

2020 Non-Billable Bank

To support youth with/at risk for ED or SED & their families

"I noticed that doing yoga made me feel more productive and less stressed throughout the whole day. it made me feel good about myself." (12th grader)



23,000+ youth/families

75% or more improvement in...

- Access to concrete supports or tangible tools
- Understanding youth mental health or trauma
- Prosocial behavior and coping (youth)
- School engagement (youth)

"I don't know what I would have done without your help." (parent)

**INCOME
ETHNICITY**

Most qualify for free/reduced lunch
Most services were provided to
BIPOC youth and families

"Thank you for giving us a chance to stay open, stay connected, and to continue to provide services to the many clients and families who typically would have been lost during a major transition such COVID." (provider)

67% of grantees reported that ALL or MOST of the youth they served were at-risk for a mental health crisis in 2020

64% of grantee agencies were culturally specific.

The Martinez Family



PROBLEM/CHALLENGE

Before COVID, the Martinez family was busy- but coping. Both parents worked multiple jobs to support the family. When Dad passed away suddenly, Mom didn't know what to do. School was not meeting in-person but she still needed to work. She and the kids were grieving and scared about the future.

IMPACT

With funds provided through RCCMHC, the agency was able to offer telehealth technology, care packages and therapy. The Martinez family participated in individual therapy and online groups to help them with feelings of grief and loss. The agency connected the family with mentoring and resilience coaching as well as basic needs support and childcare. In addition to online services, the agency offered "walk and talk" therapy at the Martinez family's home and they delivered several care packages and stress reducing tools. Mom says that they needed this extra support to help them get through the year.

INTERVENTION

The family connected with a local family service agency that was rapidly trying to adapt to COVID. The agency had staff to support the Martinez family and they had some creative ideas about how to offer virtual and "socially distanced" services but none of their existing funding sources could pay for the service adaptations.

Ramsey County Children's Mental Health Collaborative



2020 FUNDING AREA: Non-Billable Bank

TOTAL AWARDS: \$94,400

The average award was \$2,000. Agencies could apply more than once. Non-Billable awards were granted for one year so some grantees will report outcomes in 2021. Most grantees who invoiced us in 2020 used their full award.

TOTAL YOUTH & FAMILIES: 23,000+

FUNDING AREA DESCRIPTION: The Non-Billable Services Bank supports youth with or at risk for ED or SED (and their families.) The RCCMHC Governing Board may designate additional criteria as-needed to respond to emerging needs in the community. Awards must supplement- not supplant- available funding. In other words, the RCCMHC award cannot be used to pay for services or supports that would otherwise be paid with insurance, federal, state, local or other funds.

SERVICES: Examples of funded services include: telehealth technology, virtual support, wraparound, family engagement, youth groups, calming care packages, crisis kits and tools, virtual circles of support, social emotional learning (SEL) tools, counseling and therapy for uninsured/underinsured, learning pods for youth with mental health challenges, lockboxes and suicide prevention tools, suicide prevention outreach, online family care groups, youth mentorship, resource navigation, mental health outreach, school connection, coping skills activities, listening sessions, and whole-family services.

GRANTEES: 64% of grantee agencies identified as culturally specific. American Indian Family Center, Autism Society of MN, CLUES, Face to Face, Family Values for Life, Metro Social Services, MN CarePartner, NAMI MN, North Homes, Northeast Youth and Family Services, Progressive Individual Resources, Refuge Church Mosaic Family Services, Safe Families, True Thao Counseling. The following school districts were also awarded grants: Northeast Metro District 916, Mounds View Schools, Roseville Schools, White Bear Lake Schools, and Saint Paul Public Schools.

DEMOGRAPHICS: Most agencies and schools served school-aged youth, transition-aged youth or "whole families." Six initiatives specifically reported serving LGBTQ youth. Two initiatives specifically reported serving youth aged 0 to 5.

INCOME: Many grantees did not track this data. Of those grantees who did track this data, most youth and families were low income or would qualify for free/reduced lunch programs.

ETHNICITY: Of those agencies who reported data on ethnicity, more than 80% provided services to Black/African American youth and families. 50% provided services to Asian or Pacific Islander youth and families. 50% provided services to White/Caucasian youth and families. 50% provided services to Latino youth and families. 40% provided services to Immigrant youth and families. Lower numbers were reported for services provided to African (30%) and Native American (30%) youth and families. School districts provided services to all ethnicities.

COLLABORATION: Most agencies collaborated with 1 or more school or county partners and/or another local agency. Most agencies collaborated with RCCMHC through Resource Fairs and events, referrals, trainings, and marketing their service (website listing, flyers, outreach campaigns.)

Ramsey County Children's Mental Health Collaborative

WHERE SERVED: Most agencies provided services virtually during COVID. Although some continued to offer limited services at home, in their agency or in community.

OUTREACH TO TRADITIONALLY MARGINALIZED POPULATIONS & UNDERSERVED COMMUNITIES: Sample answers: 1) The majority of our families belong to Black and Brown communities and we took time to contact them to learn what access they had for virtual sessions and adapted care. We also referred out for any services that we could not provide as a result of the shutdown. We were able to support them and problem solve any barriers, as well as provide information about community resources, 2) Face to Face does street outreach to young people who are experiencing homelessness, and we also connect young people who come to our drop in center (SafeZone) to our mental health services. 72% of our mental health clients during FY20 we people of color, 3) Partner providers were selected based upon their needs and ability to reach traditionally marginalized populations, 4) Our Groups was specifically aimed at traditionally marginalized populations and underserved families, 5) We intentionally focused on these populations via emails, one-on-one phone calls, and community visits.

UNSHeltered/HOMELESS or UNACCOMPANIED MINORS: Many agencies did not collect data in this area. Of those who did collect this data, most reported "few" or "none."

AT RISK FOR MENTAL HEALTH CRISIS: 67% reported ALL or MOST youth were at risk for a mental health crisis. 30% reported SOME. 3% reported FEW or, I DON'T KNOW or DOESN'T APPLY.

GRANTEE DATA COLLECTION: Most grantees reported using observation, surveys or interviews. Other methods included the Strengths and Difficulties Questionnaires (SDQ) and the Child and Adolescent Service Intensity Instrument (CASII), student data report, treatment plan, school engagement/grades, and attendance data.

IMPACT: Most grantees report 75% or greater improvement in 1) Access to concrete supports or tangible tools, 2) Understanding youth mental health or trauma, 3) Prosocial behavior and coping, and 4) School engagement. Other grantees listed a 75% or greater improvement in social connectedness, resource connections, peer relationships, family communication and cohesion, and emotional symptoms.

LESSONS LEARNED & BEST PRACTICES:

- Social media/ virtual approach reduces barriers to information and offers strategies.
- Zoom fills a niche for families even after COVID19 has reduced its spread. We plan to continue to promote and offer virtual services.
- Providing services by BIPOC staff who can relate and provide culturally responsive supports
- We are in the business of helping people. But we must always remember to help ourselves and support our staff as well. We talk so much about self-care and ways to prevent burn out, but sometimes our staff and employees are the ones that may need the same resources that we provide to our clients. They may be experiencing the same struggles, trauma, and basic needs deficits as the clients especially when our staff are of the community.

Ramsey County Children's Mental Health Collaborative

LESSONS LEARNED & BEST PRACTICES (continued)

- At times with the population that we work with it's so easy for the youth and families to lose hope and not follow through with things for example the referral process. Though there are processes in place and many steps necessary to get from point a to point z, it's also where we can lose families who would have benefited from the services we and other providers provide. Some times we do things out of our role, because these families just need someone to be there the entire way, not a different person at each step. With COVID and distance learning we felt it was necessary to spend as much time as needed to support our families outside of our typical tasks, especially because this was not "normal" times.
- Something that worked really well was using DocuSign to sign documents. This gives us good information and the paperwork is getting done quickly because it is online and not one paper. We are using a HIPAA-compliant system that is mobile-friendly and more accessible to youth. The paperwork is getting done quickly which means access to services sooner.
- People getting the chance to use telehealth has meant there is a huge reduction in no show rates.
- Allowing clients to talk for as much time as makes sense for them being home and with things being somewhat the same each week, some weeks that is a full 55 minute session, sometimes it is 30 minutes. Being flexible to what the client has capacity for has been critical.
- Surprise: The emotional drain it is to be on Zoom in back to back meeting and how hard it is to focus. You cannot also pick up on client's non-verbal cues. It was a struggle for providers to sometimes talk to a blank screen if the client turned their camera off. Some clients faced the challenge of lacking privacy in their home especially if they have a lot of people and/or a small place.
- Social Media Marketing is good, but word of mouth advertising brought more consistent attendance results.
- We found that some parents still wanted us to come into their home and be with them in their space with their family.
- Nurturance and trauma informed care are always best practice, but due to the many barriers in the community and on schools we often cannot provide the basic supports our scholars and families need. Maslow before Bloom!
- We learned that it was possible to engage historically disengaged alternative high school students in an ongoing, weekly, live and synchronous yoga class over Google Meet. This was extraordinary, because we as a school had attempted to engage students in several other ways with the pandemic/distance learning for months before the yoga program began in October. Even getting 1 student to sign on to a Google Meet prior to this class was something to celebrate. Our class developed a core group of students that came week after week after week. We learned that yoga and the benefits of how it made students feel was something that students would show up for, even if it was in their own homes. We also learned that providing academic support in smaller break out groups to help students with their projects was beneficial in students being able to ask questions and feel connected and supported by their teachers at school.
- A "best practice" we discovered was the benefits of bringing in a professional to teach yoga to students and showing them they are worth the investment. Because we brought in a certified yoga instructor who specializes in reaching marginalized communities, more students were engaged and got the real yoga experience, as opposed to something we just threw together from YouTube. Also, our yoga instructor William Drew, being a black male, was able to reach our students in a different and authentic way.
- Telehealth can be a very effective tool for anxious, reserved children.

Ramsey County Children's Mental Health Collaborative

CHALLENGES, OBSTACLES, NEEDS & GAPS

- Many people who had previously not been very interested in mental health services were seeking this information in response to stress caused by the pandemic, George Floyd's murder, and civil unrest that devastated the main Latino commercial and cultural district in the Twin Cities.
- Linguistically- and culturally-appropriate information about coping.
- We had a high number of crisis at the start of COVID and distance learning. The transition for some families was very difficult and for the first time the families did not have access to external supports and outlets due to COVID's stay at home mandate. Telehealth allowed for some normalcy and distance or "time away" from being forced in the same house and room during that time.
- We saw was that our staff who tend to be community based now had to find resources that they themselves did not have, for example consistent data, webcams, home computers etc. This fund really helped our staff be able to continue to work with and support their client while also needing supports for them self.
- The suicide rate amongst youth in Minnesota has been trending upward. There is tremendous need associated with means restrictions. As soon as providers found out we had lockboxes available, we quickly ran out of inventory and had to order more (outside the scope of this grant).
- SPPS provided all of their students with tablets for distance learning. This was a great thing especially for families that did not have the resources to access services. And it was a great tool for our staff to be able to stay connected and continue to provide therapy to the clients while being engaged with the staff. Except that the tablets all had restrictions on them that did not allow for other platforms to downloaded. Our staff who are not SPPS staff where not allowed to get Google accounts through SPPS. As a result of many conversations, we were told we had to get our own google accounts so that we can continue to engage with SPPS and its students through the SPPS provided tablets. We had to get Google Suite in order for our staff to be able to engage students and participate in school meetings and classrooms. Google Suite was not a platform that we had prior to COVID and was necessary for our partnership with SPPS and our clients services. As a small agency we did not have additional funds to be able to add an additional services for our staff who's contract with SPPS is an onsite contract and not a distance engagement or in office contract. With the funds provided through RCCMHC we were able to get all of our staff who work with SPPS to get accounts with Google and continue to provide services with our youths and families.
- Extra attention was needed by children, parents, and school staff during this COVID-19
- Immigrant/Refugee youth Mental Health Literacy
- It is very difficult to gather accurate data from school staff right now. They report being very overwhelmed and stressed. To get them to try something new and then report back results is more difficult than usual.
- In smaller agencies, community based agencies, minority agencies etc. we tend to come from communities that are not individualistic, do not have support staff, or are bond to cultural relationship obligations and boundaries or lack there of. That can create a culture that in most cases our staff tend to go above and beyond their duties. Sometimes the tasks required are simple task that we can provide to save the family that extra step in connect to the triage or middle person. Especially when we have relationships with the families. But in most cases its work that is in addition to our tasks, or pay, or time and that can be obstacles on multiple levels.
- The need for free and easy access to qualified mental health services remains high.

Ramsey County Children's Mental Health Collaborative

STORIES OF IMPACT

- A Latina woman who only spoke Spanish and had no insurance was able to receive ongoing therapeutic support over the course of these two grants.
- With RCCMHC funding to support telehealth technology, we provided 1,304 sessions to 166 clients via telehealth between April 1 and December 31, 2020
- We offered peer support and mentoring to parents of children living with mental illness. One of our classes was focused on the Latinx community and we reached this audience through a partnership with the St. Paul Public Schools. This class was particularly well attended, with 61 parents participating. 91.7% of the respondents indicated they had increased their awareness of strategies to take care of their own and their family's mental health during the pandemic.
- Refuge Church Mosaic Family Services was RCCMHC's first award to a faith community. They were able to reach the Black/African American and Latino communities with 1) Online Family Care Groups. Focus parental guidance, youth trauma & grief, 2) Youth Mentorship-(includes weekly check-ins for parents who need help), and 3) Family Resource Assistance (Help parents connect to community resources.)
- Youth and families were able to continue receiving services and stay engaged with staff that they are used to working with. Youth and families were able to maintain some level of normalcy through this effort during the struggles each family may have been exposed to due to COVID.
- We had a family that really struggled with Telehealth. The mother was resistant to the idea as she did not know how to use it and did not trust in that type of interaction. We worked with the family to gain access, navigate, trouble shoot and practice the use of the telehealth until they were comfortable and attendance improved. The staff who supported the family through it all did a great job staying by the families side but the staff needed resources to be able to provide these virtual services. The grant funds supported our staff who normally don't need additional devices to be able to all provide services.
- We had a father who called our Program Coordinator to ask about paperwork that we had sent him. This father is not a native English speaker but did not want a translator. Our staff was patient and worked with the father even though the paper work that he wanted to review turned out to not actually be for our services. The father built trust in our coordinator during this three hour long process. He was so thankful and kept saying "you help me because you are the only help me, thank you, thank you"
- We were asked by a parent to check in with her son whose father was murdered. We talked to the youth on several occasions to help him talk through what he was experiencing.
- Our Ending the Silence program is very popular with school districts throughout the Twin Cities, so very little outreach is required (often we have more requests than capacity). However, finding a school in Ramsey County that would allow us to come in and teach Ending the Silence during the pandemic was a little more challenging. Staff got creative and reached out to some of the alternative high schools. The very day that we sent the email to White Bear Lake Area Learning Center, the teacher was thinking to himself, "My mental health unit is coming up, but I don't have any guest speakers. Where am I going to find a guest speaker?" and then he received our email! The two classes went really well with a lot of participation, and we now have a partnership with this school. NAMI Minnesota will come back on a quarterly basis to teach Ending the Silence. This partnership may not have formed if not for our grant with RCCMHC.
- Grant funds allowed our mental health staff to dedicate time to provide services to children, families, and school staff that are not typically covered by insurance allowing for cohesion in treatment planning and also offering additional support without placing a financial burden on families.

Ramsey County Children's Mental Health Collaborative

STORIES OF IMPACT (continued)

- In order to continue with services for young people we started with telehealth services with a HIPAA Compliant platform that is mobile friendly. When the pandemic started students in Saint Paul were also dealing with a teacher's strike to get them much needed support. Then the pandemic happened and their lives changed. This increased anxiety among clients with the first time in a long time where adults were uncertain about the future, how long they would be home and without the ability to see their friends/peers on a regular basis. Telehealth gave us the space to literally meet them where they are at, interact with family members who previously could not come to sessions due to work schedules. It has allowed our clients to show us art work, things they love in their homes and work together on how to increase self-care practices in their spaces. It has meant they are able to come more consistently to therapy because they are not reliant on public transportation to come to their appointments or work within the family schedule to attend appointments.
- One of the parents that attended our online group needed help with her son who was arrested on the train. We met with her and talked through how she felt about what happened. She was feeling stressed and frustrated because she had not talked to her son since he had been arrested. Our team was able to help her contact the police and the public defender assigned to her son case. We talk with the son and his mother and helped them deal with the situation.

FINAL QUOTES

"With the pandemic, and having two small children, telehealth has been so nice in order to keep working on my mental health while not leaving home often for fear of the pandemic" (parent)

"COVID- 19 has impacted us socially, emotionally and physically. Learning about the 8 dimensions of wellness was really helpful". (family)

"I love my skills worker, she understands me!" (youth)

"This funding's flexibility really allowed for our agency to continue to provide services during a time where there was so much uncertainty and struggles all the way around from payroll to staff stability, client and family crisis and social systemic concerns in the community. As a provider it's our responsibility to continue to provide services to our clients while addressing their needs and struggles as well as trauma induced by the uncertainty and chaos during the summer especially. But we as providers are struggling with some of the same struggles as our families both personally and professionally. Funds and grants such as this really allows for us to supports not just our clients but also our staff who comes from some of the same background as our clients and are part of the same communities that have limited resources and access to services in a "main stream" way." (provider)