

# Minnesota System of Care Expansion Grant

## Olmsted 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. Olmsted County received its subaward from DHS in November 2018. Drawing on insights from 12 project representatives from the county and partnering provider agency, and administrative data provided by partnering provider agencies, this summary describes the county's efforts to date.

### System of Care efforts in Olmsted County

Olmsted County sought System of Care (SoC) funding to expand existing Collaborative Intensive Bridging Services (CIBS) by hiring and training more CIBS therapists and stabilizing the overall program.

Beyond reductions in out-of-home placement in residential settings, including reduced number of placements and length of placements, county representatives described investments being made to expand, diversify, and retain the pool of CIBS therapists.

County representatives hope to look more holistically at the systems in place, and incorporate SoC values throughout. The county hopes to continue the trend of serving more youth of color through the children's mental health system, as opposed to the justice system, and finding diverse community partners who can mentor youth of color being served.

#### 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 implementation efforts:

- Improved family functioning and stabilization
- Youth and family voice and choice
- More CIBS therapists providing culturally responsive services
- Shorter and fewer residential placements, and reductions in child protection and corrections involvement

## System of Care leadership and governance

Olmsted County’s Community Services Advisory Council has strong representation from commissioners, county agency division directors, and other collaborating agencies. The Olmsted County Bridges Collaborative has played a role in youth and family engagement. The county’s Youth Commission, which was described as “highly sought after” has strong leadership. However, county representatives acknowledged limited involvement with SoC decision-making due to competing priorities. One respondent felt that a local governance group that initially formed with grassroots energy had lost some momentum and motivation, but hoped that SoC may provide an opportunity to breathe life back into the group.

## Key partners

The county contracts with Family Service Rochester (FSR) to provide CIBS services to youth and families, and agencies such as Fernbrook Family Center, Zumbro Valley Health, and NAMI have been part of conversations and implementation planning. While Olmsted County representatives reported having strong collaborative partnerships prior to receiving the grant, SoC has provided time to focus on the system as a whole, rather than on smaller, more isolated mental health initiatives.

## 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.<sup>1</sup> Representatives from the county described how they see these values being advanced through their work.

- **Family-driven.** Families are involved in making decisions about the services they receive. However, representatives noted that changing county processes to be more parent-informed is a slow process, pointing out challenges with ensuring parents feel welcome to join existing committees and workgroups. County staff expressed interest in meeting with parents one-on-one to gather input, accommodating varying schedules but also providing a level of comfort that may not exist in a group setting.
- **Youth-guided.** While the Local Advisory Council has brought together adolescents to gather input on specific services or systems, county representatives acknowledged that youth have more opportunities to weigh in on their therapeutic sessions compared to broader systems change.

---

<sup>1</sup> 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.

- **Culturally responsive.** SoC staff are partnering with the Diversity, Equity, and Community Outreach Team’s One Olmsted initiative, the Diversity Integration Group (DIG), and the Intercultural Mutual Assistance Association. Mandatory implicit bias training was delivered to Health, Housing, and Human Services staff in fall 2019. One provider noted that they were already attuned to providing culturally and linguistically responsive services, which are tracked through client surveys. Providers and therapists work to assess the strengths their clients bring from their culture, background, and experiences.

*Right now we have internal initiatives developed and implemented that are successful in some ways, but not necessarily comprehensive or sustainable or aligned. We’re really good as a county agency of seeking representation for a variety of voices to help “us,” but we’re lacking in our voice being present at other tables. I’d like to see better balance of that.*

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.

## **CIBS implementation**

Olmsted County focused its grant-funded service on expanding CIBS. This multi-faceted, strengths-based model is based on Multi Systemic Family Therapy. It relies on intensive in-home therapy with active parental engagement, and often a brief, intensive residential treatment intervention. 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. Providers have especially appreciated the CIBS booster training received.

### **Capacity and infrastructure**

Olmsted County had been implementing CIBS for two years prior to the SoC grant, but the funding allowed them to add a full-time CIBS therapist. FSR currently has two CIBS therapists and no waitlist. Despite initial challenges finding and retaining therapists, recent retention successes have increased family engagement.

*We had a lot of barriers because we were seeing so much turn-around in therapists that engagement with families was almost impossible. They would start off and maybe get two to three months into therapy, and then there would be a therapist change and it would almost be like starting the model over. One of our huge successes is [current staff] have been in their position for at least a year and a half. The learning and education that these therapists have absorbed has allowed them to stay in their position, which has increased the engagement with families and youth literally 100%.*

### **Youth and families served**

Through the end of September 2020, 17 youth had been referred to and determined eligible to receive CIBS services. Of these, four (24%) were known to have ever had a past intervention in a residential mental health or corrections setting. Three of the youth referred began services in a residential intervention or foster care setting. To date, 15 of the youth who began to receive CIBS services have discharged. Among these, seven agreed on mutual completion of services, and three families withdrew or refused services. Other reasons for discharge include family moving, referred to other services, admitted into a long term residential facility, and other reason.

## Stakeholder impressions of CIBS

Project representatives shared mostly positive impressions of families' experiences with CIBS services. Based on client satisfaction surveys, most caregivers have found the services helpful, and appreciate having a role in setting goals for their family and child. Caregivers report feeling "understood, heard, and helped." While some families and youth have felt supported, others have felt that CIBS is too intense and demanding given the requirement of meeting three times per week. Some parents become overwhelmed and miss or cancel appointments even though they are informed about the CIBS process going into the service. Another challenge is that some parents are unhappy about copays or deductibles for a service the county asked them to try.

*Once parents get past the engagement piece, and are in the actual work of the model (within the two to three month range) and the therapist is able to keep the structure and engagement with the families, the success rate has been very high and families have been happy.*

*When it's most successful, it's that the parents change their behavior and end up being grateful because change is made for the whole family system. From the successful discharge meetings, they tell me it was a great service they wish they would have done sooner or that they've learned so much. The [parents] that are not willing to change will tell me, "We wish we never did this," or, "This is not what we expected. We thought it would just be focused on our child. We were told that our child would be sent away from us. Why is he still here?"*

Respondents generally felt that youth are satisfied with CIBS services, and especially appreciate the focus on family dynamics and needs—not just feeling singled out as the problem. Youth have also appreciated the positive relationships they've developed with their providers. One provider shared that older youth have more opportunities to make choices about the services they received compared to younger clients.

*Once the youth see their parents making shifts and changes, they want to become more involved. They want to have their voice at the table. Teenagers a lot of times don't want to do therapy, so I think it's an ideal model for that. We've had large success with youth feeling that it's very important that the family session takes place, so all of the family problems aren't just blamed on them. Their parent is being held accountable as well.*

Providers revisited their approach to scheduling CIBS meetings with families—allowing more flexibility, such as having two of the three required meetings on the same day, if needed. Also, statistics on successful CIBS outcomes are shared with potential families when the model is initially described to them.

Most project representatives felt that Olmsted County has a full continuum of services available to families. The county's children's mental health system used to lean heavily on case management; over the years, the continuum of care has opened up to include Children's Therapeutic Services and Supports (CTSS) and CIBS services, among others. Crisis response services are available and, from the perspective of project representatives, working well. At the time of the interviews (May and June 2020), Rochester was about to open a full-time crisis center. Through CIBS services, the county learned about a gap in services to address eating disorders—there is now an agency addressing that need.

One of Olmsted County's respite programs, Choices, allows families to choose who will be paid to provide respite services (e.g., a neighbor, a grandparent). Funds can be used in flexible ways, such as paying someone to take the youth to a movie or covering transportation costs to bring the youth to their grandparents' home in another town.

One county representative noted that it has been more challenging for families that have moved to Olmsted County from out of state, as they tend to feel isolated and lacking in supports.

*I focus a lot on self-care with parents, including [discussing] what an informal support looks like and means to them. Even creating a list of people you can reach out to when you want to vent, making it really simple because sometimes parents feel like they have no one. Trying to empower them to reach out to people just so they can kind of rejuvenate, and then be able to best help their kiddos. Usually what happens is you start with a list of nobody to five or more by the end of the time that you're hearing from them in the six to nine months.*

## 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 challenges engaging youth via telemental health services and limited access to respite services.

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

- **Uncertain mechanisms to sustain CIBS.** With the impact COVID-19 has had on county tax revenues, there are concerns about costs associated with ongoing training for providers. Additionally, higher reimbursement rates are needed for in-home care and travel costs.
- **Finding and retaining qualified therapists.** Retaining therapists was reported to be a significant challenge due to the intensity of the work, relatively low compensation, and competition for qualified candidates with other providers in the area (i.e., the Mayo Clinic). When therapists leave, waiting lists build and the remaining staff take on extra cases which can be overwhelming. Delivering CIBS services requires a special skillset; extensive training is needed to bring new therapists up to speed. County respondents acknowledged a lack of diversity among current CIBS therapists.
- **Lack of initial clarity on the scope of SoC deliverables.** County representatives expressed a desire for more concrete examples, checklists, and templates. Lack of clarity was compounded by turnover among training and technical assistance providers, and communication challenges with state partners.

*We've been waiting for a lot of direction that has not been forthcoming. We've been waiting for more assistance, and I'm not sure we've been very good at reaching out and trying to develop those relationships.*

- **Evaluation challenges.** The county can continue to track systems involvement after youth are discharged from CIBS services, but it's more challenging to track long-term outcomes for families that are no longer systems-involved (e.g., academic engagement, family functioning, successful transitions into adulthood). Another challenge noted was the slow roll-out of the CIBS evaluation and fidelity tools.
- **Role clarification.** One respondent expressed interest in more training for case managers, and clarifying the responsibilities of case managers compared to therapists in the CIBS model.

## 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:

- **Identifying funding mechanisms to sustain and expand services.** In addition to advocating for a bundled service rate through Medical Assistance for CIBS services or continued grant funds, project representatives hope to have evidence of cost savings that result from reductions in out-of-home placements. Money saved could be redirected to more CIBS therapists, as well as more early interventions for youth in the children's mental health system.
- **Diversifying the provider field and assessing facilities.** Olmsted County plans to assess Health, Housing, and Human Services facilities, changing signage and increasing access to technology. Once county facilities are assessed, the county plans to encourage partner agencies to also assess the extent to which their facilities are accessible and welcoming. County representatives also spoke to the ongoing need to recognize and support diverse staff and providers, and to look at hiring practices.

*I would take a look at how we're perceived as an organization—how the community looks at us as far as being a welcoming organization for all cultures and communities. Taking a look at how we are hiring, if we're hiring more diverse populations that represent our community. Making sure that we're constantly including diversity, inclusion, equity, and culture into planning. Our senior leadership has been very receptive to that.*

- **Incorporating core values across SoC partners.** Project representatives are working to enhance strengths-based communication between county agencies and partners—using the same language to discuss mutual goals.

*Having evidence that there is community ownership and involvement, there is youth engagement, and family engagement in those processes and decision-making roles. Knowing those lines of collaboration and are sort of the go-to or just second nature.*

*I am such a true believer in collaboration and working together to be able to see that growth. And I don't think any one unit can do that on their own. So how do we pull in different agencies, and government agencies, and the community members themselves and give everybody ownership?*

*Funding for this report comes from a Substance Abuse and Mental Health Administration grant received by the Minnesota Department of Human Services*

## Wilder Research®

Information. Insight. Impact.

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

### For more information

For information about System of Care efforts in Olmsted County, contact Amy Rauchwarter, Children and Family Services, Director, 507-328-6351 or [rauchwarter.amy@co.olmsted.mn.us](mailto:rauchwarter.amy@co.olmsted.mn.us).

For more information about this report, contact Melissa Adolfson at Wilder Research, [melissa.adolfson@wilder.org](mailto:melissa.adolfson@wilder.org).

Author: Melissa Adolfson

NOVEMBER 2020