



December 8, 2021

Addressing the National Emergency in Youth Mental Health: A Crisis Recommendation for Ramsey County

RCCMHC's Governing Board, RCCMHC community-based committees and the RCCMHC/SRFC crisis task group urge the Ramsey County Board of Commissioners and other policy makers to enact legislation and increase funding to address the national emergency in child and adolescent mental health. In particular, there is an immediate need for family-centric support options before, during, and after a youth mental health crisis. These options must be flexible, immediately accessible, culturally affirming, and address the complex needs of the “whole-family” across multiple life domains.

Ramsey County Children’s Mental Health Collaborative (RCCMHC)
Suburban Ramsey Family Collaborative (SRFC)

***National Emergency in Child and Adolescent Mental Health**

[A national emergency](#) was declared on October 19, 2021, by the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children’s Hospital Association (CHA) together representing more than 77,000 physician members and more than 200 children's hospitals.

"... we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color. "

***Surgeon General’s Advisory on Youth Mental Health**

The Surgeon General issued an [urgent advisory](#) on December 07, 2021. Advisories are reserved for significant public health challenges that need the nation’s immediate awareness and action.

"...“Since the pandemic began, rates of psychological distress among young people, including symptoms of anxiety, depression, and other mental health disorders, have increased....Our obligation to act is not just medical—it’s moral.”

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The Need

Local Story: Donte's Trip to the Emergency Department

A few weeks ago, 15 year old Donte was suicidal. He sat in a hallway chair of a local Emergency Department for two days before his mother moved him to a different ED. He got a bed but was exposed to upsetting adult emergencies so three days later, his mother took him home. Donte set himself on fire. He was transferred to a third ED where he stayed four more days before he was admitted for inpatient mental health services.

What do Families Say they Need? <https://www.rccmhc.org/family-community-engagement-1>

- Multi-generational, holistic supports for the whole-family
- Free services
- Flexible and family-driven; Lots of options- let the family choose
- Very short "intake"--- access right away
- No time limits for services
- No "blacklisting" for missed meetings or no-shows
- Connections to community services/resources
- Regular "check-ins"; social connections and peer support
- Information about youth & adult mental health, trauma, parenting, coping skills
- Tangible tools and concrete material resources
- Healers and providers that reflect the community; individuals with life experience, BIPOC, LGBTQ and people of all gender identities and expressions
- Support before/during/after a mental health crisis
- One point of access; one stop shopping
- Capacities and strengths of families are central
- Co-creation and leadership opportunities; Acknowledgement and payment for time
- A multi-system Care Team that communicates together on a regular basis; but not too many providers
- Quick follow-up

Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US

"Visits to the emergency department for psychiatric purposes are an indicator of chronic and acute unmet mental health needs."

<https://publications.aap.org/pediatrics/article/143/4/e20182192/76774/Trends-in-Psychiatric-Emergency-Department-Visits?autologincheck=redirected>

Whole-Family Wellness for Early Childhood

"The current healthcare system for children was organized and built on an individualized and diagnostic adult model of care, and it is not working. Young children and their families need family centered models of care and parenting support that are both preventive and need-based, and which primarily focus on supporting children and families in community settings that build social connections and directly address the social determinants of health."

<https://cachildrenstrust.org/wp-content/uploads/2019/09/Whole-Family-Wellness-for-Early-Childhood.pdf>

Supporting Parents With Mental Health Needs in Systems of Care

"Addressing the complex needs of families living with parental mental illnesses and the emotional and/or behavioral problems of their children requires a comprehensive, coordinated approach... but "Comprehensive, "whole family" services, resources, and supports are generally not available... Specialized services and systems that support adults

are separated from child and youth services, and each service is often targeted by specific agencies with differing expectations and funding requirements.”

https://www.air.org/sites/default/files/downloads/report/Supporting_Parents_With_Mental_Health_Needs_2_0.pdf

Youth Mental Health Equity

There are significant disparities in access to youth mental health care, and service use is not equally distributed among those who need support. The impact of caregiver mental health and family stress on youth symptomatology has been well documented. Families with complex needs who also have children with emotional/behavioral challenges tend to cycle through crises, overuse emergency services, and “fall through the cracks” of the traditional service system. High cost service utilizers are disproportionately BIPOC and they tend to be diagnostically complex or involved in multiple systems across several life domains (Dickson et al., 2020). Yet, BIPOC youth in MN are 1/3 to 1/2 less likely to receive community mental health services. Families are living with a pandemic, school disengagement, social isolation, community trauma, grief, and financial insecurity. After the murder of George Floyd, many are managing these challenges while also coping with the open wounds of systemic racism. More families are under stress, more youth need mental health supports, less services are available, and the equity gap has widened. We can reduce youth mental health disparities with interventions that meet the complex needs of the whole family.

Whole-Family Services & Cultural Supports

Families say they prefer 2-Gen/ whole-family support but they are rarely offered this option. We have seen impacts on the whole family during the pandemic. Among parents who reported high levels of anxiety, higher levels of COVID-19-related family stress were significantly associated with higher child internalizing and externalizing problems (Cohodes et.al, 2021).

“The Whole-Family approach to wellbeing is a more holistic and culturally-responsive way of thinking about a child/teen. The medical model might focus on the “identified patient” but the Whole Family approach considers the whole family system.

-The Whole Story local documentary

While providing integrated support has been recognized as a necessity, the support of high-vulnerable families is often complicated by the chronic, unpredictable nature of co-occurring and interacting problems in multiple family members (both child and parental factors), and by families’ reoccurring crisis situations. (Nooteboom et al., 2020) We need to think beyond the medical model to include highly effective community supports such as cultural healers.

“...“In smaller agencies, community based agencies, minority agencies etc. we tend to come from communities that are not individualistic... our staff tend to go above and beyond their duties. Sometimes the tasks required are simple tasks that we can provide to save the family that extra step in connecting to the triage or middle person. Especially when we have relationships with the families. But in most cases, it’s work that is in addition to our tasks, or pay, or time and that can be obstacles on multiple levels.”

-RCCMHC Non-Billable Bank Grantee

EXAMPLES & IDEAS

The RCCMHC Board believes we must invest and think differently about youth mental health. We can't keep doing things the same way. This list of examples is not exhaustive.

1. **Enact legislation and increase funding to address family-centric support options before, during, and after a youth mental health crisis.** These options must be flexible, immediately accessible, culturally affirming, and address the complex needs of the “whole-family” across multiple life domains.
 - Hennepin County Board Action: \$20M of federal funding to support youth mental health <https://hennepin.novusagenda.com/agendapublic/CoverSheet.aspx?ItemID=12558&MeetingID=1214>
 - Invest in community! Recognize that community based work is therapeutic work.
2. **Fund whole-family supports and other essential services that are not billable to insurance**
 - Example of multi-disciplinary “it takes a village” support for the whole family. Includes free resilience coaching, resource navigation and connections to local services, short term care coordination to connect or build a family’s care team, case consultation for local providers, tangible material supports, and visible point of access <https://www.rccmhc.org/family-community-engagement-1>
 - Example of Non-Billable funding: <https://www.rccmhc.org/bank> and its impact <https://www.rccmhc.org/impact>
 - Fund Peer Support Specialists and Family to Family supports. Currently Medicaid billing has to be in clinical setting. Non-billable funding could support local agencies to provide peer support specialists before/during or after a crisis.
3. **Fund cultural healers and mental health services that are culturally specific/responsive/affirming**
 - Service providers who listen to community already know what works. As described above, many culturally-specific providers take a holistic, whole-family approach to wellbeing but this does not fit the current medical billing model which is tied to an “identified patient.”
4. **Expand funding for crisis intervention and stabilization services**
 - 3-day Intensive Crisis Intervention. ICI relies on cognitive behavioral therapy, focusing on responses to stress that can lead to suicidal behavior and working with these adolescents and their families to develop better ways of coping with stressors. The model places a particular emphasis on family engagement, and family members are encouraged to stay in the Youth Crisis Stabilization Unit overnight with their children. <https://www.nationwidechildrens.org/about-us/annual-report/our-programs/behavioral-health>
 - The Southeast Regional Crisis Center is a new walk-in mental health facility designed specifically for people experiencing a mental health crisis. SERCC is open 24 hours a day, everyday, to people of all ages, regardless of your financial situation or insurance status. SERCC also houses short-term residential facilities for those that need longer care. With 16 beds, the center has separate units for adults and youth (ages 10-18), has 24/7 nursing staff and supervision, individual and group counseling, and care coordination upon discharge. <https://www.crisisresponsesoutheastmn.com/SERCC>
 - SRFC/RCCMHC crisis initiative: We are currently working with U of M/Fairview, Abbott NW, Children’s Hospital, United, and Regions. On discharge from the ED, families are given a crisis bag full of calming tools and resources. ED staff support a referral to RCCMHC. RCCMHC assists with referrals to primary care, local mental health providers or Ramsey County crisis stabilization as-needed. We offer free

family supports (described above) plus weekly psychoeducation, holistic wellness activities, resource connection events, and peer supports.

5. Fund crisis-respite (crisis residential) for youth

- More info: <https://namimn.org/wp-content/uploads/sites/188/2018/07/Childrens-Crisis-Residential-Study-Report-2.pdf>
- Examples: https://fcsource.org/docs/FCS-Crisis_Residential-Brochure.pdf and <https://masitrust.org.nz/crisis-respite/>

6. Fund non-traditional and community healing responses to violence prevention for youth who are struggling with mental health, toxic stress, family/community trauma, and systemic racism.

- Example: Healing Streets

7. Fund School Linked Mental Health services that are not billable to insurance

School linked mental health funding supports clinical mental health services for uninsured or underinsured clients and deductibles or co-pays for high cost-sharing insurance plans that may create a barrier to parental consent for treatment. Funding also supports services that are not typically billable to insurance such as: consultation and engagement with youth or families, consultation with school staff or other providers, structured mentor based program, small groups (SEL, SST, CBT, DBT), cultural wellbeing supports, Restorative Circles, or trainings for youth/families. Workforce shortages have pushed many agencies to rely on interns or “new hires” that need increased supervision hours. Training the next generation of providers and expanding the culturally-specific workforce is a best practice but it is not a billable practice. SLMH funding could also support supervision of direct service staff, SLMH client intake and other indirect costs that are essential to the success of the direct service.

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See more about increased local needs <https://www.rccmhc.org/the-need>

- Local emergency departments report an increase in pediatric patients from 2019 to 2021. MHealth Fairview's emergency departments saw a 33.3% increase in youth with suicidal ideation, self-injuring behavior and symptoms of major depression.
- Youth are presenting with higher acuity. MHealth Fairview reports the number of pediatric patients seen in their EDs increased 12.6% from 2019 to 2021. Of those patients, the number requiring admission increased 12.5% between 2019 and 2021.
- Minnesota has insufficient psychiatric beds. Hospitals are boarding youth in their EDs for days/weeks.
- RCCMHC has seen a 300% increase in use of our resource line, website, and family support services
- In a 2021 RCCMHC survey of 990+ youth in Ramsey County, 77% said they were struggling with their mental health.
- Many young people have been impacted by loss of a loved one. Recent data show that more than 140,000 U.S. children have experienced the death of a primary or secondary caregiver during the COVID-19 pandemic, with children of color disproportionately impacted.
- Before COVID, RC's ratio of mental health providers to population is the lowest among counties in the metro area. (2018 Community Health Assessment) In 2020 and 2021, staff shortages have resulted in even longer wait times and reduced access to services such as inpatient treatment.