



CLIENTS	Caregivers, Whole Family, Youth-Elementary to Middle School, LGBT
NUMBER	24 youth and their families
ETHNICITY	Asian or Pacific Islander, Black/African American, Immigrant, White/Caucasian
INCOME	\$30,000-39,000 (average)
DIAGNOSES	ADHD, Anxiety, Depression, PTSD

THRIVING IN OUR COMMUNITY

“100 % of the students referred to the TAP therapists meet criteria for serious emotional disturbance and have CASII scores that would indicate need for residential level of care. Instead, they attend this school and are thriving in our community.”

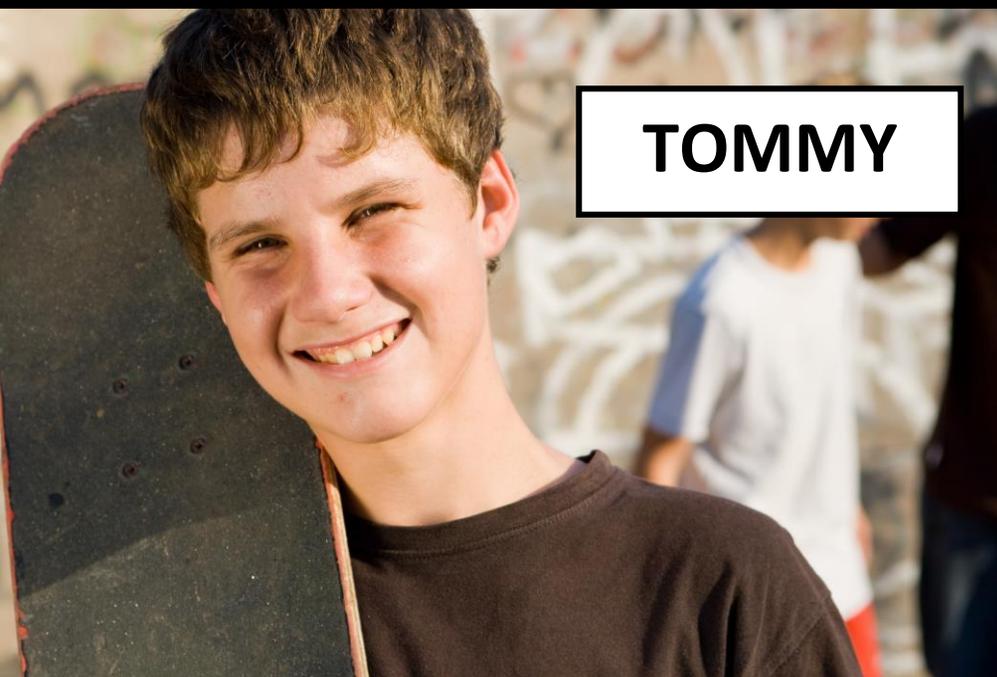
-Canvas Health Staff

THERAPEUTIC ASSISTANCE PROGRAM (TAP)

- 76% improved or stabilized functioning (SDQ)
- 65% improved or stabilized functioning (CASII)

School Satisfaction Survey Results

- TAP staff are accessible and responsive to school staff
 - 86% “Strongly Agree”
- Students seem to benefit from the TAP program
 - 89% “Strongly Agree”



TOMMY

PROBLEM/CHALLENGE

Tommy was in crisis; his father had left the home to receive substance abuse treatment and Tommy was hospitalized for severe depressive symptoms. Tommy’s mother expressed significant concerns that she would be able to manage her son’s behavior and considered out of home placement to be the next step in his treatment to ensure his safety.

INTERVENTION

Tommy, his mother and the practitioner engaged in self-soothing and calming activities to help manage Tommy’s increasing anxiety and depression. They also created safety plans and coping strategies. Tommy’s father returned from treatment and engaged with the family skills process.

IMPACT/SUCCESS

A grant from RCCMHC made it possible for the practitioner to work with Tommy’s parents to create a shared approach to intervening with their son. They started to see slow but steady change. Today, Tommy is an energetic, playful, and humorous 15-year-old adolescent who also faces significant mental health challenges. But, he is attending a mainstream program at the YMCA and his family recently went on vacation (something they had not attempted before.) Each person in the family seems to have more hope and confidence in their ability to manage Tommy’s mental health symptoms and they continually strive to be a more happy and healthy family.



Ramsey County Children's Mental Health Collaborative (RCCMHC) Funded Services

FUNDED AGENCY: Canvas Health (formerly HSI), incorporated in 1969 as a private, non-profit community based mental health center (Rule 29) is one of the most comprehensive behavioral health centers in the Twin Cities metro. Canvas Health has been involved in school linked and school based mental health delivery since 1995, providing school based therapy in partnership with the Minnesota School Linked Grant in 25 schools through Therapeutic Assistance Program (TAP). Canvas Health recently received CTSS recertification through April 30, 2019. They serve clients in five counties with a mission of being a center of excellence for behavioral healthcare.

FUNDED PROGRAM/SERVICE: Therapeutic Assistance Program (TAP)

PROGRAM/SERVICE DESCRIPTION: TAP provides school based therapy within Intermediate School District #916. The RCCMHC grant assisted in funding a half-time position which provided Family Skills in the community to the parents or caregivers of these children. This Mental Health Practitioner worked closely with the school based TAP therapist, and was an additional resource/service to the child and family in their homes.

LENGTH OF GRANT TERM: Multi-Year (2014-2016)

AWARD: \$50,000 (full award used)

DATA COLLECTION: Canvas Health uses the Child and Adolescent Services Intensity Inventory (CASII) as their initial measure for the necessary level of care recommended for each child and family. They also utilize the Symptom Difficulty Questionnaire (SDQ) as an initial measure of how a parent, teacher and child rank their symptomology. Both measures are completed in 6 month intervals to track outcomes.

IMPACT AND OUTCOMES (and how they relate to RCCMHC vision and goals)

RCCMHC Vision: Every Child in Ramsey County Will Function at the Highest Possible Level of Mental Health. Each child referred to this grant funded service were provided an individual assessment and an individualized treatment plan that addressed each child's symptoms and strengths. The service interventions were tailored to be carefully applied to build on strengths as well as reduce symptomology.

Goal A: Cross-System Collaboration. This program exemplifies a team approach. Each child was referred from District #916 where they were educated and supported with a broad array of teachers, social workers, psychologists and support staff. School based TAP therapists found it very helpful to have the Family Skills practitioner as a team member who regularly attended school meetings, collaborated with school staff, and acted as a liaison between school and home.

Goal B: Health Equity. Canvas Health targeted youth whose parents did not have insurance coverage for in-home skills service. Grant funding increased access for families who are uninsured or do not have medical assistance.

Goal C: Whole Family Wellbeing. Parents experience multiple barriers and challenges in raising high-risk, high-need children. Barriers of their own mental health, stress from working too many hours, lack of stable transportation, the child's symptoms such that traveling in the car is too difficult, all contribute to an overwhelming sense of despair and hopelessness. We have seen the changes that can happen with families when they can come to trust their care providers!

LESSONS LEARNED: Traditional insurance and even medical assistance cannot cover many aspects of non-traditional health care that provide in-home/in-community services for the "whole child"/ "whole family." But, these services prevent costly out of home placement! Many of our families did not have (or want) County Case Management. This service filled that gap by offering a trusted, community-based practitioner who could assist parents to find resources, attend to their own mental and chemical health needs, and better understand how to manage the mental health of their high-risk children. We pursued families, often making many initial appointments before schedules, health and transportation lined up. This contributes to the cost of this sort of outreach and engagement, but we believe in the end- it is worth it!