

Governance Committee Meeting

Wednesday, February 21, 2024 from 12:00 – 1:30pm

<https://us06web.zoom.us/j/83113557179>

Agenda

- 12:00 pm** **Welcome, Introductions & Approval of Meeting Minutes & Agenda – Pat Dale**
(Meeting materials: January Meeting Minutes & February Agenda)
- 12:10 pm** **2024 Work Priorities**
(Meeting materials: 2023-2024 Work plan)
Discuss work plan priorities and respond to Collaborative questions.
- 12:25 pm** **Discuss Parent/Caregiver Recommendations on Improving Children’s Mental Health System – Angela Watts & Coordination Team**
(Meeting materials: Slides on Parent/Caregiver Recommendations to Improve Children’s Mental Health System)
Brief overview and discussion on themes and recommendations from parents and caregivers in Hennepin County’s on improving the children’s mental health system and services.
- Awareness of services and support
 - Navigation assistance
 - Peer support
- 1:25 pm** **Collaborative Updates – Pat Dale**
(Coordination Team Updates, February 20, 2024)
Respond to questions about the written updates prepared by the Coordination Team.
- 1:30 pm** **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

January 17, 2024

In Attendance: Angela Watts, Pat Dale, Krista Phillips, Brandon Jones, Susie Voss, Asad Dahir, Kc Gammage, Mark Sander, Andria Daniel, Deborah Wells, Meredith O'Brien, Rachel Harris, Monica Long, Beth Lovre, Brenna MacDonald, Julia Messenger, Megan Hickey,

Staff: Laura LaCroix-Dalluhn, Cati Gómez, Hayley Tompkins, Fatima Muhammad, and Cheryl Holm-Hensen

Welcome & Approval of Meeting Minutes & Agenda

- Krista Phillips moved to approve the November minutes and Brandon Jones seconded. Minutes approved.
- Krista moved to approve the January agenda and Meredith O'Brien seconded. Agenda approved.

Governance Committee Business

- Governance Committee Role Description & Expectations
 - Laura LaCroix-Dalluhn shared the role description and expectations for a governance committee member she created with the help of the executive committee. Andria Blade asked if new and old members alike will be asked to sign this agreement, and Laura answered that it is up for discussion. Angela Watts, Cindy Slowiak, and Brandon shared that they feel it's a good idea to have people sign it. Asad Dahir shared he feels it would be good if everyone attended an orientation as a refresher on our goals, roles, and ways of working. Rachel Harris suggested there should be a presentation for the orientation and offered to send a model presentation.
- Approval of new Voting Members
 - Laura shared that Susie Voss of Family Wise and Patricia Vitale of Children's MN have offered to join the collaborative as voting members. Susie shared that she is excited to officially join, she has been with Family Wise for 10 years, and she is particularly excited about the system of care work. Laura shared that Patricia Vitale is the system-wide Mental Health Manager at Children's MN and will be stepping into Jamie Winter's previous role. She has shared that she is also interested in the system of care work and wants to engage others in this work.
 - Pat Dale moved to approve Susie Voss as an alternate and Patricia Vitale as a voting member. Krista seconded. Motion approved.
- Approval of Co-Chair
 - Angela shared that it is time to vote on Pat's position as a co-chair, he has exited from Youable but remains a great member of the collaborative and has offered to stay on. Cindy moved to continue Pat Dale as co-chair, and Andria Blade seconded. Motion approved.

- Laura shared that Karen Malka, who has been with the collaborative for 12 years and served as a co-chair of the PCLG is leaving. She joined when her children were elementary-aged and shared she is leaving now because they are adults. Karen has shared that the PCLG was very meaningful to her.
- 2024 Meeting Schedule
 - Angela shared that she feels the resources and time that go into preparing for the Governance Committee are significant and that she feels bimonthly meetings could allow for more robust conversations and greater participation. Rachel shared that we have discussed this in the past and many shared that they felt we need to meet monthly due to the important nature of the work. Angela noted that this is a coordinating body, and by having more time between meetings we could allow for more work to be done behind the scenes during that time. Meredith shared that she likes the idea of doing more work between meetings to lessen the administrative burden on the coordinating team. She feels the expectations and responsibilities would need to be laid out for participants to do between meetings for this to be successful. Angela shared that the administrative burden for these meetings takes up so much time and resources when we don't deliver services during these meetings. Cindy shared she is concerned about what we do with these meetings. They are currently used as a reporting function, but we want to use this opportunity to engage the voices of the people attending these meetings. Cindy shared that it will be important to focus on how are we using these meetings to advance the work, and other strategies we can do to build relationships and use our time. Angela shared that she feels too much of our meeting time is being taken up by updates, and shared that she wants to know that our meeting time is being used to advance the mission through planning and engaging.
 - Mark Sander shared that since he has been a part of the collaborative, we have used Robert's Rules of Order to approve motions and asked if this is necessary. Angela shared that she is intentional about her time and feels like these meetings are not always engagement, but an opportunity to share information and do business and asks if we can look at different ways to operationalize our time and build relationships. Pat suggested we get people thinking about this idea now, evaluate how productive this group is during our meeting times, and bring it back for discussion later in the year. Laura shared that utilizing Robert's Rules of Order is necessary because we are required to follow open meeting laws and track our meetings and discussions for public record.
 - Fatima Muhammad thanked Angela for bringing the power of her voice forward and for keeping us on track. Angela shared that she hopes to discuss this further at the executive level and come back with a potential plan. Laura shared that the executive committee has committed to shortening their meeting time from two hours to 90 minutes, and we as a governance committee could shorten our meeting times from 90 minutes to one hour if nothing else. Furthermore, Laura shared that we could also do a meeting schedule where every other month we

focus on updates and business, and in the in-between months, we utilize meeting time for workgroup discussions.

New Data on Children's Mental Health in Hennepin County

- Cheryl Holm-Hansen shared some highlights from the 2022 Hennepin County Student Survey Data.
 - Cheryl prefaced that this is an imperfect data source. The survey shows that self-reporting of long-term mental health problems among students has been steadily increasing. Of these students, one in three ninth graders and one in four eleventh graders report never receiving mental health treatment. The survey illustrates disparities in the level of reported long-term mental health issues among students of different cultures. 48% of American Indian and Alaskan Native students reported long-term mental health issues. Whereas only 26% of Black, African, and African American students reported long-term mental health issues. Cheryl noted that these differences may be in part due to different cultural beliefs regarding mental health. Data also shows disparities in the level of reported long-term mental health issues among students of different gender identities, with non-binary, gender non-conforming, and trans students reporting the highest levels. 25% of all eleventh-grade students reported considering suicide at some point, with similar disparities arising amongst demographics. Most students report feeling safe at school and in their neighborhood. However, most students report feeling safer in their neighborhood than they do at school. Perceived neighborhood safety is lower for Latine and American Indian/ Alaskan Native youth.
 - Krista noted that Minneapolis students were not included in this survey.
 - Laura shared that she feels the data highlights the importance of the work that we are doing with the family response and stabilization services through Hennepin county as well as Fatima's work in better connected BIPOC families with children's mental health services. The data showing who is less likely to access services is extremely important in how we continue to expand the scope. Meredith shared that she is curious about thinking about this from an asset based approach. Sense of safety in neighborhoods is relatively high likely because of trusted adults, family, neighbors, sense of community and belonging. Meredith asked how we build on these things to bolster safety and mental health. Brandon shared that he is alarmed by the high percentage of students who do not feel safe. Mark highlighted that he wonders how we can elevate the conversation about school safety, school-based mental health and other mental health intersections and what organizing the collaborative can do to support school safety. Julia Messenger shared that she feels a crucial part of students feeling safe in school welcoming and inviting staff and teachers. Ongoing, monthly connection and reflection is crucial in supporting the staff that support these children. Laura noted that we also have data from families, parents, and caregivers about their children's perceived mental health needs and it will be interesting to see how these intersect when that data is ready. Laura also

highlighted the importance of peer support for parents and caregivers with children with mental health needs. It is hard to navigate how to care for one's self, one's family, and one's community when they have a child with persistent mental health needs and peer support fosters supportive relationships that help guide this process.

Work Plan Progress, 2024 Priorities and Budget Request

- Preliminary 2024 Priorities
 - Youth Mental Health First Aid Budget Request
 - Laura shared that YMCA Beacons has stepped forward and offered to take up being our lead partner in Youth Mental Health First Aid training in 2024. We are proposing to budget for up to \$30,000 for Youth Mental Health First Aid training in 2024. Pat moved to approve the reallocation of funds to allow up to \$30,000 for Youth Mental Health First Aid training in 2024, and Angela seconded. Motion approved.

Adjournment

- Krista moved to adjourn the meeting, and Andria seconded. Meeting adjourned.

2023-2024 Work Priorities

DRAFT 2/2/24

| Long-Term Goal | 2023-2024 Strategic Actions | Purpose | Action Steps | Lead/Support | Outputs & Outcomes |
|--|--|--|---|--|---|
| Improve responsiveness to, and communications with, families and children through increased access children's mental health services | 1. Increase engagement of underrepresented families, with specific focus on Black, Indigenous, and People of Color (BIPOC) families, to inform change within the children's mental health system | Engage parents and families to ensure parent, caregiver and family needs are responded to and represented in policy and practice changes | 1.1. Increase access for parents/caregiver and community to learn more about children's mental health issues and services 1.2. Identify new community organizations and partnerships to improve communication and access to information about children's mental health services 1.3. Attend community events and meetings led by BIPOC-led organizations and other key children's mental health organizations to learn about critical issues impacting children's mental health and gather parent input to inform practice and policy changes 1.4. Create a process to discern when family challenges and issues raised are identified as having broader practice and policy implications 1.5. Each quarter a list <u>highlight</u> of policy and practice issues and concerns related to children's mental health services will be generated and shared through | 1.1. Family Coordinator, PCLG Coordinator, and CMHC Coordinator 1.2. Family Coordinator, PCLG CMHC Coordinator 1.3. Family Coordinator, PCLG Coordinator, & CMHC Coordinator 1.4. County and Collaborative SoC Coordination Team 1.5. County and Collaborative SoC Coordination Team | 1.1. 500 diverse parents/caregivers will participate in the engagement events, meetings and training opportunities 1.2. 20 new, or renewed, community partnerships will be established by Family Coordinator and Coordination Team 1.3. CMHC will increase the diversity of community partners engaging in its meetings, events and decision-making 1.4. Increased knowledge about policy and practice issues affecting access to CMH services 1.5. Children's mental health providers and stakeholders will understand key barriers to children's mental health services |

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| | | | <p>CMHC Governance and Executive Committees [We will highlight which stakeholders within the CMHC may have influence</p> <ul style="list-style-type: none"> - What data? And, how collects the data? - How do we take - Who is making the decisions about the data and input from families? | | |
| | <p>2. Increase mental health literacy of adults working with and raising children and youth</p> | <p>Build knowledge and capacity of adults working with children and youth in non-clinical settings to support children’s mental health wellbeing and mental health needs</p> | <p>2.1. Coordinate Youth Mental Health First Aid trainings to youth workers and adults working with youth in out-of-school time and community programs</p> <p>2.2. Provide Youth Mental Health First Aid training for adults working with children and youth in out-of-school time and community programs</p> <p>2.3. Provide training & support resources to families and/or organizations working with children and families to increase knowledge and awareness of children’s mental health needs and understand how mental health and trauma are reflected in children and youth behaviors (e.g. through Coffee & Connect and family engagement meetings)</p> <p>2.4. Pilot family centered strategies with county case managers to increase awareness of the challenges of communicating with parents. This strategy</p> | <p>2.1. Beacons/YMCA, Cati/Laura</p> <p>2.2. Beacons/YMCA, Cati/Laura</p> <p>2.3. Hayley, Fatima, & Coordination team</p> <p>2.4. Coordination team, Hennepin County leadership and case managers</p> | <p>2.1. Diverse trainers will be available in Hennepin County to train adults in Youth Mental Health First Aid</p> <p>2.2. 450 diverse youth workers, staff and volunteers will be certified in Youth Mental Health First in 2024 programming)</p> <p>2.3. Increase connections among families with children experiencing mental health challenges</p> <p>2.4. Identify common challenges for providers when listening to family needs, and identify strategies to improve responsiveness based on needs, not eligibility alone.</p> |
| | <p>3. Increase awareness of families,</p> | <p>Families, caregivers, and youth will know how to access children’s mental</p> | <p>3.1. Update CMHC website to include outward facing information and resources on</p> | <p>3.1. Coordination Team</p> <p>3.2. Coordination Team</p> | <p>3.1. CMHC website will be updated with a resource</p> |

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| | caregivers, and youth on how to access children's mental health services | health services and know why to access CMHC | <p>how and where to access children's mental health services and better reflect PCLG work and resources</p> <p>3.2. Share information with community partners, youth workers, parents, and youth to increase knowledge and access to information to support children's mental health, through convenings, new partnerships, and e-newsletters</p> <p>3.3. Create a work plan to expand navigational support for families and caregivers, building off 2022 work group recommendations, e.g. secure funding and identify key partners</p> | <p>3.3. Stella/Laura/Cati, committee (YMHFA and Change Inc)</p> <p>3.4. Coordination team</p> | <p>for families and providers</p> <p>3.2. Families will access information on how to access and utilize children's mental health resources.</p> <p>3.3. Community partners will know how to update information on children's mental health services</p> <p>3.4. Clear path to expanding navigational services to families in Hennepin County</p> |
| | 4. Increase access to mental health literacy for youth | Build knowledge and capacity of youth to support children and youth mental health and wellbeing | <p>4.1. Identify and train adults to provide Teen Mental Health First Aid training (or other agreed upon training) to youth in high schools across Hennepin County</p> <p>4.2. Train youth in Teen Mental Health First Aid training (or other agreed upon training) as a key resource in high schools across Hennepin County</p> <p>4.3. Create listening sessions for trained youth to share their experiences and needs with providers and decision makers</p> | <p>4.1. Laura/Cati & youth serving orgs</p> <p>4.2. Laura/Cati & youth serving orgs</p> <p>4.3. Laura, Cati and Family Coordinator</p> | <p>4.1. Five diverse trainers will be available in Hennepin County to train adults in Youth Mental Health First Aid by end of Q3</p> <p>4.2. 30 diverse youth will be certified in Teen Mental Health First Aid by Q4</p> <p>4.3. Five policy and practice decisions will be identified for improvement</p> |
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| Improve coordination of and access to children's mental health services | 1. Improve access to trauma-informed youth mental health services for youth engaged in or | Increase trauma-informed mental health resources to youth and families directly impacted by gun violence | 1.1 Identify organizations working directly with youth experiencing gun violence and provide resources to support their mental health services | <p>1.1. Safe Communities, CHIP, Coordination Team</p> <p>1.2. Safe Communities, CHIP, Coordination Team</p> | 1.1. A resource list will be created with organizations focused on youth gun violence prevention and mental |

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| | <p>directly impacted by gun violence and other violent behaviors impacting children and youth, e.g. increased sexual violence (see student survey data)</p> | | <p>1.2 Engage with and create communication pathways for organizations serving children, youth and families experiencing violence with mental health supports</p> <p>1.3 Identify practice and policy implications related to youth trauma-informed mental health and violence</p> <p>1.4 Convene organizational leaders working to improve trauma-informed youth mental health and reduce youth gun violence to address policy and practice issues</p> | <p>1.3. Cheryl, Laura, Coordination team</p> <p>1.4. Laura, Coordination Team, & new learning community group</p> <p>1.5. Coordination team and community partners</p> | <p>health – and added to CMHC website</p> <p>1.2. 20-50 diverse youth serving organization will receive additional information about youth mental health and learn how to access services and supports</p> <p>1.3. Collaborative tools will be create to track practice and policy change efforts</p> <p>1.4. 3-5 policy and practice issues will be identified for change or improvement</p> |
| | <p>2. Connect youth and families to needed children’s mental health services and supports</p> | <p>Help connect youth and families to needed children’s mental health services and supports to best meet their needs</p> | <p>2.1. Connect and refer community partners with CMH services and programs</p> <p>2.2. Train 2-5 parents as professional peer support specialists</p> <p>2.3. Expand professional peer support specialists and navigator support across Hennepin County</p> <p>2.4. PCLG will offer WRAP training to parents and caregivers</p> <p><i>*What about training for professionals on referral processes and service navigation (i.e., “SoC 101”)?</i></p> <p><i>**How could FRSS be included here?</i></p> | <p>2.1. Family Coordinator & PCLG Coordinator</p> <p>2.2. Laura, CMHC partners, HUB partners & Coordination Team</p> <p>2.3. Laura, CMHC partners, HUB partners & Coordination Team</p> <p>2.4. Coordination Team, PCLG, & CMHC partners</p> <p>2.5. PCLG, and Family Coordinator</p> | <p>2.1. Identify 5 new diverse community partners that will engage with CMHC, PCLG and other partner activities</p> <p>2.2. Increase access to peer support for families across Hennepin County</p> <p>2.3. 30 parents and/or caregivers will participate in WRAP training</p> |
| | <p>3. Gather information about and manage access and coordination</p> | <p>Convene stakeholders to address key barriers and challenges in children’s mental health services and identify solutions</p> | <p>3.1. Convene providers, practitioners and stakeholders to regularly share system of care goals and progress</p> <p>3.2. Convene BIPOC-led or focused Children’s Mental Health</p> | <p>3.1. Coordination Team and Hennepin County leaders</p> <p>3.2. Family Coordinator, Coordination team</p> | <p>3.1. Increased community knowledge and commitment to system of care values and services</p> |

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| | issues through collective action | | <p>providers to identify barriers and needs to improve coordination and access to CMH services</p> <p>3.3. Convene county agencies and community partners to respond to the identified barriers and needs of BIPOC providers and families to increase access for BIPOC families</p> <p>3.4. Convene community stakeholders to increase knowledge and capacity to respond to the identified barriers and needs of BIPOC providers and families to increase access for BIPOC families</p> | <p>3.3. Coordinator, Family Coordinator, county teams/ reps</p> <p>3.4. Coordinator, Family Coordinator, Collaborative partners</p> | <p>3.2. 8 community meetings will be led each quarter to elicit barriers and needs</p> <p>3.3. 3 county meetings will be led each quarter to respond to barriers and needs</p> <p>3.4. (1) community stakeholder meetings will be led each quarter to respond to barriers and needs</p> |
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| Increase data-driven decision making to improve the children’s mental health service system | 1. in partnership with the Hennepin County, explore conducting an assessment of system values or key implementation issues | Have system implementation data to inform changes identified throughout calendar year | 1.1. Create county and community partner group to outline assessment goals, objectives and timeline | 1.1. Cheryl, Hennepin County team, & coordination team | 1.1. A project plan will be established |
| | 2. Data Dashboard | Share data on children’s mental health with partners and use data to track change | 2.1. Update website with new data | 2.1. Cheryl, Laura 2.2. Cheryl & Coordination team | 2.1. Updated information will be accessible to interested stakeholders. |
| | 3. Evaluate the work of the Children’s Mental Health Collaborative | Track results and impact of collaboratives projects and work | 3.1. Conduct evaluation of Collaborative Activities 3.2. Prepare 2024 Annual Report to communicate work of Collaborative and partners | 1.1. Cheryl & Coordination Team 1.2. Cheryl & Coordination Team | 3.1. Evaluation data will inform Collaborative’s future work plans and priorities. 3.2. Community partners will understand impact of Collaborative |

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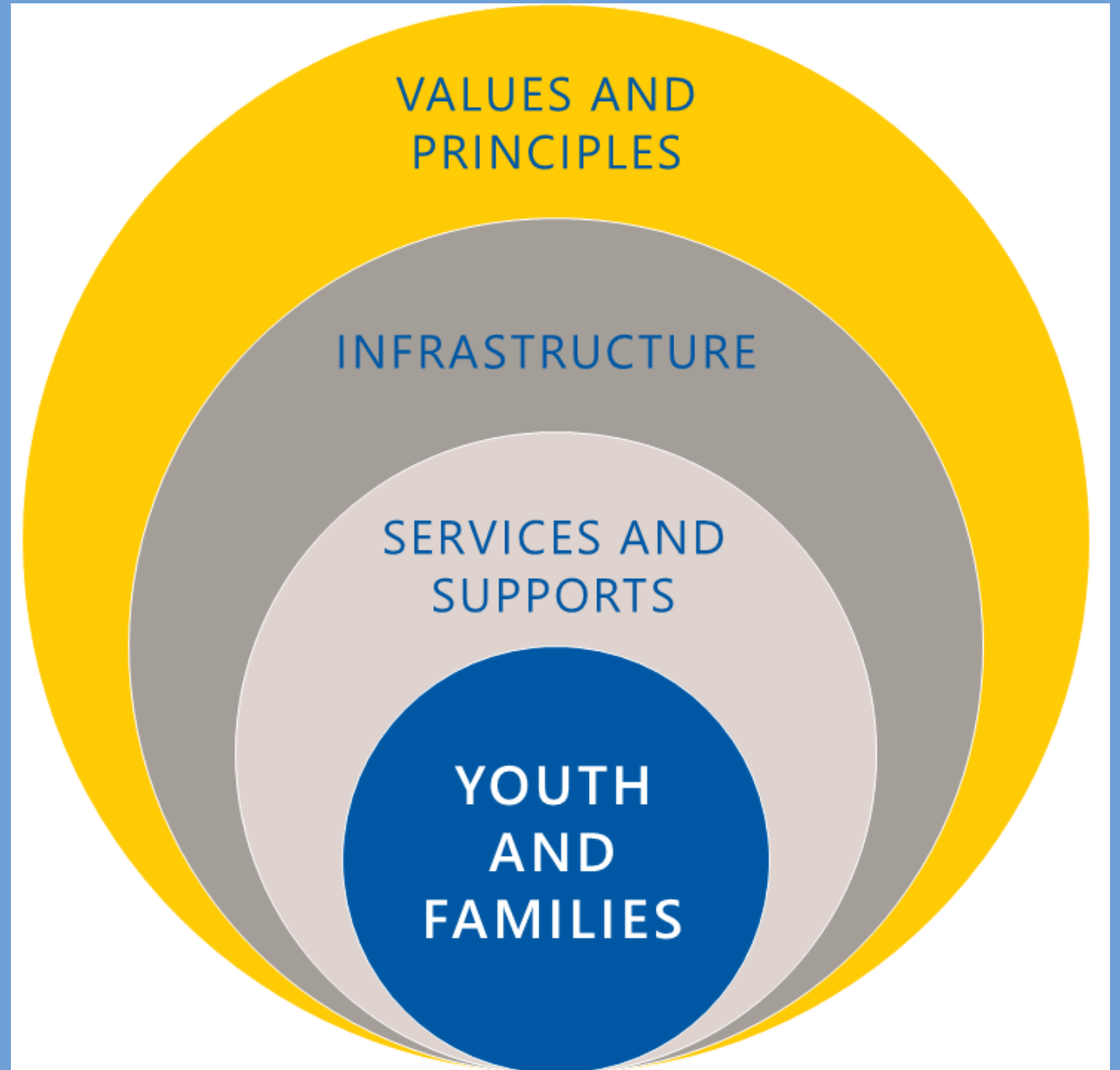


HENNEPIN COUNTY

**CHILDREN'S MENTAL HEALTH
COLLABORATIVE**

**Parent and Caregiver Themes & Recommendations
about Improving Children's Mental Health
Services and Supports**

COMPONENTS OF SYSTEM OF CARE



THEMES AND RECOMMENDATIONS



Access to Timely, Convenient, and Linguistically- and Culturally-Appropriate Services

It is very difficult for families to find accessible and affordable services – access to equitable services is critical to the wellbeing of families



Awareness of Services and Supports

The children’s mental health system is complex, and it is very difficult for families to learn about what services and supports may be available



Navigation Assistance

There is no “road map” for services, so it is helpful when trained navigators help families understand options, identify supports that best align with needs, and reduce access barriers



Peer Support

It is helpful for parents to connect with other parents with lived experience for advice and emotional support



Workforce

Workforce shortages lead to long wait times, disrupted services, and a lack of culturally-appropriate care



Service Coordination

Families often need support from multiple agencies, with services that are fragmented, inconsistent, and uncoordinated



Role of Schools

Families often seek support through the schools, but can face limited resources and unclear processes for receiving help. Schools could play an instrumental role in supporting families



Family Driven

Families often feel powerless and minimized in their interactions with providers and the broader mental health system



Family Education

Parents do not always feel that they understand mental health and how to support children with mental health needs



AWARENESS OF SERVICES AND SUPPORTS

The children's mental health system is complex, and it is very difficult for families to learn about what services and supports may be available.

- **Develop or distribute resources:** Compile and distribute translated and culturally-relevant resources for parents to help them learn about and access services, connect with peer support networks, and find community-based programs
- **Actively share information and resources:** Share information with families through social media (e.g., Tik Tok), in-person events, (e.g., convenings, sporting events, cultural events) and through community agencies (e.g., schools).
- **Disseminate clear and accurate information about available services:** Revise program information sources, such as websites, to ensure that parents can easily find information to help them understand what is offered and the potential “fit” for their family (such as age ranges served, services provided, languages spoken, and insurance accepted).



NAVIGATION ASSISTANCE

There is no “road map” for services, so it is helpful when trained navigators help families understand options, identify supports that best align with needs, and reduce access barriers

- Train navigators: Train navigators to work in a wide variety of settings to support families (i.e., community programs, schools, early childhood programs, culturally specific programs, health care programs, and other sources)
- Provide personalized navigation and referral support to families, especially for those with limited English proficiency: Expand navigation support, to help families identify and obtain appropriate supports; address emerging needs, and reduce access barriers.



PEER SUPPORT

It is helpful for parents to connect with other parents with lived experience for advice and emotional support

- **Develop and promote opportunities for peer support:** Develop, support, and promote peer support groups, to allow parents to share resources and provide mutual support
- **Offer community gatherings and other events:** Facilitate opportunities for parents to come together for education, resource sharing, and empowerment

Program & Business Updates

February 19, 2024

Program Updates

1. PCLG Leadership Updates

- Community Meetings, called **Coffee and Conversations** began Feb 17, 2024. The purpose is to offer monthly meetings with parents and caregivers, some in person and online, to better connect them with other parents and understand how they can engage in our work. The next coffee and conversations will take place:
 - i. Monday, March 4th from 6-7pm. it will be virtual
 - ii. Saturday, March 16th from 11-12:00pm, at the uptown Lunds & Byerly's community room
- Parent updates can be found on our (NEW) [facebook page](https://www.facebook.com/profile.php?id=61556797940198) here: <https://www.facebook.com/profile.php?id=61556797940198>
- A new **online Recruitment** form is available. This will be added to the website and we encourage all Collaborative partners and team members to share with interested parents; <https://docs.google.com/forms/d/e/1FAIpQLScXAs-Jcad7WTD-BTOaibbzRTyZGV-RdrAkbnbS5EOFT9pT4Q/viewform>. Once an interested person completes the form, Hayley and a parent representative will meet with them to share more about the Collaborative and parent leadership goals. Parents will be invited to participate in one of four groups.
- PCLG will offer **four action teams** and quarterly parent leader meetings. Job descriptions have been provided for each action team.
 - i. [Connect & Support](#). (Purpose is to provide informal space for caregivers to connect with others who 'get it'. Goal is to increase the number of spaces for caregivers to connect with one another and increase their capacity for self care.)
 - ii. [Education & Training](#). (Purpose is to increase understanding around children's mental health. Goal is to increase the knowledge of caregivers around key issues in children's mental AND to increase the knowledge of professionals around the needs and experiences of families and caregivers.)
 - iii. [System Navigation](#). (Purpose is to support caregivers who are feeling stuck, unsure of, or frustrated by the children's mental health system. Goal is to increase the number of supports and resources for caregivers to navigate and access resources in the children's mental health care system.)
 - iv. [Advocacy & Systems Change](#). (Purpose to represent the voices and priorities of caregivers at the system and policy level of children's mental health. Goal is to attend Collaborative and other meetings around children's mental health, and to provide coordination of other PCLG strategies.)



2. Youth Mental Health First Aid –

- Beacons/YMCA will begin leading the coordination and training February 2024. Two trainings took place last week with YMCA leaders and additional trainings will begin in March. More information will be made available in March.
- The MOU/contract will outline deliverables including target number of people trained and coordination of trainers in Hennepin County
- If your organization or community partners are interested in receiving training, please reach out to Hayley Tompkins; hayley.tompkins@ymcamn.org.

3. Family Engagement

- On November 15, 2023, the Hennepin County Children’s Mental Health Collaborative hosted a community conversation, engaging parents and caregivers of children facing mental health challenges. This inclusive event, aimed at enhancing children's mental health services, successfully brought together a diverse group to share experiences, ideas, and learn about the collaborative's efforts towards better service coordination. Ensuring accessibility, the event offered translated materials, dinner, interpreters, participation stipends, and assistance for childcare and transportation.
The heart of this gathering was a deeply impactful dialogue among approximately thirty participants, shedding light on the challenges within the children’s mental health system and exploring avenues for improvement. This conversation led to key recommendations, including the need to increase access to children’s mental health resources and culturally and linguistically appropriate services. These insights underscore the event's significance, demonstrating the power of collective action and diverse perspectives in driving forward meaningful change. The Hennepin County Children’s Mental Health Collaborative is now poised to leverage these insights, showing a firm commitment to transforming these discussions into actionable strategies that enhance mental health support for all children in the community, signaling a hopeful and inclusive direction for future enhancements.
- Family engagement events and meetings will focus on gathering information from families, caregivers, and community member directly related to the goals of Hennepin County’s SoC grant. The responses to these questions will be collected and shared with key Collaborative and County partners and stakeholders and with the aim of identifying strategies to improve responsiveness to needs of children, youth, and families.
 - 1) What do they know about Family Response and Stabilization Services (FRSS)?
 - 2) How is your health plan helping you access services? If not, what are some strategies for getting better service, e.g. Can you go back to your plan administrator? Or can we go to the state Ombudsman?

- 3) As a parent, how do you give feedback to your service provider? Especially, since we often hear from families it takes someone going over and above their expectation.

4. Gun Violence Prevention Grantees

- Both Collaborative funded grantees; Art is My Weapon and Restorative Justice Community Action have submitted mid-year reports to Hennepin County CHIP. The Collaborative will receive them in mid-February and include information in future updates.
- Further conversation with Jen O'Brien, CHIP Coordinator, will take place based on input of grantees.

Business Updates

5. Fiscal Sponsor Updates.
 - Coordination Team Contracts have been signed with MACMH.
 - 2023 Finance Reports are finalized with NAMI and all 1099s have been prepared and sent.
6. 2023 Budget
 - The 2023 total projected budget was \$468,200. We spent 55% of the budget.
 - The 2023 budget/contract was closed with \$212,032 remaining (or unspent).
7. LCTS Report is Due to DHS by April 30th.
 - Data from District 287 and DOCCR will be included in the final report. Laura will reach out to team members to obtain information.
 - DHS will be reviewing all Governance Agreements for Family Service and Children's Mental Health Collaboratives in Hennepin County. We expect this will require changes to the Children's Mental Health Collaborative's Governance Agreement as well as the finance agreements in Hennepin County.
8. 2023 Annual Report. Data is still being gathered from programs (see reference below under Gun Violence Prevention grantees). Once this is available, we'll share with Collaborative partners to discuss our impact.

Governance Committee Meeting Minutes

February 21, 2024

In Attendance: Pat Dale, Angela Watts, Krista Phillips, Meredith O'Brien, Andria Daniel, Jennifer Bertram, Amy Hanson, Mel Hultman, Susie Voss, Andrea Dale, Ashely Crist, Mark Sander, Molly Coyne, Jenna Mitchler, Beth Lovre, Brandon Jones, Jill Lesne-Oseno, Monica Long, Brenna McDonald, Jodi Nelson, Cindy Slowiak,

Staff: Laura LaCroix-Dalluhn, Fatima Muhammad, Cheryl Holm-Hansen, Hayley Tompkins, and Cati Gómez

Welcome, Introductions & Approval of Meeting Minutes & Agenda

- Dr. Jenna Mitchler moved to approve the January minutes, and Meredith O'Brien seconded. Minutes approved.
- Krista Phillips moved to approve the February agenda, and Monica Long seconded. Agenda approved.

2024 Work Priorities

- Pat Dale shared that we began discussing the 2023-2024 work priorities last month. We wanted to provide a high-level overview this month since this guides our Coordination Team's work throughout the year. Our goal is to intentionally engage you, your organization, or key community partners whenever possible since much of our work is focused on better coordinating access to services. Laura LaCroix-Dalluhn shared the workplan and explained that it is organized around three main goals. These goals are:
 1. Improve responsiveness to, and communications with, families and children through increased access to children's mental health services
 2. Improve coordination of and access to children's mental health services
 3. Increase data-driven decision-making to improve the children's mental health service system

Meredith shared that the difficulty with the first goals that she sees at the county level is that families are not aware of many of the programs in place that provide services. Meredith shared that she wonders if this group can work to fill that gap and meet families where they are already engaging, maybe in school, and hold some educational events. Laura shared that we have begun to hold these types of events and plan to hold more, Fatima has been leading this work and we have been able to engage many parents that we had not previously. Angela Watts shares she wonders if there are more informal ways to engage parents outside of the school environment. Angela then asked where we get our target number from and how we plan to reach those numbers. Laura answered that currently it is an aspiration number, and the number of parents that show up at these events is different than the number of parents we engage. Angela suggested that we set an actual number rather than an aspiration and count those who are truly engaged. Laura thanked Angela for the suggestion and offered that the coordination team can work on forming a more informed goal number of engaged parents and caregivers. Fatima Muhammad thanked Meredith for bringing this conversation forward and thanked Angela for bringing the reality forward. Fatima then asked how we will be tracking the number of parents engaged and if there was a method in place being used across the county. Angela suggested we reach out to some of our partners to see what methods they are using.

Discuss Parent/Caregiver Recommendations on Improving Children’s Mental Health System

- Angela shared that the collaborative, specifically Fatima, Hayley, and Cheryl, have been working to compile information from families on what they want to see in the children’s mental health system. Fatima then presented the information. Themes include that parents would like to see increased awareness of services, navigation assistance, peer support, workforce in the field, service coordination, connections through schools, increased focus on family voice, and family education.
 - Meredith shared that as a parent, she feels that the children’s mental health field is like a scavenger hunt and recommendations from different providers vary widely.
 - Jennifer Bertram shared that she thinks empowering parents could be a good theme throughout these recommendations would be very helpful and finding ways to use the knowledge and skills of the PCLG members would be really important to help connect the dots on work that we are all doing separately. Parents need information but also validation that they know their children best and have good knowledge and experience to share with the county and providers too.
 - Angela shared that she feels there is a perception that providers are the experts, but really, parents, caregivers, and the children seeking care are the experts in their own lives. They know what they need best and as providers we need to be able to hear them out and connect them with services that meet their needs.
- Fatima shared that we will now go into breakout sessions to discuss awareness of services and supports, navigation assistance, or peer support. Cheryl expressed that we will further discuss the other recommendations at future meetings, but these are the 3 we have chosen to discuss today.

Small Group & Survey Responses

| Questions | Awareness of services and support (led by Fatima Muhammad) | Navigation assistance (led by Hayley Tompkins) | Peer support (led by Cheryl Holm-Hansen) |
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| <p>1. How do you help parents understand what children’s mental health services are available in Hennepin County? In your school, hospital, organization, etc.?</p> <p>a. What innovative approaches are happening to help tackle this persistent challenge?</p> | <ul style="list-style-type: none"> ● The group discussed that parents, families, and even providers lack awareness of all available services in the county. They suggested having a few people whose role it was to be aware of all services and providers could reach out to them to help with referrals. ● Hennepin Healthcare has previously hosted training focused on infant mental health in collaboration with community partners. ● I provided information about COPE and FSS | <ul style="list-style-type: none"> ● Primary health care, schools, and case managers were recognized as being the places where parents and families should be able to find navigation support, as these are the services that many families get introduced to the system through. ● In order for these places to provide navigation assistance, we need a stronger workforce and greater communication between agencies, | <ul style="list-style-type: none"> ● It was pointed out that Facebook groups are the main place where parents have found peer support . ● The group said providers are often unaware of peer support programs. ● Word of mouth is also how parents learn about peer support, but because of fear of judgment word of mouth is often harder. |

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| | <p>with our Next Step families to help build awareness.</p> <ul style="list-style-type: none"> • Share and search information on social media • Change Inc. is a provider of mental health services - school-based mental health in MPS and Osseo School district; community clinic in NE Mpls; FRSS. These services/programs are our venue for connecting with parents in HC. Parents are often referred to other mental health services as part of their involvement in our programs. | <p>programs, and providers.</p> <ul style="list-style-type: none"> • Navigating services feels nearly impossible when families are stressed managing the mental health needs of their children and the impact on their family, until you connect with one "right" person who understood systems. | |
| <p>2. How do you help them navigate the process of accessing children's mental health services?</p> <p>a. What innovative approaches are happening to help families get what they need to support their children?</p> <p>b. What led your organization to doing something different?</p> | <ul style="list-style-type: none"> • Our organization started doing things differently because mental health and substance use are a significant issue resulting in patients seeking care through our emergency room. • Community conversations are crucial to have voices heard, blind spots identified, and possibility and opportunities are brought to light through this. • Host health fairs in community – with some focused on specific community members, e.g. African American and Hmong families | <ul style="list-style-type: none"> • It would also be helpful to have a flowchart for parents in the area that is easily searchable online. | <ul style="list-style-type: none"> • Blue Cross Blue Shield has programs in other states in which they connect parents to peer support but not here. • We need a concrete way in which parents can seek peer support out. |
| <p>3. How do you work with parents to help them find supports for themselves and family overall?</p> <p>a. Are you, or anyone you know,</p> | <ul style="list-style-type: none"> • We could invite more partners to these meetings so that we are in discussion with more agencies about how to solve this lack of awareness. | <ul style="list-style-type: none"> • NAMI has educators and support group services in English and Spanish. | |

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| <p>doing anything different with families to get them the information they want and need?</p> | <ul style="list-style-type: none"> • Change Inc offers family response and stabilization services (FRSS) to help families find supports through these connections – similar supports are offered to other programs, such as family, friend and neighbor child care providers. | | |
| <p>4. How might we collaborate and/or coordinate to make information available? What are we doing to learn from one another about what is working, especially in racially, culturally and linguistically diverse communities?</p> | <ul style="list-style-type: none"> • There is a lack of BIPOC providers and we need to advocate for increased funding for peer support models and services. | | |
| <p>Other a. Do we have the right people engaged with us through the Collaborative? If not, who do we need to include?</p> | <ul style="list-style-type: none"> • No, the focus is not on system coordination but more on parent and youth engagement and COS. The collaborative is trying to do too many things at once. Either we focus on the SOC and the grant which may require new members, or we focus on system coordination and onboard members on what that means. • We may want to engage Cultural Wellness Center | | <ul style="list-style-type: none"> • If you are looking to get more Family Peer Specialists, Shelly White at DHS would be the person to talk to. She coordinates the training and has connections to peers. One group to think about bringing to the table is cultural liaisons at schools. They will know the communities needs and probably connect families with supports. NAMI Minnesota Legislature initiatives this year include setting up a structure and a board for Peer support services. And ongoing asking for money to support PEER support in Minnesota. (Education and employment) |