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# Minnesota System of Care Expansion Grant

Collaborative Intensive Bridging Services Summary of Metrics

December 2020

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## Summary of Collaborative Intensive Bridging Services

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

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

### CIBS grantees

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 (SAMSHA), covering September 2017 through September 2021. The process of reviewing proposals, selecting sub-recipients and executing contracts spanned July 2018 through March 2019. DHS is currently funding six CIBS grantees: Crow Wing County, Dakota County, Goodhue County, MN Prairie, Olmsted County, and Region IV.

This report summarizes grantee efforts, reach of services, and lessons learned to date. Data will be collected throughout the life of the grant, and outcomes will be shared in future reports.

### SYSTEM OF CARE

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

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

## CIBS implementation

### *Timeline and training*

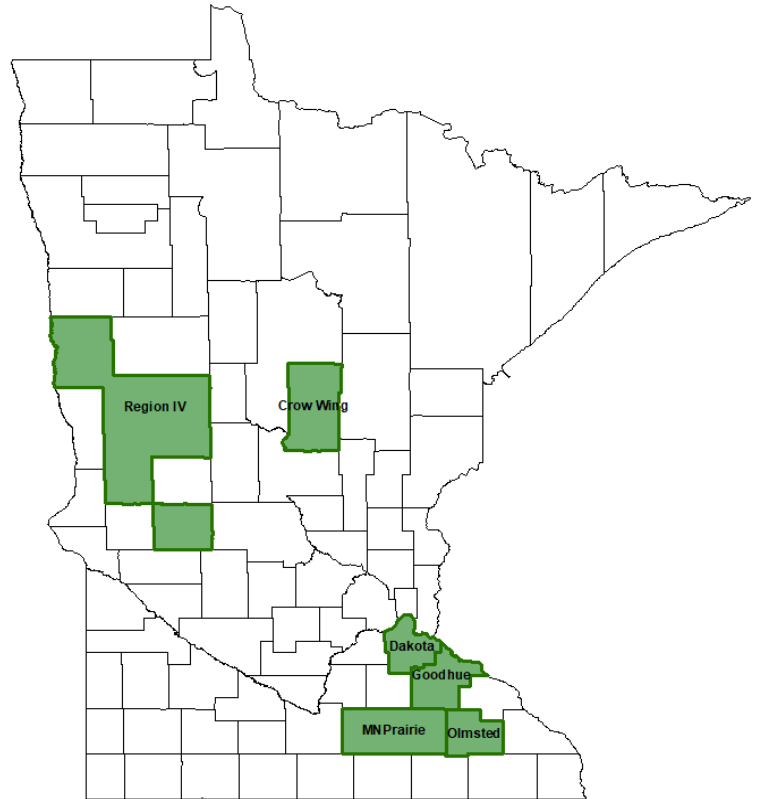
On average, it can take a county four months to build the necessary capacity to start implementing CIBS from the first meeting with senior management to completion of provider training. The timeline assumes that a qualified therapist has been identified and is available for training. An additional two months may be needed to train the county's selected residential treatment provider. Initiating CIBS services at a regional level, rather than a single county, may extend that timeline.

### *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 measurable 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.

## 1. System of Care CIBS Grantees



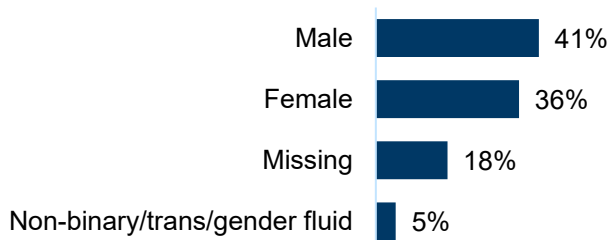
## Youth reached

As of mid-August 2020, 76 youth have been determined eligible for CIBS services through the SoC grant. Not all eligible youth have received services due to factors such as wait lists, provider turnover, and families opting out. Further, with the transition to tele-mental health resulting from COVID-19, some families have decided to wait until services can be delivered in person.

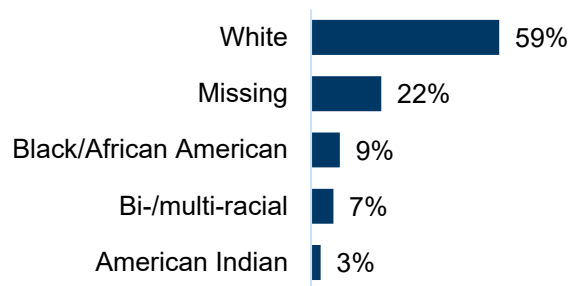
## Youth demographics

A somewhat larger percentage of eligible youth for which demographic data have been submitted are male. Over half are White, and all with a primary language designation speak English.

### 2. Eligible youth by gender



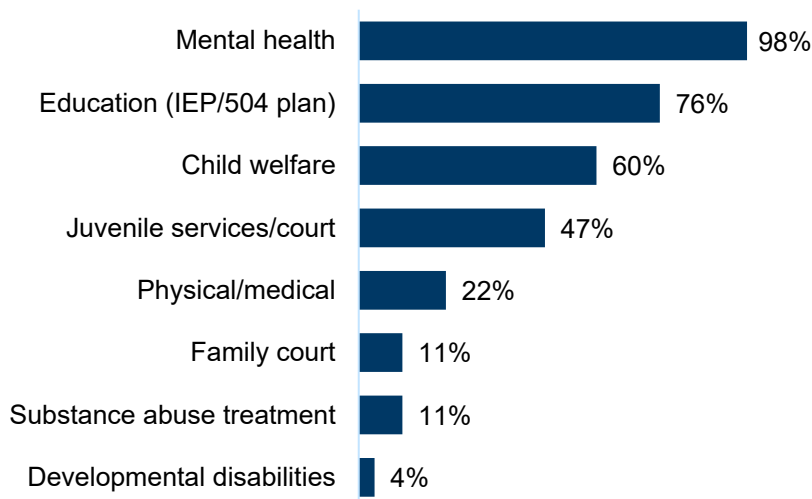
### 3. Eligible youth by race



## Youth system involvement

Providers were asked whether eligible youth had ever been placed out of the home. Based on the 29 responses for CIBS-eligible youth submitted to date, 45% are known to have experienced out-of-home placement. CIBS-eligible youth have been involved in multiple systems, especially the children's mental health system, special education, and child welfare.

### 4. System involvement among youth referred to CIBS



## Lessons learned

Information about implementation successes and challenges has been obtained from CIBS grantees through key informant interviews (N=36), evaluation site visits, quarterly reports, a local systems survey (N=28), an agency survey (N=17), and a provider survey (N=14). More detailed grantee-specific reports will be released in fall 2020.

### *Successes*

The CIBS agency and provider surveys asked respondents about their overall impressions of the model. All agency and provider survey respondents reported:

- CIBS is a good fit for their agency.
- CIBS is a good fit for the needs of their clients.
- CIBS will strengthen their local system of care for youth with mental health issues.
- Parents have an active voice in shaping treatment goals and strategies.
- CIBS staff incorporate culturally relevant approaches and resources into their work with youth and families.
- Most providers (85%) and all agency staff said youth receiving CIBS services have an active voice in shaping goals and strategies. Half of agency survey respondents are able to bill third-party sources for CIBS, and 30% anticipate being able to in the future.

*Successes shared during key informant interviews site visits, and in written quarterly reports include:*

- CIBS filled a service gap in communities' continuum of care for youth and families.
- CIBS has led to increased collaboration and communication with system partners.
- Families and youth are engaged in decision making about the CIBS services they received. Youth appreciate having a voice at the table and addressing whole family issues through the CIBS process rather than only the youth's behavior.
- Some CIBS grantees reported they are already seeing a reduction in the number of youth placed in residential treatment.
- The hiring of a regional CIBS coordinator had resulted in a dedicated position and consistent approach to family engagement.
- The transition to tele-mental health as a result of COVID-19 has saved travel time.

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- Some CIBS grantees are already seeing a reduction in the number of youth placed in residential treatment.
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*We believe that what's in the interest of kids is to spend as little time as possible outside of their family home, and to use the time away from the family home to stabilize the child, boost their basic skill set, so that they can continue working on their mental health and their treatment, while still in the family home. The system of care grant is, in my belief, supporting that effort by us more effectively delivering the service. Part of that has to do with the fidelity that comes with who's messaging about it, who's facilitating in a consistent way, the training that's happening consistently, the materials that are shared with families.*

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

## Challenges

Challenges shared during key informant interviews, evaluation site visits, and written reports include:

- A lack of clarity about the SoC deliverables at the start of the grant and challenges related to communication with DHS.
- Challenges of getting CIBS services up and running, including difficulty finding and retaining qualified CIBS therapists, particularly in more rural communities, and staff turnover.
- Some families feel that CIBS services are too intense, too rigid, or take too much time.
- Many interviewees had limited knowledge of their sites' efforts to improve the cultural and linguistic responsiveness of their systems.

*It's much more complicated than I thought it was going to be. It's much more inclusive than I had considered. I thought we had pretty good relationships, or established relationships within our System of Care already. We're finding that we don't. So that has been to me kind of eye-opening.*

*There are so many benefits to this program over conventional approaches. I thought it would be as easy as "look what we can offer" and people would climb in. But it's been a harder sell. Work schedules take considerable time and commitment from both providers and families.*

CIBS grantees also described challenges that arose during the transition to tele-mental health as a result of COVID-19. These include families' limited access to devices and reliable internet, assisting families with navigation of online platforms, missed appointments, keeping youth and families engaged during appointments, limited privacy for youth during stay-at-home orders, and trying to build rapport with new clients. Further, distance learning posed challenges with youth engagement, and supporting youth who have an Individualized Education Plan (IEP).

## Sustainability

Key informants were asked two questions about sustainability during interviews—the extent to which CIBS services will be sustainable beyond the grant, and the extent to which the SoC core values will be sustainable.

- Sixteen interviewees (44%) from four of the six grantee sites felt confident, overall, that CIBS could be sustained beyond the grant. At least one person from each of the grantee sites noted that sustainability depends on funding (e.g., grant funds, billing/reimbursement). Three interviewees said it will depend on whether they are able to show success and cost savings to county decision-makers. Respondents from two grantee sites said they were providing CIBS before the SoC grant, and will continue to provide those services.
- Nine CIBS interviewees felt that the SoC values would be sustainable; another six people shared that they held those core values prior to the grant. Multiple key informants described specific plans to continue to bring families and youth to the table after the grant period ends.

*I feel pretty strongly that those principles...every time we're communicating about them we are embedding them in our work. My sense of success is that we'll embed those principles and values by the pure essence of doing the grant. Increasing awareness, asking people about needs. I think it's just...growing in a day to day way.*