vroon model. Project representatives familiar with the two models reported that the two do share a number of the same values, including some similar family engagement strategies and approaches for family-led decision-making. However, the WrapMN (NWIC) model has a much stronger focus on supervision and is more established in regard to having fidelity tools and measures in place to assess changes in skills development. At this point, the agency uses the WrapMN model for youth with more intensive needs, as determined by the service eligibility criteria established through the grant.

Wraparound is an important addition to the continuum of services, but project representatives still have questions about whether the county has the right types of services available and at the right level of capacity to meet the needs of youth and families. They are focused on building a stronger mobile response option for youth and families, and continuing their work to strengthen services across the continuum.

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, and also had concerns about the ongoing economic impacts of the pandemic impacting the availability and accessibility of services. One project representative noted that all of the financial and accessibility barriers that were already evident in the children's mental health system have been amplified through the pandemic.

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

- **Uncertain financial mechanisms to sustain WrapMN.** While most project representatives felt that their work to shift policies and practices will continue, resources are needed to sustain WrapMN positions that were created under the grant. County staff described the importance of working in partnership with DHS to develop financing mechanisms that can support WrapMN services beyond the grant.

All of us are faced with some pretty significant financial pressures, and this is going to take resources. We will be looking for grant opportunities, both at the state and federal level, but I really feel as if there needs to be a commitment of resources that allows this work to continue.

- **Broad adoption of system of care values.** Hennepin County is a large system with multiple change initiatives and strategic priorities in place, including some that impact the same families the behavioral health division wants to better engage through system of care. Ongoing work is needed to increase awareness of system of care values across county divisions, and to offer concrete examples of ways that integrating SoC values can improve services and system coordination to improve outcomes for youth and families.
- **Availability of useful data for system-level planning.** County staff noted that while Hennepin County collects a considerable amount of data, a more integrated data framework is needed to use information from multiple data sources to inform system-level planning.
- **Access to a full continuum of services.** The success of WrapMN depends, in part, on youth and families having timely access to the services they need. Project representatives noted a number of long-standing barriers to accessibility, including bureaucratic processes, community-based services not being covered by commercial health insurance plans, and a lack of awareness of the options available in such a large county. One project representative also spoke to the challenge of ensuring access to culturally responsive services, noting that it can be challenging for community-based agencies to retain bi-cultural, bilingual staff working in front-line positions when they are recruited for higher-paying jobs.

- **Communication.** Project representatives described a need for improved communication at multiple levels, including more updates from DHS, and improved communication between the Hennepin County staff and its partners.
- **Unclear expectations as the grant was launched.** On multiple occasions, Hennepin County needed to revise their approach or reverse course in response to new information about what is expected through the grant. Clearer information about who could be served under the grant, as well as the staffing and infrastructure requirements for implementing WrapMN from the onset may have led to changes in their approach and a more streamlined launch of services. While expectations are clear now, the initial ambiguity created planning challenges, implementation delays, and the county serving fewer families than anticipated.

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:

- **Establishing a governance structure for ongoing system of care efforts.** By moving some decision-making to the HCCMHC, the project representatives hope to see clearer decisions being made for the System of Care, rather than each person working within the constraints of their role or agency. In addition, they plan to identify measures more clearly associated with the long-term goals to better measure and report progress.
- **Identifying funding mechanisms to sustain and expand services.** The county hopes to work more closely with DHS to explore potential funding options to sustain WrapMN beyond the life of the grant, including accessing Title IV-E reimbursement through Families First, or moving the process forward for WrapMN to be included as part of the state’s Medicaid benefit set. In addition, the county will continue identifying other potential sources of flexible funding to fund demonstration projects to ultimately help expand the services.
- **Strengthening and building new approaches to listen and respond to youth and families.** In addition to working with the established PCLG, the project representatives hope to broaden their output and engagement efforts to reach a broader group of caregivers and to establish ways to hear directly from youth. As more families are engaged in the evaluation, the project representatives are eager to hear more about their experiences with WrapMN. One project representative stated that their ultimate goal is for youth and families to have a different experience with the county, one where they feel listened to and supported.
- **Continuing to create a stronger array of services in the community with more culturally responsive providers.** The project partners are interested in strengthening the full children’s mental health continuum, including early prevention and intervention. In the final year of the grant, they are hoping to pilot a more holistic mobile response option that better reflects system of care values.

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