

## Governance Committee Meeting Agenda

Wednesday, September 21, 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 - Pat Dale**

Provide welcome to new members and guests and provide overview of expectation of voting members and guests. Approve minutes and agenda.

*(Meeting materials: August 2022 Meeting Minutes, September 2022 Agenda)*

**3:40 Approve New October Meeting Date - Pat Dale**

The October Governance Committee and parent engagement training will change from Oct 19, 2022 to Oct 26, 2022. The meeting will take place Oct 26, 2022 from 3:30-5:00 PM.

**3:45 Youth Serving Organizations & Children's Mental Health**

Learn how youth serving organizations and youth workers are addressing children's mental health needs across Hennepin County, and discuss strategies to support children's mental health in the out-of-school time. *(Meeting materials: Summary of Journey Mapping: Youth Serving Organizations & Children's Mental Health)*

- Brooklyn Bridge Alliance for Youth – Rebecca Gilgen
- Minneapolis After School Network, Minneapolis Youth Coordinating Board – Rachel Oberg-Hauser
- Beacon's Programs – YMCA of Minneapolis, Hayley Tompkins

**4:15 Community & Parent Engagement and Investments in 2022 - Pat Dale**

Discuss community and parent engagement opportunities through PCLG and other community partners.

*(Meeting materials: Parent engagement coordinator job description and funding, CHIP violence prevention request, youth mental first aid request, SBMH request, PCLG materials)*

- Parent Catalyst Leadership Group and Parent Activities
- Community Engagement Opportunities; ACES Training & Kente Circle
- Expanded Parent Engagement Opportunities through new grant
- Funding violence prevention activities
- Funding youth worker mental health first aid
- Funding school linked mental health conference

**4:35 2023 Budget Discussion - Pat Dale**

Review and discuss business updates and provide input to workgroups and preliminary budget planning.

*(Meeting materials: 2022 Budget, Year-to-Date Actuals and Preliminary 2023 Budget)*

**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

## Governance Committee Meeting Minutes

August 17, 2022

**In Attendance:** Pat Dale, Liz Gronert, Andria Blade, Aric Jensen, Tonya Allen, Angela Watts, Maria Tripney, Meredith Martinez, Krista Phillips, Jim Grathwol, Cindy Slowiak, Jenna Mitchler, Susie Voss, Brandon Jones, Debbie Wells, Mark Sander, Monica Long, and Rachel Harris.

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

### Welcome & Approval of Meeting Minutes & Agenda

- Monica L. motioned to approve the June minutes, and Cindy S. seconded. The motion was approved.
- Angela W. made a motion to approve the agenda with the addition of a vote for increasing youth violence prevention funding from \$19,000 to \$20,000, and Krista P. seconded. The motion to amend and approve the agenda passed.

### Parent Catalyst Leadership Group Activities & Expanded Parent Engagement Opportunities

- Margaret S. provided an update of PCLG.
  - Let's Talk About It last month on parenting Trans and Gender-expansive youth. We hope to offer a couple more sessions for parents on gender-expansive youth. We are looking for organizations that might want to partner with us or help recruit parents.
  - The next Let's Talk About It will be on September 20<sup>th</sup> and focus on family stabilization services.
  - A Wellness Recovery Action Planning workshop (WRAP) was completed and well received by participants. Liz G. shared that she is wondering how to go forward with WRAP and how we can best utilize it. Margaret shared that WRAP takes 2 days or 8 2-hour sessions.
  - Laura L-D asked for suggestions for improving access to training. Many people expressed interest and excitement in the WRAP training, so we are looking to hear if people think that their agency would be interested in providing this service to families and what they think about it.
    - Angela shared that she has experience with WRAP and feels that it is exciting and effective. Pat D. suggested that the training could take place over a weekend to make it more accessible for people to attend.
    - Margaret and Liz both feel that the 2-day approach has been better in the past even though they are long days. Liz feels that should not be more than a week between the 2 days of training.
    - Pat asked if there was a targeted group size. Margaret and Liz answered that 12 people should be the maximum and 5 people should be the minimum.

- Laura asked if it would be helpful for the collaborative to identify individuals to train to do this work so we can offer the training on a more regular basis. Laura also asked if it makes sense to partner with some of our family service collaboratives to make it more specifically targeted to communities.
  - Krista shared that she did not know enough about it to answer that, Angela and Rachel H. agree.
- Liz shared that it takes 40 hours to be trained to facilitate WRAP training.
- Pat asked if others thought it would be helpful to have a video or someone vouching for this training to take place for different agencies.
- Debbie W. feels that it would be helpful to have someone vouch for it and a video would work great.
- Liz shared that PCLG has been doing WRAP and said that this could be a way of bringing the parent support through in the collaborative.
- Angela Watts shared that she is happy to vouch for WRAP training.
- Liz stated that she will share reviews and comments from parents who have completed the training to utilize while vouching for it.
- Laura shared that we are trying to expand the options for parent engagement.
  - Mental Health Connect is a coalition of 30 to 40 faith-based organizations that want to increase knowledge on children's mental health, first aid, and other topics. We are meeting with them to discuss how to connect around children's mental health and share space with them without moving into the faith world.

### **Business & Workgroup Updates**

- Cheryl H-H. provided an overview of the parent-driven workgroup
  - This workgroup focuses on the aspects of the journey mapping process related to parents' experiences in the system.
  - This group has finished the concept paper, basically proposing a 3-part strategy focusing primarily but not exclusively on providers found below.
    - Compiling a toolkit for family-driven care
    - Educational programs for parents
    - Developing a learning collaborative model for providers where they can participate in interactive training and reflections to boost their family-driven practices.
  - Angela asked how long this process would be, and Cheryl said 9 months to a year.
- Laura provided an overview of the awareness of services workgroup.
  - Laura stated the work group discussed supporting current efforts when possible and working together to share existing resources and raise awareness about them.
  - Laura state there were tools, such as google analytics, that could help refine search engine and more quickly connect parents, caregivers and community partners to these resources.

- Meredith M. said it would be helpful to walk parents through strategies, in the moment decision-making practice sessions to help them manage behaviors or challenges that happen repeatedly.
- Brandon shared that MACMH is considering a video guide and/or a graphic novel to make information more digestible.
- Margaret provided an overview of the peer support workgroup.
  - We are still working on our plan, but we are discussing training parents to be peer mentors to help with navigational skills, mentoring support, supportive listening, providing targeted research.
- Executive Committee Members
  - In June we agreed to add up to 4 more people. We wanted diversity of experience, BIPOC Members and males. We still have one parent positions open. The above may include parents.
  - Andria Blade agreed to join the Executive Committee, she will do so in September 2022. We are still looking for additional members and wanted to provide time for questions or comments.
- Collaborative Evaluation
  - Cheryl will begin evaluation of collaborative activities and sponsored events. We are asking everyone to please take the time to respond.

## **2022 Budget Review**

- Laura went over the budget as of June 30th.
  - In 2022, the Collaborative budgeted \$15,000 for scholarships and training, with \$7,000 for scholarships, training, & sponsorships and \$8,000 for System of Care training. We have fully expended the scholarship and training budget. The executive committee agreed that we should put the money together from scholarships and training.
  - We approved \$19,000 in funding for youth violence prevention and community level mental health supports for youth in Hennepin County through a partnership with the Hennepin County Community Health Improvement Partnership (CHIP). Recently, they requested an additional \$1,000 for expenses. This would increase this budget line to \$20,000.
  - Meredith motioned to change the funding from \$19,000 to \$20,000 and Angela seconded. The motion was approved.
  - In addition to voting on these 2022 budget items, we need to begin planning the 2023 budget. Based on today's updates from our workgroups and parent engagement strategies, we are looking for your suggestions on how to prioritize children's mental health needs in 2023, specifically thinking about adhering to system of care values and principles as well as strategies.

## **Adjournment**

- Krista moved to adjourn, and Jenna seconded. The motion was approved.



# In their own voices:

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

### SUMMARY FOR YOUTH PROGRAMS

April 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 2021-2022, we embarked on a project 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 along the way?

As part of this process, many parents sought community-based programming for their children, such as mentoring, sports, or arts programs. These services were valued supports for mental health, offering opportunities for socialization, creativity, and exercise. This summary provides a high-level overview of this project, with a focus on parents’ experiences seeking community supports.

### About the project

Hennepin County parents of children with mental health issues were invited to participate in interviews about their experiences with the children’s mental health system. Parents were recruited through a variety of newsletters, mailing lists, and social media sites. Interviews were conducted by phone or online and took approximately 45 minutes to complete, after which parents received a \$25 gift card to Target or Walmart.



## 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%

## Who was interviewed?

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

## 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.

## 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.



## What kinds of services did parents seek for their children?



**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



**96%** of parents looked for **mental health treatment** services that might be a good fit for their child



**90%** of parents **requested educational supports** for their child, such as pursuing an Individualized Education Plan (IEP) or 504 plan through their school district



**84%** of parents tried to **access mental health services** or supports that might be a good fit for their child



**76%** of parents **sought other supports** for their child, such as community recreational activities, sports programs, art programs, mentoring, etc.



**67%** of parents attempted to **obtain medication** to treat their child's condition



**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



**41%** of parents **sought services from other healers** (such as herbalists, faith leaders, nutritionists or traditional healers).

## Overall 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.

*"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."*

## **5 Once needs are identified, it is often difficult to obtain services**

Once parents identify services, 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."*

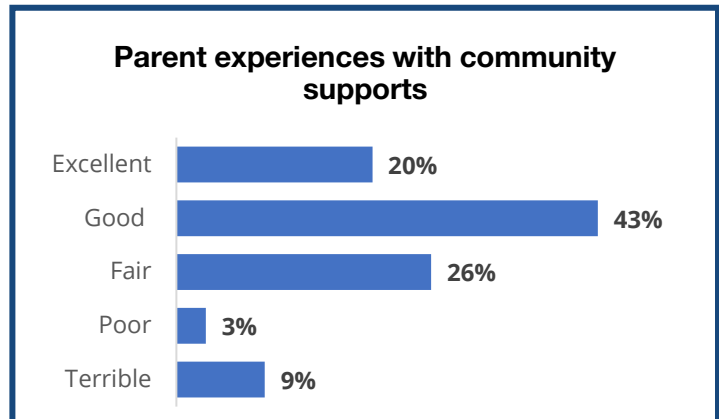
*"Like everything with mental health, if the parent doesn't push nothing happens. We just kept pushing and asking questions and seeing what else can be done."*

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

# Feedback regarding community programs

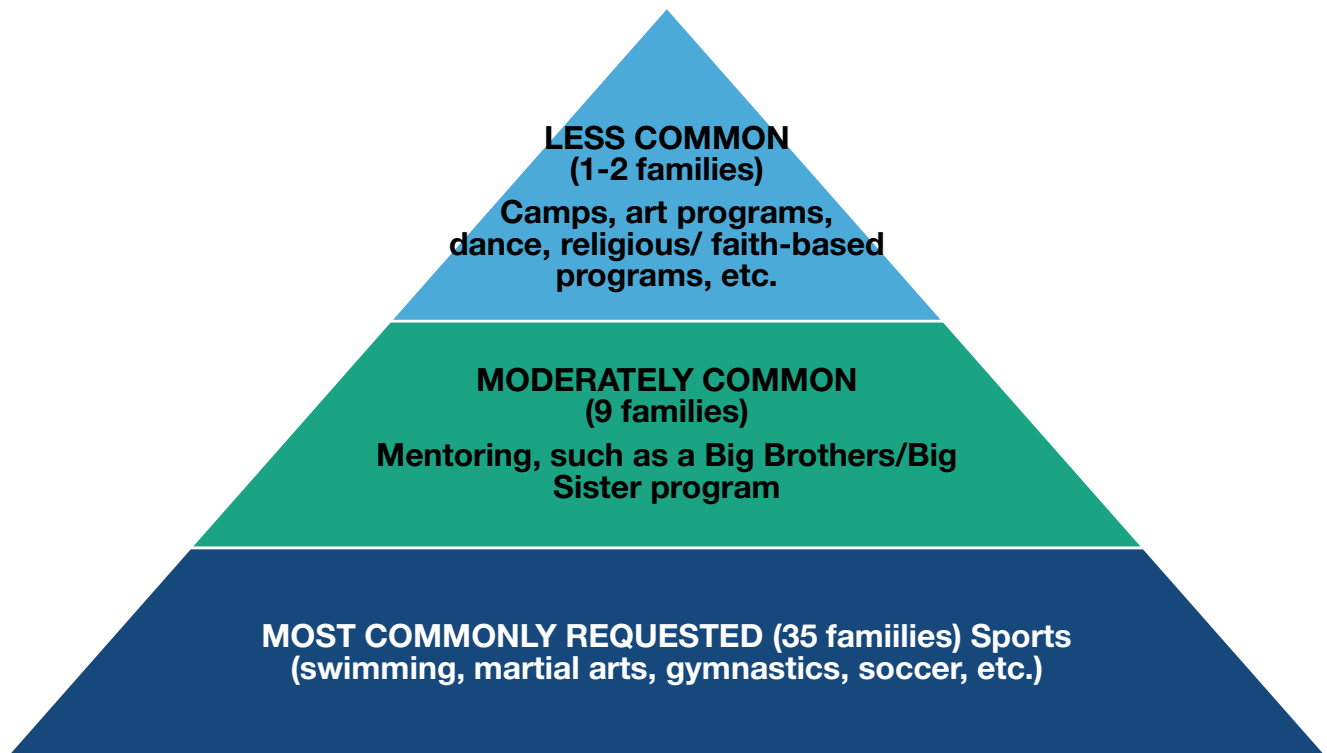
To support their children with mental health concerns, families often turned to other types of community programs, such as sports, art classes, or mentoring. While these programs may benefit all children in a number of ways, there are a number of reasons why parents may seek these services as part of their plan for supporting their child's mental health.

Parents may look for services to help children release energy, express emotions, receive guidance, or gain socialization. Parents may also value these services as an opportunity for some respite from the challenges of parenting.



Seventy-six percent of the parents interviewed for this project sought community services for their child. Two-thirds of these parents (63%) rated their experiences with these services as "good" or "excellent."

## Types of community services sought by parents as they entered the children's mental health system





## Community programs had important benefits for children/youth

Parents often sought community-based programs due to the benefits for their child's mental health. Participating in programs such as sports, arts, or mentoring can help reduce mental health symptoms and provide opportunities for children to socialize with others.

*"We keep him more scheduled rather than less because that's an important tool for managing his anxiety. I would want him in sports and community activities for general well-being, but he does more because it's better for his mental health."*

*"She's calmer and more focused after martial arts."*

*"[His mentoring group] included kids that were like him, and it helped with socializing."*



## Other parents were especially important in helping parents find appropriate community programs

For other types of supportive services, parents sought input and guidance from a combination of service providers and other parents. However, as it relates to community support programs, parents mostly turned to each other for suggestions. Parents were able to recommend services that have benefitted their own child, or offer insight into which programs are more ready and willing to accommodate children with special needs.

*"A lot of times it seemed like social workers didn't know about community supports. I learned about them from other special needs moms. There was a lounge at the hospital and we'd share names of all of the things that we had tried or had done."*

*"Families in the waiting room [suggested activities]."*

*"Facebook has good local groups for parents of kids with special needs [where I could get ideas for programs]."*



## It could be difficult to find services adapted for children with special needs

Many children with mental health issues do not require any modifications or adaptations to participate in community-based programming. However, for some families, it was important to find programs that could accommodate their child. Depending on their child's needs, some parents looked for programs that could support children with sensory sensitivities, high levels of anxiety, limited socialization skills, behavioral challenges, or emotional regulation.

*"The programs specifically for children with special needs were excellent. The ones that were not were not as good."*

*"The coaches were horrible in terms of supporting him. They did not understand him and did not do any accommodations."*

*"The programs said that they didn't have anyone who could work with [my son]."*

*"We looked for a mentoring program and a sport. Because of his mental health, he couldn't get into them. We couldn't find any programs that fit him and his needs."*

*"Church activities didn't work. She needed too much help due to her behavior. I got phone calls that my child was acting out."*

*"He did a community education course this summer but got kicked out. He did camp, and I got calls every week."*

While this option was not available for all parents, due to limited time or other resources, some parents chose to support their child's activities more directly. Sometimes, this meant simply staying present at activities to support their child's behavioral or emotional needs. Some parents became coaches or led programs so that they could address any emotional or behavioral needs themselves.

*"Most services are not adaptive, but most instructors have grace. However, I need to stay on site during the activity."*

*"Sports can be difficult from a sensory regulation perspective. I don't think [child] could do it without his father coaching. Because his father can tell when he's revving up, he can help [child] right away."*

*"We intentionally do sports for [child] but his dad has to coach because things can go south quickly. It's a big investment of time."*

*"I needed to provide extra support to my daughter during Girl Scouts so I became a troop leader."*



## **Once parents found appropriate services, a variety of logistical barriers limited participation**

Logistical barriers made it challenging for some families to participate in community programs. Some parents found it stressful to manage the logistics of scheduling services and completing paperwork. Cost was prohibitive for some families, which limited their opportunities to participate.

*"There were long wait lists and a complicated application process...very long and drawn out."*

*"We applied for scholarships but the program was still too expensive."*





## Children may not feel accepted or comfortable participating in programs

Finding a program that sounded promising was not always enough. Sometimes, the program still ended up not aligning well with the child's interests or comfort level. Programs could sometimes end up being an uncomfortable experience for children, if they felt anxious, embarrassed, or rejected by the other participants.

*[Child] didn't like [the program] due to not being socially ready."*

*"[Child] was anxious about all of the kids. Instead of feeling included, she just felt anxious and forced to go."*

*"It was a challenge when my son would feel singled out, knowing he was not like a lot of children around him."*

*"We wanted [our daughter] to have positive experiences and for people to understand her. Nothing ever went really well. We've pulled out of a lot of programs before the end to not break our daughter's spirit."*



## Community-based programs were frequently disrupted by the COVID-19 pandemic

Interviews were generally conducted with parents who sought services for their children within the previous five years, which encompasses the COVID-19 pandemic. While the pandemic disrupted many services, parents talked about the particular impact of the pandemic on sports and other community recreation programs. While many mental health services transitioned into other formats, such as telehealth models, many community-based programs were suspended during the pandemic. Parents felt this impact, feeling that important supports simply were not available.

*"COVID caused a lot of things to close or limit participation. The ones that are still available are less accommodating."*

*"COVID has made it really challenging to find groups for [my son] to meet other kids. It's so hard to have group meetings right now."*

*"My daughter was enrolled in art programs before the pandemic; however the pandemic led to these programs' cancellation."*

# Recommendations

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## Community-based programs

- Expand availability of community-based programs adapted to meet the needs of children with mental health needs.

## System

- Compile and distribute information about community-based programs for children with mental health needs.
- Offer resources and training, such as mental health first aid training, to community-based program staff.
- Offer financial support to parents to increase access to community-based programs.

## To learn more

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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](mailto: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 [hcpcg@yahoo.com](mailto:hcpcg@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](mailto:cheryl@community-research.solutions).

## **Overview**

The Hennepin County Children's Mental Health Collaborative (HCCMHC) proposes to partner with Hennepin County Behavioral Health to support its System of Care application to SAMSHA. HCCMHC's support will occur indirectly through community system of care coordination activities with nonprofit and local agencies serving children and families; as well as direct support for family and youth engagement through staffing the Family Coordinators. Below is a summary of their proposed work priorities and budget.

## **Family Coordinator**

HCCMHC proposes hiring a family coordinator to support Hennepin County's system of care proposal; and further align and support the Collaborative and County family engagement goals and activities. Hennepin County and HCCMHC propose the family coordinator will support and augment the existing activities and goals of children's mental health providers and programs working with children, youth, and families by amplifying their experiences and suggested changes. The Family Coordinator will act as a liaison between community-based organizations, the children, youth, and families they serve and decision-making organizations. They will work closely and coordinate with the Hennepin County outreach and engagement team. They will identify gaps and needs and bring these to the attention of organizations working with children and youth as well as decision-makers.

Hennepin County is home to several large urban cities, many of which have been the epicenter of civil unrest and racial violence in the Country the past two years. Racism and community violence have remained constant for many BIPOC families in Hennepin County. While every family in Hennepin County has suffered during the pandemic; Black, Indigenous and people of color (BIPOC) have been under persistent stress which is causing additional trauma. Trusted community partners often play a significant role in bridging the needs of marginalized communities, and this is especially true of BIPOC children, youth, and families.

In year one, the new Family Coordinator will begin building trust and relationships with these community-based organizations in Hennepin County, focusing on those serving families who are underrepresented in children's mental health services but experience high mental health needs. The Family Coordinator will assess strategies implemented by these organization and help identify gaps in services and supports. Information from these assessments will be used to inform service expansion and/or create new services to address gaps and improve health and wellness.

Direct work with parents and youth will continue in year one through the HCCMHC current parent leadership group, which focuses on supporting families and informing systems of care efforts to make programs and resources more responsive to family needs. The Family Coordinator will work closely with current staff and parent leaders to further identify priority

areas of change and/or reform. The overarching goal for the Family Coordinator in year one is to expand culturally appropriate support to families and further connect children’s mental health resources to families across Hennepin County.

In year two, the Family Coordinator will focus attention on barriers to families and identify potential practice and policy changes to address these issues, e.g. providing trauma-informed care and focusing on recovery and wellness in youth serving organization. The Family Coordinator will continue their role as liaison between community-based organizations, families, the HCCMHC and Hennepin County children’s mental health services. Family barriers and proposed changes will be documented and shared with local and county decision-makers. Collaborative and County leaders will identify priorities and then develop strategies to seek change in partnership with children’s mental health services providers and stakeholders. Funding will be used to assist community-based programs parent and youth engagement strategies and programs. Funding will also be used to pilot new services over the next two to three years.

In years three and four, the Family Coordinator will continue to represent the needs of families as liaisons between community-based organizations, HCCMHC parent leaders, Collaborative and County leaders. They will prioritize practice and policy changes that will support children and youth in Hennepin County and begin implementation of new practices and/or policies and document changes (or barriers to change). Similar to year two, funding in years three and four will be used to assist community-based programs parent and youth engagement strategies and programs and pilot new services.

Family Coordinator Work Priorities (.75 FTE)

<b>Work Activities and Priorities</b>	<b>Lead Family Coordinator</b>
Lead parent and community engagement activities for SOC grant in partnership with Hennepin County Behavioral Health team	x
Attend HCCMHC and Hennepin County System of Care Meetings	x
Meet with local units of government who support children’s mental health services, including Family Service Collaboratives	x
Identify community-based organizations working with children, youth and families underrepresented in children’s mental health services	x
Assess the strategies implement by trusted community-based organizations and help identify gaps in services and supports	x
Identify opportunities to expand and/or create new services and programs offered by trusted community-based organizations	x
Coordinate with HCCMHC parent leaders to identify priority areas of change/reform	x
Create recommendations for change based on family priorities	x



Establish criteria for supporting trusted community-based organizations to expand representation of parents and youth	
Act as liaison between community based partners and children’s mental health providers	x
Work with Collaborative and County leadership to represent parents in policy and decision-making	x
Work with children’s mental health providers to address practice and policy changes to positive impact service delivery	x
Work with Collaborative partners to address practice changes to positively impact service delivery	x
Work with County partners to address practice changes to positively impact service delivery	x
Identify local policy barriers for families and opportunities for improvement	x
Identify statewide policy barriers for families and opportunities for improvement	x
Work with local leaders to implement policy changes and keep families informed	x

**Proposed Family Engagement Budget**

Below is a proposed budget for family engagement work completed through the SOC proposals.

	Year One	Year Two	Year Three	Year Four
Contracted Family Coordinator (.75 FTE)	\$70,200	\$70,200	\$70,200	\$70,200
Program and Engagement Activities	50,000	50,000	50,000	50,000
NAMI – MN Administrative Fees	\$6,000	\$6,000	\$6,000	\$6,000
<b>Total</b>	<b>\$126,200</b>	<b>\$126,200</b>	<b>\$126,200</b>	<b>\$126,200</b>

**Budget Narrative**

**Contracted Family Coordinator**

Contracted employee will be hired by the Collaborative through its fiscal sponsor NAMI-MN. The hourly rate reflects a contracted fee rather than a salary.

**Program and Engagement Activities**

Program and engagement fees will be granted to community partners to support their parent and youth engagement programs and for Collaborative supported programming and activities. Expenses will be paid through the Collaborative's fiscal sponsor.

Year One & Two: Five community partners will receive \$10,000 grants to expand their parent and/or youth engagement work to increase the number of families engaged.

Year Three & Four: Five community partners will receive \$10,000 grants to pilot new strategies to engage families and youth as identified during years one and two.

**Administrative fees.**

Administrative fees will cover HCCMHC fiscal sponsor fees to NAMI-MN. Administrative fees cover accounting, insurance, and fiduciary oversight for grant activities. Administrative fees will cover insurance fees for contracted employees.

## Job Description: Family Coordinator

### Overview

The Hennepin County Children's Mental Health Collaborative's (HCCMHC) 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 HCCMHC 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.

### Family Coordinator

The Family Coordinator will support increased access and connection to children's mental health services to better reflect parent and family voice and needs within the children's mental health system in Hennepin County. The Family Coordinator will act as a liaison between community-based organizations, BIPOC-focused organizations, and children, youth, and families they serve and decision-making organizations such as local government and county agencies. They will work collaboratively with the Hennepin County's Behavioral Health outreach and engagement team. They will identify gaps and needs of children, youth and families, and bring these to the attention of organizations working with children and youth as well as decision-makers.

The Family Coordinator will work 30/hours a week as a contracted position. They will lead and support the following work and report to the Collaborative Coordination. The Family Coordinator will work in partnership with Hennepin County Behavior Health team on System of Care goals.

- Lead parent and community engagement activities for SOC
- Meet with local units of government who support children's mental health services, including Family Service Collaboratives
- Identify community-based organizations and BIPOC-focused organizations, working with children, youth and families underrepresented in children's mental health services
- Assess the strategies implement by trusted community-based organizations and help identify gaps in services and supports, and identify opportunities to expand and/or create new services and programs offered by trusted community-based organizations
- Coordinate with HCCMHC parent leaders to identify priority areas of change/reform
- Work with Collaborative and County partners to address practice changes to positively impact service delivery
- Identify local policy barriers for families and opportunities for improvement
- Participate in HC's development of a governance structure for system of care

## **Hennepin County's Community Health Improvement Partnership to Address Youth Violence and Mental Health**

Early this year, the Hennepin County Children's Mental Health Collaborative provided funding to four mini grant applicants to address the increase in youth violence in Hennepin County. The HCCMHC worked with the Hennepin County's Community Health Improvement Partnership ([CHIP](#)) to leverage shared goals to address the increase in acute violence and the mental health needs of the youth of Hennepin County. In keeping with the Governance Committee's objectives to support youth violence prevention and mental health ongoing and avoid one-time investments, the Healing Circle Working Group suggested an ongoing partnership with CHIP in 2022.

CHIP will release a new application focused on trauma-informed communities, the mental well-being of communities and the important role that housing stability plays in community health and well-being. The HCCMHC again has an opportunity to invest in mental health supports for youth experiencing violence.

Staff recommends investing \$40,000 in youth violence prevention and mental health support through a collaborative partnership with CHIP, totaling \$60,000 in 2022. Funding would be dedicated from the Collaborative's system of care pilot funds to cover this partnership in 2022 and sustain efforts to address youth violence and mental health in Hennepin County.

## **Funding Youth Mental Health First Aid Training for Youth Workers and Staff in Out-of-School Time Organizations**

Parents in Hennepin County rely on youth serving organizations, programs and services to support their child's mental health and wellness. According to the Collaborative's journey mapping project, parents seek support to address their child's social emotional health, e.g. support their activity needs through sports and outdoor activities or practice socializing in groups.

Youth workers have expressed concerns about increased needs mental health among children and youth in Hennepin County. Training youth workers and youth serving program staff and volunteers in youth mental health first aid can help move the children's mental health care system upstream; and increase knowledge and awareness among adults working with children and youth.

The [National Council for Mental Wellbeing](#) offers Mental Health First Aid Training for both [youth workers](#) and [teens](#). Training costs are \$19-24/pp. The courses may be conducted in either a series of six 45-minute in-person training sessions—or three 90-minute training sessions—or through a blended approach that combines a self-paced online lesson with six live, instructor-led training sessions.

Staff recommends investing \$15,000 in grants to out-of-school time networks or organizations in Hennepin County to coordinate and provide mental health first aid training to youth workers, staff and volunteers with the goal of training 500 youth workers and volunteers in 2022.

# Hennepin County Community Health Improvement Partnership (CHIP)

## CHIP is a coalition of partners from across the community

Hennepin County CHIP was founded in 2012 on the idea that solutions to complex health issues can be found when partners from across the community work as one. The local health departments within Hennepin County convene and provide staff for CHIP\*. Our membership comes from the public, private, and nonprofit sectors and includes health care, housing, education, and others.

We target community health issues together for greater impact.

## CHIP is committed to equity and informed by data

Health and racial equity are at the core of our work. We start with this perspective in all of our planning and in how we prioritize issues. We strive to focus on the ways structural and institutional racism and bias impact outcomes for people of color. We use a racial equity lens to focus our intent and bring us to a shared understanding, language, and definition of race and bias as we catalyze and carry out our work.

To help us with this commitment to health and racial equity, we partner with communities and use data to plan and prioritize for the future and measure our impact. We ask communities for ideas and solutions through ongoing action teams and twice yearly events we call CHIP collaborative events. Other data sources include community health assessments, surveys, and key informant interviews.

## CHIP is focused on community mental well-being and housing stability

Our focus for the next five years is on two priorities: community mental well-being and housing stability as a social determinant of health and well-being.

We conducted key informant interviews with members of communities who are directly impacted by these issues. These interviews helped us formulate a vision and a plan for addressing both priorities and our action teams are now carrying out these plans. Our semi-annual CHIP collaborative events help us check in with communities to ensure that we're still on the right track.

Past CHIP accomplishments have included improving: school readiness; nutrition, obesity, and physical activity; and social connectedness.

\* CHIP was founded by Hennepin County Public Health, the Minneapolis Health Department, the health departments of Bloomington, Edina, and Richfield, with other partners. Community Health Improvement Partnerships are a best practice and a requirement for accredited health departments. Learn more at [hennepin.us/chip](http://hennepin.us/chip)



# Community Mental Well-being

## Vision

Lead equitable policy and systems change that promote physical, social, and racial well-being and honors self-determined communities

*Examples of what we hope to achieve*

- Demonstrate to communities that we are committed to examining our own policies and practices through a health and racial equity lens
- Support spiritual/faith/cultural leaders in their efforts to respond to trauma in their communities

## Plan

*Become trauma informed/trauma responsive organizations*

Example: use trauma informed tools and templates to review and revise policies and practices in CHIP partner organizations

*Partner with spiritual, faith, and cultural leaders*

Example: listen to the personal stories of spiritual, faith and cultural leaders as they respond to trauma in their community; better understand the barriers and challenges they face and how CHIP partners might support, promote, and advocate for their work

# Housing stability

## Vision

All people have equitable opportunity for stable, affordable housing in vibrant communities

*Examples of what we hope to achieve*

- Collaborate with communities and cross sector partners to reduce housing barriers for prospective tenants and residents of rental communities
- Support community led initiatives in rental communities that increase social connectedness

## Plan

*Partner across sectors to increase racial equity in rental housing*

Example: Bring the expertise of housing, healthcare, and communities together to address current issues brought to the CHIP housing stability action team

*Partner with people of color and indigenous populations to increase social connectedness in rental housing*

Example: Advocate for and support tenant groups to build socially connected and supportive communities



# YOUTH MENTAL HEALTH FIRST AID

## WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.

**10.2%**

of youth will be diagnosed with a substance use disorder in their lifetime.

Source: Youth Mental Health First Aid\*\*

**1 IN 5**

teens and young adults lives with a mental health condition.

Source: National Alliance for Mental Illness\*

**50%**

of all mental illnesses begin by age 14, and 75% by the mid-20s.

Source: Archives of General Psychiatry\*\*\*

## WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers.
- School Staff.
- Coaches.
- Camp Counselors.
- Youth Group Leaders.
- Parents.
- Adults who Work with Youth.

## WHAT MENTAL HEALTH FIRST AID COVERS

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect the youth with help.
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying.

## THREE WAYS TO LEARN

- **In-person (2nd Edition)** – Learners receive their training during a 6.5-hour, Instructor-led, in-person session.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
  - » A video conference.
  - » An in-person class.

## Learn how to respond with the Mental Health First Aid Action Plan (**ALGEE**):

- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

### Sources

\* National Alliance on Mental Illness. (n.d.). Kids. <https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids>

\*\* Mental Health First Aid. (2020). *Mental Health First Aid USA* for adults assisting children and youth. National Council for Mental Wellbeing.

\*\*\* Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6); 593-602. doi: 10.1001/archpsyc.62.6.593



## teen **MENTAL HEALTH FIRST AID**

### WHY **teen** MENTAL HEALTH FIRST AID?

teen Mental Health First Aid (tMHFA) is a training program for teens brought to the United States by the [National Council for Mental Wellbeing](#) in partnership with [Born This Way Foundation](#).

It teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of mental health and substance use challenges in their friends and peers.

# 49.5%

**of adolescents ages 13-18 live with a mental disorder.**

More than 1 in 5 (22.2%) of them experience a severe impairment.

*Source: National Institute of Mental Health*

# 50%

**of all mental illnesses begin by age 14, and 75% by the mid-20s.**

*Source: Archives of General Psychiatry\*\*\**

**Suicide is the second-leading cause of death for youth age**

# 15-19

*Source: National Center for Health Statistics*

### WHAT IT COVERS

- Common signs and symptoms of mental health and substance use challenges.
- Common signs and symptoms of a mental health crisis, particularly suicide.
- The impact of school violence and bullying on mental health.
- How to open the conversation about mental illnesses and substance use with friends.
- How to seek the help of a responsible and trusted adult.

### WHO TAKES OR TEACHES tMHFA?

- Teens in grades 10-12 or ages 15-18.
- High schools, organizations partnering with a high school and youth-serving organizations are eligible to teach tMHFA.

### THREE WAYS TO TEACH AND LEARN

- **In-person** – Lessons are conducted in person in six 45-minute sessions or three 90-minute sessions.
- **Blended** – Teens complete a self-paced online lesson, then participate in six live, Instructor-led sessions. These Instructor-led sessions can be:
  - » Video conferences.
  - » In-person classes.

#### Sources:

National Institute of Mental Health. (n.d.) *Statistics: mental illness*. <https://www.nimh.nih.gov/health/statistics/mental-illness>

Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6); 593-602. doi: 10.1001/archpsyc.62.6.593

National Center for Health Statistics. (n.d.) *Adolescent health*. <https://www.cdc.gov/nchs/fastats/adolescent-health.htm>



September 17, 2022

To: Hennepin County Children's Mental Health Collaborative Governance Committee

From: Jody Nelson, Ed.D., LMFT, Executive Director, Change Inc. & Mark Sander, Psy.D., LP, Director of School Mental Health, Hennepin County and Minneapolis Public Schools

Re: Proposal to Hennepin County Children's Mental Health Collaborative on behalf of Hennepin County School-Based Mental Health Work Group for Funding to Support Participation in MN School Behavioral Health Conference, Nov. 2-4

### About the conference

The Minnesota School Behavioral Health Conference is in its 6<sup>th</sup> year, bringing together collaborating partners and providers to build a school mental health framework of practice. Attendees include parents/guardians, schools, community mental health providers, advocates, consumers, policy makers, Tribal Nations, and state government. Attendees come to network and learn about the latest developments and best practices related to supporting students with mental health disorders.

This year's theme is *Reshaping through Resiliency: School-Based Behavioral Health in MN*. The conference is being held at Cragun's, November 2-4, 2022.

This conference seeks to offer attendees purposeful tools and techniques to implement and produce a positive impact on behavioral health and wellness specifically related to:

- **Evidence based supports** for students' and families' emotional health and well-being
- **Tools** for school staff and behavioral health providers
- Resources for school wide efforts to **reduce stigma** and support positive school climate
- Tools and resources to **support parents** to navigate behavioral health and educational systems

### About the Hennepin County School-Based Mental Health Work Group

Mark Sander has been facilitating the Hennepin County School-Based Mental Health Work Group since 2008. For fifteen years, parents, community mental health providers, and school representatives have met monthly to collaborate on the development of a school-based mental health framework, to share best and promising practices, and to partner on the sustainability of services provided children and youth with access through the school setting.

The national framework for school mental health has been evolving for over two decades and currently is known as Comprehensive School Mental Health Systems. Locally, Hennepin County has implemented school mental health services in more than 235 schools (228 public and intermediate schools and 7 charter schools.) There are currently over 198 full time equivalents (FTEs) of clinicians to serve almost 5940 children and youth in Hennepin County.

### Alignment with System of Care Principles

School-Based Mental Health Services in Hennepin County and the statewide conference are in alignment with System of Care Principles:

- They support a continuum of mental health services for children and youth that is integrated and comprehensive;
- They support an individualized approach which considers each child and youth and their family to be unique;
- Providing services through the school setting supports the philosophy of service provision in the least restrictive setting;
- School-Based Mental Health Services, and a focus of the fall conference, by their very nature require coordinated, systemic approaches;
- Family choice and youth voice are centered in School-Based Mental Health service provision; parent representatives have been involved in the planning of the fall conference and will be participants;
- Prevention and intervention are integral to the Comprehensive School Mental Health System and will be represented in the trainings at the fall conference;
- Equity and cultural humility are base values of School-Based Mental Health and these perspectives will be well-represented in the trainings at the fall conference;
- Data-driven-decision-making and research on best and promising practices is utilized in School-Based Mental Health and is represented in the trainings in the fall conference.

### The Ask

We are requesting funding from the Hennepin County Children's Mental Health Collaborative to support the collaborative's School-Based Mental Health Work Group to encourage participation in the Minnesota School Behavioral Health Conference. In the past, funding in the \$10,000 range was provided by the collaborative for this purpose. The funding was divided among community providers based on percentage of FTEs involved in School-Based Mental Health service provision. The cost of the conference ranges between \$250-\$500 depending on room occupancy and # of nights reserved.

Thanks in advance for your consideration!

## Approved 2022 Annual Budget

September 23, 2021

	<b>Budget Category</b>	<b>2022 Budget</b>	<b>Budget Description</b>
<b>Coordination Team</b>	LaCroix-Dalluhn Consulting: CMHC Lead Coordinator	75,000	Annual fees
	Community Research Solutions: General Support for CMHC	25,000	Collaborative research and evaluation, participation in Executive and Governance Committees, and other work as agreed upon
	Grant Writer	4,000	Grant writer for CMHC activities
	<b>Total Coordination Team</b>	<b>104,000</b>	
<b>Parent Catalyst Leadership Group &amp; Engagement</b>	Coordinator: Margaret Sullivan	30,000	Coordinate PCLG group and support events and outreach of group, manage group work in support of HCCMHC goals
	Parent Participation/ Engagement	25,000	Parent Engagement (PCLG & Other Engagement)
	Outreach	8,000	Support groups, projects, events, resource materials, printing, etc.
	<b>Total Parent Catalyst Leadership Group &amp; Parent Engagement Fees</b>	<b>63,000</b>	
<b>Program &amp; Operating Expenses</b>	CMHC General Support	15,000	Technology and website develop/maintenance, translation, printing, short-term rental, insurance etc.
	Scholarship/Training	15,000	\$8,000 System of Care Training/Technical Assistance and/or \$7,000 Scholarships for CMH Providers or Families
	SoC Pilot/Project Funding	200,000	Data Summit, Service Continuum Map Outreach & Education (related technology), parent & youth engagement
	Fiscal Agent Fee	4,800	\$400/month
	<b>Total Operating Expenses</b>	<b>234,800</b>	
	<b>Total Contract Budget</b>	<b>401,800</b>	

**Hennepin County Children's Mental Health Collaborative**  
**Jan 1-July 31, 2022**

**Budget vs Actuals**

	Budget 2022	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Billed YTD	Balance remaining
<b>Coordination Team</b>											
CMHC Lead Coordinator - LaCroix-Dalluhn Consulting	\$ 75,000	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00		\$ 43,750.00	\$ 31,250.00
Community Research Solutions: General Support for CMHC	\$ 25,000	\$ 2,512.50	\$ 2,241.25	\$ 6,112.50	\$ 1,912.50	\$ 1,612.50	\$ 1,256.25	\$ 1,162.50		\$ 16,810.00	\$ 8,190.00
Grant writer	\$ 4,000									\$ -	\$ 4,000.00
<b>Total Coordination Team</b>	<b>\$ 104,000</b>	<b>\$ 8,762.50</b>	<b>\$ 8,491.25</b>	<b>\$ 12,362.50</b>	<b>\$ 8,162.50</b>	<b>\$ 7,862.50</b>	<b>\$ 7,506.25</b>	<b>\$ 7,412.50</b>	<b>\$ -</b>	<b>\$ 60,560.00</b>	<b>\$ 43,440.00</b>
<b>Parent Catalyst Leadership Group (PCLG)</b>											
Coordinator - Margaret Sullivan	\$ 30,000	\$ 2,040.00	\$ 2,360.00	\$ 3,660.00	\$ 2,420.00	\$ 2,900.00	\$ 2,980.00	\$ 3,520.00		\$ 19,880.00	\$ 10,120.00
Parent Participation/Engagement - meeting stipends, travel	\$ 19,000	\$ 750.00	\$ 1,000.00	\$ 1,250.00	\$ 950.00	\$ 1,500.00	\$ 450.00	\$ 700.00		\$ 6,600.00	\$ 12,400.00
HCCMHC Parent Participation/Engagement - meeting stipends, travel	\$ 6,000			\$ 350.00	\$ 150.00		\$ 200.00			\$ 700.00	\$ 5,300.00
Outreach - support groups, projects, events, resource materials, printing, etc.	\$ 8,000	\$ 3.56		\$ 150.00			\$ 21.76	\$ 1,310.92		\$ 1,486.24	\$ 6,513.76
<b>Total Parent Catalyst Leadership Group</b>	<b>\$ 63,000</b>	<b>\$ 2,793.56</b>	<b>\$ 3,360.00</b>	<b>\$ 5,410.00</b>	<b>\$ 3,520.00</b>	<b>\$ 4,400.00</b>	<b>\$ 3,651.76</b>	<b>\$ 5,530.92</b>	<b>\$ -</b>	<b>\$ 28,666.24</b>	<b>\$ 34,333.76</b>
<b>Program &amp; Operating Expenses</b>											
CMHC General Support	\$ 15,000			\$ 8.70				\$ 694.00		\$ 702.70	\$ 14,297.30
Scholarship/Training	\$ 15,000					\$ 720.00		\$ 2,100.00		\$ 2,820.00	\$ 12,180.00
System of Care Pilot/Project Funding - Journey Mapping \$500	\$ 200,000	\$ 200.00			\$ 300.00			\$ 3,000.00		\$ 3,500.00	\$ 196,500.00
System of Care - violence prevention and children's mental health								\$ 19,000.00		\$ 19,000.00	\$ (19,000.00)
Fiscal Agent Fee	\$ 4,800	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00		\$ 2,800.00	\$ 2,000.00
<b>Total Program &amp; Operating Expenses</b>	<b>\$ 234,800</b>	<b>\$ 600.00</b>	<b>\$ 400.00</b>	<b>\$ 408.70</b>	<b>\$ 700.00</b>	<b>\$ 1,120.00</b>	<b>\$ 400.00</b>	<b>\$ 25,194.00</b>	<b>\$ -</b>	<b>\$ 28,822.70</b>	<b>\$ 205,977.30</b>
<b>Total</b>	<b>\$ 401,800</b>	<b>\$ 12,156.06</b>	<b>\$ 12,251.25</b>	<b>\$ 18,181.20</b>	<b>\$ 12,382.50</b>	<b>\$ 13,382.50</b>	<b>\$ 11,558.01</b>	<b>\$ 38,137.42</b>	<b>\$ -</b>	<b>\$ 118,048.94</b>	<b>\$ 283,751.06</b>