

# Hennepin County Children's Mental Health Collaborative (CMHC)

## Governance Committee Meeting Minutes

Wednesday, March 25, 2020, 3:00 – 4:30 pm

Etonde Awaah & Laura LaCroix-Dalluhn, Coordinators

[etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com) & [laura@lacroixdalluhnconsulting.com](mailto:laura@lacroixdalluhnconsulting.com)

### ***Mission Statement***

*Improve access to and resources for high-quality, trauma-informed mental health services for children, youth and families within Hennepin County*

**Voting Governance Committee Members (Quorum 12):** Pat Dale, Liz Gronert, Krista Phillips, Cindy Slowiak, Liz Franklin, Adesola Jaiyesimi, Karen Malka, Jody Nelson, Mark Sander, Angela Watts

**CMHC Coordination Team:** Etonde Awaah, Laura LaCroix-Dalluhn, Cheryl Holm-Hanson, Margaret Sullivan

**Guests:** Julie Atella, Rachel Harris, Amie Wold

### 1. **Approval of Meeting Minutes & Agenda**

*Committee could not approve February 19<sup>th</sup> meeting minutes and March 25<sup>th</sup> meeting agenda because quorum was not met.*

### 2. **Welcome/Opening Circle**

*Meeting attendees shared their name, organization, role represented on Governance Team, and answer to the question: "What has been an upside to having limited public social interaction over the last several days?"*

### 3. **Committee Updates**

*Etonde shared schedule change updates from Coordinators:*

- *Tampa Conference was cancelled, so Cheryl & Coordinators were not able to go. Coordinators' registration fee & hotel were refunded, but flight was not refunded. No information on what would have been shared during the Conference will be made available in another format.*
- *Coordinators added two provider-focused meetings to the schedule this week. Bringing providers together to discuss practice issues re: COVID-19. One happened this morning and the other is on Friday from 1-2pm.*
- *Plan to hold April meetings via Zoom. Will continue to meet remotely until given the clear from state officials to resume meeting in person.*

*Margaret shared schedule change updates from the Parent Catalyst Leadership Group (PCLG):*

- *Parents are interested in offering weekly virtual support sessions for those interested in engaging with PCLG. Karen, Liz, and Margaret are meeting this week to figure out what their plan is. PCLG has been doing a lot online to engage parents. The next PCLG meeting is take place virtually.*

*Jody Nelson gave an update on the School-Based Mental Health committee:*

- *Had meeting on March 24<sup>th</sup>, during which providers shared about their organizations were adjusting to and managing the shift to telehealth services.*

### 4. **Discussion on COVID-19**

*Laura shared that Coordinators & Executive Committee wanted to use our meeting time in a responsive manner. We presume much has changed for everyone with the arrival of the COVID-19 in Minnesota and the implementation of state-mandated measures to manage its spread. Laura invited the Committee to use the remaining meeting time to **discuss practice concerns, issues, and successes related to children's mental health during this time** (similar to what providers are discussing this week.) Goal is to build an*

understanding of the impact of this pandemic in order to inform and advise state officials on supports needed. Laura added that that we want to gather information in a way that reflects system of care values.

#### IMPACT OF COVID-19 ON SERVICES / ON FAMILIES

- **Jody:** Asked that we look at the Collaborative budget again and see if there is an opportunity to be nimble with CMHC's resources and mobilize to address some of the needs in the community. Laura responded that Jody's idea is a great one, and that we can think about both immediate needs and possible longer-term ones.
- **Adesola:** In juvenile corrections, they are trying to limit the number of youth in their detention facility and release young people home to the degree possible. There are a lot of restrictions in terms of visits, which had brought up the question of how we envision youth being connected to their families if it cannot occur in person. One thing she has been hearing as a challenge is access to technology. Some families do have a phone or laptop to be able to connect with others. She has been getting some resources and partnership with community organizations to figure out what is available, and is curious to know whether there are organizations providing actual equipment. When asked how big the need is, Adesola said that anecdotally there about 20 or families. She is still trying to flesh out what the need is (no access vs. limited access.) Jody agreed that bridging the digital divide would be a big deal.
- **Pat:** Switch to telehealth has been fast, but not necessarily smooth. They continue to have clients choosing to come in to be seen. Designation of mental health providers as essential works presents a PR challenge for them as an organizations because there is no consistency across mental health organizations in terms of how to manage in-person visits. Some therapists do not want to advertise they are available in person. Day treatment is happening different. Anoka-Hennepin Schools opened up their building this week for ancillary services, but not sure if it'll continue to be an option.
- **Liz F.:** CLUES stopped doing in-person session on Monday, March 16<sup>th</sup>. A lot of their families live in multigenerational households and documentation is an issue, so they felt a need to be particularly conservative and enforce social distancing from the beginning. One thing they've seen is the disproportionate impact on undocumented people in terms of cut hours & closed businesses. NavigateMN/Unidos MN are working together to a GoFundMe page to support undocumented people impacted by COVID-19. CLUES is also fundraising to create a fund that people can access regardless of immigration status.
- **Liz F.:** Nothing has been to done to make children's mental health case management billable for telehealth or by phone contact. Case managers need more flexibility and to be able to bill for these modalities. Would also benefit from allowing verbal consent be e-signatures do not work for everyone. (Local standards of care are already involved – people are using verbal consent and hoping it'll be billable.) Technology gap still exists. Krista asked who to call to get support for undocumented families, and Liz said to call CLUES' main line and their call will eventually get rerouted to the appropriate person.
- **Cindy:** Case management is a federal requirement and her understanding is that the state submitted a waiver to get permission for it. The County has made the decision to use telehealth option, but they're doing with the risk they wouldn't have revenue for it. They're not necessarily encouraging others because they don't want to put agencies at risk if they can't absorb the potential cost. HC is working with MACSSA and AspireMN, calling DHS, etc. about billing and verbal consent. (Pat said Headway also made the decision to move forward with telehealth and risk having to absorb the cost.) Cindy said that for other forms of therapy (outpatient, CTSS), telehealth is already an acceptable form of providing services.
- **Laura:** Asked what we could anticipate with distance learning happening until early May. Amie responded that distance learning is new to their students; they haven't done anything like it in the past like other districts. Their students typically don't engage well with this format of education. They're anticipating a lot of challenges. Looking at IEPs, special needs, mental health

needs, basic needs, etc. and doing surveys to try to get a better idea of what they'll be needing to support their students and families.

- **Pat:** Day treatment is connected to District 287 because some families have been pivoting decision-making around schools. May date is helpful just because it puts a scope on it for families. The access to technology issues becomes a much bigger deal now – teachers are trying to figure out how to plan for the different places their students will be up their return.
- **Laura:** Asked if any districts are using busing systems to deliver packets/resources for families around mental health.
  - **Amie:** District 287 is delivering instructional materials through busing, but they haven't thought about delivering mental health resources/kits. Her district would be open to doing it if there is a need.
  - **Krista:** In Edina their social worker team has been trying to contact providers and identify what's still accessible. Buses only used for families self-identifying that they need food at home so no present plan to deliver mental health resources.
- **Laura:** Some providers mentioned that children of essential workers are starting to get kicked out of childcare for behaviors, which is likely to happen more as children are feeling stressed. She wants to make sure that resources are available for childcare providers in the county (e.g. reflective supervision, or getting support from mental health providers to help think about strategies to managing behaviors, etc.), and asked Angela if she had suggestions. She and Angela will connect after the meeting.
- **Rachel:** She has three staff members she supervises that work directly with youth. When schools closed, her staff switched to phone check-ins with parents & students. This was a choice made to ease the transition into telehealth. They have relied more on phone contact than computer/tablet contact. She is not sure what will happen going forward as they had been working based on existing appointments (pre-closure). What she foresees as a challenge (or opportunity) is how to get students to make appointments remotely.

#### QUESTIONS / MESSAGES TO STATE AND COUNTY OFFICIALS

- **Rachel:** Is there a way to increase access to technology now that libraries are closed (e.g. mobile library? Some cities have community engagement vehicles that are driven around for public functions, wondering if they could be retro-fitted?)
- **Krista:** Providers need to get paid for their telehealth work. More and more families will need this access and help. This will divide us even more into the haves/haves not (by students, districts, etc.) in what students are able to do. Every district is set up differently and they have to figure out how to support districts that are not set up for distance learning.
- **Margaret:** Need an information hub for families. How can we improve ways for parents to get information, submit questions, and get their questions answered? (Topics of interest include: MA waivers & what's being covered by insurance, family instruction for special ed students/behavior management, etc.)
- **Krista:** How are we getting real information to people in the languages that they need? Rachel said that when she met with their Family Advocate staff in Brooklyn Center, she said people in need of translation usually know someone that can translate for them. Laura said MDH is the hub for info on COVID-19, and they have information available in Hmong, Somali & Spanish. Amie added that most of the large districts have a 24-hour language line for almost all languages. Krista says it depends on teachers and whether they are thinking about how to reach parents. Liz F. says a lot of Latino immigrants she works with didn't have access to education beyond elementary school & feel at a loss about how to support their kids with homework. Parents need that support on figuring out how they can do that and what the backup plans are to support kids. Laura says that more families may be feeling stressed as distance learning gets underway and that we may not know now about what families need, but will likely need to stay on top of it as we transition.

- **Cindy:** *The shared message we want to send is to be attentive to the needs of youth/families that we serve as well as the providers' needs – because providers are our mental health system. We definitely need to attend basic needs, but we also need to think ahead a bit. One of the things Liz M. shared with her was that when they experience Hurricane Sandy in New Jersey, what they saw was a delayed onset of children's mental health concerns. Six months post-crisis, kids were having a hard time. Six months from now, school will be starting again and it won't be business as usual. We need to be thinking about the residual impact of COVID-19 down the road. Liz F. added that in six months we will have a much better sense of the financial impact on nonprofit organizations & their funders.*

5. **Announcements**

*Etonde went over Coordinators' announcements:*

- *Coordinators hope we can resume conversation on implementing system of care during next Governance Committee meeting. Link to Liz Manley's Feb 24<sup>th</sup> training and notes from her conversation with Governance Committee were included in the meeting materials. Initial plan is to host debrief conversations and identify priority actions.*
- *Re: COVID-19*
  - *City of Minneapolis' [COVID-19 Emergency Mental Health Funding](#)*
  - *[Minnesota Disaster Recovery Fund for Coronavirus](#)*
  - *MNSure Special Enrollment period began Monday, March 23<sup>rd</sup> and ends on Tuesday, April 21<sup>st</sup>, allowing uninsured Minnesotans to enroll in health insurance coverage*
  - *US SBA's COVID-19 [Small Business Guidance & Loan Resources](#)*
- *Coordinators are in the process of figuring out a regular way of updating the CMHC community. For now, we'll either continue to email the group or post regular updates on the website and link folks to that.*

6. **Adjourn**

*Coordinators closed the meeting.*

**2020 Governance Meeting Schedule: 2:30 – 4:00 pm**

Wednesday, April 15  
 Wednesday, May 20  
 Wednesday, June 17  
 Wednesday, July 15  
 Wednesday, August 19  
 Wednesday, September 16  
 Wednesday, October 21  
 Monday, November 16  
 Wednesday, December 16