

Minnesota System of Care Expansion Grant

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

MNPrarie System of Care efforts

MNPrarie, serving the counties of Dodge, Steele, and Waseca, seeks to not only reduce out-of-home placement through 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.

Also in the forefront for MNPrarie is increased engagement with families of color and families for whom English is a second language who tend to be over-represented in involuntary county services like child protection and under-represented in more voluntary services like children's mental health. This involves ensuring that families are aware of and have access to voluntary services like CIBS.

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
- SoC principles will become the established norm across providers and sectors

System of Care leadership and governance

MNPrairie County Alliance has led the tri-county area’s SoC planning and implementation efforts, meeting frequently with their team and stakeholders to provide updates, plan, and coordinate local efforts. MNPrairie contracts with the South Central Human Relations Center (SCHRC) for case management. Due to local staffing changes, the SoC lead and other key partners required time to become familiar with both the CIBS model and grant deliverables, leading to implementation delays. At the time of interviews (May and June 2020) MNPrairie and SCHRC were working to pull together a team of staff from children’s mental health, social work, case management, and child welfare to guide their SoC efforts.

Key partners

MNPrairie has subcontracted with Family Services Rochester (FSR) to provide CIBS to youth with mental health needs and their families. Other key partners include public health, schools, local area Children’s Mental Health and Family Service Collaboratives, and behavioral health providers. MNPrairie respondents reported that collaboration and communication among system partners has increased as a result of SoC, both internally and externally.

A regional CIBS Coordinator, hired by Olmsted County through their SoC subaward, works with eligible families in the MNPrairie region. The role of the regional CIBS Coordinator is to connect with families, describe CIBS services, help to determine eligibility, connect with case managers, and support families through the provision of services.

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

- **Family-driven.** Families engaged in CIBS services are focused on immediate needs and directly involved in developing their child’s treatment plan, but not in the broader systems. As a step towards family engagement, MNPrairie worked with NAMI to deliver all four required SoC trainings in a focused series—reaching staff, providers, and families. Representatives from MNPrairie appreciated the opportunity to have recorded trainings that staff and partners can view when it is convenient for their schedules.

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.

- **Youth-guided.** Similarly, youth are engaged in their treatment planning, but not in broader systems change work yet.
- **Culturally responsive.** MNPrairie had mandatory annual cultural diversity training prior to the SoC grant. This training is an annual required training for all agency staff. 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.

MNPrairie staff feel that SoC principles will become embedded in their work through increasing awareness, communicating about them, and continuing to ask about the needs of youth and families. There is also a shared focus and common goals across providers and sectors.

CIBS implementation

MNPrairie focused its grant-funded service pilot on implementing Collaborative Intensive Bridging Services (CIBS). This multi-faceted, strengths-based model is based on Structural Family Therapy. 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. 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.

Capacity and infrastructure

MNPrairie experienced a gap in CIBS services after the initial therapist serving the region left in September 2019. As of September 2020, a new therapist was secured through FSR, trained, and is working with one family. The year-long service gap led to a waiting list for families.

Youth and families served

Through the end of September 2020, nine youth had been referred to and determined eligible to receive CIBS services. None of the youth were known to have had an intervention in a residential mental health setting prior to or at the time of referral. To date, five of the youth who received CIBS services have discharged. Primary reasons for discharge were mutually agreed on completion of services, or families refusing or deciding to discontinue services. One of the five youth was admitted into longer-term residential treatment.

Stakeholder impressions of CIBS

The project representatives interviewed shared mostly positive impressions of CIBS during this early implementation period. Anecdotally, they understand families have mixed experiences with services. The intensity of the model works well. Continual progress is made, rather than encountering lapses in progress and motivation between sessions that are spaced too far apart. Representatives described initial small successes, such as youth moving into a less restrictive school setting (e.g., from setting 4 to setting 3).

I come into the situation with the assumption that 100,000 things have been tried. That families aren't reaching out to us because they have not looked into a multitude of different resources and options for the kids they love.

MNPrairie is assessing needs for resources and services in the community in order to address workforce gaps on the full continuum. The tri-county region is connecting youth with counseling, therapy, skills support, case management, or more intensive services like residential placement to ensure services are individualized and accessible. In the three-county MNPrairie service area, there are gaps in lower intensity or less restrictive service options for children with mental health needs.

Child and Family Services supervisors and staff came up with creative ideas for respite dollars, given the flexibility allowed during the COVID pandemic. Staff put together baskets with activities that would be positive experiences for families during spring 2020. They purchased Play Doh, sidewalk chalk, puzzles, bubbles, and craft kits— assembling specific baskets for each family, keeping in mind the ages of the kids. Given the closures and cancellations of camps, pools, and sports over the summer months, they planned to use respite grant dollars again to purchase outdoor equipment for families such as soccer balls and basketballs.

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, including staff time being diverted to COVID response and difficulties engaging new families.

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

- **Lack of culturally responsive resources and providers.** MNPrairie representatives acknowledge not only an overall lack of adequate resources, providers, and mental health supports, but, especially, a lack of culturally diverse providers across the continuum of care.
- **Finding and retaining qualified therapists.** Representatives described the challenges of recruiting someone who is highly experienced, up for the challenge of providing intensive services, and willing to work in a more rural area. MNPrairie received little interest in their posted position, and had difficulty finding interested and experienced candidates.
- **Building trust in county systems.** While the goal of CIBS is family and youth involvement in treatment planning and decision-making, power differentials exist.

Work through government agencies engaging families is not as "pure" as it could be. The experiences of families are not as voluntary as it could be. I'm not naive knowing where we're starting.

- **Lack of clarity on grant deliverables.** Representatives wished for more clarification, as well as concrete examples of what deliverables should look like and include—whether through templates or examples from other communities. While they feel supported by DHS and state partners, they did not always know what to ask for in terms of training and technical assistance.

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:

- **Providing ongoing support for families.** MNPrairie representatives recognize the need to provide ongoing opportunities for parents and caregivers to practice the family management skills they have learned. Families also require support in addressing long-term challenges that continue to get in the way of child functioning and family stability.
- **Enhancing culturally responsive services.** MNPrairie plans to work with DHS' SoC Cultural and Linguistic Lead to explore and strengthen policies, and to partner with Wilder Research on ways to measure family satisfaction with services.
- **Increasing partnership with regional Children's Mental Health and Family Service Collaboratives.** A key stakeholder involved with Collaboratives in all three MN Prairie counties expressed interest in helping to engage youth and families by building connections between SoC lead agencies and schools and professionals directly serving youth and families.
- **Determining the feasibility of sustaining CIBS services.** MNPrairie is exploring steps to increase the provider pool, and retain qualified CIBS therapists serving in the rural region.

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451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org

For more information

For information about MN Prairie System of Care efforts, contact Heather Johnson, Child & Family Social Services Manager – MN Prairie County Alliance, 507-923-2926.

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

Author: Melissa Adolfson

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