

Minnesota System of Care Expansion Grant

MNPrairie 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. Minnesota Prairie County Alliance (MNPrairie) received its sub-award from DHS in December 2018. Drawing on insights from four project team members, and administrative data provided by partnering provider agencies, this summary describes MNPrairie's efforts to date.

MNPrairie System of Care efforts

MNPrairie, serving the counties of Dodge, Steele, and Waseca, seeks to not only reduce out-of-home placement through the implementation of Collaborative Intensive Bridging Services (CIBS) but also increase family stability and youth functioning. Measures of success will include thriving youth succeeding at school, participating in pro-social activities, and establishing positive relationships with peers while building social competency and self-esteem.

Beyond reductions in out-of-home placement through the implementation of CIBS, project team members saw that CIBS improved youth functioning and outcomes, and that these would be long-term impacts of the grant.

Hopefully, we will keep kids out of residential. Hopefully, the families that have been through CIBS will be able to maintain healthier interactions and communication skills, and management of mental health. – 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.

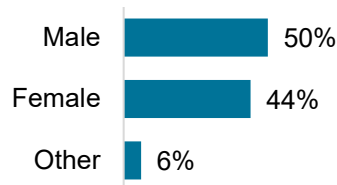
The following long-term goals have guided the region’s implementation efforts:

- Using person-centered approaches to ensure youth and families are getting their needs met
- Reductions in out-of-home placements, as well as related out-of-home placement costs
- System of care principles will become the established norm across providers and sectors

Youth and families served

Through the end of June 2022, 18 youth received CIBS services. Of these, four were known to have had a past out-of-home placement. All of the youth referred began services while living in a home setting with family or friends. The majority of youth served in MNPrarie identified as White (89%) and half identified as male (50%). In addition, almost all youth were between the ages of 13 and 17 (median age=16).

1. YOUTH SERVED BY GENDER N=18

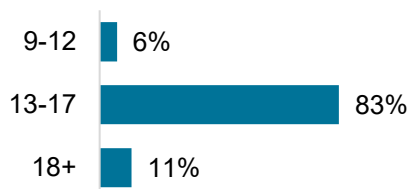


2. YOUTH SERVED BY RACE N=18



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

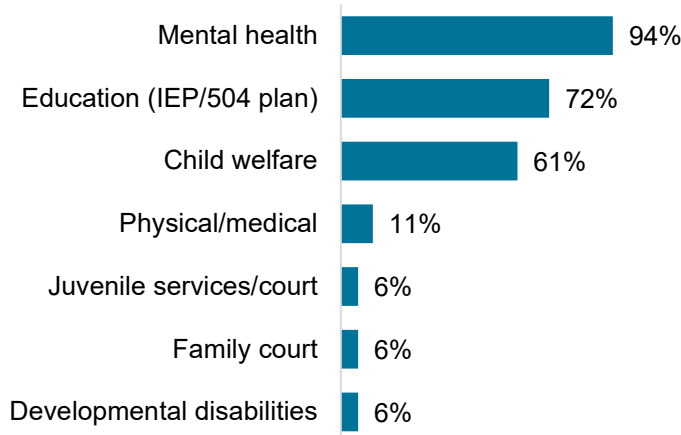
3. YOUTH SERVED BY AGE N=18



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

Prior to their involvement in CIBS, all but one of the youth were involved in at least one system with 61% being involved with three or more. Of the system involvement, mental health was the most utilized with 94% of youth accessing these services.

4. PRIOR SYSTEM INVOLVEMENT AMONG YOUTH SERVED BY CIBS N=18



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

CIBS implementation

Families participated in CIBS from one to 10 months, with 6.5 months being the median. As of June 2022, 14 of the youth who began to receive CIBS services have been discharged due to mutual agreement that services were completed (43%), while others refused or were referred to other services (57%).

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 MN Prairie, five of the youth served (28%) moved into Phase 2. These youth were in their Phase 2 placement from between 28 and 42 days, with an average of 31 days. In addition, seven youth decided

with their families and providers that the Phase 2 placement was not necessary and they moved directly in to Phase 3. Two of the remaining youth discharged before Phase 2 and the remaining four have missing data regarding their Phase 2 placement.

MNPrairie 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 System of Care (SoC) grantees to train supervisors, CIBS coordinators, and clinicians to implement their model with fidelity. Representatives from the area described the family involvement strategies employed as a foundational tool for bringing families to the table and allowing their voices to be heard to the extent possible.

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 MNPrairie service area described how they see these values being advanced through their work.

- **Family-driven.** Project team members felt that some families had positive experiences with CIBS, and they saw benefits from the services, but other families did not. Overall, project team members perceived that parents felt the program and services were too intense and required too much time. Team members made it clear that caregivers were able to make decisions throughout their involvement, even the decision to discontinue services at any point.

Two families were interviewed about their experiences with CIBS in MNPrairie. Because of this small sample size, these thoughts may not be representative of all families receiving services in this community. These families also noted the time and intensity of the program was much more than expected and added stress to their lives.

It's been very difficult. While I do like the therapies, I feel like it's added more stress because now I'm doing therapeutic things 3-4 times/week. So any additional time I had is now going to therapeutic techniques and skills. Of course I'll do it for the well-being of my kid. The program takes up a lot of time. – Parent/guardian

- **Youth-guided.** From the interviews with the program team, it was noted that the youth did appreciate that CIBS focused on addressing family issues versus seeing the youth as the problem. In addition, the team felt that youth appreciated having a voice in their care plans. Project team members indicated that youth could make decisions about their mental health services. However, team members indicated that while youth saw these benefits, some were dissatisfied with the intensity of the services.

I think many of our youth, when they work with this model, feel like they are being heard, and they feel validated about their parents also being part of this, and their parents meeting with the therapist, and it's not just them that has a problem. – Project team member

- **Culturally responsive.** MNPrairie had mandatory annual cultural diversity training for all agency staff prior to the SoC grant. For instance, an expert trainer was invited to facilitate a conversation in the community with a focus on African American families. Emphasis is placed on education and training for staff, and assessing the diversity of staff among county and clinical providers. Interpretive services are provided, and staff are cognizant about the fact that some clients cannot read written materials even in their own language—so both translated materials and interpreters are provided.

Since spring 2020, team members noted that the most significant changes they have made have been the hiring of fluent liaisons and partnering with local networks, committees, or leaders that represent different cultural groups. There was not consensus by the team members as to how broadly the CLAS standards would be embedded, and ranged from being embedded at just the providing agency level up to the entire service area.

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 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:

- Provided a care team of supporters for families
- Delivered more consistent services to families
- Created relationships between families and care teams
- Increased collaboration and communication among system partners
- Improved the referral process

*We have been able to talk about just about anything. And we have been able to problem-solve through some of the issues and come to an agreed upon solution. I think it has made some good connections for all of us, those connections that you feel you can reach out to, to ask questions or for input, guidance – those types of things – about this program or who to connect with related to CIBS and other programs, also.
– Project team member*

Individually, team members saw other benefits of CIBS including:

- Reductions in disparities
- Ability to meet families where they are at
- Families having a voice and choice in the services they receive
- Engaging youth and families in services and planning
- Increasing awareness of services

When we have had therapists consistently, that has also been a key to the success – it's really all about that relationship – not only with the therapist but with the case manager who is working alongside the families as well. To me, it comes down to that engagement and making the family feel like they have a voice and that people are listening to them. – Project team member

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, the MN Prairie service area experienced challenges specific to the grant and the services they were providing.

- **Finding and retaining qualified therapists and support staff.** Additionally, project team members noted that hiring and retaining support staff has been extremely difficult recently, something that many other industries are currently experiencing. One family did note that they felt their therapist was not experienced enough to provide appropriate and helpful services, this was a challenge for the family and contributed to their dissatisfaction of the program. While project team members noted there were families that needed the support right away, they were placed on a waitlist due to this lack of staffing.

I would say, 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

- **Identifying families who are the right fit for CIBS.** As mentioned above, many families felt that the CIBS services were too intense, and some did not feel the services were able to meet their needs. While families are given a lot of information upfront and a choice throughout the services about whether or not to continue, there may be ways of clarifying whether or not a family is a good fit prior to or earlier on in services.

Many parents or families are hopeful and excited when this service is talked about. Then some of them agree to the service and then realize how much work it's going to be and that some of the work is on them. We have had families who get started and then say they do not want to continue, because it's too much time, or too much work, even though they are told up front it is going to be a commitment for your family to make improvements. –Project team member

Other barriers that project team members individually reported out were questions with billing, telehealth, the stop-work order, and lack of training for therapists. For the most part, project team members felt that they have not been able to overcome challenges or barriers, and see these as items that would need to be addressed to keep the program sustained after the grant has ended.

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. Team members suggested that part-time therapists be contracted out to multiple agencies to address the staffing shortages. During the interviews, team members also suggested that therapists be provided with more support and resources to support overall well-being, like better compensation for their work and appropriate caseloads. One family recommended that the program ensure highly qualified and experienced therapists be provided, noting that inexperienced therapists were not a good fit for the population involved in this program.

I think they need to look more closely at the pairings of their therapists with families. I know it's stressful and a shortage, but I think people who don't have children don't understand the dynamics of people who have multiple children. So you can't really teach something you don't really have experience in. – Parent/guardian

- **Services and supports.** Project team members saw that in order to provide families a continuum of care, care teams would need to address how to make services and supports more accessible for families and ensure that services and supports provided are exactly what families need without any gaps.

Individually, project team members had their own recommendations for DHS:

- Improve communication between DHS, state partners, and grantees
- Provide timely follow-up from
- Start evaluation at the beginning of the program
- Provide assistance from DHS to find and secure funding for grantees

Project team members also had individual recommendations for CIBS services in MN Prairie:

- Provide time for care teams to get to know the families and understand how best to engage them
- Increase collaboration with other counties involved in CIBS
- Ensure the program model is followed to maintain fidelity

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