

# Minnesota System of Care Expansion Grant

## Hennepin County 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 mental health system. DHS gave sub-awards to 13 communities (counties, regions, and one tribal nation) to pilot new services and adopt system of care principles. Hennepin County received its sub-award from DHS in December 2018. Drawing on insights from five project representatives from the county and the partnering provider agencies, administrative data provided by partnering provider agencies, and phone interviews with caregivers, this summary describes the county's efforts to date.

### System of Care efforts in Hennepin County

For Hennepin County, the System of Care (SoC) grant is seen not simply as a funding source to pilot new services, but an opportunity to catalyze a broader transformation of the county's children's mental health system. For a number of years, the behavioral health division of Hennepin County and the Hennepin County Children's Mental Health Collaborative (HCCMHC) had learned about the system of care philosophy and how other communities have drawn on these principles to improve state and local children's mental health service-delivery systems. Prior to receiving funds through the grant, the county had taken a number of steps to understand the unmet needs of youth receiving mental health services and their families, including youth who receive residential interventions, and to identify ways that the current system needs to change in response.

Today, county representatives describe their vision for system transformation as three service pillars (Wraparound, a continuum of community-based services, and mobile response), each supported by data, policy, finance, and governance, and interconnected by common system of care values.

#### 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 system transformation efforts:

- Youth who need mental health services and their families have access to an array of timely, appropriate, and culturally responsive community-based services, particularly early-intervention services that youth and families can access before they get to the point of needing more intensive services.
- Youth and families have a pivotal role in driving system-level change.
- Reduce racial disparities for youth in out-of-home placements.
- Decrease the rate of BIPOC youth in residential treatment, particularly in out-of-state treatment centers.

The project representatives noted that these goals require partnership and changes to occur on multiple levels. While these goals are not achievable within the three-year grant period, the representatives hope to see progress in these areas, a confirmation of commitment among SoC partners, and infrastructure in place to ensure the work continues beyond the grant.

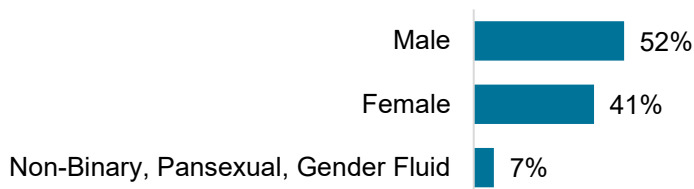
## Youth and families served

### Characteristics of families served

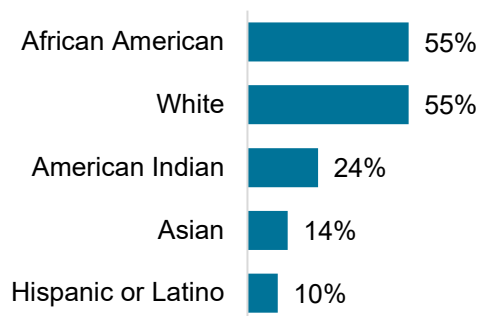
Through the end of July 2022, 29 youth had been referred to and determined eligible to receive WrapMN, an individualized care planning process designed to help family and youth with complex mental health or behavioral challenges, who are often involved with multiple child-serving systems, and whose symptoms and needs are impacting functioning and relationships in home, school, or community settings.

Of the 29 youth referred, 11 began services while placed in a residential treatment center, seven began services while in foster care, one youth was in a juvenile detention center, one youth was in inpatient psychiatric hospitalization, and one youth was at a homeless shelter with their family. The majority of youth served in Hennepin County identified as African American (55%) and/or White (55%), noting that they could identify as more than one race. About half identified as male (52%). Most youth were between the ages of 13 and 17 (66%, average age=16).

#### 1. YOUTH SERVED BY GENDER (N=29)

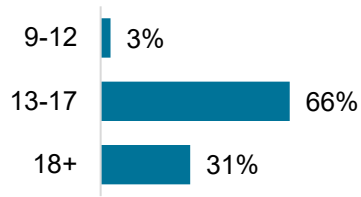


#### 2. YOUTH SERVED BY RACE AND ETHNICITY (N=29)



Note: Percentage exceeds 100% because youth may identify with more than one race and ethnicity.

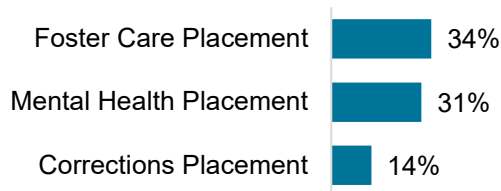
### 3. YOUTH SERVED BY AGE (N=29)



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

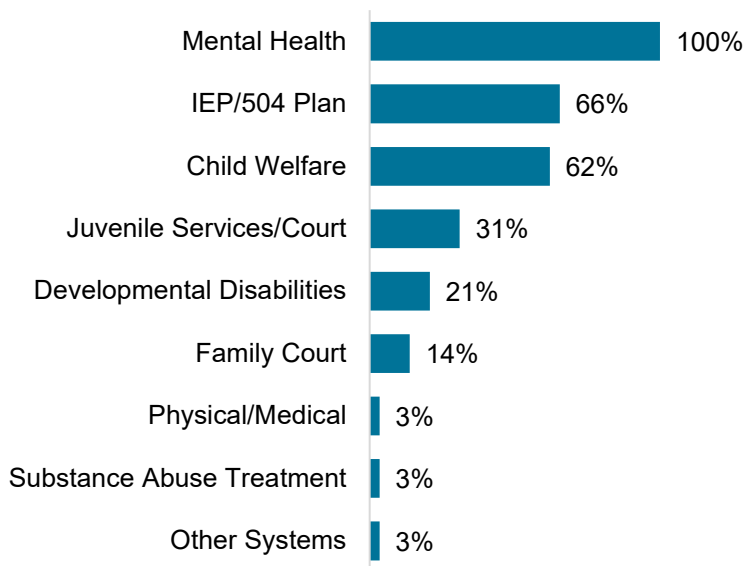
Prior to their involvement with WrapMN, 76% of youth were known to have had a prior out-of-home placement, including foster care placements (34%), mental health placements (31%), and corrections placements (14%).

### 4. PRIOR PLACEMENT (N=29)



Of the 29 youth served, 62% were involved in three or more systems. All youth have utilized mental health services. More than half had an education plan (66%) or were involved in child welfare (62%). One in three were involved in juvenile services or court (31%).

### 5. SYSTEM INVOLVEMENT AMONG YOUTH REFERRED TO WRAPMN (N=29)

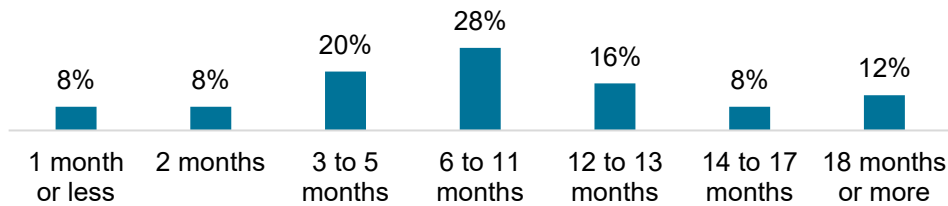


Note: Percentage exceeds 100% because youth may be involved in more than one system.

## WrapMN involvement

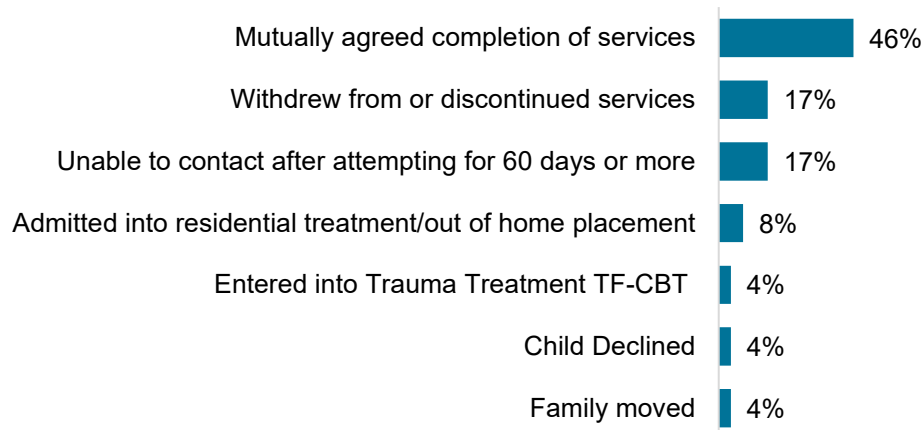
WrapMN is expected to be a 12 to 18 month process. Of the 29 youth served, data for the number of months involved in WrapMN is available for 25 youth. Of these 25 youth, 36% were involved in WrapMN for 12 months or more. The median is seven months and the average length in services is almost nine months.

### 6. LENGTH OF TIME IN SERVICES BY MONTHS (N=25)



To date, 25 of the 29 youth who began WrapMN services have discharged. Almost half of the youth discharged because of a mutually agreed upon completion of services with the WrapMN team (46%). Two of those youth with a mutual agreement for completion of services also moved. Some families decided to discontinue services as a result of stress, or feeling that the service was not the right fit for their family, or that the youth was not home enough to participate in meetings and work on strategies (17%). Other families had their case closed when the WrapMN team were unable to make contact after attempting for 60 days or more. Two youth (18%) were discharged after they were admitted into a long-term residential treatment. One youth was discharged when they entered into trauma treatment, another youth was discharged after they declined participation, and another youth moved away.

### 7. REASONS FOR DISCHARGE OR CASE CLOSURE (N=25)



## Characteristics of Hennepin County caregivers who participated in a phone interview at baseline

All youth and families who receive services were asked to participate in an evaluation where they are interviewed about their experience. Eleven Hennepin County caregivers completed a “baseline” phone interview soon after families started receiving services. Few “discharge” interviews were completed at the end of services to report changes in caregivers’ perceptions and experiences.

- **Race, gender, and age of child:** Of the 11 caregivers who completed a baseline interview, 73% identified the child as Black or African American, 55% identified the child as White, and 9% identified the child as American Indian. Most of the children in care were identified as male (73%). The average age of the child at the time of the interview was 14.6 years old.
- **Caregiver’s relationship to child:** Nine of the 11 caregivers identified as the child’s birth parent. Others identified as extended family and/or legal guardian.

## Caregivers’ perceptions of child’s overall health

During the baseline interviews, most caregivers rated their child’s overall health as “very good” (45%) or “excellent” (18%).

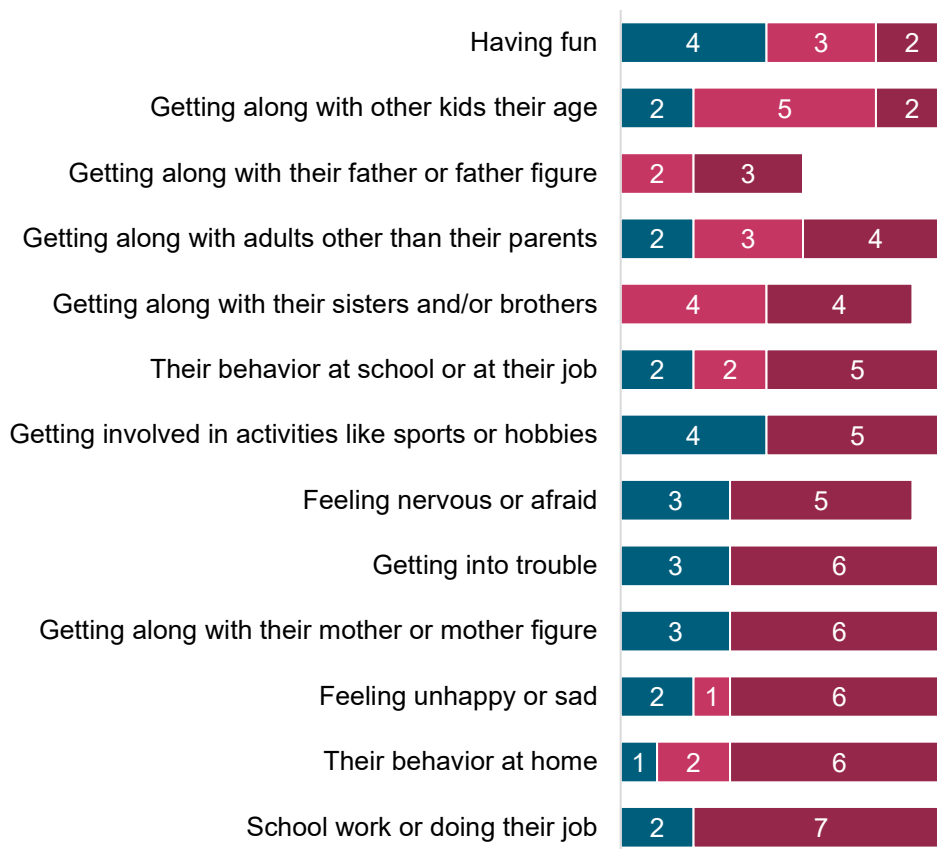
### 8. CAREGIVER’S RATING OF CHILD’S OVERALL HEALTH AT BASELINE (N=11)



## Caregivers' perceptions of child's difficulties

Using a five-point scale, with 0 being “no problem” to 4 being a “very bad problem,” caregivers were asked to rate how much of a problem or difficulty their child has in 13 areas of their child’s behavior. Almost all caregivers rated their child as having the greatest difficulties in their behavior at school (N=7). Other areas of difficulties that most caregivers reported include their child’s behavior at home, feeling unhappy or sad, getting along with their mother or mother figure, and getting into trouble (N=6 for each).

### 6. CAREGIVERS' PERCEPTIONS OF CHILD'S DIFFICULTIES AT BASELINE (N=5-9)

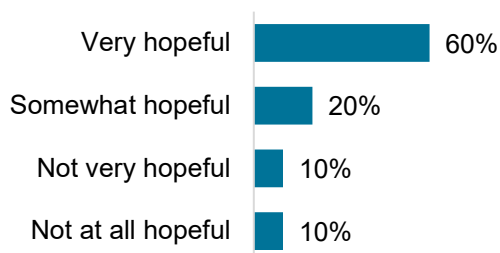


■ 0 to 1 = Little to no problem" ■ 2 = "Somewhat of a problem" ■ 3 to 4 ="Bad to very bad problem"

## Caregivers' hopefulness

Of the 10 caregivers who responded to a question about how hopeful they are that things will get better for their child, more than half indicated that they were “very hopeful” (60%).

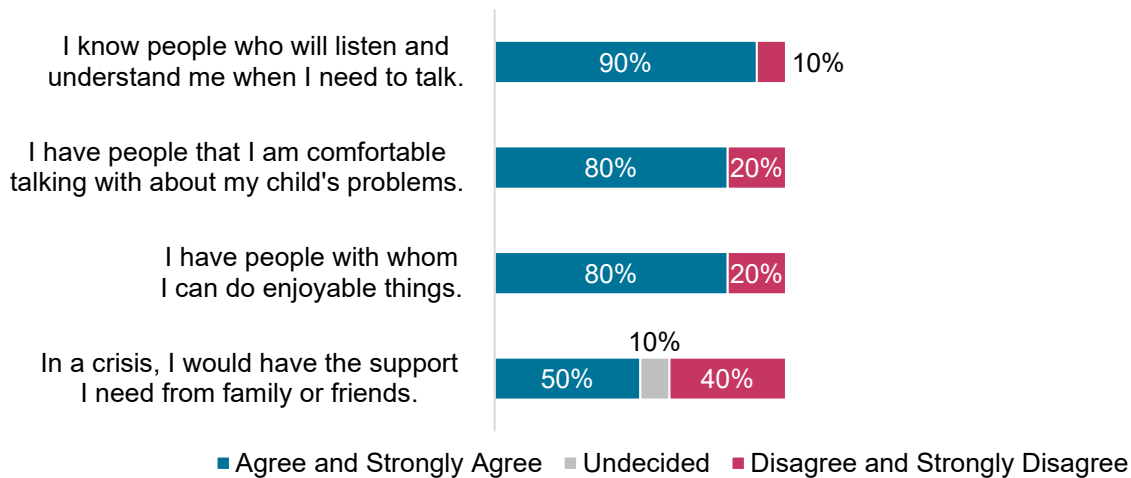
### 7. CAREGIVERS' HOPEFULNESS THAT THINGS WILL GET BETTER FOR CHILD (N=10)



## Caregivers' social support

One important component of the WrapMN model is creating an informal network to provide social support to the youth and family outside of their work with professional providers. During the baseline interviews, caregivers were asked about their social relationships other than their Wraparound provider, and most reported at least some level of social support already. Nine in 10 caregivers felt that they know people who will listen and understand when they need to talk (90%). Eight in 10 reported that they have people that they are comfortable talking with about their child's problems and that they have people with whom they can do enjoyable things. Fewer parents reported that in a crisis they have the support they need from family and friends (50%).

### 8. CAREGIVERS' PERCEPTIONS OF SOCIAL SUPPORT (N=10)



## System of Care implementation in Hennepin County

### WrapMN implementation

Hennepin County focused its grant-funded service pilot on implementing a Wraparound model, WrapMN. Through the grant, DHS contracted with the National Wraparound Implementation Center (NWIC) to provide training and coaching to all SoC grantees to train supervisors and Wraparound coordinators to implement their model with fidelity. Hennepin County added to the NWIC model by funding a Family Peer Specialist at each agency to provide additional support to the caregiver and participate on WrapMN teams.

### Capacity and infrastructure

The WrapMN model that DHS is funding through the grant has a number of training and infrastructure requirements to build the capacity of the staff and agencies providing the service. As of August 2020, FamilyWise has hired and trained five part-time WrapMN coordinators to work with up to 25 families. Due to staff turnover, Volunteers of America Minnesota and Wisconsin (VOA) has had more fluctuations in potential capacity. As of August 2020, VOA had one full-time WrapMN coordinator on staff with plans to hire one more person and increase their capacity to serve up to 21 families. Another aspect of the model is ensuring each agency has the infrastructure, including new policies and practices, in place to support and maintain the service. Through their work, both FamilyWise and VOA moved from the “pre-implementation” set of agency-level capacity-building activities to focus on “implementation” objectives in summer 2020.

## System of Care leadership and governance

Hennepin County's behavioral health division has led the county's SoC planning and implementation efforts. While the long-term goal is integration and strong collaboration across all child- and family-serving systems, staff working most closely to implement SoC efforts identified their initial steps as providing training, using the grant to demonstrate outcomes, and helping leaders and staff across county divisions see the potential benefits of more fully adopting a system of care approach.

The HCCMHC (or Collaborative), which includes county staff, providers, representatives from school districts and juvenile justice, and caregivers, is a critical partner in shaping SoC priorities, vision, and implementation efforts. Through the Collaborative's Parent Catalyst Leadership Group (PCLG, <https://hccmhc.com/pclg/>), caregivers have provided ongoing feedback on their challenges with the children's mental health system.

*The work of people [prior to the grant] set up a strong parent catalyst leadership group (PCLG) that we are able to use as our foundation for building parent and youth voice. – Project Team Member*

In June 2020, work was underway to transition more SoC governance responsibilities to the Collaborative, where there is a strong parent voice through the PCLG and a history of cross-sector collaboration. The Collaborative adopted a working draft of a System of Care Theory of Change to help guide their efforts. In January 2021, the Collaborative developed a planning tool to outline their System of Care implementation work over the next five years. Year 1 activities included identifying yearly goals and action items through a broad engagement strategy. In May 2021, Hennepin County partnered with the Collaborative to engage with parents/caregivers and youth to learn about their thoughts and ideas for improving children's mental health in Hennepin County.

## Key partners

In addition to the agencies and organizations who are partners in SoC efforts through their participation in the HCCMHC, the county has subcontracted with two mental health agencies, FamilyWise and Volunteers of America, to provide Wraparound (WrapMN) to youth with mental health needs and their families.

## Cross-sector collaboration

Representatives of the local partnership had mixed impressions of the degree to which the SoC grant has improved cross-sector collaboration. One project representative noted that cross-sector or systems-level collaboration was limited due to the grant's focus on implementation of services. A couple felt that collaborations were developed and maintained prior to and continuing through the grant; however, the grant did help to establish clear roles and responsibilities as well as a shared understanding of SoC values and goals. All five project representatives interviewed felt that the county and the two subcontracted agencies developed very strong partnerships. The two subcontracted agencies were also able to develop a close partnership with each other, sharing clinical expertise and providing support to one another. Monthly meetings include helpful discussions about referrals, plans for continuing the work after the grant, funding and billing, and other topics. Representatives from the agencies described the county as actively supportive, communicative, and responsive.

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



*The collaboration within Hennepin County just felt really developed based on what we needed. It felt really helpful to meet to do the referral piece. And then monthly meetings with Hennepin county, communication felt really open in that group and really responsive. We were able to communicate well and try to meet the needs that we were having. – Project Team Member*

## Integration of system of care values

Through the SoC grant, DHS has emphasized the importance of integrating system of care values into local efforts by providing training and technical assistance and requiring grantees to develop a local cultural and linguistic competence plan focused on three of the National CLAS Standards.<sup>1</sup> Representatives from the county and agencies described how they see these values being advanced through their work.

- **CLAS standards and racial equity.** Prior to the SoC grant award, Hennepin County adopted a strategic priority to reduce racial disparities and advance racial equity. Their work to adopt the three prioritized CLAS standards is viewed through that lens. Following the murder of George Floyd in 2020, the Hennepin County Board declared racism a public health emergency. Representatives from the county explained that disparities reduction is a mission that is central to their work, which shapes how they address issues within their own organization, how they relate to the larger community, as well as how they work with their provider network.
- **Family-driven.** Representatives from the county shared that they sought input from the PCLG prior to and during the grant. Most recently, representatives from the county shared that through their work with the PCLG, they learned that engagement access points worked for White families but those same access points did not engage BIPOC families. To address this inequity, the county created a high-level position where a staff of color is dedicated to engagement. This staff is working with cultural communities to identify ways to engage BIPOC parents and leverage their voice to inform and develop a service system that will meet their needs.

A representative from the agency also shared that they have two family peer specialists on their Wraparound team. The representative noted that one of the family peer specialists is also on a decision-making board for local law enforcement and their work around mental health.

- **Youth-guided.** At the service level, Project Team Members shared how they partner with youth and leverage youth voice to develop plans and supports to meet their needs.

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

- **Culturally responsive.** As part of their efforts to ensure they are contracting with a diverse group of providers with experience providing culturally responsive services, the county adjusted its request for proposals (RFP) process to include individuals with lived experience in developing RFPs and reviewing the proposals that are submitted. Early in the grant, staff turnover was a challenge. County representatives attributed this challenge to inequitable salaries and have since made pay adjustments which have helped to retain WrapMN staff that represent the communities they serve. In addition, representatives from the county shared that they are working on developing data systems to disaggregate data by race and ethnicity in order to monitor progress as changes are being made to address disparities and inequities. With the new data system, they will be able to make ongoing improvements and assess how well they are meeting the cultural and linguistic needs of the people they are

<sup>1</sup> 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.

serving. Additionally, the county is also contracting with a cultural consultant who is a leader in the African American community and is working to engage the community to help develop more culturally responsive services. A county representative also shared that similar work is happening to engage Indigenous communities in Hennepin County.

Overall, project representatives felt that the grant was implemented well to infuse system of care values at the service level. However, project representatives noted that the grant administration did not facilitate integration of the system of care values beyond service implementation and service delivery to change the children's mental health system. Project representatives explained that the work that is being embedded throughout the county was done as a result of their own leadership and involvement at the local level. Project representatives also recognize that even though work towards disparities reduction is a priority, there is still much more work to do to achieve its goals.

*Hennepin on their own and in their own right sees the value of system of care and they will continue that work of making all three of those areas strong. Obviously change is slow. I think the state could have been more supportive to Hennepin County and they could be further along in that work or the state itself could be further along in that work than they are. But I fully trust that Hennepin will continue the work past this grant. And in my own agency, I see changes happening. I have a really, really strong supervisor and even above her, the leadership of our behavioral health division, they understand Wraparound and they've really taken time to learn system of care values and Wraparound values. – Project representative*

## Perceived benefits of System of Care

Overall, project representatives felt positive about the work that was done to strengthen cross-agency collaboration, the relationship between the county and providers, and the work that was done to advance the system of care core values. Project representatives felt that the system of care core values are meeting an unmet need in the community. They share a common commitment to sustaining these values after the grant ends. For example, one project representative shared that they will be using system of care values as part of their trainings.

*Those values are driving all the work we do now. Especially for our leadership, we talk about those values often and we talk about are we using those values in everything we do. Where we still have work to do is the frontline staff. There are some who are totally bought into it and some who would not be able to tell you what the values are. ... And as we look at our practice we are using those values to do training, it will take more time but we are committed to doing that. – Project Team Member*

*Completely, we have adopted the larger system of care model as our strategic direction. It is our blueprint for system transformation in Hennepin County for youth and families. – Project Team Member*

Project representatives also believe that there are many potential benefits to system of care if successfully built throughout the system, including reductions in out-of-home placements and reductions in the rate of BIPOC youth involved in justice systems which will lead to improved overall well-being of families and communities.

*If we are able to build a SoC, I do think there is a lot of impact. The early intervention will help youth and families so that they don't get to the point where they are now. If we do it in a culturally responsive and inclusive way, I think the impact in terms of keeping kids and families in the community and providing those supports that really meet the needs, it has potential impact on not just youth and families but overall health of the communities. I think it has a lot of potential based on the feedback we have gotten from other communities, but I want to stress that we have a long, long way to go. – Project representative*

## Perceived benefits of WrapMN

The project representatives interviewed shared positive views of WrapMN including being hopeful about its expansion. Anecdotally, they understand families have been pleased with Wraparound, particularly in how the process focuses on their needs and how they can be addressed. Moreover, project representatives are excited about how the system of care values contributes to the effectiveness of an intervention.

*I'm totally sold on Wraparound. Like I'm so glad that our program isn't closing because it's kind of one of those things that for me has been, it's been stabilizing, it's now my foundation that I will take wherever I go from here because it makes sense. It's giving power back to the people who're actually getting affected by things. I think that's what I've seen with families is they come away, even if there's still challenges which there always are. We're not going in to fix everything. That's not our job. But they see that they were viewed in a different way than other services or people and professionals have seen them in the past. – Project representative*

- **A level of intensity to address an unmet need.** Project representatives also felt that Wraparound has the intensity that youth with complex needs require. At the same time, project representatives felt that Wraparound demonstrates that there are more effective and appropriate interventions to the more restrictive residential treatment. As such, project representatives are hopeful that Wraparound will contribute to reductions in out-of-home placements.

*Some of the things that we heard was the need for a clear model for care coordination; traditional case management can work for some people. But for other families, traditional case management was not intensive enough. Wraparound has the intensity that kids with complex needs require. So it has changed the intensity that we are able to offer some services, and the values and efforts of Wraparound to implement wrap, we are trying to implement them in all of our case management work. We understand that not everyone needs the level of intensity of wrap but we can use the values of wrap. – Project representative*

*Wraparound changes the way we think about how families and youth can live in the communities. We are over-reliant on out-of-home placement when a child has a behavioral kind of crisis. Through the implementation of Wraparound, we are able to see there's other ways to support families through those crisis than removing the child from the family system. I think that's also been an advantageous shift in the way we've been doing our work, and we have seen a sign, a pretty steady decrease in the use of at least residential treatment interventions as a result of the work we've done with Wraparound. And we hope we continue to. Residential treatment has a place in our service continuum, but it's only effective if we have services in the community to support that young person when they come out of those treatment interventions that are being integrated back into the community. I think that Wraparound has really helped us make changes in a lot of those areas. We still have a long way to go, but it is giving us momentum for that change. – Project representative*

## Benefits identified by parents and caregivers

Parents and caregivers who completed the baseline interview shared what they liked about WrapMN.

- **Wraparound provider cares about families.** Parents and caregivers also appreciated that their Wraparound provider frequently checked in with them and made them feel cared for.

*She called once a week and texted me and checked in how things were which was nice.*

*I love our Wraparound worker. They were always concerned, and that he is okay. Very, very, very supportive. She asks if I am okay and if my family is okay.*

*She call me and make sure things are going smoothly. She kept me updated on things and I was able to talk about to the whole team. She was getting all the information from all of them and delivering them to me rather than me calling each of them myself, which was nice.*

- **Setting goals and making plans.** Parents and caregivers also appreciated working with their Wraparound facilitator to identify and set goals for their child and family, as well as develop a plan to meet the goals.

*[Provider] is amazing and done a very good job. She helped to identify our goals and what would make it easier for us.*

*Well, what we've been doing is coming up with case plans with VOA and different goals we want him to meet, and luckily since he's been in the home he has not run off and we come and visit him and bring him treats. It's getting better but he wants to come home, but he can't. He's been doing pretty much a lot better.*

- **Improved communication with child.** Parents and caregivers appreciated the ability to communicate better as a family.

*It helped us communicate better as a family and work together and come up with solutions.*

- **Additional support.** Parents and caregivers felt that having someone else providing support to their child was helpful and reduced stress.

*It's gotten better in the last six months. It's not as stressful as it used to be. He hasn't had as many outbursts.*

*Anything I can get to have somebody work with him and it's not just me, makes it positive.*

- **The array of services.** Parents and caregivers also appreciated learning about and being able to access supportive services that can meet the needs of their child.

*It keeps my child focused on what she is working toward. There are lots of support involved. She has lots of services in place that meet her needs. Everyone is excellent at their job.*

*It gives me hope for more services.*

## Challenges with System of Care/WrapMN

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, Hennepin County experienced challenges specific to the grant and the services they were providing. Project representatives identified both service- and system-level challenges:

- **Funding and sustainability.** Project representatives shared that although they are working to leverage other funding to support Wraparound, including property tax dollars and using targeted case management billing, they felt that the work to build a system of care would have gone further had DHS provided support in developing a sustainability plan. Project representatives described this as a missed opportunity by DHS for sustaining Wraparound.
- **Creating a paradigm shift and cultural change.** Project representatives describes the work needed to facilitate a broad adoption of the system of care values as work that requires dismantling of existing views and approaches that have been in place for decades. The views and approaches that uphold the existing children's mental health system are different and often conflict with system of care values. Ongoing work and resources are needed to integrate SoC values. Project representatives are hopeful that use of a new data system that allows disaggregation

of data by race and ethnicity will demonstrate the effectiveness of SoC and drive investments into systems change, where SoC values can further improve outcomes for more youth and families.

*We have very strong convictions that separating children from their families and putting them into placement might satisfy a short-term need, but in the long-term is more disruptive to the family and to the youth and it disproportionately impacts people of color. So we are not going to continue down that path. We will overcome some of those barriers, the finance barriers, the relationships with the state, the culture around placement and not including youth and their families at the table and the decision-making process. We are strong in our convictions and we are using our data to show there is a very deleterious impact, especially to people of color, if we continue to do things the way that we have. The data that we are pulling from Wraparound in particular is showing really impressive, positive outcomes that we can combine with national statistics. And so those three elements are creating the environment that that we firmly believe will lead to the full implementation of the model. We have set that course and we will hold ourselves accountable to the residents that we serve on that front. – Project representative*

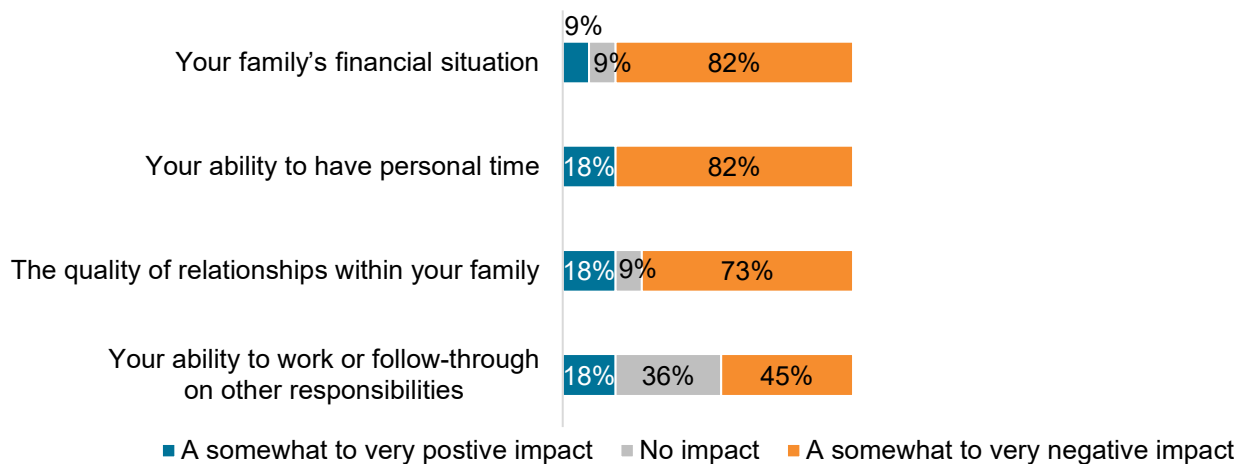
- **Access to a full continuum of services.** The success of WrapMN depends, in part, on youth and families having timely access to the services they need. While Wraparound is seen as meeting an unmet need in the community, project representatives also described a lack of other services that are still needed to contribute to the well-being of youth and families. The project representatives pointed to a need for more culturally specific, preventative community-based services that youth can access at an earlier time. Other needs includes respite services and certified family peer specialists.
- **Workforce issues.** A challenge that was identified early on in the grant may continue if deeper investments are not made to ensure equitable pay for qualified WrapMN facilitators. One project representative felt that there was a misalignment in how the NWIC model defined the WrapMN facilitator as an entry-level position. The representative attributed the initial turnover of staff to low salaries. The county and agencies were able to recover from the initial staff turnover after adjusting the pay to a more competitive salary. However, due to the uncertain funding mechanism to sustain WrapMN, an agency representative has concerns about their ability to continue providing a competitive salary.
- **Requirements of the NWIC Wraparound model.** Although Hennepin County is moving to a different model of Wraparound, project representatives described initial challenges with the NWIC model, including that it was too rigid, with training that focused largely on structure and not enough around implementation challenges. Another project representative shared frustrations that although they have years of experience providing a different high fidelity Wraparound model, their Wraparound facilitators had to be retrained in the NWIC model in order to work with system of care families.
- **Collaboration with DHS.** Some project representatives felt that communication with DHS was not as productive or as positive as they would have liked. Project representatives shared that it would have been beneficial had there been more clarity around the expectations as the grant was launched, including more clarity on sustainability planning. However, project representatives are committed to continued partnership with the state while maintaining clear and transparent communications about their vision and goals.

*I think it was dealt with, by bringing the teams together, having – as best we could – very clear and open communication with the state about the direction that we were gonna go and how we wanted to partner with the state in this. I know that there were multiple things happening at the state, including changes of some pretty significant personnel that made continuing our course very difficult. So open communication has been key. Staying at the table with DHS has been key. In the end, we have set our course and we're going to pursue our course. So I think it's really been being transparent about how we want to partner with the state around our direction. We continue to want to partner with the state around our direction. And if either we are in a position to move more quickly than the state or we can bring in other partners or additional resources, or come up with complimentary strategies, then we'll continue to pursue that. So it's really about keeping ourselves open to partnering with the state. And we are here when the state is ready and open to partnering with us about the direction that we're headed. – Project representative*

## Challenges identified by parents and caregivers

During the baseline interviews, caregivers were asked about the impact of services their child received on four areas related to family stress and any changes in stress. Over 80% of caregivers reported a negative impact on their family's financial situation and on their ability to have personal time. Most also reported a negative impact on the quality of relationships within their family (73%).

### 10. FAMILY STRESS BECAUSE OF THE SERVICES RECEIVED AT BASELINE INTERVIEW (N=11)



Parents and caregivers were also asked to describe the ways that the services their child and family received added to their stress. Six of the 11 caregivers said that WrapMN has not added any stress for them. The other five caregivers described the challenges they experienced with WrapMN.

- **Lack of expertise.** One parent shared that their WrapMN facilitator lacked skills as they were newly entering the workforce.
- **Focused on supporting youth over caregiver.** One caregiver was frustrated that the WrapMN facilitator was listening to the youth and not listening to the caregiver, making them feel left out and unsupported.
- **Not knowing how to access services that they were told they qualified for.** One caregiver said they were told that their youth qualified for a personal care assistant (PCA), however they are frustrated because they do not know how to access a PCA.
- **Limitations of mental health services.** One caregiver shared that they were frustrated that their WrapMN facilitator told them that services can only do so much to change their child's mental health situation.
- **Lack of communication.** Another caregiver shared frustrations about how their WrapMN facilitator discussed recreational activities with their child without first discussing and obtaining approval from the caregiver, including discussing how the activities will be paid for.

## Recommendations

Project representatives identified a number of lessons learned and recommendations for DHS and other counties or communities who may be considering doing this work in the future:

- Advocate for and secure deeper investments to help sustain and advance SoC efforts. Project representatives emphasize that systems change requires much time and resources and that having a clear sustainability plan would help support a larger systems transformation.

*Understand that it is a slow building process. It's not a quick thing. It's a change in status quo. In doing it well, we need to give the resources to implement it well. As far as to DHS and their purpose, I think that we can say that it would have been beneficial for us to have a clear sustainability plan and I think that that was a big missed opportunity for them and for us. – Project representative*

*Not starting too small ... giving the program the room it needs to flourish and to try not starting too small, need more flexibility, more money. Don't pay the facilitators and the certified families specialists low, low wages. It's not an entry-level job. If the state, if a county, wants Wraparound to meet the needs of youth who are almost in residential placement or coming out of residential placement, and you're told that your viewpoint of how intense you need to work meets almost that level, then you can't expect an entry-level person to do the work or, if you can, it's a very special entry-level person and you can't expect people to take McDonald's level salary to do that work. It just doesn't make sense. – Project representative*

- Invest in the development of data systems that can disaggregate data by race and ethnicity in order to inform the design of systems and services that promote racial equity. Project representatives believe that an improved data system has the potential to influence legislation and help drive investments into a system of care for children's mental health.
- Identify funding mechanisms to integrate family peer specialists as part of Wraparound. Project representatives emphasize the value of family peer specialists and their effectiveness in supporting families who are experiencing mental health challenges.
- Before embarking on cross-sector and cross-agency collaboration, consider exploring if existing values align with system of care values.

*I would recommend again exploring whether or not those partners that you mentioned, other counties, the state, have the same conviction around disparity reduction in keeping kids in their homes and in schools. And if the answer is yes, which I know all of us are committed to good health of our communities, then I would ask folks to start with that end in mind, and then work backwards, starting with what, where is there data that shows good results? What are the communities asking for? Including effective financing models and outcomes that demonstrate a reduction in out of home placement for black and brown kids. And working it from that standpoint and being open to revisiting our assumptions and a lot of implicit bias that I think plays itself out in our system. Until we have the youth and the families centered in how we deliver our care, I worry that we will continue to perpetuate those inequities. So, my hope and my recommendation for all the other agencies that you listed would really be willing to partner and share our power, share our authority with the communities that we're serving. – Project representative*

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### For more information

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