Minnesota System of Care Expansion Grant

Region IV 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. Region IV received its subaward from DHS in January 2019. Drawing on insights from 10 project representatives from the counties and partnering provider agency, and administrative data provided by partnering provider agencies, this summary describes the region's efforts to date.

System of Care efforts in Region IV

Clay, Grant, Otter Tail, and Pope counties (Region IV) are using System of Care (SoC) funding to pilot implementation of Collaborative Intensive Bridging Services (CIBS). Region IV hopes to eventually extend services more broadly to include Becker, Douglas, Stevens, Traverse, and Wilkin counties.

Beyond reductions in out-of-home placement in residential settings, including reduced number of placements and length of placements, representatives hope to fundamentally change out-of-home placement practices in the region. Rather than sending youth far away from their community, only to have them return to unchanged family dynamics, SoC stakeholders are striving to keep youth close to home and improve family coping and management skills.

Regional representatives plan to focus more on the SoC values of youth and family engagement, and ensuring services are culturally responsive, during the remainder of the grant period.

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.

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

- Sustaining CIBS services
- Improved youth family functioning and stabilization
- Streamlining rather than duplicating services, and ensuring services are family-driven and child-centered
- Shorter and fewer residential placements, and placements closer to the community
- Building community capacity in the region to serve families across a continuum of care

System of Care leadership and governance

Clay, Grant, Otter Tail, and Pope counties each have a local team of key SoC staff and stakeholders. These teams also all come together for regular meetings to plan SoC work for Region IV as a whole. A majority of Region IV representatives interviewed had been involved with SoC efforts since the beginning of the grant. Involvement from Local Advisory Councils (LACs) into SoC efforts varies from county to county. Conversations have been held with the Clay County Collaborative regarding family engagement efforts in the region. Each county has taken individual approaches to youth and family engagement—despite the challenges this brings, a benefit is that each county also has strategies that can be shared and resources that can be leveraged across the region.

Key partners

Region IV contracts with Lutheran Social Services (LSS) at two regional agencies to deliver CIBS services, a partnership that has strengthened and intensified as a result of SoC. West Central Regional Juvenile Center (WCRJC) has committed to providing a short-term residential intervention (Phase II of the CIBS model) for youth who began intensive family and individual services with a CIBS therapist at home (Phase I of the model), but require a more intensive level of care.

Representatives noted that collaboration has increased across both agencies and counties as a result of SoC. Through cross-county collaboration, key partners have been able to learn from participating counties' similarities and differences, effectively brainstorm, and be more creative when addressing challenges.

> *We know the people personally. We can call them up and they know who they're talking to. We understand each other's capacities. We all kind of know what resources are available, the population, and the transportation issues. We also share some of the provider systems, which is very helpful.*
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> *We've been able to draw on the strengths of the four counties to meet the same end. I think it's one of the reasons that projects like this don't tend to succeed in small counties unless they partner, because they simply don't have the scale or the bandwidth to manage it. Now we three supervisors and lead workers throughout the entire four counties—they can spread the work a little bit, and work in the areas that they're specialized in.*

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 county described how they see these values being advanced through their work.

- **Family-driven.** While there is some parent representation on regional LACs, parents haven't directly provided input on SoC to-date. Regional stakeholders hope that parents will be interested in getting involved once they have experienced CIBS services.
- **Youth-guided.** Region IV staff have completed youth engagement training, and surveyed youth in order to gather input. Local child and youth councils have taken the lead in developing youth engagement strategies. In partnership with the Minnesota Association of Children's Mental Health, one-on-one interviews with youth at the West Central Regional Juvenile Center, as well as youth involved in a local STAY program, were being planned.
- **Culturally responsive.** Representatives from all four counties acknowledged that more work should be done to ensure services are culturally responsive--not just in children's mental health, but also in child protection, disability services, financial services, and adult mental and behavioral health. The region had interpreters in place prior to the SoC grant, as well as training opportunities for staff, but the counties addressed the need to look more closely at policies and procedures.

Project representatives recognized that changing 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.

> *I don't think you see long-term success with families and even communities unless everyone is engaged in the process and everyone is on the same page and moving towards the same end.*

CIBS implementation

Region IV focused its grant-funded service on implementation of 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. Regional representatives described the ongoing CIBS support received as invaluable.

[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.

Capacity and infrastructure

The initial provider agency that Region IV approached to deliver CIBS ultimately didn't have the capacity to provide services, which led to implementation delays. Now that partnerships are in place with LSS and WCRJC, referrals to CIBS are now coming in from all four counties, and some youth have transitioned into Phase II.

Youth and families served

Through the end of September 2020, 12 youth had been referred to and determined eligible to receive CIBS services. Of these, half were known to have had a past intervention in a residential mental health or corrections setting. Three of the youth referred began services in a residential intervention, inpatient psychiatric hospitalization, or shelter care. To date, only one youth who began to receive CIBS services has discharged—in this case, the family withdrew or refused additional services.

Stakeholder impressions of CIBS

Project representatives shared mixed impressions of families' experiences with CIBS services, though, at the time of interviews (May and June 2020), few families had been enrolled. While some families are receptive and hopeful, others have expressed reluctance. Concerns include the intensity of services, not wanting to be a "test case" (as CIBS is new in the region), insurance coverage, and transportation. When trying to identify whether CIBS is necessary and a good fit for a youth and their family, county representatives found it helpful to have strong communication with the youth's current health care providers.

While Region IV stakeholders felt it was too soon to reflect on families' experiences with CIBS, the stakeholders themselves are optimistic.

> *I see this as an opportunity to fundamentally change the conversation. To steer away from the notion of sending a child away and expecting they will come back with a Christmas bow, and save families from having to have the conversation about family dynamics. "Your child has challenges, and you are not a bad parent, but you need to learn new ways to interact with your child to help the whole family unit." The biggest problem with the whole helping profession field is that we continue to do what doesn't work. It's across every area. "This doesn't work, let's keep doing it." "NO!" This is a rare opportunity to put a crack in that.*

CIBS addressed a service gap in the region, as there were no intensive community-based alternatives to consider before seeking long-term out-of-home placement outside of the region. Region IV representatives were of mixed opinion as to whether a full continuum of care was in place—most acknowledged that at least some services and supports are missing, especially in the smaller counties. For services that are in place, lack of awareness was noted. Key partners hope to educate parents, school personnel, courts, corrections, and other providers about alternatives to out-of-home placement, and to get the word out about the array of services available (e.g., CIBS, Psychiatric Residential Treatment Facilities, Rule 79, mobile crisis). Based on a survey conducted by the LAC, families' awareness of available mental health services and how to access them has been boosted by the local home visiting program.

Utilization of crisis response services varies across the region. A mobile mental health program run out of Moorhead serves the counties of Clay and Ottertail, but local crisis teams can't cross the state border to hospitals in Fargo. County representatives acknowledged that a limited number of families call, citing negative experiences and lack of trust. Conversely, Grant and Pope built an internal crisis team, serving a five-county area with practitioners in both the western and eastern portions of the region to ensure quicker response times. The teams do less pre-screening to

determine whether or not they should go out, and do a lot more follow-up. Plans are in place to have CIBS-enrolled youth call their CIBS therapist first when a need arises, and the crisis team as a back-up.

> *We actually were going to use the crisis team more and our [CIBS] provider said, "Oh no. Don't do that. It's our job. We do that anyway." They wanted to be the first call.*

Availability of community-based, natural supports that help families be self-sufficient also varies by county. Representatives from Ottertail County described efforts to partner with the Fergus Falls Salvation Army's Pathways of Hope program, and with a local Family Development Service program, to help families with employment, parenting and family dynamics, working with landlords to address housing issues, and goal-setting. Conversely, representatives from Grant and Pope noted that natural supports are lacking for many families and spoke to a need to ensure families feel invested and engaged in their communities.

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 families preferring to wait until services are provided in-person. One therapist has been willing to continue providing services in families' homes in cases where youth are uncomfortable with telemental health. Despite challenges, telemental health has brought benefits in terms of reducing travel time and accommodating parents' work schedules.

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

- **Uncertain mechanisms to sustain CIBS.** Some representatives from provider agencies lacked clarity about which CIBS services can be billed, and how. Case managers have expressed interest in guidance for families on how to complete insurance paperwork.
- **Delays in getting CIBS up and running.** Region IV encountered difficulties finding therapists, finding a mental health provider that had capacity to deliver in-home therapeutic services, and finding families that were the right fit for CIBS. Once a contract was in place with Lutheran Social Services, Region IV was able to gain momentum and move forward with implementation.

  > *When this all rolled out, we asked "Can each little county come up with two referrals each for this program?" I thought, "Of course that's not a problem. Easily in 5 minutes we can come up with more than four." But, when looking, I guess this one is too young or this one is on probation or this one has autism. It's not the program—it's been significantly more difficult to find families that would be accepted referrals.*

- **Lack of initial clarity on the scope of SoC deliverables.** Regional representatives expressed interest in more concrete examples of the SoC deliverables and further clarification about the expectations for these deliverables. The separate requests from DHS and each state partner has felt overwhelming and not cohesive. The need for more training and technical assistance around CLAS and parent engagement was acknowledged—especially given the varying sizes and demographics of the counties. Representatives wished for recommendations, strategies, and resources that are relevant for more rural communities.
- **Transportation and long distances.** Travel time for in-person sessions with CIBS therapists continues to be a challenge in the region. Providers drive up to an hour each way to meet with youth and families. Travel time is not reimbursable, and the time needed for travel limits the number of youth and families that can be served.

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.** While a majority of CIBS services are covered under Medical Assistance, regional representatives expressed concern about sustaining ongoing training costs needed as there is provider turnover.
- **Increasing the number of CIBS-trained therapists and case managers.** An expanded provider pool would help reduce waitlists as well as provider burnout.
- **Having a system in place for gathering input from youth and families.** Region IV counties are working to gather input through surveys and interviews. Ottertail noted that refugee and Hispanic families are underrepresented in their mental health system, but no information is currently available as to whether that is from a lack of awareness, a lack of trust, or other issues.
- **Reviewing policies and procedures with a cultural lens.** Clay and Ottertail are taking the lead on reviewing policies and procedures, as well as their Civil Rights Plan, with the goal of embedding the CLAS standards more broadly across the counties.
- **Changing parents' expectations.** Project representatives want to ensure parents understand what work needs to be done in the home to set their family up for success. Efforts include having parents identify their goals, make decisions for their family, and advocate for their needs.

> *We want them to have an understanding that a child with mental health needs is going to have different needs, and it doesn't make them a good or a bad parent. Give them tools to recognize that, understand that, and work within that. [Parents] can also give that to other providers who work with their kids, like the schools and other entities. Then the children will end up being served better.*

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