



Whole Family Wellbeing: A Collaborative Response

**Ramsey County Children's Mental Health
Collaborative (RCCMHC)**



I AM HERE. I AM READY.

- Please take a moment to quiet your thoughts.
- Let go of stress and worries.
- Take a deep breath.
- Now let it out.
- I am here.
- I am ready.

“A story is the only way to activate parts in the brain so that a listener turns the story into their own idea and experience.”

-Uri Hasson,
Princeton Neuroscience
Institute

We tell stories because they connect us. They make someone else's world part of our own.

What is it about stories?

Sometimes, the best way to understand people who are different from us is to listen to their stories. After all, we are story telling animals. Narrative is central to our humanity. We categorize our memories in story-form, we learn and dream through stories, and we develop a self-concept as part of our personal story.



Stories (Agenda)

10:45 to 12:00

1. MN Collaboratives- “big C” and “little c”
2. RCCMHC’s path of story telling and listening
3. Youth mental health, resilience, and whole family wellbeing
4. *Children’s Mental Health: The Whole Story (video and families)*
 - *Reed, Dolores, Steve, Aerine*
5. Small Group Role Play: Collaboration Multiplier
6. Closing/ Q and A (as time allows)



BIG C,
little c,
what begins with C?



**collaboratives
and
Collaboratives!**

Collaborate

- Cooperate + Enhance the capacity of another

Cooperate

- Coordinate + Share resources


Coordinate

- Network + Alter activities
- To achieve a common purpose

Network

- Exchange information
- For mutual benefit





**In Minnesota,
Collaboratives are more than
just a coalition of partners who
“collaborate” together.**

**In 1993, the Minnesota Legislature approved a set of laws to
create COLLABORATIVES as special districts in our state.**

Special Districts

- **Local government units created or authorized by state law to perform specific duties or to provide specific services in a limited scope.**
- **Ex. public schools**



**There are
90
Collaboratives
in
Minnesota**

<https://www.revisor.mn.gov/statutes/?id=245.493>

- **12 Children’s Mental Health Collaboratives**
 - Address the multi-system needs of families who have a child with a MH disorder
 - Only 1 per county
- **47 Family Services Collaboratives**
 - Address the health, developmental, educational, and family-related needs of children and youth
 - Can have more than 1 per county
- **31 Integrated CMH and FS Collaboratives**

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_001475

But, if you've seen one Collaborative...

You've seen one Collaborative.

Mission Statement

Collaboratives bring service systems together to coordinate and integrate resources/services for children, youth and families.

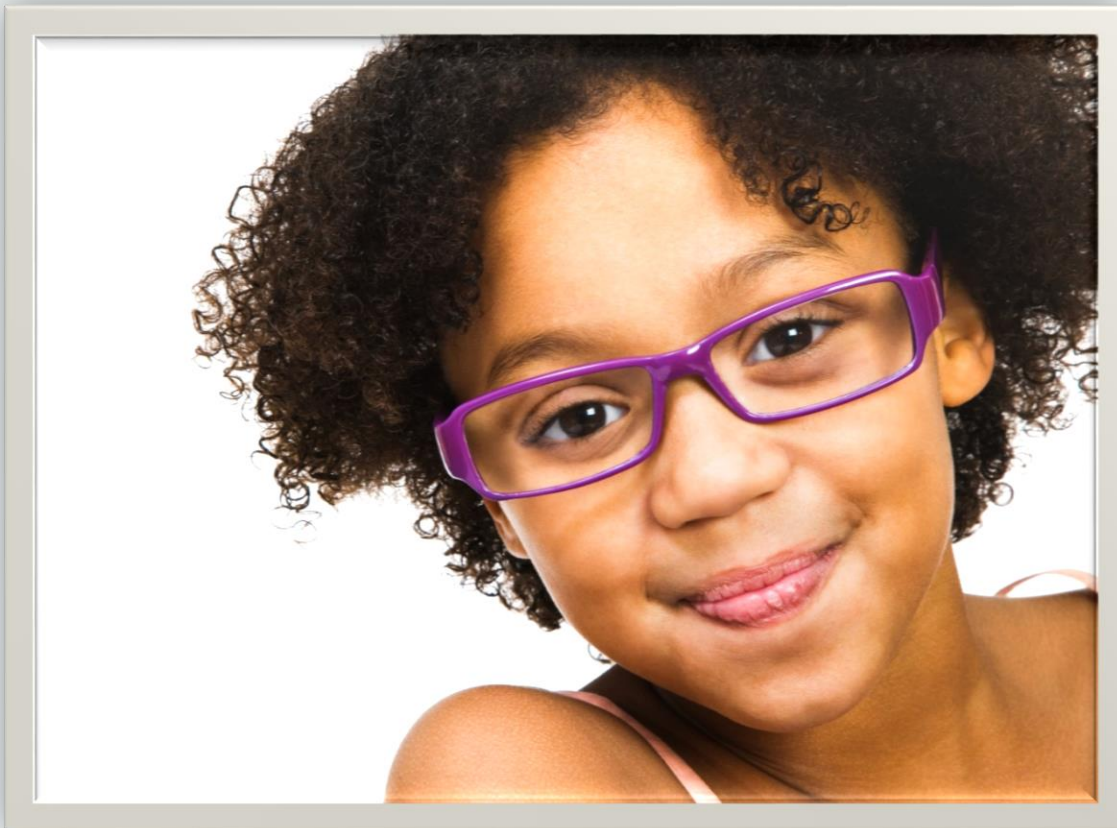
All MN Collaboratives serve their communities by:

- Promoting prevention and early intervention strategies
- Engaging a public health approach* to multi-dimensional wellbeing
- Reducing gaps and barriers to resources/services access
- Assuring that resources/services cut across traditional boundaries



3 “NEW” STATE PRIORITY GOALS

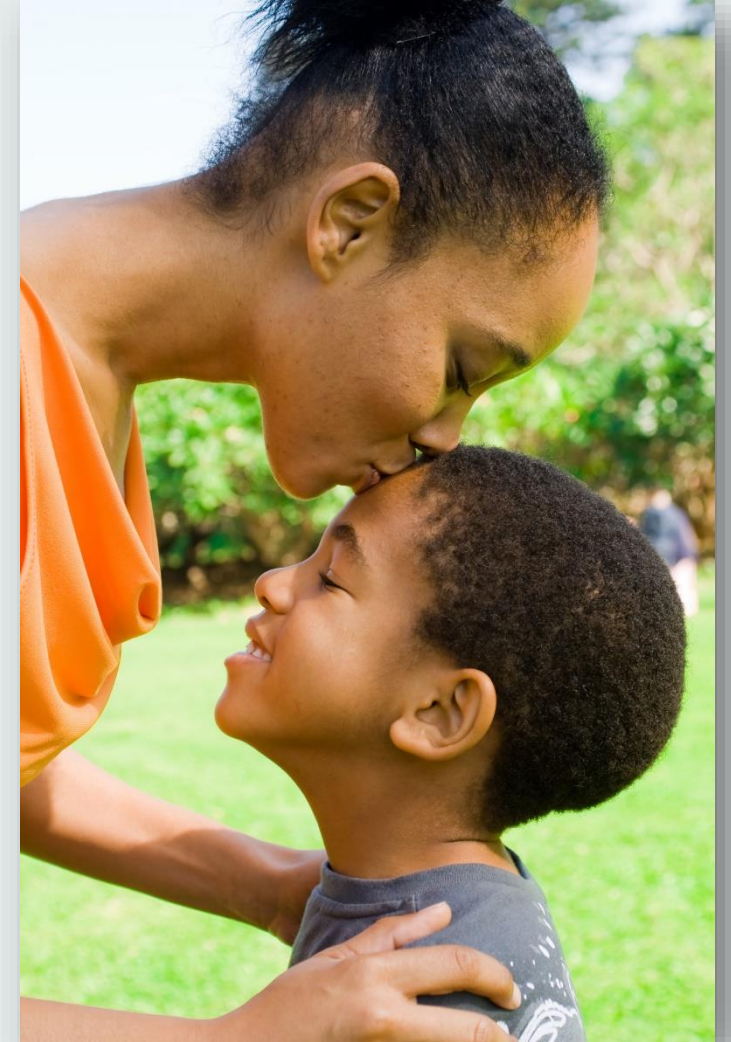
- Promote Mental Health & Well-Being for children, youth, and young adults
- Support Healthy Growth & Social Emotional Development for children, youth, and young adults
- Strengthen Resilience & Protective Factors of Families, Schools & Communities



Guiding Principles

The following core values establish and drive the work of all Collaboratives to foster well-being and resilience:

- Strengths based
- Child centered, youth guided, and family driven (increasing voice and choice)
- Holistic family, community, and systems approaches
- Culturally and economically affirming, responsive, and inclusive
- Equitable communities reducing disparities and increasing opportunities
- Research informed and data driven



Collaboratives grow and are sustained through:

- Federal, State, and County Funding
- Private Funds/Grants
- Member Contributions and Pooled Resources

An INTEGRATED FUND allows local service decision makers to draw funding from a single local source:

- Funds follow clients
- No need to match clients, funds, services, and provider eligibilities

<https://www.revisor.mn.gov/statutes/?id=245.491>

Integrated Fund





Ramsey County Children's Mental Health Collaborative (RCCMHC)

Vision: Every child in Ramsey County will function at the highest possible level of mental health and wellbeing.

Mission: RCCMHC works across systems and with families to meet the complex needs of youth with mental health disorders.

GOAL 1: Cross System Collaboration

GOAL 2: Health Equity

GOAL 3: Whole-Family Wellbeing

<http://www.rccmhc.org/>



RCCMHC members



- Adult MH Providers
- Chemical Health Providers
- Child MH Providers
- Cultural & Faith Communities
- Families
- Juvenile Corrections
- Primary Care Providers
- Public Health
- Schools
- Social Services
- Youth Service Providers

Members work together to identify needs, integrate/coordinate systems, and design services that are evidence-based and practice-informed.

Structure and Committees

Governing Board*

Advisory Council

Family Service Committee

Committee on Cultural Responsiveness

Quality Assurance and Outcomes

Fiscal Committee

*Governing Board members are elected by the wider membership or appointed by our state-mandated partners (such as Juvenile Corrections).





RCCMHC's Integrated Fund

RCCMHC uses its integrated fund to support **evidence-based, practice-informed and community-defined services** for children's mental health that cross systems, promote health equity, and improve whole-family wellbeing.

- Partners and community-based agencies apply for funding through a grant process.

RCCMHC also uses its integrated fund to support **“Community Engagement and Family Partnership.”**

- System of Care Conference (SAMHSA).
- MN Association Community Mental Health Programs (MACMHP) Conference
- Metro Children's Crisis Response Services (MetrCSS)
- Milwaukee's Wraparound Program

Members became energized about developing stronger **CAREGIVER/YOUTH** involvement.



HISTORY

Since they began in 1997, RCCMHC has had caregiver involvement on the Governing Board and in policy and decision making.

They have also had a strong history of collaboration with small agencies and organizations that offer culturally specific and/or culturally responsive services.

Community Engagement and Family Partnership

2013

- increase new family participation
- increase cultural diversity of participants,
- make supports more culturally responsive,
- increase caregivers involved in decision making,
- connect families to more community resources





What Doesn't Kill Us: The New Psychology of Posttraumatic Growth (Stephen Joseph, 2011)

Transformation Through Adversity

“Post- Traumatic Growth”

- Breathing.
- Healing.
- Hope.
- Resilience.
- Purpose.



**ACEs...Trauma...Mental Health Diagnoses...
These things are not the end of the story.**

*Resilience is not just the
ability to survive... It's
the ability to
THRIVE*



Bounce Back. Spring Forward.

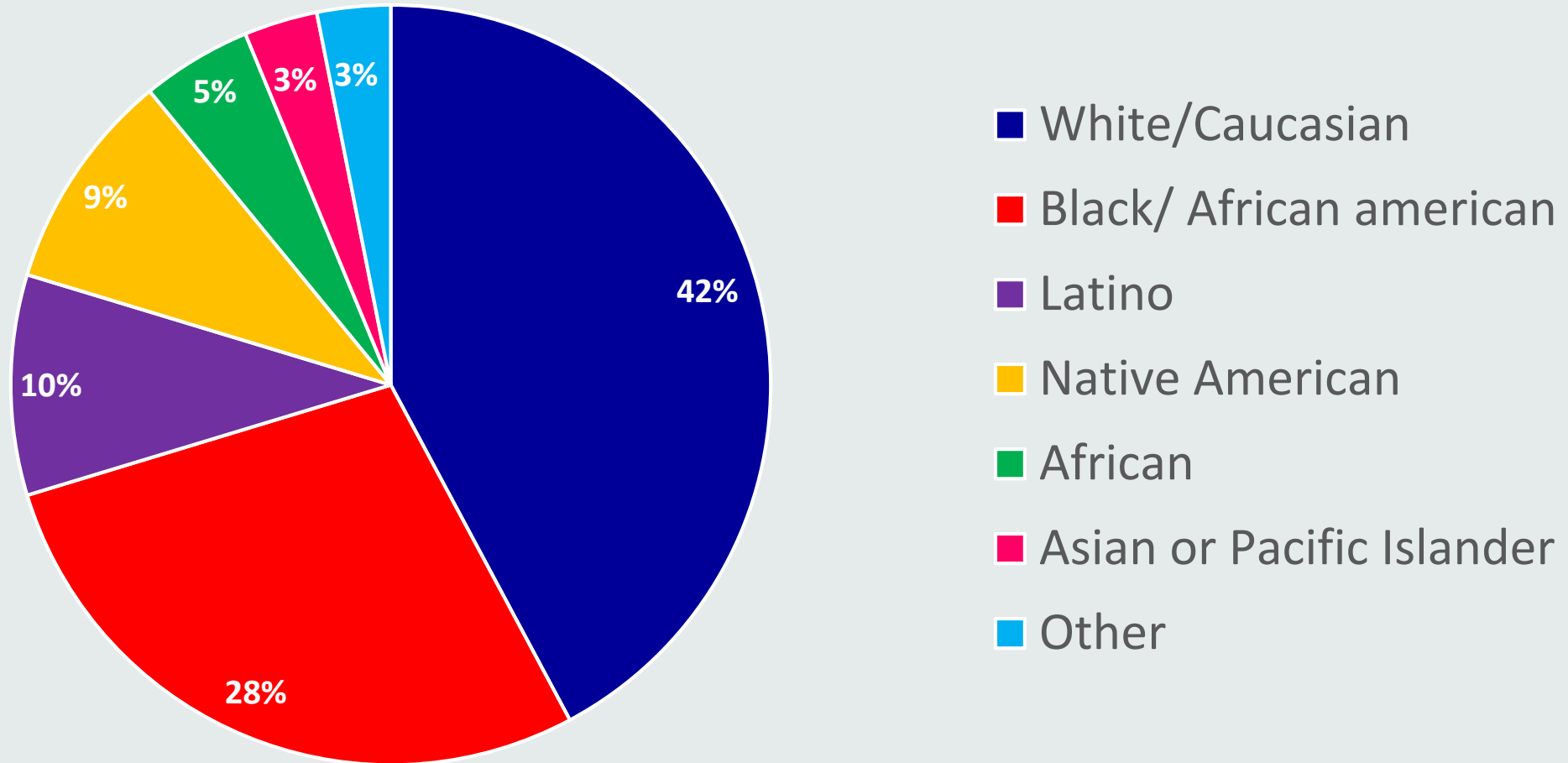
Community Engagement and Family Partnership

Soon...

- Monthly trainings grew from 8 parents/caregivers to over 300+
- Committee participation/leadership grew from 5 adults to 40+ adults and youth
- Increased diversity in caregiver participation: mothers, fathers, grandparents, foster parents
- 30% of families earn \$0 to \$10,000 per year. (55% earned less than \$20,000)



2015 Family Survey: Ethnicity



58% of respondents were an ethnicity/race other than White/Caucasian



How did we do this?

This is the story of how our Collaborative learned to LISTEN and as a result, transformed the way we respond to the needs of youth and families.

- A hope and resilience-centered philosophy
- Based in the wisdom of families and community
- And combined with new research in brain science, attachment, child development, social determinants of health and ACEs...

And it all started with a few parents/caregivers and some good Chinese food...

(Lived experience? Compassion & Hope)



שְׂמַע
-
תְּבַח

To listen, to reflect, to seek to understand, to internalize and to respond

And so we LISTENED...

Advisory Council, Committee on Cultural Responsiveness, and Family Services Committee held several discussions:

- challenges facing youth with mental health disorders
- the root causes of health inequities and health disparities- specifically the social determinants of health and wellbeing



1 in every 4 or 5 youth has a mental health disorder that negatively impacts daily life at school, at home, and in the community.



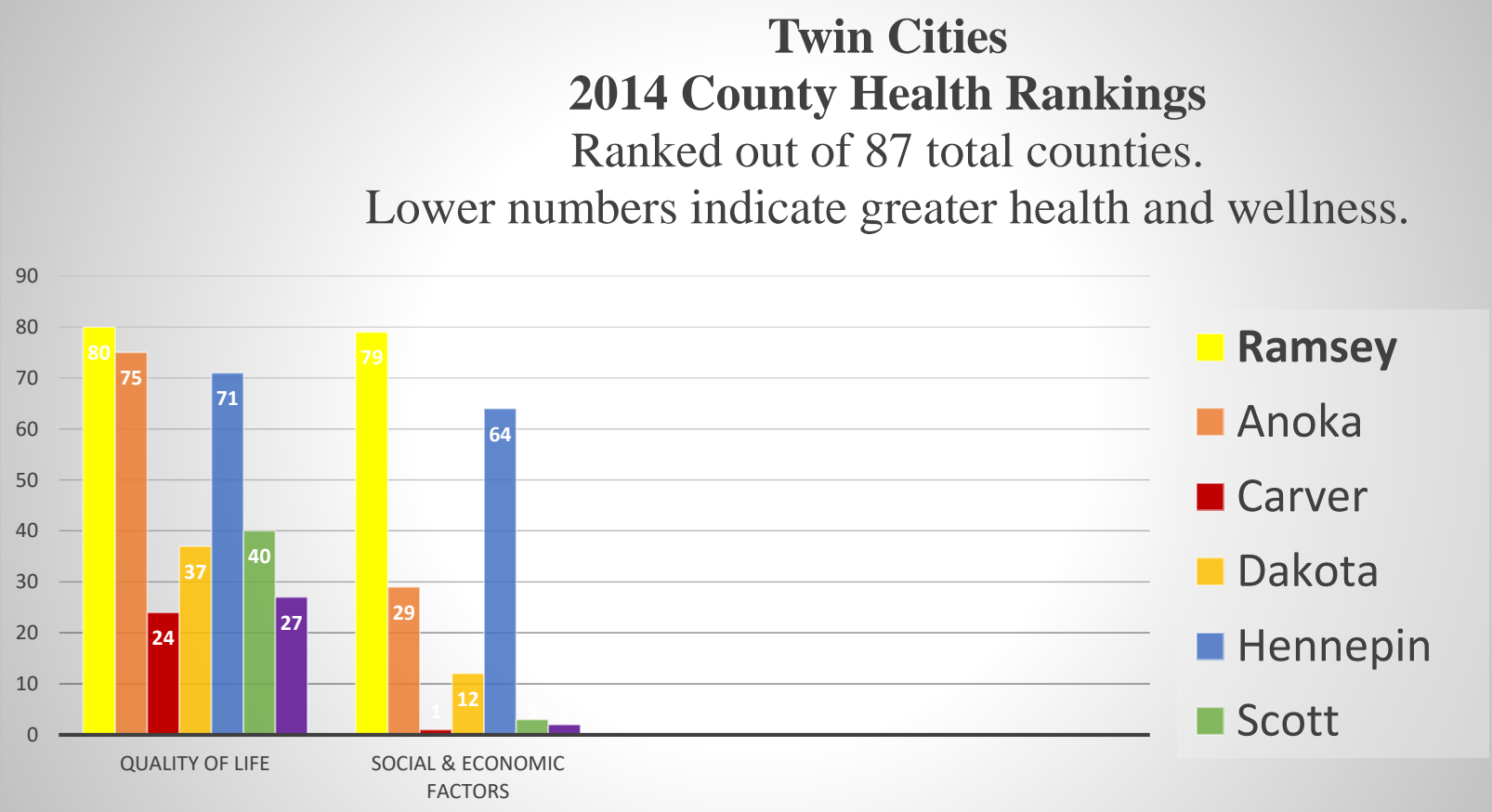
Youth with mental health disorders face a number of barriers to getting well and staying well.

Children's mental illness, poor physical health, lower socio-economic status, parental mental illness, substance abuse, and involvement in the justice or child welfare systems interact in a negative cycle and play a significant role in a child's overall wellbeing.

Is your ZIPCODE a greater predictor of health than your genetic code?

Out of all 87 counties, Ramsey County ranks well for clinical care (19) and health behaviors (21) but it ranks poorly for quality of life (80) and social/economic factors (79).

Robert Wood Johnson Foundation
http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2014_MN_v2.pdf



“Interventions that address only one factor at a time often fail. Because the pathways leading to health are complex, effective solutions are likely to be complex as well ... and will require collaboration”
(Braveman & Egerter, 2013).

<http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf406474>

POVERTY:

More families living in poverty than any other Metro County. In St Paul, 36% of children live in poverty compared to 15% (MN)

CRIME:

Highest rate of serious crime in Metro Area.

HOMELESSNESS:

Higher than state average

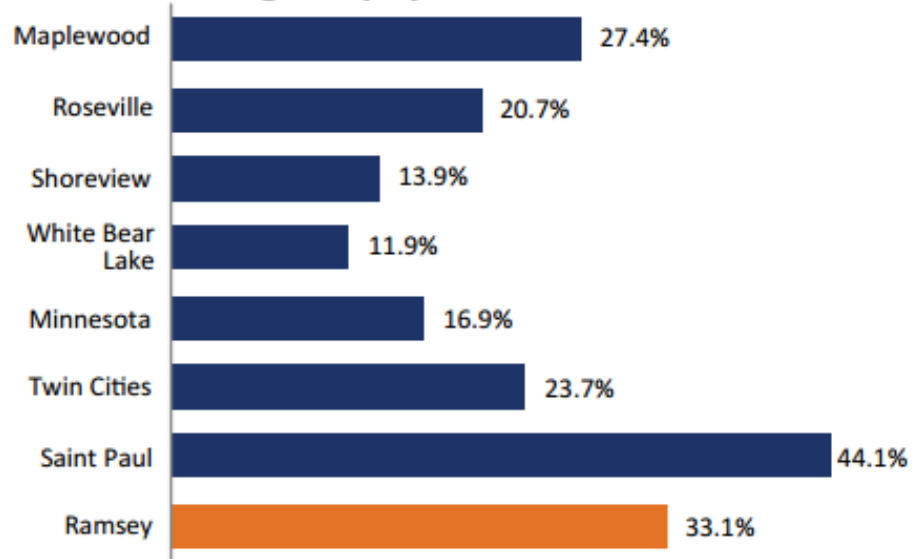
ABUSE/NEGLECT:

Higher than state average



Ramsey County is ethnically diverse.

Percentage of population of color, 2010



In 2010, 44% of Saint Paul residents were people of color- the third highest percentage among cities in Minnesota following Brooklyn Center (54%) and Brooklyn Park (50%).¹

Source: MN Compass. (2012). Retrieved from: <http://www.mncompass.org/>

Much of the racial or ethnic disparities in health can be explained by socioeconomic disadvantages and the resulting conditions of chronic stress (Braveman & Egerter, 2013).

Youth of color are overrepresented in vulnerable, high-need communities and often do not receive adequate mental health services.

https://www.ramseycounty.us/sites/default/files/Open%20Government/Public%20Health%20Data/community_health_assessment_030515.pdf

<http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf406474>

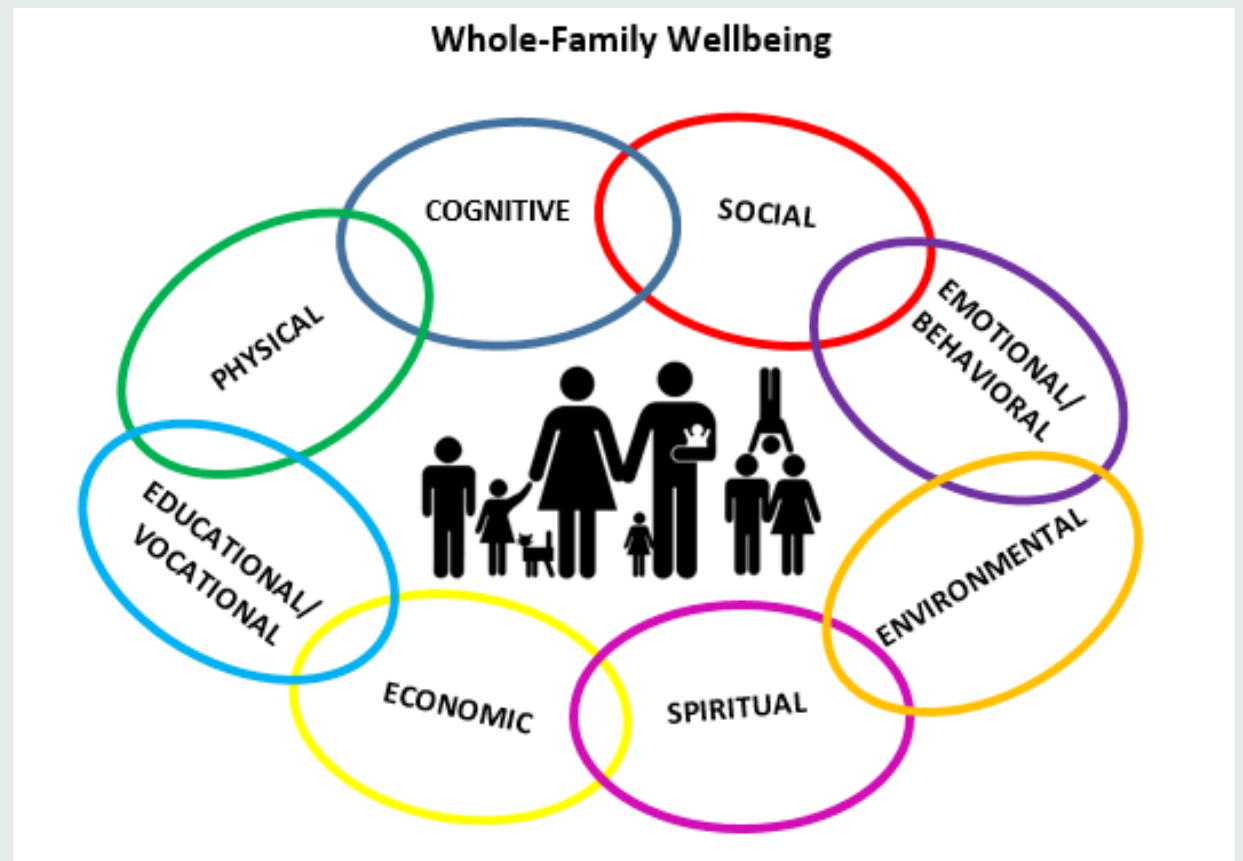
Youth, caregivers, and providers told us:

Most youth with mental health disorders will not get well or stay well until we address the needs of the “whole child”, the “whole family”, and the “whole community” in which they live.

This led to discussions on TOXIC STRESS....

Our Advisory Council, Committee on Cultural Responsiveness, and Family Services Committee collaborated to develop a working definition of “wellbeing” that includes 8 domains.

<http://coloradoevaluation.org/Resources/Measuring-Client-Well-Being-Toolkit.pdf>

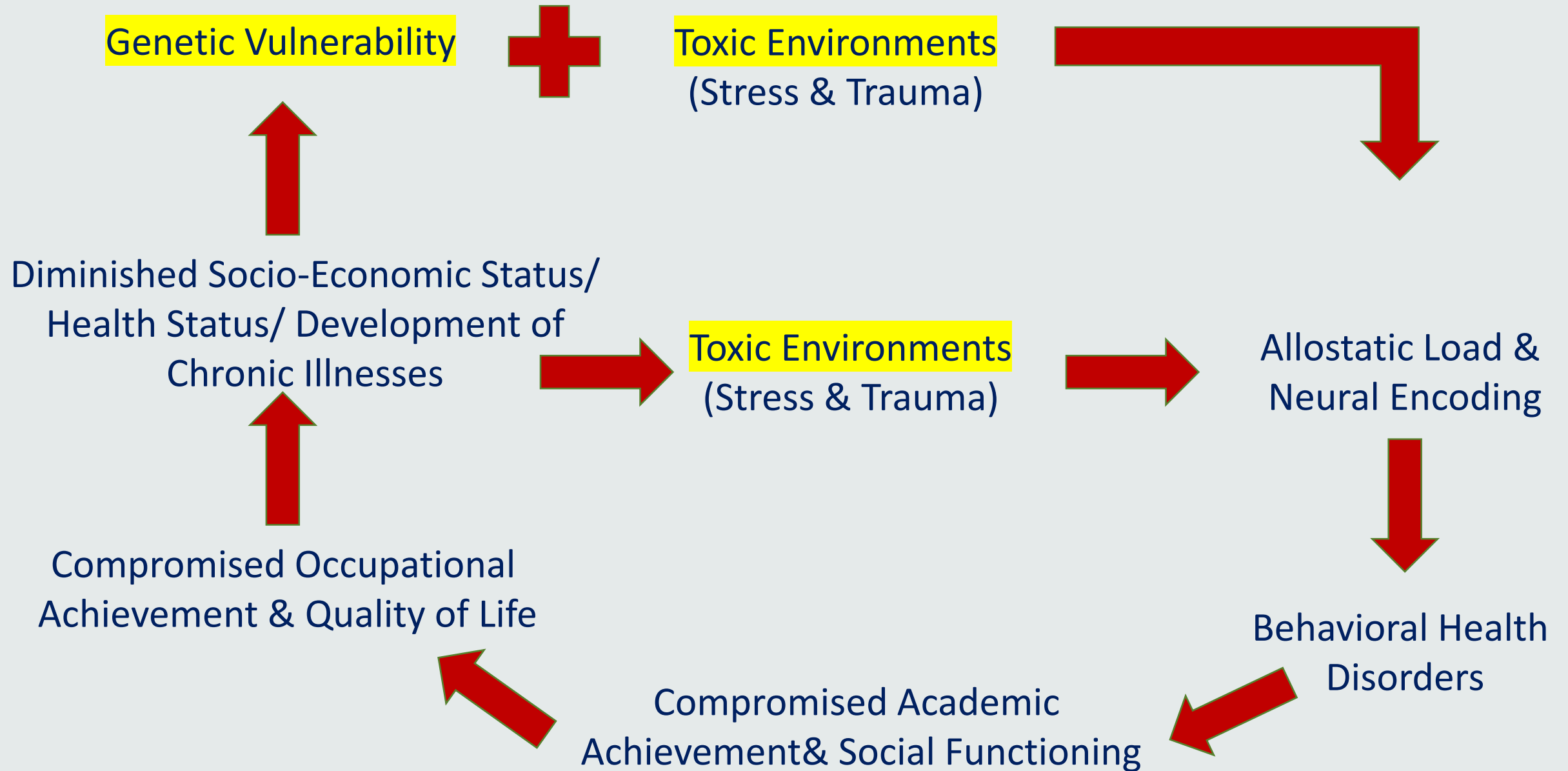


**We polled our families.
Most had ACE scores of 4 or more.**



A person with 4 or more ACEs is:

- 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes
- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic



“While genetic factors underwriting vulnerability are important, it seems increasingly likely that adverse life events play a significant causal role in the development of mental disorders.”
(Blanch, Shern & Steverman, 2014)



ACEs Mental health

- Increased mood and anxiety disorders, aggression, social skills deficits, peer relations and substance abuse
- Start using substances earlier and have higher lifetime rates of substance use
- Children who are bullied and abused are nearly six times more likely to have psychotic symptoms.
- Exposure to childhood adversities nearly doubles the risk of developing psychosis.

http://www.mentalhealthamerica.net/sites/default/files/Toxic%20Stress%20Final_0.pdf

- Involve family, extended family, and other support systems
- Strengthen the family's ability to adapt, cope and heal
- Offer education/tools for emotional and behavioral regulation, problem-solving, resource seeking
- Integrate culturally affirming and responsive methods/ acknowledge cultural variations in family roles and functions
- Provide opportunities for youth and families to grow their sense of efficacy and purpose.

Trauma- informed engagement strategies to improve outcomes for youth with mental health disorders



3-Step Strategy to Grow Community Engagement and Family Partnership, Address ACEs and Toxic Stress, and Improve Whole-Family Wellbeing

1. Start with **Family Education and Resources** (Coordinator)

- Be available. Listen and understand. (Texting, phone, in-person.)
- Respond with compassion and hope.
- Provide access to resources (and follow up)
- Offer monthly trainings and other education

2. Offer **Youth/Caregiver Leadership** Opportunities

- Use youth/caregiver input to develop services
- Support or develop multi-system, trauma-informed, culturally responsive initiatives that support the whole child/ whole family

3. Develop **Community Outreach and Whole-Family Wellbeing** Events

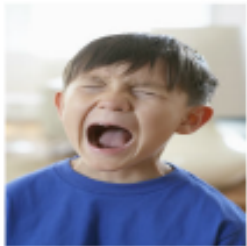


Connections, Answers & Hope!

RCCMHC partners with community experts to provide monthly support and education programs. These programs offer hands-on activities, take-home resources, advice, friendship & support for the whole family.

Identical programs are offered on 2 different days each month. Families can choose to attend 1 program per month.

2015	Sept. 21 & 30	How to advocate and navigate systems
	Oct. 19 & 28	Working with schools- IEP, 504 & special ed etc.
	Nov. 9 & 18	Mental health crisis and emergency intervention
	Dec. 14	Resilient families and coping in hard times
2016	January	Mentally healthy homes & 8 dimensions of wellness
	February	Rules, rituals, & routines= peace and happiness
	March	Mindful parenting, the brain, behaviors & emotions
	April	Mental health: Diagnoses, red flags & interventions
	May	Improv parenting: respond to behaviors/emotions
	June- August	Social programs to be announced



Serious changes in the way children typically learn, behave, or handle their emotions can indicate a mental health disorder.

RCCMHC Family Program

5:30-8:00 pm

Mt Airy Boys and Girls Club
690 Jackson Street, St Paul



Check-In (5:30 to 6:00)

FREE family dinner (6:00 to 6:30)

\$20 giftcard for 2 qualifying adults*

FREE membership to the B&G Club*

Special youth activities & Childcare

* Qualifying families must have a child in Ramsey County Case Management or be exploring case management options

Just for Youth:

Local mentor agencies offer special art and physical activities from 6:30 to 8:00



Collaboration

NE Metro District 916

Boys and Girls Club

Family Service Committee



The mission of RCCMHC is to ensure that every child in Ramsey County functions at the highest level of mental health.



Family Support and Education Group

2015-2016

Children's mental health disorders are:

- ✓ diagnosable,
- ✓ treatable and
- ✓ manageable!

The RCCMHC Family Group can help you understand your child's diagnosis, manage behaviors, prepare for crises, and find greater peace for yourself and your family.

Contact RCCMHC for more info:

- *Resource Fair
- *Monthly Newsletters
- *Special Events & Workshops
- *Mental Health Resources
- *Care Binder
- *Community-Based Referrals
 - *County Case Management
 - *Children's Crisis Response
 - *Mental Health Advocacy



1 in 5 children has a mental health disorder severe enough to negatively impact their lives at home, in school or in their community.



RCCMHC
www.rccmhc.org
wendy@rccmhc.org
651-293-5951

Brochure Revised 9/20/2015

RCCMHC
Ramsey County
Children's Mental Health
Collaborative

Monthly Trainings

FREE Family Dinner

\$20 giftcards **for 2 adults**

FREE club membership

Youth activities

Childcare

Psycho-education

Community experts

Hands-On Learning

Families worked with staff to identify monthly training topics. They decided that all trainings needed to be built on:

1. Wisdom of family/community
2. Mindfulness/listening
3. Resilience and hope

These “3 key ingredients” evolved into the “10 R’s”...



"10 R's"

1. Relax
2. Reflect
3. Respond
4. Rules
5. Rituals
6. Routines
7. Relationships
8. Resources
9. Realistic Expectations
10. Resilience

New Family Sign-Up on 501
Call for details!

Dealing with Distress

Coping Strategies for Hard Times
Job loss, Debt, Unpaid bills, Divorce,
Family conflict, Prison, Hospital,
Death, Illness, Addiction
Homelessness...

Tuesday,
September 16
5:30 to 8:00 pm

Mt Airy Boys and Girls Club
690 Jackson Street, Saint Paul

Mentally Healthy Homes

A goal for anyone with a child who struggles
with emotions, attitudes or behaviors.

Tues., January 28
6:30-8:30 pm
Mt Airy Boys and Girls Club
690 Jackson Street, St Paul

Life is easier for kids and adults who live in
"mentally healthy homes."
Make this your goal for 2014. YOU CAN DO IT!

Learn how the
3 R's, good nutrition
and organization
can lead to peace
and happiness at home

For YOU
• Healthy Family
• Club membership
kids in K-12th
• \$20 per care
• Take-home

RCCMHC
Family Support & Education Group
651-293-5951
family@rccmhc.org



Change your child's behavior!

Let's have some fun as we
practice ideas that work...

Mindful Parenting
(Relax, Reflect and Respond)
Rules and Rewards

New ways to Respond with Respect
FREE FOR YOU...

FREE Family Dinner
\$20 dollar giftcard

Tuesday, March 18
6:30-8:30 pm
Mt Airy Boys and Girls Club
690 Jackson Street, St Paul

Improv Night

WHAT'S GOING ON

MENTAL HEALTH at SCHOOL

- *IEP...504...Special Ed...
- *Behavior issues
- *Anxiety and depression
- *Learning Difficulties
- *Accommodations- what works?
- *School staff & social workers

\$20 giftcard for qualifying adults
Free B & G club membership
Child care

Tuesday, October 21

Mt Airy Boys & Girls Club
690 Jackson St, Saint Paul

5:30-6:15 Family Dinner
6:30-7:30 Programming
7:30-8:00 "Chat"



Relax	}	Relax, Reflect, Respond are the 3 steps for Mindful Parenting and behavior management.
Reflect		
Respond		
Rules	}	Rules, Rituals, and Routines can improve behavior and increase feelings of peace, trust, and love.
Rituals		
Routines		
Relationships		Understanding attachment/connection and communication skills. Building support within the family system and in the community.
Resources		Knowing where to find resources, having access to resources etc.
Realistic Expectations		Understanding the brain, ages & stages, and CMH diagnoses
Resilience		Strategies to grow feelings of hope, purpose, and self worth. Coping skills to deal with stress, conflict, and hard times.

Each Month is a Different Topic Related to Children's Mental Health

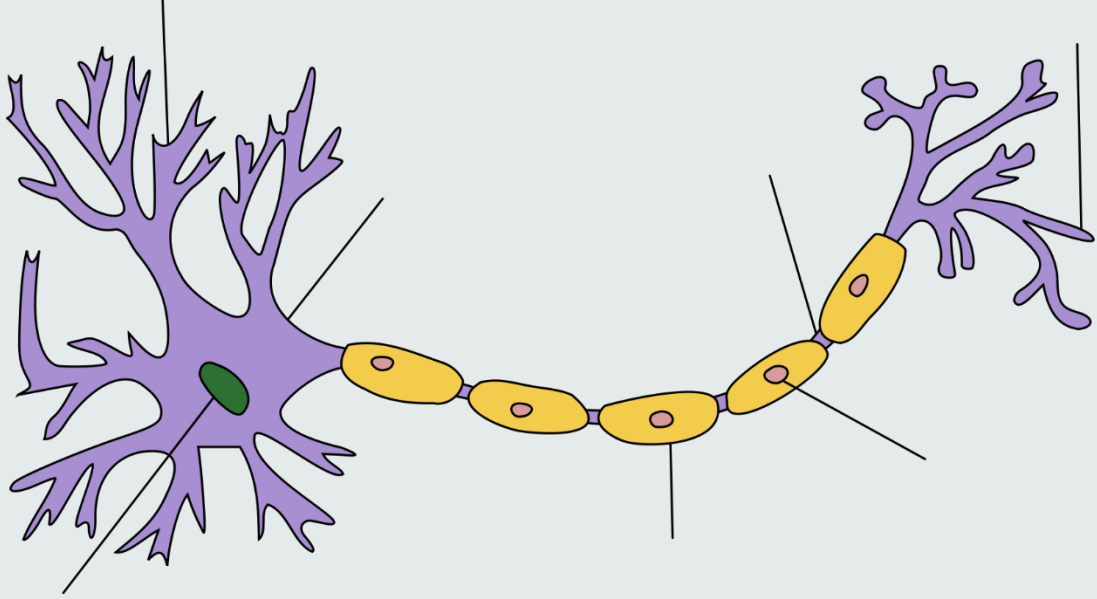
SEPTEMBER	Understanding Your Child's Challenging Behaviors and Emotions
OCTOBER	Schools- IEP's, 504's, Homework & Challenges
NOVEMBER	Diagnoses, Symptoms, Treatment
DECEMBER	Chill Out! Special Program
JANUARY	Respond to Your Child's Emotions and Behaviors
FEBRUARY	Find Your Voice: Communicate, Advocate and Navigate Systems
MARCH	Mental Health Crisis & Emergency
APRIL	Dealing with Distress
MAY	Whole Family Wellbeing/ Mentally Healthy Homes

EXAMPLE

Monthly Trainings...



How Do Our Brains Work?

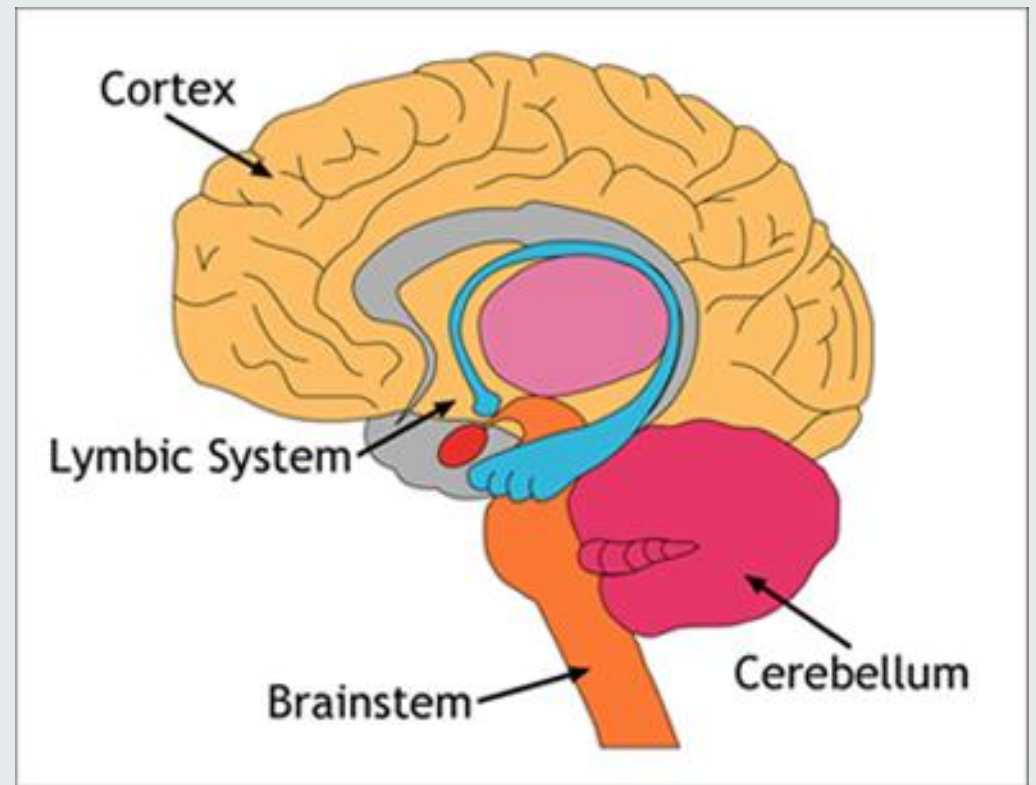
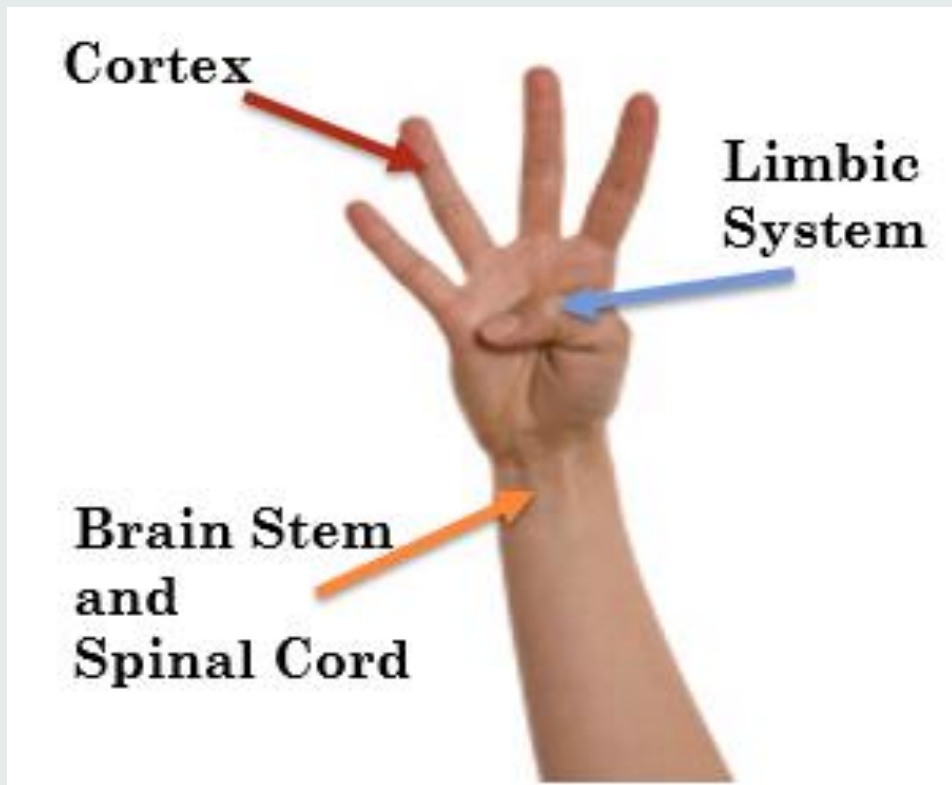


Neurons are the “wires” that connect the different areas the brain.

Genetics (what we are born with) are responsible for the “basic wiring plan” of the brain.

But, as the brain grows- life experiences are responsible for the fine tuning and strengthening of connections. As those “wires” make more and more connections, the brain gets bigger and heavier...





Let's look inside the brain

Dan Siegel teaches about the brain

<https://www.youtube.com/watch?v=gm9CIJ74Oxw>

Mindful parents use their cortex for:

- Wisdom
- Problem solving
- Empathy
- The ability to manage impulses

We can teach our kids how to
be mindful and
use their cortex too!

#1 rule of mindfulness... Don't flip your lid.



Mindful parenting lets us **turn off** our automatic “fight flight or freeze” limbic system reactions and **turn on** our rational brain/cortex.

Mindful Parenting is a way to communicate, love, and discipline. It brings moment-to-moment awareness to the parent–child relationship.

This is done by listening with full attention, using emotional awareness and self-regulation, and bringing compassion and nonjudgmental acceptance to all parenting interactions.

The 3 steps are:

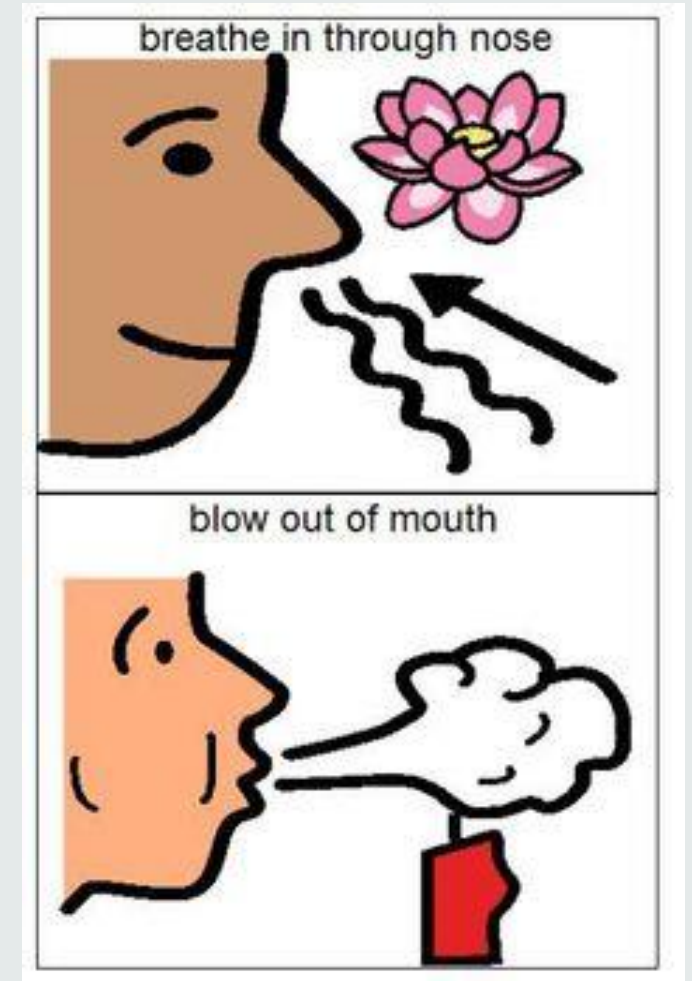
1. Relax
2. Reflect
3. Respond

Mindful parents are **attuned** to their children. Attunement happens when two people “feel felt” by each other. Attunement is crucial for people in relationships to feel vibrant and alive, to feel understood, and to feel at peace.



1. First you have to **RELAX** with awareness, openness, and acceptance

- **Stop** what you are doing and **breathe**
- Be aware of yourself- your body and feelings
- Be fully present and check any past “baggage” at the door.
- Think: “I can do this!”
- If you are too worked up- get yourself to a calm place so you can listen to the child with full attention.



2. Next... **REFLECT**

- **Listen** to the child with full attention (Active Listening)
- Make eye contact. **Go to the child's level.**
- Try to **understand**. (You don't have to agree!)
- **Name the child's emotion** without judgment
- **Play detective-** guess the cause of the behavior



Example: “You are feeling angry. Is that right? Do you feel angry?”

~~Diagnosis.~~

REMEMBER:

Don't focus on the diagnosis- think about the **SYMPTOMS**.

Be a detective! Look at the CLUES.

- What is the child's behavior or emotion SAYING?
- What happened before the emotion/behavior?
- What happened after the emotion/behavior?



3. Respond (don't react)

After you “play detective” and identify the meaning of the challenging behavior, you can make a plan to change it.

- Use prevention strategies.
- Direct your child with simple communication.
- Teach your child new skills
- Give logical consequences
- Have age-appropriate expectations
- Focus on the positive
- Offer a choice or re-direct
- State your family rule
- Direct your child to a peaceful place to calm down
- Choose to ignore the behavior (like whining or clinging)

Respond | React
A Mindful Difference



Exposure to trauma can lock a child into a state of constant fight/flight/freeze.

- Child/Teen might react to normal experiences as if they are life and death threats.
- This is not a rational/cognitive process. It is a “gut reaction”.

TRAUMA TRIGGERS are those experiences which cause the brain to revert to “survival mode”.

- A certain smell, word/phrase, music
- An unpredictable action or surprise
- The body sensation of feeling vulnerable

When a child is triggered, the brain’s ability to think, reason and articulate feelings can “go offline”.

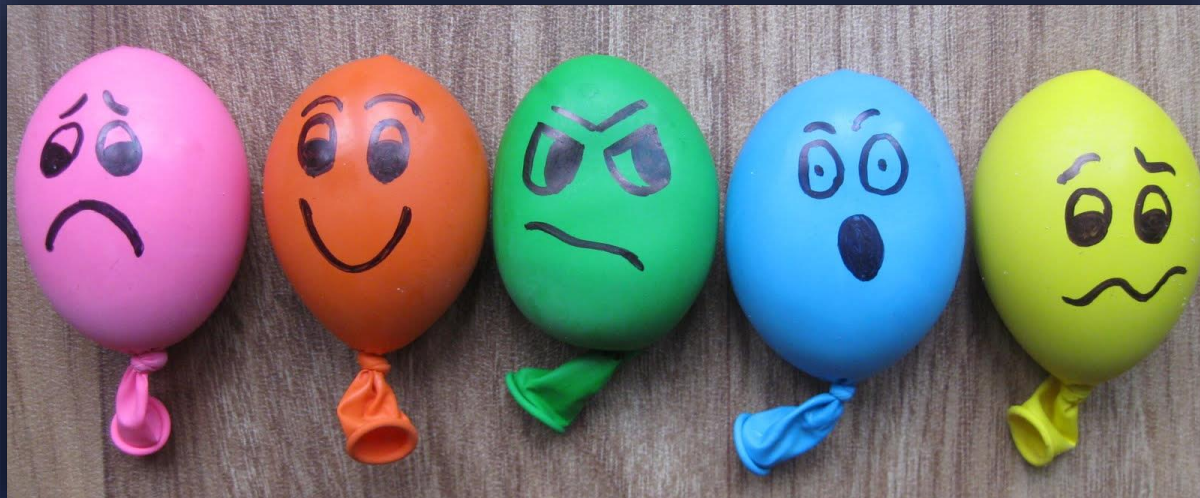


A PEACEFUL PLACE

Learning how to calm down is an important skill

“Time-out” does NOT have to be a punishment!

- Encourage relaxation techniques
- Use when a child is melting down or getting ready to melt down
- Use safe but distracting objects or fidgets



A Care Binder makes it easier to organize paperwork, keep track of changes, and share information with mental health professionals, doctors, child care, school, and family members etc.



FREE Care Binders

1. Calendar & Logs
2. Daily Wellness
3. Medical Info
4. Contacts
5. School
6. Crisis
7. Important Documents
8. More info

Youth and Caregiver Leadership Opportunities

New family voices energized our work at the Advisory Council, the Family Service Committee and the Committee on Cultural Responsiveness.

As we LISTENED, we adopted new Collaborative Goals, made changes to our funding criteria, improved existing services and developed new ideas.





Parent/Caregiver Volunteers!

A Mile in Our Shoes: One Size Does NOT Fit All

2015 and 2016 Family Service Committee Campaign

- Letters to legislators; Visit capitol
- Trainings on MH and toxic stress
- Wellbeing Resource Fair
- New Website with Resource Library
- Documentary-style training video
- Mental health “ambassadors”



Day at the Capitol

- Train with NAMI
- Individual meetings with legislators
- Group meeting with Governor's senior advisors for Human Services and Education.





Over 250 adults and children filled the cafeteria at JJ Hill Montessori to learn about Children’s Mental Health through a Fidgety Fairytales musical production.

In addition to the musical, we also offered a pizza dinner, a resource table, and on-site mental health professionals to answer questions and offer referrals.

*Events like **Fidgety Fairy Tales** “help us be better parents to our kids, help us find support and encouragement; to get us out of our own solitary world of disabled life where we feel alone... and that is something we desperately need.” (a Parent)*



Children's Mental Health and Family Wellbeing Resource Fair

58 community agencies collaborated with RCCMHC to volunteer, exhibit at the fair, and/or provide pages for the resource guide.

Families in attendance:

African American: 44%

Caucasian: 28%

Latino: 17%

American Indian: 6%

Asian: 5%

“Connections, Answers, and Hope”



- Traditional and Non-Traditional Mental Health Services
- Adult mental health
- Basic Needs and Financial Support
- Faith and Cultural Connections
- Chemical Health
- Nutrition and Physical Health
- Youth Service and Mentoring
- Case Management & Crisis Services
- Juvenile Corrections
- Advocacy and Legal Support
- Job Training/ Vocational Support



Ask A Pharmacist, Screenings, Hands-On Activities, Massage Therapy, Kids Activities, Dinner, and Free Family Portrait ...



**Ramsey County Children's
Mental Health Collaborative
(RCCMHC) www.rccmhc.org**

May 2016



Family Resource Guide

Parent to Parent Tips
and community
resources to support

- mental health,
- resilience,
- recovery,
- and wellbeing

for youth and families
in Ramsey County

Fare for All (Emergency Foodshelf Network)

Website	www.fareforall.org	Email		17
Phone	763-450-3880	Address	8501 54th Ave N New Hope, MN 55428	

Fare for All is a budget stretching program that allows people to save up to 40% off fresh fruits, vegetables, and frozen meats. We pass on our bulk savings to anyone who wants to stretch their food budget. We purchase our food fresh, in bulk from wholesalers—the same place grocery stores get their food from. Fare for All is open to everyone! We accept cash, credit and debit cards and EBT cards. Unfortunately, we do not accept personal checks.

What services do you provide related to children's mental health and family wellbeing?
Food assistance

In what languages are your services provided?
English, Spanish

In addition to the services listed above, ask about these programs:

- Produce Pack \$10 – Often contains potatoes, onions, carrots, along with additional varieties of fresh fruits and vegetables.
- Mini Meat Pack \$11 – (Formerly known as Meat Only) Includes a variety of 3-4 frozen meat items, such as: turkey, beef, chicken or fish. This pack is most often pork free.
- Combo Pack \$20 – (Formerly known as Regular Pack) Save an extra \$1 by combining the Produce Pack and the Mini Meat Pack.



My Notes: _____

Parent to Parent TIP

"Time-Out" doesn't have to be a punishment! Create a peaceful space in your home so that your child can calm down. Use a calm down glitter jar or other distracting or soothing objects. Remember- grown-ups need "time out" sometimes too!

Family Resource Guide

Parent to Parent Tips!

CMH services
Wellbeing services
Languages offered
Program descriptions
Suggested questions
Notes

www.rccmhc.org



Ramsey County Children's Mental Health Collaborative

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WELCOME TO RCCMHC

Welcome to Ramsey County Children's Mental Health Collaborative (RCCMHC)!

RCCMHC is a diverse community partnership of families and child-serving agencies.

Together, we work to build an integrated system of care for youth with mental health disorders and their families that supports:

- resilience
- recovery
- wellbeing

Crisis? Need help now?

Support for families

Link to Calendar

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Crisis Resources

Hospitalization

Non-Emergency Resources

Mental Health 101

Whole-Family Wellbeing

Our Member Agencies

For Clients

Reports & Journal Articles

Click on the
resources tab.



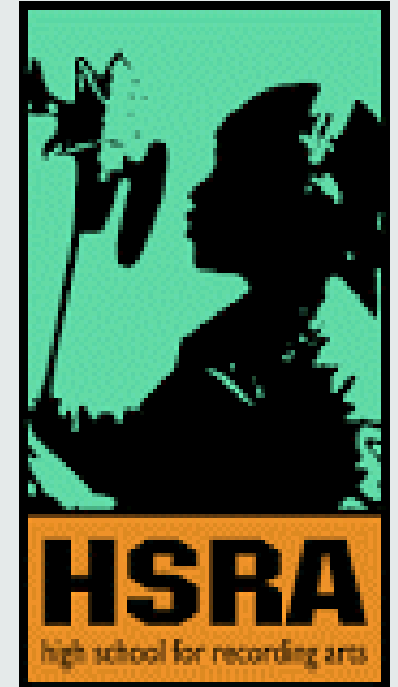
Youth and Caregivers from our Family Services Committee brainstormed ...

How can we tell our stories so that policy makers and providers can better understand who we are and what we need?

They decided to make a movie!

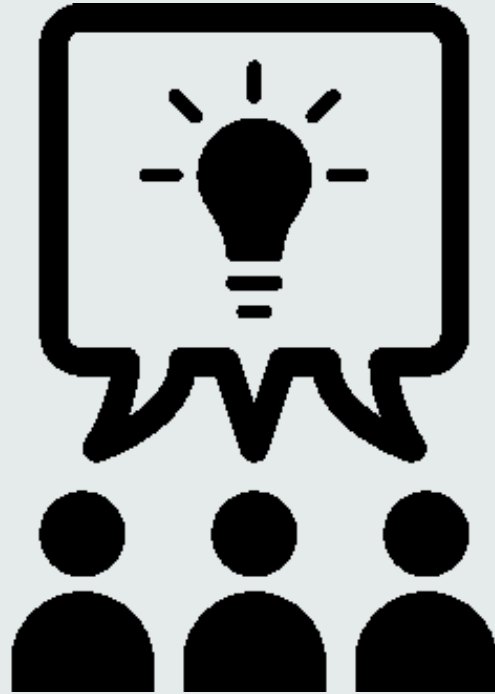
The full length documentary-style training video is arranged into “learning chapters.” Trained youth/caregivers will be “mental health ambassadors.” Agency-specific resources will accompany each training.

- Symptoms and Co-Morbidity
- Impact on the Family System
- Adult Mental Health
- School
- Juvenile Corrections
- Substance Use
- Out of Home Placements
- ACEs, Trauma and Toxic Stress
- Culture
- What Works: Evidence Based and Practice Informed
- Policy and Process Barriers
- Family Strengths



Children's Mental Health: The Whole Story

A special “extended trailer” with a focus on ACEs, Trauma, and Toxic Stress.



“There are few experiences in the workplace to equal the sense of cohesion, commitment, and satisfaction that members feel when their ideas have been heard, appreciated, and used in resolving a difficult issue and arriving at a decision”
(Toseland & Rivas, 2011).

But, Collaboration Can Be Challenging...



TRUST

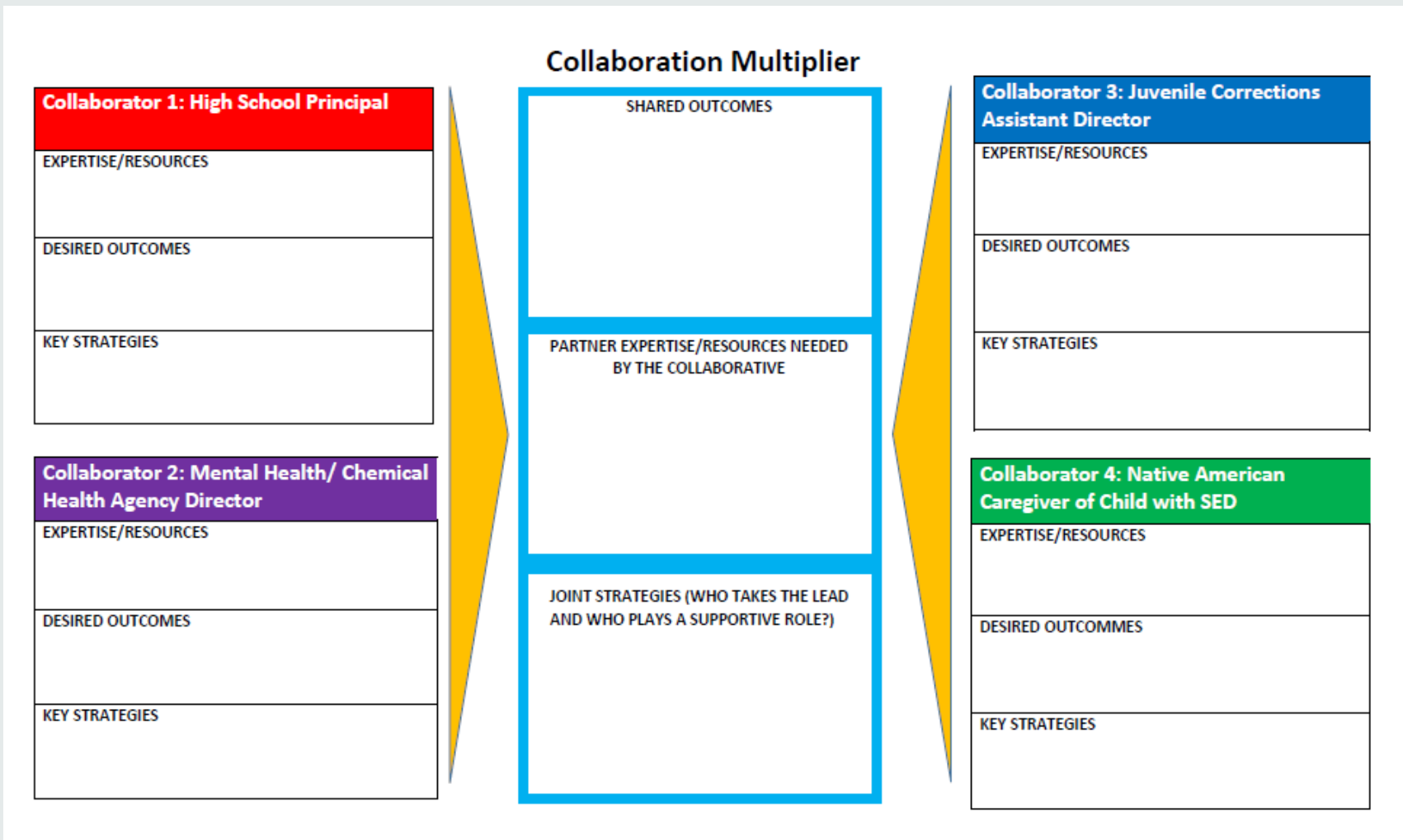
TIME



TURF

Small Group Activity

Let's review the instructions on the back of this worksheet.



Prevention Institute Tools are free to use. This Collaboration Multiplier has been adapted for today's activity. Blank worksheets and examples may be downloaded here: <https://www.preventioninstitute.org/tools/collaboration-multiplier>

ROLE PLAY ACTIVITY

“Information Gathering”

1. Gather in groups of 4 (or work together to represent 4 systems- School, Mental Health/Chemical Health, Juvenile Corrections, Caregivers)
2. Select a role (choose a role that is different from the work you currently do.)



ROLE PLAY ACTIVITY

“Information Gathering”

3. Quickly review the data that has been provided for your “role”

COLLABORATIVE ROLE PLAY: Information Gathering (data)

Gather into groups of 4 and select a “role” for each person. If there are more or less people in your group, simply work together to represent each of the 4 roles below.

Collaborative Concern: Too many Native American Youth are not thriving in our community.

High School Principal

- Native Americans attain the lowest level of education of any racial or ethnic group in the United States. Graduation rates for Native American high school students are around 50% nationwide, compared to over 75% for white students.
- Overall, Native students score far lower than other students on national tests
- Native American youth experience a profound gap in primary and secondary academic achievement
- Native youth are over represented in the school discipline system- Native youth are disproportionately suspended and expelled
- Native kindergarten students are also held back at nearly twice the rate of white kindergarten students
- Native youth have greater incidence of chronic truancy (10% or more school days missed). Fourth- and eighth-grade American Indian students were more likely than black, Hispanic, and white students to report they missed three or more days of school in the last month

Mental Health/Chemical Health Provider

- Significantly more Native American youth experience adverse childhood experiences at a rate considerably higher and with greater complexity than non-Hispanic White children.
- Native American families often carry the effects of historical trauma
- Native American youth have higher rates of anxiety, substance abuse, and depression.
- Suicide among Native American young people, ages 15-24 (37.5 per 100,000), is nearly three times that of the U.S. national rate (13.2 per 100,000).
- Native Americans use and abuse alcohol and other drugs at younger ages, and at higher rates, than all other ethnic groups.
- Compared with the national average for adolescents aged 12 to 17, American Indian or Alaska Native adolescents had higher rates of past month cigarette use (16.8 vs. 10.2 percent), marijuana use (13.8 vs. 6.9 percent), and nonmedical use of prescription-type drugs (6.1 vs. 3.3 percent)
- Among adolescents aged 15 to 17, the rate of nonmedical use of prescription-type drugs in the past month among American Indians or Alaska Natives was higher than the national average (8.5 vs. 4.4 percent)

Juvenile Corrections Assistant Director

- Native American youth are more affected by gang involvement than any other racial population. 15% of Native American youth are involved with gangs compared to 8% of Latino youth and 6% of African American youth nationally.
- For some offenses such as running away and liquor law violations, American Indian youth are arrested twice or three times as often as they statistically should be.
- Alcohol-related arrests for American Indians under age 18 are more than twice the national average.
- Proportionally, American Indian youth have the highest rate of overrepresentation in the juvenile justice system.
- More than 60% of incarcerated young offenders under federal jurisdiction were American Indian.

Native American Caregiver

- Generational wisdom and healing traditions
- Traditional cultural heritage in which youth can find grounding, identity, and pride
- Traditional cultural values and customs such as devotion to family, the honoring of elders, harmony with nature, mindfulness, and storytelling
- Are more likely to live in poverty: more than twice as many live in poverty than total US population
- Have a lower life expectancy: life expectancy is 6 years lower than the U.S. average; infant mortality is higher than the US population
- Have twice the rate of violent victimization- twice that of African Americans and more than 2 ½ times that of whites
- Die at significantly higher rates from tuberculosis, diabetes, and unintentional injuries and die from alcohol-related causes 6 times more often than the national average.
- American Indian children have the third highest rate of victimization at 11.6 per 1,000 children of the same race or ethnicity.
- Native American unemployment levels are nearly double that of the overall population

Links to Data

https://www.whitehouse.gov/sites/default/files/docs/20141129nativeyouthreport_final.pdf
<http://www.nicwa.org/Videos/Fact-Sheet--Native-Americans.pdf>
<http://www.nicwa.org/families/>
http://www.aspeninstitute.org/files/default/Files/contents/Upbeat/Native%20America%20Dropthr%20001_01gras.pdf
<http://www.samhsa.gov/behavioral-health-registry/about>
http://boa.a.ca.gov/documentlibrary/2010/09/factsheet_3.pdf
<http://www.cnn.com/news/articles/2014/03/27/native-americans-left-behind-in-the-economic-recovery>
http://calhewc.berkeley.edu/files/upbeat/pdf/CaSWEC/Al_Supp_Hardcopy_Other_ICWA.pdf
<http://www.kidwell.com/journal/scientifica/2016/7424239/>

ROLE PLAY ACTIVITY

“Information Gathering”

4. Put on your “imagination cap” and fill out your individual corner on the Collaboration Multiplier (Expertise/Resources, Desired Outcomes, Key Strategies)

Remember to use what you know about ACEs, Trauma and Toxic Stress.

Try to incorporate concepts expressed by the families and experts in the brief training video.

Collaborator 1: High School Principal

EXPERTISE/RESOURCES
DESIRED OUTCOMES
KEY STRATEGIES

Collaborator 2: Mental Health/ Chemical Health Agency Director

EXPERTISE/RESOURCES
DESIRED OUTCOMES
KEY STRATEGIES

Collaboration Multiplier

SHARED OUTCOMES
PARTNER EXPERTISE/RESOURCES NEEDED BY THE COLLABORATIVE
JOINT STRATEGIES (WHO TAKES THE LEAD AND WHO PLAYS A SUPPORTIVE ROLE?)

Collaborator 3: Juvenile Corrections Assistant Director

EXPERTISE/RESOURCES
DESIRED OUTCOMES
KEY STRATEGIES

Collaborator 4: Native American Caregiver of Child with SED

EXPERTISE/RESOURCES
DESIRED OUTCOMES
KEY STRATEGIES

ROLE PLAY ACTIVITY

“Collaboration Multiplier Analysis”

1. Come together as a group of “4 systems” to fill in the center of the Collaboration Multiplier. Use a “trauma lens” to identify common interests across divergent sectors and develop a community action plan.



ROLE PLAY ACTIVITY

“Collaboration Multiplier Analysis”

2. Now think bigger- in a “real life situation... who else should be at this Collaborative table (Example- Public Health)

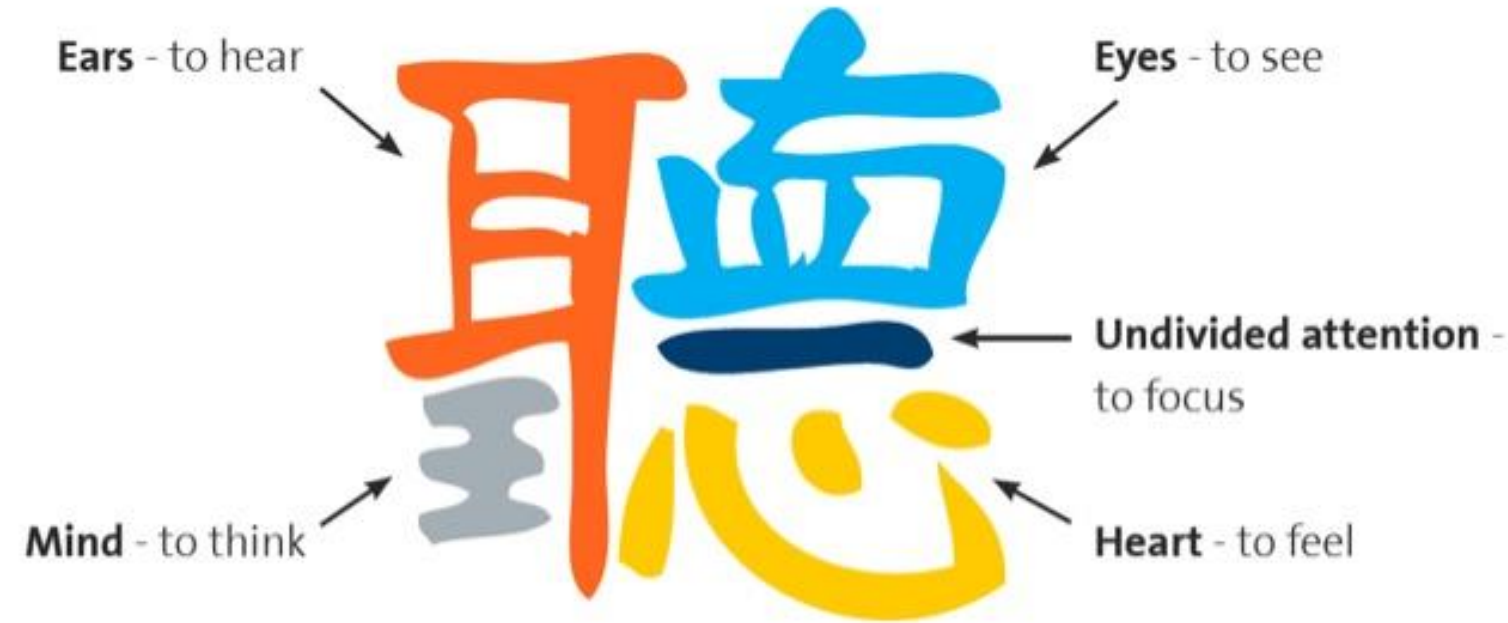
Full Group

- What was challenging about this process?
- What was encouraging about this process?
- Is a similar process used in your community (or- could it be used?)



Practice Wisdom

Practice wisdom is a process that integrates both theory and experience. Sometimes referred to as the “art and science” of effective practice- it involves “bringing together all of what one knows through training, education, intervention techniques and the use of ‘self’ that includes life experience and belief systems” (Samson, 2015).



Chinese Symbol for Listening

Tell Stories and Listen to Stories.

Listen, Reflect, Seek to Understand, Internalize and Respond.

...To our community

...To our youth and their families

...To each other (our fellow providers/professionals/ policy makers)

Wendy Goodman

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