

Family Response and Stabilization Services



Family Response and Stabilization Services

- + Minnesota's first-of-its-kind mobile response service
- + Immediate in-person support and stabilization for youth and their parents/caregivers
- + Serving all Hennepin County youth ages 5-18 at no cost



THE WHY



**TO REDUCE UNNECESSARY
HOSPITALIZATION**



**TO AVOID OUT OF HOME
PLACEMENT WHEN POSSIBLE**



**TO ADDRESS INEQUITIES IN
UNDERSERVED COMMUNITIES**

THE WHY

- + Youth are often unnecessarily removed from their homes only to be placed back in the original environment with no change
- + Youth of color are disproportionately represented in mental health hospitalizations and residential placements



How do we address this?

connect families in need with appropriate supports and culturally specific resources (FRSS)

THE HOW



Families can be referred to FRSS or can contact our line directly

Families will be asked a few brief intake question before responders are dispatched



We are a multicultural, diverse team with lived experience.

Our Team

- + Responders
- + Community Outreach Coordinator
- + Stabilization Partners
- + Clinical Supervisor and Director

Family Responders



- + Take calls from families in need
- + Provide in person support (<1 hour)
- + De-escalate situation and address immediate need
- + Refer family to appropriate resources and engage with family over the next 72 hours

Our Responders: Ashley, Josh, Tamika, and Luwam



Community Care Coordinator

- + Explore supports with families
- + Connects family with resources
- + Address barriers in accessing mental health supports

Our Community Care Coordinator: Dugan

Stabilization Services

- + Optional eight-week stabilization program
- + Support healthy and safe behaviors
- + Build connections within family and community
- + Our stabilization partners:



Clinical Supervisor and Directors

- + Provide support to responders and care coordinator
- + Clinical consultations
- + Community outreach

Program Manager: Kayla

Asst Program Manager: Jose

Clinical Director: Luke

Who can call?

- **Hennepin County residents**
- **Families with youth ages 5-18**

When to call?

- **If youth is experiencing mental, behavioral or emotional concerns**
 - **No situation is too big or too small**
- Monday-Friday 10 am –10 pm**



Questions?

Crisis Line: 612-979-9511

General Questions: 651-318-7217



Family Response & Stabilization Services

Immediate, in-person support and stabilization for youth (ages 5-18) and their parents/caregivers in Hennepin County.

SUPPORT FOR YOUR FAMILY

If your child (ages 5-18) experiences a mental, behavioral, or emotional issue that leaves you overwhelmed and unsure of what to do, we are here to help.

No situation is too big or too small for our family response experts.

- Immediate in-person response within one hour anywhere in Hennepin County.
- Available to families with children ages 5-18 at no cost.
- Driven by your family's cultural, community, and clinical needs.

Our goal is to keep youth and families stable in their homes by helping them determine and connect to the support they need to thrive

**CALL FAMILY RESPONSE
612-979-9511**

Monday through Friday: 10 a.m. to 10 p.m.

For emergencies, call 911 or your mobile crisis line.

IMMEDIATE, IN-PERSON SUPPORT

When you call, staff will gather basic information and send a family response team to your location within one hour:

- De-escalate and address the immediate concern.
- Engage and support your family over the next 72 hours.
- Connect you to other supports, including an optional eight-week stabilization service.

ONGOING STABILIZATION

After the initial 72 hours, a free, optional eight-week stabilization service can help promote your family's well-being:

- Support healthy, safe behavior and your child's ability to manage their daily activities.
- Build connections in your family and to ongoing supports in the community.



SCAN FOR MORE
INFORMATION



Kayla Renney, Program Manager | FRSS Direct line: 651-318-7217



YOUTH MENTAL HEALTH FIRST AID

WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.

10.2%

of youth will be diagnosed with a substance use disorder in their lifetime.

Source: Youth Mental Health First Aid**

1 IN 5

teens and young adults lives with a mental health condition.

Source: National Alliance for Mental Illness*

50%

of all mental illnesses begin by age 14, and 75% by the mid-20s.

Source: Archives of General Psychiatry***

WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers.
- School Staff.
- Coaches.
- Camp Counselors.
- Youth Group Leaders.
- Parents.
- Adults who Work with Youth.

WHAT MENTAL HEALTH FIRST AID COVERS

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect the youth with help.
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying.

THREE WAYS TO LEARN

- **In-person (2nd Edition)** – Learners receive their training during a 6.5-hour, Instructor-led, in-person session.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
 - » A video conference.
 - » An in-person class.

Learn how to respond with the Mental Health First Aid Action Plan (**ALGEE**):

- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

Sources

* National Alliance on Mental Illness. (n.d.). Kids. <https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids>

** Mental Health First Aid. (2020). *Mental Health First Aid USA* for adults assisting children and youth. National Council for Mental Wellbeing.

*** Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6); 593-602. doi: 10.1001/archpsyc.62.6.593



In their own voices:

Parent experiences entering the Hennepin County children’s mental health system

SUMMARY FOR YOUTH PROGRAMS

April 2022

The Hennepin County Children’s Mental Health Collaborative promotes innovative service development and continuous quality improvement in the children’s mental health system. In 2021-2022, we embarked on a project to better understand parents’ experiences entering the children’s mental health system. How do they first come to understand that their child may have a mental health concern? What services did they look for to support their children? What worked well for them in navigating the system? What challenges did they face? What support did they receive along the way?

As part of this process, many parents sought community-based programming for their children, such as mentoring, sports, or arts programs. These services were valued supports for mental health, offering opportunities for socialization, creativity, and exercise. This summary provides a high-level overview of this project, with a focus on parents’ experiences seeking community supports.

About the project

Hennepin County parents of children with mental health issues were invited to participate in interviews about their experiences with the children’s mental health system. Parents were recruited through a variety of newsletters, mailing lists, and social media sites. Interviews were conducted by phone or online and took approximately 45 minutes to complete, after which parents received a \$25 gift card to Target or Walmart.



Participant demographics

| | County population | Interviewed parents | Their children |
|--------------------------------|-------------------|---------------------|----------------|
| Black or African American | 14% | 8% | 11% |
| American Indian/Alaskan Native | 1% | 8% | 9% |
| Asian | 7% | 2% | 9% |
| Hispanic/Latinx | 7% | 2% | 6% |
| Non-Hispanic White | 68% | 79% | 66% |
| Male | 50% | 4% | 50% |
| Female | 50% | 96% | 42% |
| Other | - | - | 8% |

Who was interviewed?

A total of **49** parents completed interviews. Most parents lived in Hennepin County, including Minneapolis and many suburbs.

How did parents first identify their child's mental health concern?

There is no one way to enter the children's mental health system. The interviewed families represent a wide array of experiences. Children first exhibited issues at a variety of ages, from early childhood to high school. They exhibited a wide range of emotional or behavioral concerns. In some cases, the parent, or the child themselves, was the first to detect that something was wrong. Others were first identified by teachers, child care workers, or doctors.

A note about equity and inclusion

While the parents interviewed represent diverse backgrounds, we did not fully reach our goal of inclusive participation. For example, no parent requested an interview in a language other than English, though the invitation to do so was advertised in the recruitment flyers (which had also been translated). As a result, we know that our findings do not reflect the experiences of parents who may have faced linguistic barriers in seeking services.

Parents' narrative descriptions of their experiences did not vary significantly based on their background. However, we know that families can have very different experiences with mental health services and systems based on race, ethnicity, socioeconomic status, LGBTQ status, and other factors.

To better represent the diverse array of family experiences with children's mental health, key findings from the literature on equity in children's mental health are infused throughout the full version of this report and were used to shape the recommendations for next steps. We welcome further dialogue with the community in an ongoing effort to ensure that our system reform reflects the perspectives of all County families.



What kinds of services did parents seek for their children?



100% of parents decided to have their child **more formally assessed or diagnosed by a professional** once they became aware of a potential mental health concern



96% of parents looked for **mental health treatment** services that might be a good fit for their child



90% of parents **requested educational supports** for their child, such as pursuing an Individualized Education Plan (IEP) or 504 plan through their school district



84% of parents tried to **access mental health services** or supports that might be a good fit for their child



76% of parents **sought other supports** for their child, such as community recreational activities, sports programs, art programs, mentoring, etc.



67% of parents attempted to **obtain medication** to treat their child's condition



51% of parents needed to **work with their insurance company** to determine their child's eligibility for services or supports or to negotiate coverage for needed services



41% of parents **sought services from other healers** (such as herbalists, faith leaders, nutritionists or traditional healers).

Overall key themes

1

The children's mental health system is difficult to understand and difficult to access

Almost every parent highlighted a lack of easily accessible information about children's mental health. Parents consistently describe challenges figuring out what services would be helpful, and then finding those services. Due to a lack of centralized information, parents invest significant time into researching mental health services with limited knowledge of what to look for, what questions to ask, or what language to use. Many parents turn to the Internet to learn about children's mental health, while others talk to friends and families. While parents with more resources (time, finances, training) have some advantages in navigating the system, increasing access to information about mental health and available services was a top recommendation for many parents.

"It's very unclear and you figure it out on your own. You are guessing about what you need. You hope you end up in the right place."

"[It was challenging] being told different things by different people and just wanting to know what to do. I had to rely on the Internet. I had to ask a lot of questions and I didn't know what to ask."

"My experience finding services was more positive because I don't have a language barrier, I'm not a single parent, I work in the field, and I have time to do thorough research."

2

Parents struggle with their own stress and anxiety while trying to also support their children

Having a child struggling with mental health can be a stressful experience for parents. Parents sometimes feel overwhelmed by their child's needs or fearful about their child's future. Some parents sacrifice their own self-care to attend to their family. Sometimes, the stresses of managing their child's mental health contributes to their own mental health needs, or impacts other family members. Parent stress is exacerbated by stigma, with some parents feeling shame and guilt about their child's situation. Stigma also makes it harder for them to share their experiences or to reach out for support from others.

"I wish somebody had told me how important it is for me to take care of myself because I almost fell apart."

"In all of the paperwork I have done and all of the providers I have seen, I don't feel my own needs are being addressed. I am a single parent with my own mental and emotional health problems and I am struggling."

"You feel a lot of guilt and wonder where you went wrong. It was a long time before I realized that this is not something that I caused and not something I could have stopped."

3

Families have an easier time accessing services when a supportive professional works with them

Support from professionals makes a tremendous difference to families seeking mental health services. Some parents connect with someone whose primary role is to provide support, such as case managers or service navigators working for insurance companies or health care systems. Others find someone willing to help, such as a doctor or teacher. Most families do not have access to this kind of support. However, many recommend navigation support as the most important way that the system of care could be strengthened.

"The social worker through the pediatrician's office helped us figure out what to do. They took a lot of time with us – answered questions, explored options."

"Our county case manager changed everything. I finally found somebody to advocate for us, who let us know what was reasonable and what kinds of things to ask for. We would not have gotten the services without the assistance."

"I wanted someone who was educated and understood our situation. Someone who could help me navigate the system. Someone who would not just give me resources, but would hold my hand and help me figure things out."

4

Peer support is instrumental in supporting parents and helping them connect with services

Connections with other peers are important in validating and supporting parents, and identifying potential services for children. While many parents first turn to their own friends and families, it often becomes important for them to connect with other parents of children with mental health concerns. Parents may connect with each other one-on-one, join parent support groups, or follow relevant Facebook pages. Access to peer support is another strong recommendation for improving parents' experience.

"If you mention your child has a condition and you're trying to get services, it's other parents who will talk and help. It's not institutional support at all, it's other parents."

"I reached out to other parents online. I have a few colleagues with autistic children – while mine is not autistic, these were parents who "got me." They understood – parents of children who were not struggling did not get it."

"I needed a village. My circle isn't big enough to include people who went through this. I needed elders who had been through it."

5 Once needs are identified, it is often difficult to obtain services

Once parents identify services, many find that they are unable to access them. Shortages are described across the continuum of care, with parents unable to access outpatient therapy, psychiatric support, day treatment programs, residential care, and hospitalization. Waiting lists are especially long for diagnostic assessments, which delays access into other services as well. It is also hard for parents to find specialized services for children with complex or unique needs, such as cognitive impairments, histories of aggression, or health challenges.

"[Program] had a 9-12 month wait list that turned into 2 years. Early intervention is so important and families are missing the window to get the help their child needs."

"Once the clinics heard that [my daughter] was minimally verbal, we were told that we couldn't be seen."

"We're in a mental health crisis. To not be able to get in [for a hospital bed] for months when you have a child who is suicidal...that is too much."

6 Rather than experiencing partnerships with their providers, parents often have to actively advocate and "fight" for their children

When asked for recommendations about how to improve parents' experiences with children mental health, many parents requested that professionals listen to their concerns, validate their perspectives, and use their input to guide service delivery for their children. Rather than having this experience, parents often describe providers dismissing their concerns. Many need to continuously advocate for their children in an effort to receive accurate diagnoses and arrange supportive services. This dynamic is stressful, and parents feel they need to fight more strongly than should have been needed to receive services.

"It felt like [the provider] wasn't listening to my child or to me. I felt like crying at times."

"Like everything with mental health, if the parent doesn't push nothing happens. We just kept pushing and asking questions and seeing what else can be done."

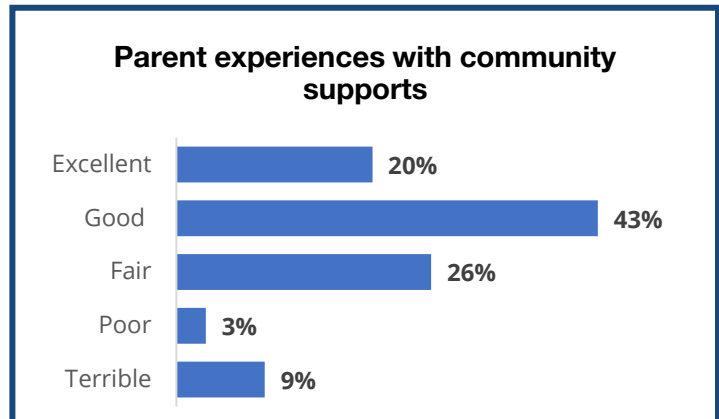
"We need to stop with 'kids are just like that' and take parents seriously when they say that something is wrong."



Feedback regarding community programs

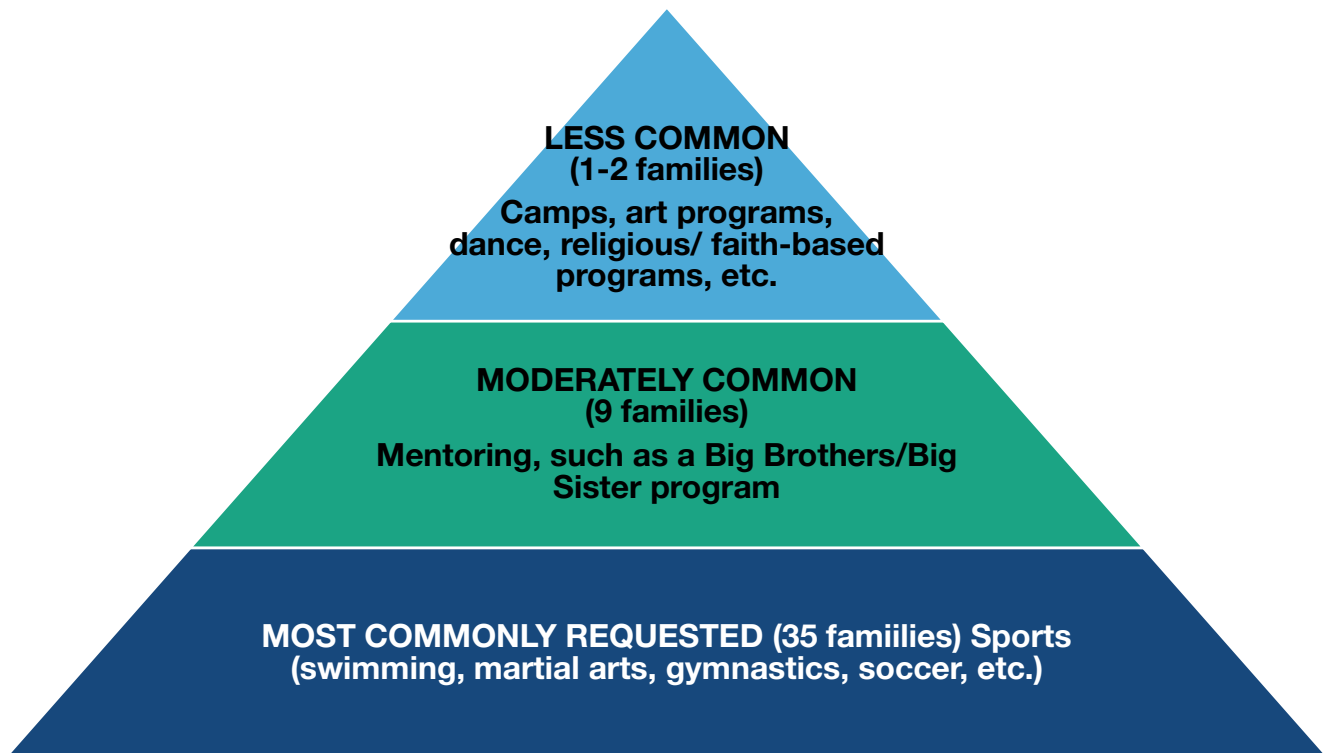
To support their children with mental health concerns, families often turned to other types of community programs, such as sports, art classes, or mentoring. While these programs may benefit all children in a number of ways, there are a number of reasons why parents may seek these services as part of their plan for supporting their child's mental health.

Parents may look for services to help children release energy, express emotions, receive guidance, or gain socialization. Parents may also value these services as an opportunity for some respite from the challenges of parenting.



Seventy-six percent of the parents interviewed for this project sought community services for their child. Two-thirds of these parents (63%) rated their experiences with these services as "good" or "excellent."

Types of community services sought by parents as they entered the children's mental health system





Community programs had important benefits for children/youth

Parents often sought community-based programs due to the benefits for their child's mental health. Participating in programs such as sports, arts, or mentoring can help reduce mental health symptoms and provide opportunities for children to socialize with others.

"We keep him more scheduled rather than less because that's an important tool for managing his anxiety. I would want him in sports and community activities for general well-being, but he does more because it's better for his mental health."

"She's calmer and more focused after martial arts."

"[His mentoring group] included kids that were like him, and it helped with socializing."



Other parents were especially important in helping parents find appropriate community programs

For other types of supportive services, parents sought input and guidance from a combination of service providers and other parents. However, as it relates to community support programs, parents mostly turned to each other for suggestions. Parents were able to recommend services that have benefitted their own child, or offer insight into which programs are more ready and willing to accommodate children with special needs.

"A lot of times it seemed like social workers didn't know about community supports. I learned about them from other special needs moms. There was a lounge at the hospital and we'd share names of all of the things that we had tried or had done."

"Families in the waiting room [suggested activities]."

"Facebook has good local groups for parents of kids with special needs [where I could get ideas for programs]."



It could be difficult to find services adapted for children with special needs

Many children with mental health issues do not require any modifications or adaptations to participate in community-based programming. However, for some families, it was important to find programs that could accommodate their child. Depending on their child's needs, some parents looked for programs that could support children with sensory sensitivities, high levels of anxiety, limited socialization skills, behavioral challenges, or emotional regulation.

"The programs specifically for children with special needs were excellent. The ones that were not were not as good."

"The coaches were horrible in terms of supporting him. They did not understand him and did not do any accommodations."

"The programs said that they didn't have anyone who could work with [my son]."

"We looked for a mentoring program and a sport. Because of his mental health, he couldn't get into them. We couldn't find any programs that fit him and his needs."

"Church activities didn't work. She needed too much help due to her behavior. I got phone calls that my child was acting out."

"He did a community education course this summer but got kicked out. He did camp, and I got calls every week."

While this option was not available for all parents, due to limited time or other resources, some parents chose to support their child's activities more directly. Sometimes, this meant simply staying present at activities to support their child's behavioral or emotional needs. Some parents became coaches or led programs so that they could address any emotional or behavioral needs themselves.

"Most services are not adaptive, but most instructors have grace. However, I need to stay on site during the activity."

"Sports can be difficult from a sensory regulation perspective. I don't think [child] could do it without his father coaching. Because his father can tell when he's revving up, he can help [child] right away."

"We intentionally do sports for [child] but his dad has to coach because things can go south quickly. It's a big investment of time."

"I needed to provide extra support to my daughter during Girl Scouts so I became a troop leader."



Once parents found appropriate services, a variety of logistical barriers limited participation

Logistical barriers made it challenging for some families to participate in community programs. Some parents found it stressful to manage the logistics of scheduling services and completing paperwork. Cost was prohibitive for some families, which limited their opportunities to participate.

"There were long wait lists and a complicated application process...very long and drawn out."

"We applied for scholarships but the program was still too expensive."





Children may not feel accepted or comfortable participating in programs

Finding a program that sounded promising was not always enough. Sometimes, the program still ended up not aligning well with the child's interests or comfort level. Programs could sometimes end up being an uncomfortable experience for children, if they felt anxious, embarrassed, or rejected by the other participants.

[Child] didn't like [the program] due to not being socially ready."

"[Child] was anxious about all of the kids. Instead of feeling included, she just felt anxious and forced to go."

"It was a challenge when my son would feel singled out, knowing he was not like a lot of children around him."

"We wanted [our daughter] to have positive experiences and for people to understand her. Nothing ever went really well. We've pulled out of a lot of programs before the end to not break our daughter's spirit."



Community-based programs were frequently disrupted by the COVID-19 pandemic

Interviews were generally conducted with parents who sought services for their children within the previous five years, which encompasses the COVID-19 pandemic. While the pandemic disrupted many services, parents talked about the particular impact of the pandemic on sports and other community recreation programs. While many mental health services transitioned into other formats, such as telehealth models, many community-based programs were suspended during the pandemic. Parents felt this impact, feeling that important supports simply were not available.

"COVID caused a lot of things to close or limit participation. The ones that are still available are less accommodating."

"COVID has made it really challenging to find groups for [my son] to meet other kids. It's so hard to have group meetings right now."

"My daughter was enrolled in art programs before the pandemic; however the pandemic led to these programs' cancellation."

Recommendations

Community-based programs

- Expand availability of community-based programs adapted to meet the needs of children with mental health needs.

System

- Compile and distribute information about community-based programs for children with mental health needs.
- Offer resources and training, such as mental health first aid training, to community-based program staff.
- Offer financial support to parents to increase access to community-based programs.

To learn more



To learn more about the **Hennepin County Children's Mental Health Collaborative's** efforts to strengthen the children's mental health system of care: Visit our website (<https://hccmhc.com/>) or contact Laura LaCroix-Dalluhn at Laura@LaCroixDalluhnConsulting.com.



To learn more about the **Hennepin County Parent Catalyst's** work to support parents: Visit our website (<https://hccmhc.com/pclg/>) or contact Margaret Sullivan at hcpcplg@yahoo.com.

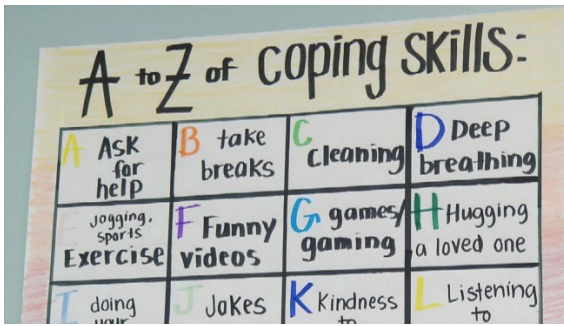


To learn more about **this project or Community Research Solutions:** Visit our website (<https://www.community-research.solutions/>) or contact Cheryl Holm-Hansen, PhD at cheryl@community-research.solutions.

PEOPLE INCORPORATED GIVES INSIGHT INTO SCHOOL-BASED MENTAL HEALTH

5:18 PM | Friday, September 9, 2022

CCX Media, [Shannon Slatton](#), reporting



People Incorporated in New Hope acts as a home based for mental health programs for kids, both day treatment and school based treatment.

“Day treatment is highly sought-after, usually waiting lists to fill up spots,” said Bruce Cross, a therapist with the program. “School-based therapists are all full, and schools want more.”

Cross supervises school-based therapists out of the New Hope location. He sees integrating more mental health into the school day as the wave of the future.

“It’s really the way you access mental health services now. There wasn’t lunch in schools way back when and now there is. There wasn’t nursing in school way back when, now there is. There is going to be mental health services in all schools,” said Cross.

BUT WHAT DO THOSE SERVICES LOOK LIKE ANYWAY?

Nathaniel Brueske gives us a look. He’s the school-based therapist working at Sandburg Middle School, and says he helps about five percent of the student population there over the course of the year.

“I have a lot of kids who don’t know how to express emotions,” said Brueske, who tries to get kids to open up beyond saying they are just “sad” or “mad.”

Brueske says he tries to create a cool space in his office, with gaming chairs and non-fluorescent lighting. He is encouraged when people drop by, showing they are advocating for their mental health.

“This past year, I had a couple of kids go, ‘hey you are the guy,’ which was really encouraging to see young people do that for themselves,” said Brueske. “Even though the kid did all the work, I was there to help facilitate. It’s cool and rewarding to see how they’ve grown.”

To engage with students, therapists often use age-appropriate crafts or play to engage.

“Whatever is going to keep the interest of the person and keep them talking to me is what we are doing,” said Kylie Otte, a therapist.

Often, Otte says she finds success just ensuring the students feel heard.

“My job is to run along side them until they run on their own,” said Otte.

To learn more about the programs available at People Incorporated, [click here](#).