

Minnesota System of Care Expansion Grant

Ramsey County 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. Ramsey County received its sub-award from DHS in December 2018. Drawing on insights from five project representatives from the county and partnering provider agencies, administrative data provided by partnering provider agencies, and phone interviews with caregivers, this summary describes the county's efforts to date.

System of Care efforts in Ramsey County

Ramsey County applied for a System of Care (SoC) sub-award to develop a culturally responsive Wraparound approach to support African American children and youth and their families. The county, with input from partners, including the Ramsey County Children's Mental Health Collaborative (RCCMHC), Suburban Ramsey Family Collaborative (SRFC) and their engaged parents, and school district representatives, chose to focus specifically on reaching youth who have had difficulty regulating in school and have then become disconnected from schools due to suspension, expulsion, or parents choosing to homeschool.

Through their efforts, Ramsey County and its partners hope to demonstrate:

- Improved school outcomes, such as improved attendance and academic progress, and fewer suspensions or other disciplinary actions.
- African American youth and families, a population disproportionately underserved by children's mental health services, being engaged and satisfied with the culturally responsive services they receive.

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

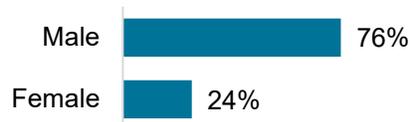
Youth and families served

Characteristics of families served

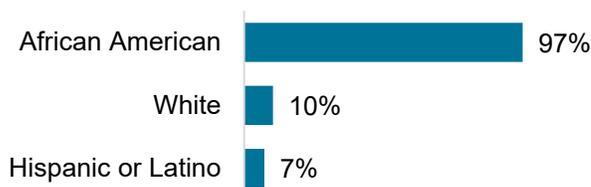
Ramsey County implemented the WrapMN model, an individualized care planning process designed to help family and youth with complex mental health or behavioral challenges, who are often involved with multiple child-serving systems, and whose symptoms and needs are impacting functioning and relationships in home, school, or community settings.

Between December 2018 and September 2021, 29 youth had been referred to and determined eligible to participate in WrapMN. Nineteen of the youth referred began services while living at home with biological family. Eight began services while in foster care. At the time of enrollment, eight youth (28%) were known to have had an intervention in a residential mental health, corrections, or foster care setting. The majority of youth served in Ramsey County identified as African American (97%) and male (76%). Half were between the ages of 13 and 17 (average age=14).

1. YOUTH SERVED BY GENDER (N=29)

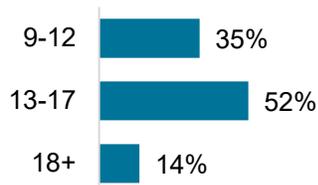


2. YOUTH SERVED BY RACE (N=29)



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

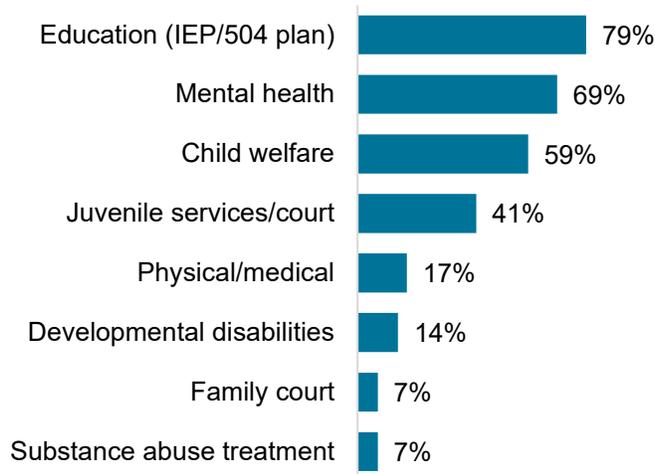
3. YOUTH BY SERVED BY AGE (N=29)



Note: The age range for CIBS is 9-17 with some exceptions. Note: Due to rounding percentage may not equal 100%.

Prior to their involvement with WrapMN, 65% of youth were involved in three or more systems. Of the system involvement, an education plan and mental health were most commonly utilized with 79% and 69% of youth accessing these services, respectively (Figure 4).

4. SYSTEM INVOLVEMENT AMONG YOUTH REFERRED TO WRAPMN (N=29)



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

WrapMN involvement

During the grant, 15 of the youth who began to receive WrapMN discharged due to the family declining services, the family no longer responding to communication from the care coordinator, or the family moved. The remaining youth transitioned to other services in Ramsey County outside of the System of Care grant. WrapMN is expected to be a 12 to 18 month process, and most families did not receive services for that long (median involvement was three months for those discharged). It should be noted that DHS issued a stop-work order in September 2021 due to a gap in funding from SAMHSA. Ramsey County chose not to resume the WrapMN model after the stop-work order was lifted. This may have caused some families to discontinue their work with the WrapMN model earlier than anticipated.

Characteristics of caregivers interviewed at baseline

All youth and families who receive services were asked to participate in an evaluation where they are interviewed about their experience. Ten Ramsey County caregivers completed a “baseline” phone interview soon after families started receiving services. Few “discharge” interviews were completed at the end of services to report changes in caregivers’ perceptions and experiences.

- **Race, gender, and age of child:** The youth whose caregivers completed a baseline interview were representative of the full population of youth served by WrapMN in Ramsey County with regard to race (100% Black or African American) and gender identity (60% male). However, caregivers who were interviewed represented youth who were younger than the full population served (average age=12).
- **Caregiver’s relationship to child:** Seven of the 10 caregivers identified as the child’s birth parent. The other three caregivers identified as the child’s grandparent.

Caregivers' perceptions of child's overall health

During the baseline interviews, all caregivers rated their child's overall health as "good" (60%) or better (40%) (Figure 5).

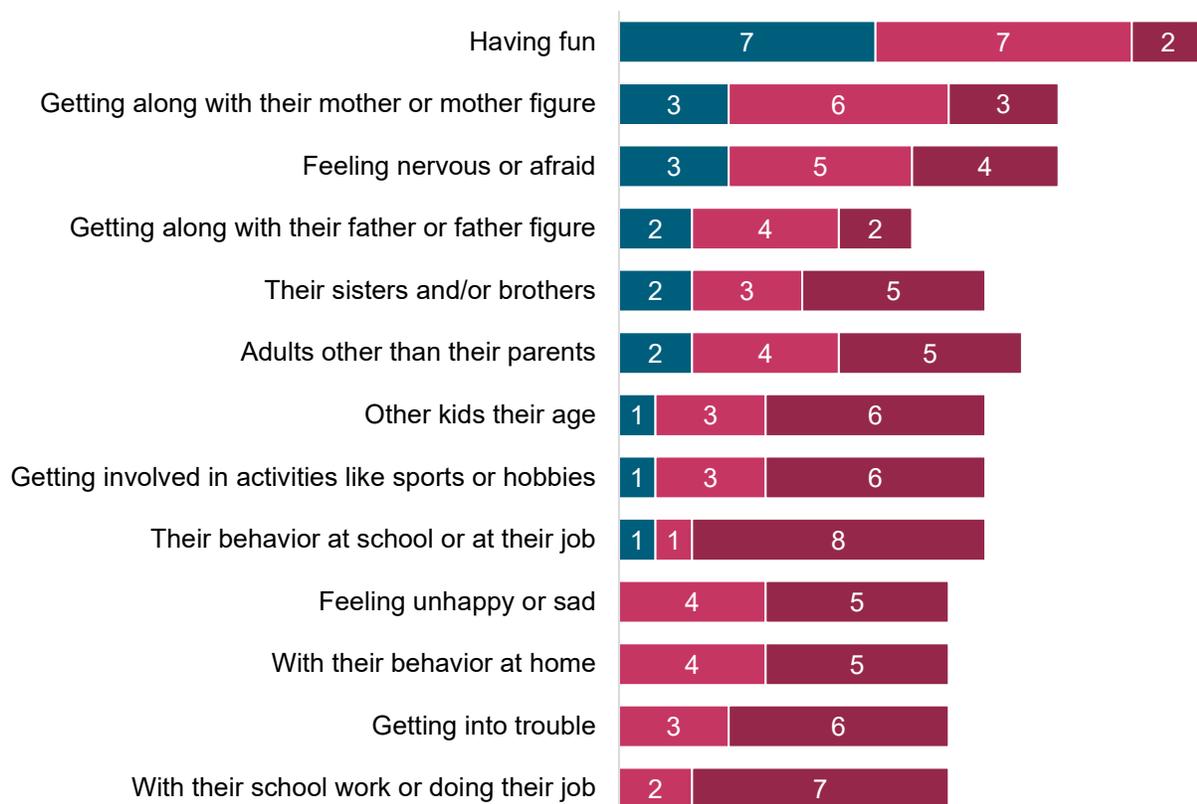
5. CAREGIVER'S RATING OF CHILD'S OVERALL HEALTH AT BASELINE (N=10)



Caregivers' perceptions of child's difficulties

Using a five-point scale, with 0 being "no problem" to 4 being a "very bad problem," caregivers were asked to rate how much of a problem or difficulty their child has in 13 areas of their child's behavior. Because Ramsey County is focusing their System of Care efforts specifically on reaching youth who have had difficulty regulating in school, it is not surprising that almost all caregivers rated their child as having the greatest difficulties in their behavior at school (N=8) or with their work (N=7) at school or at their job (Figure 6). Other areas of difficulties that most caregivers reported (N=6) include getting involved in activities like sports or hobbies, getting into trouble, and having difficulties with other kids their age.

6. CAREGIVERS' PERCEPTIONS OF CHILD'S DIFFICULTIES AT BASELINE (N=9-15)

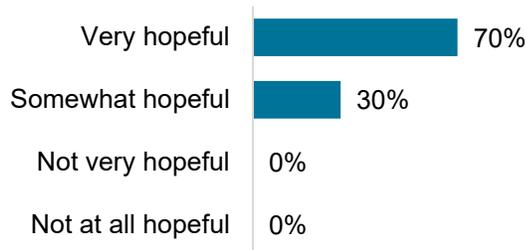


■ 0 to 1 = Little to no problem" ■ 2 = "Somewhat of a problem" ■ 3 to 4 = "Bad to very bad problem"

Caregivers' hopefulness

All 10 caregivers who completed a baseline interview were somewhat to very hopeful that things will get better for their child (Figure 7).

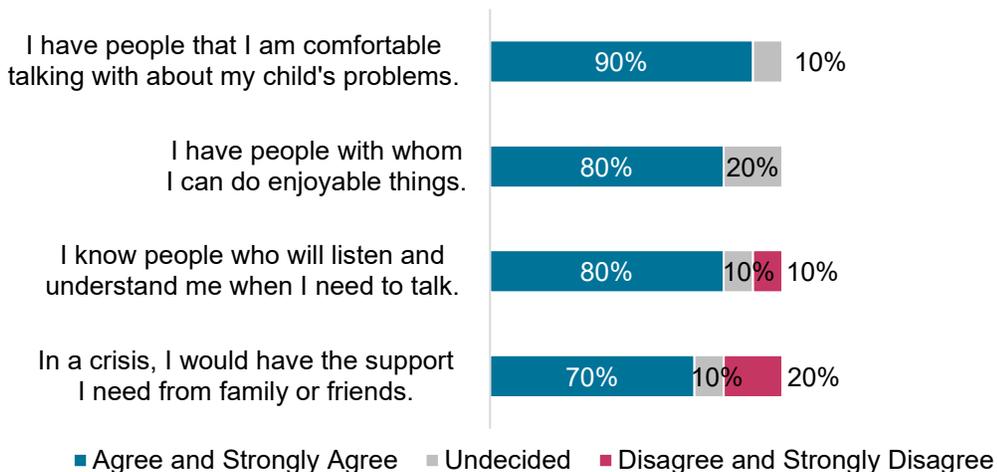
7. CAREGIVERS' HOPEFULNESS THAT THINGS WILL GET BETTER FOR CHILD (N=10)



Caregivers' social support

One important component of the WrapMN model is creating an informal network to provide social support to the youth and family outside of their work with professional providers. During the baseline interviews, caregivers were asked about their social relationships other than with their Wraparound provider and most reported at least some level of social support already. Nine in 10 caregivers felt that they have people with whom they are comfortable talking about their child's problems (90%) (Figure 8). Eight in 10 reported that they have people with whom they can do enjoyable things and that they know people who will listen and understand when they need to talk. Fewer parents reported that in a crisis, they have the support they need from family and friends (70%).

8. CAREGIVERS' PERCEPTIONS OF SOCIAL SUPPORT (N=10)



System of Care implementation in Ramsey County

WrapMN implementation

Ramsey County described its vision of a Wraparound model that was closely connected to local collaboratives. Through the grant, DHS contracted with the National Wraparound Implementation Center (NWIC) to provide training and coaching to all SoC grantees implementing the Wraparound model to train supervisors and Wraparound coordinators to implement the model with high fidelity. This model is referred to locally as WrapMN.

System of Care leadership and governance

Ramsey County convened the Local Partnership committee, comprised of representatives from the county, multiple school districts, Ramsey County Children’s Mental Health Collaborative (RCCMHC), Suburban Ramsey Family Collaborative (SRFC), and the contracted provider agency to inform and help advance work through the grant. Committees or individual roles were established in the following areas to advance aspects of the work, in alignment with SoC principles and to meet the requirements of the grant: Family Engagement, Youth Engagement, Health Equity and CLAS Standards¹, Social Marketing, Service Implementation, and Evaluation. Both leadership of, and participation in, these committees has changed over time due to staff turnover and shifts in priorities in response to COVID-19. In addition, as Ramsey County began to shift its focus to considering primarily how to advance work in these areas through the Wraparound service pilot to broader systems change, the collaboratives have become increasingly involved in family engagement activities.

Management of Ramsey County’s SoC efforts has gone through a number of changes over the last four years. Prior to October 2019, SoC efforts were managed largely by the county staff member responsible for preparing the county’s proposal to receive funding from DHS. It was then co-led with another county employee who has a long history as a county social worker and strong community connections. In 2021, the county staff member who was the primary liaison with DHS and also managed the SoC project retired. The county staff who was co-leading moved into the position of interim director and systems lead. Since then, one of the community partners stepped into the role of coordinating and facilitating the meetings.

Throughout the changes in leadership, meetings occurred monthly and decision-making continued to be an open, collective process, with members of the Local Partnership committee regularly receiving information and being asked for input.

Key partners

Through its Local Partnership committee, Ramsey County has engaged a wide range of partners in its SoC efforts, including both local children’s mental health collaboratives (RCCMHC and SRFC), representatives from multiple school districts, and Change Inc. (now merged with Guadalupe Alternative Programs, or GAP). Change Inc. provided Wraparound (WrapMN) services from the start of the SoC efforts through September 2021.

At that point, SoC efforts were delayed by both state and county systems and processes. DHS enacted a stop-work order from October 2021-February 2022 while they applied for a no-cost extension from SAMHSA. When the extension was granted, DHS and the county negotiated a contract amendment to continue the work, halting the work until the contract amendment was fully executed. During this time, all work paid for under the System of Care grant needed to stop.

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.

In December 2021, Change, Inc. discontinued their participation in the System of Care project, which led to further delays in the contracting process. Change, Inc. explained that despite turning to other funding sources such as COVID relief funds, they were unable to financially sustain their work in providing Wraparound. Funding resumed for the grant when Ramsey County found another entity that could offer the same scope of work as described in the proposal. In July 2022, Ramsey County Children’s Mental Health Collaborative (RCCMHC) stepped in to replace Change, Inc. in their role with SoC efforts. While RCCMHC’s SoC efforts do not include implementing WrapMN, they are implementing the value components.

Cross-sector collaboration

Representatives of the Local Partnership had mixed impressions of the degree to which the SoC grant has improved cross-sector collaboration. After the stop-work order, some project representatives described a decrease in meetings and other communications. Others noted that, as a result of the grant, Change, Inc. and the county were able to work together and strengthen their relationships. Change, Inc. appreciated the support they received from the county, from the clinical services lead, and from Wilder. Additionally, after the pandemic began, RCCMHC increased collaboration with hospitals. They were able to develop a rapid response for youth who did not meet the criteria for hospitalization due to mental health needs. They now have greater collaboration with the emergency department, the county’s crisis response, and the schools. While their cross-sector collaboration increased over the last couple of years, the collaborative felt that it is not necessarily because of the grant. The collaborative explained that it was their goal to improve and strengthen the children’s mental health system before the grant.

I think all the people involved in this work are good people, good professionals, and well-intended. I'm glad to have worked with them and hope to in the future. My critique would be more about the processes in the governmental bureaucracies and the rigidity of the model that was chosen. It was a pleasure to work with all of the people. – Project representative

The county has been a much better partner with our collaboratives and systems in Ramsey County since the pandemic started. We've developed some really good relationships there. I just don't think that it lived at the System of Care table. – Project representative

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. Despite discontinuing the WrapMN model, all project representatives have expressed their commitment to advancing system of care values beyond the grant. Representatives from the Local Partnership committee described how they see these values being advanced through their work.

- **Family-driven.** The project representatives understood that a key tenant of the Wraparound process is that it is family-led and youth guided. However, Change, Inc. felt that some parents had negative experiences with the NWIC model of Wraparound because it was too rigid and intensive. The agency explained that families with significant needs decided to stop participating in services because they were too overwhelmed by requirements of the model. Some project representatives saw the rigidity of the model as being at odds with being “family-driven.” For the collaboratives, family engagement is seen as foundational; the RCCMHC is co-chaired by a parent. Additionally, there are approximately 70 parents and caregivers participating in the collaborative’s Family Services Committee. This committee advises the RCCMHC Governing Board on services, policies, procedures, and systems-building practices that affect youth and families. In response to requests made by parents, the collaborative also provides Family Support Specialists who can help with resilience coaching, resource navigation, care coordination, and other peer support as requested by families. The support and trainings are provided to families as requested and free of charge.

Caregivers who completed the interviews about their experience with WrapMN shared that they appreciated how they were spoken to and that their input was important.

I like the way they speak to us. We can understand where they are coming from. They don't just talk to [the children], they talked to me and what I can work on. I am a client, too. – Parent/caregiver

They always ask me if it works for me and how I want to do it. They always ask for my input. They always tell me if I don't agree with something that I can speak up and that I'm the parent and I can share if I don't agree. – Parent/caregiver

- **Youth-guided.** At the time of these interviews, some youth were in the process of developing a youth committee for Ramsey County. Two youth will also sit on the RCCMHC Governing Board. Additionally, RCCMHC surveyed over 900 youth in 2021 to ask what services youth want and need. One of the needs that youth asked for is an online space where they can learn, share, and make connections with other youth who care about mental health. This led to the creation of monthly meetings for Ramsey County youth called “Moodie Mondays.”
- **Culturally responsive.** The project representatives all felt positive and confident that the SoC values will continue to advance in their respective school, agency, and department beyond the grant. Change, Inc. has fully embraced the three CLAS standards and are using it to assess their work and their organization. They have created an interdisciplinary team to focus on the CLAS standards. Change, Inc. recognizes that everyone has individual work to do and are at different places of the continuum. They are committed to providing resources, including time and money to support the growth and development of culturally responsive staff. RCCMHC is addressing interpretive services by providing family support specialists who can help families navigate the mental health system. The collaborative is also committed to having a group of members who speak a diversity of languages, including American Sign Language. The county understands that their best work comes from culturally responsive services and now has a solicitation for culturally specific mental health providers.

Perceived benefits of System of Care

Although WrapMN was discontinued, representatives from the Local Partnership committee felt positive about the work that was done to strengthen cross-agency collaboration and the relationship between the county and providers, and advance the system of care core values. All project representatives shared a common commitment to sustaining these values after the grant ends.

The benefit actually of having been a part of the system of care project is being introduced to the CLAS standards. We've really embraced them - I appreciate just picking out the three ... what we've done with CLAS is take a look at our entire agency, and that includes an alternative school program, all of our school-based mental health work, as well as clinic work, and some other things. And we're just using the CLAS standards to assess our whole work and our organization, and that work continues. So I think it's great. – Project representative

However we can make sure that [youth and families] are central to services and their voices matter that should just be the way that we do work. – Project representative

Those are already the core values that are the backbone of the 90 collaboratives in Minnesota. So here in Ramsey County, our collaborative, the Suburban Ramsey Family Collaborative, if you look at our vision, mission, goals and all of the different pieces that we stand for, it reads exactly like a System of Care manual. So that will continue. That existed before, that will continue now. – Project representative

For the core values and CLAS standards, I think that that's where the field is heading as a whole and we have to figure out ways to work with the community. – Project representative

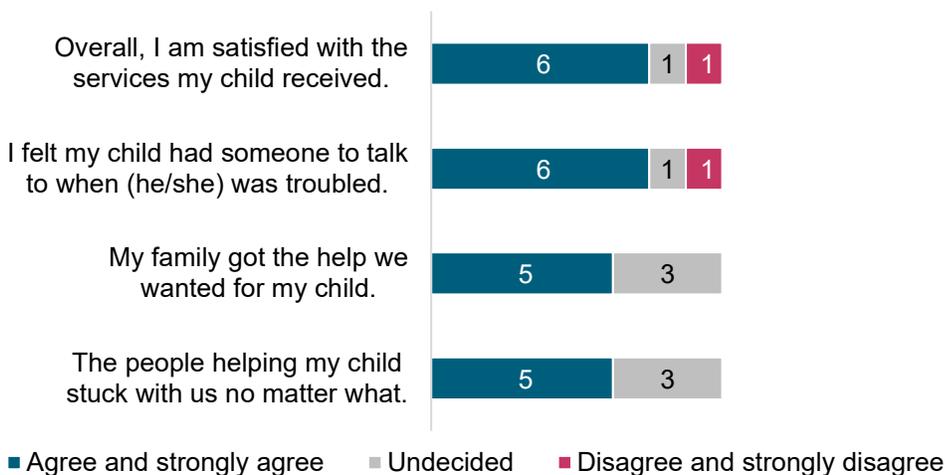
The positive news is you don't need money to sustain the values of System of Care. What we do need is a champion for it or champions that will continue to do that kind of circular work. You'd never be done doing that, in the state, or in the county, or in this area. – Project representative

Perceived benefits of WrapMN

Benefits identified by parents and caregivers

Parents and caregivers were asked a number of questions about their satisfaction with services in the baseline interviews. Of the eight caregivers who responded to these questions, six reported that overall, they are satisfied with the services their child receive and that they felt that their child had someone to talk to when they were troubled. More than half (N=5) felt that their family got the help they wanted for their child and that the people helping their child stuck with them no matter what.

9. CAREGIVERS' SATISFACTION WITH SERVICES (N=8)



Parents and caregivers who completed the baseline interview shared what they liked about WrapMN.

- **Additional support.** Parents and caregivers felt that having someone else providing support to their child was helpful.

Lightened my load as far as distance learning. Giving someone other than me to give her guidance. She is not really listening to me. Her psychologist comes over and we talk about what to teach, how to set goals for school and teacher, and how to be responsible. – Parent/caregiver

The Wraparound worker is always there to call. Even on the weekends, if my son calls he answers. – Parent/caregiver

- **Understanding staff.** Parents and caregivers appreciated the ability to vent and talk to someone who understands what they are going through, including having access to the honesty and expertise the Wraparound worker provides.

I would say it's nice to talk to people who understand what the boys are going through with their diagnoses ... So I would say thank god for those tools because I probably would have given up by now. But just being able to talk to people that understand what I'm going through and be able to vent frustrations and learn new tools...that's been the most helpful. – Parent/caregiver

They don't treat me like a client but as a human being. They just talk to me as a person and we talk about that we don't want my son to become a statistic. They tell how to be real and to be honest. – Parent/caregiver

How they are open and how they talk to me. I'm a Black single mother and they keep it real with me. – Parent/caregiver

- **Improved behavior.** Parents and caregivers felt that their child behaves and responds better to their Wraparound worker.

When they take him and they do things he really likes it and he tries to behave. He'll listen and do what he is asked. When he is gone, it is a little break and is peaceful. He gets along with siblings. – Parent/caregiver

- **Holistic approach.** Parents and caregivers liked that services take a holistic approach and consider things from all angles (e.g., home and school life).

That it doesn't look at just one angle. It takes everything into consideration... like school just thinks about school, but Wraparound thinks about school, home... it's more encompassing. – Parent/caregiver

Challenges with System of Care

Early on in the grant, staff and partners most closely involved in WrapMN implementation clearly described the challenges of piloting a new service model in the current social, economic, and political context. Six months into this first year of implementation, the COVID-19 global pandemic began, impacting health, employment and economic stability, social connections, and the educational experience of the students and families Ramsey County hoped to reach through the grant. Two months later, the community bore witness to George Floyd's murder, sparking civil demonstrations and protests against police brutality. These events, further confounded by the agency's two care coordinators leaving, created tension in how to best support youth and families while adhering to the service model. Additionally, the agency that was providing Wraparound along with their youth and families, suffered additional trauma when a mentor staff was shot and killed in March 2021.

Within this broader context, Local Partnership members also identified additional service- and system-level challenges that have impacted implementation:

- **Stop-work order.** Despite turning to other sources of funding, the stop-work order enacted from October 2021 to February 2022 and related delays at the county were a challenge that Change, Inc. was not able to overcome. Change, Inc. provided services to families without funding from DHS for about three months before making the decision to cancel their grant in mid-December 2021. Project representatives felt that the stop-work order occurred just as project partners were gaining momentum after initial challenges with enrollment and the pandemic. The stop-work order also occurred as partners were developing a sustainability plan. Some project representatives are left with a negative view of the grant work and felt that the stop-work order conveyed a message that did not value systems-involved youth and families.

The stop-work order was a very disrespectful challenge. Just a few years ago, we prioritize black mental health, and for whatever reason we had a stop-work order and we did not have communication ahead of time to work with families. It caused us to lose our families. When the decision was made, they were not thinking about the children. It showed a lack of commitment to the needs of black and brown children. Whatever the reason that caused the stop-work order, the state should have worked with the county to figure it out. – Project representative

How that ended with us getting no money it kind of speaks to, there really isn't a system of care in that the government bureaucracies being what they are, the really decent humans that we work with in the project, couldn't get things done. And so it really is the community provider that takes the risk. The government people continue to draw down a paycheck, but the community provider is expected to I don't know. So here were these like 17 families and it appeared to me that no one really cared about them. I think that's the piece, you can't stop work when you're working deep in community and you're working in cultural communities. –Project representative

- **Requirements of the NWIC Wraparound model.** Some project representatives shared frustrations concerning the requirements of the NWIC model of Wraparound. Additionally, some project representatives felt that the decision to prescribe the specific model of Wraparound was made without input from mental health professionals and families who were Black, Indigenous, and People of Color (BIPOC). Project representatives felt positive about the general concept of Wraparound. The challenge was the burdensome oversight and prescriptive requirements of the specific model. The partners felt that the requirements of the NWIC model made it difficult to provide services in a culturally responsive way. One example is the short amount of time required to complete a family case study (30 days). More time is needed to develop a trusting relationship, particularly with BIPOC families who may have experienced trauma from systems such as child welfare, family court, schools, and other child-serving institutions.

The other adaptation that we sort of banged on with NWIC about was this 30 days, there's a timeline when things have to be done and we came to appreciate that. That's probably because where they have their successful models in the country, it's tied to billing [Medical Assistance] and that's where that quick timeline comes in. But we, my staff, made the case that we can't promise that we're gonna get this thing, this case study or story or whatever the name, the thing was called, I forget, in a month, because it might take us a month just to get them to trust us, to start to talk about their story. – Project representative

The way it's written now without input from BIPOC MHP [mental health providers], it's not for BIPOC families. It's to be in compliance—it's a compliance model, not a support-base model. It did not work. As we worked with families, we would give feedback. And the pushback said, "But the model said this." So in the future, the right people need to be at the table to decide if the model works. Whatever model that is used in the future, we need black and brown MHP to determine if the model will work. The model had no room for flexibility. It felt like if you want to continue to receive funding, then you need to do this. That's not partnership. – Project representative

Yes, we briefly participated in the Wraparound. That was a hard decision. It felt uncomfortable talking to the lady about the issues we were going through. We introduced ourselves and had an interview and cut it short. We felt that the person should have known all of the issues already, so going through the interview brought up a lot of the emotional stress we had already gone through. Maybe the interview should have been with the person and I, and not with my child. We could have talked about the information together about her dad and life previously without my child present. Then I could go over the information and ease my child into the process of talking with a stranger. – Parent/caregiver

- **Funding and sustainability.** Project representatives also felt uncertain about how Wraparound would be sustained without additional funding support after the grant. There was hope in the beginning that it would be reimbursable through Medical Assistance or covered as targeted case management.
- **Turnover at the leadership level.** Some project representatives also felt that the retirement of the county planner created challenges, including a loss of deep institutional knowledge, relationships, and the know-how to achieve goals in a large bureaucratic system.

The contract manager from the county was fantastic. She just knew how to get things done, there's just those people in those big bureaucracies that know how to get things done and she was one of 'em. And so I would say, the great communication, the meetings, the agendas, the structure I, give big props to her. Unfortunately, she retired about a year ago, I believe they didn't replace her. So the county just didn't have the infrastructure to play their role. And so if you think about system of care, that makes things pretty fragile as well. It's easy to say, okay, here are the big chunks of partners that need to be at the table, but it really falls down to the individuals within those structures. And when you've got somebody of the caliber that she was, things are gonna move along. But if you don't have that person, it's very difficult. – Project representative

Challenges identified by parents and caregivers

During the baseline interviews, caregivers were asked about the impact of services on four areas related to family stress. Almost all caregivers reported a negative impact on the quality of relationships within their family (90%). Most caregivers reported a negative impact on their ability to work or follow through on other responsibilities (80%), on their family's financial situation (70%), and on their ability to have personal time (70%).

10. FAMILY STRESS BECAUSE OF THE SERVICES RECEIVED (N=10)



Parents and caregivers also described the ways that the services their child and family received were challenging.

- **Too intensive.** Parents and caregivers pointed to activities being too time-consuming and too intensive.

I guess just waiting for things to...waiting out the process of everything. Everything is like a step and each step has a process and just getting to the right person, getting to the step, and then waiting out the process is a little stressful. - Caregiver

Trying to keep up with everything. He is getting so many services. - Parent/caregiver

- **Inconsistency.** Some parents and caregivers also felt that there was a lack of consistency with meetings and communications. The stop-work order may have contributed to the lack of consistency and follow-through.

When they don't follow through. When they change meetings and not everyone's in the meetings, so that's the problem. - Parent/caregiver

Just COVID-19. We haven't really been able to get a good grasp because of the quarantining and the social distancing. - Parent/caregiver

- **Service limitations.** One person described the county not paying for services as a limitation.

There was a couple times I needed things to get a kind of service. It kind of went through for respite care, but it fell through, because the county wouldn't pay for it. It went around for six months or a year. I stopped because I couldn't do this anymore. - Parent/caregiver

- **Staff turnover.** One person also pointed to delays in services due to staff turnover and social distancing.

The fact that we had one person originally but she disappeared and it took a while to find someone else. - Parent/caregiver

Recommendations

Project representatives identified a number of lessons learned and recommendations for DHS and other counties or communities who may be considering doing this work in the future:

- Consider “practice-based evidence” in addition to “evidence-based practice” when determining a service model. Seek clinical expertise from those working closely with the community as well as input from the affected youth and families themselves.
- Consider contracting with multiple provider agencies rather than only one. This can provide an opportunity for different agencies to troubleshoot together, learn from each other, and offer each other clinical expertise support.
- Take full advantage of mental health collaboratives and look to them as resource hubs that can act as the connector for systems of care work in each community.
- Continue to prioritize collaboration, making sure to establish clear roles and expectations, a clear communication path, and a shared commitment of the SoC values.

I think the idea that we want to serve kids and families and communities in a relational and systemic way is good. And there's no one of us that can do all this by ourselves. So I'm all for collaborations and gathering partners together and figuring out what your lane is, what my lane is, that sort of thing, and working together. I'm all about that. I think that's gotta be the way the work gets done. – Project representative

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 Ramsey County, contact Windy Ross windy.ross@co.ramsey.mn.us.

For more information about this report, contact Julie Atella at Wilder Research julie.atella@wilder.org.

Author: Sophak Mom

SEPTEMBER 2022