



## **Governance Committee Meeting Minutes**

**September 22, 2021**

**Present:** Pat Dale, Liz Gronert, Aric Jensen, Jenna Mitchler, Liz Franklin, Tonya Allen, Wendy Webster, Krista Phillips, Stacy, Jody Nelson, Mark Sander, Meredith Martinez, Maureen Smith Siewert

**Staff:** Laura LaCroix-Dalluhn, Cheryl Holm-Hanson, Margaret Sullivan

**Guests:** Raven Baker (Prairie Care), Anna (Family Wise), Rachel Harris, Sue Abderholden

### **Welcome and Approval of Meeting Minutes and Agenda (Lead by Pat)**

Overview of expectations of voting members and guests. Approve minutes and agenda.

- Start with reminder of purpose and mission of collaborative as shown at bottom
- Everyone's participation is encouraged, voting members in particular. If one is unsure if they are a voting member or not, talk to Laura
- Liz F motions to approve July meeting minutes. Pat seconds. All in favor, motion approved. (see attachment 1 for July 2021 meeting minutes)
- Krista motions to approve agenda. Stacy seconds. All in favor, motion approved. (see Attachment 2 for September 2021 Agenda)

### **2022 Draft Work Priorities (lead by Liz G)**

- Liz: identified a few draft work priorities for 2022, emphasizes building off what we have already done and taking more action. Liz also highlights goals and work priorities of Executive committee (see attachment 3 for 2022 Draft Work Priorities and August Statement of Activities).
- Liz: opens up for discussion and questions
- Stacy and Maureen: liked how clear the information was presented and thought that it was manageable amount of work to be done
- Margaret: wants to add information services added into 2<sup>nd</sup> goal, would like to think about putting information into one place for easy parent access (referred to the Autism Parent Portal as an example)
- Jenna: Mentioned service continuum group aligns with Margaret's idea of information being put in one place, but Krista and herself want to get more parent feedback
- Meredith: brings up hopes for state to expand on Help Me Connect to make a version for families. Emphasized not wanting to recreate the wheel if we don't need to.
- Liz F: struggling with high level of language, acknowledges the gap between number of people needing care and the spots that are available, suggesting that without acknowledging that may be part of the access issue
- Laura: Draft of work priorities will still have to be refined over next couple months.

### **2022 Proposed Budget Draft (lead by Liz G)**

- Liz: Introduces 2022 budget draft prepared to support proposed work activities (see proposed budget in Attachment 4) and goes over changes

- Liz opens up discussion for comments, clarifications, or questions
- Maureen: Thought that Margaret should be considered for increase in pay and wants to make sure she is being paid fairly
  - Maureen motions for executive committee to reconsider Margaret's compensation up to a \$10,000 increase, Stacy seconds, all in favor, motion passes.
- Maureen motions to approve budget with up to \$10,000 change for compensation factors only. Stacy seconds, all in favor, budget approved.

### **Committee and Project Updates**

(See attachment 5 for August Committee)

#### **Journey Mapping- Cheryl**

- Data collection is slow and steady, interviews are continuing.
- Any help putting the word out about interviewing would be appreciated
- Now have a Spanish speaking interviewer trained to interview

#### **PCLG- Margaret**

- October Let's Talk About It with Renelle Nelson speaking on mental health in schools is coming up
- State fair booth went well
- Attending pow wow for Minneapolis Public Schools to meet with families and parents
- Liz: 2 or 3 parents interested in being part of group, excited to see people interested in being part of the work of PCLG

#### **Laura- Family Service Collaboratives**

- Looking to better coordinate with family services collaborative
- Met with Debbie Wells, Robbinsdale Redesign, and St Louis Park
- Hoping to visit with all, encouraged Rachel and Krista to consider the opportunity

### **Overview of Hennepin County's ARP Funds for Children's Mental Health Services**

(See link below for Hennepin County Announcement)

<https://hennepin.novusagenda.com/agendapublic/CoverSheet.aspx?ItemID=12558&MeetingID=1214>

Cindy

- Hennepin County Board approved use of \$20 million of ARP funding over course of 2 years to support behavioral health support initiatives.
  - \$4 million to early childhood
  - \$2.5 million to school-based mental health
  - \$1.5 million to mobile response
- Hoping to build off pilot work rather than just plug the holes, emphasis on innovation, disparity reduction, want to engage BIPOC community and support families.
  - Tonya highlights limited support for BIPOC families
    - We need to diversify who is at the table
  - Liz F agrees and thinks we need to deepen the depth of resources for BIPOC families
    - How do we partner with smaller, culturally specific organizations as a collaborative?
- More funding is going toward those with mental health needs in criminal justice system as well as efforts to stand up a juvenile justice and behavioral health initiative

Meredith

- Family home visiting- supports for caregiver for depression screening and any mental health illness or concerns early, expanding short term home visiting services across county to other hospitals
- Children's Mental Health Services-
- Expand work of mental health screening for infants and children in out of home placement (need more staff and expand partnerships)

Mark

- While more schools have mental health programs than before, there is still a lot of work to do. Going to be trying to identify vulnerable points and increase response in school based mental health.
- \$22.5 million is the budget with grants
- In the beginning, SMH is in 17 school districts from 16 agencies
- Currently, 251 schools and 8 Head Start sites from over 204 FTEs of MH staff. This is a significant increase from two years ago when information was last collected

A note from Adesola: DOCCR is using the funds towards violence prevention. They have two organizations that they are working with towards these efforts- A Mother's Love and We Push for Peace. A Mother's Love will be working specifically with girls who are justice involved to provide services such as Mentoring, Mental Health Assessment, Service & Referrals, Education Services, Employment Development, Family support services, Life skills workshops, other services as deemed necessary. We Push for Peace will provide mental health assessments, work readiness, obtainment of commercial drivers license, mentorship, transportation, meals, and support groups

Krista motions to adjourn, Anna seconds, meeting adjourned

Attachment 1:



**Governance Committee Meeting Minutes**  
**Wednesday, July 21, 2021**

**Present**

**Voting Members/Alternate Governance Committee Members:** Liz Gronert, Pat Dale, Maureen Smith Seiwert, Krista Phillips, Adesola Oni, Angela Watts, Cindy Slowiak, Meredith Martinez, Karen Malka, Wendy Webster, Nita Kumar, Jenna Mitchler, Tonya Allen, Liz Franklin

**CMHC Coordination Team:** Laura LaCroix-Dalluhn, Margaret Sullivan, Cheryl Holm-Hansen

**Guests:** Raven Baker, Molly Coyne, Rachel Harris, Emily LaCroix-Dalluhn

**Approval of Meeting Minutes & Agenda**

- Angela motions to approve June meeting minutes. Nita seconds. No opposed, motion approved.
- Krista motions to approve agenda as submitted. Maureen seconds. No opposed, motion approved.

**Bylaws Updates and Amendments**

- Laura: Provides the Governance Committee a brief update of the changes made in in the Collaborative Bylaws. Updating the Bylaws to reflect the new number of designated voting members. Pauses to see if anyone has questions of Article One.
- Krista: Asks about Section 5 language in Article 1.
- Laura: Responds she can add the language if the Committee believes it will add more clarity. Asks Liz if she believes the language change would add more clarity.
- Liz: Asks If the change of language would require the Bylaws to be reviewed again.
- Laura: States it would need to be reviewed again.
- Debby: Provides another language edit.
- Laura makes the correction to the error.
- Laura: continues to go over the edits to Article Two and Three of the Collaborative Bylaws. No one in the Committee has questions or comments about the changes to the Bylaws.
- Maureen motions to approve the changes of the Bylaws. Pat seconds. No opposed, motion approved. Voting yes: Meredith, Liz, Krista, Aric, Liz, Cindy, Tonya, Jenna. Maureen, Angela, Karen, Pat, Adesola, & Nita.

**Voting Members & Alternates**

- Laura: Reviews with the Committee current voting members and alternates. Sharing with the Committee that there are three new spots and shows the gaps where alternates need to be fill in the 2021 Roster. Asks the Committee to view Voting Roster" provided in the meeting minutes and respond individually on people to full open roster positions. Shares excitement to the Committee on the ability to expand the Collaborative's voting members.
- Maureen: Shares with the Committee her plan to retire in November of this year and states she would find a replacement before that.
- Laura: Asks the Committee for suggestions on what the best way to help providers fill in their alternate voting positions, and other ways to reach out to those who are not currently engaged with the Collaborative.
- Liz F: Asks for more information, so she can discuss with providers.
- Aric: Asks what are the gaps are we wanting to fill?

Attachment 2:



**Governance Committee Meeting Agenda**

Wednesday, September 22, 2021, 3:30 – 5:00pm

<https://us02web.zoom.us/j/87134919231?pwd=S09zSjFGRGhZSGVEN2JBdktEQnEvUT09>

(Call +1 312 626 6799 | Meeting ID: 871 3491 9231)

- 3:30 **Welcome & Approval of Meeting Minutes & Agenda**  
Provide welcome and overview of expectation of voting members and guests. Approve minutes and agenda.  
*(Meeting materials: July 2021 meeting minutes, September 2021 agenda)*
- 3:40 **2022 Draft Work Priorities & Budget**  
Discuss and approve draft System of Care work priorities and budget. ``  
*(Meeting materials: 2022 Proposed Budget, 2022 Draft Work Priorities & August Statement of Activities)*
- 4:15 **Committee and Project Updates**  
Update from current committees and projects.  
*(Meeting materials: August Committee and Project Updates)*
- 4:30 **Overview of Hennepin County's APRA Funds for Children's Mental Health Services**  
Cindy Slowiak, Meredith Martinez, and Adesola Oni will provide overview of Hennepin County's announcement of APRA funds supporting children's mental health services.  
*(Meeting materials: Hennepin County Announcement;*  
<https://hennepin.novusaqenda.com/qaendapublic/CoverSheet.aspx?ItemID=12558&MeetingID=1214>*)*
- 5:00 **Adjourn**

**2021 Governance Meeting Schedule: 3:30 – 5:00 pm**

October 20<sup>th</sup>, 2021

November 17<sup>th</sup>, 2021

December 15<sup>th</sup>, 2021

**Mission Statement:** *The CMHC provides a forum for a diverse and representative group of system stakeholders to influence the development and ongoing operation of an accessible and effective children's mental health service system within Hennepin County. The CMHC promotes innovative service development and continuous quality improvement in the children's mental health system by embracing the system of care principles and available research on children's mental health services.*

Contact CMHC Co-Coordinator, [Laura](#) with any questions

Attachment 3:



**2022 Draft Work Priorities**  
September 22, 2021

Goal	Work Priority	Description	Timeline
Increase data-drive decision making to improve the children's mental health system	Data Summit	Use data from journey map, dashboard, and service continuum to improve access to services and/or experiences with children's mental health services	Jan-Feb, 2022
Improve the lives of families and children through increased access to services <b>Improve the lives of families and children through increased access to information and services." Per Margaret</b>	Parent engagement and parent training	Fund navigators/peer support to assist parents	Jan-Dec 2022
Improve coordination of and access to children's mental health services	<ol style="list-style-type: none"> <li>1. Establish Work groups to manage access and coordination issues</li> <li>2. Service continuum mapping</li> </ol>	<ol style="list-style-type: none"> <li>1. Convene key stakeholders to address critical issues within the system</li> <li>2. Develop tool and/or training to inform access to system</li> </ol>	Jan-Dec 2022
Other			

**Commented [L1]:** Critical issues may include shortage of provider, burn out of providers, issues with payors. Can we add more details as we move forward.

**Commented [L2]:** Jenna and Krista are talking about how to move this forward. Will work with Laura.

Margaret said the Autism portal is very helpful.

Meredith said Help Me Connect is hoping to expand and grow with App, we should try to connect.

Attachment 4:



**Proposed 2022 Annual Budget**  
September 13, 2021

	<b>Budget Category</b>	<b>2021 Budget</b>	<b>Descriptions</b>	<b>Proposed 2022 Budget</b>	<b>Budget Change Description</b>
<b>Coordination Team</b>	LaCroix-Dalluhn Consulting: CMHC Lead Coordinator	65,000	Fees and travel expenses	75,000	Executive Committee to vote on contract
	Wilder Research: General Support for DOCCR/JDAI	32,000	Evaluation of children's mental health programs through JDAI.  NOTE: Payment from NAMI using DOCCR LCTS funds.	0	DOCCR will not spend any LCTS resources through this contract in 2022
	Community Research Solutions: General Support for CMHC	25,000	Research and evaluation activities	25,000	Executive Committee to vote on contract
	Grant Writer	4,000	Grant writer for CMHC activities	4,000	Grant writer for CMHC activities
	<b>Total Coordination Team</b>	<b>126,000</b>		<b>104,000</b>	
<b>Parent Catalyst Leadership Group &amp; Engagement</b>	Coordinator: Margaret Sullivan	18,000	Fees and travel expenses	21,600	PCLG & Executive Committee to vote on contract
	Parent Participation/Engagement	19,000	Meeting stipends and travel expenses	25,000	Parent Engagement (PCLG & Other Engagement)
	Outreach	8,000	Support groups, projects, events, resource materials, printing, etc.	8,000	Support groups, projects, events, resource materials, printing, etc.
	<b>Total Parent Catalyst Leadership Group</b>	<b>45,000</b>		<b>54,600</b>	
<b>Operating Expenses</b>	CMHC General Support	14,900	Technology and website develop/maintenance, translation, printing, short-term rental, insurance etc.	15,000	Technology and website develop/maintenance, translation, printing, short-term rental, insurance etc.
	Scholarship/Training	18,000	\$10,000 System of Care Training/Technical Assistance and/or \$8,000 Scholarships	15,000	\$8,000 System of Care Training/Technical Assistance and/or \$7,000 Scholarships

Attachment 5:



**Governance Committee Meeting**  
**August 31, 2021**  
Committee/Coordinator Updates

**Parent Catalyst Leadership Group**

PCLG's next *Let's Talk About It* will offer information and strategies for parents that may help their child access supports they need to have a more successful school experience. There will be time for asking questions and sharing ideas with each other!

Date & Time: October 19<sup>th</sup>, 7:00-8:30pm

Topic: "Supporting Children and Youth with Mental Health Needs at School"

Speaker: Renelle Nelson, Senior Advocate and Children's Mental Health Project Director from PACER Center

Registration for this free online event: <https://www.eventbrite.com/e/lets-talk-about-supporting-children-with-mental-health-needs-at-school-tickets-168862882427>

**School-Based Mental Health**

Next meeting is September 28, 2021. If you would like to participate, contact Mark Sander, [Mark.Sander@hennepin.us](mailto:Mark.Sander@hennepin.us)

**Other Collaborative Updates**

**Family Service Collaboratives**

HCCMHC is scheduling meeting with Family Service Collaboratives and Coordinators to explore opportunities to better coordinate and meet our collective goals. So far, we've met with:

- St Louis Park Family Services Collaborative, 8/27/21**  
Laura met with the St. Louis Park Family Service to discuss the work of the Collaborative, discuss goals and impact, and identify opportunities for collaboration. Thanks, Debbie, for the invitation!
- Robbinsdale Redesign Family Service Collaborative, 9/21/21**  
Laura and Pat will attend the Robbinsdale Redesign Leadership meeting to discuss the work of the Collaborative, discuss goals and impact, and identify opportunities for collaboration. Thanks, Melodie, for the invitation!

**SoC Subcommittees**

**Journey Mapping/Parent Interviews**

- Registration is open; <https://hccmhc.com/system-of-care/parent-interviews/> Please help recruit families!
- 29 parents have registered as of 8/31/21
- Five parents were removed from the list due to a lack of eligibility or difficulty scheduling
- 16 of remaining 24 have been interviewed
- 8 are in the process of being scheduled
- Registrations are coming in more slowly. The goal was to have at least 50 interviews done by the end of the month.
- Stipends will be paid to parents upon completing the interview.



## **Governance Committee Meeting Agenda**

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**3:30 Welcome & Approval of Meeting Minutes & Agenda**

Provide welcome and overview of expectation of voting members and guests. Approve minutes and agenda.

*(Meeting materials: September 2021 meeting minutes, October 2021 agenda)*

**3:40 2021 Planning & Work Priorities**

Highlight the work of the data dashboard committee. The committee worked under Cheryl's leadership to identify key measures and indicators related to children's mental health. Today they'd like to share these with you, and share a couple of data briefs that were developed to share this important information. We'd like to take time to discuss how we might use these briefs to support our 2022 work priorities and assist you in our work to implement system of care principles in your own work. Turn to Cheryl.

*(Meeting materials: data dashboard indicators, data briefs (2))*

**4:25 Committee, Project Budget Updates**

Update from current committees, projects and budget.

*(Meeting materials: September Budget & Final 2022 Budget)*

**4:40 2022 Meeting Schedule**

Review, discuss and approve proposed meeting schedule of Collaborative Governance, Executive and standing committees.

*(Meeting materials: PROPOSED 2022 Meeting schedule)*

**5:00 Adjourn**

**2021 Governance Meeting Schedule: 3:30 – 5:00 pm**

November 17<sup>th</sup>, 2021

December 15<sup>th</sup>, 2021

**Mission Statement:** The CMHC provides a forum for a diverse and representative group of system stakeholders to influence the development and ongoing operation of an accessible and effective children's mental health service system within Hennepin County. The CMHC promotes innovative service development and continuous quality improvement in the children's mental health system by embracing the system of care principles and available research on children's mental health services.

Contact CMHC Co-Coordinator, [Laura](#), with any questions

# HENNEPIN COUNTY CHILDREN’S MENTAL HEALTH COLLABORATIVE

## Data dashboard – OVERVIEW OF POTENTIAL DATA BRIEFS

BRIEF	DASHBOARD INDICATORS
<b>1. Economic well-being - DRAFTED</b>	<ul style="list-style-type: none"> <li>• Percentage of people under age 18 in poverty</li> <li>• Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch</li> <li>• Percentage of households that spend 50% or more of their household income on housing</li> <li>• Percentage of 9<sup>th</sup> grade youth reporting that in the past 12 months they have stayed in a shelter, somewhere not intended as a place to live, or someone else’s home because they had no other place to stay</li> </ul>
<b>2. Mental health/well-being - DRAFTED</b>	<ul style="list-style-type: none"> <li>• Percentage of 9<sup>th</sup> grade students indicating that they have long-term mental health, behavioral, or emotional problems</li> <li>• Percentage of 9<sup>th</sup> grade students indicating that they have seriously considered attempting suicide at least once in the last 12 months</li> <li>• Percentage of parents who report that mental or emotional difficulties kept their child from doing his or her usual school or other daily activities at least “somewhat” in the past month</li> <li>• Percentage of parents reporting that their child has long-term mental health, behavioral, or emotional problems</li> <li>• Percentage of parents reporting that a doctor, teacher, or school counselor told them that their child needed professional help for emotional or behavioral problems in the past 12 months</li> </ul>
<b>3. Adverse childhood experiences</b>	<ul style="list-style-type: none"> <li>• Percentage of 9<sup>th</sup> grade students reporting at least 3 ACES’s (ACE score-short)</li> <li>• Percentage of 9<sup>th</sup> grade students who reported that a parent or guardian had been in jail or prison</li> <li>• Percentage of 9<sup>th</sup> grade students reporting that they live with anyone who drinks too much alcohol</li> <li>• Percentage of 9<sup>th</sup> grade students reporting that they live with someone who is depressed or has other mental health issues</li> </ul>
<b>4. Crime and safety</b>	<ul style="list-style-type: none"> <li>• Percentage of 9<sup>th</sup> grade students who “agree” or “strongly agree” that they feel safe in their neighborhood</li> <li>• Violent crime rate (Number of reported violent crime offenses per 100,000 population)</li> <li>• Percentage of 9<sup>th</sup> grade students who report being bullied at least once in the last 30 days</li> <li>• Juvenile arrest rate - Rate of delinquency cases per 1,000 juveniles</li> </ul>
<b>5. Community engagement</b>	<ul style="list-style-type: none"> <li>• Percentage of 9<sup>th</sup> grade students who report that their school or community offers a variety of programs for people their age to participate in outside of the regular school day</li> <li>• High school graduation rate (Percentage of ninth grade cohort that graduates in four years)</li> <li>• Percentage of 9<sup>th</sup> grade students who care about doing well in school at least “most of the time”</li> <li>• Percentage of teens and young adults ages 16-19 who are neither working nor in school (“disconnected youth”)</li> <li>• Percentage of parents who agree that there is at least one other adult in their child’s school, neighborhood, or community who knows their child well and who he or she can rely on for advice or guidance</li> <li>• Percentage of parents who report that their child (ages 6-17 years) engages in at least one out-of-school activity at least once per week</li> </ul>
<b>6. Substance use</b>	<ul style="list-style-type: none"> <li>• Percentage of 9<sup>th</sup> grade students who use alcohol (beer, wine, liquor) at least once a month</li> <li>• Percentage of 11<sup>th</sup> grade students who use a vaping device or e-cigarette at least once a month</li> </ul>

	<ul style="list-style-type: none"> <li>Percentage of 11<sup>th</sup> grade students who used alcohol or marijuana or other drugs at least once in the past year</li> </ul>
<b>7. School-based mental health</b>	<ul style="list-style-type: none"> <li>Number of youth receiving school-linked mental health services</li> <li>Number of youth receiving school-linked mental health services who are receiving mental health services for the first time</li> <li>Number and type of services provided to Hennepin County students through school-linked mental health (billable, ancillary)</li> <li>Percentage of students who improved in at least one area on the parent-report Strengths and Difficulties Questionnaire (SDQ)</li> <li>Percentage of students who improved in at least one area on the teacher-report Strengths and Difficulties Questionnaire (SDQ)</li> <li>Number of agencies providing school-linked mental health services</li> <li>Number of schools with access to school-linked mental health services</li> </ul>
<b>8. Treatment placements</b>	<ul style="list-style-type: none"> <li>Number of youth approved for a treatment placement</li> <li>Percentage of youth screened for a treatment placement who had at least one prior treatment placement within the past 18 months</li> <li>Percentage of youth placed in an out-of-state treatment placement</li> <li>Overall percentage of youth requiring specialized treatment placed in a setting that will be able to provide this service</li> <li>Number and rate of children in out-of-home placements (foster care, group homes, emergency shelter, or residential treatment facilities during the year)</li> <li>Percentage of parents agreeing that a proposed treatment placement would be helpful for their child</li> </ul>
<b>9. Accessibility of mental health services and supports</b>	<ul style="list-style-type: none"> <li>Percentage of children under age 19 without health insurance</li> <li>Number of certified behavioral health homes in county</li> <li>Number of Certified Community Behavioral Health Clinics (CCBHCs) serving county</li> <li>Number of Certified Community Therapeutic Services &amp; Supports (CTSS) providers – community-based</li> <li>Number of Certified Community Therapeutic Services &amp; Supports (CTSS) providers – school-based providers</li> <li>Number of day treatment providers serving county</li> <li>Number of current DHS early childhood mental health grant recipients serving county</li> <li>Number of certified Intensive Treatment in Foster Care service providers</li> <li>Number of programs providing Mental Health Behavioral Aide services in county</li> <li>Number of licensed outpatient mental health service providers in county</li> <li>Number of child and adolescent psychiatrists serving county</li> <li>Number of child and adolescent psychiatrists/ 100,000 youth</li> <li>Number of agencies contracted to provide case management services to Hennepin County</li> <li>Percentage of eligible youth (age 10-17) screened for mental health concerns through the Juvenile Justice system</li> <li>Percentage of eligible youth (age 0-18) screened for mental health concerns through the Child Welfare system</li> <li>Percentage of children screened for mental health concerns through the Hennepin County school districts by age 5</li> </ul> <p>Also highlight information that we cannot access, such as the percentage of parents who: (1) Were able to easily find out about available services for their child; (2) Were able to easily enroll their child in mental health services; (3) Were able to find providers that spoke the same language as the family; (4) Were able to find providers that understood the family's</p>

	cultural values; (5) Rate services as geographically accessible and convenient; (6) Felt supported in navigating the children’s mental health system; (7) Describe services as being held at convenient times; and (8) Report no barriers to service access due to insurance coverage or cost
<b>10. Mental health services and supports</b>	<ul style="list-style-type: none"> <li>• Percentage of MHCP-enrolled children/youth (age 0-17) who received assessment services</li> <li>• Percentage of MHCP-enrolled children/youth (age 0-17) who received county case management</li> <li>• Number of children receiving county-contracted case management</li> <li>• Percentage of MHCP-enrolled children/youth (age 0-17) who received emergency/ crisis services</li> <li>• Percentage of MHCP-enrolled children/youth (age 0-17) who received outpatient services</li> <li>• Percentage of MHCP-enrolled children/youth (age 0-17) who received day treatment services</li> <li>• Percentage of MHCP-enrolled children/youth (age 0-17) who received inpatient services</li> <li>• Percentage of MHCP-enrolled children/youth (age 0-17) who received CTSS services</li> <li>• Percentage of 9th grade students reporting that they have a long-term mental health, behavioral, or emotional problem and have received treatment</li> <li>• Number of children’s crisis calls received by COPE</li> <li>• Number of child assessments completed by COPE</li> <li>• Number of unduplicated people served by COPE</li> </ul> <p>Also highlight information that we cannot access, such as (1) Percentage of children/parents who are satisfied with services received; (2) Percentage of children/parents who report services are culturally competent; (3) Percentage of children/parents who felt that they guided treatment decisions; (4) Number of children receiving outpatient/community mental health services; (5) Percentage of children receiving outpatient/community mental health services who show improved outcomes; (6) Percentage of children/parents who say that the child received the services or supports that they needed; (7) Average wait time for a hospital bed</p>
<b>11. Physical health</b>	<ul style="list-style-type: none"> <li>• Percentage of parents who report that their child’s number of preventative health care visits during the last 12 months met the standard of care for their age</li> <li>• Percentage of children (age 24-35 months) who receive the full recommended immunization series</li> <li>• Percentage of adolescents (age 13 year) who receive the full recommended immunization series</li> <li>• Teen birth rate (number of births per 1,000 female population ages 15-19)</li> </ul>
<b>12. Population trends</b>	<ul style="list-style-type: none"> <li>• Overall county population</li> <li>• Percentage of population below 18 years of age</li> </ul>

**POSSIBLE ADDITIONAL BRIEFS** (Additional data needed)

- 13. Psychiatric hospitalizations
- 14. Early childhood mental health
- 15. Family violence/child welfare



# HENNEPIN COUNTY CHILDREN'S MENTAL HEALTH COLLABORATIVE

## Hennepin County Children's Mental Health Dashboard Mental health of County youth

Nationally, approximately one in five children and adolescents experience significant mental health issues, such as anxiety, depression, or attention-deficit/hyperactivity disorder. This overall incidence rate masks significant variation, which tends to appear on the basis of gender, race/ethnicity, and other factors. Many services and supports are available to help children experiencing mental health challenges. Left unaddressed, these issues can contribute to long-term difficulties at home, in school, and in forming healthy relationships.

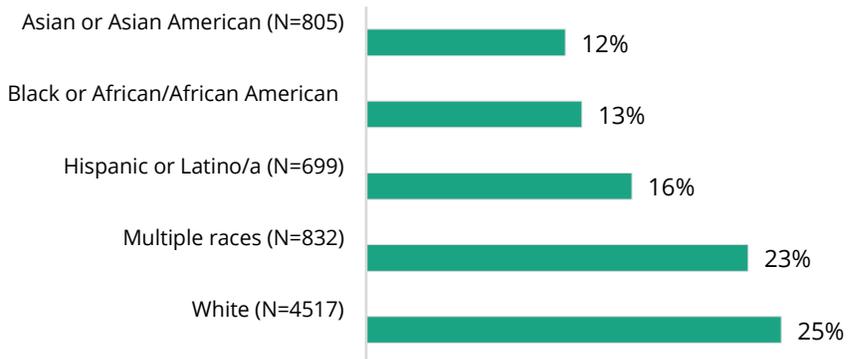


In 2019, 1 in 5  
9<sup>th</sup> grade students in Hennepin  
County, or

# 21%

reported having long-term mental  
health, behavioral, or emotional  
problems<sup>1</sup>

### Reports of long-term mental health problems vary by student race/ethnicity<sup>1</sup>



### Current context

The Minnesota Student Survey is conducted every 3 years, providing trend data related to youth well-being. The most recent survey was conducted in 2019, before the COVID-19 pandemic. Emerging research suggests that the pandemic has had a negative impact on child and adolescent mental health, due to factors such as anxiety, social isolation, school closures, and family challenges. It is likely that mental well-being of County youth has shown these same negative impacts over the last few years.

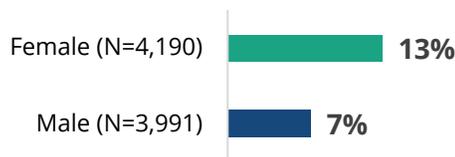
<sup>1</sup> 2019 Minnesota Student Survey (obtained from the [MN Department of Education](#)); N=8,206

## Females are approximately twice as likely to report mental health concerns<sup>2</sup>

9<sup>th</sup> grade students indicating that they have long-term mental health, behavioral, or emotional problems



9<sup>th</sup> grade students indicating that they have seriously considered attempting suicide at least once in the last 12 months



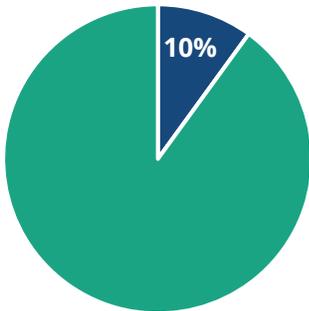
**10%**

of County 9<sup>th</sup> grade students in 2019 indicated that they seriously considered committing suicide at least once in the last 12 months<sup>2</sup>

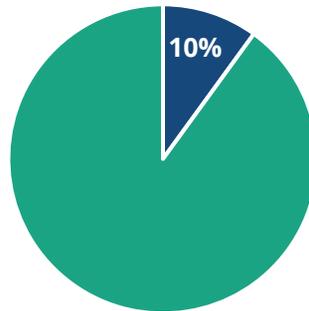
**3%**

of County 9<sup>th</sup> grade students in 2019 reported that they have actually attempted suicide at least once in the last 12 months<sup>2</sup>

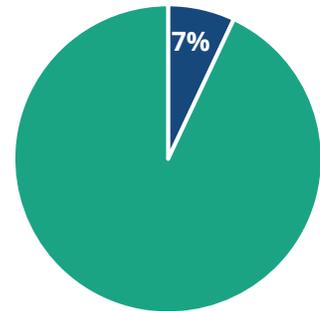
## Parent perspectives<sup>3</sup>



Parents reporting that their child age 0-17 has long-term mental health, behavioral, or emotional problems



Parents reporting that a doctor, teacher, or school counselor told them that their child age 0-17 needed professional help for emotional or behavioral problems in the past 12 months



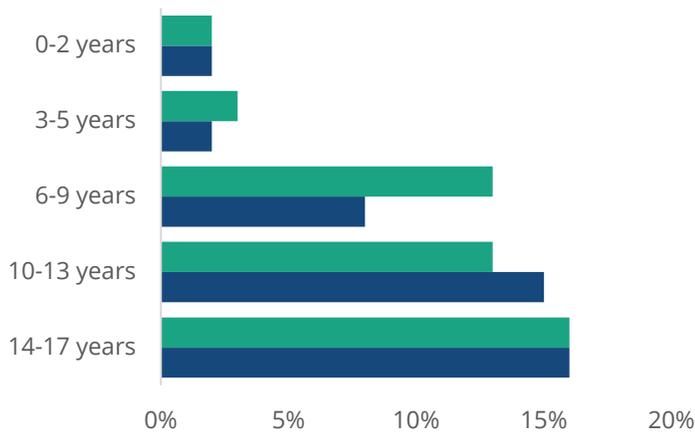
Parents reporting that mental or emotional difficulties kept their child age 0-17 from doing his or her usual school or other daily activities at least "somewhat" in the past month<sup>4</sup>

<sup>2</sup> 2019 Minnesota Student Survey (obtained from the [MN Department of Education](#)); N=8,206

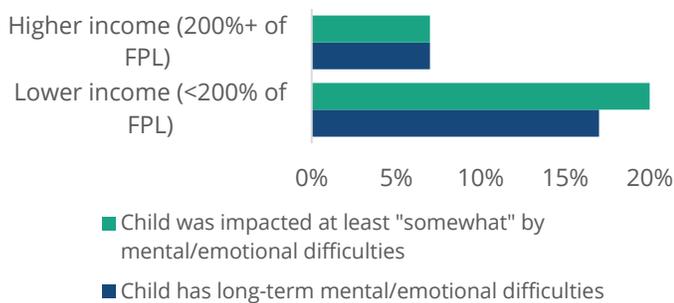
<sup>3</sup> 2015 Hennepin County [Child SHAPE survey](#); N=1,356-1,418

<sup>4</sup> Rating options included "not at all", "very little", "somewhat", "quite a lot", and "could not do usual school or daily activities"

## Parent reports of child emotional difficulties increased by child age<sup>5</sup>



## Parent reports of child emotional difficulties also varied by family economic status<sup>5</sup>



## Learn more

**National Institute of Mental Health.** [Shareable resources on child and adolescent mental health.](#)

This site provides a variety of brief informational resources related to children's mental health, suitable for sharing with families or distributing through social media.

**National Institute for Health Care Management (NIHCM) Foundation.** [Solutions & challenges for children's mental health in the COVID-19 pandemic.](#)

This infographic provides an overview of the impact of COVID-19 on children's mental health, along with some links to other resources.

**Minnesota Association for Children's Mental Health (MACMH) - [COVID-19 resources.](#)**

MACMH has compiled a list of organizational resources and webinars related to children's mental health and COVID-19.

## Reflection questions

What systems are positioned to recognize and support youth with mental health issues in our community (i.e., schools, child care, youth programs, faith communities, and others)? What resources or supports do they need to promote positive child mental health?

How can we best support parents who are concerned about their children's mental health? How can we ensure that they have the information and support that they need to access mental health support for their children?

What can we do to organize around social determinants of health, to prevent some of the challenges that can contribute to mental health issues? (i.e., ACES, economic insecurity, racism/discrimination)?

What steps are being taken in health care, schools, or other settings to identify youth who may need support? What can we do to ensure that youth in need of support are identified and connected with appropriate services and supports?

For more information on Children's Mental Health contact, the [Hennepin County Children's Mental Health Collaborative](#)

<sup>5</sup> 2015 Hennepin County [Child SHAPE survey](#); N=1,356-1,418



# HENNEPIN COUNTY CHILDREN'S MENTAL HEALTH COLLABORATIVE

## Hennepin County Children's Mental Health Dashboard Economic well-being of County youth

Economic well-being has important connections to children's mental health. Children growing up in poverty experience higher levels of stress, trauma, and stigma. They also may be more likely to experience poor nutrition and unsafe living environments. These challenges increase the risk of a variety of both physical and mental health issues, with the higher risk persisting into adulthood. There are dramatic disparities in childhood poverty by race/ethnicity, which contributes to health inequities throughout the lifespan.



In 2019, 1 in 8 children, or

# 12%

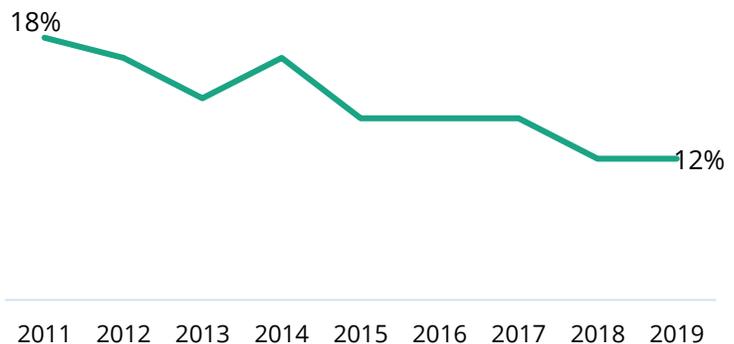
of all County children, lived in poverty.<sup>1</sup>

This equates to

# 151,901

children

### Prior to COVID-19 the poverty rate had been declining<sup>1</sup>



### Current context

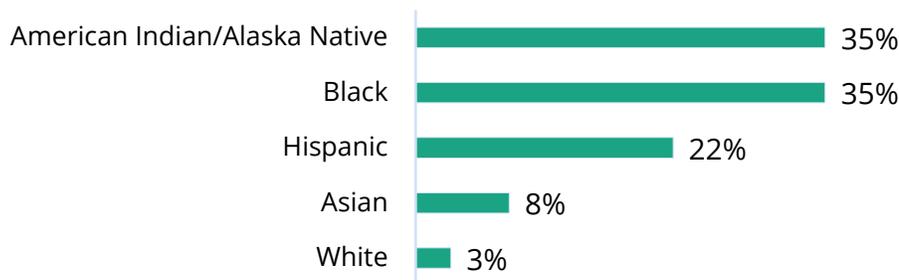


Our dashboard relies on U.S. Census Bureau data, which was released most recently for 2019. Newer data suggests that poverty has increased due to the COVID-19 pandemic. A 2021 Child Trends report<sup>2</sup> reported increases in child poverty of about 2 percentage points, with higher increases for Latino and Black children and for children in female headed families. We will continue to monitor trends, but expect to see increased poverty, along with widened differences by race/ethnicity.

<sup>1</sup> 2019 [Small Area Income and Poverty Estimates](#), accessed through [County Health Rankings and Roadmaps](#) (2021). Poverty thresholds for this calculation vary by family size. For a family of four, the poverty threshold for 2019 was \$26,172.

<sup>2</sup> <https://www.childtrends.org/publications/child-poverty-increased-nationally-during-covid-especially-among-latino-and-black-children>

## There are dramatic disparities in childhood poverty based on race/ethnicity



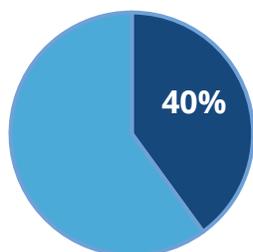
Children who are Black or American Indian/ Alaska Native are

**11x**

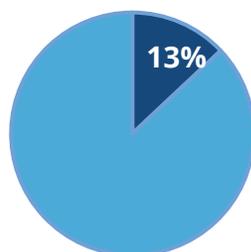
more likely than White children to live in poverty

### Other core indicators

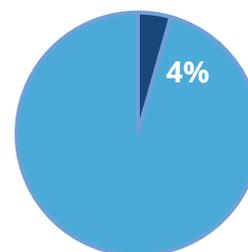
Children enrolled in public schools that are eligible for free or reduced-price lunch (2018-19)<sup>3</sup>



Households spending 50% of their income on housing (2015-19)<sup>4</sup>



Percentage of 9<sup>th</sup> grade youth reporting housing challenges in the past 12 months (2019)<sup>5</sup>



### Learn more

**National Academies of Sciences, Engineering, and Medicine. (2019). A roadmap to reducing child poverty. Washington DC: The National Academies Press. <https://doi.org/10.17226/25246>.**

This report “reviews the research on linkages between child poverty and child well-being and analyzes the poverty-reducing effects of major assistance programs directed at children and families. The report provides policy and program recommendations for reducing the number of children living in poverty in the United States by half within 10 years.”

**Bartlett, J.D. & Stratford, B. (2021). A national agenda for children’s mental health. Child Trends.**

This document lays out a series of principles and recommendations for enhancing children’s mental health, with a particular focus on recovery from the COVID-19 pandemic. They propose five core strategies, including reducing family poverty.

<sup>3</sup> 2018-19 National Center for Education Statistics, accessed through [County Health Rankings and Roadmaps](#) (2021)

<sup>4</sup> 2015-19 American Community Survey 5-year estimates, accessed through [County Health Rankings and Roadmaps](#) (2021)

<sup>5</sup> 2019 Minnesota Student Survey (obtained from the [MN Department of Education](#)); N=8,206. The full question asked students whether they “have stayed in a shelter, somewhere not intended as a place to live, or someone else’s home because they had no other place to stay.”

## Reflection questions

What are the best ways that we can support families experiencing, to reduce economic stress and promote equitable access to mental health supports?

What promising initiatives are underway locally to reduce childhood poverty or promote economic equity? How can we support these efforts?

How can we best engage the community in prioritizing potential policy or service approaches that we could promote or pilot locally?



For more information on Children's Mental Health contact, the [Hennepin County Children's Mental Health Collaborative](#).

## Approved 2022 Annual Budget

September 23, 2021

	<b>Budget Category</b>	<b>2022 Budget</b>	<b>Budget Description</b>
<b>Coordination Team</b>	LaCroix-Dalluhn Consulting: CMHC Lead Coordinator	75,000	Annual fees
	Community Research Solutions: General Support for CMHC	25,000	Collaborative research and evaluation, participation in Executive and Governance Committees, and other work as agreed upon
	Grant Writer	4,000	Grant writer for CMHC activities
	<b>Total Coordination Team</b>	<b>104,000</b>	
<b>Parent Catalyst Leadership Group &amp; Engagement</b>	Coordinator: Margaret Sullivan	30,000	Coordinate PCLG group and support events and outreach of group, manage group work in support of HCCMHC goals
	Parent Participation/ Engagement	25,000	Parent Engagement (PCLG & Other Engagement)
	Outreach	8,000	Support groups, projects, events, resource materials, printing, etc.
	<b>Total Parent Catalyst Leadership Group &amp; Parent Engagement Fees</b>	<b>63,000</b>	
<b>Operating Expenses</b>	CMHC General Support	15,000	Technology and website develop/maintenance, translation, printing, short-term rental, insurance etc.
	Scholarship/Training	15,000	\$8,000 System of Care Training/Technical Assistance and/or \$7,000 Scholarships for CMH Providers or Families
	SoC Pilot/Project Funding	200,000	Data Summit, Service Continuum Map Outreach & Education (related technology), parent & youth engagement
	Fiscal Agent Fee	4,800	\$400/month
	<b>Total Operating Expenses</b>	<b>234,800</b>	
	<b>Total Contract Budget</b>	<b>401,800</b>	

## PROPOSED 2022 Meeting Schedule

<b>Committee</b>	<b>Lead</b>	<b>Meeting Schedule</b>	<b>Notes/Questions</b>
<b>Governance Committee</b>	Pat Dale & Liz Gronert	Every third Wednesday of the month from 3:30-5 PM	Meetings will take place online, unless otherwise noted  1/19, 2/16, 3/16, 4/20, 5/18, 6/15, 7/20, 8/17, 9/21, 10/19, 11/16, 12/21
<b>Executive Committee</b>	Pat Dale & Liz Gronert	Every first Friday of the month [Except for July & September] from 9-11 AM	1. July and September will meet the second Friday of the month 2. Meetings will take place online, unless otherwise noted
<b>Parent Catalyst Leadership Group</b>	Liz Gronert & Karen Malka	Every third Saturday at 10 am	
<b>PCLG Support Group</b>	Karen Malka & Margaret Sullivan	Every 2 <sup>nd</sup> Thursday at 7 pm	
<b>Coordination Team</b>	Laura LaCroix-Dalluhn	Every 4 <sup>th</sup> Tuesday from 10-11:30 am	Meetings will take place online, unless otherwise noted
<b>Provider Group</b>	Laura LaCroix-Dalluhn	Schedule To Be Determined	This group last met 2020 and will restart in 2022. The current group of stakeholders will be polled to meet.  This group will meet online, unless otherwise noted.
<b>Education &amp; Training Group</b>	Laura LaCroix-Dalluhn	No Regular Schedule	Meetings will take place online, unless otherwise noted.
<b>Data Dashboard Group</b>	Cheryl Holm-Hanson	Every 2 <sup>nd</sup> Monday at 2:30-4:00 pm	
<b>Journey Mapping Subcommittee</b>	Cheryl Holm-Hanson & Margaret Sullivan	No Regular Schedule	This group will end during first quarter 2022.
<b>Service Continuum Mapping Subcommittee</b>	Dr. Jenna Mitchel & Krista Phillips	No Regular Schedule	
<b>Recruitment Subcommittee</b>	Cindy Slowiak & Angela Watts	No Regular Schedule	
<b>Engagement Subcommittee</b>	Liz Gronert & Laura LaCroix-Dalluhn	No Regular Schedule	
<b>School-based Mental Health Group</b>	Mark Sander	Every 4 <sup>th</sup> Tuesday at 3-4 pm	

Interested in participating in the above subcommittees or groups? Contact Laura LaCroix-Dalluhn for more information.