DEPARTMENT OF HUMAN SERVICES

Minnesota System of Care Expansion Grant

Wraparound Minnesota (WrapMN)

September 2022

Contents

Summary of WrapMN

WrapMN is an intensive, individualized care planning process designed to help children and youth with complex mental health or behavioral challenges who are involved with multiple child-serving systems and whose symptoms and needs are impacting functioning and relationships in home, school, or community settings. The process brings together a team of family, friends, community members, professionals, and other supports and results in a plan of care that aligns with the family's vision, story, strengths, and needs. Through the System of Care grant, Minnesota contracted with the National Wraparound Implementation Center (NWIC) to develop workforce capacity and create the infrastructure necessary to implement the model with fidelity in order to ensure a high-quality process.

The WrapMN process is characterized by the following principles that guide the work with youth and families and that are operationalized through organizational policies and practices:

- Grounded in a strengths perspective
- Driven by underlying needs
- Determined by families
- Supported by an effective team process

WrapMN differs from traditional case management or other types of care coordination in that the family-driven process leads to the development of a single, integrated plan of care that is reviewed and advanced collaboratively by the child and family team to ensure progress. The process also emphasizes the importance of informal supports to help the family address their identified needs.

WrapMN 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 (SAMSHA), covering September 2017 through September 2021. The process of reviewing proposals, selecting sub-recipients, and executing contracts spanned July 2018 through March 2019. DHS funded four WrapMN grantees: Hennepin County, Ramsey County, Sherburne County, and Winona County.

The System of Care grant funding was scheduled to end in September 2021, so DHS applied for a no-cost extension from SAMHSA. While the no-cost extension was eventually granted, there were delays in the process within both the state and county systems and there was a gap in services for all grantees from October 2021 through approximately February of 2022. When work was able to resume, Winona County's contracted Wraparound provider chose not to continue, and therefore the county decided not to continue with the grant. Ramsey and Sherburne Counties elected to implement values work and to discontinue WrapMN implementation.

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.

This report summarizes grantee efforts, reach of services, perceived benefits and challenges of the model, and lessons learned from implementation. The data from this report comes from a multi-faceted evaluation, including interviews with caregivers, grantee representatives, and provider staff, and a review of 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. Also, themes are reported in order based on the frequency with which they were discussed. Because these themes came from qualitative data collection, just because a respondent did not share a particular idea, the idea may still pertain to them, just simply didn't discuss it.

WrapMN implementation

Capacity building and training

Multiple trainings and ongoing coaching are used to implement the WrapMN model with fidelity and to support skill development among WrapMN care coordinators and supervisors. All care coordinators and supervisors attend six full days of training to complete the initial training series, which is then followed by biannual booster sessions. Supervisors are required to attend two additional days of training and to also participate in meetings twice a month with a Wraparound coach. Minnesota received technical assistance from NWIC to support state-level system design and local Wraparound coaches who will be able to continue providing training after the SoC grant ends to sustain and expand the service.

Readiness to implement Wraparound requires steps at both the individual and organizational level. Care coordinators must have completed the first three-day Introduction to Wraparound training before beginning to work with families. Ideally, agencies and systems work on pre-implementation capacity building efforts for six months before beginning to work with any families. Because of the timelines of the SoC grant, implementation and capacity building efforts have happened concurrently with enrolling families in services.

WrapMN involvement

As of June 2022, 80% of youth served by WrapMN were discharged. During the grant, 18 youth completed services. The remaining youth discharged due to the family declining services, the family no longer responding to communication from the care coordinator, the family moving, or the family transitioning to other services 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 five 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, Sherburne, and Winona counties chose not to resume WrapMN implementation. This may have caused some families to discontinue their work with the WrapMN model earlier than anticipated. The two Hennepin County provider sites, FamilyWise and VOA, continued WrapMN when work resumed.

Fidelity

Multiple tools, developed by NWIC, are used to ensure the WrapMN process is being implemented effectively and with fidelity. These include three coaching tools used to assess and support skill development among WrapMN care coordinators and supervisors, and tools used to support adoption of policy and practice standards at the agency and state levels.

1. System of Care Wrap Grantees
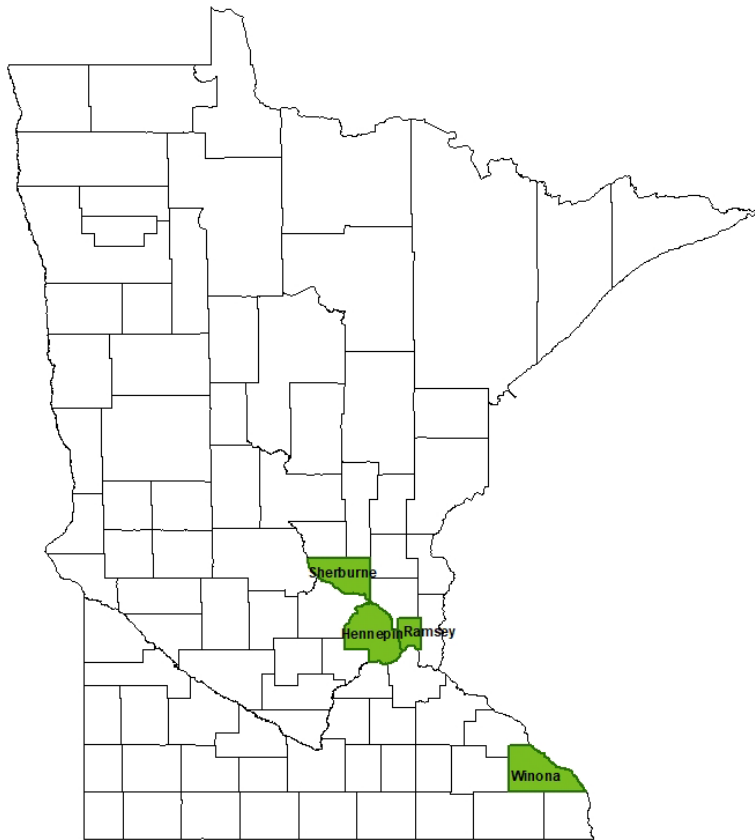
Characteristics of families served

Four Minnesota sites implemented the WrapMN model of the System of Care grant with families beginning in December 2018 (Figure 1). Data collected through July 2022 indicate 91 youth were served by WrapMN.

Youth demographics

Of the 91 youth served through WrapMN, two-thirds of youth served identified as male (65%) (Figure 2). Slightly over half identified as African American (54%), and slightly under half identified as White (48%) (Figure 3). It should be noted that Ramsey County specifically focused on serving African American youth, and they alone served over half (57%) of all African American youth receiving WrapMN. In addition, over half were between the ages of 13 and 17 (median age=15)(Figure 4).

2. Youth served by gender (N=91)

Male	65%
Female	33%
Non-Binary, pansexual, gender fluid	2%
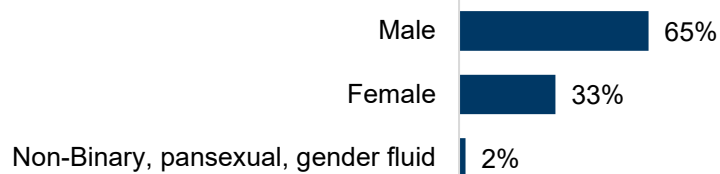
Source: Administrative data

3. Youth served by race (N=91)

Race	Percentage
African American	54%
White	48%
American Indian	10%
Asian	6%
Hispanic or Latino	7%
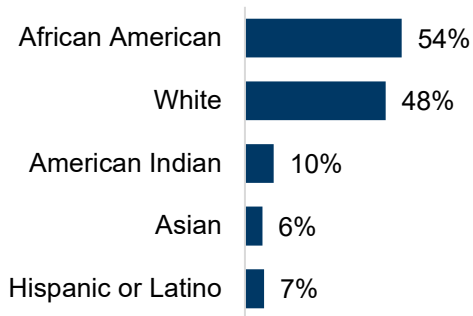
Note: Due to ability to select more than one race, percentages do not equal 100%.
Source: Administrative data

4. Youth by served by age (N=91)

Age	Percentage
7-8	9%
9-12	15%
13-17	55%
18+	21%

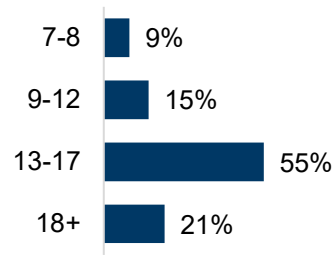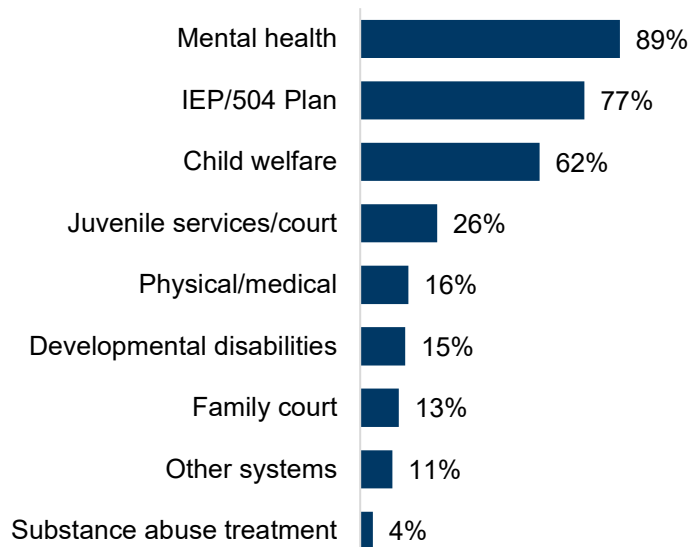Note: The age range for CIBS is 9-17 with some exceptions.
Source: Administrative data

Youth system involvement

Of the 91 youth referred, 49 youth began services while living at home with biological family. Nineteen began services while in foster or group home care. At the time of enrollment, 43 youth (47%) were known to have had an intervention in a residential mental health (23%), foster care (22%) and/or corrections (9%).

Prior to their involvement with WrapMN, 69% of youth were involved in three or more systems. Of the system involvement, mental health and education support systems were most utilized with 89% and 77% of youth accessing these services, respectively (Figure 5).

5. Prior system involvement among youth referred to WrapMN (n=91)

| System	Percentage
Mental health	89%
IEP/504 Plan	77%
Child welfare	62%
Juvenile services/court	26%
Physical/medical	16%
Developmental disabilities	15%
Family court	13%
Other systems	11%
Substance abuse treatment	4%

Note: Due to the ability to select more than one system, percentages may not equal 100%.
Source: Administrative data

Caregivers' perceptions of child's overall health

During the baseline interviews, most caregivers (92%) rated their child's overall health as good to excellent (Figure 6).

6. Caregiver's rating of child's overall health at baseline (N=26)

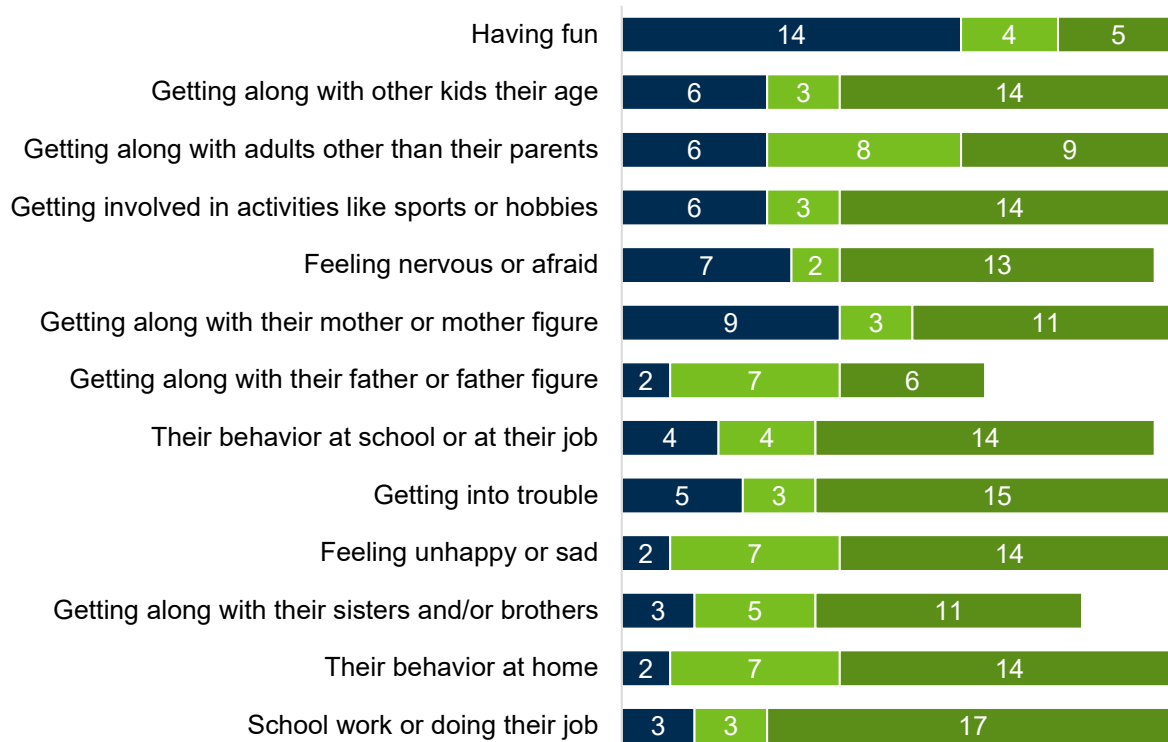|	
Excellent	23%
Very Good	31%
Good	38%
Fair	4%
Poor	4%
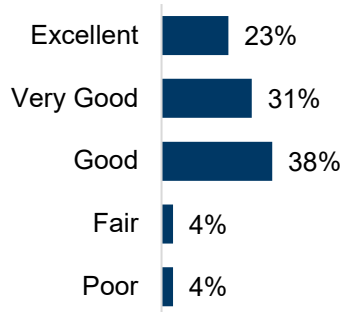
Source: Caregiver interview

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 (Figure 7). Caregivers (N=15-23) rated their child as having the greatest difficulties (a bad [3] to very bad [4] problem) with school work or doing their job (74%), their behavior at school or their job (64%), and getting into trouble (65%).

7. Caregivers' perceptions of child's difficulties at baseline (N=15-23)

|	0 - 1 = Little to no problem	2 = Somehat of a problem	3-4 = Bad to very bad problem
Having fun	14	4	5
Getting along with other kids their age	6	3	14
Getting along with adults other than their parents	6	8	9
Getting involved in activities like sports or hobbies	6	3	14
Feeling nervous or afraid	7	2	13
Getting along with their mother or mother figure	9	3	11
Getting along with their father or father figure	2	7	6
Their behavior at school or at their job	4	4	14
Getting into trouble	5	3	15
Feeling unhappy or sad	2	7	14
Getting along with their sisters and/or brothers	3	5	11
Their behavior at home	2	7	14
School work or doing their job	3	3	17

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

Source: Caregiver interview

Caregivers' hopefulness

Ninety-two percent of caregivers who completed the interview were somewhat to very hopeful that things will get better for their child (Figure 8).

8. Caregivers' hopefulness that things will get better for child (N=25)

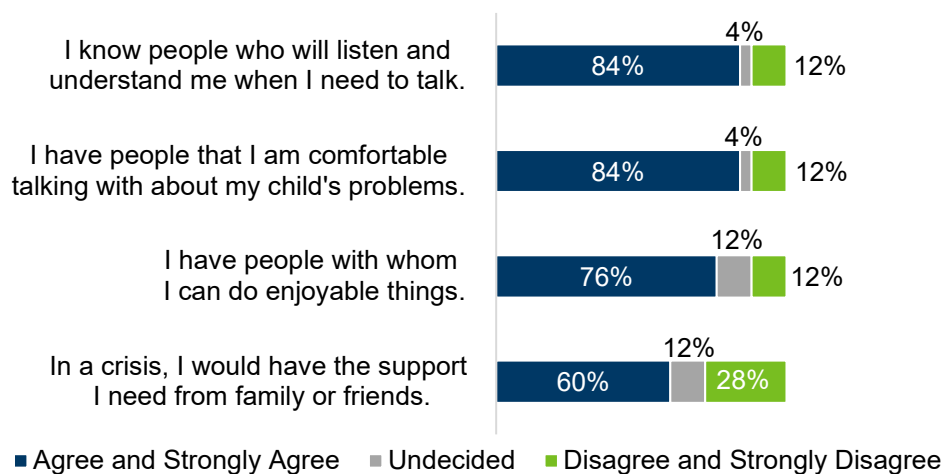|	
Very hopeful	60%
Somewhat hopeful	32%
Not very hopeful	4%
Not at all hopeful	4%
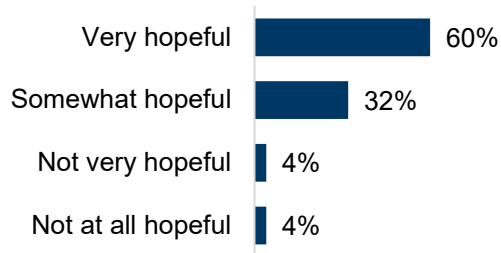
Source: Caregiver interview

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. Of the 25 caregivers interviewed, 84% felt that they have people with whom they are comfortable talking about their child's problems and who will listen and understand when they need to talk (Figure 9). Seventy-six percent reported that they have people with whom they can do enjoyable things. Fewer parents reported that in a crisis, they have the support they need from family and friends (60%).

9. Caregivers' perceptions of social support (N=25)

	Agree and Strongly Agree	Undecided	Disagree and Strongly Disagree
I know people who will listen and understand me when I need to talk.	84%	4%	12%
I have people that I am comfortable talking with about my child's problems.	84%	4%	12%
I have people with whom I can do enjoyable things.	76%	12%	12%
In a crisis, I would have the support I need from family or friends.	60%	12%	28%

Source: Caregiver interview

System of Care implementation in Minnesota

Cross-sector collaboration

Overall, grantees and their partnering provider agency representatives had varied opinions about the impact the SoC grant has had in cross-sector collaboration. Most felt that there were strong partnerships built between the county and the subcontracted provider agencies. In one county where there were multiple subcontractors, it was noted that the provider agencies increased collaboration amongst themselves.

Additionally, after the pandemic began, one county had representatives noting the 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. And more than one grantee mentioned that they felt their county's children's mental health collaboratives were responsible for increased collaboration, not necessarily the System of Care grant.

One county had project representatives who felt the stop-work order caused a decrease in meetings and other communications; this also underscores the sentiment from some that the bureaucratic processes seemed to hinder progress at times, including the length of time it took to finalize contracts and make decisions.

While most of the feedback was positive, one project representative from a county felt cross-sector collaboration did not happen, citing that they did not have the leadership support to endorse or promote the System of Care values.

> *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*
>
> *I think we won the lottery having them as a collaborator and as a county. We are the only county in the grant that has continued doing Wraparound. So something has happened positively there. I think the county was fully aware of what System of Care meant and that they were on board with doing their own System of Care before and with the state. We have a great partner. Our [county liaison] is super communicative, has given us the flexibility to grow and ebb and learn and meet families where they're at. – Project team member*

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, many of the grantees' representatives from Hennepin, Ramsey, Sherburne, and Winona have expressed their commitment to their focus on the system of care values beyond the grant and 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, some grantees felt that the model was able to be more family-driven for White families, but not necessarily or as often for families who are Black, Indigenous, and People of Color (BIPOC). As an example, one grantee's provider felt 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. To address the perceived inequity, one county created a high-level position where a staff member of color is dedicated to engagement. This staff is working with cultural communities to identify ways to engage BIPOC parents and leverage their voice to inform and develop a service system that will meet their needs.

Youth-guided

Grantee representatives noted that they did try to gather youth voice, but it was sometimes difficult, especially during the pandemic. One reason shared was that other things, like providing direct services, became a priority and were difficult to navigate as youth did not have any or consistent access to internet and/or to devices. Despite the challenges, some grantee representatives shared how they partner with youth and leverage youth voice to develop plans and supports to meet their needs. At the time of these interviews, youth from one county were developing a youth committee.

> *When we are partnering with older youth, making sure to identify them as a very key person, maybe even the most important person at the table. And helping the parents understand or the caregivers understand that their control or their goals for the youth life, those are becoming less important and that's totally developmentally appropriate, and we can be there to support you.*
> *– Project representative*

Culturally responsive

A common theme among grantees and partnering providers is that most report they have fully embraced at least some of the CLAS standards and are using them to assess their work and their organization. One county had representatives mention that they are contracting with a cultural consultant to help engage the community and develop additional culturally responsive services. A partnering provider mentioned that the standards are embedded in the work they do, making changes to processes.

> *We have rewritten even a part of our employee handbook and manual for staff, also making it required training that is useful…we realize this is just so vitally important, and it's nice to have administration that also sees that and sees the value, and we're taking it very seriously.*
> *– Project representative*

One county mentioned that they adopted a strategic priority to reduce racial disparities and advance racial equity, prior to the System of Care grant. Their work to adopt the three prioritized CLAS standards is viewed through that lens. Representatives from the county explained that disparities reduction is a mission that is central to their work, which shapes how they address issues within their own organization, how they relate to the larger community, and how they work with their provider network.

Perceived benefits of System of Care

Overall, project representatives felt positive about the work that was done to strengthen cross-agency collaboration, the relationship between the county and providers, and the work that was done to advance the system of care core values. All project representatives that were interviewed shared a common commitment to sustaining these values after the grant ends.

Project representatives also felt that the system of care core values are meeting an unmet need in the community, as there are benefits for families by having integrated supports within the community. One county's project representatives noted that there are many potential benefits to system of care if successfully built throughout the system, including reductions in out-of-home placements and reductions in the rate of BIPOC youth involved in justice systems which will lead to improved overall well-being of families and communities.

> *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*
>
> *Those values are driving all the work we do now. Especially for our leadership, we talk about those values often and we talk about are we using those values in everything we do. Where we still have work to do is the frontline staff. There are some who are totally bought into it and some who would not be able to tell you what the values are. … And as we look at our practice we are using those values to do training, it will take more time but we are committed to doing that. – Project team member*
>
> *If we are able to build a SoC, I do think there is a lot of impact. The early intervention will help youth and families so that they don't get to the point where they are now. If we do it in a culturally responsive and inclusive way, I think the impact in terms of keeping kids and families in the community and providing those supports that really meet the needs, it has potential impact on not just youth and families but overall health of the communities. I think it has a lot of potential based on the feedback we have gotten from other communities, but I want to stress that we have a long, long way to go. – Project representative*
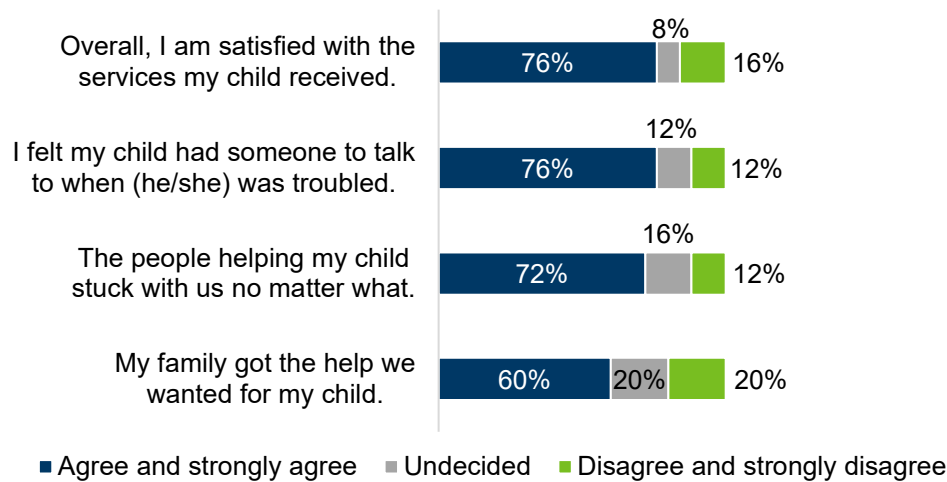>
> *Once I learned and was more a part of the System of Care grant and the specific CLAS standards and hearing from ... I believe it was Sonya Smith, I think that really pushed us to do more. Then, Sonya was also provided some information at one of my school linked grantee meetings. ... That was a really good path and helped push us forward, I think. – Project team member*

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 caregivers who responded to these questions, three-quarters (76%) reported that overall, they are satisfied with the services their child received and that they felt their child had someone to talk to when they were troubled (Figure 10). Sixty percent felt that their family got the help they wanted for their child and 72% felt that the people helping their child stuck with them no matter what.

10. Caregivers' satisfaction with services (N=22-25)

	Agree and strongly agree	Undecided	Disagree and strongly disagree
Overall, I am satisfied with the services my child received.	76%	8%	16%
I felt my child had someone to talk to when (he/she) was troubled.	76%	12%	12%
The people helping my child stuck with us no matter what.	72%	16%	12%
My family got the help we wanted for my child.	60%	20%	20%

■ Agree and strongly agree ■ Undecided ■ Disagree and strongly disagree

Source: Caregiver interview

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 and to them was helpful. Some caregivers also appreciated that the Wrap services built their informal social network.

> *The support, ideas, the research they've done to try and come up with solutions to get support for my child and by extension the family. – Parent/caregiver*
>
> *The Wraparound worker is always there to call. Even on the weekends, if my son calls he answers. – Parent/caregiver*
>
> *We have started to build a good social network for help when I needed and I know I have a good support system because of the services. – Parent/caregiver*
>
> *I developed a team and we're all on the same team. Also that I found out all the support that I have and how to use them more. – 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. Caregivers also commented that they liked being trusted as the experts on their own family.

> *With me having issues when I'm depressed. They let me come to them. They don't push me or shove things at me like you need to do this or that. They help me learn how to ask for help and manage my resources and better myself. And help me understand that it is okay not to be okay. – Parent/caregiver*

> *They ask me what I want instead of telling me what I should be doing. They let me guide my meetings. They are strong advocates for me. – 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*

■ **Skills and tools.** 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. Many caregivers have observed positive improvements in their child's behaviors or family dynamics after using these new tools.

> *I think it has a lot because it's like right when I feel like my cup is empty I have a conversation and learn something new that fills me up that I can better help them. – Parent/caregiver*

> *It's kept my child focused on what she is working toward…she has lots of services in place that meet her needs. Everyone is excellent at their job. – 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). They also appreciate that services support the entire family, including them.

> *To call me and make sure things are going smoothly. She kept me updated on things and I was able to talk to the whole team. She was getting all the information from all of them and delivering them to me rather than me calling each--which was nice. – Parent/caregiver*

> *They actually have been quite helpful because they have been there when no one else was there. They helped me get clothing and stress toys for my son to help him with his behaviors. They have also been a good support system for both of us. They help us with each situation we're going through at the time and, if they can't help us, they find someone who can. – Parent/caregiver*

Challenges with System of Care

During this grant, there were challenges beyond the scope of System of Care, including the onset of COVID-19, an unprecedented global pandemic, which 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. In addition, each county experienced challenges specific to the grant and the services they were providing. The most common challenges across the WrapMN counties are described here.

- **Funding and sustainability.** Project representatives shared that although they are working to leverage other funding to support their work with the core values, including property tax dollars and using targeted case management billing, they felt that the work to build a system of care would have gone further had DHS provided support in developing a sustainability plan. Project representatives described this as a missed opportunity by DHS for sustaining Wraparound.

   o **Stop-work order.** Despite turning to other sources of funding, the stop-work order enacted from October 2021 to February 2022 was a challenge to some of the grantees. For instance, some 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.

- **Requirement of the NWIC Wraparound model.** Many grantees' 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 BIPOC.

   Overall, project representatives felt positive about the general concept of Wraparound. The challenge was the burdensome oversight and prescriptive requirements of the specific model, and some partners felt that the requirements of the NWIC model made it difficult to provide services in a culturally responsive way.

   > *The way it's written now without input from BIPOC 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 [mental health providers] 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*

- **Creating a paradigm shift and cultural change.** Project representatives describe the work needed to facilitate a broad adoption of the system of care values as work that requires dismantling of existing views and approaches that have been in place for decades. Ongoing work and resources are needed to integrate SoC values. In one county, project representatives stated they are hopeful that use of a new data system that allows disaggregation of data by race and ethnicity will demonstrate the effectiveness of SoC and drive investments into systems-change, where SoC values can further improve outcomes for more youth and families. In another county, one provider agency felt that this was a challenge with getting the county to understand and embrace SoC values – they felt that the county was very resistant to change.

- **Workforce and turnover issues.** Staff turnover was mentioned by most counties as a challenge of this project. In one county, a provider agency felt that it was important to ensure equitable pay for qualified WrapMN facilitators, moving forward. Additionally, another project representative felt that there was a misalignment in how the NWIC model defined the WrapMN facilitator as an entry-level position. And due to the uncertain funding mechanism to sustain WrapMN, an agency representative has concerns about their ability to continue providing a competitive salary. Additionally, in one county, some of the project representatives saw the retirement of the county planner as a challenge, as it meant the 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

Caregivers were asked in interviews about the impact on four areas related to family stress and any changes in stress because of services their child received. Over 80% of all caregivers reported a somewhat to very negative impact on the quality of relationships within their family and their ability to work or follow-through on other responsibilities (Figure 11). The majority of caregivers interviewed reported a negative impact on their family's financial situation (62%) and on their ability to have personal time (77%).

11. Family stress because of the services received (N=25)
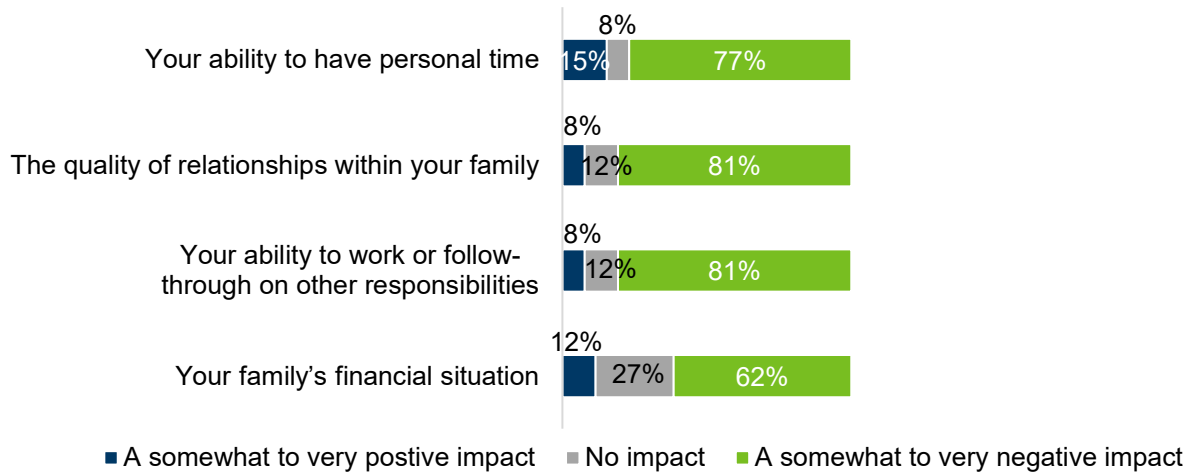
Due to rounding percentage may not equal 100%.
Source: Caregiver interview

Parents and caregivers interviewed 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.

  > *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. – Parent/caregiver*

  > *Program activities are too time-consuming. There are too many program activities to schedule. – 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.

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

  > *Them not following through. Changing dates and meeting times and not being prepared. – Parent/caregiver*

  > *The wrap coordinator likes to surprise us with things in the call that really should be discussed ahead of time. – Parent/caregiver*

- **Excludes caregiver.** While most caregivers identified that their involvement is a strength of the WrapMN model, some caregivers did not feel that they were as involved in their child's support as they expected to be.

  > *I liked it when they included me at the beginning, but then they stopped. – Parent/caregiver*
  >
  > *They forgot that it was family services and decided that it was for my child and forgot about me. They went to giving him services and they would have meetings and not invite me.*
  > *– 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.

- **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.

- **Create a stronger array of services in the community with more culturally responsive providers.** The project partners are interested in strengthening the full children's mental health continuum, including early prevention and intervention. Some partners also felt that DHS should 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, as well as offer each other clinical expertise support.

  > *We have a pretty new program through the county restorative justice program, so having kids who might have a truancy issue or maybe a petty misdemeanor offense. They don't need to be on probation. Let's figure out how they could do community service, make things right with the person that they had done wrong, keep them out of the system. I wish we would've had more of those options during Wraparound, instead of going the court punitive route. – Project representative*

- **Continue to prioritize collaboration** by making sure to establish clear roles and expectations, a clear communication path, and a shared commitment of the SoC values. Some partners emphasized the need to work with the county mental health collaboratives and look to them as resource hubs that can act as the connector for systems of care work in each community.

  > *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*

Recommendations from parents and caregivers:

Overall, the only common theme for parent and caregiver recommendations is improved consistency and communication. This includes maintaining appointments and clearly communicating if meetings are rescheduled. It also includes being transparent about expectations and decisions.

> *Not making decisions behind my back and telling me about them later. – Parent/Caregiver*
>
> *Consistency and communication. If you are going to have a meeting have it set. There have been times that we were supposed to meet and it didn't happen and there was no follow up. – Parent/Caregiver*

Appendix A: System of Care evaluation

The System of Care evaluation involved gathering experiences and perspectives from grantee representatives, providers, and families served. The evaluation for WrapMN 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.
- **Caregiver interviews:** All caregivers served by WrapMN were invited to participate in a telephone interview with Wilder Research shortly after starting services and at six month intervals thereafter. 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, a total of 25 completed interviews with caregivers. The caregivers interviewed represent youth who identified as Black or African American (77%), White (46%), American Indian (12%), and/or Hispanic or Latinx (8%). Interviewees slightly over-represented Black or African American youth as compared to the population overall (77% versus 54% in the overall population). Similar to the overall population, the majority of youth represented in the interviews were male (65%) and between the ages of 13 and 17 (77%). Eighty-one percent of caregivers identified as the child's birth parent. The other caregivers were the youth's grandparent (12%) or aunt/uncle (4%).
- Report provided by Wilder Research for Minnesota Department of Human Services with funding from the Substance Abuse and Mental Health Services Administration.