

Hennepin County Children's Mental Health Collaborative (CMHC)

Governance Committee Meeting Notes

Monday, November 16, 2020, 2:30 – 4:00 pm

Etonde Awaah & Laura LaCroix-Dalluhn, Coordinators

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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.

Voting Governance Committee Members (Quorum 12): Pat Dale, Liz Gronert, Jenna Mitchler, Krista Phillips, Cindy Slowiak, Tonya Allen, Liz Franklin, Aric Jensen, Karen Malka, Stacy McClendon, Adesola Oni, Mark Sander, Maureen Seiwert, Debbie Wells, Angela Watts

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

Guests: Libby Bergman, Marilyn Galloway, Jessica Kisling

Approval of Meeting Minutes & Agenda

Pat motioned to consider meeting minutes; Debbie seconded. No questions/corrections. Stacy moved to adopt; Angela seconded. All approved.

Maureen motioned to accept the agenda; Karen seconded. All approved.

Committee/Coordinator Updates

- Etonde shares update on COVID-19 Relief Funds
 - Unallocated Provider funds go back to fund balance.
 - Have a list of about 20 Family Funds awards that have not been cashed, Etonde will be in touch with them to make sure they process their awards by the end of the year. She'll also be in touch with provider awardees about submitting invoices, etc.
- Cheryl updates on CMH Dashboard
 - Subgroup has been meeting every few weeks. They are making great progress and have one more set of indicators they're going to look at in two weeks. They'll have a draft after that.
 - The group has been focusing on the use of the dashboard & strategies to make it a living, accessed resource. Will have a plan around that too.
 - Cheryl is working on creating a standing Work Group for 2021 that focuses on the dashboard & other strategies for bringing in & sharing data. Group will meet monthly most likely. Recruitment period is active, contact Cheryl if interested in joining.
 - Pat asked to be added to work group. Laura asked to remain on the work group.
- Mark shares update from SBMH
 - Lot of schools across the County are shifting into distance learning again. Working through how agencies are able to connect with families. A lot of mental health team meetings where school folks & mental health clinicians meet to think about what students need support & how to get them support...making sure families know services are available.
 - Generally speaking there are not a lot of updates. There was the mini-grant process with the state. Agencies are just trying/hustling to find creative ways to connect with families.
 - There's also been a big push re: supporting teachers & educators. What gets hard is how to give them more support without adding on to their to-do lists.
 - Debbie: Asked if Mark was aware about any efforts from school-based mental health to reach out to school-age childcare programs?
 - Mark: He's heard bits and pieces, but he doesn't know specifics. District by district the support & engaging of agencies in their buildings look different. It's a great question.

Contact CMHC Co-Coordinators, [Etonde](mailto:etonde@lacroixdalluhnconsulting.com) & [Laura](mailto:laura@lacroixdalluhnconsulting.com), with any questions

- *Aric: Fraser hasn't been doing anything with that specifically, but they are in building where that child-care is taking place. It's a great opportunity to connect.*
- *Debbie: School-age childcare running through community ed are big programs. Their staff is stressed as well as the kids.*
- *Maureen: They are stressed too because they can't get enough staff/caregivers to work. They're mandated, but they've had a hard time keeping their staff working. It's a system that's really stressed. In Minneapolis, there was a long waiting list for kids to have childcare.*
- *Margaret shares updates from PCLG*
 - *Had a great support group meeting last week with a couple new people joining us.*
 - *Been collecting bios from PCLG members, so that'll be available soon.*
 - *This Thursday, they're helping promote a workshop that NAMI will be putting on about "Navigating the Children's Mental Health System," hopeful that we there will be good attendance*
- *Etonde shares update on Coordinator Updates moving forward*
 - *Moving forward, intend to have updates presented a bit differently – as written updates instead of quick verbal reports. Want to be able to share more broadly (e.g. via newsletter) and have better record in what's going in each Committee since so much great work is being done.*

Reflection on SoC Presentation

Pat: What we wanted to do was find out what was help/not helpful about the presentation. We had a large number of people turn out for the meeting. Seemed to be a lot of anecdotal positives, particularly about Cindy's overview of County services. Also, there were discussions about the diagram, which we wanted to revisit. Finally, talked about next steps, etc., which we wanted to discuss as a Committee.

- *Angela: The fact that Cindy's overview was simple, clear and direct was really helpful & a good win.*
- *Maureen: Appreciated the diagram of the County & services. She works for a really big system, she interfaces with the County for her son with a disability...felt very much like we needed to send it out to everybody and their brother. Felt that from a personal & professional perspective.*

Cindy: Re-reviewed diagram. It incorporates information around SoC. They did try when possible to infuse aspects that are specific to Hennepin County (e.g. sidewalk around the house). One of the things that we talked about is the principles/values on the roof & three service pillars are defined by the SoC framework. They were not things that County staff themselves developed. There was some discussion of why wraparound has its own pillar when there are other services that are just as important. What she would say about those three pillars is that they represent different components of the direct services that is done within the SoC framework. Wraparound is a specific proactive model re: how you do care coordination or case management that aligns with SoC values. She knows in Hennepin County that wraparound is seen as a stand-alone service, but in this diagram, it's more of an approach you take when doing care coordinator/case management that incorporates SoC values. The service continuum is where the direct CMH services all exist (e.g. prevention to deep end (e.g. inpatient hospitalization). Mobile response is about how do you support youth/families when they're experiencing crises...so that's more of a crisis response – not necessarily a mental health crisis but as it's defined by the family. Thinks there was some confusion, specific re: wraparound being highlighted (vs. SBMH). She wanted to make sure people were on the same page about that. Not SBMH bc 1. Not defined as part of the SoC framework 2. SMH would be one of the services within the service continuum.

- *Pat: When we talked as an Executive Committee, it made sense to him, but also it makes sense to probably use this diagram on a monthly basis – making sure we relate whatever we talk about to elements of the diagram. And make sure to mention the parts that were "customized" vs. from "factory," so to speak.*
- *Laura: One of the things she thinks we will need to have more conversation about is 'how do we think about the service continuum when there are a lot of different critical services within that?' We're trying to simplify the SoC with this visual aid, but within each of these elements there's a lot of complexity. Recognizes that SBMH has been a critical component of CMHC work and want to make sure people sees themselves within this newer work.*
- *Etonde: Jody isn't present – she's consistently held a candle for making sure SBMH is recognized. Hopefully we can have a conversation with school-based folks to help them understand where SBMH fits AND how to make sure they still feel acknowledged as a critically important service in our SoC work.*

- *Aric: Doesn't have a lot to offer in the sense that in his opinion that service continuum matches how he thinks about it because there are a lot of great services out there.*
- *Liz F: Representing an agency that does SBMH via charter schools, feels good about school based not being on the diagram. If she saw school based, she'd assume they're just being talked about the strong partnership that Mark/Jody is involved in and that CLUES isn't (and that's sometimes is hard to get into). Would seem weird to talk about just school-based without naming other services like intense in-home therapy, etc.*
- *Laura: It might make sense to have a discussion about what exists within the service continuum and which are represented by the Collaborative (and identify the gaps too).*
 - *Aric: Thinks that would be really help because the service continuum is really huge. It would be great to understand the full spectrum of it. And understanding what makes each component special/unique.*
 - *Stacy: Mapping out what is included & where there are gaps is a necessary conversation for the FSCs to help move us away from HC SoC being in competition with Collaboratives and impeding their impact/ability in their respective regions. Would help us move towards a more collaborative approach.*
- *Liz F: Other thought re: services continuum is not only thinking about what's available but who it's available to (geographic, insurance, language, etc.) (Etonde seconded.)*
- *Pat: One of the things is that he continues to ask is "What services should we have?" – that's part of what this process is getting us towards. There's no best practice model. One of the questions CMHC has gone back and forth with is "do we want to try to enter that space?" How do we somehow come up with a plan that's based in what we have and what's best practice for being available to people, so at least we have some kind of measuring stick?*
- *Maureen: As a person who works in school-based services, they're incredibly important. That said, it really is part of a service continuum. If we do intend to call out SBMH services, we can't do it in a simplified version. Our model is amazing, and our other models for other work is amazing. It's not the only area we're strong in. And what she likes is clarity for families. If we name service continuum, we should have an appendix that states what services are available & how to access them.*

Adesola: It's always tricky in terms of balancing details vs. larger the picture.

Cheryl: Shared 'next steps' document. We know the County is moving SoC work, time for CMHC to think about what does this mean for us embrace SoC work? Setting priorities, making sure we function in a way that really aligns, what role could we play? Document is just some brainstorming that Cindy & Cheryl did.

- *Cindy: SoC is a hard concept to wrap our heads around. Generation of these ideas is just to make it more tangible. In our previous discussion, some of the things we discussed is doing an analysis of current continuum of services, which is an idea that could be easily added to this list. As we've done this work and had these conversations, we know it isn't easy to understand and know how it looks when you're operating in a SoC. If we had these tangible efforts for people to react to and build on, it could guide the work of our Collaborative.*

Cheryl: Came up with a couple different ideas – part of it is also to distinguish our role from the County's

- *Support: Some services areas/initiatives where the County plays a unique role in providing the services or coordinating it. CMHC could be a place HC could come present what's going on and provide some input and offering some strategies for enhancing those services.*
- *Collaboration: We might want to do an overall assessment of the County in terms of SoC, e.g. service continuum mapping. We also talked about values – could do a deep dive into a specific value & get input and feedback and what we know about that service in terms of that value.*
- *Lead: alignment of specific service areas, convene stakeholders to engage in planning, collecting/sharing information re: key services, strategies for supporting families.*

Margaret: Thinks it's fine & a good way of breaking it down. It's a little overfocused on the services we've already got; she knows that there's going to be strategies for supporting families, but one of the things that she values about CMHC in the past is that we were looking at things that maybe we were missing families before situations got to an intense intervention level. She doesn't want to spend all her time talking about existing/deep end services to the point that we aren't thinking about or asking families "where did we miss getting help to you earlier in the process?"

Contact CMHC Co-Coordinators, [Etonde](#) & [Laura](#), with any questions

If we could somehow plant that into our system, that's going to improve the whole system. Want to make sure we have the creative lens; addressing gaps that could help families earlier on.

- *Liz F: I think that's a great idea, Margaret, to ask families for that kind of input. It could also be helpful to talk to case managers about what needs/problems are hardest to address effectively because of service gaps.*

Liz G.: When she looks at the document, she sees also "what extent we are willing & able to make a commitment to push new things?" These are reflective of the post-meeting survey & some of the responses from people.

Laura: One of the things that she heard us talking about earlier fits nicely with Collaborate column. Feel like a safe way to start moving forward as well – mapping out what's included, where are the gaps, etc. It feels like a doable action for our Collaborative and our partners – would be nice to do this with other mental health providers and also our partners in specific areas (FSCs, HUB, etc.)

Libby: Has some ideas that she thinks might help families make better use of services & also some strong feelings about the allowable billing that works against families being successful in caring for their children with mental health needs. Not sure if this is the time for more detail on that or not.

- *Cindy: When we did the survey, we asked people if they're interested in being involved in work related to services. One of the areas was policy. One of the challenges of doing SoC work is our current CMH system is based on a medical model response to mental health, which is based on maximizing funding. If we're going to do what you're talking about, there's some policy related issues we could organize around and go to the state and give some feedback about our experiences in Hennepin County.*
- *Libby: You're exactly right – and Cindy probably knows what some of her thoughts are. She's here, she has energy, she's motivated. The thing that drives her the most crazy is that there's this intensive treatment for kids in foster care and there isn't a similar program for kids not in foster care. (Which might be in part what leads some kids into foster care – because they didn't have that support while with their bio families!)*
- *Karen: Sometimes there's also a limitation on things that parents on private insurance can access that families on MA don't have the same limitations.*

Margaret: I like the idea of our doing service mapping as one starting place.

Adesola: Keeps wondering about if there's an idea/image of where we're trying to get to & starting on building on what needs to happen to get there. Wonders if it'll be helpful to have a reminder of why we're shifting this way & what the benefits will be. "What is it that we're hoping to obtain as a touchpoint, and how do we resist coming back to the processes we're trying to move away from?" (Lots of head nodding in response.)

- *Liz shared resource: The Water of Systems Change*
- *Mark: Thinks it's a great idea – as you work on systems change, you can often lose sight of why you're doing this. Staying grounded in our goals & values will be critical.*

Update from NAMI/CMHC Fiscal Agency Relationship

Laura: Had a conversation with NAMI – asked that CMHC look into incorporating itself and getting a tax ID number. We don't currently operate that way, so we'll have to look into it. We're still moving forward with the 2021 contract with NAMI. They would like to have some of those things in place by the end of January 2021, but are willing to be flexible based on how long things take.

Cindy: Asked what incorporation entailed?

- *Laura: Her understanding is that if we have everything in place to be incorporated & acknowledged by the Secretary of State, it would take 30 minutes. The work is on the front end – making sure our legal structure is there. We'd have to take a look at our legal agreement as see what is possible through that. There is usually a fee attached (\$65-\$150). Pursuing a tax ID number could take up to a couple of months. The biggest challenge is making sure our legal structure that we currently operate in gives us the latitude to meet the request of our fiscal host. Trying to do some legwork and bring more information back next month.*

Statement of Activities

Laura:

- *Adesola and a number of folks from Corrections, CMHC Executive Committee and Hennepin County worked through the LCTS budget. Went back and reviewed expenses from 2017, 2018, and 2019. Wanted to show Governance Committee where the group landed.*
- *Made changes to current estimates to what we'd earn in 2020 and what Corrections would earn. There was a small change in District 287 as well. For the CMHC, earnings estimated to be down by \$15,000.*
- *Also made sure various expenses were allocated to appropriate entities (CMHC, Corrections, 287).*
- *Happy to report that we'll know where we started and what we project to earn for 2021.*

Adjourn

Elections are next month; Pat will be up for re-election as Co-Chair. Stay tuned for more details. Krista motioned to adjourn; Stacy seconded.

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

Wednesday, December 16