ABHI Children's Mental Health Summit Pre-Session Survey Summary

Respondents: 82 (41% of registered participants)

County staff	21
Elected officials	2
Foundation/Funders	2
Health Care Providers	13
Juvenile Justice	2
Mental Health Provider	8
Parent, grandparent, caregiver	5
School	9
Tribal staff	5
Other	15

What issue(s) related to children's mental health in the Arrowhead region are you most concerned about today?

- Access to services and improved detection and intervention in schools.
- Lack of emergency resources Lack of preventative services
- Limited resources available for children in families in the communities where they reside, in their schools, and in their home. Also, when the need for short term crisis stabilization, hospital stay, or residential exists, the resources are too limited and the services available don't match the need or kids need to go outside of the region.
- Access; step-down, step-up services; hospital level of care; distance to services; easier access if open to the county (or perception) leads to voluntary placement agreements that could/should be avoided; lack of crisis level of care/ short term stabilization services; need for more school-based services; pandemic impacts
- Too many issues to address in my opinion. The biggest factor, I believe, is the isolation that children are going through these last years. I feel that this is going to result in long-term adverse mental health effects (isolation, depression and anxiety) amongst this generation of youth.
- Need more access to programs like Adapt and for it to be available through more than just a parent's consent. Too many kids don't get the help they need or deserve because a parent won't allow it.
- Lack of available mental health services for day treatment and residential. Long wait lists for CTSS and EIDBI.
- pandemic-related mental health issues (such as isolation because of remote learning, living through a crisis for a large portion of their lives)
- Constant pressures youth encounter due to social media

- Parents of young children. Parents who are expecting. And the impact that poor mental health of parents has on the children. Also, solutions and resources. Grant opportunities, Etc.
- Depression and long-term mental health that leads to self-harm and suicidal ideation, or suicide.
- Crisis response Family work
- Availability of services, including pediatric mental health beds in the area to prevent long-distance treatment
- LGBTQIA2S safety Impacts of bullying Anxiety and Depression Suicidality Eating disorders Substance Abuse Not enough community based mental health services lack of mental health professionals in schools lack of education for faculty in schools around mental health diagnoses Lack of in-school support for children and youth in foster home/shelter, those returning from out-of-home placement like residential treatment or juvenile detention Implicit Bias
- Access to providers without lengthy wait times, access to psychiatry and medication management. Being dropped from services due to missed appointments
- Depression, anxiety & how technology causes feelings of inadequacy & interferes with developing healthy “real” relationships & social skills.
- Access to behavioral health services/continuum of care
- COVID-19 related stressors, including grief, loss of social connectedness, loss of loved ones, etc. Increased use of social media to feel connected, but a lack of deep/meaningful social interactions. Limited social activities/gatherings due to cold weather and COVID-19. Limited hope for a safe and healthy future due to climate change, gun violence, racial violence, growing political tensions, high student debt, and increased cost of living with a stagnant minimum wage
- The increased stress on children and how to build resiliency
- Availability of services and wait times for those services.
- Isolation; lack of social engagement particularly at the early ages; self-esteem/anxiety/depression; lack of pediatric mental health resources and supports; poor parenting
- Establishing a local crisis center for youth so they don't have to leave the area for assistance.
- access 2) quality services 3) tiered system response available when needed
- access; telehealth
- Lack of access to residential/crisis services in the region
- availability of intervention in the schools
- Lack of providers Difficulty with placement if needing a hospital care Worsening mental health with the ongoing pandemic
- pandemic restrictions and effects on mental health

- Interactions/integration of systems. eg. behavioral health and schools, behavioral health and law enforcement, behavioral health/child welfare/disability services. I have found the authority, laws, polices, and funding silo the system(s), so if you can figure out how to integrate that often leads to improved delivery of services and outcomes.
- Lack of a coordinated system and people are left unsure where to even start if they have concerns about their child.
- Access to outpatient assessment and testing. Lack of a intensive outpatient program. Programs that have a sole DBT focus exclude a significant percentage of the individuals that need help and is not a sustainable program model for health status. Need support to schools. Expansion of group-based services.
- lack of services in all levels of care
- The increasing incidents of mental illness and the increasing inability to help people get the care they need when they need it. Waiting lists for care and the lack of clinicians.
- Aware of services and how to connect patient with services especially on evenings and weekends
- In-home services such as CTSS in a family's home, not just in schools. The lack of parent education on how to assist their children in managing their mental health, the terribly long waiting list for residential programs.
- The spectrum of mental health from mental wellbeing promotion to suicide prevention.
- Trauma
- Access to care as a result of work force shortage
- Making sure our staff is properly trained to identify students who might be struggling. Making sure my kids have the tools and individuals available to ask for help if they need it.
- lack of continuum of care options- CTSS, day treatment, short term stabilization shelter Number of children in ER and Hospital beds with no residential treatment options and the safety of those children in the community
- Access to services, crisis response
- Isolation and not being able to play with other children
- Children being able to reach out to / be seen by mandated reporters.
- Lack of service providers and long waits before treatment can be started.
- Lack of access to child appropriate coping skill training. Need for education on building resiliency for children and trauma aware skills for parents, educators and community members
- Psychiatry services and inpatient bed availability.
- I am concerned with what resources are available to our youth through their microsystems such as school and youth programs. I would be interested to hear what trainings are available for parents and caregivers regarding this issue.
- The lack of providers and the consistency of providers. Many kids get hooked up with someone and then the provider leaves and they have to start with someone new.

- making sure families in poverty gain access to technological equipment/devices that allow their children to engage in therapeutic services via telehealth
- isolated communities having the resources and tools that are needed to serve their communities
- Short term crisis placement in our area to meet the needs of children and their families.
- Placement and transportation
- Awareness and lack of services
- increasing services for children
- Access to services both in patient and out-patient.
- Lack of access, lack of staffing, support services (CTSS), parenting support & education, groups, insurance requirements of specific licensure
- Providing high quality early childhood education and care. I think educator/caregiver pay should be aggressively addressed.
- Crisis residential care continuum
- Anxiety and depression
- Limited access to psychiatry care, no lack of knowledge about available providers.
- Lack of funding for school social workers and counselors to support students in schools since that is where they spend most of their time. Students who do not have insurance or parents do not follow through lead to kids not being able to get therapy. Therapy is not the answer for all kids.
- Lack of CTSS services in schools and barriers to accessing mental health supports for students.
- Lack of local support Insurance access—pay vs covered support Delays in amount of time to get paperwork/diagnostic assessments

Are you aware of successful programs or practices related to children's mental health that could be expanded or replicated? What currently is working well?

- Mental Health First Aid Training
- Use of emergency shelter for limited stays (no more than 10 days) combined with intensive family services
- I'd like to learn more about Carlton County Family School Social Worker model, North Homes model of an array of services and the ability to match the services to the child (crisis shelter, 35-day eval, residential, other) Northland Counseling's model "Healing Foundations" was very helpful to youth and families and a financially sustainable model for the agency using Crisis Response Team. How can we replicate? Joe Krause a resource Some CTSS services but they are so limited (Ascend) Intensive Treatment in Foster Care using Trauma Informed Cognitive Behavior Therapy which the state is hoping to expand to children that are at risk of entering foster care, which would be wonderful, local, in the home. We are looking to develop this service.

- child crisis stabilization - like what northland counseling was doing at the farm, what north homes has done through per diem shelter with that level of services; best practices and EB models around school-based interventions
- I feel that a campaign of useful information provided in a email format would likely help parents know how to parent in this time. Amberwing did an email not to long ago that highlighted DBT skills that you could share with your children, brilliant!
- Adapt works well when available.
- Northwood Children's services has great options onsite and in the schools.
- No
- in-home family services
- Restorative Justice Practices Violence Prevention Programs Trauma Responsive Care
- Life House Mental Health and Wellness Program - no insurance billing allows for flexible service delivery, meeting clients/families where they are at
- Amberwing
- This isn't necessarily a program but talking openly about feelings in classrooms could help. Teaching kids to manage feelings through certain activities (meditation, quiet time, yoga, outdoor time, etc.) seems to be very helpful. Finding ways to get kids outside for longer than 1 hour a day during school can also be helpful.
- Amberwing is an amazing program for youth
- I've heard the REACH Program at Hutchinson MN high school is working well.
- In school day treatment programs. Expand them to include a short-term crisis/wellness center. This would help decrease the amount of youth having to leave the area for mental health crisis assistance. Also lessens the amount stress on their family so they can visit and assist with their needs without having to leave the area.
- MH online delivery methods (if client has access to reliable electronics and internet) 2) SEL as part of school curriculum required to be covered just like a math or music class 3) universal well-being / community resilience building through connections
- school-based clinics
- occupational therapy intervention, mindfulness education as early as elementary level, mental health providers in the schools, telehealth availability
- Integrated behavioral health in primary care- this is great programming but needs to be expanded to <18. The current program i am aware of only serves 18+. Also- having mental health service providers and support staff located in the schools so children don't need to go anywhere to receive these services. Parents may have difficulty making/keeping appointments for their children and then they aren't getting the services they need.
- I am aware of local attempts to offer students opportunities to gather in groups and talk about issues//concerns happening in their daily life.

- i am not, but wondering if there is a Youth ACT/IRMHS team in the region? DHS has recently made several policy changes to the services and I think there is potential that this services can be a good alternative to residential or hospitalization services
- Amberwing appears to be successful but unsure if it could be expanded or replicated.
- Yes, a recent review shared some of the successful programs that have been offered in non-traditional settings like wellness centers/YMCA environments.
- autism specific programs, partial hospitalization programs day treatment (especially on the Iron Range)
- Amberwing - Center for Youth & Family Well-Being and the chance for parents to get immediate answers about how best to care for their children.
- Intensive CM with HDC in Duluth, St. Louis County, meeting patients in the ED or hospital
- Not necessarily
- Working Well: The REACH Program's Students Offering Support model in Carlton County Schools, Family School Support Workers, Crisis Text Line/Suicide Prevention Grant - coordination with a wide variety of partners, education, etc. Could be expanded: Northland Children's Mental Health Collaborative?
- No, I am not aware of any programs being utilized in our school district.
- yes- CTSS, Day Treatment, short term therapeutic shelter for stabilization, Hi Fidelity Wrap Around, Respite, CMH case mgt expansion
- Not a specific program, but there is value in all professionals integrating positive mental health supports in our work across the board with young children.
- The work of Dr Bruce Perry in establishing practices in community to help children develop into healthy adults even when a trauma history is present
- day treatment options such as Amberwing and Northwest Journey are helpful but sometimes there is a waiting list.
- Awareness and advocacy are incredibly underrated and deserve more attention.
- CTSS or EIDBI
- School Link Mental Health; Early Childhood Mental Health (ECMH);
- having open communication with the county and tribal nation
- Funding needs to be available for children's services to serve them in our area.
- Limited beds, no transfer availability in the area.
- It's not currently working well for the adolescents needing help in our area. We frequently board these patients in the ED for days trying to find placement for inpatient services.
- School based.
- I am impressed with Waldorf programs and news stories about childcare in the country of Finland
- Fairly broad Continuum of care offered by mental health centers.

- Telehealth allows us to reach more kids, and in ways that would allow them to have appointments without needing to go to a clinic.
- The ADAPT program in St Louis County works well.
- Barrier free CTSS options

What would you suggest as initial focus areas, potential strategies or solutions that should be considered to address issues related to children's mental health in the region?

- Target schools - training on recognition and response to mental illness in students by students and staff.
- Partnership between emergency shelters, hospitals, children's mental health and law enforcement
- Identifying what is present and the gaps Identifying or expanding services to fill the gaps- crisis stabilization outside of the hospital Developing the continuum of services and supports to address needs earlier on, assist in developing coping and resiliency of all kids, develop easy response and support provided by everyone touching a child's life (DHS Summit program highlight Our existing providers need support to get the reimbursement rates higher (i.e. PRTF) which may require DHS or legislative work
- see above
- I feel that we certainly do not need to do too much research on the problem because we are in a crisis, so are efforts would be best utilized in hitting the ground running. I just believe that individuals who are showing up to this meeting do more than just show up. I have seen that over and over again, and feel that it is a waste of time for the most part. In other words, have breakout rooms where we can be responsible for a certain bullets that need to be accomplished. I would also be very calculated when putting breakout rooms together, so that we have groups with all disciplines. For example, a group would have a MD, Social Worker, RN, OT and PT, rather than having a group full of RN's or Social Workers. I feel that interdisciplinary work is the best route in figuring out problems.
- Prevention and intervention. Start addressing and teaching coping skills sooner.
- Assisting youth with building positive and healthy relationships
- We need more providers in general. We need providers with experience with children and parents.
- A culturally sensitive community-based approach that provides training and MN professionals that work with youth.
- Better training for parents and caregivers in regard to crisis; Better crisis response; More approachable and realistic family work (therapy, skills for parents and families) strategies such as in home care
- respite care for providers

- Early Childhood intervention and holistic family approach
- increasing # of providers, increasing # of providers of color, increasing # of providers for medication management, eliminating up to 6 months wait for appointments, non-punitive responses to missed appointments, i.e. not dropping from services; transportation access, mobile mental health services (in-home or telehealth vs in office), technology access
- Not sure which is viable
- Talking more about mental health, to provide a more in depth knowledge of symptoms of a mental illness could be helpful. Have PE teachers talk about mental health as much as physical health and engage students in more holistic forms of health, rather than just physical activity. We should also talk about physical education as a way to reduce symptom severity of mental illnesses, rather than just as a way to change physical fitness. Many kids get ostracized in gym classes, due to not feeling like they are as physically capable as others, but if we talk about physical activity differently, it might help kiddos stay engaged and gain a newfound interest in certain sports/activities.
- Community Education and stigma reduction educating that children's mental health is an issue that needs to be addressed and normalizing conversations about it.
- Need for more pediatric mental health resources and supports
- Identify a couple spots in northeast Minnesota that could be set up as a crisis/wellness center. Could be arranged where the intent is to be there for no more than a few days at a time. Youth that need longer and more intensive assistance could then go to the Twin Cities or other identified places that could provide a higher level of help.
- funding strategy- ARPA funds used to MH initiatives b) increasing the number of available providers/ MH resources available in our region- educational scholarships or student debt reduction programs for service, bonuses to recruit and retain existing MH staff, expand "licenses " to include the entire spectrum of MH providers (Art/Music/Nature/etc. therapies) and make sure their time is billable
- telehealth/tele behavioral health services
- healthy screen time, decreasing social media and violent videogames for children sensory play and outdoor activities parenting education and positive adult role models sleep hygiene addressing systemic racism, LGBTQ topics decreasing stigma for seeking help, esp. for males openly discussing mental health chemical dependency issues
- Increase programming available for training mental health providers/practitioners. Provide financial support to train more workers in children's mental health. Eliminate the stigmas and provide support parents, families to seek mental health wellness just like they seek out primary care services. Make screenings a part of all doctors office visits at a younger age maybe? More focus on prevention of substance use/abuse as this seems to lead to more mental health issues or vice versa. Speak with the children themselves to find out what they have to say about what they need or want to stay mentally healthy.

- Making sure our schools are open for in person learning and social activities
- I am probably not close enough to the work. I think it's hard to make recommendations until you know the landscape. Often, the state wants to add services when there may be an existing service that could be offered or slightly modified to meet the need.
- Finding a way to provide the parents and/or kids in the Arrowhead Region with a roadmap (website or other) on where to start or what to do if you are seeking help for yourself or a child.
- Identify the top three concerns/gaps across the Arrowhead Region and identify strategies for each.
- expanding services in target areas.
- Lack of clinicians in the region, especially psychiatrists.
- Ensuring resources are out there so providers are aware
- Workforce issues are affecting therapists, CTSS workers, behavioral health aides, PCA's, etc. and how to fully fund these programs.
- I think we need to start engaging partners to work farther upstream. If all we do is continue to support those providing 'services', we will stay in intervention/crisis mode vs. avoiding that need in the first place. Mental Wellbeing Support needs to have as much, or more, emphasis placed on it so that children aren't even getting to 'crisis mode' and needing more intensive services.
- Programs that can be used in the schools.
- develop short term stabilization shelter option, expand resources from Duluth to rural areas, funding to expand respite resources and training to respite homes and foster families, expand the number of CMH case managers so more children get support early
- We need to look at innovative ways to train and empower professionals who are already working in this region to address children's mental health issues as well as attract and sustain qualified providers to provide more services in our area.
- Solution focused ACEs education including effective ways to improve the lives of children who have a trauma history and are "acting out"
- encouragement of psychiatry providers to come to the area.
- Resources for youth, caregivers, myth vs fact, highest at-risk demographics
- More Youth Initiative/Peer groups focused services via telehealth or groups in large areas that promote social distancing (for example, conference halls, etc..)
- relate to current situations with the pandemic, how we serve our communities better with the current world
- Focus: Crisis Intervention Treatment and Placement Strategies: Designate funding to follow what is needed and keep children in our area and served. Solution: Partner with stakeholders to pool resources to meet the needs for children's mental health in our area.
- Task for within clinic and hospital settings that related to children's mental health and ways to increase/support services

- Expanding the services we have to include inpatient management.
- Improving access & hiring of providers.
- Yet more public communications/education regarding ACES. Also, connecting the dots between high quality childcare, happy/healthy children & teens, successful young adults, well-balanced parents, and a strong, robust economy.
- Circles of Security groups or mental health education groups for parents of kindergartners in all schools- a preventative focus.
- School based mental health resources (providers in the schools to make it more accessible for families)
- More advertising of available services.