Bring Mental Health Services Home: Meeting the Mental Health Needs of Adolescents and Their Families in Rural Minnesota

Laura Filzen

Minnesota State University - Mankato

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Statement of the problem
In 2008-2009 there were 34 local children with mental health issues placed in treatment centers. Fourteen of those children have not been reunified with their parents and 29 are at risk of being replaced. Brown County currently has no facility that offers both housing and therapeutic supports for these children. Brown County adolescents with mental health needs are sometimes removed from their homes and sent to places as far away as Duluth - five hours from home. This causes a hardship on parents as well as county workers and delays reunification efforts because engaging in family therapy is problematic. Children with emotional and behavioral problems are more likely than those without such problems to be left in out-of-home care (Park & Ryan, 2009). Reunification efforts are limited because the family are more likely than those without such problems to be left in out-of-home care (Park & Ryan, 2009). Based on the literature and practice, it is believed that families dealing with adolescents who experience mental health issues are more likely to be successfully maintained in their natural environment. (Evans et al., 2003).

Statement of Purpose
The purpose of this project was to develop a program that addressed housing and therapeutic support to adolescents experiencing mental health issues, allowed adolescents to remain in the community, and promoted reunification with their families. “An important indicator of success for children in out-of-home care is a timely transition to reunification” (Park & Ryan, 2009). Based on the literature and practice, it is believed that intensive family therapy is needed to promote reunification and reduce recidivism of placement.

Goals
- Keep Child in the Community
- Provide Family and Individual Therapy
- Promote Family Reunification
- Prevent Recidivism

Design
To address these issues, the model for corporate foster care was developed, which would include intensive family therapy. The essential needs of families dealing with adolescents who experience mental health issues are information, skills, and support (Marsh, 1999). Intensive family therapy will be able to address all three of these needs.

Rural Issues
This project addresses mental health needs in rural communities. Currently families seeking mental health treatment for their children are sent hours from home. This distance causes a hardship on parents as well as county workers and delays reunification. The Connections Home would help alleviate some of these barriers because the child will be allowed to stay in their community and will be able to engage in family therapy more easily.

Literature Review
- 80% of children participating in family therapeutic approach showed an excellent response to treatment as compared with 44% who did not participate (Blake & Hamrin, 2007).
- “Individual therapy alone was not linked with changes in either externalizing and internalizing behaviors, while family therapy alone was associated with decreases in internalizing behaviors” (Graves, et al., 2009, p. 235).
- Matching the parent training programs to family characteristics has improved outcomes when dealing with adolescent mental health issue (Reyno & McGrath 2006).
- Parent involvement in the therapeutic process increases parent’s ability to meet the emotional needs of their children and improve child functioning (Richards, et al. 2008).

Process
1. Identify a population to serve
2. Identify a funding source
3. Identify a collaborating agency to provide services
4. Identify roles and expectations of each agency
5. Licensing the agency
6. Develop the level of expertise
7. Referral and placement of client

Identify a Collaborative Partner
Greater Minnesota Family Services (GMFS) was identified as the collaborative agency. GMFS has served the public sector for 17 years. They are currently providing therapeutic services in 36 counties. They operate a Shelter Care facility that serves adolescents in various communities.

Staffing Pattern
- Therapist
- Masters Level LICSW, LMFT, or LP
- Family Counselors

Roles and Responsibilities
- Therapist
  - Masters Level LICSW, LMFT, or LP
  - Screen clients
  - Provide therapy
  - Conduct assessments
  - Conduct consultation
- Family Counselors
  - Masters Level
  - Screen families
  - Provide support
  - Conduct consultation

Mental Health Treatment side
- Daily Living
  - Supervisor
  - Masters Level LICSW, LMFT, or LP
  - Direct Care Staff
  - Masters Level

Over-Night Staff
- Minimum High School Diploma
- 2 full time per home
- N= 77

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