



Governance Committee Meeting Agenda

Wednesday, April 20, 2022, 3:30 – 5:00pm

<https://us02web.zoom.us/j/85891903788?pwd=L2h4WWI5cXhsSTFvaG1vTk1jVzViUT09>

(Call +1.312.626.6799 | Meeting ID: 858 9190 3788 | Passcode: 913788)

- 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: March 2022 Meeting Minutes, April 2022 Agenda)
- 3:40 **Approve New Governance Committee Members**
Review and approve new Governance Committee Members. Discuss plan to address open and alternate seats.
(Meeting materials: CMHC 2022 Governance Committee Roster)
- 3:50 **District 287 LCTS Proposal for 2022-2023**
Review District 287's Diploma On program reach and impact and approve 2022-2023 school year request.
(Meeting materials: Diploma On Program Updates, District 287 LCTS Proposal for 2022-2023)
- 4:15 **Journey Mapping Recommendations and Next Steps**
Review and discuss recommendations from the newly released journey map, which outlines parent experience as their children enter the children's mental health system in Hennepin County and opportunities for improvement. Identify opportunities to implement recommendations.
(Meeting materials: Journey Mapping Executive Summary)
- 4:45 **Program and Committee Updates**
Review and discuss updates. Written updates have been provided for the Ad Hoc Healing Circle Committee and Children's Minnesota meeting in case of time restrictions.
(Meeting materials: Ad Hoc Healing Circle Committee Notes)
- Parent Catalyst Leadership Group
 - Ad Hoc Healing Circle Committee Update
 - Children's Minnesota Meeting; Join us May 4, 2022 from 2:00-3:30 pm
- 5:00 **Adjourn**

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

Executive Governance Meeting Summary

March 16, 2022

Present: Liz Gronert, Krista Phillips, Angela Watts, Maria Tripeny, Peggy Larkin, Meredith Martinez, Cathy Rude, Tonya Allen, Desola Oni, Susie Voss, Kc Gammage, Rachel Harris, Aric Jensen, Stacy McClendon, Asad Dahir, Mark Sander, Jody Nelson, and Cindy Slowiak

Staff: Laura LaCroix-Dalluhn, Cheryl Holm-Hansen, and Margaret Sullivan

Welcome & Approval of Meeting Minutes & Agenda

- Liz welcomed everyone in attendance and introduced two new members, Maria Tripeny our new alternate parent rep for the governance committee, and Kc Gammage an alternate for Jody Nelson.
- Stacy and Angela moved to approve the February minutes. Motion approved.
- Jody and Aric moved to approve the March agenda. Motion approved.

Hennepin County Human Services: 2022 System of Care Strategic Priorities

- Cindy Slowiak and Hennepin County team presented on the 2022 System of Care Strategic Priorities and discussed their long-term goals.
 - The system of care work is youth and parent-driven. Hennepin County focuses on being culturally responsive, integrated, data-informed, trauma-informed, and engaged with the community.
 - The 3 service system pillars are family response and stabilization, wraparound services, and service continuum.
 - It is funded by DHS, Property tax, Blue Cross & Blue Sheild Foundation, and UCare grant. New funding in 2022 comes from Federal ARPA funding, Public Health plan billing, and DHS SoC grant dollars.
 - The 2022 strategic priorities are family response and stabilization, high fidelity wraparound, school mental health expansion, early childhood, parent and youth engagement, and community engagement.
- The group had some follow up questions
 - Aric asked about the work surrounding infant and early childhood mental health services. Meredith responded public health is looking to increase providers and have begun referrals.
 - Cathy shared charter schools aren't currently covered and have needs for mental health support in schools
 - Laura asked Desola if there were gaps in support through DOCCR. Desola answered that a large majority of justice-involved youth have a

mental health diagnosis which is sometimes demonstrated through behavior that can be criminalized, so increased access to support is needed.

- Cindy feels that the medical model does not serve justice-involved youth.

Program and Committee Updates

- Margaret shared the PCLG support group was well attended
- Registered 34 new people for Let's Talk About It to discuss emergency responses to calling for help when your child is having a mental health crisis
- Community dialogue on improving CMH system
 - Feedback from parents say they would like more peer support and navigation support

Adjournment

- Krista and Meredith moved to adjourn. Motion approved.

Hennepin County Children's Mental Health Collaborative (CMHC) 2022 Governance Committee Roster as of April 2022

Name	Partner Entity	Email
1. Gronert, Liz (CMHC Co-Chair) * 2. Dale, Pat (CMHC Co-Chair) *	Parent Catalyst Leadership Group (PCLG) Provider	liz@gronert.us pat.dale@headway.org
1. Cox, Rochelle (MPS) A. Sander, Mark (MPS/ Hennepin County)	Minneapolis Schools	Rochelle.Cox@mpls.k12.mn.us Mark.Sander@hennepin.us
1. Langenfeld, Ph.D., Michelle A. Brooks, Ph.D., Keith	Anoka-Hennepin School District	michelle.langenfeld@ahschools.us keith.brooks@ahschools.us
1. Allen, Tonya A. Sage, Dena	District 287	tdallen@district287.org Dandrewjaja@district287.org
1. Webster, Wendy A. Fagerland, Hope	St. Anthony/New Brighton School District	webster@isd282.org hfagerland@isd282.org
1. Mitchler, Ph.D., Jenna * A. Coyne, Molly	Suburban Schools - Bloomington	jmitchler@isd271.org mcoyne@isd271.org
1. Nelson, Jody A. Gammage, KC 1. Jensen, Ph.D. LP Aric A. (OPEN) 3. [Dale, Pat] – listed above as co-chair A. (OPEN)	Providers with Hennepin County Children's Mental Health Contracts	jnelson@thechangeinc.org agammage@thechangeinc.org Aric.Jensen@fraser.org
1. Malka, Karen A. (OPEN) 2. Larkin, Peggy A. (OPEN)	Parent Catalyst Leadership Group (PCLG)	karenmalka@hotmail.com peggy_larkin@yahoo.com
1. Glen, Nadia A. Tripeny, Maria 2. (OPEN) A. (OPEN)	Parent Representatives	nadiadglynn@gmail.com mtripeny@aol.com
1. Phillips, Krista* A. Wells, Deborah	Family Service Collaboratives	krista.phillips@edinaschools.org wells.deborah@slpschools.org
1. Slowiak, Cynthia* A. Dahir, Asad	Hennepin County Mental Health Services	cynthia.slowiak@hennepin.us asad.dahir@hennepin.us
1. Martinez, Meredith A. Nelson, Amy	Hennepin County Public Health	Meredith.martinez@hennepin.us Amy.Nelson@hennepin.us
1. McClendon, Stacy	Hennepin County LCTS Admin.	Stacy.mcclendon@hennepin.us

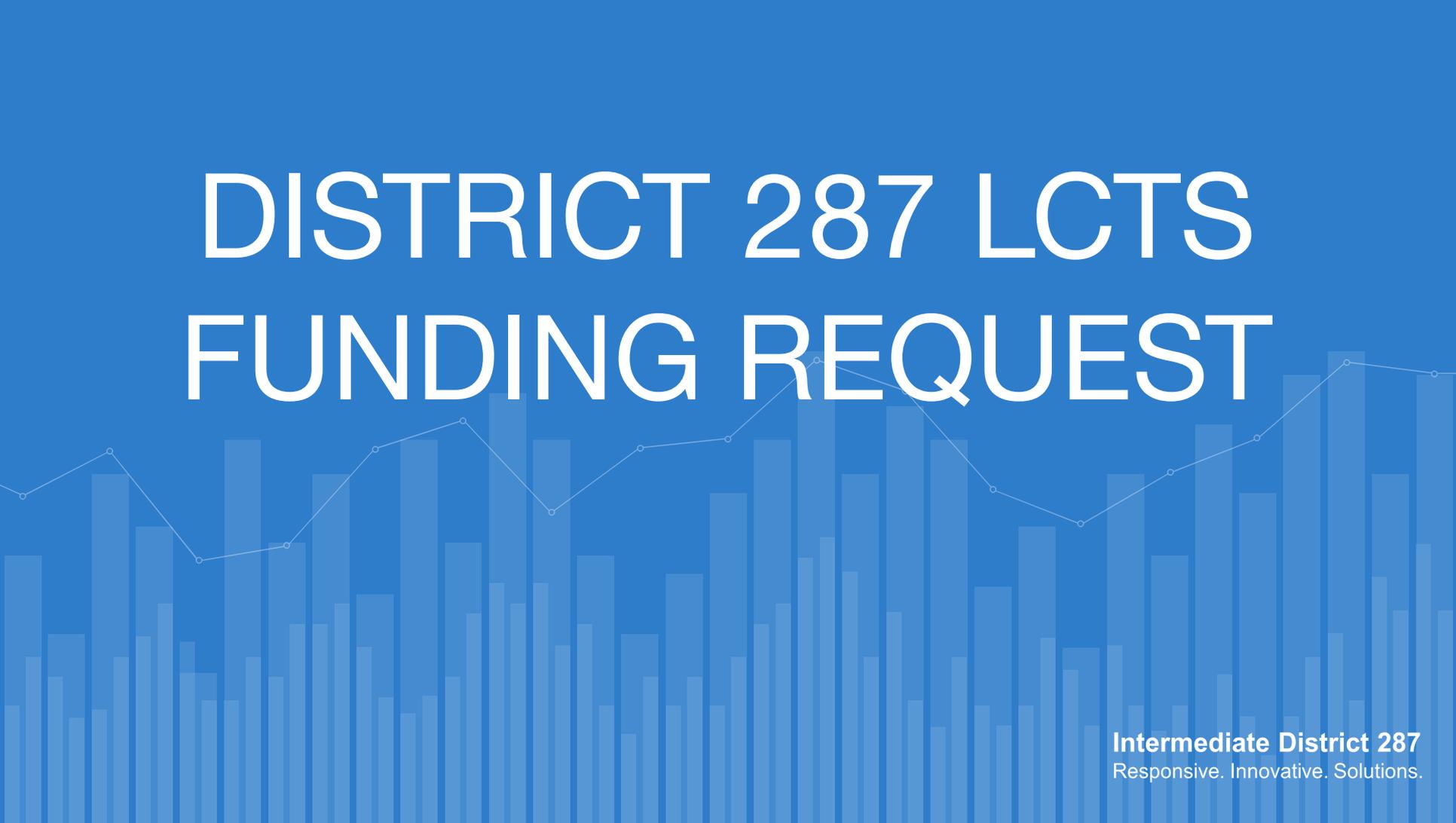
A. (OPEN)		
1. Long, Monica A. Benson, Alyssa	Hennepin County DOCCR	monica.long@hennepin.us Alyssa.Benson@hennepin.us
1. (OPEN) A. (OPEN)	Health Plan	
1. Angela Watts A. (OPEN) 2. Jones, Brandon A. (OPEN) 3. (OPEN) A. (OPEN)	At Large	angela.watts@hcmcd.org bjones@macmh.org

* Designates Executive Committee Members

CMHC designated voting member seats (21) based on bylaws. Each voting member can identify an alternate member:

1. Minneapolis School District (1)
2. Suburban school districts (1)
3. St. Anthony-New Brighton School District (1)
4. Anoka-Hennepin School District (1)
5. Intermediate School District 287 (1)
6. Hennepin County's Human Services and Public Health Department (2)
7. Hennepin County Corrections (1)
8. Hennepin County Board or Administration (1)
9. Four parent/guardian representatives with a minimum of two appointed from the Parent Catalyst Leadership Group (4)
10. Providers representing Hennepin County contracted mental health agency (3)
11. Hennepin County Family Service Collaborative (FSC) (1)
11. Health plan (1)
12. At-large representatives (3)

DISTRICT 287 LCTS FUNDING REQUEST

The background of the slide is a solid blue color. Overlaid on this background is a faint, light blue graphic consisting of a bar chart with numerous vertical bars of varying heights, and a line graph with small circular markers connected by thin lines, tracing a path across the chart area.

DIPLOMA ON

- The purpose of Diploma On is to re-engage students who have dropped out of school within member districts
- Program staff obtain student contact information from identified referral sources within each district, normally after a 15-day drop.
- Student and/or parent or guardian are connected for follow up

Referral Numbers and Barriers

- 378 referrals
- 85% were new referrals
- 17 students earned their GED
- 63 students earned their high school diploma

Barriers to success

- Mental health
- Unstable housing
- Lack of engagement in school

What about race?

- Majority are students of color
- Students allowed to identify as multi-racial so data reporting was skewed

Pronouns

40%: he/him/his

21%: she/her/hers

1%:

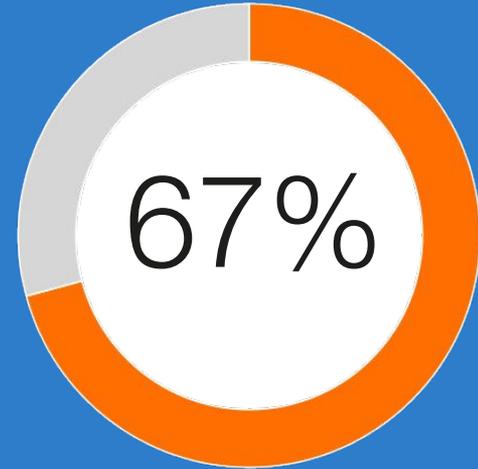
they/them/theirs

38%: unknown

Age at Referral

- 4% under age 15
- 11% age 16
- 18% age 17

18+ Years of
Age



2022-2023 FUNDING REQUEST

Diploma On

Continue to fund coordinators, office supplies, travel, and supervision time

Restorative Practices

Support for up to 20 education support professionals to receive up to 20 hours of dedicated training

ALC Best Practices

Collaboration time (8 hours) for up to 20 staff to address evidence based strategies for area learning center students

Summary Cost and Carryover

- Total budget: \$181,553.17
- Full amount: Not to exceed \$190,000
- Added a cushion due to unexpected technology costs and lack of professional learning during the pandemic that will likely occur this upcoming year

QUESTIONS?



Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

School Year 2022-23 LCTS Proposed Budget

Requested LCTS Allocation: \$190,000 (not to exceed)

Seeking Endorsement by:

Intermediate School District 287 Member District Special Education Directors (SEDAC)

Funding request:

Our Member District Special Education Directors (SEDAC) have endorsed a not to exceed amount of \$190,000 of available District 287 LCTS funds for school year 2022-2023 (July 1, 2022 – June 30, 2023). Our current expense requests below would be \$181,553.17 with \$8,446.83 remaining.

The funds will be used for a .05 DO Supervisor, 1.8 FTE case coordinator contracts for the continuation of the Diploma On Drop Out Recovery Projects currently being implemented within District 287's 4 Education Centers and with our 11 member districts. A report is linked [here](#) from last year for reference. We are also asking for LCTS funds to continue with the data collection through Wilder Research of the Diploma On project and a modest amount of funds for staff training, supplies, and travel. At this time, we are requesting \$162,115.57 for these expenditures.

In addition to the staffing for Diploma On, we have 2 newer funding related requests. The first is to fund up to 20 staff participating in a Restorative Practices training prior to the start of school in August for two full days plus 4 hours of preparation time prior to and following the training session. The purpose of this is to support the growth of this work within our district given the impact of covid on our students and their mental health. The cost is estimated at \$11,887.20.

Our final request relates to supporting our area learning center students with providing best practices training for staff and collaboration time to implement effective strategies. We are proposing 20 staff participating in August for up to 8 hours at an estimated cost of \$7,550.40.

Staffing and related costs:

1. 1.8 FTE Diploma On Drop Out Recovery Case Coordinators and 0.05 FTE Supervisor:
Diploma On Drop Out Recovery: \$154,015.57
2. Restorative Practices Training for 20 staff: \$11,887.20
3. ALC Best Practices Training for 20 staff: \$7,550.40
4. Wilder Research: Data Collection projects: \$3,500
5. Travel (mileage): \$3,000
6. Diploma On Staff training: \$800
7. Diploma On Staff Supplies: \$800



In their own voices:

Parent experiences entering the Hennepin County children’s mental health system

March 2022

The Hennepin County Children’s Mental Health Collaborative promotes innovative service development and continuous quality improvement in the children’s mental health system. In 2021, as part of our effort to achieve our vision of “a comprehensive, integrated, and culturally responsive mental health system,” the Collaborative began planning to implement a System of Care approach.

A system of care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health and related challenges and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life.

With our goal to center family voice in our planning process, we wanted to better understand parents’ experiences entering the children’s mental health system. How do they first come to understand that their child may have a mental health concern? What services did they look for to support their children? What worked well for them in navigating the system? What challenges did they face? What support did they receive to help them identify and access services?



Project overview

Hennepin County parents of children with mental health issues were invited to participate in interviews. Recruitment flyers were translated into Spanish, Karen, and Somali. Outreach took place over several months, with invitations to participate posted through a variety of newsletters, mailing lists, and social media sites: Interviews were conducted by a team of trained interviewers, most of whom were parents of children in the mental health system. Interviews were conducted by phone or online. Interviews took approximately 45 minutes to complete, after which parents received a \$25 gift card to Target or Walmart.

Parents involved with the Hennepin County Parent Catalyst Leadership Group (PCLG) helped develop a list of common services that parents may navigate when they identify that their child has a mental health need. Parents were asked about their experiences with these services as part of their interviews.

Who was interviewed?

A total of **49** parents completed interviews. Most parents lived in Hennepin County, including Minneapolis and many suburbs.

Participant demographics

	County population	Interviewed parents	Their children
Black or African American	14%	8%	11%
American Indian/ Alaskan Native	1%	8%	9%
Asian	7%	2%	9%
Hispanic/Latinx	7%	2%	6%
Non-Hispanic White	68%	79%	66%
Male	50%	4%	50%
Female	50%	96%	42%
Other	-	-	8%

How did parents first identify their child’s mental health concern?

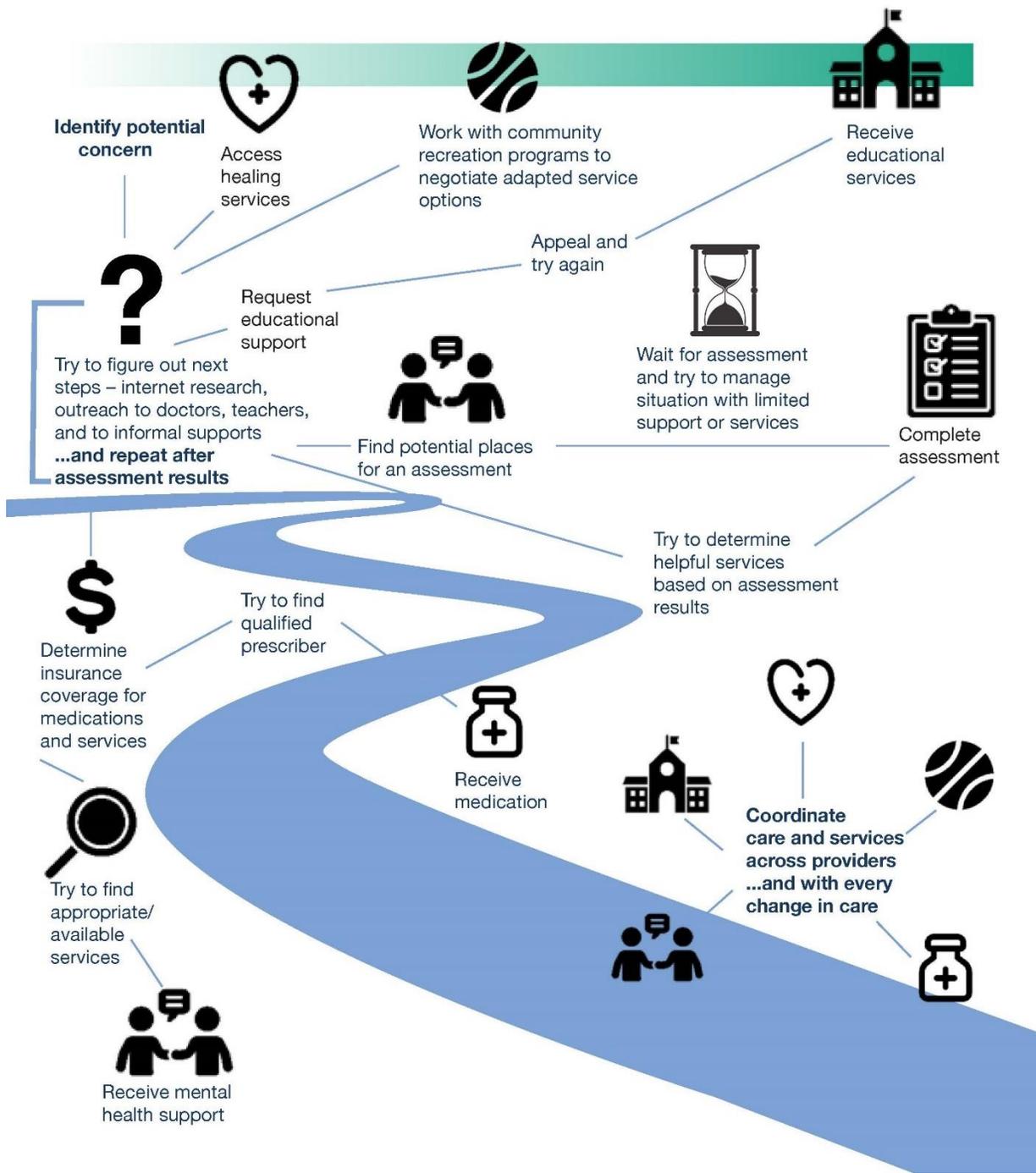
There is no one way to enter the children’s mental health system. The interviewed families represent a wide array of experiences. Children first exhibited issues at a variety of ages, from early childhood to high school. They exhibited a wide range of emotional or behavioral concerns. In some cases, the parent, or the child themselves, was the first to detect that something was wrong. Others were first identified by teachers, child care workers, or doctors.

Impact of COVID

This project focused on parents’ experiences entering the children’s mental health system within the last five years, which coincides with the COVID-19 pandemic. It is well established that the pandemic disrupted many community services, including children’s mental health. While it was not mentioned in most interviews, some parents highlighted ways in which their experiences were impacted by the pandemic. Most described temporary impacts, with mental health supports pivoting quickly to online services (which improved access for some families, while worsening it for others). Some services – especially community-based services – were more significantly altered.

How do families move through the children’s mental health system?

While every family has their own story to tell about their pathway through the children’s mental health system, the graphic below illustrates a typical “journey” through children’s mental health, as described by the interviewed parents. Overall, these journeys are challenging, as parents attempt to find resources in a complex system, face delays in receiving services, and advocate for their child in the face of systems that feel unsupportive.



A note about equity and inclusion

While the parents interviewed represent diverse backgrounds, we did not fully reach our goal of inclusive participation. For example, no parent requested an interview in a language other than English, though the invitation to do so was advertised in the recruitment flyers (which had also been translated). As a result, we know that our findings do not reflect the experiences of parents who may have faced linguistic barriers in seeking services.

Parents' narrative descriptions of their experiences did not vary significantly based on their background. However, we know that families can have very different experiences with mental health services and systems based on race, ethnicity, socioeconomic status, LGBTQ status, and other factors.

To better represent the diverse array of family experiences with children's mental health, key findings from the literature on equity in children's mental health are infused throughout the full version of this report and were used to shape the recommendations for next steps. We welcome further dialogue with the community in an ongoing effort to ensure that our system reform reflects the perspectives of all County families.

Key themes

1

The children's mental health system is difficult to understand and difficult to access

Almost every parent highlighted a lack of easily accessible information about children's mental health. Parents consistently describe challenges figuring out what services would be helpful, and then finding those services. Due to a lack of centralized information, parents invest significant time into researching mental health services with limited knowledge of what to look for, what questions to ask, or what language to use. Many parents turn to the Internet to learn about children's mental health, while others talk to friends and families. While parents with more resources (time, finances, training) have some advantages in navigating the system, increasing access to information about mental health and available services was a top recommendation for many parents.

"It's very unclear and you figure it out on your own. You are guessing about what you need. You hope you end up in the right place."

"[It was challenging] being told different things by different people and just wanting to know what to do. I had to rely on the Internet. I had to ask a lot of questions and I didn't know what to ask."

"My experience finding services was more positive because I don't have a language barrier, I'm not a single parent, I work in the field, and I have time to do thorough research."

2

Parents struggle with their own stress and anxiety while trying to also support their children

Having a child struggling with mental health can be a stressful experience for parents. Parents sometimes feel overwhelmed by their child's needs or fearful about their child's future. Some parents sacrifice their own self-care to attend to their family. Sometimes, the stresses of managing their child's mental health contributes to their own mental health needs, or impacts other family members. Parent stress is exacerbated by stigma, with some parents feeling shame and guilt about their child's situation. Stigma also makes it harder for them to share their experiences or to reach out for support from others.

"We need more love and care for parents, because, man, it's hard to be in a family with kids having mental health challenges."

"I wish somebody had told me how important it is for me to take care of myself because I almost fell apart."

"In all of the paperwork I have done and all of the providers I have seen, I don't feel my own needs are being addressed. I am a single parent with my own mental and emotional health problems and I am struggling."

"You feel a lot of guilt and wonder where you went wrong. It was a long time before I realized that this is not something that I caused and not something I could have stopped."

3

Families have an easier time accessing services when a supportive professional works with them

Support from professionals makes a tremendous difference to families seeking mental health services. Some parents connect with someone whose primary role is to provide support, such as case managers or service navigators working for insurance companies or health care systems. Others find someone willing to help, such as a doctor or teacher. Most families do not have access to this kind of support. However, many recommend navigation support as the most important way that the system of care could be strengthened.

"The social worker through the pediatrician's office helped us figure out what to do. They took a lot of time with us – answered questions, explored options."

"Our county case manager changed everything. I finally found somebody to advocate for us, who let us know what was reasonable and what kinds of things to ask for. We would not have gotten the services without the assistance."

"I wanted someone who was educated and understood our situation. Someone who could help me navigate the system. Someone who would not just give me resources, but would hold my hand and help me figure things out."

4

Peer support is instrumental in supporting parents and helping them connect with services

Connections with other peers are important in validating and supporting parents, and identifying potential services for children. While many parents first turn to their own friends and families, it often becomes important for them to connect with other parents of children with mental health concerns. Parents may connect with each other one-on-one, join parent support groups, or follow relevant Facebook pages. Access to peer support is another strong recommendation for improving parents' experience.

"If you mention your child has a condition and you're trying to get services, it's other parents who will talk and help. It's not institutional support at all, it's other parents."

"I reached out to other parents online. I have a few colleagues with autistic children – while mine is not autistic, these were parents who "got me." They understood – parents of children who were not struggling did not get it."

"I needed a village. My circle isn't big enough to include people who went through this. I needed elders who had been through it before."

5

Once a child's needs are identified, it is often difficult to obtain services

Once parents identify services for their children, many find that they are unable to access them. Shortages are described across the continuum of care, with parents unable to access outpatient therapy, psychiatric support, day treatment programs, residential care, and hospitalization. Waiting lists are especially long for diagnostic assessments, which delays access into other services as well. It is also hard for parents to find specialized services for children with complex or unique needs, such as cognitive impairments, histories of aggression, or health challenges.

"[Program] had a 9-12 month wait list that turned into 2 years. Early intervention is so important and families are missing the window to get the help their child needs."

"Once the clinics heard that [my daughter] was minimally verbal, we were told that we couldn't be seen."

"We're in a mental health crisis. To not be able to get in [for a hospital bed] for months when you have a child who is suicidal...that is too much."

6

Rather than experiencing partnerships with their providers, parents often have to actively advocate and "fight" for their children

When asked for recommendations about how to improve parents' experiences with children mental health, many parents requested that professionals listen to their concerns, validate their perspectives, and use their input to guide service delivery for their children. Rather than having this experience, parents often describe providers dismissing their concerns. Many need to continuously advocate for their children in an effort to receive accurate diagnoses and arrange supportive services. This dynamic is stressful, and parents feel they need to fight more strongly than should have been needed to receive services.

"It felt like [the provider] wasn't listening to my child or to me. I felt like crying at times."

"They did not take us seriously or listen to what we said the problems were."

"Like everything with mental health, if the parent doesn't push nothing happens. We just kept pushing and asking questions and seeing what else can be done."

"We need to stop with 'kids are just like that' and take parents seriously when they say that something is wrong."



Feedback regarding specific services

	Context	Positives	Challenges
 100% of parents decided to have their child more formally assessed or diagnosed by a professional once they became aware of a potential mental health concern	A diagnostic evaluation assesses the child's symptoms and how well they are functioning in home, school, and other settings. An assessment is typically required before other mental health services or medication can be obtained.	<ul style="list-style-type: none"> Assessments provide useful information to help parents select services and supports for their children. Parents value assessors who provide clear and understandable information about the diagnosis and next steps. 	<ul style="list-style-type: none"> There are very long wait lists for assessments. It is difficult and stressful for some children to complete assessments. Children sometimes receive incorrect diagnoses. When results are not clear, parents feel overwhelmed, confused, and hopeless.
 96% of parents looked for mental health treatment services that might be a good fit for their child	Before a child can receive mental health services, parents need to find services that align with their needs. Parents often look for therapy, though some seek more intensive services.	<ul style="list-style-type: none"> Support from professionals makes it easier for parents to find mental health services. Peer support can also help parents find mental health services. 	<ul style="list-style-type: none"> Most parents do their own research to find services. It is time consuming and difficult to find services that are an appropriate fit for their child's needs. It can be stressful to select a program, and parents worry about making the wrong choice.
 90% of parents requested educational supports for their child, such as pursuing an Individualized Education Plan (IEP) or 504 plan through their school district	For some youth, mental health concerns impact their ability to learn or succeed at school. Some students with mental health issues may qualify for educational supports or accommodations through an Individualized Education Plan (IEP) or a Section 504 plan.	<ul style="list-style-type: none"> For some parents, school supports are easily obtained and helpful. 	<ul style="list-style-type: none"> It is difficult to understand and navigate the process of obtaining school supports. Parents frequently need a well-trained advocate to help them obtain supports. Parents frequently perceive the schools as oppositional. Approved accommodations are not always provided, and effective supports are sometimes discontinued. Some parents transfer schools to receive more educational support.
 84% of parents tried to access mental health services or supports that might be a good fit for their child	Once parents find potential services, they might choose not to pursue treatment at that time. Parents may be undecided about whether to move ahead, look for other options, or wait and see how things change for their child.		<ul style="list-style-type: none"> Families often face long waits for services. Services may not be in accessible locations or at convenient times. Services that look good on paper do not always end up being a "good fit."

	Context	Positives	Challenges
 76% of parents sought other supports for their child, such as community recreational activities, sports programs, art programs, mentoring, etc.	Families often turn to community programs to help children release energy, express emotions, receive guidance, or gain socialization. Sports were most popular among the parents interviewed, followed by mentoring. Some parents looked for faith- or culturally-based activities, art classes, or other programs.	<ul style="list-style-type: none"> Community programs have important benefits for children/youth. Other parents are especially important in recommending community programs. 	<ul style="list-style-type: none"> It can be difficult to find services adapted for children with special needs. A variety of logistical barriers limit participation. Children may not feel comfortable or accepted participating in programs. Community-based programs were frequently disrupted by the COVID-19 pandemic.
 67% of parents attempted to obtain medication to treat their child's condition	Medication can be an important component of the treatment plan for mental health issues. Some parents work with a pediatrician or another primary health care provider to receive medication, while others receive specialized support from a psychiatrist or clinical nurse specialist.	<ul style="list-style-type: none"> Health care professionals facilitate access to specialized providers for medication when needed. Many parents feel that medication has been beneficial. 	<ul style="list-style-type: none"> Medications may not be effective or bring significant side effects.
 51% of parents needed to work with their insurance company to determine their child's eligibility for services or supports or to negotiate coverage for needed services	Insurance plays an important role in covering the costs of services. Interviewed parents had a variety of insurance plans, including private plans and public plans, such as Medical Assistance (MA) or coverage under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Some parents had both private and public insurance coverage.	<ul style="list-style-type: none"> Sometimes, insurance easily covers desired services. It is helpful to have support navigating insurance coverage. 	<ul style="list-style-type: none"> Insurance coverage often limits the types or amounts of services that children receive. Some parents pay high amounts to cover co-pays, deductibles, and services that were not covered. Coverage varies between public and private plans, with some parents moving onto public plans to increase access.
 41% of parents sought services from other healers (such as herbalists, faith leaders, nutritionists or traditional healers).	In addition to, or instead of, Western mental health services, families may seek other health-care services, such as nutritionists. Others look to alternative healers, such as herbalists or acupuncturists. Faith-based practices, or culturally-grounded healing practices can be part of the service array for children.	<ul style="list-style-type: none"> Some families value the opportunity to receive faith-based or culturally-grounded services. Other healing services may be easier to access and more comfortable than other mental health supports. 	<ul style="list-style-type: none"> Some alternative health care options are expensive and unlikely to be covered by insurance. Some families experience stigma when receiving services in faith-based settings.

Summary of recommendations

Mental health service providers

- **Adopt family-driven care principles:** Assess alignment of agency practices with principles of family-driven care and develop plans to improve alignment; adopt “whole family” practices to proactively support parents; use parent feedback to improve services; and develop warm and child-friendly spaces for services (especially for diagnostic assessments).
- **Increase convenience of services:** Offer services at convenient times and locations for families, and offer telehealth appointments for families who prefer them.
- **Develop or distribute resources:** Proactively develop and/or disseminate resources to help parents understand the children’s mental health system and available services.
- **Provide navigation support:** Expand use of navigation services, working with families to identify and access appropriate school and community supports; provide guidance following assessments regarding appropriate services; and follow-up with parents after assessments to address emerging questions.
- **Promote behavioral health equity:** Monitor agency performance to assess disparities (in assessment results, prescriptions, service outcomes, or parent satisfaction) and develop plans to reduce them; provide training and reflective supervision to ensure that providers identify and address explicit and implicit biases that impact their work; and use culturally-appropriate assessment tools.
- **Develop integrated care partnerships:** Pursue opportunities to integrate mental health services with traditional healing practices, school services, and health care systems.
- **Make it easier for parents to learn about services:** Review websites and assess ease of finding information for families seeking services (such as age ranges served, specialization areas, services provided, and insurance accepted); and provide opportunities to have introductory phone or in-person meetings with providers, to assess “fit” before waiting to enroll in services.
- **Promote peer support:** Provide opportunities for parents to connect with other parents for support and resource-sharing.

Schools/school districts

- **Make it easier for parents to request educational supports:** Provide clear, culturally-accessible information to parents about eligibility for Individualized Education Plans (IEP) and Section 504 plans, the process of requesting supports, and their rights under Federal guidelines.
- **Partner with parents to support students:** Communicate with parents throughout the application, evaluation, and decision-making process; include parent input when developing or modifying IEPs and Section 504 plans; recommend alternative school-based services when students are found to be ineligible for plans; and train school staff in family-driven care principles.
- **Promote behavioral health equity:** Monitor Section 504 and IEP requests and decisions to identify potential disparities, and develop plans to reduce these disparities.

System

- **Develop and strengthen workforce:** Support initiatives to expand, diversify, and support the children's mental health workforce, including increasing providers who can conduct diagnostic assessments.
- **Develop resources:** Compile and distribute culturally- and linguistically-accessible resources for parents to help them: (a) learn about and access mental health services; (b) connect with peer support networks; and (c) find community-based programs for children with mental health needs.
- **Diversify and strengthen partnerships:** Expand system-level partnerships to support the development of the children's mental health system of care, including engagement with health care systems, faith-based and culturally-based programs, and youth recreation programs.
- **Build awareness:** Engage in parent education campaigns, to build understanding of children's mental health and available services and to reduce stigma.
- **Promote equity:** Develop frameworks related to behavioral health equity, monitor disparities in access to or quality of mental health services, and develop policies to actively promote equity.
- **Develop and provide training:** Offer training to build skills of community-based program staff, behavioral health navigators, and parent/peer support specialists to strengthen family-driven approaches, support children and parents, and facilitate access to care.
- **Provide financial support to parents:** Offer grants or scholarships to help parents cover costs of mental health support, including access to community-based programs.
- **Expand peer support opportunities:** Develop and advertise opportunities for parents to engage with peers for education and support.
- **Support public policy reform:** Support policies designed to strengthen access to or quality of children's mental health services, such as strengthening Section 504 implementation and compliance, expand health care coverage for children who are uninsured or underinsured, promote parity in insurance coverage, and promote Accountable Care Organizations, etc.
- **Include parent voice in system planning:** Ensure that parent voice is included in system-level planning and implementation, through participation in leadership boards, advisory groups, and research.

To learn more



To learn more about the **Hennepin County Children's Mental Health Collaborative's** efforts to strengthen the children's mental health system of care: Visit our website (<https://hccmhc.com/>) or contact Laura LaCroix-Dalluhn at Laura@LaCroixDalluhnConsulting.com.

To learn more about the **Hennepin County Parent Catalyst's** work to support parents: Visit our website (<https://hccmhc.com/pclg/>) or contact Margaret Sullivan at hccplg@yahoo.com.

To learn more about **this project or Community Research Solutions:** Visit our website (<https://www.community-research.solutions/>) or contact Cheryl Holm-Hansen, PhD at cheryl@community-research.solutions.



Healing Circle Ad Hoc Committee Meeting

Meeting Summary

March 28, 2022

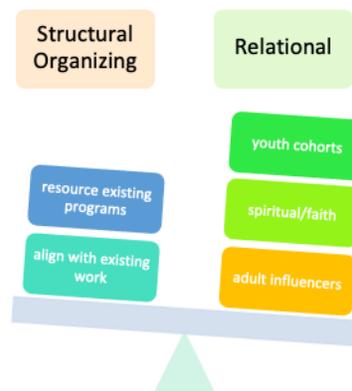
Welcome & Introductions

Present: Asad Dahir, Meredith Martinez, Rachel Harris, Angela Watts, Cheryl Holm-Hansen, Mark Sander, Karen Nikolai, and Laura LaCroix-Dalluhn

Healing Circles Purpose & Objectives

- Purpose.
 - Laura reviewed the Collaborative’s purpose for offering healing circles. The Governance Committee decided to direct Collaborative resources to support healing for youth after acute violence and trauma occurred this winter. She stated the goals of the meeting were to provide additional clarity on how the Collaborative could best support healing within the community and align or support existing efforts.
 - The committee gained preliminary agreement on the following
 - Youth violence includes violence against others and self (including suicide).
 - Healing circles would address violence and critical incidents
 - The focus is on healing, building support and leadership for youth, and community support among adults
 - Healing circles is a strategy to address collective trauma
 - We want to align our work to support organizations and communities rather than start something new we might not sustain
 - The committee discussed opportunities to support young people. Below is a list of potential strategies.
 - Provide direct funding to address youth violence, collective trauma and address healing. (Direct funding would help community members feel heard.)
 - Work with providers to understand the gaps and build supports
 - Provide direct funding for healing and work with providers
 - Role of Collaborative as the Convenor, bringing people together who are working across this work the county? Convene practioners. *As a way to improve practice and coordination.*
- The following issues and oportuntiiies were identified:
 - Angela mentioned that last time Hennepin County went through these spikes in violence. NorthPoint led to relationships building campaign to rebuild trust within the community. They did hearing circles for almost a year. There was a void in adult leadership, we need people to connect with disconnected youth.
 - Rachel, a youth and adult response team was started in Robbinsdale after their critical incidents
 - Meredith: COPE in Hennepin County has begun responding to community crisis. COPE mobilized after the incident in District 287.
 - Asad: COPE is more reactive to critical incidents

- Asad: Family Response is more proactive and engaging (intersection of schools and community). We are trying to be more proactive and work within community programs.
- Objectives. The committee wants to explore short-term and long-term strategies that address relational needs of young people and community as well as structural/organization strategies.
 - Short-term strategies, e.g. immediate funding for community programming
 - Long-term strategies, e.g. helping programs and system become more responsive to youth and community issues



- Next Steps:
 - Angela and Laura will meet with Brandon to learn more about his work
 - Laura and Karen will meet to discuss how we can align efforts
 - Mark offered to be a resource
 - Laura will schedule a meeting of this group in April

Adjourn

Resources Identified During February 2022, Governance Meeting:

- Community Healing Circles
- Youth Healing Circles
- Restorative Practices, Nancy Reistenberg, MDE
- Potentail Partner Organizations
 - JoiUnlimited.com
 - Healingjusticefoundation.org
 - MN Peacebuilders Institute
 - MACMH, Brandon Jones