

## Executive Committee Meeting Agenda

April 1, 2022 | 9-11 am

<https://us02web.zoom.us/j/89625827320>

Meeting ID: 896 2582 7320 | Dial by your location (phone only or audio): +1.312.626.6799

- 9:00 **Opening Circle & Approval of March Minutes and April Agenda** (5 min) – Pat Dale  
*Materials: March Minutes and April Agenda*
- 9:05 **Collaborative Parent and Community Engagement Progress & Updates** (60 min) – Liz Gronert & Team  
*Materials: Healing Circle Ad Hoc Committee Meeting Summary and Journey Mapping Summary Notes*
- Parent Catalyst Leadership Group - Liz & Margaret
  - Additional Parent/Community Engagement
    - Follow up Let's Talk About It More (April 2022) - Laura
    - Use of community consultants to support parent engagement - Laura
    - Work with Commissioner Lunde – Liz & Laura
    - Children's Minnesota New Inpatient Unit - Laura
    - Hennepin County SOC Joint Proposal on Parent Engagement - Cindy
  - Journey Mapping Next Steps – Cheryl
  - Healing Circles Ad Hoc Committee
- 10:05 **2022 Work Priorities** (40 min) – Pat Dale, Liz Gronert & Laura LaCroix-Dalluhn  
*Materials: 2022 Work Priorities & Strategy Screen*
- Journey mapping next steps
  - Healing Circles and/or Community Healing
- 10:45 **Business Updates** (15 min) – Pat Dale, Cheryl Holm Hanson & Laura LaCroix-Dalluhn
- Recruiting New Collaborative Partners
    - Nita Kumar, Liz Franklin, and Adesola Oni have/will step down
  - LCTS Spending Report Due 3/31/2022
- 11:00 **Adjourn**

## Executive Committee Meeting Summary

March 4, 2022

Attending: Liz Gronert, Pat Dale, Krista Phillips, Jenna Mitchler, and Cindy Slowiak

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

### Opening Circle & Approval of February Minutes and March Agenda

Liz Gronert led the opening circle. Krista Phillips moved to approve the February minutes; Cindy Slowiak seconded the motion. Motion approved.

Krista Phillips moved to approve the March minutes; Jenna Mitchler seconded the motion. Motion approved.

### Parent Catalyst Leadership Group Updates

- Margaret shared the Let's talk About It event invite went live and invitations were emailed to PCLG list.
  - Let's Talk About It will take place March 23 at 7 pm and focus on emergency responses when calling for support for a child with mental health needs
  - Margaret said a lot of planning has been done to decide how to engage around this topic.
  - Liz mentioned this topic is generating a lot of interest. We do not want to staff to attend
  - Cindy asked about engaging staff and raised concerns about having the Commissioner there without staff who know more about the work.
  - Margaret mentioned there could be staff there but they wanted to focus on parent requests
- New Catalysts
  - Margaret stated three new parents joined the Parent Catalyst Leadership Group and one has a younger child. They are excited to have new parents present.

### 2022 Work Priorities

- Program Budget and Work Plan Priorities
  - Laura stated she attempted to prepare a program budget that aligns with the state LCTS goals. The HCCMHC doesn't align with all LCTS goals.
  - The draft program budget also attempts to track expenses for DOCCR and District 287. These expenses need to be run by each stakeholder.
  - Questions were raised by executive team members about what was included in each of these budget items and how it relates to the HCCMHC's approved budget. They asked for more clarity. Krista mentioned there was a second page that provided some detail, but it still needs additional information.
  - Laura asked if the Executive Committee was ready to make funding recommendations for Healing Circles, Parent Engagement Activities (above PCLG activities) and data summit?
  - Healing Circles.
    - Laura suggested dedicating \$50,000-100,000 of the \$200,000 pilot budget in 2022. Laura suggested having a target budget may help the committee clarify its scope of work.
    - Jenna mentioned some schools were working on trauma and restorative circles. She wanted to know how we work with schools and community partners.
    - Laura mentioned there is a group who can help create the criteria and outreach on healing circles. It would be helpful to know how much \$ for healing circles.

- Cindy moved to allocate \$50,000 for dedicated healing to respond to violence and trauma in the community, Jenna seconded the motion. Discussion followed.
- Pat suggested we give the group some parameters, e.g., the Collaborative is a resource partner, not a leading partner. He suggested we want to be clear the Collaborative is a supporting partner.
- Cheryl and Margaret said they supported this work but asked what data were using to inform this work?
- Laura stated there is current data from two Family Service Collaborative's 100 Cups of Coffee initiatives and increases in youth violence and suicide data.
- Cindy and Jenna asked to withdraw their motion withdrawn.
- Data summit & Community dialogue.
  - Laura asked if the Executive Committee wanted to approve project funds for the data summit and community dialogue to cover possible interpreters, translation and/or online engagement? Laura suggested \$2,500 from the budget to cover costs.
  - Cindy moved to authorize up to \$2,500 for the data summit and community dialogue to cover expenses for interpreters, translation, TA for online engagement or community engagement expenses. Krista seconded the motion. Motion approved.

### **Business Updates**

A hold was placed on the following items. The business updates on evaluation and LCTS reporting will be held over for the April Executive Committee Meeting.

### **Adjourn**

Krista moved to adjourn the meeting and Cindy seconded the motion. Motion was approved.

## Healing Circle Ad Hoc Committee Meeting

### Meeting Summary

March 28, 2022

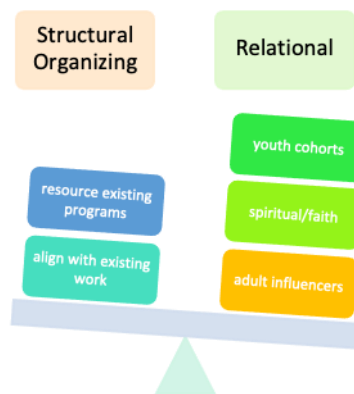
#### Welcome & Introductions

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 practitioners. *As a way to improve practice and coordination.*
- The following issues and opportunities 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 healing 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
  - Rachel and Asad would like to join the meeting with Brandon
  - 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 before the April Collaborative meeting

Adjourn

**Resources Identified During February 2022, Governance Meeting:**

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



**Creating a better mental health system:  
Using community data and parent voice to support Hennepin County children and families  
March 29, 2022, 11:00 AM to 1:00 PM**

**Journey Mapping Materials:**

1. Public agenda is complete
2. Summary report is complete and shared with participants
3. Recordings of PowerPoint slides for each breakout were prepared. All can be found on the Collaborative's YouTube Channel: <https://studio.youtube.com/channel/UC6MBUzZsv-ccyYG4nbNmZWg/videos?d=ud>
4. The event presentation has been prepared.
5. Full report is complete

**Agenda**

**11:00 AM Welcome** (Pat) – 10 min

1. About the Collaborative and Parent Catalyst leadership group

The **Hennepin County Children's Mental Health Collaborative's** mission is to provide 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.

The Collaborative has a coordination team to lead and support our work.

- Laura LaCroix-Dalluhn is the Collaborative's Coordinator
- Cheryl Holm-Hansen provides evaluation and data support for Collaborative
- Margaret Sullivan provides support to parent leaders involved in the Parent Catalyst Leadership Group ([hcpclg@yahoo.com](mailto:hcpclg@yahoo.com))

The **Collaborative's Parent Catalyst Leadership Group** works to empower Hennepin County families to become valued advocates and decision-makers at all levels of the children's mental health system through education, outreach, and support. They offer opportunities for parent support, education, and leadership.

**2. Today we plan to (meeting objectives)**

- Increase our understanding of what we know and don't know about children's mental health through community level data and parent experience
- Increase our understanding of how data and experience impacts access to service and supports
- Inform the Collaborative's efforts to improve the children's mental health system in Hennepin County

**3. Who is in the room with us today?**

Laura has prepared a few questions for participants response. We'll put these up and ask for your help responding. I'll give everyone a couple minutes to respond, then we'll share the results.

Below are the poll questions. They will be launched all at one time. Their results will be shared.

- Are you here as a parent, provider, community stakeholder, other?
- Do you live or work in Hennepin County (binary questions)
- Who is your favorite candy? List options

### Overview of the Meeting

1. Presentation
2. Questions and Answers
3. Breakout Session – 25 mins
4. Come Back
5. Breakout Session
6. Reflections & Next Steps
7. Three gift card prizes will be announced during the meeting. (\$25 online gift card to Target or Walmart)
  - a. You have to be present to win.
  - b. 1<sup>st</sup> prize will be drawn after the Questions and Answers of the plenary presentation.
  - c. 2<sup>nd</sup> prize will be drawn after the first round of breakout sessions
  - d. 3<sup>rd</sup> prize will be drawn at the very end of the meeting.

**11:10 AM**      **What we know, and don't know, about children's mental health in Hennepin County**  
(Cheryl Holm-Hansen) – 25 min

#### Questions and Answers- 10 mins

- Question (TL): How many parents felt that one of the barriers was confidentiality? They were not able to know what their child's issues were or what they needed because the child would not allow the information to be shared with them?
- Comment (NE): Choice of providers by the county and the lack of plans for success are victimizing children by county providers. And, cultural diversity does not exist in child protective services and is resulting in terrible and culturally biased decisions.
- Question (MC): How many parents surveyed? Does the parent role include grandparents, foster parents, aunts, uncles who may be caring for a child(ren) full-time?
- Question (TL): Is the dashboard generally available to the public?
  - Answer: The dashboard will be available publicly and we will share with everyone who attended and registered for today's event
- Question (JB): Were there any comments about child crisis? I have a number of families who have commented that they do not want to utilize the service because they "never do anything" or "refuse to come"
- Question (ES): How do we get public voice into the system? In regards to community comment on children's mental health it is banned at the county mental health council.
  - Supporting Comment: Parents frequently get those messages from a variety of sources.
  - Answer: The Collaborative is a separate entity from the County. We are working to infuse parent voice and responsiveness into the system. We will share the information with County staff and discuss strategies how best to share with administration. We are also happy to arrange time to discuss further.
- Comment from case manager: "Donut hole of services" for kids who are transition aged (specifically crisis services for children/youth with mental health & behavioral issues); Eligibility requirements that excluded some kids; Knowing about appropriate programs; Programs that don't take kids who are aggressive (but what got them in trouble in the first place was behavior stemming from their mental illness)

**11:45 AM**      **How do we improve the children's mental health system in Hennepin County**

### Facilitator Guidance for Breakout Sessions:

1. All participants will choose their first breakout session.
2. Each breakout session is 25 mins
3. Introduce yourself and Welcome everyone to the group – explain a brief presentation will be played and then the group will engage in discussion based on what they heard during the plenary and breakout session. We won't have time for group members to introduce themselves, but feel free to ask people to add their names to the chat.
4. Begin with 4-5 min presentation (playing YouTube video for your small group from your computer)
5. We will place the discussion questions in your breakout room while the video is playing
6. We want to avoid reliving people's experiences – but instead focus on what can be done or what needs to be done.
7. You will have a note taker for each session, we hope you can take some notes as well, but your top responsibility is to facilitate the discussion.
8. A warning will be broadcast to all participants with 5 minutes remaining.
9. A warning of 1 minute will be broadcast before the rooms are closed
10. Please **Save the CHAT to your computer and email** to Laura ([Laura@LaCroixDalluhnConsulting.com](mailto:Laura@LaCroixDalluhnConsulting.com))

Choose one breakout session (25 Min):

- **Navigating the children's mental health system – Jocelyn M/Laura L-D**

Access to the presentation on YouTube: <https://www.youtube.com/watch?v=oqSU6b8p6IA>

### Navigation

1. **Is there anything that stands out or is surprising in the parent interview results?**
2. **What kinds of systems or services are the right places for navigation supports to be offered (i.e., health care, schools, providers, insurance companies, etc.)? How can we increase parents' abilities to access navigation support when it is most needed?**
  - CB: We need to help families navigate. We don't make it easy for them.
  - Community stakeholder: I think that it would help to have a resource for supportive friends and family to access a guide. A lot of people have a family member who could do a lot of that navigation if there was a tool.
  - Parent: Case management. It's complicated to get information. The whole process was complicated and challenging. When providers recommend services, they don't always tell you all the services or different responses. By chance I learned of something I thought would be better, I was worried about changes to the plan because everything was so challenging.
  - CS: I am hearing that parents need to know what services are available AND in determining which services are a good match for their needs.
3. What kinds of background or skills should navigators have to effectively support parents?
4. **What training or support would navigators need to ensure that they can help connect families with a diverse array of supports, including culturally-grounded or faith-based services?**
  - JM: Pairing parents with trained staff and then they could provide additional information to families.
  - CB: What degree is access to resources limited by financial access, i.e. does the provider take medical assistance, certain insurance, etc.
  - TL: If there were a basic training to help people with the navigator skill set, that would be good. When I was looking for help for my sister, we spent hours looking and when we found a place that seemed like it would work, we often found that the services and competencies were not up to date on the websites.



- TL: trusted community connectors should have the navigator skill set. church secretaries, victim advocates, coaches, etc.

**5. What would an ideal system of navigation support look like?**

- MS: we need the system to be parent and family-driven. We need to make time and help families figure out how to access services. The system does not work if we expect families to do all the work in finding services.

**6. What other recommendations do you have for how we can increase parent access to behavioral health navigators?**

- **Family driven children’s mental health services – Hayley T/Margaret S**

Access to presentation on YouTube: <https://youtu.be/57Yo3ASHxGM>

**Family-driven care**

**1. Is there anything that stands out or is surprising in the parent interview results?**

- Need the “right to talk about it” – Hennepin County Health Department regulates when people are allowed to talk. The meetings are built for the community to come together to discuss mental health problems but they don’t allow community members to talk.
- “Not surprising results” Glad we’re talking about next steps.
- The community has a barrier between the county and families. If we faced this barrier that would really help. I met with one child (12 years old) with MH diagnosis and the police were there as well as the school, and they didn’t seem to have any experience with mental health.
- Barrier between community and county administration. Barrier to family involvement is funding streams. It doesn’t leave a lot of room for thinking creatively about or addressing family needs. We need to have a “family driven” reimbursement system. Right now it is “youth” driven or focused mostly on the person already in the system.
- Providers need a plan to resolve the situation. Providers chosen by the county in child protection seem to be only concerned with making money and don’t have a plan for success. We need to have a more medical success flowchart plan. Until the community has voice in this system I don’t see any possibility for success. If you have a broken leg, they fix that. If you have PTSD, they don’t identify the problem with a plan to cure it, like EMDR.

**2. What can we do to help promote principles of family-driven care for individual agencies or providers? [potential follow-up ideas...training needs? Assistance collecting parent feedback? Reviewing current policies or practices?]**

- We want all providers involved and not only Hennepin County
- Space exists and it’s not utilized in an efficient way. County Mental Health Council but voices of all are not welcome here.
- Family advisory groups that are tuned into family mental health
- Example offered is a sponsored events to increase education and information about mental health
- Example is being in an inpatient program where a holistic approach was taken beyond counselling and medication.
- Recognize that cultural practices don’t always have the documentation of evidenced based practice and perhaps might be more culturally aligned for individuals and families
- Expand services that are reimbursable beyond waivers- it should be the norm versus the exception
- Funding streams limit participation to child and doesn’t allow for creativity to meet family system
- Reimbursement system is individual/youth driven versus family driven
- Providers need a plan both on the micro and macro level to impact and support success- it needs to be specific related to the behavioral challenges as well as aligns with the best practices.

3. **As we work on system of care efforts, what are some strategies that we could consider for ensuring that family voice is also guiding this work at a system level?**
4. **What strategies should be used to create safe and inclusive spaces for parents to be involved in system change work?**
  - The state mental health act of 1987, Local Advisory Council, Community should be allowed to enter and discuss these problems, but 46% of taxes go to Hennepin County and we are banned to make any comment. The Local Advisory Council is allowed to talk about 2% of the time.
  - Providers, agencies & schools need family advisory groups that are tuned into children's mental health. This would help it be more family driven.
  - Comment about how a school based mental health provider helped at a school: One example of a high school with MH speakers brought in, a student MH awareness group that coordinated fun/awareness building activities and how that helped.
  - "I've been a patient in ND and MN and ND realizes there's more to mental health than counseling and meditation. They take a more comprehensive approach, including diet, occupations, OT, supports beyond medication and counseling that would really help people do better.
  - The individual has ideas and expertise around what works best for them, and some of them are culturally specific practices. How do we better tune into what are the supports that are most needed.
  - We're always so stuck on "outcomes" and "proven" services, but there are a lot of culturally appropriate supports that are not necessarily evidenced based practices. How do we have alternate services get reimbursed by anything other than a waiver? Waivers are very limiting. Probably need evidence-based to get an insurance company to pay for it. If we have a child with a developmental disability, and if they have a waiver (only some families have this), then they may be able to benefit from something like equine therapy, but it's a hard service to get paid for in other situations. Kids with more complex needs, E.g. FASD, cognitive delays, etc. Frustrating as a provider because they feel helpless to help them so unimaginable to think about what the families are feeling, or who don't "fit" into a particular slot then it's hard to get services or alternative therapies. As they get more "up there" in their teens, it's even harder to get services.
5. **What other recommendations do you have for how we can increase awareness about the children's mental health system?**

#### **Facilitator Guidance for Breakout Sessions:**

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2. Once in the main room they will choose their next breakout session.
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Choose one breakout session (25 Min):

**1. Awareness of children's mental health services and supports – Jocelyn M/Laura L-D**

Awareness presentation on YouTube: <https://youtu.be/JjxAxeXCY0E>

Awareness

- 1. Is there anything that stands out or is surprising in the parent interview results?**
- 2. Does the work done so far with our service continuum mapping to increase awareness of the children's mental health system help address concerns of parents? What should we do next to build off what we've started? Is an online platform or paper resources more valuable?**
  - CL: Parents and providers are struggling to know what exists and what is available, they don't know where to start
  - I would love to see a system that includes some sort of parent/caregiver ratings or review (we do it for hotels and other services) that would allow for the necessary confidentiality but help caregivers make recommendations for why or how a service is good for a certain population or need.
  - An online tool would be very helpful. It would also help people like myself that want to help
  - An online tool is helpful rather than relying on online searches.
  - I think about a tool like the Parent Aware website. Was helpful for me navigating daycares, services, location, quality/violations...
  - Utilizing home visiting programs to promote resources to families
- 3. What other resources or guides would be especially helpful for parents?**
  - One important thing that we do is the "warm hand off", where we try to make the calls, so that the family doesn't have to go through the time and energy to get no response. So we just give a warm hand-off for organizations once they respond.
  - Can Hennepin County Front Door routinely provide the continuum document to parents who call them? No one will know to look for it...
  - It would be very helpful for trusted messengers and community resources to assist families
  - Like CPR, it would be beneficial for community members to have Psychological First Aid skills, because you are more likely to encounter community leaders than a professional in the course of your life
  - Contactors chosen by the county have no accountability to planning or success
- 4. In addition to translation, how can we make sure that resources are culturally meaningful and accessible?**
- 5. What other recommendations do you have for how we can increase awareness about the children's mental health system?**
  - How can children access or navigate their own mental health concerns if parents are not involved?

**2. Access to peer support - Hayley T/Margaret S**

Access to the presentation on YouTube: [https://youtu.be/86XvUb5Z\\_40](https://youtu.be/86XvUb5Z_40)

**Peer support**

- 1. Is there anything that stands out or is surprising in the parent interview results?**
  - Was not surprising that parents need supports from other parents
  - A challenge is where do you get the support group- who funds the venue and trained facilitator

- It didn't surprise me that peer supporters are key components of what people are asking for. I used to conduct a parent support group and this is something parents of children with behavioral challenges said they needed. Challenge: Where do you get this support? Who funds the support group and the facilitator? The need is there. Some support groups are funded by a provider who is hoping to direct families to their services. (conflict of interest)

**2. Do we have enough peer support resources in place in the county? If not, what kinds of peer support networks or resources would be most helpful? Are there peer support resources available that reflect the diverse array of parents within the county?**

- How to strike a balance between sharing information from a systems lens and create a space and structure that recognizes the expertise of participants
- I struggle with how we make it family-led/family-driven and yet bring in the knowledge of the systems and supports that are out there, without seeming like you're pushing an agenda. How do we fund those conversations?
- Another piece I heard in the presentation was how informal connections family made throughout the process can be very impactful. Are there ways to create/cultivate to make spaces for people to make and sustain those connections?
- AA meetings happen all over the community – how do we fund them? It can be offered to meet the needs of that community's identity and culture. You can pick a group that fits your needs. How are the venues secured, skilled facilitators? Do we need a Navigator database? There needs to be a parent/peer review process for navigators but not one where one bad review could be taken out of context.
- The model of peer support also can span beyond groups and perhaps to a specific navigator that understands the systems and can help point folks where they need to be
- Informal connections are also impactful and can be incorporated into this process in a manner that is sustainable
- Help support parents/caregivers to create their own peer support groups and can be supported fiscally, technically, and have a point of contact in the collaborative or county.
- Peer supports can be for both youth and adults. There are lots of youth interested in these conversations right now and it can be youth led and adult supported.
- Need more trained peer support specialists and trainings need to be broken down so that it's more flexible for people to participate

**3. What strategies would help us proactively connect parents with peer support resources?**

**4. What can the overall mental health system do to train or support peer groups or networks?**

- Need more trained peer support specialists and trainings need to be broken down so that it's more flexible for people to participate

**5. What would an ideal system of peer support look like?**

- Imagine a system of peer support: what is this picture – what does it look like?
- For youth and adults – we need to give youth the opportunity to have groups that are youth led and adult supported. We can create spaces for these groups to be made possible.
- We need to move away from the way the state is currently training parent peer support specialists from a restricted, 40-hour training for people who are employed in the profession to ways we can support parents and youth getting training that will equip them more readily with skills to be informal mentors or support group facilitators at least. The training needs to have different "levels" (beginning, intermediate, certified) so that it's more easily offered and less overwhelming for potential peer supporters.

**6. What other recommendations do you have for how we can increase parent access to peer support?**

- Are there still wraparound teams? ANS: HC Behavioral Health is currently trying to expand Wraparound. It includes a family peer support person. The family is involved in determining who the supports are who come to the table.
- Are these still happening? I loved the wraparound service. It was very helpful. Across different cultures, it would really help. Because you are all working together you really understand the person in the center.
- Absolutely, I saw it working so well. Instead of the parent being treated as part of the problem, they were a partner. It also reduced the problem of confusion for the family getting all kinds of different advice from different parties. What is the percentage of families getting the service now? ANS: the percentage is pretty small now. Fewer than 10%, but it's expanding.
- The model of Wraparound, the overriding theme, is that the family needs are the center of all decisions. It aligns with everything we are saying today. You have to have people trained who can bring out the knowledge of that family.

**12:45 PM**

**Reflections & Next Steps (Laura)**

**Reflections** (Cheryl or Laura) – depending on what we hear in the breakout rooms regarding the findings and/or discussion

**Next Steps**

1. Inform intention use data to update Collaborative work plan
2. Share recommended actions from today's dialogue with our Governance Committee, then share a summary from today's dialogue and next steps with participants
3. Share full report findings & link to updated website
4. Invite people to participate in Governance Meetings and any potential workgroups we create
5. Make ourselves available for further distribution of report findings, general or specific to topic

**1:00 PM**

**Adjourn**



## 2022 Workplan

<p><b>Strategy 1: Engage Parents &amp; Youth to improve access to children’s mental health services and the responsiveness of services</b></p>		
<p><i>Why? Increased mental health needs among children, youth and adults has created an opportunity to discuss community level responses to these increased needs.</i></p>		
<p><b>Goal 1</b></p> <p>Increase parent and caregiver mental health literacy through PCLG: Let’s Talk About It Series (Parent driven topics of engagement about children’s mental health services)</p>	<p><b>Goal 2</b></p> <p>Increase children’s mental health knowledge through community discussions and parent engagement around critical issues impacting children’s mental health – working in partnership with Family Service Collaboratives or key community partners</p>	<p><b>Goal 3</b></p> <p>Increase youth knowledge in community discussions around critical issues impacting children’s mental health – working in partnership with Family Service Collaboratives or key community partners</p> <p>Create listening sessions for youth to share their experiences and needs with providers and decision-makers</p>

<p><b>Goal 1:</b> PCLG: Let’s Talk About It Series (Parent driven topics of engagement about children’s mental health services)</p>	<p><b>Define Success:</b> Parents and community members increase knowledge about programs and services and provide input and feedback on how the service is delivered to improve responses.</p>
<p><b>Partners:</b> PLCG, Commissioner Lunde, Family Service Collaboratives, CMH providers</p>	

Task	Board Member Staff		Due Date	Progress	Budget
	Responsible	Responsible			
1. Schedule and Plan 1 <sup>st</sup> Let’s Talk About It	Peggy Larkin	Margaret Sullivan	3/31/22		\$0
2. Promote Let’s Talk About It event through newsletter		Laura LaCroix-Dalluhn	Feb & March		\$0
3. Promote Let’s Talk About It event with FSCs		Laura LaCroix-Dalluhn	Feb & March		\$0

4. Schedule Follow Up Community Meeting [This online meeting will provided follow up information from the first Let’s Talk About It Services and include staff/professionals who lead these programs.]	Peggy Larkin	Laura LaCroix-Dalluhn & Vicky S	April		\$0
5. Offer Healing Circles during the meetings					\$0
6. Develop evaluation tool		Margaret Sullivan/Cheryl Holm-Hansen			\$0
				Total	\$0

<b>Goal 2:</b> Engage parents and community in discussions around critical issues impacting children’s mental health – working in partnership with Family Service Collaboratives or key community partners	<b>Define Success:</b>
<b>Partners:</b> FSCs, CMH partners, school-based MN health providers, schools	

Task	Board Member Staff		Due Date	Progress	Budget
	Responsible	Responsible			
1. Outreach to potential partners to lead or co-host community discussions on children’s mental health		Laura LaCroix-Dalluhn	3/31		\$0
2. Planning events with co-leads and healing sessions					\$0
3. Healing Sessions for families					\$0
4. Develop evaluation tool		Cheryl Holm-Hansen			\$0
5. Plan and lead WRAP opportunities for parents and caregivers	Liz Gronert	Margaret Sullivan			\$0
					\$0
				Total	\$0

<b>Strategy 2:</b> Improve coordination and navigation of children’s mental health services	
<i>Why? Access to children’s mental health is not consistent; parents and caregivers state concerns that access is too often driven by who they know, not what is available.</i>	
<b>Goal 1</b>	<b>Goal 2</b>
Increase knowledge through distribution of service continuum mapping. Consider developing a tool and/or training to inform access to system; sample tools/resources include Autism Portal, Help Me Connect, etc.	Increase knowledge and navigation of services through Parent Peer Support training.

<b>Goal 1:</b> Develop tool and/or training to inform access to children’s mental system; sample tools/resources include Autism Portal, Help Me Connect, etc.	<b>Define Success:</b> Increase knowledge and access to children’s mental health system.
Partners: Collaborative Partners, Coordination Team. Broader Children’s Mental Health Providers	

Task	Board Member Staff		Due Date	Progress	Budget
	Responsible	Responsible			
1. Joint meeting with Journey Mapping leads and Service Continuum work group to review findings and seek overlap and identify next steps	Jenna and Krista	Laura, Cheryl and Margaret			\$0
2. Meeting with 211 staff to understand data collection and service information		Laura LaCroix-Dalluhn			\$0
3. Identify strategies to increase knowledge to CMH services among parents and providers			Post data summit		\$0



4. Develop evaluation tool		Cheryl Holm-Hansen			\$0
5.					\$0
				Total	\$0

<b>Goal 2:</b> Increase access to Parent Peer Support	<b>Define Success:</b> Parents will have the option to take place in parent peer support training whether they would like to get certified or just learn more
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**Partners:** PCLG parents, Peer Support Training Partners, MACHMA, MN Dept of Health, etc.

Task	Board Member Staff		Due Date	Progress	Budget
	Responsible	Responsible			
1. Form workgroup to improve access to training			Post data summit		\$0
2. Offer a more informal "Parent Partner" training that doesn't require certification. This could potentially help more communities of color					\$0
3. Offer incremental levels of training					\$0
4. Develop evaluation tool		Cheryl Holm-Hansen			\$0
5.					\$0
6.					\$0
7.					\$0
8.					\$0

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Total	\$0
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**2022 Strategy Screen**  
December 3, 2021

We will undertake strategies that....

	Parent engagement	Parent training as peer navigators	Service Continuum tool	Convening providers and stakeholders
Define intent of each strategy...				
Are consistent with our system of care values				
<p>Build on, or reinforce, our competitive advantage</p> <ol style="list-style-type: none"> <li>1. Collaborative table allows people to discuss issues they cannot at work or with their employer because they are beyond their own scope of work but impact their ability to impact their own goals</li> <li>2. We bring diverse perspective to the table to identify issues and concerns and inform solutions</li> <li>3. When functioning as a collaborative we are asset based in our approach</li> <li>4. We use systems thinking when working on behalf of families</li> <li>5. We understand how the services and systems work together or don't (or want to discover)</li> </ol>				
Youth and/or families requested these services or increases family and youth voice				
Makes a difference for families				
Does this address an inequity in services?				
Does this address an inequity in access and/or knowledge of how to access?				
Does this address an inequity in the system?				
Builds upon previous work				
We have the capacity (people, time, resources and will) to take on this strategy				
It does not duplicate services, but does align or support other services				
Data supports the need				

Creates opportunities to engage other stakeholders				
Can be prototyped or piloted				
Can be scaled and/or sustained across the county				

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