

Minnesota System of Care Expansion Grant

Northwest Region Final Summary

In 2017, the Minnesota Department of Human Services (DHS) received a four-year System of Care (SoC) 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. The Northwest region, made up of Norman (the SoC fiscal host), Kittson, Mahnomen, Marshall, Polk, and Red Lake counties, received its sub-award from DHS in fall 2018. Drawing on insights from five SoC project team members and five additional pilot partners, this summary describes the counties' implementation and perceptions of their system of care work.

System of Care efforts in Northwest Minnesota

Northwest Minnesota (Northwest) has a long history of working toward a system of care in the children's mental health system, having been a grant recipient in the 2006-2011 SoC initiative. Through these earlier efforts, Northwest developed the Family Partner program, which provides peer support from people with lived experience for families of youth struggling with social, emotional, and behavioral challenges.

Northwest set out to build on the family-driven, youth-guided work of their previous SoC efforts by establishing two full-time Family Partners in three school districts: Ada-Borup District in Norman County, Win-E-Mac School District in Polk County, and eventually in Mahnomen School District (in Mahnomen County). Mahnomen County ultimately declined services as other resources became available to them.

During the third year of the current SoC grant, Northwest launched an innovative pilot to test a model for sustainability. Family Partners, re-branded as Family Peers, were trained to become Certified Family Peer Specialists (CFPS). This allows them to bill for some of the services they provide to parents and caregivers. The goal is for reimbursable services to fully cover the Family Peer positions and allow them time and resources to provide non-billable supports and services. The ultimate vision is to help families be healthy and functional, while supporting family voice and family choice.

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.

Family Peers

Family Peers are individuals with lived experience navigating children’s mental health systems who work with caregivers of children with severe emotional disturbances (SEDs) to provide emotional support, connections to resources, and help with advocating for their child’s needs. Family Peers walk alongside families, and empower them to make decisions about what is best for their family rather than doing things for them. Examples of support Family Peers provide to parents and caregivers include: helping to schedule appointments with providers and attending those appointments as appropriate, helping with applications for jobs and housing, and creating binders to help families compile their children’s medical records and IEPs.

Anecdotally I hear people say we are doing a good job, and doing strength-based work with families. We do what we can to improve their situation. We are not stepping in to take care of the problem, but we work with families to help them figure it out. The peers are doing a great job. – Project team member

Early in Northwest’s SoC journey, there was some confusion among schools and social service providers about the roles of Family Peers. Family Peers have lived experience with the children’s mental health system but operate outside of the school district and county social services, and because of this, families appear more willing to trust them and see them as advocates for their needs within those institutions. Northwest staff noted that consistent messaging and taking the time to clear up confusion, as well as developing promotional materials, was helpful in establishing these roles.

The new pilot, a partnership between Tri-Valley Opportunity Council (TVOC) and Alluma (formerly the Northwestern Mental Health Center), aims to grow and sustain Family Peer services. Family Peers are TVOC staff, and TVOC provides administrative functions and supervision. Alluma is working to embed the Family Peers into their Certified Community Behavioral Health Clinic to become a sustainable service. The clinic provides training and support to Family Peers, who do not come from a clinical background. Alluma processes referrals and completes assessments of incoming youth to determine diagnoses. Providers at Alluma are referring existing clients to Family Peers as they learn more about them. Alluma is able to bill insurance for CFPS services while contracting with Tri-Valley for the Family Peers’ time. Non-billable services are covered through the SoC grant.

For eligible youth receiving children’s therapeutic services and supports (CTSS), covered CFPS services include:

- Educating families to develop coping and problem-solving skills
- Collaborating with others providing care or support to the family
- Connecting to other families, parents, community and school resources
- Identifying strategies and services that help promote resiliency and develop natural supports
- Establishing and leading parent support groups
- Supporting parental self-advocacy skills, including accompanying parents to IEP and treatment planning meetings

As Family Peers’ caseloads grow and they start to serve more eligible clients, TVOC and Alluma may be able to not only sustain the positions but also provide supports to families that are not eligible for CTSS. Through the end of September, 2022 SoC grant dollars were used to cover non-billable services. TVOC has committed to sustaining the Family Peer positions through the end of the 2022/2023 academic year to allow more time for the pilot.

I think it will be an “all ships rising” impact on the broader community if we can do what we set out to do. Maximizing existing resources. If the interventions that are needed are happening earlier along the way, we will all do better. Schools will struggle less, other service providers will struggle less. It’s always better with prevention and early intervention. Additional network building out this cadre of trusted peers so they become more known to families, and families will be more eager to work with us. – Project team member

Core SoC values

Family-driven

The foundation of the Family Peer model is family voice and choice. Family Peers who have experience navigating systems can support parents in a way that clinicians cannot. Family Peers work with parents and support them until those parents feel confident enough to handle things on their own. Peers work to build parent/caregiver skills so they can advocate for themselves and their children. It is not always a linear journey, and some parents do come back for more support.

One partner noted that the pilot has empowered the Family Peers to influence systems by applying their own experiences as well as the experiences of the families they serve. Additionally, there are now more family representatives and consumers on governing boards, which is beginning to equalize power and balance decision-making. Pilot partners have noticed a cultural shift with more community leaders expressing interest in getting input from the people served.

[One parent served] completely came off all assistance, and moved out of her parents' home at [over 30] for the first time with her son. And she is living a successful life and is so happy. She just needed to know she could do it, and needed tools and someone coming alongside her. Peer support is greatly needed and very helpful. It would reduce overload at mental health facilities. People just need to know they have someone alongside them who believes in them, who has gone through it themselves. Someone who is non-judgmental, who will give them options but not make decisions for them. – Project team member

I have seen the success of a child being almost in out-of-home placement, because they, the parent didn't know what else to do. Didn't have the skills to talk to the school about how to get their needs met, or to talk to the service provider about an extra therapy appointment. You know, they just didn't know how to have those conversations. So once we got there and we built those skills and we supported that parent, and we said it's okay to be frustrated, it's okay to be sad. It's okay, there are others in your place so let's go. Let's build some skills, let's go to the meetings together. Let's talk together. Let's problem solve. The child ended up not having to go to out-of-home placement. I mean, wow, the whole goal of System of Care. – Project team member

Our strength-based approach is 100% about parents' and caregivers' needs. We're just there to provide information and support. Maybe an intervention here and there to make sure they get an appointment. Very appropriate and helping the family along the way and not doing things for them. It's a partnership. That's why we struggled with the name...not a mentor or a coach. That suggests a hierarchy or authority. We settled on partner, then peer. – Project team member

Lots of them are telling me it's like having another friend that "gets it." One family told me I'm their new role model. They like getting suggestions and tips. Then when they are having a bad day, they can get something off their chest. – Project team member

Youth-guided

Family Peers are primarily serving parents and caregivers. That said, when parents and caregivers are stable, functional, and confident it impacts the whole household and family. One partner has noticed more youth joining youth groups and doing advocacy, but not necessarily specific to mental health. Another partner acknowledged that more work needs to be done in this area, and noted the challenge of ongoing recruitment needs as youth graduate and move on.

Culturally responsive

When starting to work with a new parent or caregiver, Family Peers learn about the unique needs, strengths, values and backgrounds of the new client. Family peers seek out training opportunities to build their knowledge and understanding as they work with new families from different backgrounds and contexts (e.g., American Indian families, single fathers, families with kids who identify as LGBTQ+). SoC grant funds were used to cover any training that was not free. Multiple project partners noted that the rural and frontier geography of the region is also important context when considering which supports will be a good fit for local families.

While Alluma's diversity, equity, and inclusion (DEI) work was written into their strategic plan and not a result of the current SoC grant, one partner felt that these efforts were inspired by the region's first SoC grant in 2006. Alluma's current efforts are guided by the Justice, Equity, Diversity and Inclusion (JEDI) team. These include:

- **Intercultural Development Inventory (IDI).** Everyone in the organization takes the IDI, and meets with qualified administrators to review their own results as well as the results of the organization as a whole.
- **Training.** Alluma provides training for staff on African American, Native American, and Latinx cultures, and is planning a training on Somali culture.
- **Cultural liaisons and consultants.** Through another SAMHSA grant, Alluma hired a Somali cultural liaison. Alluma also contracts with cultural providers who can provide support to clinical staff who are serving BIPOC clients.
- **Community events.** Following a number of deaths by suicide among Latinx youth, Alluma hosted a Red Carpet event. While they initially planned to do listening sessions, the community pushed back saying listening sessions had not resulted in change in the past. The event featured screenings of three films produced by local Latinx youth who won international film awards. The three films addressed: George Floyd's murder, the separation of children from their families at the border, and the healing power of love.

Collaborative

The Northwest already had a history of strong collaboration prior to the current SoC grant, in part built from the region's previous SoC grant. Norman County stepped up to be the fiscal host in the current grant period, which partners described as a big step forward in relationship development. The grant also allowed Alluma and TVOC to pilot the current CFPS model. TVOC has also been working on developing relationships with other mental health service providers to ensure they aren't missing any families who receive services elsewhere.

While the greatest collaboration has occurred between Alluma and TVOC, SoC is on the agenda for every monthly Council of Collaboratives meeting. The council comprises eight counties, and at least two people from each county attend each month. Counties in the region have been in discussion about how to expand the reach of the Family Peer model to fit within their array of services and programs. Each county also has its own Collaborative, which some SoC partners attend. The region also has a school-linked mental health grant, and a collaborative relationship with the area's juvenile correctional facility. SoC allowed Northwest to provide services to high-need families, and they have received positive feedback from schools and other partners such as social services.

Because we're so small up here, we don't have another option. We have three community action agencies that serve the northwest corner of the state, seven county social services and public health. That's it. Now you got mental health for two or three mental health service providers, and corrections. I mean, you know, it's not like every county has 10 choices of service providers. It's just us, so we have to work together. If we're gonna be successful, we have to. – Project team member

Challenges

While Northwest met COVID-related challenges with creativity, flexibility, and hybrid opportunities, community partners named ongoing and new challenges to implementing SoC. Ongoing challenges included provider shortages, promoting Family Peer services, and ensuring the pilot can be successful for both TVOC and Alluma.

Provider shortages and waitlists. Due to staffing shortages, Alluma temporarily paused taking new clients in June 2022 to reduce each clinician’s caseload and increase scheduling options for existing clients. There were bottlenecks when families couldn’t secure appointments for evaluations. Partners didn’t want to widely promote Family Peers in the region until that capacity was in place—this was described as a chicken-and-egg scenario. Related to staffing shortages, Alluma had waitlists in the Youth and Family Program. Overseeing and supporting Family Peers further stretched the capacity of those also supervising clinical staff. While Tri-Valley staff technically supervise Family Peers, there is a requirement that clinical supervisors oversee their CFPS work to ensure client notes are properly documented and to answer questions as they arise.

Partners noted that it has been challenging to demonstrate success to-date, and to forecast for sustainability. The timing of the pilot coinciding with the COVID-19 pandemic has led to questions about where and how to focus resources. As demand for services increased, it became more difficult to provide those services—reimbursable or not. Alluma needs to prioritize how to best allocate the time of supervisors between Family Peers and clinicians.

Promoting Family Peer services. One of the original goals of the pilot was that parents could work with someone from Tri-Valley so as to not have the stigma of working with someone from Alluma; as such, it seemed appropriate that Tri-Valley would do the marketing and promoting. Tri-Valley and Alluma worked on developing a promotional video that could be shared with families to describe the services provided by Family Peers. The process met challenges with striking the right balance between a clear description of services and a welcoming and accessible description that would resonate with families.

Project partners needed to clearly communicate when Alluma had the capacity to take new clients. Specifically, SoC required that youth be CTSS-enrolled to be served by Family Peers, whereas recovery peers and adult peer specialists can see clients without them being enrolled in Adult Rehabilitative Mental Health Services or a Substance Use Disorder program to qualify. Families who have children in multiple schools may be served by multiple school-based providers. Family Peers can bill per child, so providers need to be aware that multiple children in the same family can be referred for services and each child needs a unique referral.

We’ve got to sell it to superintendents, to work with their staff and other partners but in a methodical way. To make sure we had capacity and not say “we’re open for business” if we don’t have the ability to serve families yet. At first the challenge was Alluma’s capacity to provide services. Having the evaluations done in a timely manner was a constraint for a while. There was a bottleneck. We had to be careful and work through that. Going to meetings. Keeping partners in the know. Knowing when we can go full throttle and get the services out there at a larger scale. – Project team member

Eligibility restrictions. Northwest has strived to provide services and supports to families in need regardless of whether or not there is a diagnosis. By providing upstream supports, Family Peers may be able to prevent the need for higher intensity services down the road.

There is always one group not diagnosed yet, but needing the help and they can’t get it. We talk about early intervention, but how do we figure it out so that group can also get services. When I get a referral and they have no diagnosis, I ask what do they need and I send resources... In my own experience, I didn’t get the help I needed with my kids. – Project team member

Family Peers as “shared” staff. Family Peers are not Alluma staff, so Alluma supervisors cannot direct their work—they can provide support, guidance, and clinical supervision for qualified services. Pilot partners noted that there was some ambiguity around what Alluma can ask the Family Peers to do (or not do). Family Peers document services twice—once for Tri-Valley and once for Alluma. Documentation protocols and policies differ between the two agencies.

Alluma is responsible for the compliance around health plan billing, and for staffing increased caseloads, as youth have to be Alluma clients in order for them to offer Family Peer services. There is a need for an equitable partnership between the two agencies. Some Alluma staff used the analogy that Alluma is “driving” with Tri-Valley in the passenger seat. They believe that Alluma bears primary responsibility for the success of the pilot.

At least initially, Alluma staff perceived Family Peers as engaged in team meetings as the adult peer specialists and recovery peers who are Alluma employees. On top of that, Family Peers working remotely further led to feelings that they are not fully embedded in the team. Later in the process, Family Peers started attending care coordination meetings which increased engagement. Some partners questioned whether it would be better for Family Peers to be Alluma employees. The fact that the Family Peers are not Alluma staff was also recognized as an opportunity, not just a challenge. Tri-Valley is a community action program, whereas receiving services from a behavioral health provider agency, like Alluma, carries some stigma. Family Peers bring experience and a unique skill set.

Gaps in the continuum of care. Project partners noted that in addition to staffing shortages and waitlists, the region’s continuum of care lacks higher-level care needs such as children’s crisis residential care facilities for respite and out-of-home placement. There are few in-patient beds, and youth are often sent away from their families to Fargo or the Twin Cities.

Providing services in a large, rural and frontier geography. Alluma serves a large geographic area (six counties), which makes it difficult for Family Peers to provide face-to-face services with only two staff serving in that capacity. Rising gas prices have exacerbated that challenge as an increased cost to the program. Without Family Peers spread out across the service area, it’s challenging to provide services to families who want face-to-face contact if the appointment is a two-hour or more drive. Providing wraparound care coordination is a challenge due to all providers and partners needing to travel long distances—it’s hard to get all providers together at once. Further, in a rural area like Northwest there is a culture of independence. Some families are hesitant to seek help or accept services.

State guidance and communication. Some project partners felt unclear about DHS’ ultimate goals for SoC, noting that the initiative felt piecemeal and there didn’t seem to be a plan for what they hoped to achieve within the state’s goals. It was also noted that staffing changes at DHS, and among SoC partners providing technical assistance, posed challenges. Northwest project partners wished that DHS would have facilitated a smoother transition when staff left the project. The Northwest SoC team also wished that technical assistance partners had provided concrete tools and examples for work around social media and youth-led endeavors. When Northwest developed their own social media and CLAS plans, they did not receive timely feedback and content expertise from SoC partners providing technical assistance.

Recommendations

Northwest SoC project partners reflected on successes and areas for improvement. Lessons learned include the following recommendations:

Recommendations for next steps in the Northwest

- **Emphasize transparency and communication.** Partners spoke to the need for transparency, honesty, and thoughtful communication throughout the pilot in order to track progress and address concerns along the way. Pilots involve risks and require authentic partnership. It takes time, and there is always room for improvement. Working across departments within an agency, and working across agencies, required “over-communicating” to ensure everyone is on the same page. Alluma staff come from a clinically driven world whereas TVOC staff come from a community outreach world. As such, the pilot has required some out-of-the-box thinking. The “how” of the pilot was communicated before the “why” was, whereas project partners felt the “why” should have been communicated from the start.

Now the difficulty is just different levels of momentum. Understanding the difference between the non-reimbursable services and... the original concept of Family Peers is come one, come all. Trying to fit that into a clinical-based model based on criteria that needs to be met to be served. Not a people thing but a systems thing. – Project team member

There's the ambiguity, I guess you'd say right around the whole thing, and how this is gonna play out. I think a barrier I would say has been, you know, sometimes it's hard to start new service lines and new services within an organization itself, because of the silos that are established within that organization and across different departments. And I'd say that when you add in another organization into that process, it can make it more challenging for a number of reasons (different systems in place, different organizations prioritizing different things.) – Project team member

- **Expand promotion of Family Peer services.** There is a need for greater awareness of Family Peer services among providers in other Alluma departments (outside of Youth and Family), and in the broader community (e.g., schools, social services). Pilot partners reflected on whether it would have been better to promote Family Peer and CFPS among all Alluma departments at once rather than starting with the Youth and Family department. Greater participation will help make the program sustainable, but will require additional trained Family Peers.
- **Establish timelines, expectations, and goals earlier on for future pilots.** Early in the pilot, there was not a timeline or expectations about number of clients who would need to be served. Some team members noted that it would have been helpful to define the goals and scope earlier on in the process so they could see the trajectory and track milestones. Setting goals was identified as a crucial step for measuring progress, and providing a level of transparency for everyone involved. Partners noted that at some point they would have to determine if the pilot is sustainable. For context, the pilot did not emerge as a concept and possibility until the third year of the grant which provided a short window of time to implement and achieve sustainability.

If I could go back again, I would probably have started that process earlier on, so that we could see what the trajectory should be to meet our targeted goal after year one, for example, and then where we fall as we've progressed. We did that more towards the end of this whole process, and it seems to have helped not only stimulate more ideas in relation to solutions that we could try to... but also to help get the word out about our services. For example, you know this, the one thing we're working on is trying to get an email set up with a link to a video that we can use to send the families that would be appropriate for this service. And I think that had we done that earlier on in the process, we probably would have gotten more clients coming through – Project team member

- **Evaluate outcomes and document successes.** Pilot partners need to find a way to evaluate outcomes and document concrete successes in order to demonstrate the effectiveness of the program. Concrete positive outcomes are necessary for justifying the need for funding in the event that the current model is not sustainable. During both of Northwest’s SoC grants, it was challenging to incentivize parents and caregivers to participate in surveys, interviews, and focus groups.

Recommendations for the state

- **Engage counties in identifying strategies that are an appropriate fit.** Project partners appreciated having out-of-the-box categories funded through SoC over and above Wraparound and Collaborative Intensive Bridging Services. For future funding, ensure that required evidence-based practices (EBPs) are appropriate for both urban and rural areas, or that adaptations can be made to fit the culture and context of rural counties. Consider conducting a survey of counties to determine which EBPs, from a list provided by DHS, would be most relevant and feasible for counties to implement.
- **Authentically engage youth.** Avoid inviting youth to a children’s summit if they will be exposed to conversations about whether or not youth can receive services depending on the funding stream. Youth came away from DHS’ summit disillusioned.

Maybe not to invite youth to that to that type of conversation, because it can be really game changing to really think like...we're not an insurance number we are children, and we are here, and we are just asking for some help and support. So that feels maybe like a learning opportunity. – Project team member

- **Increase access to data.** Continue to work on developing a publicly accessible database with data from across departments and divisions. This process was started early in the SoC grant, but was paused without further communication to advisory group members.
- **Improve training and technical assistance.** For future grants, develop tools and templates that can be used and adapted by grantees. For example, have a series of social marketing templates and messaging that can be adapted to individual grantee sites. Consider disseminating those tools and templates more broadly, including counties and communities that are not funded but that might benefit from them. Ensure that future training on CLAS standards provides concrete ideas on how to address and implement each standard. Consider writing partial positions into grants that would allow grantees to have their own CLAS or social media subject matter experts embedded in their community.
- **Intentionally plan.** From the start of a grant, plan for the possibility of a no-cost extension to avoid gaps in funding. Intentionally work on succession planning from the start to avoid disruptions as key state and local project staff leave.
- **Implement SoC at the state level.** Work with other state agencies on systems-level change that can serve as a roadmap for counties.

From a systems perspective, for the state to figure out their own systems work across the departments. How are they (DHS) working with the Minnesota Department of Education, the Department of Corrections, and the Minnesota Department of Health? Let the state figure out where there are conflicting rules and conflicting processes to create the roadmap for a county to use. – Project team member

Shared recommendations

- **Broadly share lessons learned.** Northwest recommended that the state broadly disseminate evaluation findings from SoC and other grants with DHS leadership, the legislature, and the public. Northwest plans to share lessons learned from their pilot with other communities.
- **Find and support champions.** Working towards systems change in children's mental health systems requires persistent champions.

Finding your champions who, regardless of ups and downs and highs and lows, continue to forge forward and make it happen. It's really easy to have a grant, and then cycle through the grant and introduce a new service. Then the grant ends and there is nobody to do the work. Repeat that cycle in the grant world. Having that vision for the long-term success and sustainability of bringing in a new service or way of delivering the service. Real concrete lessons about structures. That is if the vision and partners and believers, somehow everything aligns, even if the biggest challenges like COVID occur. How to keep the work going through challenges that are completely out of left field. If we can continue through internal and external challenges, that's pretty darn cool. – Project team member

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