

Minnesota System of Care Expansion Grant

Goodhue County Progress 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 mental health system. DHS gave subawards to 13 communities (counties, regions, and one tribal nation) to pilot new services and adopt system of care principles. Goodhue County received its subaward from DHS in December 2018. Drawing on insights from three project representatives, and administrative data provided by partnering provider agencies, this summary describes the county's efforts to date.

System of Care efforts in Goodhue County

In Goodhue County, the System of Care (SoC) partners are working to enhance upstream protective factors for youth, families, and the community to prevent the need for intensive mental health services down the road, as well as expanding notions about effective, trauma-informed mental health practices rather than relying on traditional therapy and medications.

Beyond reductions in out-of-home placement through implementation of Collaborative Intensive Bridging Services (CIBS), county representatives' goals are to increase community partners' adoption of SoC values of youth and family-guided services—even if partners don't call it system of care. Excitement is being built around the notion of really changing the way systems partners think.

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.

The following long-term goals have guided the county’s initiative-level efforts:

- Youth will feel heard, empowered, and will have a pivotal role in driving system-level change
- Increased parent representation on the Goodhue County Child & Family Collaborative (GCCFC)
- Service providers embracing the SoC values of youth and family engagement and culturally responsive services

System of Care leadership and governance

Goodhue County Health and Human Services has led the county’s SoC planning and implementation efforts, meeting frequently with their “small but mighty” team and stakeholders to provide updates, plan, and coordinate local efforts. Through SoC, the county’s multidisciplinary out-of-home placement screening team's work and processes have been bolstered. County representatives are working to better integrate their SoC efforts with the work of the GCCFC. Local SoC staff have been on board since the beginning of the grant, but took on larger roles as they became clearer about the scope of the required deliverables.

Key partners

Fernbrook Family Center, which also has a school-linked mental health grant, is a strong partner, with staff taking a lead role on youth and family engagement. In addition, the county has subcontracted with Family Services Rochester (FSR) to provide CIBS to youth with mental health needs and their families. Other key partners include Every Hand Joined, local school districts, and county leaders.

A regional CIBS Coordinator, hired by Dakota County through their SoC subaward, works with eligible families in Goodhue County. The role of the regional CIBS Coordinator is to connect with families, describe CIBS services, help determine eligibility, connect with case managers, and support families through the provision of services.

Key activities and highlighted accomplishments

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 Culturally and Linguistically Appropriate Services (CLAS) Standards.¹ Representatives from the county described how they see these values being advanced through their work.

- **Family-driven.** The GCCFC created a policy related to parent participation to include stipends for attending, child care, or help with transportation. Case managers identified some parents interested in joining the Collaborative, but the pandemic negatively impacted participation. The county established a parenting support group through Early Childhood Family Education to provide more upstream preventative supports, which involved a lot of relationship building.

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

- **Youth-guided.** Goodhue County is also working on youth engagement through their DHS-funded STAY program, and trying to avoid duplication of efforts. Staff would like to have a youth advisory group that is representative of the entire county—not only Red Wing. They worked on a youth-led social media platform as part of a COVID response. Youth-developed and youth-led groups were created, including gardening, gaming, and girl-power groups. Some youth receiving CIBS services are part of the youth groups, and their voice and their votes have been considered in shaping the youth groups’ plans moving forward.

I wanted a youth yoga group. I put energy in the foundational infrastructure, and Fernbrook was really excited. And the kids said “no, we don’t want that.” So we didn’t do it. They wanted a gaming group and we did that. It doesn’t have to be a group where it’s only about talking about mental health and coping in order to get mental health and coping talked about.

- **Culturally responsive.** Goodhue County Public Health strengthened their equity policy as part of their accreditation process, which laid the groundwork for continued work in this area. The GCCFC has been focusing on equity, historical trauma, and Adverse Childhood Experiences. The county contracts for interpretive services, and Hispanic Outreach coordinates a Spanish-speaking therapist in Red Wing weekly. Fernbrook uses Intelligere for translation during family sessions, and has their documents available in multiple languages. Fernbrook has also involved Hispanic Outreach in their school-linked mental health grant, sharing tools and resources.

Project representatives recognized that transforming the local children’s mental health system will require much deeper work in all of these areas, and that this work must be done in partnership with local providers and with youth and families engaged in designing a system that meets their needs. Efforts are starting within provider agencies first before attempting to drive systems change.

CIBS implementation

Goodhue County focused its grant-funded service pilot on implementing Collaborative Intensive Bridging Services (CIBS). This multi-faceted, strengths-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. 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.

Capacity and infrastructure

Goodhue County experienced a gap in CIBS services due to provider turnover. As of September 2020, a new therapist was secured through FSR and was in the process of being trained by Nexus-FACTS. This service gap led to a waiting list for families.

Youth and families served

Through the end of September 2020, 16 youth had been referred to and determined eligible to receive CIBS services. Of these, two were known to have had an intervention in a residential mental health setting prior to referral and both were in a residential facility at the time of referral. To date, eight of the youth who began to receive CIBS services have discharged. Of these, five mutually agreed on completion of services, two youth were entered into long-term residential placement, and one family refused or decided to discontinue services.

Stakeholder impressions of CIBS

The project representatives interviewed shared mostly positive impressions of CIBS during this early implementation period. Anecdotally, they understand families have mixed experiences with services. While most families and youth have felt supported and appreciate having a voice at the table, a few families have felt that CIBS is too intense given the requirement to meet three times per week. Families who are open to the intensity of the services and supports tend to be more engaged, and more open to examining their own parenting practices. Several families described CIBS as a “game-changer.”

I feel like parents are getting that broader view of what's going on and it's turning less into, "something's wrong with my kid and you need to fix them," to, "let's look at the big picture and try to make small changes to get to where we want to be as a family." The lens is changing.

Youth appreciate having a voice at the table, and appreciate the focus on the whole family rather than the youth being seen as “the problem.” The regional coordinator noted that engagement seems better when both the youth and the parent meet with her to discuss the CIBS process. Youth voice is heard in the treatment planning too. Sessions with case managers are tailored to what the youth is interested in, and youth are connected with relevant respite resources.

Fernbrook hosted a family event, with a petting zoo and cotton candy. It was a full-family respite opportunity, and families keep asking when it’s going to be held again. Pre-dating the SoC grant, Goodhue County embraced the philosophy that respite is not always an overnight stay at a stranger’s house.

CIBS is an important addition to the continuum of services available to families; Goodhue County had more youth with CASII scores indicative of residential treatment placement needs than they had the resources to place them. A school-linked mental health grant has helped remove barriers to accessing services for youth. A crisis response team is in place; families receive cards and magnets with the crisis line on them, and the number is included in all treatment plans. However, project representatives described ongoing gaps in their rural county, which has a low ratio of providers to population.

County representatives described a need for out-of-the-box thinking to support youth and families before crises arise, and are working on improving communication about mental health in general. Intervening early, partners are talking with 4-year-olds about feelings, and with 6-year-olds about ways to deal with stress.

I don't want to get into the trap of just more prescribing and more meds and more well-intentioned white ladies providing care. We also really need to engage family through home visiting and early childhood programs. And a really great soccer program available to all kids and not just kids with \$400 to apply and hotel costs for tournaments. Not just therapists and psychiatrists but support really good mental health way before there's a need for it.

Challenges

The onset of COVID-19, an unprecedented global pandemic, focused individuals, organizations, and systems to quickly adapt to a new normal. While changes have been made to address many of the technical challenges of converting mental health services, school, and meetings to virtual formats, there are still many challenges and considerable uncertainty. Project representatives described multiple ways that the pandemic disrupted momentum in this work, including staff time being diverted to COVID response and difficulties engaging new families. While the pandemic brought family engagement challenges and concerns about increasing domestic violence and child abuse, it also brought benefits in the way of income and food supports, a temporary halt to evictions, and eased anxiety for students uncomfortable with in-school learning.

Within this broader context, project stakeholders also identified additional service- and system-level challenges:

- **Explaining SoC to various local audiences.** People are on board with the concept, but terminology and components require continued explanation. County representatives noted that concise, user-friendly materials briefly summarizing SoC would be helpful.
- **Finding and retaining qualified therapists.** Representatives described challenges in recruiting therapists, including the intensity of the services, the extent of travel (especially long distances on rural gravel roads), and the low rates of reimbursement.
- **Lack of outcomes data.** Gaps in services resulting from provider turnover resulted in fewer families receiving CIBS services during the grant period, and therefore less data showing success.
- **Lack of clarity from the start of the grant about deliverables and releases.** Representatives acknowledged that they didn't completely understand what they were signing up for, especially related to the scope of grant deliverables. County representatives felt there was a lack of clarity about the releases that needed to be signed, and where the responsibility lay for creating and submitting release forms. More frequent and clear communication about expectations was requested.

When we started all this and learned about the deliverables, it felt like a heavy lift, especially in our small county. We really need nuts and bolts--clear explanations and deadlines. It feels like everything has been run by people who have great ideas, passion, and energy, and we need some Type A's to say, "Where is your Excel sheet?" Instructions, phone numbers. That is what feels like is lacking to me. On every level, it has been so heavy on ideas and energy and so light on the how to.

Moving forward

The project representatives identified a few priority areas that will be important focal points through the end of the grant period (September 2021) and beyond:

- **Increasing the governance role of the GCCFC.** The Collaborative is interested in playing a larger role connecting youth to mentoring and other natural supports. There are plans for a campaign to build strong connections with youth, and encouraging community members to volunteer as mentors or talk more frequently with the youth in their neighborhoods.
- **Broad adoption of system of care values.** At the time of interviews (May and June 2020), the county planned to partner with Every Hand Joined to engage parents of color, and to invite an expert trainer to facilitate a conversation in the community with a focus on African American youth. Plans were also in place to continue to collaborate with Prairie Island to bring back historical trauma trainers to do small group work that builds off an initial training. This will include featuring art created by Prairie Island youth in prominent, visible places in Red Wing.
- **Establishment of a youth advisory group.** Goodhue County prioritized youth engagement, empowerment, and leadership development from the start of the SoC grant, and plans to build on those efforts. In addition to supporting the continuation of the youth-developed and youth-led groups, they would like to develop a youth advisory group.

We've heard from our community, from youth specifically, that they like learning from other youth or from other young adults that have shared their same experience. We're aiming for a truly youth-led change in policy, or a youth advocacy group that's youth-led and isn't set up by the County.

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