



**Your Mind Matters!**  
**Dakota County Local Advisory Council for  
Children's Mental Health**

**2012 REPORT TO THE DAKOTA COUNTY BOARD OF COMMISSIONERS**

**Membership**

- Diane Allen-Parent-District 7, Commissioner Chris Gerlach
- Paula Angel-2012 Vice Chair-2011 Chair -District 1, Commissioner Mike Slavik
- Shannon Bailey-Dakota County Public Health Social Worker-District 2, Commissioner Kathleen Gaylord
- Jennie Bennett-Parent/Advocate-District 4, Commissioner Nancy Schouweiler
- Eve Divine-parent/former youth consumer-District 3, Commissioner Thomas Egan
- Ann Drivas-School Professional
- Kathleen Harrison-Chair 2012-2013, District 3, Commissioner Thomas Egan
- Kathryn Farsht, School Professional-District 7, Commissioner Chris Gerlach
- Ashley Koll-Youth Member-District 3, Commissioner Thomas Egan
- Vanessa Glavas-Dakota County Sr. Probation Officer
- Greg Michael- 2013 Vice Chair/Young Adult Member-District 5, Commissioner Liz Workman
- Mark Oster-Dakota County Children's Mental Health Supervisor-District 3, Commissioner Thomas Egan
- Shelley Pucci-Mental Health Professional
- Nick Sherlocks-Young Adult member-District 5, Commissioner Liz Workman
- Janell Schilman-Early On/Collaborative Coordinator-District 2, Commissioner Kathleen Gaylord
- Kathryn Scheele-Youth Member-District 5, Commissioner Liz Workman
- Suzette Scheele-Parent/Advocate-District 5, Commissioner Liz Workman
- Tanya Weinmeyer-Parent Advocate-District 1, Commissioner Mike Slavik

**Vision**

Assist the Dakota County Board of Commissioners and the Collaborative Governing Board in identifying unmet mental health needs of its child citizens through seeking input from stakeholders and advise on how to best plan to meet children and their families' service needs.

**Learned**

- We invited speakers to present to the LAC to gain awareness of strengths, challenges, and needs in the mental health system of care for servicing children and families. Last year we identified that adolescents and young adults who have mental health challenges have limited access to supportive services and that there is limited access to culturally specific mental health providers. As a result we prioritized examining youth support services and access to culturally specific mental health providers. We had speakers from Associated Clinic of Psychology (ACP), The Great Start Committee for 0-3, The Brain Balance Center, The Collaborative CTIC, Dean Swenson from Hosanna Church, Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), NAMI's Experience Parent Program Coordinator and Progressions Teacher, and Marina Perez FACTS In Home Therapist.
- Shelly Pucci with ACP reported on the broad range of services that her agency provides to children and families and specifically about the Early Intervention program that she works in that is supported by the Dakota County

Collaborative. She reported that a wait list has started due to the number of referrals and the limit of 20 slots for serving children less than six years of age. She further reported that of the forty children served that five of them (12.5 percent) are Hispanic and that their agency does not have Spanish speaking therapists. This results in having to use an interpreter which makes service delivery much more difficult.

- Diane Allen is a member of the Great Start Committee for kids 0-3. Their committee is examining how to address child issues with parents who have mental illness, how to make access to early childhood services non-threatening and how to engage parents quickly. They are working on developing a family focused, child centered model that is also used by Dakota County Children's Mental Health Targeted Case Management that allows all children in a family to have services coordinated by one person.
- Janell Schilman Early Intervention/Collaborative Coordinator presented on projects CTIC is working on. Customized employment services are available for youth 17-20 and vocational rehabilitation services are now available for youth starting at age 14. Vocational Rehabilitation counselors are now encouraging social workers to make direct referrals for services rather than waiting for schools to initiate referrals if they are coordinating services for a youth with rehabilitation needs.
- Dr. David Stussy and Jeannie Novellino from the Brain Balance Center presented on functional neurologic imbalance and the testing they deliver to identify underdeveloped neurological pathways in order to target specific exercises to strengthen such pathways. They offer a twelve week curriculum but their services are not covered by insurance and cost from \$5,000-\$12,000.
- Dean Swenson the Family Care and Connecting Pastor from Hosanna Church in Lakeville spoke about Life Hurts and God Heals Groups. They serve over 700 school aged youth in their youth programming and identified a significant number of kids that were struggling with relationship problems, substance use, mental health and behavior problems as well as family problems. They incorporated the Saddleback CA Church *Life Hurts Curriculum* to support 40-50 of their youth at any given time. It is an eight step recovery program that lasts 16 weeks. It incorporates peer-based support along with adult leadership. Youth are selected for the group after Dean does a family assessment with the parents and the youth. They also use the Strengths Finders program to define gifts and talents for youth. Hosanna also offers Care Ministry on Tuesday nights in which they feed 400-500 people and offer them free shopping and other services like haircuts. Celebrate Recover programs are offered at the same time as are parenting groups. Dean praised the first Children's Mental Health Summit as a good starting point for greater collaboration between public, private and faith based communities' efforts to support youth and families struggling with mental health problems. He expressed the belief that as public funding becomes increasingly stretched that communities will need to collaborate further across the lines between public and privately paid services and faith communities.
- Sue Terwey and Tanya Weinmeyer of Minnesota Organization on Fetal Alcohol syndrome (MOFAS) presented on the development of increased diagnostic capacity in MN for doing Fetal Alcohol Spectrum Disorder (FASD) assessments in partnership with the University of Minnesota, Health East, Stillwater Medical Group, Canvas Health and Park Nicollet. MOFAS has increased to fourteen diagnostic clinics in MN. They have developed an online support site that includes a virtual family center, resource guides, and resource directory. They also offer Family Resource Coordinators across the state that provide direct support to children and families. They have support groups for young adults with FASD and educational serves for youth ages 16-20 as well as a self-advocacy panel called "Say It". A new service they have started is for birth mothers of children with FASD call Changing Course that teaches mothers to make better decisions about pregnancy. They also help their first birth parents only retreat.
- Jennie Bennett the new Experienced Parent Coordinator for NAMI kept the LAC apprised of growth in the use of the program as well as about the expansion of parent support groups that included the start of a group for Spanish speaking parents. Jennie and Greg Michael a NAMI Progressions teacher provided reports on the success of Progressions, a transition aged support /education group for youth who have mental illnesses. A

follow-up group to Progressions was started by Greg so that youth can continue to meet for peer to peer support after completing the Progressions Class.

- Marina Perez with FACTS presented on barriers to Hispanic/Latino's receiving mental health services in our communities. Marina is Mexican American and speaks Spanish. She was adopted as an infant by a Caucasian family in St. Paul. Her birth family is from West St. Paul. She is a bi-cultural mental health professional who believes that is very important to understand the nuances of each culture in order to provide the best mental health service. Marina believes that using interpreters is a less preferred way to provide service. Marina previously worked for La Familia a culturally specific provider that closed their agency a couple of years ago. She sees unrest with bi-cultural Latino mental health providers since the closing of La Familia due to difficulty finding agencies to work for who understand Latino culture. Marina provided numerous examples of the differences between Latino and American culture and the impact these differences have on challenges faced by Latino youth and the type of interventions that are needed to support better outcomes for them.

## **Recommend**

**The Dakota County Children's Mental Health Local Advisory Council (LAC) recommends that the Dakota County Board of Commissioners direct the Children's Social Services Department to establish a Culturally Diverse Children's Mental Health Consultant Group (Consultant Group). The Consultant Group will advise other public and private mental health care professionals on culturally specific mental health treatment of children. The LAC further recommends that the Consultant Group's initial membership include Latino/Hispanic mental health care professionals who will consult with non-Latino mental health care professionals serving Latino populations. Once established and evaluated, membership could expand to other culturally diverse mental health care professionals.**

## **Advised**

### *Dakota County Board of Commissioners*

To proclaim May as Mental Health Month and that the Board direct Dakota County Social Services to continue to look for ways to develop peer to peer support opportunities for youth who face mental health challenges

### *The Collaborative*

To incorporate the input of the LAC in creating RFP criteria for countywide project funding

To include the LAC chair on the Collaborative selection sub-committee for funding countywide projects

To updating the Mental Health Resource Flip Chart in a more user friendly format

To distribute bookmarks with caricatures of famous people who lived with mental illness by high school counselors

### *Dakota County schools and the Collaborative*

To continue to support Mental Health Month through the distribution of the Mental Fitness Brochure and bracelets, and Mental Health Resource Flip Charts based on the positive feedback received from the survey completed with schools following the 2012 Mental Health Month Campaign

## **NAMI**

To expand the Progressions education/support group for older teens with mental health challenges and develop an on-going support group after holding a focus group with the Progressions participants

## Acted

- Recruited additional members and developed new youth leadership
- Carried out Mental Health Month 2012: gained funding; developed and distributed Mental Fitness bracelets, brochures, and an e-document; provided a vetted book list to participating Dakota County schools
- Participated in Day on the Hill with LAC youth sharing their stories about living with mental illness and requesting that funds for children's mental health not be cut
- Shared minutes from our advisory council with the Adult LAC and the State LAC
- Surveyed Dakota County schools that participated in the 2012 Mental Fitness Campaign and reported results to the Collaborative
- Requested Dakota County school districts participate in the 2013 Mental Health Month campaign by distributing Mental Fitness bracelets and brochures
- Updated Dakota County website for the LAC
- Participated on Dakota County Healthy Communities Collaborative sub-committee to create a suicide prevention and post-intervention workshop and at their annual summit

## Goals

- Seek new members with a focus on adding additional youth members, persons of color and community providers
- Research social media initiatives that support youth with mental health issues such as texting used by Canvas Health Crisis Line or [www.teeshphere.com](http://www.teeshphere.com), or MOFAS virtual family center and online support center or NAMI Minnesota e-warm line
- Seek greater understanding and awareness of gaps in services and supports for children with mental health challenges and their parents by inviting speakers from diverse communities to address mental health needs, services, and supports
- Continue to monitor and educate our community about stigma and its impact on individuals living with mental illness and their families
- Advise Dakota County Social Services, Dakota County Board of Commissioners and DHS on the plan to transition disabled youth to the SNBC benefit set with PMAPs from Fee For Service MA
- Advise the Dakota County Collaborative Governing Board about allocation of reduced funding for countywide and school projects
- Advise The collaborative on development of school based mental health services
- Finalize and carry out 2013 Mental Health Month campaign
- Develop a 2014 Mental Health Month campaign with further consultation with the Collaborative, to overcome barriers to greater participation by Dakota County schools and that gets stigma busting messages to more community members