

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

## Governance Committee Meeting Notes

Wednesday, September 16, 2020, 2:30 – 4:00 pm

### 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, Rochelle Cox, Liz Franklin, Adesola Jaiyesimi, Aric Jensen, Nita Kumar, Karen Malka, Stacy McClendon, Jody Nelson, Mark Sander, Angela Watts

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

**Guests:** Anna VonReuden

### Approval of Meeting Minutes & Agenda

**July minutes:** Anna motioned to approve, Maureen seconded. No correction. All in favor, no objections.

**August minutes/September agenda:** Jody motioned to approve, Stacy seconded. All in favor, no objections.

### Committee/Coordinator Updates

#### ▪ **Etonde shares update on COVID-19 Relief Funds**

##### ○ Family Fund

- 626 applications reviewed, 398 were awarded funding (4 declined) for a total of 394 family grants amounting to \$109,405 in relief. Average award was \$277/applicant.
- Etonde provide information about geographic (by city) breakdown of grantees.
- Nearing the end – currently dealing with undeliverable mail and grantees who are reporting that they haven't received their funds.

##### ○ Provider Relief funds

- Review committee is Liz G., Peggy L., Margaret & Co-Coordinators. Thankful for our parent representatives' continued commitment to this work. Plan to notify applicants of funding decision by next Monday.

*Anna asked about common themes among applicants. Etonde mentioned basic needs, technology, activities for children. Laura noted there were debate/discussion about whether to consider basic needs as separate from mental health. This will likely come up again as we get deeper into our SoC work.*

#### ▪ **Cheryl updates on CMH Dashboard**

*Have a bunch of materials going out to their work group. Looking at some of the publicly available information related to child & youth well-being. In October, Cheryl will sharing data related to children/youth involved in the County. Group is scheduled to meet every other Monday (next one is Monday, Sept 21<sup>st</sup>).*

#### ▪ **Laura updates on Minneapolis Uprising Response Committee**

*Have not pulled that group together. Will send out an email this week so that work can begin.*

#### ▪ **Mark shares update from SBMH**

*Not many updates at the moment. School has just started. Providers are moving forward with a lot of different ways that school is happening. Next SBMH meeting is next Tuesday, Sept 22<sup>nd</sup>.*

*Maureen – asked Mark whether onsite school-based mental health services are being offered. Mark says in Minneapolis, most if not all providers have gone through the health and safety plan approval process so they can do it. For Mark, it's a great option to give to families, but 50%+ of students aren't going to their neighborhood school; now if they were to go, it's like going to clinic. Having said that, a lot of agencies are excited to resume in-*

person sessions, especially for families for which telehealth isn't working. Agencies are cautiously optimistic and in different phases of actually beginning.

Nita: Anoka-Hennepin is doing hybrid model and they're hoping that it's going to help with starting engagement for new referrals. Hope that before moving to telehealth (if needed), offer opportunity to engage in face-to-face sessions first. As they've reintroduced everything to schools, there's some reluctance about pulling students out of class when they're only on site two days a week. Trying to remind school staff how important services are and encourage support staff to identify students who may need that support. That initial face to face contact seems really important to staff, parents, and students.

▪ **Margaret shares updates from PCLG**

Continue to have support group meetings. Meeting with Cindy & Audrey soon to discuss parent voice/involvement in County's System of Care process. Had a conversation with Mark about having the conversation about bridging the gap of parents not knowing when/how to pursue help – still not sure exactly what that's going to look like.

**2021 DOCCR Budget Approval**

Laura: CMHC is governing body to approve DOCCR & District 287 budget. We already approved District 287, and Adesola will share her 2021 budget soon. DOCCR & District 287 funds are managed separately; CMHC funds the support Wilder Research gives to DOCCR for evaluation purposes. Laura missed adjusting the \$7000 approved increased in her budget to Hennepin County, so they're managing it differently.

Adesola shared 2021 Budget-

- Initially made a request to support 3-year project to support youth in North Minneapolis (largely black male youth). 2021 request is to continue their work. 2021 will be the last year these programs are funded.
- Northpoint NIA program increased 2020 budget significantly to accommodate requests to include more youth in the program. In 2021 hope to continue that.
- Wilder – shifting some of the approved costs in 2020 to the 2021 budget. \$32,000 includes evaluation for both NIA and Nehemiah programs.
- Total request: \$527,310.52

Anna asked about enrollment/referrals for the programs because she had heard it was a bit of a struggle for some programs prior to COVID-19. Adesola said 2020 has been challenging because of COVID-19 and needs shifting. Enrollment has certainly dropped as a result. For enrolled youth, programs have been trying to find different ways to deliver programming while attending to needs.

Where they've struggled the most is with the early intervention referrals (at Phyllis Wheatley Community Center) through the County Attorney's office. Tried to expand zip code, change eligibility criteria – just change the processes overall. Not sure what's going to happen next year, but knows they have a huge backlog of cases due to COVID-19. Very plausible that we'll start to see things picking up.

Maureen wondering where \$10,000 is coming from to go to Wilder. Laura stated that CMHC is using some of the general expense resources to cover Wilder/DOCCR's additional request for 2020. Hennepin County is tracking internally that it's going to DOCCR.

Krista moved for adoption of DOCCR budget as proposed, Pat seconded. No further questions. All in favor, none opposed. Motion passes.

**2021 CMHC Budget**

Laura shares that final budget must be submitted to Hennepin County by September 30<sup>th</sup>. Co-chairs & Cindy will meet on September 21<sup>st</sup>. We've talked to Cheryl & PCLG about putting together their needs for 2021. Will put together a proposed budget, send to Executive Committee initially, and then send to Governance Committee to vote on (via SurveyMonkey).

Laura asked if anyone had suggestions for budget. Laura said we had a fair amount of scholarship money available. Other piece to consider is related to SoC training – do we want to put resources into training for Governance Committee & CMHC staff? We'll be having those conversations with Co-Chairs. Because we're voting online, wanted to have some space to discuss right now:

- *Cindy: In terms of the scholarship budget, Kente Circle does an annual conference that's focused on racial equity. They are looking for sponsor for that Conference – going to be virtual at the end of October. If you sponsor, it covers the enrollment for a certain amount of people. Wondering for this year if the Collaborative would want to support that conference & opening it up so that members to attend.*
  - *Angela & Adesola: Supporting that idea.*
  - *Pat: Not sure what the sponsorship levels are, but we are limited to \$1000. Does that fit within the Kente Circle request?*
    - *Cindy: Sponsor level starts at \$1500, which includes 8 registrations. Next level is \$3000, which covers 16 registrations. [Cindy included the document.]*
  - *Stacy: Says it offers system perspective/level in addition to community level.*
  - *Pat: Proposes Coordinators figure out a way to get \$1500 to sponsor conference and that we get the registrants to the conference and will bring that to Executive Committee for approval. Seconded by Angela. All in favor, none opposed.*
  - *Jody: Asked if 8 slots could go to PCLG if there's interest. Margaret says she'll bring that up at their next meeting.*

If there are other items to consider, please reach out to Laura or Etonde.

### **Prepare for System of Care Discussion**

Etonde shares that Hennepin County Behavioral Health has begun to share its plans for SoC implementation. Plan is to share with Governance Committee next month – meeting will be 2 hours instead of 1.5 hours. First hour will be Governance Committee business, second hour will be HC presentation. Invitation to HC SoC presentation will be shared more broadly with potential key partners in this work.

- *Governance Committee votes on October meeting time preference: 2-4 PM or 2:30-4:30 PM*
  - *Krista proposed **2-4 PM**.*
  - *Etonde: We will promote and recruit organizations and parents through same/similar process used when Liz Manley presented earlier this year. Margaret added that she'd share the information with PCLG members.*
  - *Pat asked if we can tape and share if necessary. Etonde deferred to Cindy/Audrey. Cindy said sure, we can share. Cindy also offered to set a PCLG meeting separately if there's interest.*
  - *Mark: Thinks recording it is great. Having the people there to participate in the conversation is going. Not letting people know we're recording it ahead of time is good and then share later. Pat & Angela agreed.*

### **Discussion:**

Etonde: As we shift gears away from our COVID-19 Relief Fund efforts and back into our System of Care efforts, let's revisit some of the critical elements outline in the Liz Manley's training back in February. (Etonde went over some of the slides from Liz Manley's training.)

- *As we think about our first (second?) steps in implementing a System of Care in the context of COVID-19, which of these elements stand out to you as most critical to address first? Why?*
  - *Angela: Do we have to use 'system of care' out-facing? Within the current context, nobody believes the system actually cares.*
  - *Stacy: Having some shared understanding or definition of what a system of care is. People use that language in a lot of different spaces, we still need to come to shared understanding of what that means.*
  - *Cindy: Feels like the Collaborative provides a platform to bring our community together in a different kind of way. She worries when they're doing this side-by-side rather than together. That's why she's been pushing to do this conversation. If we don't do this right, we create more silos. Wants strong community voice, in a coordinated & organized way, and a way that isn't led by government.*

- *Maureen (to Cindy): Do you think the County's going down that process? Has the County fully embraced it being community-driven?*
  - *Cindy: Up until this point it's been County-driven because we haven't had a platform in any other way. We have to create those platforms so that parents are naturally at the table. If we have to create it each time, that doesn't work as well. Can't guarantee that the state and County governments will share that power, but she's willing to do it in her position as best as she can.*
- *Laura: It's an exciting opportunity to explore how we can use the Collaborative here to be that external voice.*
- *Angela: County just declared racism as a public health crisis. It's an opportunity hold them accountable. We do have a stake to build upon.*
- *Cindy: Been feeling defensive. There's an underlying premise that they're not willing to partner, and she struggles with that because she's strived to be as inclusive as possible. Potential blind spot because she's a County rep – needs to know if she's not doing enough. [Angela said she wasn't referencing her specifically; she understands being a part of a big inflexible system.]*
- *Desola: There's a piece around individuals and there's a piece around structures. There are certainly individuals at County that are willing to push/challenge, but there are structures we have in place that may not be as receptive to those ideas. In her experience, it's a lot about structures. But also, people make up systems. Angela's point about what 'system of care' means in this context is really important to think about – we need to be incredibly aware of how we communicate this work.*
- *Pat: There's a power dynamic here as well – payment, who makes decisions, etc. Those are all things that at minimum we need to acknowledge.*
- *Mark: That piece about language – how can we shift from 'let's hold the County accountable' to 'how do we work to together to achieve this mission/declaration that they have set.' How do we partner & support each other? [Angela: Accountability is not necessarily adversarial. But what accountability means is expecting resources to go towards that effort.]*
- *Margaret: From the parent PoV, if you get mobile stabilization running and effective, people don't have to "learn the system" to in order to access support.*
- *Etonde: Hopes we can find a way to work together even if things were to get adversarial. We have an opportunity to respond to the needs of families (as Margaret stated, if we meet family needs then we are less likely to have an adversarial relationship with community.)*

**Adjourn**