DEPARTMENT OF
HUMAN SERVICES

Minnesota System of Care Expansion Grant

Collaborative Intensive Bridging Services Summary of Metrics

September 2022

Contents

Summary of Collaborative Intensive Bridging Services

Collaborative Intensive Bridging Services (CIBS) is a treatment program designed to serve children age 8 to 17 and their families in circumstances where the child's mental health symptoms exceed what community-based services can address and they are eligible for residential treatment. This multi-faceted, strength-based model is based on Multisystemic Therapy (MST). It relies on intensive in-home therapy with active parental engagement, and often a brief, intensive residential treatment facility placement (referred to as Phase 2). The goals of CIBS are to:

- Stabilize a child's behavior so that they are able to live in their home and access community-based services.
- Help develop parenting, communication, and relational skills that support a youth and promote a family's ability to function.
- Improve a family's ability to effectively manage a crisis.
- Provide seamless coordination of care to a family to minimize multiple mental health service providers across differing stages of treatment.

CIBS grantees

The Minnesota Department of Human Services (DHS) was awarded a four-year System of Care (SoC) grant by the Substance Abuse and Mental Health Services Administration (SAMHSA), covering September 2017 through September 2021, with a one-year no-cost extension to allow the grant to continue through September 2022. The process of reviewing proposals, selecting sub-recipients and executing contracts spanned July 2018 through March 2019. DHS funded six CIBS grantees: Crow Wing County, Dakota County, Goodhue County, MN Prairie, Olmsted County, and Region IV.

It should be noted that due to funding and contract delays associated with the no-cost extension, there was a gap in services for all grantees from October 2021 through approximately February 2022. When work was able to resume, Olmsted County chose not to continue with the grant.

This report summarizes grantee efforts, reach of services, perceived benefits and challenges of the model, and lessons learned from this implementation. The data from this report comes from a multi-faceted evaluation, including: gathering perspectives from caregivers and agency and provider staff through interviews and surveys, a conducting a fidelity assessment, and reviewing administrative data. For more detailed information about the evaluation, see Appendix A. Please note that throughout this report, a theme is identified when at least three people shared a similar thought, unless specifically noted otherwise. Themes are reported in order based on the frequency with which they were discussed. These themes came from qualitative data collection. Therefore, just because a respondent did not share a particular idea, does not mean the idea did not pertain to them. They may simply not have discussed it.

CIBS implementation

Timeline and training

On average, it can take a county four months to build the necessary capacity to start implementing CIBS from the first meeting with senior management to completion of provider training. The timeline assumes that a qualified therapist has been identified and is available for training. An additional two months may be needed to train the county's selected residential treatment provider. Initiating CIBS services at a regional level, rather than a single county, may extend that timeline. It is also important that staff providing and supervising CIBS receive ongoing booster trainings and coaching. This will ensure that the model is followed with fidelity and that providers have the support they need to tailor the model for the families they serve.

SYSTEM OF CARE

The Minnesota System of Care for children's mental health is a coordinated network of effective, community-based supports and services designed to meet the needs of children, youth, and young adults with serious mental health challenges, and their parents and caregivers. This innovative initiative exists to create better outcomes for children and youth in Minnesota and their families by bringing together the work of many partners across the state.

An accessible and collaborative network of mental health treatment and support enables families to connect to the right level of care at the right time and place, reducing the need for more restrictive and costly interventions. System of Care values include youth-guided, family-driven, and culturally responsive services.

Duration of participation

Families participated in CIBS from 1 to 27 months, with the median amount of participation time as seven months. To date, 89 of the 107 youth who began to receive CIBS services have been discharged. Of those discharged, 41% were due to mutual agreement of completion of services. Other reasons for the discharge were youth being admitted into other treatment/residential programs, referrals to other services and supports, withdrawing/refusing services altogether, or moving.

Fidelity

Fidelity assessments have been gathered throughout the grant through a review of randomly selected cases. Results from 150 total entries showed that there were specific core components that were more likely to be implemented with fidelity than others. The components most likely to be implemented with fidelity included:

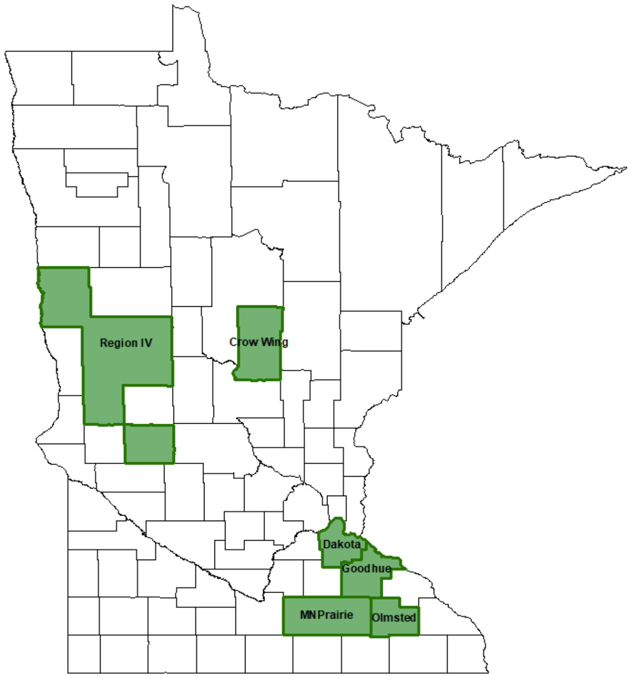
- Systemic factors are prioritized to determine treatment focus.
- Treatment goals are clear and measurable.
- There is active involvement of the youth and family in treatment, as evidenced by inclusion of youth-guided and family-driven goals.
- Therapeutic work focuses on taking action to create alternative experiences and change.

The components least likely to be implemented with fidelity included:

- Treatment goals and services reflect the unique culture and values of the youth and family.
- Treatment progress is assessed using both informal and formal supports involved with the family.
- The youth and parent's informal support system is identified and involved in treatment.
- Treatment goals and strategies incorporate youth's and parent's strengths and abilities.

The fidelity assessment also included an indicator of dosage for each selected case. To maintain fidelity, families are expected to be involved at least 3 hours and 2 contacts total per week. The proportion of cases that met this minimum dosage varied over time, from a high of 89% of entries in fall 2019 to a low of 32% of entries in summer 2021. The COVID pandemic and use of virtual appointments, likely affected this dosage.

1. SYSTEM OF CARE CIBS GRANTEES



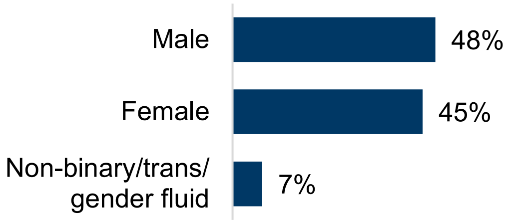
Characteristics of families served

As of mid-July 2022, 146 youth have been determined eligible for CIBS services through the SoC grant, and 107 have received services. Not all eligible youth have received services due to factors such as waitlists, provider turnover, and families opting out. Further, the gap in funding due to the no-cost extension delays led to some families moving into different services in order to meet their needs while CIBS was unavailable in some communities.

Youth demographics

Of the 107 youth served through CIBS, slightly over have identified as male (48%; Figure 2) and the majority identified as White (79%; Figure 3). In addition, three-quarters were between age 13 and 17 (median age=16; Figure 4).

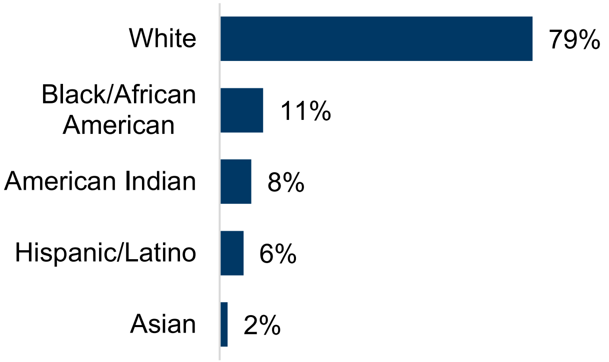
2. YOUTH SERVED BY GENDER (N=107)



Note: Due to rounding, percentage may not equal 100%.

Source: Administrative data

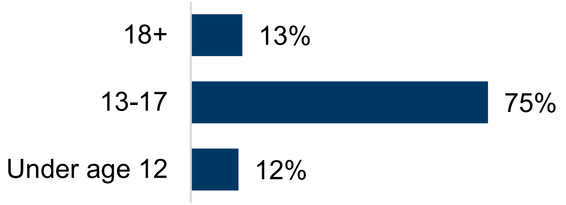
3. YOUTH SERVED BY RACE (N=107)



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

Source: Administrative data

4. YOUTH SERVED BY AGE (N=107)



Note: The age range for CIBS is 9-17 with some exceptions.

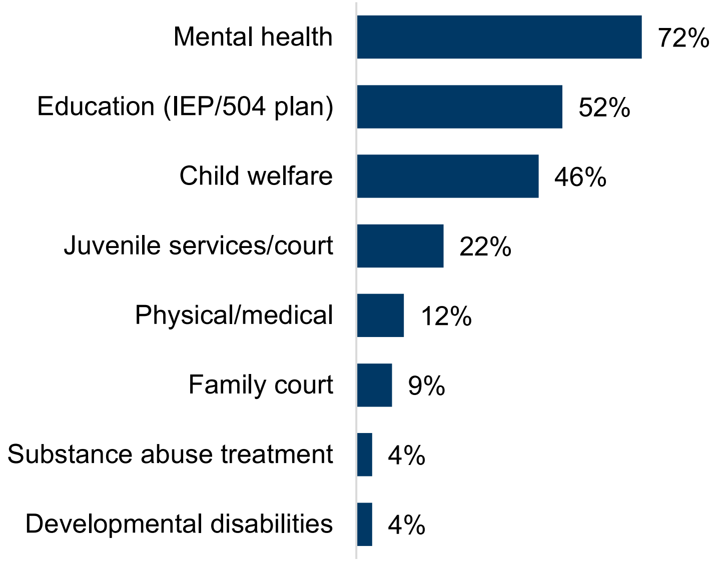
Source: Administrative data

Youth system involvement

Providers were asked whether eligible youth had ever been placed out of the home prior to referral to CIBS. Based on the 65 responses for youth served with CIBS, one-third (33%) are known to have experienced out-of-home placement. Among those with a prior out-of-home placement (N=35), the most common were placements for mental health (54%) or foster care (49%). In addition, at the time of referral to CIBS, 13% of youth were in a residential setting and 8% were in foster care.

Prior to their enrollment in CIBS, over half of the youth served (52%) were involved in three or more systems. Of the system involvement, mental health was the most utilized with 72% of youth accessing these services (Figure 5). Notably, only 16% of the 89 discharged youth were involved in three or more systems at the time of discharge. At discharge, youth were most likely to be involved with mental health (46%) and child welfare (34%) systems.

5. PRIOR SYSTEM INVOLVEMENT AMONG YOUTH SERVED BY CIBS (N=107)

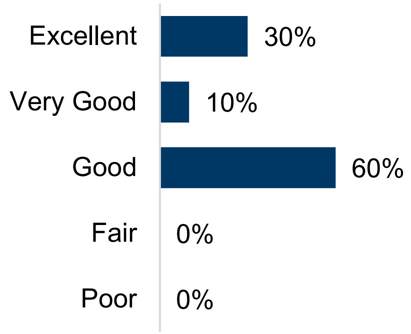


Source: Administrative data

Caregivers' perceptions of child's overall health

During the baseline interviews, caregivers were asked to rate their child's overall health. All caregivers rated their child's health as good (60%) or better (40%; Figure 6).

6. Caregiver's rating of child's overall health at baseline (N=14)

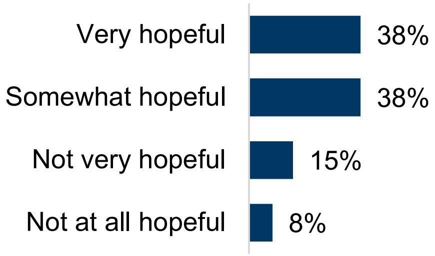


Source: Caregiver interview

Caregivers' hopefulness

Three-quarters of the caregivers who completed a baseline interview were somewhat to very hopeful that things will get better for their child (Figure 7). Eight percent were not at all hopeful at baseline.

7. CAREGIVERS' HOPEFULLNESS THAT THINGS WILL GET BETTER FOR CHILD (N=13)



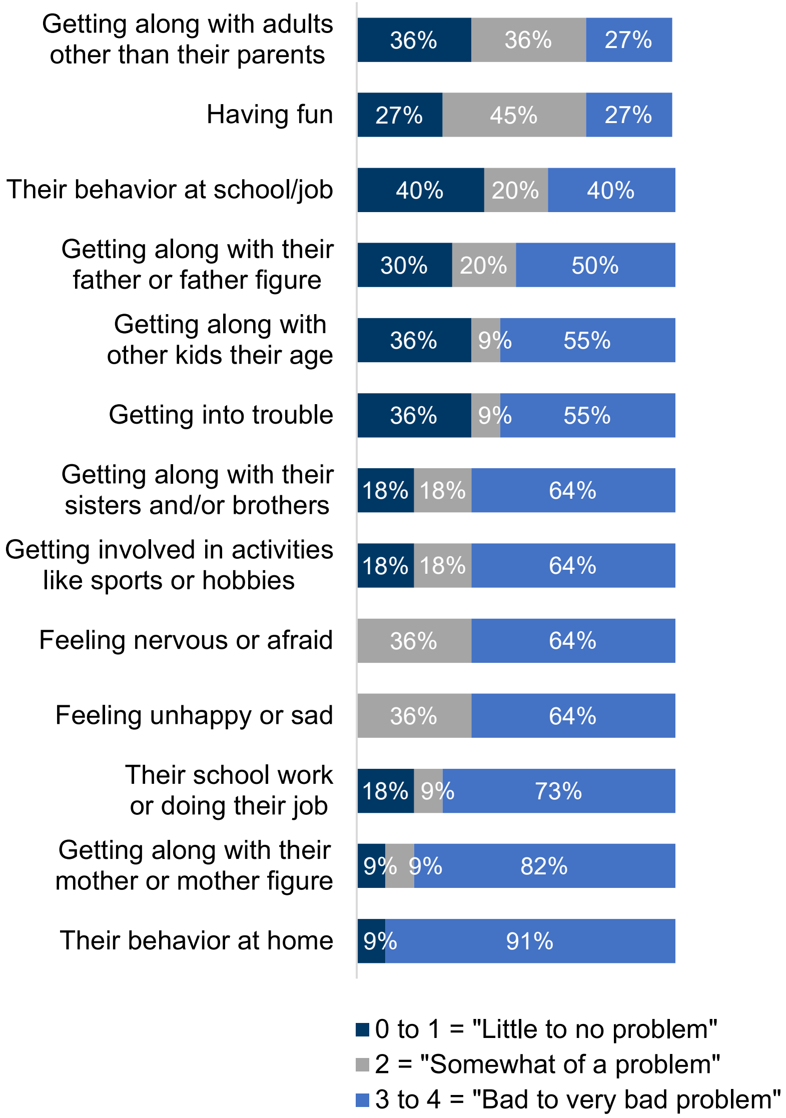
Note: Due to rounding, percentage may not equal 100%.

Source: Caregiver interview

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. The areas caregivers were most likely to rate as a bad to very bad problem were: their behavior at home (91%), getting along with their mother or mother figure (82%), and doing their school work or job (73%; Figure 8). In addition, 64% of caregivers said their youth had a bad or very bad problem with feeling sad, nervous, or afraid; getting along with siblings; and getting involved in activities. Caregivers were most likely to say that their youth had little to no problem with their behavior at school or work (40%), getting in trouble (36%), and getting along with peers (36%) and adults other than their parents (36%).

8. CAREGIVERS' PERCEPTIONS OF CHILD'S DIFFICULTIES AT BASELINE (N=10-11)



Source: Caregiver interview

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] Project team members across the sites described how they see these values being advanced through their work.

Family-driven

In the agency and provider survey, all respondents reported that team members partner effectively with parents in developing care and that parents have an active voice in shaping treatment goals and strategies. Caregivers completing their survey agreed, with 95% reporting that they participated in their child's treatment and 85% saying that they helped to choose their child's treatment goals.

In addition, most interviewed project team members shared that parents and caregivers had a positive experience with the services their family received and that they appreciated the opportunity to be involved in guiding the services and supports, especially when it came to making decisions about their child's mental health services. However, some respondents shared that caregivers were frustrated with the amount of work they had to put into the program and the intensity of it. In some cases, team members felt that parents grew to see the benefits of the time investment the longer they were engaged, but other sites had difficulty retaining families because of this time commitment. A couple of project team members identified that some caregivers wanted their child to be placed in residential treatment, so the focus of CIBS on keeping the youth at home was not a good fit for them.

Most sites described how important it was to engage with the entire family in service provision and planning, and some shared they are committed to continuing this practice after the grant has ended. Only one site had a more formal process for engaging families in decision-making more broadly through representation on a local advisory council or collaborative.

> *I think families, in general, are very grateful, feel very heard and supported. The feedback that I have gotten from a lot is that it is so much – so much meeting and how do I do all that I need to do, while also meeting so intensively with people. I believe that while most families appreciate the work, learn a lot, feel that it's been a great service, they also recognize that it is a lot of work and it's tough and it's time-consuming. – Project team member*
>
> *I think meeting families where they are and moving them towards change. When families start to see that things are changing, and even if there are difficult times, they are not as difficult as they were. And that they have skills and tools that work in those difficult times to manage – I think that's where you get the engagement. – Project team member*

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[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.

Youth-guided

In their survey, all agency staff and most providers (75-85%) agreed that team members partner effectively with youth to develop care plans and youth have an active voice in shaping treatment goals and strategies. In interviews, project team members observed that youth had mixed feelings about their experience, similar to that of their parents/caregivers. From the interviews with the program team, it was noted that the youth appreciated that CIBS focused on addressing family issues versus seeing the youth as the problem. Project team members indicated that youth appreciated opportunities to make decisions about their own mental health as well. Like parents and caregivers, only one site discussed youth participation in a local advisory council or collaborative.

> *I think many of our youth, when they work with this model, feel like they are being heard, and they feel validated about their parents also being part of this and their parents meeting with the therapist, and it's not just them that has a problem. – Project team member*

Culturally responsive

Most caregivers completing a survey agreed that staff treated them with respect (81%). In addition, while 24% to 33% of caregivers responded that questions about their cultural identity did not apply to them, the remaining caregivers reported that staff were sensitive to their culture (100%) and understood their needs and preferences with regard to their cultural identity (95%).

When agency staff and providers were asked about cultural responsiveness in the survey, all reported that they incorporate culturally relevant approaches and resources in their work with families. Prior to the System of Care grant, many of the sites described in the interview how they were already working to build a culturally responsive workforce through diversity, equity, and inclusion education opportunities that they continued or enhanced under this grant. These trainings tended to focus on areas such as cultural humility, implicit bias, white privilege, historical trauma, and working with specific cultural communities. In addition, multiple sites worked to build relationships with culturally specific providers, interpreters, and/or community groups to strengthen their network and increase their authentic engagement with diverse communities. Finally, a couple of sites described efforts to diversify their staff in order to better match the communities they serve. This includes assessing staff capacity and working to recruit or partner with more culturally diverse providers. One site described a specific step they took to address the CLAS standards to assess their contracted partners' policies and training practices and make requirements about integrating CLAS standards into those policies and practices. When asked if the CLAS standards are likely to be sustained after the grant ends, many project partners reflected that the focus on cultural responsiveness is already being embedded into their work, and they are committed to continuing this focus.

> *I think we have made some huge strides when we look at the equity issues, and cultural appropriateness, that we have learned a lot about the value of just offering culturally appropriate resources and supports. And I think that our administration sees and values that, and recognizes the importance of sustaining that. – Project team member*

Perceived benefits of CIBS

Across all CIBS sites, project team members interviewed agreed that the most significant benefit of CIBS is that it provided services and supports that prevented or reduced **out-of-home placement**. Several respondents identified that they did not have services in their community to prevent or reduce out–of-home placements before the System of Care grant. One respondent noted that this model should become a standard practice offered to all Minnesota residents.

> *I think this idea of treating kids in the home with intensive services is a great model, and I really think that we have buy-in here, and that the decision-makers and people are seeing positive outcomes from keeping kids in their homes. I think that will be here to stay. – Project team member*
>
> *I can't speak highly enough about how this has saved a lot of families from sending a kid to a treatment center or other out-of-home placement for a year or something. – Project team member*

In addition, there was agreement among county and agency respondents that CIBS:

- Provided opportunities for increased **collaboration and communication** among a larger multi-disciplinary team from different organizations

> *I think the coordination and communication has been very, very vital for all parties, especially for the families to coordinate the best services we possibly can. – Project team member*
>
> *[A]mazing cross-collaboration. We are able to be intentional about how we can support family and kids in the community, and here's what it is going to look like. That collaboration is very unique to what SoC provides. – Project team member*

- Improved the referral process

> *We have been able to talk about just about anything. And we have been able to problem-solve through some of the issues and come to an agreed upon solution. I think it has made some good connections for all of us, those connections that you feel you can reach out to, to ask questions or for input, guidance – those types of things – about this program or who to connect with related to CIBS and other programs, also. – Project team member*

- Helped increase **access to services and supports**, not just for the youth, but also the entire family. In addition, this includes supports within and outside of the CIBS program.
- Improved **functioning and outcomes** for youth and families

> *I think the long-term impact will come community-wide if you have families who are functioning better. You will have kids missing less days of school, not getting in trouble with the law, having more success individually, which, of course, impacts the community you live in. You have less maladaptive behaviors, which can lead to other issues with getting in trouble with the law and into the criminal justice system. – Project team member*

- Met **families where they were at** and provided services that were tailored to their needs

- Increased the **cultural responsiveness** and reach of services to specific populations

> *Children of color are receiving the mental health services that they need and require versus having found their treatment in the correction system. That's been a change. It's been a change coming for a while. It's going to continue to go that direction. And I think that is a positive. So I would hang our hat on that because some of the kids in our system of care CIBS programming, certainly are kids of color… We're reducing their out-of-home placement numbers as well as their corrections numbers. – Project team member*

- Allowed for more **engagement opportunities** for both youth and their families, not only to engage with each other and the content of the program, but also to engage with a team of service providers
- Greater **community awareness** and understanding of mental health services

Benefits of a Collaborative Intensive Bridging Services Coordinator (CIBS) Coordinator

Dakota County was unique in the fact that they were able to fund a full-time CIBS coordinator through the grant. This coordinator also served Goodhue and MNPrairie. It was clear from the interviews with team members from these sites that this position was both valuable and crucial to the success of the program and their work. Team members shared that the position provided numerous supports and services to the team, including ensuring fidelity to the model, communicating and coordinating with different team members across the system, facilitating Phase 2, collaborating with providers, working to engage families from the start, creating and maintaining relationships with all involved, and answering overall grant questions, among a host of other tasks. Team members noted their desire to find funding to sustain this CIBS coordinator position moving forward.

> *We really had to figure out how we were going to sustain [the coordinator] position because this is such an important component we can't let it go away. I know management had a lot of options to plan around, and county board support to make sure we could keep her position in the whole CIBS program, including her role in helping to expand it in other counties.*
> *– Project team member*
>
> *I think the vetting process with [CIBS coordinator] [has been a strength]. I have heard great things from families about the information she provides, and how she has helped them understand what the process is going to be, and help them develop goals. – Project team member*
>
> *I think [CIBS coordinator] has been really good about communicating as well. Because we have that communication with Sandy anytime that we need it; Sandy has been such a benefit to communicate with; she is amazing. – Project team member*

Benefits identified by parents and caregivers

- Parents and caregivers shared in the interview that the program gave the family **skills and tools** to help them more effectively navigate their child's mental health and behaviors. These tools can be used by the entire family to improve their communication and functioning.

> *The therapists were able to help us through understanding the mental illnesses that we're dealing with, helping us parent her and giving us the tools through therapy. Through therapy, we were able to get tools and words that we can use to be emotionally supportive is a big language. And we learned how to be validating and we learned a lot of parenting skills. – Caregiver*
>
> *They helped develop plans in the home that are effective. Structured things are in place now. Things before were crazy. We have a big board in our living room. That is referral behavior. I use that board to direct the child to make that choice. They are responsible for their own behavior and emotional thoughts. Getting everybody to do their own emotional work instead of me doing it for everybody. – Caregiver*
>
> *We are learning together and we are learning a lot. That's good. We are learning better communication, we are learning coping skills, different ways to parent, respect for authorities. Getting a job. – Caregiver*

- Families noted that CIBS helped to reduce stress by **providing support** for their family and building on the family's **strengths**.

> *For the first time, I felt I had a village of people to help support these kids…The staff have been amazing, I can't say enough. - Caregiver*
>
> *Well they don't tell us what to do, they just provide us with examples. It makes me feel like I'm not alone and gives me ideas on what to work with. – Caregiver*

- Several caregivers also identified that CIBS has helped their **family feel closer** and enjoy their time together more.

> *It's been open communication that has been a huge thing. Everybody is sitting down and talking about what is going on, what has been going on and will go on. We sit down and play games together that are about/around family dynamics. – Caregiver*
>
> *It's helped us to become closer and deal with situations in a more constructive fashion. – Caregiver*

- A few caregivers described how they felt they could **talk openly and honestly** with the therapist. These parents felt heard and understood, and they appreciated that they were positioned as the experts on their children.

> *They offer suggestions and let me know ultimately it's my decision. – Caregiver*
>
> *I felt totally comfortable expressing things... When I shared, they listened and realized they never thought of that. It wasn't a shame on you, it was a learning experience and they were very good about that. – Caregiver*

- Some caregivers appreciated that their providers were **flexible and available** at any time, including nights and weekends.

> *I just want to say they are amazing, they were there for me anytime of the day or day of the week. I could call them at any time to help guide me through what I needed and I'm just grateful for that. – Caregiver*

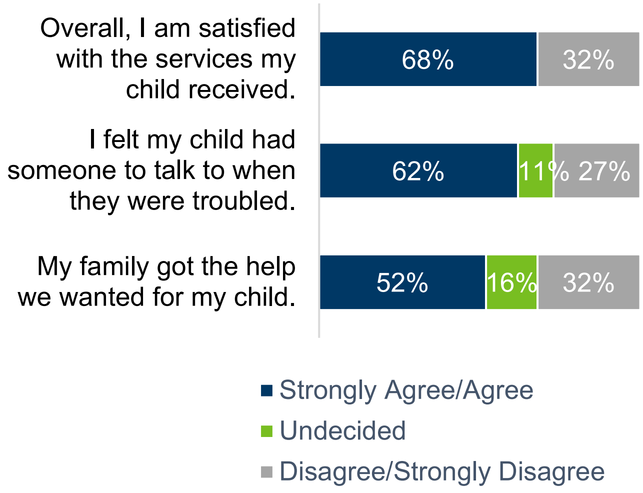
Other benefits shared by parents and guardians were:

- Child has standards and expectations which helps with being compliant in the home
- Service workers provided consistency and accountability, including when communicating and checking in
- Services allowed parents to learn to be independent and take control of their household
- Services help parents find extra support for themselves, in addition to their child
- Family therapy reduced the number of agencies they had to talk to
- Child's behavior has changed (e.g., appreciative of family more, more open and susceptible to change and accepting help, and more helpful)

Service satisfaction

Overall, most caregivers who completed the caregiver survey reported they were satisfied with the services that their child receives (68%; Figure 9). Sixty-two percent also reported that they felt their child had someone to talk to when they were troubled. Due to the timing of this survey, during the height of the COVID-19 pandemic, it is possible that the pandemic affected the options available for youth to talk to. About half of the caregivers felt that their family got the help they wanted for their child (52%).

9. SATISFACTION WITH SERVICES (N=19)

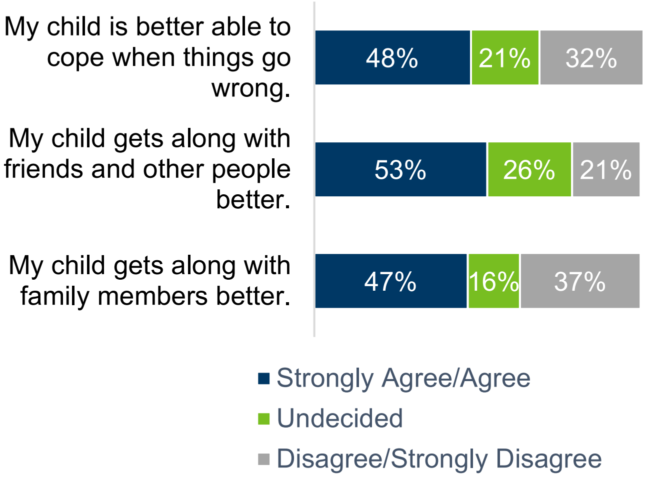


Source: Caregiver survey

Service outcomes

Caregivers were asked in the survey to reflect on their child's relationships with others as well as their behavior since starting CIBS. Of the 19 caregivers who answered, just over half (53%) reported that their child gets along better with friends and other people. Less than half felt that their child gets along better with family members (47%) and is better able to cope when things go wrong (48%).

10. SERVICES OUTCOMES (N=19)



Source: Caregiver survey

Challenges

The onset of COVID-19, an unprecedented global pandemic, forced individuals, organizations, and systems to adapt quickly 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 team members described multiple challenges they have faced as both a direct and indirect result of COVID-19. Additionally, many of the project team members reported that these challenges/barriers have yet to be resolved.

- **Finding and retaining qualified therapists and support staff.** By far, the most prevalent challenge described by all sites has been recruiting and retaining therapists, especially providers willing to engage in the intensive, home-based services required for CIBS. Additionally, project team members noted that hiring and retaining support staff has been extremely difficult recently, something that many other industries are currently experiencing.

> *Staffing – staff turnover and retention. Even just hiring – there is just not a pool of therapists out there who are interested in this work right now; competition is really high, and therapists are choosing other kinds of work – there is less interest in community and home-based work.*
> *– Project team member*
>
> *There is less willingness on the part of therapists to go into people's homes, to work evenings, weekends – this was a hurdle 10 years ago, but then we were able to find candidates – people accustomed to working evenings and some weekends. But today, candidates are very much looking for regular hours (8-4, Monday through Friday). – Project team member*
>
> *Our biggest challenge is just working in rural communities and having enough providers. It's really challenging work, and it's easy to get burned-out on the provider's end. It seems that right now, it's hard to get providers excited about this work, because it's so challenging, and also to keep providers doing this model – CIBS – it's really hard. We have lost providers and not been able to replace them. – Project team member*
>
> *Right now, having the therapist to do the work, that tends to be the biggest challenge, especially in these more rural communities. I know that there are many more referrals out there that would benefit from this level of work and service. However, we don't have the therapists to be able to do that. – Project team member*

- **Waitlists.** Relatedly, project team members across all sites shared that waitlists were becoming more of an issue. While project team members noted there were families that needed the support right away, they were placed on a waitlist due to this lack of staffing.

> *The waitlist is the hardest part, because we sell this as something that is going to be helpful, but now you have to wait. A crisis in mental health doesn't wait until your service is ready to start.*
> *– Project team member*

- **Work with specific cultural groups.** While project team members noted they had been provided training for working with specific cultural groups, they saw that it was difficult to obtain ongoing knowledge, skills, and resources for working with different cultural groups they serve, as well as meeting the needs of these groups.

- **COVID and telehealth.** This includes challenges with engaging families, especially youth, via telehealth and challenges with accessibility, including access to devices, broadband, reliable internet, and technology skills needed to engage in telehealth. This theme also included concerns about youth and parent access to private spaces for telehealth sessions.
- **DHS.** Project team members found it challenging to work and communicate with DHS. This includes difficulty understanding goals and deliverables, and challenges around the stop-work order, which limited work for a period of approximately five months. Additionally, team members would have liked more support and a coherent plan for sustaining the SoC beyond the grant from DHS.

> *It felt like our communication with DHS has not been good. It felt like they used the grant to fund a bunch of state positions rather than the funding going to grow resources in the community. That the funding did not actually result in being supported in our efforts, in the goals of the grant, but rather it felt like they (state) used these positions to make demands, and so it was not a good experience. And the communication was not good. – Project team member*
>
> *I don't know if it was turnover. I think it was lack of communication….It was not a well-organized or streamlined process to be working with the counties. DHS did the best they knew how to do. – Project team member*
>
> *I felt like the guidance that we received from the Department of Human Services around this was lacking. Some of the things that we were told were going to occur, as in assistance with developing our planning, never materialized. – Project team member*

- **Identifying families that are the right fit**. Because the CIBS model can be intense, some families are not the right fit or not willing to fully engage to get the maximum benefit from the model.

> *There are some families that I can definitely tell right away … Is this the right fit? And to really ask those questions. And then some families are just so ready that they are open to doing anything. However, when it actually then gets to the work that needs to be done, it becomes a little bit of a challenge because now that self-reflection that looking at how their work schedule or life choices impact kind of the work that needs to be done. The commitment level sometimes gets to be a little bit more...Sometimes they'll be openly willing to talk about that. And sometimes we will see it with no shows or no progress on goals or things like that. – Project team member*

Challenges identified by parents and caregivers

Service intensity

The CIBS model was designed to be intensive to meet the goals of stabilizing the youth to keep them in the home, promoting the family's ability to function, improving the family's ability to manage a crisis, and providing a seamless coordination of care across differing stages of treatment. However, providers have expressed concerns that youth and families may feel that CIBS is too intensive.

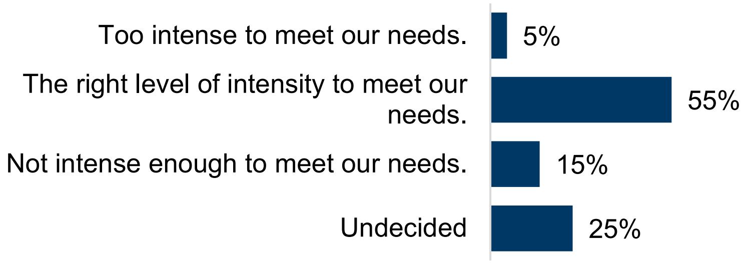
From caregiver interviews, it was clear that the most prominent challenge families faced was the amount of time and effort they were expected to put into the program.

> *It's been very difficult. While I do like the therapies, I feel like it's added more stress because now I'm doing therapeutic things 3-4 times/week. So any additional time I had is now going to therapeutic techniques and skills. Of course I'll do it for the well-being of my kid. The program takes up a lot of time. – Caregiver*
>
> *Just having to schedule so many appointments was stressful and trying to work in the fun stuff because ugh, we've got therapy tonight, so all that was stressful. Let's go get ice cream tonight but oh no we have therapy tonight. So that was just kind of a pain. But the therapy is what ultimately helped us. So that was the stressful part trying to schedule all those therapies.*
> *– Caregiver*

However, in the caregiver survey, parents and guardians were asked to indicate if the level of their service was too intense, not intense enough, or the right level of intensity. Of the 20 caregivers who answered this question, a little over half felt that it was the right level of intensity to meet their needs (55%), while 15% reported that it was not intense enough (Figure 11). A quarter of caregivers were undecided about the level of intensity at the time of completing the survey.

11. CIBS INTENSITY (N=20)

The services my family received were…

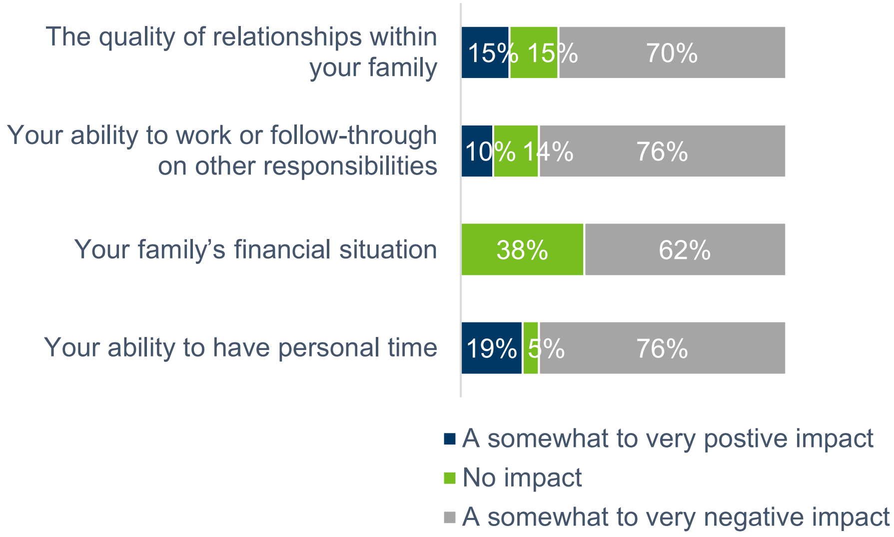


Source: Caregiver survey

Family stress

During the interviews, caregivers were asked about the impact on four areas related to family stress and any changes in stress because of services their child received. Seventy percent of caregivers reported a negative impact on the quality of relationships within their family (Figure 12). Most caregivers reported a negative impact on their ability to work or follow-through on other responsibilities (76%), their ability to have personal time (76%), and their family's financial situation (62%).

12. FAMILY STRESS BECAUSE OF THE SERVICES RECEIVED (N=21)



Source: Caregiver interview

Other challenges

In addition to the challenges associated with the high-intensity services, and the additional stress they add to families, caregivers also identified the following challenges:

- A few caregivers identified that family therapy is helpful, overall, but it's difficult to progress when the **children are not cooperative**.

> *All of these services are supposed to build on our family's strengths. They would help if the child cooperated, but she doesn't. She has fought every service possible. – Caregiver*

- Some families had experiences with providers who they felt **lacked adequate experience** to handle complicated family dynamics.

> *Our CIBS counselor, I feel was not experienced enough to handle our case…I feel the dynamic and intensity of our family relationships was too much for her to handle. The needs of our family were above her skill level. – Caregiver*

- Some families faced **barriers to attending services**, such as needing to find child care to attend parent therapy, transportation issues, or disruptions in services due to their child's out-of-home placement (aside from Phase 2).
- A couple of caregivers discussed challenges with **provider turnover**, including gaps in services when a provider leaves and the need to start over with a new provider.
- Some caregivers expressed frustration that **services and expectations were confusing** and they had difficulty getting answers from the provider or agency staff.

Recommendations

Project team members shared their desire to sustain the program and carry out the core values moving forward; however, to do this they indicated a few priority areas that will be important focal points to ensure the sustainability of the program.

- **Secure funding.** While project team members noted that they have already heavily invested in the program financially, they still need continued financial support and indicated that sustainability depends on future funding.
- **Have a sustainability plan.** Throughout the interviews, project team members shared that they would have liked sustainability planning from the beginning and ongoing support for sustainability after the grant ends. This includes help from DHS with consultation, supervision, social marketing, understanding of how to bill for services, and ongoing training,

  > *Plan for sustainability from day one. Don't put it off, don't have these unrealistic expectations about what it's going to look like; have a coordinated, disciplined, organized plan for sustainability and options for sustainability from the get-go. – Project team member*

- **Increase staff capacity.** Project team members noted that to sustain the program they need to hire more therapists and support staff, and build out systems to retain staff. This would help address the issue of waitlists. During the interviews, team members also suggested that therapists be provided with more support and resources to support overall well-being, like better compensation for their work and appropriate caseloads. In addition, project team members recommended that qualifications of therapists should be revisited to ensure that a larger pool of candidates could be considered for positions. To do this, project team members noted that financial support is greatly needed, as well as advice and resources for where to find qualified staff. Team members suggested that part-time therapists be contracted out to multiple agencies to address the staffing shortages.
- **Strengthen and build new approaches to family engagement.** Project team members recommended that more time and resources be set aside for care teams to get to know and understand the family before starting to provide services and supports. This would require more time and more funding, but is seen as a critical first step in engagement. In addition, while parents and caregivers appreciate being invited to the table, competing demands for their time have resulted in limited representation on governance committees tasked with driving systems change. Project team members expressed interest in developing new processes that would allow youth and families to generate ideas for systems improvement.

- **Commit to an improved continuum of care.** Project team members saw that in order to provide families a continuum of care, care teams would need to address how to make services and supports more accessible for families and ensure that services and supports provided are exactly what families need without any gaps. In some communities, this is about enhancing the accessibility of existing supports; in other communities, there are gaps in the continuum of care that need to be filled, including crisis services and relevant community-based mental health supports.
- **Provide ongoing technical support and training.** Project team members appreciated having the support of both the CIBS trainers and the DHS staff and consultants throughout the grant period and recommended DHS provide ongoing technical support and training to teams. This would be especially valuable to those experiencing staffing issues who are not able to provide support and training to staff involved in CIBS.

> *It was super helpful to have Luke and Leslie as a part of this process; to have fidelity you need to have someone who can provide that technical assistance and training to you.*
> *– Project team member*

- **Improve communication between DHS, state partners, and grantees.** Respondents would recommend that DHS and state partners communicate better with future grantees to set them up for success. This includes providing more clarity around expectations, core values, and deliverables. It also involves DHS and partners providing more partnership and support, rather than just making requirements.
- **Ensure there is a CIBS coordinator.** Project team members expressed the value and importance of a designated CIBS coordinator. It would be recommended that funds be provided to hire/sustain a coordinator position to ensure consistency and fidelity of the program. It should be noted that half of the CIBS grantees had a coordinator (see section above), while the other half did not. In some communities, this recommendation will involve sustaining the coordinator position and in other communities it will involve creating a similar position.
- **Start evaluation efforts at the beginning of the program.** This will help to clarify expectations and ensure that more reliable data is collected. This can also include conducting a return on investment study that grantees could use to leverage future funding.

Recommendations from parents and caregivers

- **Hire qualified therapists.** While hiring and retaining staffing is an issue that many organizations are facing, it is important to hire qualified therapists that have the experience to help families participating in the CIBS program. Because this is a unique program, therapists who just recently graduated or who do not have the experience may not be the best or most appropriate fit for this program.

> *I think they need to look more closely at pairings of their therapists with families. I know it's a stressful time and a shortage, but I think people who don't have children don't understand the dynamics of people who have multiple children, so you can't really teach something you don't really have experience in. – Caregiver*

- **Work towards more productive meetings.** Interviewed parents and caregivers noted their desire to have productive meetings that eliminate repetitive information. Families felt that they were not able to accomplish as much as they would have liked due to the same agenda and information from meeting to meeting. Additionally, interviewed family members noted that virtual meetings were difficult especially when therapists could not full see body language of the child and could not understand the full environment the families were in and how it affected their meetings.

- **Ensure communication is clear and consistent.** A couple of families noted they would have liked to have more clear and consistent communication with their care team, including better follow-up and more concrete information about expectations and skills. One caregiver suggested providing scenarios to respond to potential incidents or issues their family may face during the program. For example, how families should respond if their child runs away from treatment. Another specifically wanted more transparency about the amount of time and intensity of the program before families are admitted.

> *No one explained to me what CIBS was, like the length, what it would look like, and the expectations. – Caregiver*
>
> *Involve me in decisions and listen to me. Respond to my correspondence. I have to follow up with my emails over a three week period to get a response from my social worker. – Caregiver*

Appendix A: System of Care evaluation methods

The System of Care evaluation involved gathering experiences and perspectives from agency staff, providers, and families served. The evaluation for CIBS specifically included the following approaches:

- Administrative data: Providers and agency staff entered administrative data about the families served and the services they received into a secure, project-specific database hosted by Wilder Research. This database included data such as family demographics, system involvement, service types and dates, and discharge information.
- Agency and provider interviews: Wilder Research conducted virtual interviews with individual staff from both counties/agencies and provider organizations in summer 2020 and 2022. These interviews focused on their implementation of the System of Care model, including CIBS and the core values, as well as their perceptions of the benefits and challenges associated with the grant. Wilder Research conducted 37 interviews in 2020 and 33 in 2022.
- Caregiver interviews: All caregivers served by CIBS were invited to participate in a telephone interview with Wilder Research shortly after starting services and at six month intervals thereafter. The interview tool was based on the required National Outcome Measures for the Substance Abuse and Mental Health Services Administration. Caregivers who chose to participate received a gift card to thank them for their time. The interviews focused on youth functioning and youth and caregiver experiences and satisfaction with services. At the time of this report, there are 14 baseline interviews, and no follow-up interviews completed with CIBS caregivers. These caregivers represent more youth who identify as female (57% versus 45%), White (100% versus 79%), and Hispanic (21% versus 6%) compared to overall CIBS youth served. In addition, families represented in the caregiver interview tend to have younger youth (median=14 years) than the overall CIBS group (median=16).
- Caregiver surveys: In an attempt to seek more feedback from families, Wilder Research also developed a brief online survey which was administered in February-April 2021. The primary focus of the survey was to seek input about families' experiences with System of Care core values, service outcomes, and overall satisfaction with services. A total of 21 caregivers started the survey and 19 completed it. The caregivers responding to the survey were more likely to have youth who identify as male (58% versus 21%) compared to the overall group of youth served by CIBS, but similarly likely to have youth who identify as White (68% versus 71%).
- CIBS fidelity assessments: Throughout the grant, supervisors at the provider agencies completed periodic fidelity assessments by reviewing records for a random selection of families. For each round of assessments, at least two reviewers rated each case on a variety of domains in order to ensure inter-rater reliability. A total of 150 entries were reviewed over the course of the grant, representing all counties and all provider agencies.
- Provider and agency surveys: Two surveys evaluating the Bridging model overall as well as the implementation process were sent to providers and agency staff. The provider survey was administered to six clinicians and eight supervisors who implement CIBS. The agency survey was administered to 17 county-level staff such as case managers and CIBS coordinators. Both surveys were in the field in July and early August 2020.

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