DEPARTMENT OF HUMAN SERVICES

Minnesota System of Care

Evaluation Report

October 2020

CONTENTS

Executive summary

In October 2017, Minnesota's 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). The mental health approaches being piloted through this grant are intended to help build an accessible and collaborative network of mental health care services in local communities, enabling families to connect to the right level of care at the right time and place, and ultimately reducing the need for more restrictive and costly interventions. The grant also includes an evaluation component, which is led by Wilder Research.

As part of the evaluation, this report summarizes state and grantee efforts achieved through September 2020, with an emphasis on Collaborative Intensive Bridging Services (CIBS) being implemented by six grantees and Wraparound (WrapMN) being implemented by four grantees. In addition, three sites are funded to implement unique pilots: the Fond du Lac Band of Lake Superior Chippewa Foster Care Reunification Therapy model, Carlton County's Telepresence model, and the Northwest's Family Partner program. Each grantee contributed to various evaluation activities (e.g., key informant interviews, administrative data collection and entry).

Minnesota System of Care is strengthening the children's mental health continuum of care in communities across the state.

- Ninety-one youth were referred and deemed eligible for WrapMN, as were 79 youth for CIBS.
- A majority of the eligible youth had Child and Adolescent Service Intensity Instrument (CASII) scores indicating need for intensive integrated services without 24-hour medical monitoring, or non-secure 24-hour medical monitoring and tightly knit wraparound services.
- Over one-third of eligible youth have been involved in at least four systems. The most noted systems were: mental health, special education, child welfare, and juvenile justice.
- Many SoC stakeholders interviewed felt the project increased collaboration and relationship-building with community partners.
- Multiple grantees worked to strengthen health equity policies and improve processes for elevating youth and family voices.

CIBS and WrapMN engage families with the goal of coordinating and aligning levels of care and intervention with a family's vision, story, strengths, and needs.

- To date, 26 therapists have been trained in the CIBS model as a result of SoC, with the capacity to serve up to 116 youth and families at any one time.
- Twenty-four care coordinators have been trained in WrapMN, and grantees implementing this model have the capacity to serve up to 89 youth and families at any one time.
- Most youth who completed CIBS services avoided a long-term residential intervention.
- Grantee stakeholders from both CIBS and WrapMN sites reported mixed experiences for families and youth. Some families appreciate the support of a team, as well as the tools, strategies, and resources. However, stakeholders acknowledged challenges finding families that were the right fit and some families found the time and energy commitment daunting.

While agencies and individuals have demonstrated resilience and innovation, the COVID-19 pandemic created new disruptions in services as well as stress, economic hardship, and uncertainty.

- Numerous county staff working to implement SoC were required to redirect time to COVID response.
- Providers and youth noted a lack of adequate supports for students with an Individualized Education Program during distance learning.
- Telemental health-related challenges included difficulty building rapport with new families, difficulty engaging youth with a virtual platform, telecommunication platforms not capable of handling capacity needed for distance work, learning and appointments, lack of devices or reliable internet connectivity, and lack of private spaces at home for sessions.
- Increased adoption of telemental health reduced travel time and provided more flexibility in scheduling sessions with families.
- SoC stakeholders found creative ways to meet with youth and families outdoors, and provided care packages, gift cards, and reliable devices to families to support them during the pandemic.

Creating and sustaining a System of Care requires collaboration and a commitment of resources (time, staff, referrals, marketing, and funding) at the state and local levels.

- Overall, most SoC grantee stakeholders felt confident in their ability to sustain the core values of family-driven, youth-guided, and culturally responsive services. Several see their local Children's Mental Health or Family Services Collaboratives playing a key role in ensuring sustainability.
- Many grantees hope that services/coordination will be covered under Medicaid reimbursement, including costs associated with supervision and coaching.
- Sustainability concerns expressed by grantee stakeholders include challenges with recruiting, training, and retaining providers, ability to demonstrate successful outcomes by the end of the grant, and county funds diverted to COVID response leading to budget shortfalls.
- State-level stakeholders have been working to build a financial case for services and care coordination by estimating costs saved. Additional efforts included identifying legislative champions, increasing the provider workforce, training local systems' partners on SoC values, and infusing SoC values into state-level strategic planning.

System of Care overview

In October 2017, Minnesota's 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). Since 1993, SAMHSA has awarded over 340 SOC grants to local communities and states, including three grants to regional initiatives in Minnesota. While all SOC grants are unique to reflect the needs and priorities of the community, as well as the financial and political context of the local community or state, they all share a focus on delivering comprehensive community-based services to youth with high levels of mental health needs and their families using a set of principles that emphasize the importance of youth and family voice, culturally responsive services, and timely access to community-based services and supports.

The vision for the Minnesota System of Care for Children's Mental Health is to create 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 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. The mental health services being piloted through the grant are intended to help build an accessible and collaborative network of mental health care services in local communities, enabling families to connect to the right level of care at the right time and place, and ultimately reducing the need for more restrictive and costly interventions. DHS has also prioritized key System of Care values through the grant: youth-guided, family-driven, and culturally responsive services.

About this report

This initiative-level report describes the services being piloted through the grant and the infrastructure built to support implementation, as well as the efforts in each funded community to advance local systems change. Because of the breadth of efforts taking place through the initiative, a series of grantee-specific reports will follow, describing local implementation efforts in more detail and further highlighting the unique accomplishments and challenges of each community. In addition, summaries are also planned to further explore questions of interest to DHS and its partners, including service fidelity and youth outcomes, as more data are available. The report draws heavily on key informant interviews conducted with grantees and their local partners, and also highlights data from multiple sources, including administrative data gathered by provider agencies, fidelity assessments, and local surveys (see the appendix for more details).

This report begins with an overview of the SOC initiative, including a brief description of each funded community's focus, the services that are being piloted through the grant, and the overall implementation timeline. The report then describes key activities and early outcomes related to the services being piloted through the grant and local systems change efforts. Recommendations included in the report include suggestions made by grantees, as well as those developed by the evaluation team based on the information gathered to date.

About the Minnesota System of Care for Children's Mental Health

System of Care grantees

Through the SOC grant, DHS has established contracts with 13 counties or regions and one tribal community to implement or expand service models and to advance system of care principles through those services and in broader changes to local systems, policies, and practices.

	Brief description
Carlton County	Carlton County is piloting an expansion of the use of telepresence to reach youth in a rural area with a shortage of mental health providers. The county's goals are to reduce barriers to accessing services—including transportation barriers and travel time, enhancing opportunities for multiple stakeholders to participate in therapeutic sessions, and increasing access to culturally responsive providers.
Crow Wing County	Crow Wing County is working to improve youth and family functioning and outcomes, reduce out-of-home placement, and ensure youth and families have a pivotal role in driving systems-level change. The county has contracted with Nystrom & Associates, Northern Pines Mental Health Center, and Lutheran Social Services to provide Collaborative Intensive Bridging Services (CIBS). They are encouraging system partners to adopt the core SOC values with the hope that there is not only county-wide systems change, but also regional change.
Fond du Lac	Through the grant, the Behavioral Health department of the Human Services Division of Fond du Lac Band of Lake Superior Chippewa is implementing a holistic, culturally responsive approach to increase awareness of trauma while working to support family reunification and stabilization and develop a more integrated model of care. This work includes partnering with the Fond du Lac Ojibwe School to provide training to staff, consult with teachers and staff, and provide trauma-informed services to youth and family members. In addition, they will continue work to ensure crisis response services provided by nearby counties and agencies are culturally responsive, trauma-informed, and meeting the needs of community members.
Goodhue County	Goodhue County is working to transform their youth- and family-serving systems by expanding their continuum of care to including upstream prevention efforts, respite, and more intensive services. The county has contracted with Family Services Rochester to provide CIBS to youth and families. Fernbrook Family Services and the Goodhue County Child & Family Collaborative have been key partners in strengthening engagement with youth and families.

	Brief description
Hennepin County	Hennepin County is using its SOC sub award to advance broader efforts to transform its children's mental health system. The county has contracted with FamilyWise and Volunteers of America to provide WrapMN service coordination and is including a mini-pilot to introduce WrapMN as youth transition from a residential intervention to home. As part of adopting SOC values into its work, the county also plans to transition some SOC governance and leadership to the Hennepin County Children's Mental Health Collaborative, where there is strong parent voice and leadership.
MN Prairie (Dodge, Steele, and Waseca counties)	MN Prairie is working collaboratively with the South Central Human Relations Center towards systems change that will result in thriving youth succeeding at school, participating in pro-social activities, and establishing positive relationships with peers while building social competency and self-esteem. The tri-county alliance has contracted with Family Services Rochester to provide CIBS to youth and families. MN Prairie is working to enhance partnerships with the Children's Mental Health and Families Service Collaboratives in the region to elevate core SOC values.
Northwest Region (Kittson, Mahnomen, Marshall, Norman, Polk, and Red Lake counties)	The Northwest Region is implementing the Family Partner program with their SOC sub award, building on efforts started through their 2006-2011 SOC initiative. The program provides peer support for families of youth struggling with social, emotional, and behavioral challenges through Family Partners with lived experience navigating the children's mental health system. Key partners Tri-Valley Opportunity Council, the Northwest Minnesota Council of Collaboratives, the Northwest Mental Health Center, school districts, and county agencies are working to elevate youth voice and choice, and building health equity by addressing disparities in mental health
Olmsted County	Olmsted County is working to improve youth and family functioning and outcomes, reduce out-of-home placement, and ensure youth and families have voice and choice. The county has a long-standing partnership with Family Services Rochester, which they contract with to provide Collaborative Intensive Bridging Services (CIBS). Olmsted County had been implementing CIBS prior to the SOC grant, and used funds to train more providers in the model. Partnerships are in place with the school district, the Community Services Advisory Board, and the Youth Commission to help guide implementation of SOC values. County representatives hope to incorporate SOC values more holistically across system partners.

	Brief description
Ramsey County	Ramsey County has focused its System of Care efforts specifically to improve outcomes for African American youth who have been expelled, suspended, or otherwise disengaged from school. The county formed a Local Partnership, comprised of representatives from two collaboratives, multiple school districts, Ramsey County, and provider agencies, to guide the SOC-related work. In addition to Change Inc. providing culturally responsive WrapMN service coordination, the partnership plans to make peer support and mentoring available to youth and families as part of their unique model of care.
Region IV (Clay, Grant, Otter Tail, and Pope counties)	Four counties within Region IV are using the grant to draw on the strengths and resources of each county partner and ensure services are streamlined rather than duplicated. The counties contract with Lutheran Social Services to provide CIBS, and West Central Regional Juvenile Center is as available for youth who require short-term residential placement. Region IV strives to increase youth and family engagement, reduce out-of-home placement—especially placement far from the region—improve family stability, and change the narrative about what works for youth and families
Sherburne County	Sherburne County sees the work they are doing through the grant as part of a broader initiative to have a trauma-informed county. Ultimately, they want the community to embrace mental health and wellness and eliminate barriers to accessing services, including stigma. Through the grant, Hiawatha Valley Mental Health Services is the partner providing mental health services and their local BRIDGES Mental Health Collaborative is also closely involved in advancing the work and increasing family and youth voice in services.
Winona County	In Winona County, the county has partnered with Main Street Clinic to launch WrapMN service coordination. In the short term, their work has focused on building staff capacity, increasing awareness of WrapMN in the community and among referral sources, and developing a plan to sustain the work after the grant period ends. Longer term, they hope to see fewer youth receiving residential interventions and better meet the needs of youth and families with community-based services.

System of Care partners

DHS also hired staff and contracted with multiple organizations to provide training and technical support to the grantees. SOC positions created within DHS include the Cultural and Linguistic Lead, Social Marketing Lead, SOC Project Manager, SOC Infrastructure Liason, State WrapMN Coach and a Data Systems Lead who works to improve cross-agency data sharing and reporting.

The following organizations also have roles in advancing local System of Care efforts:

- Minnesota Association for Children's Mental Health (MACMH): Training and technical assistance to grantees on youth engagement, advancing Youth MOVE in communities across the state
- Minn-LInK – Center for Advanced Studies in Child Welfare: Database development and analysis for state-level coordination across child-serving systems
- NAMI-MN: Training and technical assistance to grantees on family engagement
- National Wraparound Implementation Center (NWIC): Training and technical assistance to build state and local capacity to implement Wraparound
- Nexus-FACTS: Training and technical assistance to local communities implementing Collaborative Intensive Bridging Services (CIBS)
- University of Minnesota: Holds grant sub award used support one of the two state WrapMN Coach positions
- Wilder Research: Contracted evaluator for the initiative; maintains sub award for the grant's Clinical Director position

Service models

Grantees were invited to apply for funding for specific services and strategies. All were encouraged to apply for Wraparound care coordination and trauma screening. Other options included funding for respite care services, crisis response services, school-based diversion services, and intensive bridging services. Communities could also apply for funding to implement an innovative targeted-service pilot. Initially, five grantees were funded to implement a high-fidelity Wraparound model (referred to as WrapMN in the state), six grantees were funded to implement Collaborative Intensive Bridging Services (CIBS), and three grantees were funded to implement pilot projects. One of the communities funded to implement WrapMN terminated its contract with DHS in Dec. 2019, deciding that it would rather continue their locally developed model of wraparound than implement the high-fidelity model prioritized by the state.

Collaborative Intensive Bridging Services (CIBS)

CIBS grantees include Crow Wing County, Dakota County, Goodhue County, MN Prairie, Olmsted County, and Region IV. Bridging or 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, strengths-based model is based on Structural Family Therapy. It relies on intensive in-home therapy with active parental engagement and often a brief, intensive residential treatment facility placement. 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 having multiple service providers across differing stages of treatment

Capacity building 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.

Fidelity

Fidelity assessment results from a random sample of cases across five CIBS grantees in May 2020 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:

- Having clear and measureable treatment goals
- Actively involving youth and families
- Using 360 view based on multiple perspectives to determine progress

The use of homework assignments, culturally responsive treatment goals and services, and a strengths-based focus were less likely to be implemented consistently with fidelity across cases.

Dakota County and Olmsted County were implementing CIBS prior to receiving the SOC grant. Dakota County, where the CIBS model was developed, used the grant as an opportunity to hire a regional coordinator, which has helped expand services to other counties while increasing the consistency with which information about the program is shared. The funding has also allowed Dakota County the opportunity to grow fidelity to the CIBS model by further developing training resources and materials for other counties, provider entities, and residential facilities. Olmsted County has used SoC funds to increase the number of CIBS providers. All other counties are implementing CIBS for the first time.

Wraparound (WrapMN)

WrapMN grantees include Hennepin County, Ramsey County, Sherburne County, and Winona County. 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 has contracted with the National Wraparound Implementation Center (NWIC, https://www.nwic.org/) 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 work with youth and families and that are operationalized through organizational policies and practices:

- Grounded in a strengths perspective
- Determined by families
- Driven by underlying needs
- 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 (CFT) to ensure progress. The process also emphasizes the importance of informal supports to help the family address their identified needs. While none of the grantee were familiar with NWIC's high-fidelity model of Wraparound prior to the grant, one of the agencies Hennepin County has subcontracted with to provide the service had been providing a different model (the Vroon model, https://www.vroonvdb.com/).

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 participate in meetings twice a month with a Wraparound coach. Minnesota is also receiving 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.

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.

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. Results from these assessments will be reported in future summaries.

Targeted service pilots

Family Partners Program

The Family Partners program, being implemented in the Northwest Region of Minnesota, provides support and services to parents and caregivers who have at least one child experiencing serious emotional disturbance. Support is provided by a family peer specialist who has lived experience with the children's mental health system. Family Partners help parents and caregivers access formal services and natural supports, and encourage them to advocate for their families' and children's needs. Examples of supports include attending meetings with school staff or other service providers, along with the parent/caregiver; helping to find employment, housing and transportation;

helping them navigate distance learning; and being an active listener when the family needs an ally. While not school staff, Families Partners work out of the Ada-Borup and Win-E-Mac school districts. The ultimate goal of the Northwest SOC team is to not only sustain the Family Partners program, but to broaden the reach to all eight counties represented by the Northwest Council of Collaboratives.

The Family Partners program is guided by the following principles:

- "Nothing About Us, Without Us"; a phrase stating the region's commitment ensuring family and youth engagement and reflecting family voice and choice from a person-centered, strengths-based point-of-view
- A health-in-all-policies approach to inspire inclusion through equitable practices, reflecting individual and collective needs
- Advancing people-serving organizations from philosophy-to-action in order to effect positive changes on the life experiences of children and families served
- Being active, contributing partners in the collective community in the adoption of culturally and linguistically appropriate growth
- Addressing our challenges together; celebrating our successes together with active participation and engagement of individuals and families involved in our service continuum
- Welcoming opportunities and possibilities that enrich our human connectedness

Family Reunification Program

Fond du Lac Behavioral Health, a department within the Human Services Division of Fond du Lac Band of Lake Superior Chippewa, is leading the implementation of the System of Care grant activities. Fond Du Lac Behavioral Health is collaborating with the Fond du Lac Ojibwe School, Fond du Lac Community Centers, Assisted Living, Veteran's Home, Tagwii, Prevention & Intervention, Social Services, Community Health, Min No Aya Win Medical Clinic, and Tribal Council to ensure a coordinated system of care is achieved. The goal of the Fond du Lac System of Care grant is to increase and expand services for American Indian children birth to age 18 who are diagnosed with serious emotional disturbance (SED). Specifically, they work towards decreasing the number of children in out-of-home placements and promoting reunification of children with their parents or, if reunification is not possible, placing them in permanent homes that the home Tribe authorizes or deems appropriate. Fond du Lac's grant activities include establishing a Memorandum of Understanding with other agencies and school districts to operationalize the relationship. Other activities includes providing trainings on trauma-informed behavior management approaches and developing new services, including culturally and developmentally appropriate prevention and intervention services, telehealth services, school-linked mental health services, trauma-informed substance use treatment approaches and an overall integration of care with medical, social, behavioral health, and substance use services.

Guiding principles include:

- Building the community from the child up, while focusing attention to building relationships with all who seek care through human services
- Properly assessing the significant impact of trauma upon the Fond du Lac community in all of its forms: historical, chronic, complex, acute, and system-induced trauma
- Developing and implementing new procedures that lead to diagnoses that more accurately reflect the true mental health picture of the Fond du Lac community

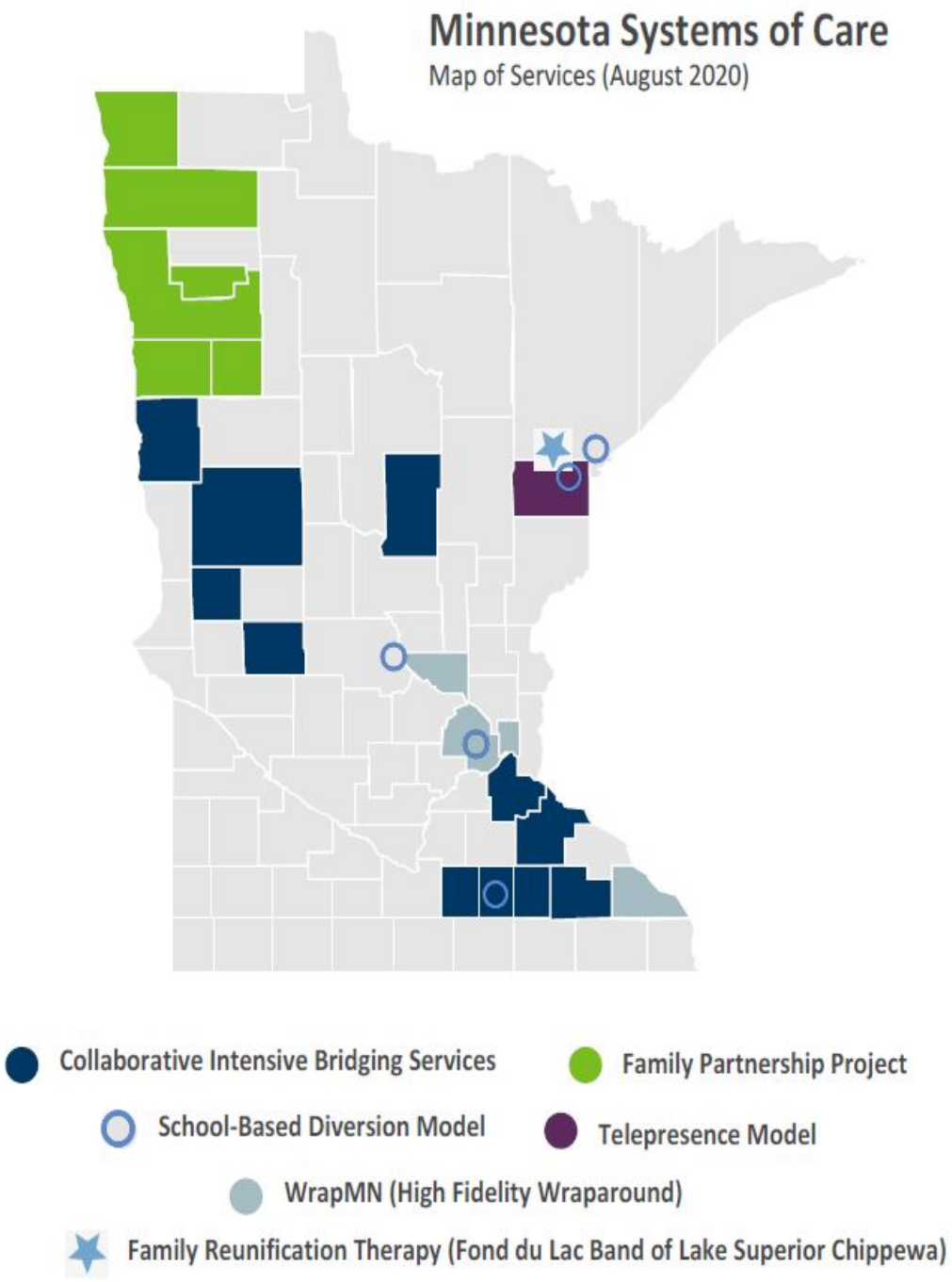
- Providing family-focused services in a variety of venues, such as community centers, where children and families and individuals can meet with a therapist at a place that is convenient and therapeutic for families
- Engaging and educating local medical and behavioral health agencies and advocating for community members so that their medical and behavioral needs are met with compassion and understanding
- Transforming the current human services program into a model of integrated care that improves the overall health and behavioral health of the entire community while mitigating the effects of trauma in all of its forms and connecting community members to each other and to a "Good Life"

Telepresence

Carlton County was already implementing telepresence in Minnesota's Arrowhead Region and applied for SOC funding to increase the adoption of telepresence among providers. Mental health services were not accessible for many youth and families in the region due to geography, socio-economics, and scarcity of resources. Their overarching goal is to change how mental health services are being delivered by changing paradigms, systems, and how providers are working with one another. One component of this is to increase collaboration across sectors in order to integrate mental health services into all other services (e.g., education, primary health care) rather than keeping it compartmentalized. The other component is creating a strategy for the use of telehealth, telemedicine, and tele-mental health through a public/private partnership that would span multiple disciplines. The adoption of a common platform across providers would lead to increased collaboration, innovation, and access, as well as cost savings.

Location of services

The map below highlights the locations of the SoC grantees, as well as communities being funded to implement the School-Based Diversion Model through separate funding.

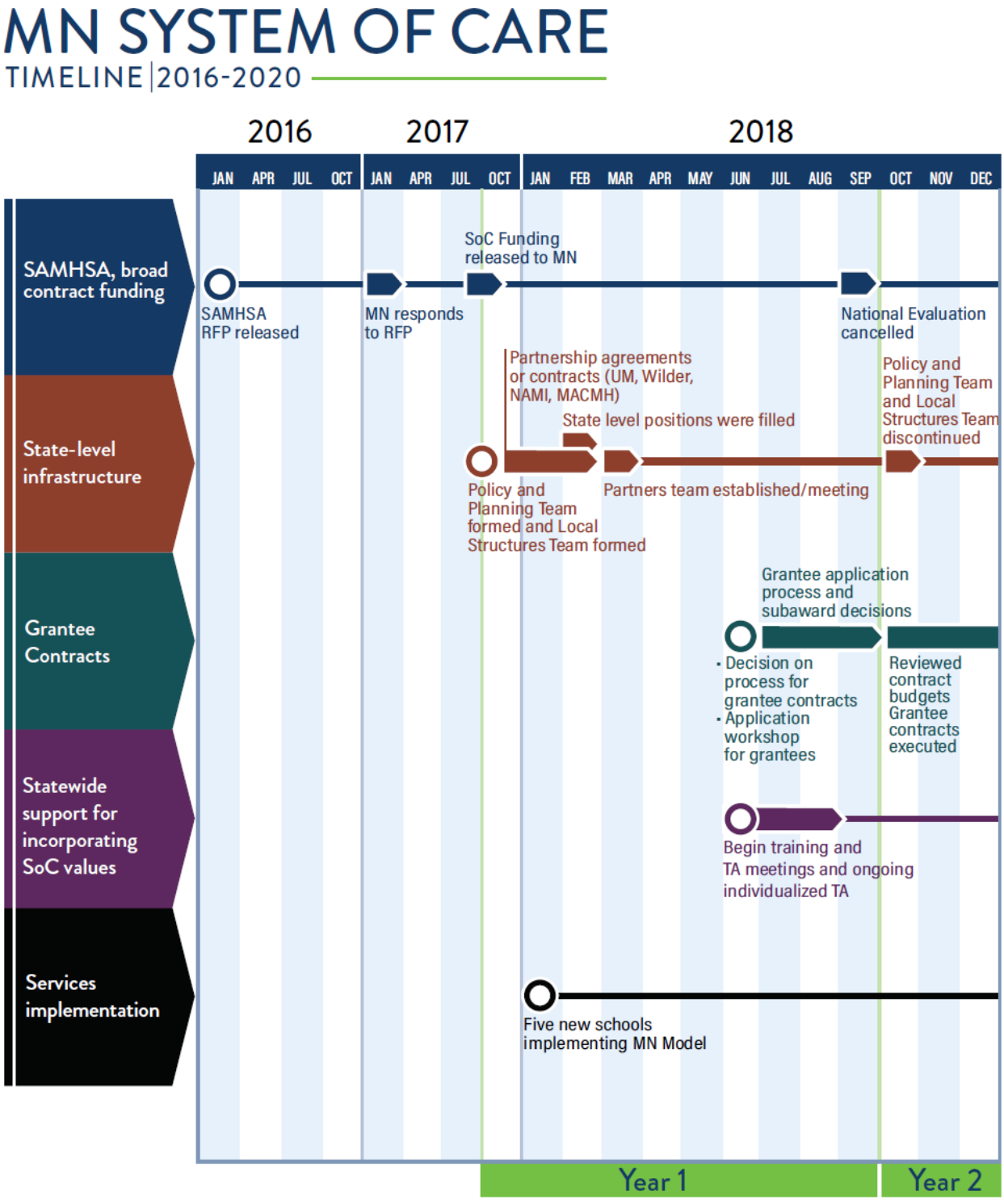


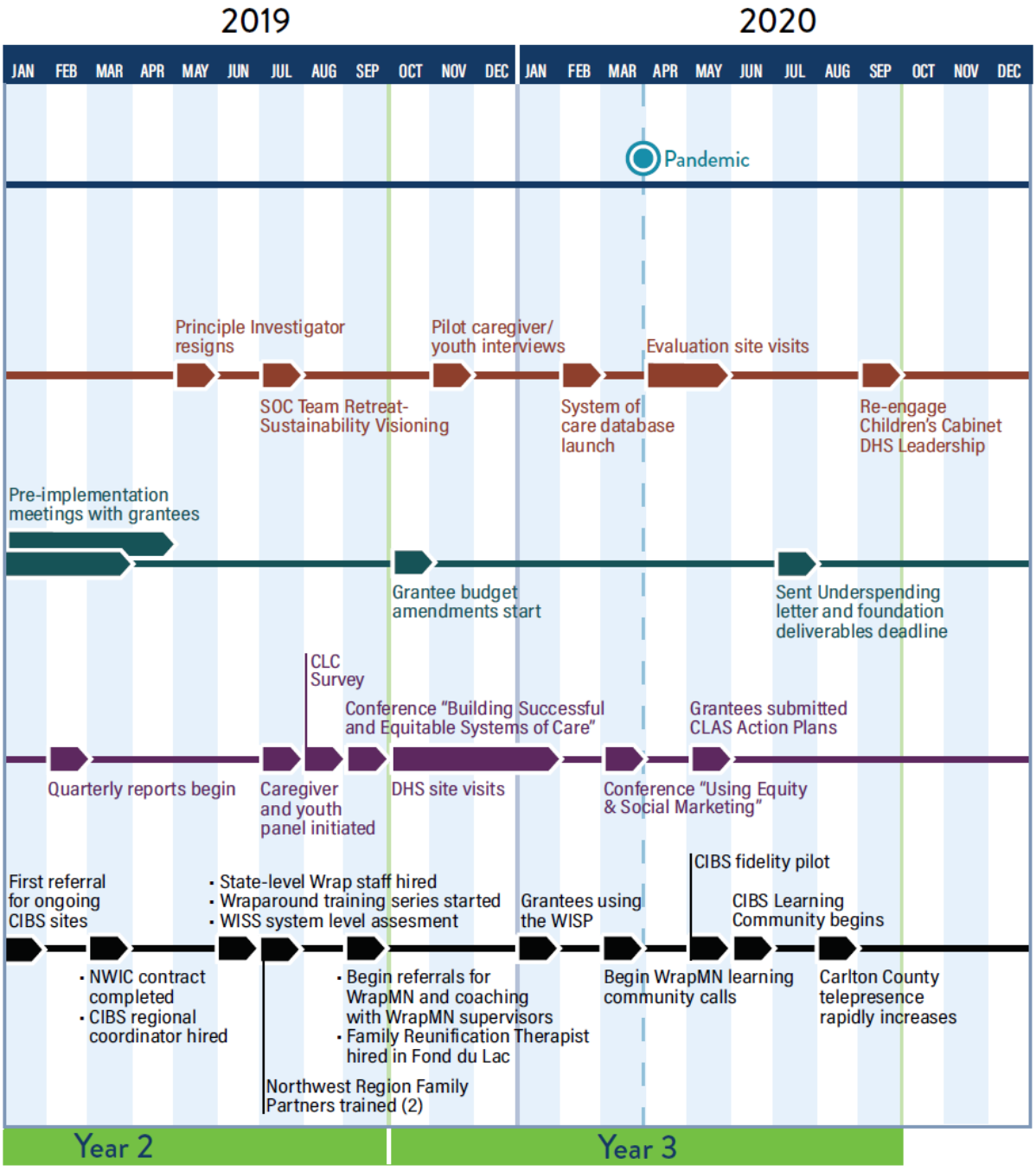
Timeline

DHS received a System of Care implementation grant from SAMHSA that did not include a formal planning period. While DHS was awarded the SOC grant in October 2017, considerable work was needed before sub awards to local communities were distributed and new services became available to youth and families. In addition to the work DHS needed to hire staff and prepare contracts with the organizational partners responsible for providing training and technical assistance, the process of clarifying service focus, developing an RFP process, reviewing proposals, selecting sub-recipients, and executing contracts spanned from July 2018 through March 2019. The time needed to train providers in the Wraparound and CIBS models also led to delays in implementation at the community level. Staff turnover at the state, among state partner agencies, and at the local level also contributed to delays. Further, some grantee sites have struggled to find and retain providers, which has resulted in waitlists and gaps in services.

The onset of the COVID-19 pandemic in March 2020 both exacerbated existing challenges and created new disruptions in services and impacted the lives of youth and families in multiple ways. In a brief span of time, schools transitioned to remote learning, services that had been provided in-person moved to phone calls and video conferences, work reductions and layoffs occurred both within agencies providing services and among the families the SOC grant is intended to reach, and we collectively felt greater uncertainty due to a novel illness that can lead to wide-ranging severity of symptoms. For many of the grantees, the pandemic emerged just as their work was building momentum with the infrastructure in place to provide services and advance local change efforts.

While agencies and individuals have demonstrated resilience and innovation, the pandemic has introduced much greater stress, economic hardship, and uncertainty, creating a new context through which to understand the grant's accomplishments, challenges, and overall impact.


MN SYSTEM OF CARE
TIMELINE | 2016-2020
2016
2017
2018
JAN APR JUL OCT JAN APR JUL OCT JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
SAMHSA, broad contract funding
State-level infrastructure
Grantee Contracts
Statewide support for incorporating SoC values
Services implementation
SAMHSA RFP released
MN responds to RFP
SoC Funding released to MN
National Evaluation cancelled
Partnership agreements or contracts (UM, Wilder, NAMI, MACMH)
State level positions were filled
Policy and Planning Team and Local Structures Team discontinued
Policy and Planning Team formed and Local Structures Team formed
Partners team established/meeting
Grantee application process and subaward decisions
Decision on process for grantee contracts
Application workshop for grantees
Reviewed contract budgets Grantee contracts executed
Begin training and TA meetings and ongoing individualized TA
Five new schools implementing MN Model
Year 1
Year 2


2019
2020
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
Pandemic
Principle Investigator resigns
SOC Team Retreat- Sustainability Visioning
Pilot caregiver/ youth interviews
System of care database launch
Evaluation site visits
Re-engage Children's Cabinet DHS Leadership
Pre-implementation meetings with grantees
Grantee budget amendments start
Sent Underspending letter and foundation deliverables deadline
CLC Survey
Conference "Building Successful and Equitable Systems of Care"
Grantees submitted CLAS Action Plans
Quarterly reports begin
Caregiver and youth panel initiated
DHS site visits
Conference "Using Equity & Social Marketing"
First referral for ongoing CIBS sites
• State-level Wrap staff hired
• Wraparound training series started
• WISS system level assesment
Grantees using the WISP
CIBS fidelity pilot
CIBS Learning Community begins
• NWIC contract completed
• CIBS regional coordinator hired
• Begin referrals for WrapMN and coaching with WrapMN supervisors
• Family Reunification Therapist hired in Fond du Lac
Northwest Region Family Partners trained (2)
Begin WrapMN learning community calls
Carlton County telepresence rapidly increases
Year 2
Year 3

System of Care services: Reach and impact

Through SOC, Minnesota's funded communities are working to ensure that both services and systems are youth and family driven, and culturally and linguistically responsive. The broad goals for the initiative are that youth and families are actively involved in making decisions about their treatment plans, they are empowered to advocate for other services and supports needed to strengthen and stabilize their families, and they are invited to have a voice in local governance and leadership structures. DHS envisions these changes will also improve outcomes for youth and families. Implementing effective services and integrating core SOC values in systems-change work will ideally lead to improvements in youth and family functioning and overall well-being, while reducing out-of-home treatment placement among high-risk youth with serious emotional disturbance.

A major emphasis of the SOC grant is to launch and sustain effective community-based services that ultimately reduce the number, length, or recurrence of out-of-home placements, juvenile corrections involvement, and emergency department use.

Capacity building efforts

Significant time and resources have been invested in building capacity for communities to implement CIBS and WrapMN through the SOC grant. Both of these models are high-intensity services that rely on highly trained staff and collaboration across sectors to be implemented effectively. Further, because of the intensity of services provided, caseload size for both service models is kept relatively low (e.g., 10 families per WrapMN coordinator, 5-6 families per CIBS therapist), which underlies the importance of workforce training, development, and retention.

CIBS capacity building efforts

CIBS was an established service in two of the six funded communities. DHS established a contract with Nexus-FACTS that enables the CIBS model developers to: a) provide training to mental health therapists hired to implement the model and b) to work with residential treatment facilities willing to partner to make necessary changes to their practices, policies, and communication approaches. Another aspect of capacity building has been collaboration with Wilder to develop tools to increase consistency among therapists and understand the experiences of providers, agencies, and care team members involved in implementing the model. In order to further support CIBS therapists implementing the model, a community of practice was established in July 2020. This group meets quarterly to discuss successes and challenges. CIBS trainers attend to answer questions and provide support. Examples of topics discussed include finding and retaining skilled therapists, supporting families who are on waiting lists, and gathering feedback from youth and families about their satisfaction and changes in functioning.

Accomplishments

- 26 therapists have been trained in the CIBS model
- 5 of 6 communities currently have CIBS therapists hired, trained, and providing services; the sixth community just trained their new therapist and will begin serving families soon

- Across the funded communities, relationships have been formed or strengthened with four residential treatment providers to partner on implementing the model: West Central Regional Juvenile Center, Pinehaven, Gerard Academy, and Carrington House
- With the capacity currently in place across the funded communities, up to 116 youth and families can receive CIBS services at any one time

Challenges

- Staff turnover and difficulty hiring and retaining highly trained therapists in some areas of the state have led to delays in implementation and waiting lists for services in some communities
- One residential treatment provider in the state stopped allowing family members to visit for family sessions, and stopped allowing youth to go home for family sessions, due to the COVID-19 pandemic

WrapMN capacity building efforts

Through the SOC grant, DHS contracted with the National Wraparound Implementation Center (NWIC) to provide training and technical assistance and to increase capacity to implement the model. The NWIC Wraparound model (WrapMN in Minnesota) necessitates building a staffing infrastructure of coaches, supervisors, and care coordinators who become increasingly independent in their roles as they develop new skills and demonstrate consistency in implementing tasks aligned with the responsibilities of their position. The high-fidelity model includes tools to assess skill development, consistency in documentation, development of aligned agency- and state-level policies, and other measures to ensure the model is being implemented as intended in order to optimize effectiveness and improve youth and family outcomes. Soon after COVID-19 began, the WrapMN coaches began to host monthly virtual meetings for WrapMN care coordinators and supervisors to provide training on key topics, as well as to strengthen support for staff working fairly independently in their respective agencies to implement the model.

Accomplishments

- 2 WrapMN coaches have received training and technical assistance from NWIC and are now providing some training and coaching to agencies implementing the model
- 24 WrapMN care coordinators completed Introduction to Wraparound training, with 11 currently active and providing services to youth and families
- All 5 agencies implementing WrapMN have a supervisor in place, 4 of 5 supervisors have participated in Advanced Supervision training
- With the capacity currently in place across the funded communities, up to 89 youth and families can be engaged in the WrapMN process at any one time

Challenges

- Turnover among care coordinators has required agencies to spend time on hiring, and has disrupted or delayed services for some youth and families

Data collection capacity building efforts

Agencies not only need to ensure they have staff trained to deliver services, but the infrastructure in place to take referrals and track information for the SOC evaluation and for ongoing quality improvement initiatives. The

Minnesota System of Care Database was developed for systematically collecting data from Wraparound and CIBS grantees in order to meet federal reporting requirements, monitor program fidelity and key implementation metrics, and to inform the evaluation. County agency and provider staff were trained throughout the first half of 2020 on how to navigate the database and enter the required data for all eligible youth served. To capture the different data components of each service model, as well as accommodate the different ways each grantee operated, the database continues to be enhanced and modified to address emerging data collection needs and to provide agencies with real-time information about youth receiving services and summary discharge information. Data quality reports and feedback loops have been established and will continue to be refined so that current and complete data can be used for monitoring, decision-making, and future planning. In addition to the database, Wilder created a website for grantees and providers that stores information about the evaluation, including a flyer to share with families about the interviews (see: https://wilderresearch.org/projects/system-of-care/).

In addition, NWIC uses a number of tools to assess fidelity to their Wraparound model and skill development of staff. Wilder Research has also worked closely with FACTS to develop tools used to ensure consistency in implementing the model and to gather feedback from agencies, providers, and partners about implementing CIBS.

Reach and impact of Collaborative Intensive Bridging (CIBS) and WrapMN

DHS established service eligibility criteria for CIBS and WrapMN to ensure the state grant was reaching youth with high level mental health needs, as required by SAMHSA. The referral process varies by grantee, in regard to who is aware of the service available and able to refer or request services. In most situations, youth are confirmed as eligible for CIBS or WrapMN if they have: a) a mental health diagnosis; b) symptoms or behaviors that have required treatment in a residential setting; c) involvement with two or more child-serving systems; and d) a history of less intensive treatment interventions. For evaluation purposes, the start of services is defined as the point in which the WrapMN care coordinator or CIBS therapist has their first in-person or virtual meeting with the youth and family. For some youth, there are multiple points of engagement before the family begins services, as anticipated through the treatment model. Some eligible youth hadn't yet received services due to waitlists, provider shortages, and challenges related to telehealth during the COVID-19 pandemic. SOC pilot grantees not implementing CIBS or WrapMN will be reporting data separately (see Custom Evaluation Plans for SOC Pilot Projects in the appendix).

Youth referred for CIBS and WrapMN

From the start of the SOC grant through September 30, 2020, 84 youth were referred and determined eligible for CIBS and 94 youth were determined eligible for WrapMN. The number of youth referred and determined eligible varies by grantee, with as few as 8 and up to 30 youth being referred to each agency. Throughout this section of the report, data are summarized in aggregate or by service type.

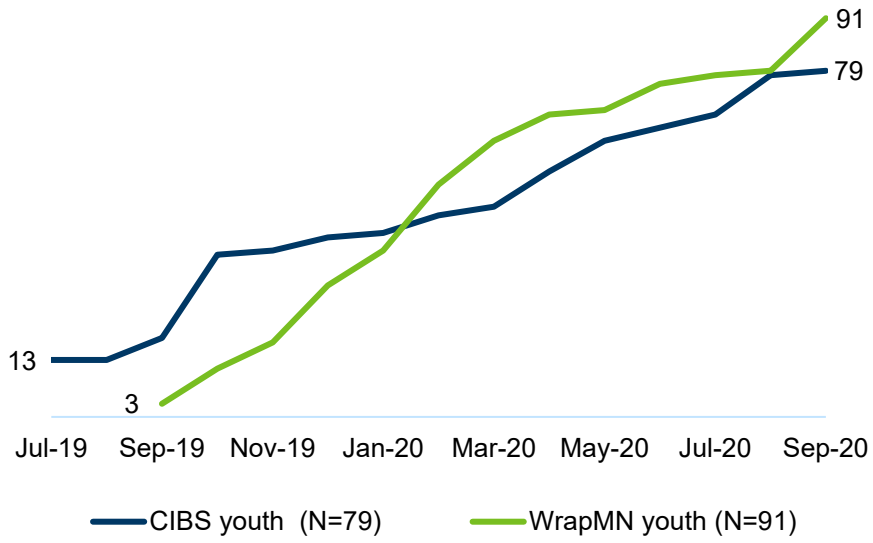
Referral sources

A referral source was identified for 121 of the 177 youth referred and determined eligible for CIBS or WrapMN, or 68% of youth. For youth referral information available, over half (56%) were referred to CIBS or WrapMN by a children's mental health case manager. Other common types of referral sources were child protection or child welfare (14%), school-linked mental health therapist (12%), and probation officer or juvenile justice agency (10%). The following referral sources made fewer than five referrals: outpatient mental health therapist, residential treatment provider, parent support organization, or family self-referral. Referral sources vary by

grantee. For example, all referrals by school-linked mental health therapists took place in Ramsey County, where the initiative is heavily focused on coordination with school districts.

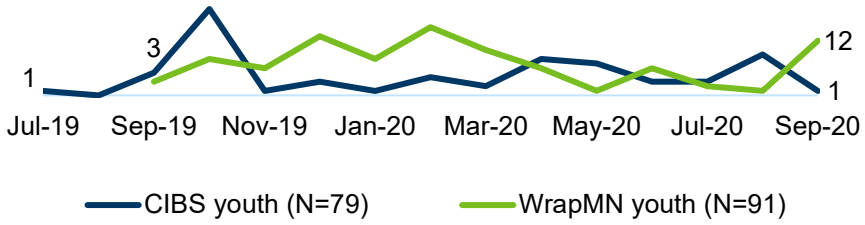
CIBS and WrapMN referral patterns are influenced by multiple factors, including the timelines for services launching in each community, awareness of the service among referral sources, and staff capacity. Overall, increases in referrals tend to align with greater service capacity as new staff are trained (Figure 1). Because CIBS was an established service in some communities prior to the SOC grant, CIBS referrals included a number of youth who had already begun to receive services before the SOC referral process and eligibility criteria had been established. Referrals tracked at the local level show more variation as service capacity has changed or following intentional outreach activities. A month-by-month review shows that referrals to CIBS and WrapMN continued as the COVID-19 pandemic began and through the summer of 2020 (Figure 2). However, a number of providers, particularly from agencies providing WrapMN, noted more difficulty reaching families and beginning services after receiving a referral.

1. Referred and determined eligible for CIBS and WrapMN, over time



Note: Referral dates were missing for seven youth.

2. Referred and determined eligible CIBS and WrapMN, by month

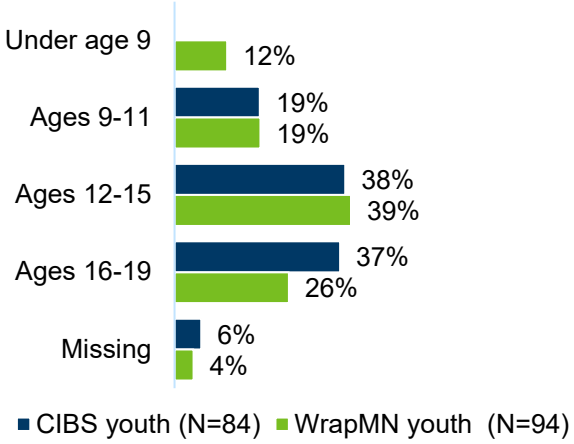


Note: Referral dates were missing for seven youth.

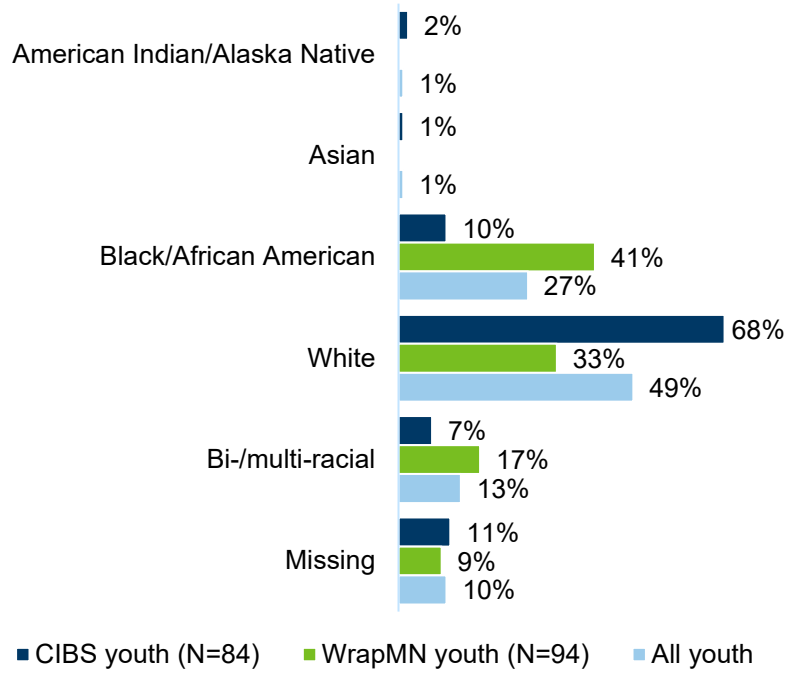
Youth demographic data

A majority of youth referred and eligible for services were between the ages of 12 and 19 (Figure 3). The mean age for WrapMN-eligible youth was 12.9, with a range from age 5 through 18. The mean age for CIBS-eligible youth was 14.3, with a range from 9 through 19. Youth under age 9 are not eligible for CIBS. Youth determined to be eligible for WrapMN and CIBS services were most frequently white, Black or African American, and bi-/multi-racial. As Ramsey County is specifically serving African American youth and families, a larger proportion of WrapMN-eligible youth are African American compared with CIBS-eligible youth (Figure 4). A higher percentage of WrapMN-eligible youth were male compared to female, whereas females and males were nearly equally represented among CIBS-eligible youth (Figure 5). For both therapeutic models, all eligible youth spoke English and six youth also spoke another language—three of whom spoke Spanish.

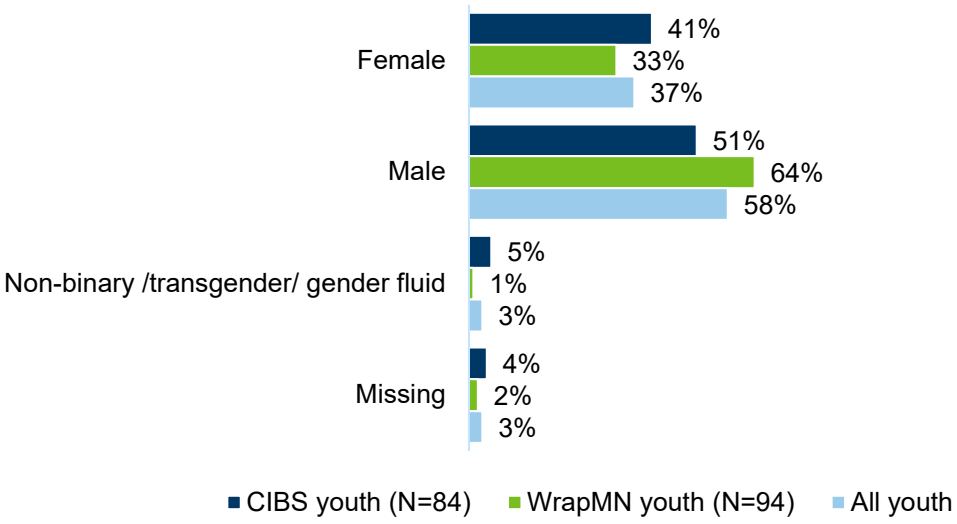
3. Eligible youth by age group



4. Eligible youth by race, ethnicity



5. Eligible youth by gender identity



Level of need at time of referral

Information shared at the time of referral can offer insight into the level of need youth have prior to receiving CIBS or WrapMN. Both CIBS and WrapMN are intended to reach youth with mental health needs that are disrupting functioning in home, school, or community settings and that may require a residential intervention level of care.

Most youth referred to CIBS (97%) or WrapMN (73%) services had concerns suggesting the need for intensive integrated services in a community-based or residential setting. The Child and Adolescent Service Intensity Instrument (or CASII) is a standardized instrument that provides a determination about the level of care needed to support a child's behavioral health needs. Among youth referred for CIBS services, 65 referral forms included CASII scores, with all but two youth receiving a Level 4 score or higher (Figure 6). Scores for the 57 youth referred to WrapMN with an available CASII score were wider ranging, with some youth having scores as low as Level 2, suggesting outpatient services being the level of support necessary. However, these scores are not the only factor taken into consideration when determining eligibility and may not reflect current needs, particularly if the CASII was not updated close to the time of referral. As more data become available, potential associations between CASII level and ongoing engagement in services will be considered to further refine eligibility criteria, if necessary.

6. CASII for youth referred to CIBS, WrapMN

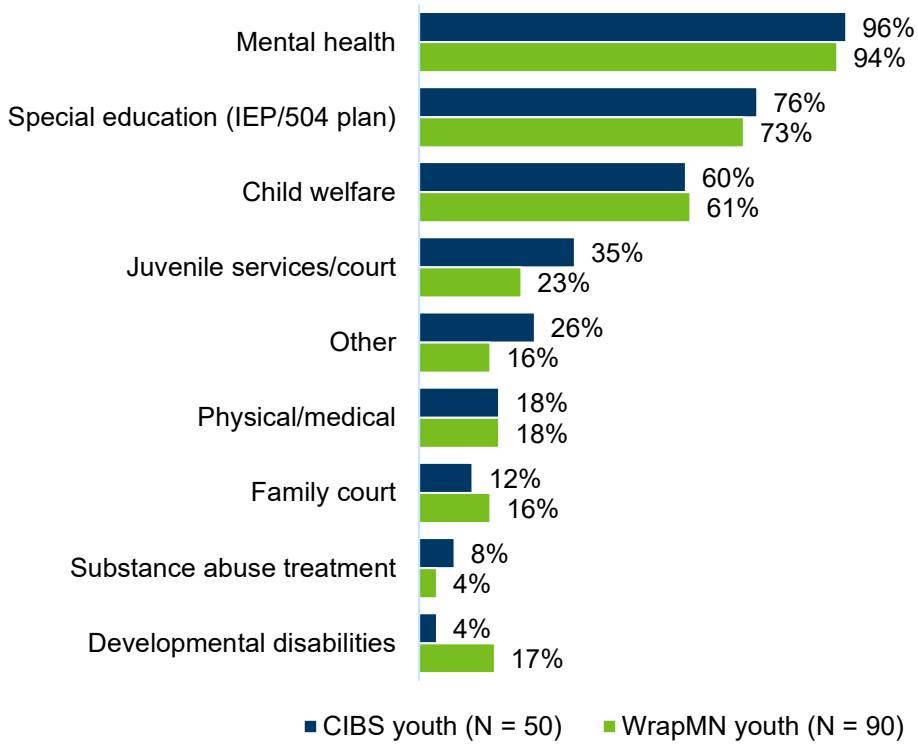
CASII level	Description of service level	CIBS (N=65)	WrapMN (N=62)
2	Outpatient services, with weekly visits	0	7
3	Intensive outpatient services, with visits 2 or more times per week	2	10
4	Intensive integrated service without 24-hour medical monitoring	28	20
5	Non-secure, 24-hour medical monitoring (group home, foster care/residential facility), tightly knit wraparound services	31	19
6	Secure, 24-hour medically managed	4	6

Note. CASII scores were not available for all youth referred for services.

Approximately 1 in 5 youth referred for services had received a residential intervention in the past. Another factor suggesting a high level of service need is whether there have been past residential interventions. Fourteen of the youth referred to CIBS services (17%) were known to have received mental health treatment in a residential setting or had been placed in a correctional setting in the past. Six additional youth had lived in a foster home at some point prior to referral, while two additional youth were living in a foster home at the time of referral. Among youth referred for WrapMN service coordination, 21 (22%) were known to have received mental health treatment in a residential setting or had been placed in a correctional setting in the past. An additional 17 youth had lived in a foster home. At the time of referral, nine youth were living in a foster home, including three living with relatives, and two youth were homeless. Ten of the youth were receiving services in a residential setting at the time of referral.

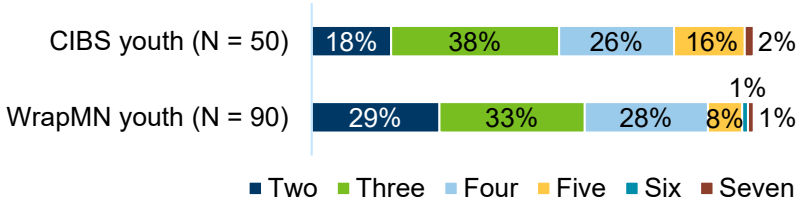
A majority of youth were receiving services through three or more child- and family-serving systems. Not surprisingly, most youth (94% of WrapMN referrals and 96% of CIBS referrals) were involved with the children's mental health system at the time of referral. Over half of the youth referred also were receiving supports through school or involved with the child welfare system (Figure 7). Seventy-one percent of youth referred to WrapMN and 82% of youth referred to CIBS services were receiving services through three or more systems, with a few youth involved with seven different systems or services (Figure 8).

7. Youth involvement in child- and family-serving systems



Note. This information was not provided for all youth referred for services.

8. Number of systems youth and families were involved with at the time of referral



Note. This information was not provided for all youth referred for services.

Youth served

Agencies providing CIBS and WrapMN are asked to update information regularly about youth who receive services, including key timelines for entering services and reaching treatment milestones. For some agencies, the System of Care Database is their primary tool for tracking information about youth served, while others have an existing electronic health record (EHR) in place to capture some pieces of information.

As the agencies have become more familiar with the System of Care Database and have integrated data entry into their practice flow, the quality of information available has improved. However, missing service initiation or discharge dates may lead to undercounts in the number of youth served or the timeliness of services. The data in this report should be considered preliminary information that will be updated throughout the remaining grant period.

Through September 2020, information from the SOC Database confirms 44 youth began CIBS services and 65 youth began WrapMN service coordination (Figure 9). For the purposes of evaluation, the start of services is defined as the first (in-person or virtual) face-to-face visit with the WrapMN care coordinator or CIBS therapist focused on identifying or addressing family needs. For some youth and families, there is a period of engagement and informal contacts between staff and the family prior to the first meeting. While this work is not included in the reporting definition of services being initiated, these early engagement activities are important precursors to services and help families connect with services most aligned with their needs. As of the date data were pulled from the database, there were 33 youth referred to CIBS and 22 youth referred to WrapMN with services pending or for whom the current enrollment status was not known. Delays in data entry for some of these youth may lead to an undercount of all youth receiving services.

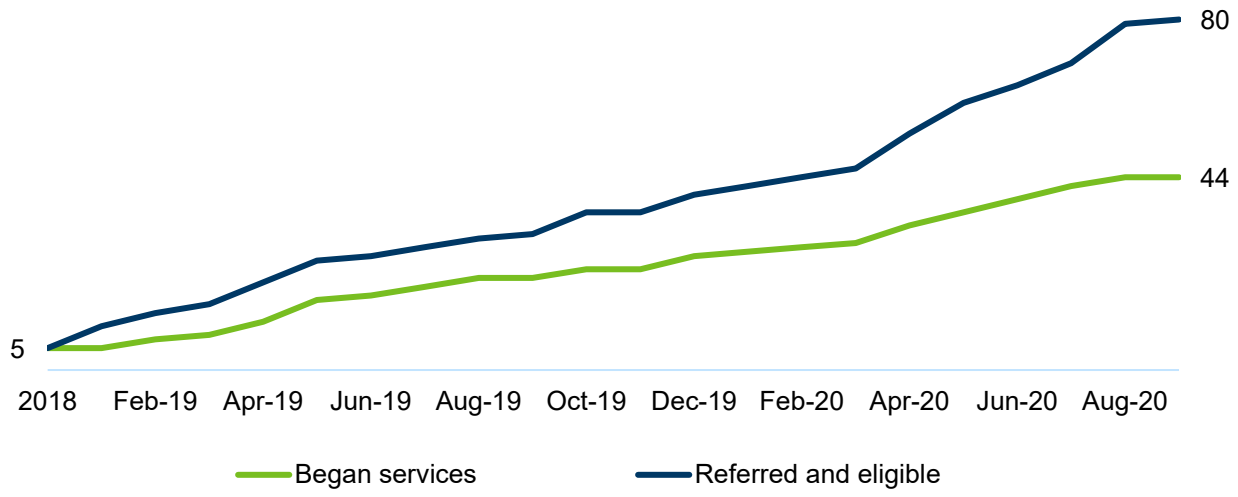
9. Summary of youth referred and who began services, through September 2020

Service model	Number of youth referred to services determined eligible	Number of youth who began services during the reporting period
CIBS	80	44
WrapMN	91	65
Total	171	109

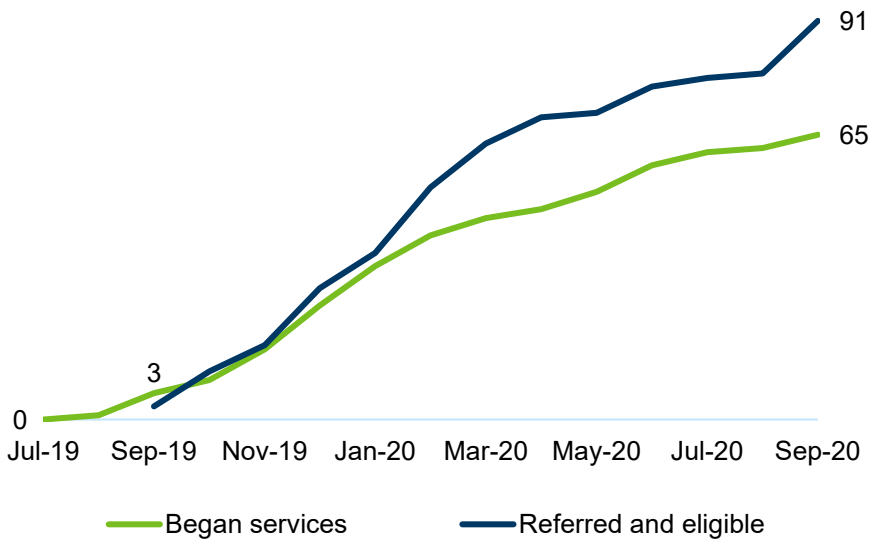
Note. Counts in this table reflect information entered into the SOC Database as of October 15, 2020, for youth served through September 2020. Youth are documented as starting services when an initial meeting occurs (in-person or virtually) with the WrapMN care coordinator or CIBS therapist.

More information is needed to understand the factors that contribute to differences in the number of youth referred and engaged in services. Information entered into the SOC Database includes dates of referral and service initiation for CIBS (Figure 10) and WrapMN (Figure 11), but requires additional descriptive information before the enrollment status is clear. Providers have shared that services may be pending for some youth because of turnover at the provider level, leading to waiting lists or delays initiating services; families requesting to wait before entering services because of their own family situation or until in-person services are an option; or simply due to delays in data entry. These factors vary at a local level and will be the focus of future site-specific reporting.

10. Enrollment status of CIBS youth, over time



11. Enrollment status of WrapMN youth, over time



Service experience

Multiple metrics will be used to assess various aspects of youth and family service experience. Some of these measures focus on the timeliness of services, such as the number of days between referral and initial contact or the initiation of services, the involvement of informal supports and service providers in family meetings, and the intensity and duration of services. Because a relatively small number of youth have experienced services for an extended period of time at this point in the evaluation and since the information that is available needs to be understood in the context of local implementation efforts, this information is not included in this report, but will be available at the agency level in upcoming site-specific reports and for each type of service (CIBS or WrapMN).

Discharge from services

To understand the impact of CIBS and WrapMN, the evaluation looks at when and why discharges occur. The discharge information presented is preliminary, as it includes information gathered about youth discharged during the first 6-9 months of full service implementation, which may not fully reflect all youth and families served during that time. In addition, the discharge information presented are based on information provided by each provider agency about services completed through September 30, 2020, and entered into the SOC Database as of October 15, 2020. Some information may be missing or incomplete. Future reports will provide more in-depth information about service length, intensity, and discharge status for all youth served during the first full year of implementation, including additional information about reasons families discontinue services.

Discharge data, although incomplete, provide some preliminary information about the length of time youth and families were enrolled in services and characteristics of the discharge.

Collaborative Intensive Bridging

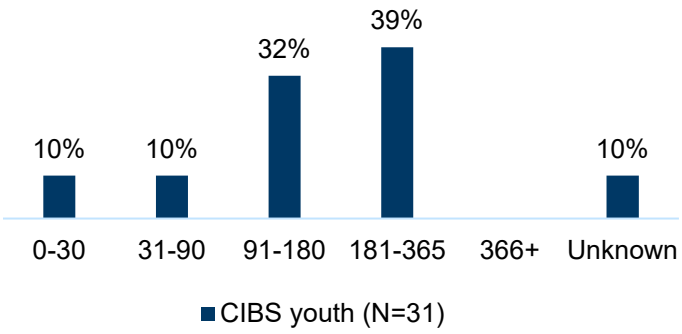
All youth begin CIBS services because a residential intervention is being considered. For some youth and families, when CIBS and other community-based services are in place, the residential intervention can be avoided completely and the family moves from Phase I (intensive in-home therapy before a Phase II residential intervention) to Phase III (intensive in-home therapy following or instead of a Phase II residential intervention) of treatment. For other youth, a Phase II residential intervention may still be most appropriate, but is then expected to be a shorter length of stay (30-45 days, in comparison to a residential placement of 6 months or longer).

While still a small sample, for most youth who completed CIBS services, youth avoided a long-term residential intervention. Through September 2020, among the 31 youth discharged from CIBS services, 3 youth (10%) began a long-term residential intervention. Preliminary results are promising, and suggest that the service is helping youth stabilize in a community-based setting and avoid a residential intervention.

- Eighteen youth were discharged after transitioning from Phase I to Phase III treatment without a residential intervention. Of these youth, 14 successfully completed treatment according to the CIBS therapist and family. Most of these youth were referred for ongoing individual therapy. Two youth withdrew from services during Phase III, and one youth entered a residential correctional facility.
- Thirteen youth were discharged during Phase I of treatment. Of these youth, four withdrew to a less intensive type of service, two youth began a long-term residential intervention, one youth withdrew to begin other services due to delays in being assigned a CIBS therapist, one youth withdrew because there was not an engaged caregiver able to participate, and one youth moved. The discharge status for four additional youth was unclear.
- Five youth were discharged following a Phase II short-term residential intervention. Two of these youth completed Phase III (post-residential) therapy and successfully completed treatment at discharge according to the CIBS therapist and family. Two youth refused additional services and one youth was discharged because there was not an engaged caregiver able to participate in services.

Among youth who received CIBS services and discharged to date, the earliest successful completion of services occurred after 132 days of service. Among the 10 youth who discharged prior to that date, most families withdrew from or refused services, and two youth began a longer-term residential intervention. Among the 12 youth engaged in services for at least six months, all but one were discharged with mutual agreement by the CIBS therapist and family that treatment was completed. The average length of service for youth and families who withdrew from services was 111 days, but ranged considerably from 11 to 325 days (Figure 12). The average length of service for youth who were discharged following successful completion of the program was 239 days, with a range of 132 to 333 days. As more data are available, future analyses will explore engagement in services prior to discharge and include additional information about reasons for early discharge.

12. Days in service prior to discharge, CIBS-enrolled youth (N=31)



Note. Services are consistently calculated as the time between the first meeting with the CIBS clinician and discharge. However, for some youth, the start of services occurred before SOC referral and eligibility criteria had been established.

WrapMN

WrapMN is expected to last 12-18 months before the youth and family transition to a lower level of service need. Due to the time required to train staff and build infrastructure to provide the service, as well as the impact of COVID-19 on service delivery and family needs, very few youth and families have reached the point of potentially achieving successful discharge.

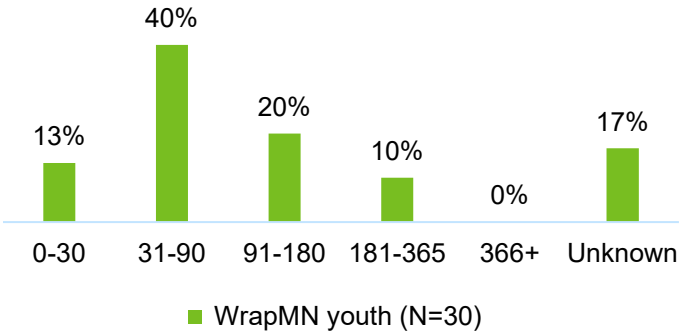
Although it is too early in WrapMN implementation for families to achieve successful discharge, among youth discharged through September 2020, 4 youth (13%) were referred to services in a residential setting. Through September 2020, 30 youth referred to WrapMN service coordination had been discharged. The preliminary data show both that some youth and families were difficult to engage in services, and that, for youth who did engage in services, few began a more intensive residential intervention. It is also important to note the potential impact of COVID in engaging families and in convening a Child and Family Team (CFT) comprised of professionals and informal family supports.

- Nine youth were discharged after having at least one CFT meeting. Five youth declined additional services or passively refused services by not contacting the care team coordinator, two youth were discharged because the family moved, and two youth began a residential intervention. None of the youth had received services long enough to achieve a mutually agreed upon successful discharge.
- Twenty-one youth were discharged before a CFT meeting was held. Most families withdrew from or passively declined WrapMN service coordination, with many planning to request case management services. Two of these families moved, and services were discontinued for one youth who began a residential intervention.
- Six youth and their families were contacted by the WrapMN case coordinator, but never engaged in services. All of these passive refusals of services occurred in April or later. One of these youth was known to have entered treatment in a residential setting, while other youth continued case management (N=2) or the status of services was unknown (N=3).

Discharge data available for youth who received WrapMN service coordination is preliminary. Youth were discharged from WrapMN in as few as 6 days and up to 197 days after their first face-to-face meeting with a

Wrap care coordinator, an average of 83 days (Figure 13). However, information for many youth in the SOC Database is incomplete and more information is needed to understand the degree to which youth and families were engaged during the service period. As more data are available, future analyses will explore engagement in services prior to discharge and include additional information about reasons for early discharge.

13. Days enrolled in services prior to discharge, WrapMN-enrolled youth (N=30)



Perceptions of CIBS and WrapMN

Feedback from caregivers and youth

Youth and families receiving WrapMN and CIBS services are invited to participate in telephone interviews in order to gather input about their experiences with services received, and changes in functioning that have resulted from services. The evaluation plan included interviews with parents/caregivers and youth age 12 and older conducted at the beginning of services, six months into services, and either at the end of services or one year after services start—whichever is sooner. Participation in the interviews has been low. During the current reporting period (ending September 30, 2020), 28 families receiving WrapMN service coordination expressed interest in participating, of which 10 completed a baseline interview. Nineteen families receiving CIBS services expressed interest, of which one completed a baseline interview. Understanding the experience and perspective of youth and families is a critical aspect of the evaluation. However, in the midst of COVID and while families are experiencing stress due to their child's challenging behavior and participating in high-intensity services, agreeing to an interview may feel too burdensome. While continuing to ensure families understand the evaluation as a voluntary choice, a number of changes are being considered to increase the number families who provide feedback, including the use of online or written surveys instead of telephone interviews.

Feedback from providers and local stakeholders on CIBS

Helpful training. Numerous respondents described the CIBS workforce training they received as invaluable. Individuals who received training have appreciated the trainers' experience, flexibility as new providers require training, and ongoing consultation and coaching. One key informant noted they also received technical assistance from the trainers on creating electronic health record documents to track their CIBS intervention. The support provided by the Clinical Director to determine eligibility following a referral was described as timely.

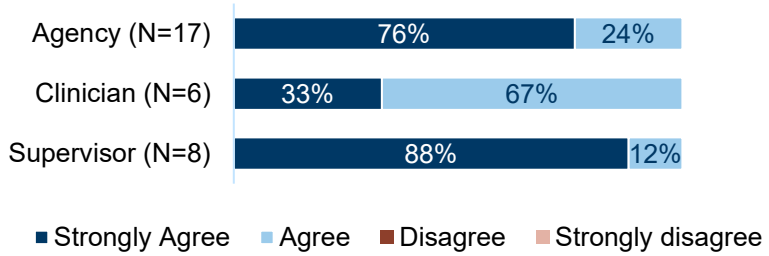
Positive feedback from caregivers. Anecdotally, key informants shared positive feedback for CIBS and how it has been received by families, with one calling the service a "game changer" for families. One respondent reported that during a discharge meeting, one parent wished they would have tried CIBS sooner, noting that they had learned so much about changing their own parenting behavior. Another respondent spoke about a grandparent learning to establish boundaries and expectations with her grandson and a youth who started leaving the house and attending school after slowly building a positive relationship with their therapist.

Fills a gap in services. CIBS filled an unmet need in some communities that had previously lacked an intensive in-home therapy alternative to residential placement. For one CIBS site that initially developed the CIBS model, the SOC grant provided an opportunity for them to enhance their training materials and implementation process. They hired a regional coordinator who also supports partner counties implementing CIBS. The coordinator position has also meant a consistent source of information about CIBS for providers, partners, parents, and youth versus inconsistent messaging from multiple social workers. The grant has been used to expand CIBS services, but also improve them by increasing fidelity and consistency.

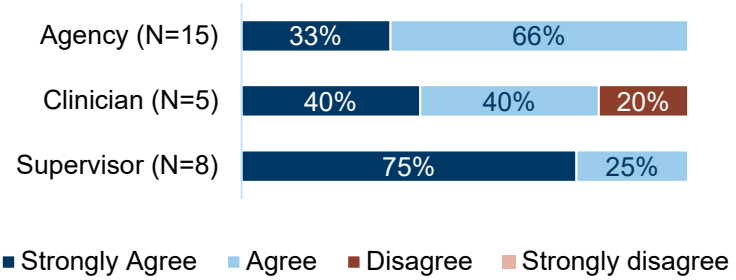
> *"We have ongoing consultation and contract meetings with our providers who are responsible for some of the service delivery aspects of CIBS. They've been able to inform us of needed materials, training, manuals, and documents that would make their jobs more effective and successful. The materials that we put together a year ago look a lot better now, based on concrete feedback from partners."*

To hear more directly from project representatives, surveys evaluating the Bridging model overall, as well as the implementation process, were sent to CIBS providers (clinicians and supervisors) and agency staff in August 2020. The agency survey was administered to county-level staff such as case managers and CIBS coordinators. The results showed that all providers and agencies agree or strongly agree that the Bridging model is a good fit for their clients (Figure 14). Agency staff and providers were asked about identification and enrollment of youth. Supervisors were the most likely to strongly agree that the youth they have enrolled are a good fit for the Bridging model (75%; Figure 14).

14. Perception that the Bridging model is a good fit for clients



15. Youth enrolled are a good fit for the Bridging model



Challenges

Staff turnover. Five of the six CIBS sites reported challenges with recruiting and retaining qualified CIBS therapists. These include the intensity of the services provided, and the low rate of insurance reimbursement for services. It's especially challenging to find interested candidates with the necessary experience who are willing to live and work in rural areas at the salaries being offered. An additional challenge is the amount of time it takes to get up and running—to get CIBS providers, case managers, and residential treatment agencies trained in the model, and to provide ongoing training and consultation. Given the intensity of services, providers can only manage a small number of cases at any given time, leading to waitlists.

Service not the right fit or offered at the right time. While many respondents from CIBS sites noted positive experiences with services, CIBS is not a fit for all families. The most commonly mentioned challenge across all sites was that the services can be too intense, too rigid, and require too much time for some families. Key informants described CIBS as strenuous and demanding—families are required to meet three times per week. Some parents become overwhelmed and miss or cancel appointments even though they are informed about the CIBS process going into the service. Respondents shared that many of these families are overburdened and exhausted with economic stressors, housing challenges, and perhaps their own mental health issues. In addition, some families are distrustful of services, due to past negative experiences or because they do not think that CIBS can help their family when other services have not been successful. While staff who reach out to families are very intentional in describing the service and how they will be involved in the treatment plan, there are still power imbalances that may create unease for families.

> *"Work for SoC through government agencies engaging families is not as "pure" as it could be. The experiences of families are not as voluntary as it could be. I'm not naive knowing where we're starting."*

Other challenges unique to communities implementing CIBS include:

- **Identifying eligible youth.** Some initially identified youth were determined ineligible due to age, an autism diagnosis, or probation involvement.
- **Costs.** Some parents have been unhappy about copays or deductibles for a service the county is asking them to try.

Feedback from providers and local stakeholders on WrapMN

Helpful training. Overall, results from trainings provided by NWIC and, more recently, co-facilitated by the two WrapMN coaches, have shown that attendees see the trainers as credible, that much of the information is useful, and that they feel confident in their ability to integrate new information and skills into their work with youth and families.

Positive feedback from parents. Project representatives have heard positive anecdotal information from parents about the WrapMN process and how it has given caregivers and youth a much stronger voice in making decisions and ensuring the CFT is focused on the needs they feel are most important.

> *"I think we've gotten really positive experiences that families are having with the Wraparound services and families who are feeling supported, who are feeling that the Wraparound model is really helpful."*

> *"I think, for the first time, [families] are able to get their voice heard by their providers and really share their input, as opposed to providers just kind of dictating what the treatment plans are going to be without much input from the family."*

Fills a gap in services. Across all communities implementing WrapMN, one or more project representatives described how WrapMN was filling a gap in their local continuum of services. One county representative shared that targeted case management was often a broker of services, while the WrapMN process elevates the needs of families and, with a team in place, can better ensure services and supports are meeting the family's needs. Another project representative noted that prior to WrapMN, they usually saw residential treatment as the only option for youth who were exhibiting very challenging behaviors. This person saw WrapMN as something else that families can try, hopefully avoiding a residential intervention that often removes the child from the local community.

Challenges

Staff turnover. Some degree of staff turnover is expected to occur in entry-level WrapMN care coordinator positions, but COVID-19 has also increased turnover as some individuals have needed to make changes most helpful to their families. Turnover has been particularly disruptive in agencies that only have one WrapMN care coordinator or where capacity of other trained staff is too limited to support families during staffing transitions.

Immediacy of response. Across multiple communities implementing WrapMN, there was some concern that the WrapMN process wasn't being able to quickly address the immediate needs of families. One project representative noted that although WrapMN care coordinators work to get CFT in place, not all families are ready for that step of working with a larger group. Another project representative noted that families need to have their basic needs met before they can begin working on important, but longer-term goals.

"Those initial [Child and Family Team] meetings where providers and their support network meet require some planning. It takes a long time. There's a lot of steps of the Wraparound process to get to that initial meeting. And we lose families because it's not happening fast enough or because it's too overwhelming or too time intensive for them."

Additional gaps in services and supports. While most project representatives saw WrapMN as filling a need in their community that can benefit youth and families, a few people noted that there were still service gaps in the community. These gaps included an effective mobile crisis response service, trauma-informed mental health services, mentoring support, and financial resources to ensure families' basic needs are met.

Unclear expectations about the intensity of training and other aspects of the WrapMN model. Because DHS committed to implementing the high-fidelity model of Wraparound after each community submitted a proposal and began to envision their local work, multiple project representatives noted that they were surprised by the training, coaching, policy development, and documentation requirements of the model. Multiple project representatives noted that they would likely have made changes to how they approached staffing and implementation if they had a better understanding of the model. Further, a few agency representatives described feeling uncomfortable getting a rating on new implementation requirements that they hadn't expected.

Other challenges unique to communities implementing WrapMN include:

- **Questions about cultural responsiveness.** In Ramsey County, where SOC efforts are focused on meeting the needs of African American youth and families, there have been some questions about whether the initial steps of the WrapMN model are culturally responsive.
- **Long-term infrastructure and resources for collecting data.** WrapMN is a data-driven model that expects agencies to routinely track and review data to help identify what is working well and areas for improvement. Decisions will need to be made about whether the SOC Database, agency-level electronic health record (EHR) systems, or other approaches are needed to track and report information long term.

Additional reflections on adapting to COVID-19.

The COVID-19 pandemic added burden to families with distance learning, job losses, and the challenges of being confined at home. Several respondents described challenges engaging youth and families via telemental health, especially maintaining engagement as families were simultaneously navigating the transition to distance learning. To meet the needs of youth and families, all CIBS and WrapMN providers needed to adapt quickly and creatively. Some of the service delivery challenges that were amplified with COVID-19 were difficulty building rapport and engaging new families, missed virtual appointments, or families choosing to wait until in-person services are available. Lack of devices or inconsistent internet connections presented challenges, particularly early into the pandemic. New technology-related issues also emerged, such as difficulty facilitating mixed hybrid and in-person meetings when participants wearing masks in-person for safety are harder for virtual participants to hear. In addition, finding a private space at home for meetings or therapy sessions was challenging for some families.

The SOC-funded communities and provider agencies found creative strategies to meet the needs of families, including: setting new expectations with youth and families when using virtual meeting platforms; meeting with youth and families outside (e.g., Walk and Talk meetings); helping families get reliable devices and internet connections in their homes; and working with local collaboratives and partners to provide care packages and gift

cards to families. COVID-19 also impacted local systems change efforts and has created greater financial uncertainty, impacting some aspects of sustaining services.

School-Based Diversion Model Project

Minnesota's School-based Diversion Model (SBDM) is a student-centered plan to keep youth from entering the criminal justice system due to arrests at school. It was created by a team of professionals, students, and parents from various backgrounds and constituent groups. The project is funded by a Minnesota legislative appropriation and two grants from the Department of Human Services. It is highlighted in this report because, just as the System of Care grant works to keep youth with their families in the community and avoid out-of-home placement, the SBDM's goal is to provide school and community supports for students to prevent placement in correctional facilities, ultimately ending the school to prison pipeline.

SBDM provides a decision-making protocol for student incidents and presents an opportunity for schools and law enforcement to work together as a shared decision-making authority to address students' academic, behavioral health, and criminogenic needs. The model outlines three possible responses to student incidents: (1) no action-inform parent; (2) school case conference or behavior support team consultation, which can result in referrals to restorative justice conflict resolution, mental/chemical health services; or (3) school resource officer/law enforcement involvement.

The model emphasizes a variety of approaches to meet the needs of students. Critical elements of the triage system include: involvement of families at every stage; referral for screening, assessment, and treatment for early identification of youth at risk for juvenile justice involvement; and development and access to preventative and supportive resources within the school environment with community supports such as restorative practices, mental health screening and support, and chemical dependency evaluation and services. The model is general enough to be applied to any school setting and allows for some adaptation based on local context and resources.

In spring 2017, an RFP was issued across the State; it was open to school districts and nonprofit agencies. The first site, Robbinsdale Cooper High School, began implementation in Fall 2017 and five more sites were added in January 2018: Minneapolis Roosevelt High School, Duluth Denfeld High School, Owatonna High School, Cloquet Alternative School (transferred to Cloquet High School in Fall 2019), and St. Cloud McKinley Area Learning Center (see map on page 10). Figure 16 shows the number of students referred to and served by the program.

16. SBDM students

School year	Referred into program	Served by program
2018-2019	348	199
2019-2020	287	259

Local systems change efforts

Adopting a System of Care approach requires communities to consider the launch of any new service in the context of broader efforts to create a coordinated network and spectrum of effective community-based services and supports. With that more holistic approach in mind, SOC communities move from simply focusing on which services are available, to more expansively considering how all child-serving systems can function differently to meet the needs of youth and families. SOC communities demonstrate the following core values:

- **Family driven** and **youth guided**, with the strengths and needs of the child and family determining the types and mix of services and supports provided
- **Community based**, with the location of services, as well as systems management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level
- **Culturally and linguistically responsive**, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports

Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

In the planned series of site-specific summaries, the integrated work of each SOC-funded community, as well as implementation challenges and early indications of success will be described in more detail. In this report, common themes related to changes in governance structure and collaboration, adoption of SOC values, and use of training and technical assistance supports are summarized.

Leadership, governance, and cross-sector collaboration

There is considerable variation across the funded communities in the composition of the team most directly responsible for implementing local SOC efforts and how broadly partners from multiple sectors (e.g., provider agencies, school districts, caregivers, youth, and local collaboratives) are engaged in the work. While some individuals most involved with carrying out work under the grant had great familiarity with SOC values and were involved in shaping the community's grant proposal, others had less experience overall or were engaged in only a specific component of the work.

> *"One of the really strong things has been that it's been a priority. We [SoC Committee] have a structure for meeting, and people show up. We all know what our roles are. We've had a business plan that lays out what our deliverables are, and what each person's role is to achieve what we need to achieve."*

The site-specific summaries describe local implementation efforts in more detail, including how the project is led and the potential advantages and disadvantages of the structure. More broadly, the structures in place to implement local SOC efforts varied in the following ways:

- **Size and composition of local project teams.** The number of people involved in local SOC efforts varied, and different advantages and disadvantages related to team size were shared in the interviews. In general, small SOC teams were able to make decisions quickly, but implementation could be delayed

when a team member had too many roles to play or other competing responsibilities at the county or agency. Some larger counties faced more bureaucracy or found it was difficult to maintain engagement with stakeholders who played key roles in the local children's mental health system, but were less directly involved with youth receiving services through the grant.

- **Connection between service implementation and SOC values.** The communities also varied in the degree to which the work to implement services was clearly tied to efforts related to advancing SOC values and submitting key deliverables and planning documents to DHS. Often, the county held responsibility for advancing SOC values while the provider agency focused on implementing the service. However, this was not true in all communities.
- **Engagement with local children's mental health collaboratives.** Seven of the communities funded to implement CIBS and WrapMN spoke directly about involving local children's mental health or family service collaboratives in local SOC efforts, acknowledging that more work was needed to define roles and clarify the best ways to partner through the grant. The degree of partnership varied from collaboratives having no involvement in SOC implementation efforts to an example of one county working to shift governance and decision-making around SOC efforts to the collaborative. For many grantees, partnering with collaboratives created an opportunity to engage a broader network and get input from parents and caregivers. One project representative noted that they also need to continue engaging families who are not involved with the collaborative.
- **Impact on cross-sector collaboration.** Within and across local SOC project teams, perspectives varied about the degree to which current SOC efforts are impacting cross-sector collaboration. Many of the project representatives interviewed felt that SOC efforts thus far had largely helped support relationships that were already in place and increased awareness of available services and supports. Multiple project representatives noted that COVID has created barriers for collaboration, as meetings don't include time for informal connections and relationship-building with less familiar partners. A few individuals highlighted new connections that were taking place as a result of the SOC grant or conversations about topics that hadn't been discussed in the past, including historical trauma. There is interest and excitement among Collaborative members and other community partners (e.g., local nonprofits, the school district, county leaders) about changing the system and the way things are done.

Additional challenges

Respondents from most funded communities talked about challenges recruiting parents, caregivers, and youth to local governance and leadership structures, including time constraints and making youth and family members feel welcome to join existing committees and workgroups. Respondents want to avoid tokenizing youth and caregivers, but did not always have connections to a network or existing group to establish communication and feedback channels.

Moving forward

Multiple grantees wanted to continue to work on bringing youth and family voice into decision-making and planning by working more closely with local youth groups and collaboratives. Some grantees also saw an opportunity to strengthen their cross-sector work with juvenile corrections and schools, as well as supporting networking across providers and local agencies. While much of this work will need to occur at a local level, some grantees saw opportunities for DHS to play a stronger role in sharing information about SOC efforts, values, and goals with professional groups, including the Minnesota Association of County Social Service Agencies

(MACSSA), the Minnesota School Social Workers Association (MSSWA), and Children's Mental Health and Family Services Collaboratives across the state.

CIBS and WrapMN as part of a community-based continuum of care

Both CIBS and WrapMN were seen as services that help fill a gap and ensure youth and families can receive the support they need at home, rather than through a longer-term residential intervention, which often occurs far away from the youth's home community. A number of representatives noted that, prior to launching WrapMN or CIBS, there was not an intensive community-based service options available for youth and families to try as an alternative to a residential intervention. Many respondents saw linkages between formal services and natural supports as integral to the success of the model. Several grantees, including communities that have also received school-linked mental health grants, have worked more closely with the schools to reduce barriers to access for youth and families. In two of the communities, project representatives described WrapMN as a pillar, foundational to supporting youth and families and establishing more integrated services and supports.

> *"We want to provide the right services at the right time for youth. And I don't think that our system has been set up historically to be able to do that. Oftentimes we have these kids who have really challenging behaviors such as whether they're extremely suicidal or they're very aggressive. And we end up looking for residential treatment or group home treatment as more of a way to house them rather than as a mental health intervention."*

Most respondents described WrapMN and CIBS as filling an important gap in the community's local continuum of care, but recognized more was needed to have a full continuum of services and supports available to youth and families. Respondents identified the following critical gaps:

- **Mobile crisis response.** Respondents from some communities felt that crisis response services were available and working well. One site provides families with magnets featuring the crisis line number, and includes the number in all treatment plans. In another community, they have formed a partnership with the crisis response team where the family's crisis plan encourages the CIBS-enrolled youth to call their CIBS therapist first when a need arises. If that doesn't work, they'll call the crisis team who will then follow up with the therapist the next business day. However, some communities felt mobile crisis response services needed to be more timely, accessible to families when they need support, and more holistic in their approach.
- **Respite services.** Some grantees shared examples of creative ways they provided both formal and informal respite opportunities for youth and families, including: providing funding so families can pay the person of their choice to provide respite for a few hours or an overnight stay; hosting events, such as a picnic and petting zoo, that families can enjoy together; and assembling activity baskets for families with crafts, toys, and sports equipment that could be used, given the many closures and cancellations of camps and other activities due to COVID.
- **Culturally responsive and trauma-informed services.** Multiple project representatives noted the need for more culturally responsive mental health services and providers who share the same culture as the youth and families served by the agency. Multiple people also underlined the importance of providers and any staff working with youth and families to understand historical trauma and to have the skills to use trauma-informed approaches. One respondent addressed the need for more "out-of-the-box thinking"

when it comes to effective mental health practices versus always relying on traditional therapy and medications, expanding options for healing practices that are more culturally responsive.

- **Early identification and prevention services.** While recognizing that the SOC is intended to focus on youth with more significant mental health needs, a few project representatives noted that early interventions are needed to help prevent crises and ultimately reduce the need for the most intensive level of service.

Additional challenges

A key barrier to offering a full continuum of services to families, especially in rural areas, is a lack of providers. Communities described a low ratio of providers to population, workforce shortages, and challenges attracting and retaining providers. Another key barrier cited is lack of access to services for families, whether that's due to transportation, insurance, or lack of awareness of services. Some services and supports that had been available to youth and families are more challenging to access due to COVID. While providers are being creative, some situations are more challenging, such as how to engage younger children in telemental health sessions when in-person therapy is not an option. Multiple providers also saw a lack of trust in county mental health systems as a barrier to services, particularly when case management is needed to access other services.

> *"I think we have more providers than we had two years ago or ten years ago, but I think that the bigger issue for us is definitely being able to retain and keep people in greater Minnesota."*

Moving forward

A key barrier to offering a full continuum of services to families, especially in rural areas, is a lack of providers. Communities described a low ratio of providers to population, workforce shortages, and challenges attracting and retaining providers, particularly providers who are Black, Indigenous, and people of color (BIPOC). While counties and agencies are continuing work to establish a more diverse workforce and address gaps in service, a number of representatives also saw this as an area where state-level action is needed to help support these efforts.

Integration of system of care values

In the interviews, project representatives spoke to ways that they were working to demonstrate core SOC values in service delivery and broader systems change. Overall, while most people with familiarity to CIBS or WrapMN saw how these values are being integrated into service delivery, the ways in which the project representatives envisioned adoption of these values more broadly into systems change efforts varied.

Integration of SOC values in service delivery

- **Family-driven and youth guided.** Project representatives familiar with the CIBS or WrapMN model saw these services as opportunities to increase family and youth voice in treatment decisions. The WrapMN model is based on youth and families identifying priorities and goals for the team to support. Among individuals familiar with CIBS, numerous respondents shared that youth appreciate the focus on family dynamics and not just their own issues. Another CIBS agency respondent described a success as having youth make decisions about their therapy and introduce more activities into sessions.

Some agencies have also established ways for caregivers and youth to provide broader feedback. For example, some agencies have adopted additional approaches (e.g., surveys, check-ins, exit interviews) to more regularly get input from youth and families or changed practices so that the first conversation about the family's priorities, needs, and strengths is done with the family instead of providers meeting without the family present. One project representative shared that, as result of WrapMN training, they have an intentional shift not to use terms like "clients" or "cases" in their agency. While most project representatives pointed to small changes, a few familiar with WrapMN noted that it wasn't as clear how to engage younger children differently in decision-making.

- **Culturally and linguistically responsive.** A number of project representatives described work they had been doing prior to the SOC grant to increase cultural and linguistic competence. Some project representatives stated they routinely ask clients about their preferred language, cultural values, and spiritual practices from the start to better inform treatment planning. A number of project representatives offered examples of changes they are making to better ensure youth and families receive culturally and linguistically responsive services. For example, one grantee provided an example of making changes in policy and contracting steps to help ensure families can access interpretive services and culturally responsive services and supports, and ensuring provider agencies can access resources to build capacity in these areas, if necessary. Another county plans to assess the degree to which their buildings are accessible and welcoming to families.

  "If a part of who we are is about racial equity and cultural linguistic appropriateness … then our contracted vendors also have to be because they are standing in for [our county] at that time."

Integration of SOC values in local systems change

- **Family-driven and youth-guided.** While key informants from three of the CIBS-funded sites talked about having caregivers and youth with lived experience providing input into the children's mental health system, only respondents from one site felt that youth and caregivers were really helping to guide SOC efforts. In that community, two youth who have received CIBS services are members of the Local Advisory Council. These youth were consulted on whom to invite to a SOC training that was being planned with National Alliance of Mental Health-Minnesota (NAMI), and they had a voice in developing the county's youth advocacy training that will be made available to youth entering CIBS services. Among WrapMN sites, three communities were working closely with their local children's mental health or family service collaborative to ask for input and provide information about their implementation efforts. Multiple respondents described reducing barriers to parent participation by including stipends for attending, child care, and help with transportation. Respondents generally agreed that there was more to do for families to have clear decision-making roles and influence in shaping the local children's mental health system. In addition, representatives from these communities noted that additional outreach needs to happen to engage with families who are not already connected with these groups.

  Overall, efforts to involve youth in stronger roles to guide system of care efforts and systems change were further behind caregiver engagement efforts. Some project representatives offered examples of events they had hosted to gather input from youth, and one community described some success in launching youth-led groups. A number of communities were working on building stronger connections

with youth groups that are already established, and some were also exploring ways to connect with Youth MOVE to support youth in leadership and advocacy roles.

> *"We have taken a stance from really wanting our youth to have active mental health advocacy roles in our county. Youth being able to advocate for what would help them day to day with mental health, and trying to get more peer led, youth led programs."*

- **Culturally and linguistically responsive.** Among the three CLAS standards prioritized through the grant, respondents were most confident in their local work to ensure interpretive services are available to individuals who have limited English proficiency and other communication needs. In some rural communities, project representatives noted that they serve a predominantly white population, and consider diversity broadly, including how socioeconomic differences impact access and experience with services. In a number of communities, project representatives pointed to work already underway at the county level to review and revise policies to have a clear equity focus. However, the degree to which community members have been involved in these reviews was unclear. Many respondents shared that they are still at the beginning stages of finding ways to operationalize the CLAS standards into true systems change, including how to change leadership and governance structures to promote the CLAS standards and equity.

Additional challenges

While respondents saw their role as integrating system of care values broadly across the full system, a number of communities noted that in order to do so, they need to have more people involved as champions and driving the work forward. For a number of grantees, work on the CLAS standards has been delegated to a primary lead or subcommittee. While that approach can be helpful in dedicating time to initiate this work, efforts to increase cultural and linguistic responsiveness ultimately need to be the responsibility of everyone involved in local system of care efforts. In addition, some project representatives noted that more diverse leadership is needed at all levels of the work, including among DHS and the contracted partners providing training and technical assistance.

Role of training and technical assistance in supporting integration of SOC values

To support the adoption of SOC values, communities that were awarded funding through the grant have also received training and technical assistance from DHS and its state partners, as well as state and national experts. Beginning in 2019, DHS began hosting quarterly training and technical assistance calls with each funded community that are attended by DHS staff and the state partners. Grantees also receive one-on-one technical assistance, as requested.

Grantees and their local partners are also asked to participate in a number of trainings. From June 2019 through June 2020, 1,229 participants were reached through training on SOC values and services. The following metrics provide some insight into the types of reach of these training activities:

- Three full SOC conference days reached 210 participants. The first conference, Building Successful and Equitable Systems of Care, was a general introduction to the core SOC values. The second conference, Using Equity & Social Marketing as a foundation for Community Engagement & Care, focused on the CLAS standards and messaging.

- Learning community calls, covering topics like social marketing and the National Culturally and Linguistically Appropriate Services in Health and Health Care Standards (the National CLAS Standards), reached 206 participants.
- Minnesota Association of Children's Mental Health (MACMH) trainings, including Youth Engagement 101, Family and Youth Engagement, and Initial YouthMOVE Primer, reached 61 participants.
- National Alliance of Mental Health-Minnesota (NAMI) trainings, including Understanding the Children's Mental Health System, You're the Expert: How to Successfully Advocate for your Children, Families as Partners, and Developing Family Driven Systems, reached 316 participants.
- Training on cultural diversity, racial equity, and CLAS standards delivered by the SOC Cultural and Linguistic Lead at DHS reached 90 participants.
- WrapMN workforce trainings were delivered to 68 participants.
- CIBS workforce trainings were delivered to 278 participants.

In addition, the grant allowed Hennepin County to invite a national expert to introduce System of Care concepts to a broad group of county staff, providers, school representatives, caregivers, and advocates and provide some support to the team's local planning efforts. A few grantees have brought in additional training on historical trauma and working with specific cultural communities. Two agencies completed the Intercultural Development Inventory (IDI) as a starting point to understand the type of training and support most appropriate to support growth and increase inter-cultural competence.

Grantee feedback on training and technical assistance

Overall, many project representatives felt that the foundation trainings provided by DHS and its contracted partners have been helpful in terms of creating a common base of understanding among local SOC partners. A number of respondents appreciated hearing what was working well in other communities and in having recorded trainings available for people unable to attend a virtual event. A number of respondents offered specific examples of more individualized trainings and technical assistance that had been particularly useful. For example, one project representatives found it helpful when the grant's Cultural and Linguistics Competence Lead attended one of the county's mandatory diversity, equity, and inclusion (DEI) trainings to provide feedback on what worked well and how the training could be improved. Multiple respondents found the DHS-sponsored spring conference focused on cultural and linguistic competence helpful.

Some of the grantees noted that expectations about SoC value-related deliverables were initially unclear or seemed disconnected to their local priorities and goals, making it difficult to determine what types of training or techical assistance may be helpful. A few respondents sugggested having a single point of contact to coordinate all training and technical assistance support would have helped simplify the coordination to launch the work. Turnover in some positions disrupted some work, including a clear direction forward with social marketing. Overall, they found targeted technical assistance focused on more local issues and the specific goals of their local work and goals was more helpful and practical than the more general training provided. Multiple grantees were interested in hearing directly from other communities, as well as from national experts.

Reflections on implementation

After receiving a System of Care grant, DHS moved forward with a broad and ambitious set of tasks to quickly launch a multi-community initiative to pilot new services, expand innovative programs, and establish a common understanding of system of care values. Across the funded communities, respondents expressed eagerness to bring new services to their communities to better meet the needs of youth and families and engage partners in work to improve their local children's mental health system. Without an official planning year, there was urgency at both the state and local level to quickly move into service delivery. However, reflections by the grantees suggest this approach led to inefficiencies, as well as confusion about roles, responsibilities, and goals, particularly in the earliest phases of implementation.

Multiple respondents, particularly individuals from communities implementing WrapMN, noted that they would have made changes in their staffing approach if expectations about the service model requirements had been clear before they submitted their proposal. In addition, respondents felt that there has been a lack of clarity about the scope and expectations related to SOC value-focused deliverables, especially at the start of the grant. Most wished for more concrete examples of what the completed deliverables should include, with some feeling like the work was a moving target. Some thought the work was disconnected with their local efforts, thus missing opportunities to build on what was already in place. A few respondents noted that it may have been helpful to have a clearer point person to help make connections for all types of available training and technical assistance earlier in the grant and who could also have been a bridge when there were staffing transitions among training and technical assistance providers.

A few respondents also felt that clearer alignment between the work happening in local communities and DHS priorities would help strengthen local efforts and support sustainability. One respondent noted that a committee of local and state agency representatives, initially formed to advance state policy work to support new services and aligned systems change, was disbanded early in the grant. This type of committee may be particularly important to consider ways to sustain work that has moved forward as the grant period comes to an end. This felt particularly important in the current economic environment, with multiple respondents recognizing new financial constraints at both the local and state level due to COVID-19.

The project representatives also had mixed reactions to the use of contract deliverables as a strategy to support adoption of SOC values. Multiple respondents shared that it would have been helpful to receive clear templates or completed examples so that local work could move forward more quickly. A few individuals felt the training and technical assistance could have been more effective if tied more closely to local strengths and priorities. A few project representatives hope that, in the final year of the grant, the work to implement new services and advance SOC values will include stronger partnerships between DHS and local communities to learn together about what works to implement services and integrate SOC values, rather than continue in a grantee-funder relationship. Respondents were interested in more customized technical assistance to develop pragmatic strategies in response to unique local needs. Some respondents also looked forward to more opportunities to share their expertise and experience to inform sustainability and expansion of services funded through the SOC grant.

Despite implementation challenges, many of which were amplified because of the onset of COVID-19, the project representatives felt very positive about their work and appreciative of the flexibility they've had to adapt and creatively respond to emerging youth and family needs.

Sustainability

Overall, respondents felt confident in their ability to continue work to advance values of family-driven, youth-guided, and culturally responsive services. A number of people interviewed felt they could continue to build on work already in place, particularly with the support of key organizational and county leaders. In a number of communities, respondents saw the children's mental health collaboratives as having a key role in this work.

Respondents, particularly from communities implementing WrapMN, were less confident in their ability to sustain services after the grant period. A few of the communities implementing CIBS had begun their work prior to the grant and were optimistic in leveraging local funding sources, particularly if they are able to demonstrate positive outcomes. However, multiple respondents also noted that COVID-19 has created new financial pressures for counties and mental health agencies. For communities implementing WrapMN, the path to sustainability was less certain. Multiple grantees were hoping that WrapMN would become part of the state's Medicaid benefit set, stressing that a bundled reimbursement rate is needed to cover the full cost of services, including the costs associated with supervision and coaching.

> *"I really want [DHS] to solve the sustainability of the service delivery issue. I feel that that's at their level. So, I hope they're strongly focused on that because they're the only ones that can do it."*

Another important aspect of sustainability is increasing capacity within agencies and local communities so that staff turnover is less disruptive. In most funded communities, grant-funded services are provided by only one or two trained staff. Because these high-intensity services require a fairly significant amount of training and skill development, staff turnover can create discontinuity in services for youth and families.

In response to grantees wanting to more clearly focus their sustainability efforts on clear service and SOC value goals, DHS convened grantees to further discuss concerns and to introduce a Sustainability Action Plan template that will help local communities prioritize goals and guide future training and technical assistance priorities. Workshop participants identified a few key areas of concern:

- **Recruiting and retaining providers.** Grantees expressed concern about provider burnout due to the intensity of the work and high caseloads. The work requires a lot of travel and very intensive work with families experiencing stress, and the salaries are relatively low. As turnover occurs, additional training will be needed, and it was unclear how recruitment and training costs would be paid for after the grant.
- **Billing and reimbursement.** Grantees hoped the DHS would have made more progress towards advocating for Medicaid reimbursement for services. County funds diverted to COVID response heightened concerns about abilities to sustain services after the grant.
- **Demonstrating outcomes.** Given the time it has taken grantees to launch services, and struggles with maintaining providers and staff, some grantees are concerned with having enough cases to show positive outcomes. Some participants were specifically concerned about getting enough families to participate in Child and Family Outcomes interviews. Grantees were also interested in having better ways to demonstrate potential costs averted when youth avoid a residential intervention or when there are reductions in high-cost services, such as emergency rooms or inpatient hospitalization.
- **Maintaining fidelity.** WrapMN grantees, in particular, expressed concern about sustaining the specific Wraparound model implemented through SOC

During the workshop, grantees offered the following suggestions about ways that DHS can better support sustainability:

Suggested strategies for sustaining services

- Build a financial case for sustaining CIBS and WrapMN by estimated costs averted with fewer residential placements, as well as reductions in juvenile corrections involvement and emergency department use.
- Identify legislative champions who will advocate for reimbursement for in-home therapy and WrapMN service coordination.
- Leverage Intensive Treatment in Foster Care (ITFC) reimbursement for youth receiving services in foster care settings.
- Identify options to retain regional CIBS coordinator position.
- Expand telemental health capacity and impact by providing equipment and data hot spots (or similar services) to families without reliable technology options and offering virtual respite supports for youth.
- Increase the provider workforce to minimize disruption from staff turnover.
- Propose expansion of the School-Based Diversion Model through juvenile-diversion focused grant funding.

Suggested strategies for sustaining SOC values

- Work more closely with local Children's Mental Health and Family Services Collaboratives to integrate SOC values into a broader array of services and system-wide change
- Infuse SOC values into strategic planning with leadership in both children's and adult mental health
- Continue to provide training on SOC values for a wider range of system partners
- Expand NAMI-MN's train-the-trainer opportunities for interpreters
- Maintain youth advisory groups and increase participation
- Implement pre-placement screening policies and practices to increase youth involvement in decision-making
- Expand work taking place through local equity committees to continue to review and revise policies to focus on equity and to create more robust staff professional development goals to increase cultural and linguistic responsiveness

Discussions around sustainability have been somewhat different in communities implementing unique models. All Carlton County key informants felt that telepresence is sustainable. However, some respondents expressed concern that, with the surge of videoconferencing use following COVID, it seems less likely that the vision for a having a single standardized platform (Vidyo) used by state agencies, county departments, and community-based providers, will be realized. Carlton County representatives also had some concerns about sustaining staff positions in order to maintain ongoing communication and relationship building with providers and youth groups, and to ensure providers have the support they need to sustain telepresence usage. Among project representatives from Northwest Minnesota, some felt the Family Partners program is sustainable, while others had concerns about funding. They are hoping to partner with the Northwestern Mental Health Center and sustain services through the Certified Family Peer Specialist model so they are able to bill for services and seek additional funding from a grant or foundation to cover the full cost of the services. Future goals and plans for sustainability for Fond du Lac's Family Reunification Project will be included in reports prepared by the tribe.

Recommendations

Suggestions from grantees

Grantees were invited to share recommendations for improving implementation of SOC during the remainder of the grant during evaluation site visits, key informant interviews, and the sustainability workshop.

The following recommendations focus on state-level funding, policy, and prioritization decisions:

- **Increase support for sustainability planning and take actions to identify future funding sources.** While also recognizing their own role in planning for sustainability after the grant, the grantees wanted to see more leadership from DHS to identify potential funding sources, including Medicaid reimbursement or Family First dollars, to sustain and expand services. This includes efforts to seek supplemental funding, such as the School-Based Diversion Model, throughout Minnesota. Multiple grantees noted the importance of funding supporting the full cost of services, not only time spent directly with youth and families. Multiple project representatives also noted the importance of funding supporting higher staff salaries as one strategy to reduce turnover.
- **Continue workforce development efforts to increase the number of trained mental health providers, particularly in rural areas of the state.** Particularly in communities implementing CIBS, their difficulty hiring and retaining highly skilled therapists made it difficult to maintain service continuity. The grantees suggested a number of strategies, including training initiatives to increase skills in trauma-informed services, intentional outreach and career pathway programs to create a more culturally and linguistically diverse workforce, and tuition or loan forgiveness programs for providers who commit to working in areas with provider shortages.
- **Share information about SOC with professional organizations to build buy-in and increase support across the state.** A few project representatives suggested DHS engage more directly with the Minnesota Association of County Social Service Agencies (MACSSA), the Minnesota School Social Workers Association (MSSWA), and Children's Mental Health and Family Services Collaboratives across the state to increase awareness around SOC values and generate greater interest in sustaining and expanding services.

The grantees also identified a few recommendations to support implementation efforts during the final year of the SOC grant:

- **Improve communication and strengthen collaboration.** Grantees requested more streamlined, clear, and frequent communication with DHS and state partners in response to questions or more regular updates. In addition, some grantees suggested greater communication within DHS to help streamline duplicative deliverables as well as to improve alignment and better leverage grants and programs with complementary goals. Grantees also suggested improving communication with the Children's Mental Health and Family Services Collaboratives to help advance SOC services and values.
- **Provide more opportunities for peer sharing.** Grantees are interested in the work happening across the state and would like more opportunities to learn from one another, share successes and challenges, and share concrete examples of effective strategies. In addition to peer sharing among county staff who often have roles as SOC project leads, some project representatives were interested in more opportunities for case managers and clinicians to network.

- **Continue to provide individualized technical assistance closely tied to local goals and sustainability efforts.** In the final year of the grant, many project representatives had interest in working with DHS and SOC training and technical assistance partners on issues specific to their local community's priorities, capacity, and future goals, rather than checking in broadly on the status of deliverables. Potential areas of focus include: additional training on ways to change governance and leadership to support the CLAS standards and advance equity and developing clear strategies to increase youth engagement that build on what is currently available in their community. Some project respondents expressed interest in further training on trauma-informed approaches and learning from other states and provider agencies.

Wilder Research recommendations

Wilder Research offers the following recommendations to improve the quality of data available, address challenges identified by grantees, and further integrate system of care principles into state-level action:

- **Establish a clear vision and specific goals for sustaining and further expanding intensive community-based services.** CIBS and WrapMN are intended to provide youth and families with an effective, intensive community-based intervention option to help avoid or minimize the length of residential interventions, when possible. This has been a long-standing gap in many communities and requires systems change to build the workforce, services, and collaboration needed to support youth and families at home and in the community. As the grant enters its final year, it is important to identify the potential number of youth and families who may benefit from these services in each grant-funded county or region and statewide in order to develop clear short- and long-term strategies for sustaining and expanding services.
- **Deepen engagement with county departments, local collaboratives, school districts, and state agencies to increase awareness of SOC efforts and expand integration of SOC values in services and system improvements.** While CIBS and WrapMN are models of care appropriate only for youth and families with the most intensive levels of need, the values of cultural and linguistic responsiveness, equity, family-driven and youth-guided decision making, and community-based supports can be further integrated into all child-serving systems to shape policies and practices.
- **Strengthen existing mobile crisis response services to ensure youth and families have adequate supports at home and in the community.** Other states that have worked to create intensive community-based supports to reduce the need for and shorten the length of residential interventions have also been intentional in building a strong mobile crisis response system, skilled in working with youth and families, and integrating the same SOC values that promote family and youth choice and cultural responsiveness. Beginning in communities that have received grant funds, clear plans should be developed to strengthen crisis response services already in place and consider changes that would make these services more responsive to the needs of youth and families and a more fully integrated component of the continuum of care.

Recognizing the importance of having data to inform decisions around sustainability and expansion of services, Wilder Research identified the following evaluation priorities for the next six months of the grant:

- Work with grantees to increase participation in youth and caregiver interviews or implement new data collection approaches to understand the experiences of youth and families.
- Align final reporting of SOC activities in each funded community with their Sustainability Action Plan

- Develop evaluation plans with grantees and DHS to gather and report post-grant youth outcome data to understand the long-term impacts of these services.
- Clarify data collection and reporting requirements that will be prioritized to assess the long-term effectiveness of CIBS and WrapMN.
- Work with grantees to further elevate their practice-informed strategies for reaching specific cultural communities, engaging with younger youth, or offering complementary services to inform how models can be adapted to be most effective in local contexts.
- Develop estimates of potential costs averted when services lead to avoided or shortened out-of-home placements, or reductions in other high-cost interventions, such as emergency room use or inpatient hospitalization.

Evaluation

Minnesota's Department of Human Services (DHS) contracted with Wilder Research to evaluate the System of Care grant at the state and local levels. Guiding evaluation questions include:

- How have mental health services for youth and families in Minnesota improved as a result of the System of Care grant?
- To what extent has collaboration between sectors, organizations, and professionals working in children's mental health increased?
- To what extent have family and youth voice and decision-making power in children's mental health systems increased?
- How have children's mental health services and systems become more culturally responsive?
- What strategies have been used to expand and integrate Systems of Care values and services statewide?

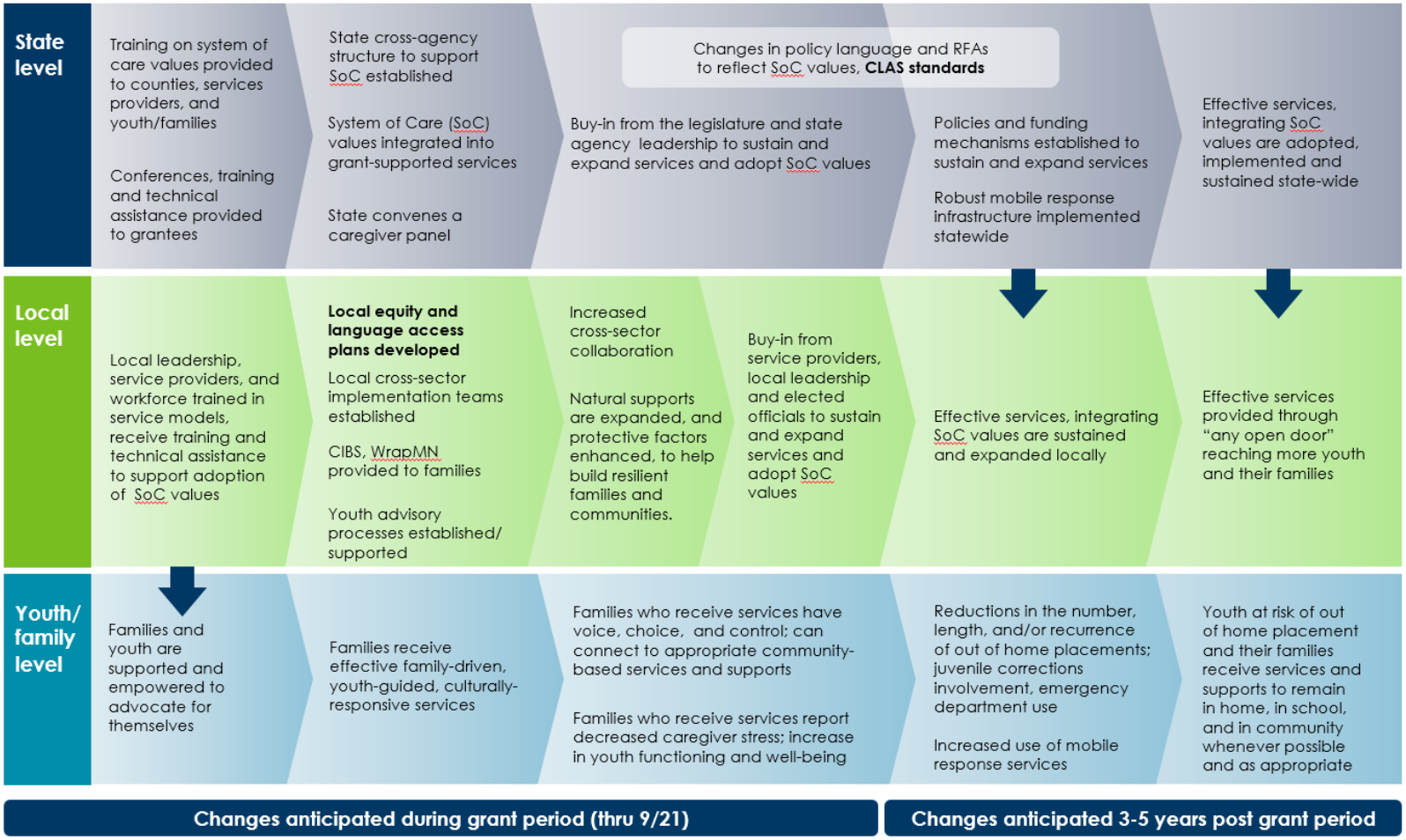
Evaluation plan

The System of Care evaluation has three areas of focus: youth and family experience, service implementation, and local systems change. Sustainability and expansion of System of Care values and effective services cut across these foci. Youth and family experience includes evaluation of both services outcomes and experiences with services. Service implementation includes evaluation of values integration, service implementation, and fidelity. Local systems change is measured through increases in agency and organization collaboration and networks, as well as values integration.

Logic model

Minnesota System of Care
Logic Model

Vision: Children and youth with complex mental health needs and their families have access to the right level of care at the right time and place, and are supported in achieving their highest potential, while living in safe and permanent homes.



DEPARTMENT OF HUMAN SERVICES

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MAY 2020

Data collection

Methodology

National Outcome Measures (NOMs)

All System of Care awardees are required to gather and report administrative data describing the characteristics of youth served. These data are gathered through eligibility determination forms and the database used by CIBS and WrapMN providers. De-identified information is entered into a national database for reporting purposes and also used as part of the local evaluation. NOMs data are collected at baseline, after six months of services, after 12 months of services, and at discharge. Among the 80 youth determined to be eligible for CIBS, the database contains baseline NOMS data for 79 youth, six-month data for 3 youth, and discharge data for 16 youth. Among the 90 youth determined to be eligible for WrapMN, the database contains baseline NOMS data for 74 youth, six-month data for 9 youth, and discharge data for 13 youth. Demographic data are included as part of the NOMS administrative data.

Child and Family Outcomes

The Child and Family Outcomes (CFO) study was initially a required component of the System of Care grant. Interviews, that included standardized instruments to measure changes in functioning, were to be conducted with caregivers and youth near the start of services, after 6 months of services, and after 12 months of service or discharge, whichever came first. After the requirement ended, changes were made to the interview protocol to incorporate more strengths-based items. During the current reporting period (ending June 30, 2020), 28 WrapMN families expressed interest in participating, of which 13 completed a baseline survey. Twenty-three CIBS families expressed interest, of which one completed a baseline survey.

Local Systems Survey

The purpose of the Local System Survey is to gather baseline information about local System of Care implementation in order to assess collaboration efforts and how key System of Care values (e.g., family-driven, youth-guided, and culturally responsive) are being integrated into service delivery approaches and work with youth and families. The survey asks SOC stakeholders to identify any local training or technical assistance needs. Local project leads received a summary of results to share with their planning and implementation teams.

Results of the assessment are intended to help grantees, DHS, and System of Care partners to 1) identify strengths and areas for growth, 2) aid in discussion and planning, and 3) identify action steps to help local systems meet goals and priorities that will support greater collaboration, increase family and youth involvement, and improve cultural responsiveness. During the fall and winter of 2019, 56 people from SOC grantee sites completed the survey.

Evaluation Site Visits

Site visits were conducted with each grantee to describe Wilder Research's overall evaluation plan and process, to walk through the Minnesota System of Care Database, and to identify training and TA needs. Grantees were also asked about progress and challenges to-date, and the impact of the COVID pandemic. SOC leads at each grantee site were asked to invite key stakeholders to join the virtual meetings. Site visits were originally intended to

be conducted face-to-face. The number of participating stakeholders varied by site, ranging from a low of three to a high of eight people.

Key Informant Interviews

Interviews were conducted with grantees and their key stakeholders to gather input on SOC implementation and outcomes to-date. Interview questions covered familiarity and experience with SOC implementation, project goals and anticipated outcomes, integration of SOC values, training and technical assistance needs, and sustainability. SOC grantee leads were asked to provide names and contact information for individuals they wanted to include in the interviews. Interviews were conducted with 77 stakeholders from May through July of 2020. The number of participating stakeholders varied by site, ranging from a low of three to a high of eight people.

Document Review

Wilder Research reviewed existing SOC documents, including grantees' quarterly reports, application materials, and meeting minutes from quarterly training and TA calls.

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 clinicians and supervisors who implement CIBS. The agency survey was administered to county-level staff such as case managers and CIBS coordinators. Both surveys were in the field July and early August of 2020. Seventeen individuals completed the agency survey. The provider survey was completed by six clinicians and eight supervisors.

Fidelity Assessments

Developers of the CIBS model, and partners of the SOC grant, developed a detailed fidelity assessment tool that reflects all of the core components of the model. This tool was piloted in fall 2019 by having the developers randomly select four cases each week for four weeks to rate how closely the weekly case notes reflect these core components. These experts independently rated the same materials from the same cases in the same weeks. The University of Minnesota collected this data and Wilder Research analyzed the inter-rater reliability. The results were then used to identify questions in which there were rating discrepancies to identify why these discrepancies existed and how the tool or the processes could be refined to improve the reliability of the ratings moving forward. Note that discrepancies during an initial pilot are not unexpected, and they are an important component of refining and standardizing the tool and process for expanded implementation. During summer 2020, five SOC grantees assessed 34 cases.

Data collection method	Frequency
National Outcome Measures	On going
Child and Family Outcomes	On going
Local Systems Survey	Implemented winter 2019-2020; revised version to be administered winter 2020-2021
Evaluation Site Visits	Conducted spring and early summer of 2020; to be repeated in spring and early summer of 2021
Key Informant Interviews	Conducted late spring and summer of 2020; to be repeated in late spring and summer of 2021
CIBS Provider and Agency Surveys	Piloted summer 2020; repeated fall 2020
CIBS Fidelity Assessment	Piloted fall 2019; repeated in summer 2020 and planned for quarterly administration
WrapMN Training Summaries and Fidelity Assessments	Ongoing (Gathered by NWIC and to be integrated into future reports)

Custom evaluation plans for SOC Pilot projects

Custom evaluation plans were developed collaboratively with each of the three pilot sites to meet the unique needs of their projects. The pilots have also participated in some of the cross-cutting evaluation components such as the Local System Survey and evaluation site visits. Two of the three pilots participated in the 2020 key informant interviews.

Telepresence

Carlton County's guiding evaluation questions include:

- Who can get services now through telepresence that they couldn't get otherwise?
- What is the value-add of telepresence and why should it be adopted?
- What should a public-private telepresence system look like?

Components of the evaluation plan include:

- Conducting interviews with community providers who have used telepresence to provide services to clients to learn about benefits and challenges.
- Conducting interviews and a focus group with youth who have received mental health services through telepresence to learn about their experiences and satisfaction.
- Completing a literature review on the use of tele-mental health to increase access to mental health services, especially in provider-shortage areas.
- Analyzing telepresence usage data to estimate potential cost savings associated with reductions in travel and time for in-person appointments.

- Producing an infographic highlighting the value-add of telepresence for decision-makers.
- Developing a return on investment framework to determine the feasibility of calculating an ROI.

Family Partner Program

The Northwest SOC team's guiding evaluation questions include:

- What is the value-add of the Family Partner program?
- How have systems changed during the past two decades due to SOC efforts?
- To what extent are families better off due to the Family Partner program?

Components of the evaluation plan include:

- Updating the Family Partner program logic model to reflect current activities and anticipated outcomes during the SOC grant period and beyond.
- Conducting interviews with parents and caregivers who have participated in the program to learn about their experiences, satisfaction, and family outcomes.
- Conducting interviews with community providers, such as school staff, county service providers, and family-serving organizations who regularly interact with Family Partners staff and clients to learn about changes that have resulted from the program.
- Analyzing client tracking and referral data, and providing a summary description of families served, services received, and the referral and enrollment process.
- Providing consultation on the development of a database for storing client data.
- Developing a sustainable evaluation plan that will be feasible for the Northwest SOC team to implement beyond the life of the grant.

Family Reunification Program

Fond du Lac's guiding evaluation questions include:

- What is the prevalence of trauma among American Indian children in Fond du Lac?
- What is the impact of Fond du Lac's behavioral health System of Care grant work on the community, including youth and families, schools, mental health agencies, and others?
- To what extent does Fond du Lac's behavioral health work contribute to overall healing in tribal communities?
- To what extent does Fond du Lac's grant activities increase the understanding of trauma among people and organizations who work with American Indian children in Fond du Lac?

Components of the evaluation plan include:

- Ongoing assessments of trauma diagnostics data, including gathering and analyzing data from the Trauma Symptom Checklist (TSC-40) and Adverse Childhood Experiences (ACEs).
- Administer surveys or conduct interviews with behavioral health providers to learn about the impact of trainings on trauma-informed approaches to their diagnostic procedures and treatment approaches.
- Gather and analyze data on student achievement and rate of in- and out-of-school suspensions
- Administer surveys or conduct interviews with school staff, parents and caregivers, and students to learn about their experiences and perceptions of the impact of school-linked mental health provided by Fond du Lac behavioral health.
- Administer surveys to behavioral health providers, medical providers, social services providers, substance use treatment providers, and parents and caregivers to evaluate their understanding of healthy boundaries, healthy relationships, and healthy living as taught by Fond du Lac behavioral health.
- Conduct interviews with non-FDL behavioral health providers to learn about their understanding of CLAS standards and their perceptions of the client/patient experience.

For more information about this report contact SOC-evaluation@wilder.org

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