Minnesota System of Care Expansion Grant
Region IV Final Summary

In 2017, the Minnesota Department of Human Services (DHS) received a four-year System of Care Expansion Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to strengthen the state's children's services and adopt system of care principles. Region IV received its sub-award from DHS in January 2019. Drawing on insights from eight project team members from the counties and a partnering provider agency, and administrative data provided by partnering provider agencies, this summary describes the region's efforts to date.

System of Care efforts in Region IV

Clay, Grant, Otter Tail, and Pope counties (Region IV) are using System of Care (SoC) funding to pilot implementation of Collaborative Intensive Bridging Services (CIBS).

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

> *With CIBS we have been able to provide a missing link. With any type of out-of-home placement, data show that the return to previous problems after release is high. Previous programs have been missing a piece, which is that the family, the family unit has to change. When a child is pulled from the home, they are worked on, they are the ones receiving the services, and the missing link is the family. This stops that.*
> *– Project team member*

What is a system of care?

A system of care is defined as a spectrum of effective, community-based services and supports for children with mental health needs and their families that is culturally responsive, organized into a coordinated network, and builds meaningful partnerships with families and youth to help youth function better at home, in school, in the community, and throughout life.

Minnesota's System of Care for Children's Mental Health initiative is focused on creating better outcomes for youth and their families in Minnesota by bringing together the work of many partners across the state. The goal of the initiative is to create an accessible and collaborative network of mental health care, grounded in system of care principles, that enables families to connect to the right level of care at the right time and place, which lessens the need for more restrictive and costly interventions.

DEPARTMENT OF HUMAN SERVICES

SAMHSA
Substance Abuse and Mental Health
Services Administration

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

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

Another goal the project team identified is to continue to focus on CLAS standards and expect that the standards continue after the grant has ended.[1] They see that these standards can be embedded within the service-providing agency and their partners/collaborators.

> *We have strived to be person-centered in our work – we are a person-centered agency and not just our disability workers, but every person from myself to the front desk has had the training on person-centered services.*
> *– Project team member*

Youth and families served

Through the end of June 2022, 15 youth received CIBS services. Of these, almost half (47%) were known to have had a past intervention in a residential mental health or foster care setting. Three of the youth referred began services in an inpatient psychiatric hospitalization or shelter care. The majority of youth served in Region IV identified as White (80%) and female (67%). In addition, the majority of youth served were between the ages of 13 and 17 (median age=15).
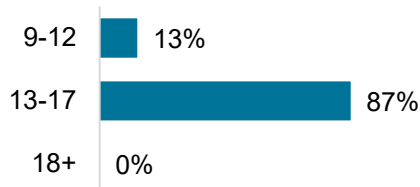
1. YOUTH SERVED BY GENDER (N=15)

Female 67%
Male 33%
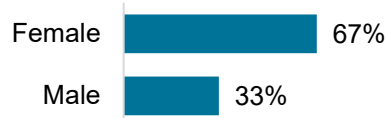
Note: Due to rounding, percentage may not equal 100%.

2. YOUTH SERVED BY RACE (N=15)

White 80%
Asian 7%
American Indian 7%
Hispanic or Latino 7%
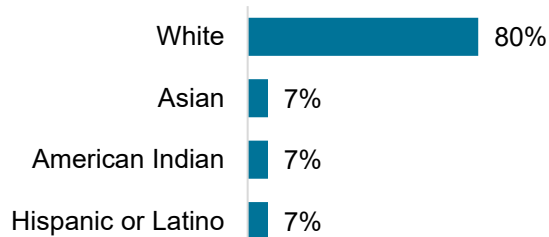
Note: Due to ability to select more than one race, percentage may not equal 100%.

3. YOUTH SERVED BY AGE (N=15)
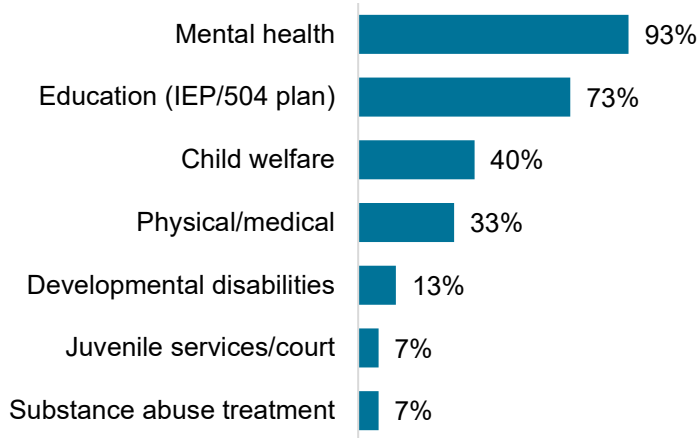

9-12 13%
13-17 87%
18+ 0%

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

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[1] The National Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) were developed by the U.S. Department of Health and Human Services Office of Minority Health.

Prior to their involvement in CIBS, 87% of youth were involved in two or more systems. Of the system involvement, mental health was the most utilized, with 93% of youth accessing these services.

4. PRIOR SYSTEM INVOLVEMENT AMONG YOUTH SERVED BY CIBS (N=15)

System	Percentage
Mental health	93%
Education (IEP/504 plan)	73%
Child welfare	40%
Physical/medical	33%
Developmental disabilities	13%
Juvenile services/court	7%
Substance abuse treatment	7%

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

CIBS implementation

Families participated in CIBS from six to eight months. To date, eight of the youth who began to receive CIBS services have been discharged due to mutual agreement on the completion of the program.

Region IV focused its grant-funded service on implementation of Collaborative Intensive Bridging Services (CIBS). This multi-faceted, strengths-based model is based on Multisystemic Therapy. It relies on intensive in-home therapy with active parental engagement and, often, a brief, intensive residential treatment intervention. Through the grant, DHS contracted with Nexus-FACTS Family Healing to provide training and coaching to all SoC grantees to train supervisors, CIBS coordinators, and clinicians to implement their model with fidelity.

Integration of system of care values

Through the SoC grant, DHS has emphasized the importance of integrating system of care values into local efforts by providing training and technical assistance and requiring grantees to develop a local cultural and linguistic competence plan focused on three of the National CLAS Standards. Region IV stakeholders described how they see these values being advanced through their work, as noted below.

- **Family-driven.** While most project team members reported that parents and caregivers had a positive experience with CIBS, these experiences were not without challenges. Project team members noted that there were initial frustrations from the parents with the amount of work they had to put into the program and the intensity of it. For those who stuck with the program, it took them time to see the positive effects. The program sometimes was not a good fit for families, and project team members did note there were families who dropped out over time. Project team members shared that while some parents had a degree of decision-making power or ability to guide efforts, the roles were more in the terms of informal feedback with limited options to make larger decisions.

- **Youth-guided.** Similar to that of the parents and caregivers, youth seemed to have a positive experience; however, it too involved time and effort to get buy-in from the youth. Project team members noted that like parents and guardians, the program did not fit all youth and there were instances of youth leaving the program due to negative experiences. There was not consensus from project team members on the extent to which youth guided efforts or held decision-making power. Some project team members reported that youth had some say depending on factors like age, with younger youth having less of a say compared to older ones. There were a handful of project team members who did not see that youth had any decision-making power during their time in the program.

- **Culturally responsive.** While project team members reported that they had received training, (e.g. implicit bias, white privilege, cultural humility, etc.) and have partnered with local networks or groups representing cultural groups or communities, there is more work to be done to ensure services are culturally responsive. Part of the concern from project team members is that the area they serve is very rural with little diversity. This makes it difficult for staff to engage in something conceptual. Representatives shared that poverty is a huge issue for the areas they serve and found this as a barrier in implementing CIBS.

Perceived benefits of CIBS

Project team members agreed that the biggest benefits and the greatest long-term impact of CIBS is reducing out-of-home placement and providing a family focused approach. Those interviewed also felt that this model has and will continue to save counties, organizations, and taxpayers money.

> *I think this idea of treating kids in the home with intensive services is a great model, and I really think that we have buy-in here, and that the decision-makers and people are seeing positive outcomes from keeping kids in their homes. I think that will be here to stay. – Project team member*

There was mutual agreement among project team members that CIBS provided opportunities for increased collaboration and communication among a larger, multi-disciplinary team from different organizations. This has created better working relationships and led to positive team and family outcomes. Project team members also felt that CIBS allowed for more engagement opportunities for both youth and their families, not only to engage with each other and the content of the program, but also to engage with a team of service providers.

> *The ability to meet as a team and have those multidisciplinary team consultations has been really helpful (CIBS therapist, and other providers meeting together and sharing ideas). – Project team member*

Other CIBS benefits individual team members saw were: staff's ability to get ongoing feedback from families as to what is and isn't working so that team members could respond appropriately, utilizing staff who have a good rapport with youth, and providing intensive treatment that other programs often do not do.

Challenges

During this grant, there were challenges beyond the scope of System of Care, including the onset of COVID-19, an unprecedented global pandemic, which forced individuals, organizations, and systems to adapt quickly to a new normal. While changes have been made to address many of the technical challenges of converting mental health services, school, and meetings to virtual formats, there are still many challenges and considerable uncertainty. In addition, Region IV County experienced challenges specific to the grant and the services they were providing.

- **Finding and retaining qualified therapists and support staff.** Project team members described challenges in recruiting and retaining therapists, something that many other industries are currently experiencing. Project team members shared that keeping staff engaged and excited about their work while providing the right amount of work is a challenge and has led to more staff turnover. In addition, the majority of the project team members reported that waitlists were becoming more of an issue, and because of these waitlists, staff were becoming overburdened, also affecting turnover.

  > *Our biggest challenge is just working in rural communities and having enough providers. It's really challenging work, and it's easy to get burned-out on the provider's end. It seems that right now, it's hard to get providers excited about this work, because it's so challenging, and also to keep providers doing this model – CIBS – it's really hard. We have lost providers and not been able to replace them. – Project team member*

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

- **Stop work order.** From October 2021 to February 2022, a stop work order was enacted by DHS while executing new contracts under a no-cost extension from the Substance Abuse Mental Health Services Administration. During that time, all work paid for under the System of Care Expansion Grant needed to stop. A few of the project team members saw this as a barrier or challenge since during this time they did not have access to the supports like funding that the grant provides.

  > *The stop order was tricky – but all that meant was that we could not use any of the grant money; we could still use county money, so if we had a case we knew was going to be dynamite with the program we could still do it. So in extreme cases we just foot the bill ourselves. – Project team member*

Other barriers that project team members individually reported out were identifying families that were the right fit for the model, lack of clarity on roles of team members, the amount of paperwork required by DHS, not enough upfront help from DHS to find appropriate providers, and getting families to initially engage and buy into the program. For the most part, project team members felt that they have not been able to overcome challenges or barriers, and see these as items that would need to be addressed to keep the program sustained after the grant has ended.

Recommendations

Project team members were asked to share their recommendations for DHS and for other communities implementing System of Care and CIBS services. Project team members shared their desire to sustain the program and carry out the core values moving forward; however, to do this they indicated a few priority areas that will be important focal points to ensure the sustainability of the program.

- **Increasing staff capacity.** Project team members noted that to sustain the program they need to hire more therapists and support staff, and build out systems to retain staff. This would help address the issue of waitlists. Additionally, some staff are feeling over-worked and overburdened, this can be eased by increasing staff capacity.

- **Providing ongoing technical support and training.** Project team members appreciated having the support throughout the grant period, from Luke and Leslie and other System of Care partners, and recommended DHS provide ongoing technical support and training to teams. This would be especially valuable to those experiencing staffing issues who are not able to provide support and training to staff involved in CIBS.

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

- **Supporting sustainability planning.** It was recommended by project team members that DHS provide support with sustainability planning moving forward. This could include providing ongoing support staff and funding.

- **Tailoring System of Care requirements to each location.** Project team members recommend tailoring the System of Care approach to individual locations. Project team members felt that the current SOC model has too much of a "cookie cutter approach" and does not work for certain areas, like the rural areas in which Region IV serves.

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