

Executive Committee Meeting Agenda

April 5, 2024 | 9:00-10:30 am

Zoom Meeting:

<https://us06web.zoom.us/j/89306733290>

9:00 **Opening Circle & Approval of February & March 2024 Minutes and April 2024 Agenda** (5 min)

Materials: February & March Minutes and April Agenda

9:05 **Work Plan Priorities Related to Family and Caregiver Engagement** (60 min)

Materials: 2024-2025 Work Plan, Small Group Discussion Notes

- Review and discuss opportunities to respond to parent recommendations related to awareness building, navigation support and peer support.
 - Schools
 - Community organizations
 - Others
- Where should the Collaborative take action? How should we support and/or coordinate the work of Collaborative and community partners?

10:05 **Business Actions and Updates** (15 min)

Materials: Scholarship Requests, LCTS Report Requirements

- Review and vote to approve scholarship requests.
- LCTS Report Overview

10:50 **Partner Updates** (10 min)

10:30 **Adjourn**

Executive Committee Meeting Minutes

March 15, 2024

Opening Circle & Approval of Minutes and Agenda

- Laura LaCroix-Dalluhn shared that minutes will have to be approved next month as an error needs to be corrected.
- Krista Phillips moved to approve the March agenda with the adjustment of moving scholarship discussions to the top and Angela Watts seconded. Amended agenda approved.

Business Actions and Updates

- Laura LaCroix-Dalluhn shared that we have multiple scholarship requests. Two requests came in for the Minnesota Autism Conference, Laura shared details of who applied and what their role is within the organization. Cindy Slowiak moved to approve Alissa Babcock and Chantel Browne's scholarship applications, each at 75% of costs to attend training, and Pat Dale seconded. Motion approved. Laura shared that we also have three PCLG members planning to attend the MACMH conference. These include Sara Venueza, Jennifer Bertram, and Amy Hanson. Laura shared that Hayley Tompkins is unable to attend the conference but she and Fatima Muhammad will be providing support to parents during the conference. Cindy motioned to approve the scholarship requests for the three PCLG parents, Laura, and Fatima and Angela seconded. Motion approved.

Work Plan and 2024 Priorities

- Laura provided an update on the Coordination team making time to go through the 2023-2025 workplan and shared the high-level recommendations and questions. One of the overarching goals is to ensure that the Collaborative's initiatives are culturally and linguistically appropriate. Laura shared the workplan and highlighted overall goals as well as major strategic actions. An important aspect of this workplan is working in SoC coordination.
 - Angela highlighted that in some parts of the workplan, we state that we want to engage 'BIPOC families' and in another, we say 'diverse families'. Angela pointed out that these do not mean the same thing and stated that if we truly want to engage more Indigenous families we must engage in Indigenous-focused outreach. Cindy clarified that we used the word 'diverse' because that was the wording in the grant. Angela shared that she feels it would be beneficial for all members of the Collaborative if the workplan outlined what was grant-focused and what was strictly CMH-focused.
- Cheryl Holm-Hansen shared a diagram illustrating the Collaborative's contributions to the system of care work as well as Hennepin County's contributions. Some of the Collaborative's contributions include YMHFA training, peer navigation support, and more. Some of the county's contributions include FRSS, wrap-around, and more. The

diagram also includes questions surrounding how we can collaborate and coordinate with the county in this system of care work. The Coordination Team suggests we Collaborate on the family engagement goals as we have similar goals and initiatives.

- Laura then highlighted some of the key questions related to the workplan. One question that Laura highlighted was how and where we can best include the work of Executive and Governance Committee members in our overall goals. Another question was how can we support addressing cultural and linguistic needs in mental health services. Laura highlighted that we have lots of different languages surrounding increased access to peer support for parents, including peer support specialists and navigational support and she would like to take some time discussing if supporting these separate goals would address what parents are saying they need or if we should put our focus in one place. Laura shared that we will provide WRAP training and train-the-trainer opportunities for parents in Hennepin County.
 - Cindy shared that for all of these goals, she would like to have more discussion surrounding what the desired outcomes of these goals are and what steps we can take to support those outcomes.
- Laura then asked for guidance on how we can continue the conversation about key recommendations from parents and caregivers. Krista shared that what she remembers from last month is the lack of time to discuss these recommendations and that her suggestion would be to ensure we had more time. Cindy suggested that we focus the conversation on what can we as partners of the collaborative so we do not take on more than what we can do.
- Lastly, Laura shared that the recommendation on how we schedule and plan our meetings from the coordination team was that we continue to have our monthly meeting where we dive into these discussions around how we are supporting the workplan and once a quarter have a business section where we do reports, voting, and other required actions.

Partner Updates

- Cindy shared that she will be retiring in May and has been working with her team to be able to provide a smooth transition. She will share more information as its available.

Adjournment

- Krista moved to adjourn and Cindy seconded. Meeting adjourned.

2023-2025 Work Priorities

Updated 3/9/24

To ensure that the initiatives of CMHC effectively address and reduce racial disparities, it is imperative to adopt a racial equity approach in the development of this work plan.

<u>Long-Term Goal</u>	<u>Strategic Actions</u>	<u>Purpose</u>	<u>Action Steps</u>	<u>Lead/Support</u>	<u>Outputs & Outcomes</u>
<p><u>Improve responsiveness to, and communications with, families and children through increased access children's mental health services</u></p>	<p>1. <u>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.</u></p>	<p><u>Engage parents and families to ensure parent, caregiver and family needs are responded to and represented in policy and practice changes.</u></p>	<p>1.1. <u>Increase the number of parent/caregiver engagement opportunities to learn more about children's mental health issues and services.</u></p> <p>1.2. <u>Implement culturally appropriate communication strategies to reach underrepresented families in parent/caregiver strategies.</u></p> <p>1.3. <u>Identify BIPOC-led community organizations and/or partnerships to improve communication, practice, and access to information that are culturally and linguistically appropriate about children's mental health services.</u></p> <p>1.4. <u>Create a process to discern when issues and challenges raised by families are identifying gaps in the system and have broader practice and policy implications.</u></p> <p>1.5. <u>Each quarter policy and practice concerns, and innovative responses, related to children's mental health services will be generated and shared through CMHC Governance and Executive Committees. These</u></p>	<p>1.1. <u>Family Coordinator, PCLG Coordinator, and CMHC Coordinator</u></p> <p>1.2. <u>Family Coordinator, PCLG Coordinator, & CMHC Coordinator</u></p> <p>1.3. <u>Family Coordinator, PCLG Coordinator, & CMHC Coordinator</u></p> <p>1.4. <u>County and Collaborative SoC Coordination Team</u></p> <p>1.5. <u>County and Collaborative SoC Coordination Team, CMHC Executive Committee</u></p>	<p>1.1. <u>500 diverse parents/caregivers will participate in the engagement events, meetings, and training opportunities</u></p> <p>1.2. <u>CMHC will engage 20 new community partners from BIPOC-led organizations in its meetings, events and decision-making</u></p> <p>1.3. <u>Increased knowledge about policy and practice issues affecting access to CMH services</u></p> <p>1.4. <u>Children's mental health providers and stakeholders will identify potential innovative solutions to addressing concerns</u></p>

			<p><u>concerns will highlight which stakeholders within the CMHC Collaborative may have influence over responses.</u></p> <ul style="list-style-type: none"> - <u>What data? Who collects the data?</u> - <u>Who is making the decisions about the data and input from families?</u> 		
2.	<p><u>Increase mental health literacy and build cultural responsiveness and inclusiveness of adults working with children and youth.</u></p>	<p><u>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</u></p>	<p>2.1. <u>Coordinate and provide Youth Mental Health First Aid trainings to youth workers and adults working with youth in out-of-school time and community programs</u></p> <p>2.2. <u>Develop and offer training to adults/providers on mental health cultural responsiveness and inclusiveness</u></p> <p>2.3. <u>Pilot family centered strategies with county case managers to increase awareness of culturally and linguistically appropriate strategies when responding to parent/caregiver requests and challenges.</u></p>	<p>2.1. <u>Beacons/YMCA, CMHC Coordinator</u></p> <p>2.2. <u>CMHC Coordination team and SoC Coordination Team</u></p> <p>2.3. <u>Coordination team, Hennepin County leadership and case managers</u></p>	<p>2.1. <u>A culturally and linguistically diverse set of trainers will be available in Hennepin County to train 450 adults in Youth Mental Health First Aid</u></p> <p>2.2. <u>Training measure: Create and offer culturally responsive and inclusion training for children's mental health providers</u></p> <p>2.3. <u>Identify common challenges for providers when listening to family needs, and identify strategies to improve responsiveness based on needs, not eligibility alone.</u></p>
3.	<p><u>Increase awareness of families, caregivers, and youth on how to access children's mental health services</u></p>	<p><u>Families, caregivers, and youth will know how to access children's mental health services and know why to access children's mental health resources</u></p>	<p>3.1. <u>Update CMHC website to include outward facing information and resources on how and where to access children's mental health services for parents, caregivers, youth, and providers</u></p> <p>3.2. <u>Share information with community partners, youth workers, parents, and youth to increase knowledge and access to information to support children's mental health,</u></p>	<p>3.1. <u>Coordination Team</u></p> <p>3.2. <u>Coordination Team</u></p> <p>3.3. <u>Coordination Team</u></p> <p>3.4. <u>Coordination Team</u></p>	<p>3.1. <u>CMHC website will be updated with resources for families, caregivers, youth and providers, including culturally and linguistically focused resources; and stories of parent/family success</u></p> <p>3.2. <u>Families will access information on how to access and utilize</u></p>

			<p>through convenings, new partnerships, and e-newsletters</p> <p>3.3. <u>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</u></p> <p>3.4. <u>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)</u></p>		<p><u>children’s mental health resources.</u></p> <p>3.3. <u>Community partners will know how to update information on children’s mental health services</u></p> <p>3.4. <u>Clear path to expanding navigational services to families in Hennepin County</u></p> <p>3.5. <u>Increase connections among families with children experiencing mental health challenges</u></p>
<p><u>Improve coordination of and access to children’s mental health services</u></p>	<p>1. <u>Improve access to trauma and culturally informed youth mental health services for youth engaged in or directly impacted by gun violence and other violent behaviors impacting children and youth</u></p>	<p><u>Increase trauma and culturally-informed mental health resources to youth and families directly impacted by gun violence and other violent behaviors</u></p>	<p>1.1 <u>Identify organizations working directly with youth experiencing gun violence and provide resources to support their mental health services</u></p> <p>1.2 <u>Create communication pathways for organizations serving children, youth and families experiencing violence with organizations and strategies to support mental health</u></p> <p>1.3 <u>Convene organizational leaders working to improve trauma-informed youth mental health and reduce youth gun violence to address policy and practice issues</u></p>	<p>1.1. <u>Safe Communities, CHIP, Coordination Team</u></p> <p>1.2. <u>Safe Communities, CHIP, Coordination Team</u></p> <p>1.3. <u>Coordination Team, & County grantees</u></p>	<p>1.1. <u>A resource list will be created with organizations focused on youth gun violence prevention and shared with Collaborative partners and stakeholders</u></p> <p>1.2. <u>Hennepin County Safe Communities, CHIP, and DOCCR grantees serving youth engaged in violence will receive additional information about youth mental health and learn how to access services and supports</u></p> <p>1.3. <u>Collaborative tools will be created to track</u></p>

					<u>policy and practice issues negatively impacting youth and families</u>
2.	<u>Connect youth and families to needed children's mental health services and supports, focusing on culturally and linguistically appropriate options</u>	<u>Help connect youth and families to needed children's mental health services and supports to best meet their needs</u>	2.1. <u>Connect and refer community partners with children's mental health services and programs to culturally specific resources</u> 2.2. <u>Promote family response and stabilization services to families, caregivers and youth as an early and easily accessible resource.</u> 2.3. <u>Expand professional peer support specialists and navigator support across Hennepin County</u> 2.4. <u>Collaborative will offer WRAP training to parents and caregivers</u> 2.5. <u>Increase engagement of youth and engagement opportunities with youth around accessing mental health services</u>	2.1. <u>Family Coordinator & PCLG Coordinator</u> 2.2. <u>Soc Coordination team and CMHC Coordination Team</u> 2.3. <u>Coordination Team, PCLG, & CMHC partners</u> 2.4. <u>PCLG and Family Coordinator</u>	2.1. <u>Strengthen partnerships with schools, healthcare providers, and community organizations, and identify up to 6 new culturally diverse partners.</u> 2.2. <u>Increase access to family response and early intervention of children's mental health services across Hennepin County</u> 2.3. <u>30 parents and/or caregivers will participate in WRAP training.</u> 2.4. <u>Youth will inform Collaborative response to youth input and concerns.</u>
3.	<u>Gather information about and manage access and coordination issues through collective action</u>	<u>Convene stakeholders to address key barriers and challenges in children's mental health services and identify solutions</u>	3.1. <u>Convene providers, practitioners and stakeholders to regularly share system of care goals and progress</u> 3.2. <u>Convene BIPOC-led or focused Children's Mental Health providers to identify barriers and needs to improve coordination and access to children's mental health services</u> 3.3. <u>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</u>	3.1. <u>Coordination Team and Hennepin County leaders</u> 3.2. <u>Family Coordinator, Coordination team, and Collaborative partners</u> 3.3. <u>Coordinator, Family Coordinator, county teams/ reps</u>	3.1. <u>Increased community knowledge and commitment to system of care values and services</u> 3.2. <u>Community meetings will be used to elicit barriers and needs faced by families and/or provider</u> 3.3. <u>Regular county meetings will be led each quarter to respond to barriers and needs</u>

			3.4. <u>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</u>	3.4. <u>Coordinator, Family Coordinator, Collaborative partners</u>	3.4. <u>Two community stakeholder meetings will be led each year to respond to barriers and needs</u>
<u>Increase data-driven decision making to improve the children's mental health service system</u>	1. <u>in partnership with the Hennepin County, develop an assessment of system values or key implementation issues</u>	<u>Have system implementation data, disaggregated by race and ethnicity to identify and understand specific mental health needs, barriers to access and outcomes for different populations/communities.</u>	1.1. <u>Create county and community partner group to outline assessment goals, objectives and timeline</u>	1.1. <u>CMHC evaluator, Hennepin County team, & coordination team</u>	1.1. <u>A project plan will be established</u>
	2. <u>Conduct data reviews and disseminate children's mental health to collaborative partners and families/caregivers and youth</u>	<u>Share data on children's mental health with partners and use data to track change</u>	2.1. <u>Conduct reviews on youth mental health and wellbeing needs on emerging issues and on a regular timeline; and share with Collaborative partners</u> 2.2. <u>Disseminate data through website, e-newsletter and Collaborative meetings</u>	2.1. <u>CMHC evaluator and Coordinator,</u> 2.2. <u>CMHC evaluator & Coordination team</u>	2.1. <u>Updated information will be accessible to stakeholders.</u>
	3. <u>Evaluate the work of the Children's Mental Health Collaborative</u>	<u>Track results and impact of collaboratives projects and work</u>	3.1. <u>Conduct evaluation of Collaborative Activities</u> 3.2. <u>Prepare Annual Report to communicate work of Collaborative and partners</u>	1.1. <u>CMHC evaluator & Coordination Team</u> 1.2. <u>CMHC evaluator & Coordination Team</u>	3.1. <u>Evaluation data will inform Collaborative's future work plans and priorities.</u> 3.2. <u>Community partners will understand impact of Collaborative</u>

Recommendations and questions from Coordination Team Members:

1. The current workplan focuses on the work of the CMHC Coordination Team and SoC Coordination Team. Where do we include the work of Executive Committee members or Governance Committee members?
2. In light of the collaborative's focus on data-driven decision-making, we want to include ways that evaluation can be used strategically to support the work laid out in in the workplan. For example, prioritizing what is evaluated early in the year will drive the Collaborative's annual report, and we need to make these decisions soon.
3. Consider strategies to improve access to CMH resources (online and community), including resources for youth and families, e.g. youth friendly page and the culturally specific directory.
4. Discuss action step 2.3 on page 2 to move this from a high-level idea to a clear workplan item. This is critical to complete prior to Cindy's retirement.
5. How might we begin measuring increased utilization of children's mental health services by youth and families, specifically of racial and culturally diverse backgrounds?
6. Additional discussion and clarification is needed on how the Collaborative can/should respond to what families said they need, e.g. peer support specialists, peer support from other parents with lived experience and/or navigational support (see Strategy 3, page 3 and strategy 2.3 on page 4). Is the Collaborative Governance Committee the best place to engage in this discussion?
7. Additional clarity on how to identify, or choose, BIPOC-led organizations to partner with to increase engagement with culturally diverse families is needed.
8. Upon completion of the workplan, create a version for the coordination team mapping out the work over the year, with a reflection of how the coordination team time will be allocated to support the work. This will increase the likelihood we will focus on what is manageable rather than aspirational. We may need to dust off the strategy screen and do some prioritization so that the work not only aligns with parent feedback and partner input, but also with our capacity to do the work well.

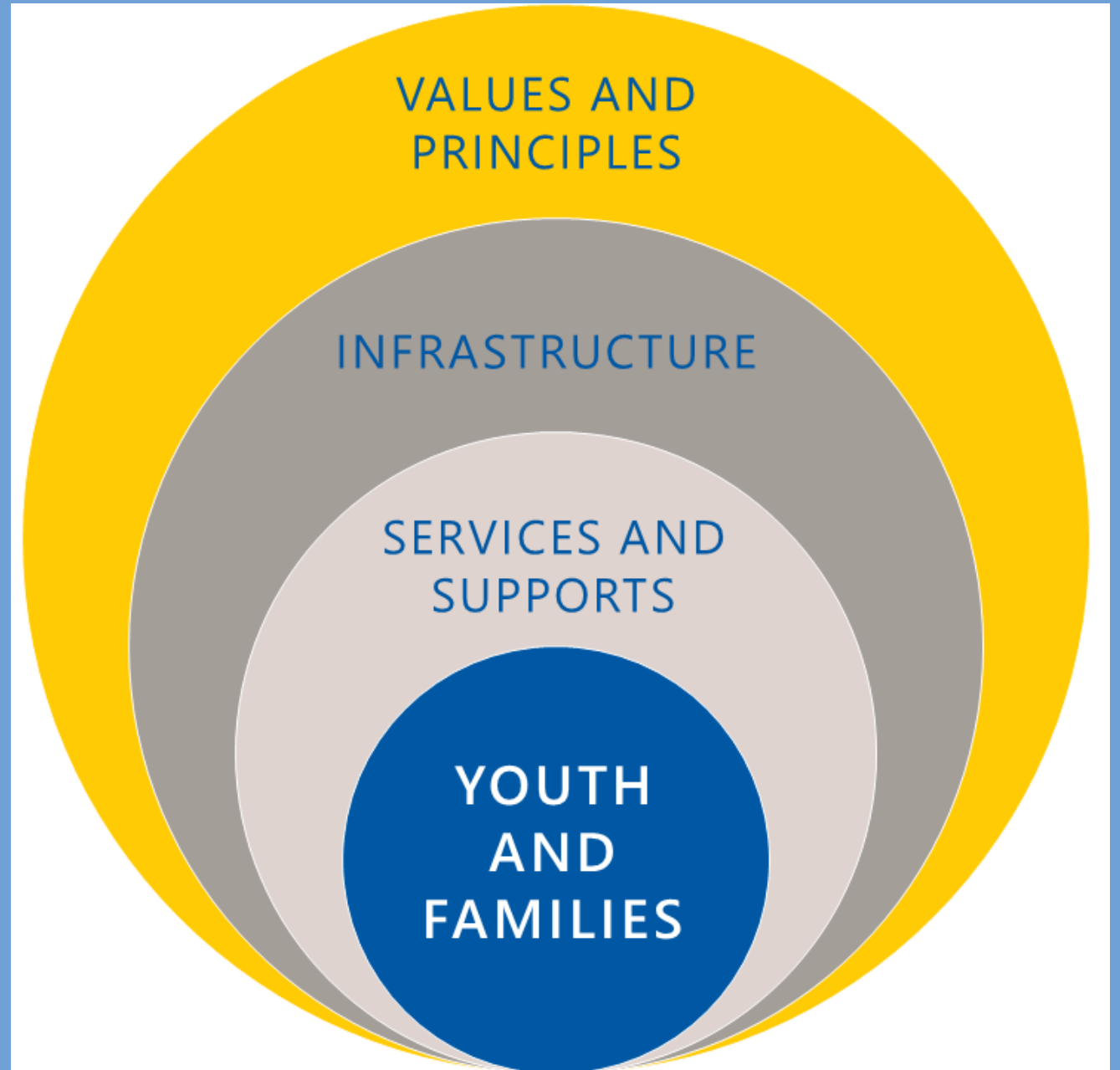


HENNEPIN COUNTY



**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

	<h2>Access to Timely, Convenient, and Linguistically- and Culturally-Appropriate Services</h2> <p>It is very difficult for families to find accessible and affordable services – access to equitable services is critical to the wellbeing of families</p>
	<h2>Awareness of Services and Supports</h2> <p>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</p>
	<h2>Navigation Assistance</h2> <p>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</p>
	<h2>Peer Support</h2> <p>It is helpful for parents to connect with other parents with lived experience for advice and emotional support</p>
	<h2>Workforce</h2> <p>Workforce shortages lead to long wait times, disrupted services, and a lack of culturally-appropriate care</p>



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

Small Group Notes on Navigational Supports from HCCMHC Governance meeting (HT) 3.20.24

Promising practices

District 287 is contracting with Hennepin County systems navigator who helps do a warm handoff for families, ensuring that there is a connection already between the provider and family instead of just referring them.

Childrens is making a change to staffing schedules to allow for one person per week to focus exclusively on discharge and handoffs of patients. Previously, all staff fit it into their daily work. This new model allows for increased focus and energy on patients and families.

Family Advocate Services will go to spaces to connect with newcomers. They are working with a cultural and language specific organization to vet the partners/providers before they connect them with families.

Some of the key challenges to accessing care & navigation are:

- Whether a provider or resource is close to home
- The skills, knowledge, time, and energy to navigate resources
- It takes a lot of time to figure out what's right for a family
- How insurance plans bill can be a barrier to care for family
- Waitlists
- Eligibility - people discussed how people's eligibility can change, so they may be eligible in March, but not in April - which causes issues
 - Also many people in the newcomer population are not eligible for programs, so they need a lot of individual support
- Language specific family navigators are hard to find
- Sometimes the word "navigator" has a negative connotation and people don't trust it

What's going on with navigators?

- A lot of people/roles fall into the navigation role. The challenge is that each person only 'has their own slice of the pie' which puts families at a disadvantage because the quality or relevance of the information they get really depends on who they are working with
- School staff are stepping into the role
- Childrens is looking to engage MSW or BSW student interns as care navigators
- It changes by zip code.
- Does it make sense to create a role for "in school navigator?"
- Having a consistent person is very important to support navigation. Ideally they would stick with a family from emergency to outpatient and beyond
- Hennepin County Office of Multicultural Services is nice, but can be too 'individualized'
- A best practice is to do WITH the family instead of passing off resources. Ex. making the phone call together

Resource lists/libraries:

- Seem like they make a lot of sense
- They get outdated so quickly, lots of orgs are closing right now
- Each agency holds or collects their own. Can we coordinate it?

HCCMHC Governance Committee
March 2024
Breakout Group Notes on Peer Support

Attending: Andrea, Melanie, Pat, Beth, Cheryl

NAMI is offering family support groups for parents with children under the age of 21. They have four different ones that are led by family peers. They offer classes and one-on-one support and provide referrals.

There are opportunities to be trained as peer support specialists through DHS (under the leadership of Shelly White). Ongoing support is provided through RI International. The model works in other states, but there are some challenges in MN. There is a lack of capacity in DHS to provide training and support. There is no consistent Board or training expectations, though NAMI is proposing a standard board as a legislative initiative this year. Some places are billing for this service but it's not universally covered. Other states embed this support into services more than we do in MN. We just don't have much infrastructure to support this.

Aside from formal parent peer specialists, there are a number of informal support groups or networks that come up. These groups do not require any specific training or credentials. Providers may not know that these groups exist, and if they do know, they may be uncomfortable recommending them due to potential variation in quality or effectiveness. If we were to compile a directory, who would decide what goes on the list? It may also be difficult to match parents up with the services that best meet their needs (i.e., who would benefit most from parent peer specialists, and who might get their needs met with a less formal support group)?

Peer support may be tied to specific grant funding (at least for NAMI), so funding drives where services are being expanded. The reliance on grant funding also leads to sustainability challenges.

We could pay for peer support training (i.e., for PCLG parents) but this is not likely to be successful without also investing in some infrastructure to support the work moving forward.

There are some resources out there, but families are not consistently linked to them. They may find NAMI or PCLG on their own, but it's hit or miss. We need to "get the right message out to the right people who can pass information on." Melanie thought that school staff would be one of the most helpful audiences for sharing information with parents. Pat also thought information should be shared by therapists, including school-based mental health providers. Individual parents may trust different resources, so it would be good to have multiple providers and partners prepared to share information. Wherever people are in the system, can those providers/professionals be prepared to make connections to peer support, including pediatricians.

Services may be easy to find if you're already familiar with the system (i.e., already familiar with organizations such as NAMI and MACMH). However, we need to find ways to make sure that families who are just entering the system can find peer support as well (i.e., more easily findable on their own, if they do not receive proactive referrals from partners).

We need to make sure that peer support is culturally and linguistically accessible (and not just focused on White mothers in the western suburbs). We need groups that are culturally aligned so that support is available in the right languages, and that services align with cultural values. We also need to be thoughtful about the language that we use to describe these groups, as strong language about children's mental health may not be universally applicable. Next Step at Hennepin Health has a weekly support group related to trauma healing. There is value in thinking about both structured and unstructured support options.

Andrea says that there is a list out there somewhere of existing support groups, but it's not clear who has it or if it's current.

Pat wondered about doing search engine optimization with our website related to peer support to drive more traffic to resources that we identify. We need to do more work though to figure out what the best search terms would be to drive traffic.

Parent/Caregiver Recommendations on Improving 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

Small group breakout session questions (20 min).

Note Taker Name: Fatima		
Questions	Responses	Follow Up Action
<p>1. How do you help parents/caregivers 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"> ● I don’t know what the resources are, (don’t feel that principals/ teachers know either) having a point person in the school/district helps ● Have given up trying to know ALL the resources across HC - look to point person/people to make referrals, ● Currently in discussion to contract a provider that offers referral services (via whatsapp) in Spanish (vets before making referrals) ● HCMC is the not for children, “wrong door” – SoC being the 1st place to start. 1st responders and others to be the place to start. ● Leaders of orgs recognizing that children mental health is a priority – builds buy in from others ● Using recommendations and referrals such as FRSS ● Using family home visiting, early childhood efforts - screenings (early id and referrals) prevention ● have relations with HC providers to make referrals and connections, including health care providers 	

	<ul style="list-style-type: none"> • Waitlist are list present but b/c of relationships wait times are not as long • “A lot more awareness needs to be done – earlier on” • Sharing information from NAMI “Caregivers Guide to Mental Health” – “wish that the info was shared out more” • Referrals to PACER • School making videos on what staff do, roles, names to face to help students and parents under what supports are at the school • Using Basecamp, an online platform - school nurses are meeting to define what their role could be to support mental health – could be a big point to support (current gap) • Building the awareness of WHY racially, culturally and linguistically diverse services matter and are important – and necessary 	
<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"> • Staff will go out to meet with MH providers (to maintain relationships and stay connected) at 2x/year to refine the referral process • Making warm handoffs • Before making warm handoff, staff are building trust with families to make the referrals: in-person events, virtual, and going out to community to build relationships – not just expecting for community to come to the schools • Better streamline coordination, so that there are not so many professionals in the lives of families, “feeling passed off” • How you make the referral makes a difference, relies on the ongoing relationships – surrounding and supporting families • Being intentional about giving time (in board meetings) to community 	

	<p>providers on agendas for cross-sector updates/connections – centering the voices of communities</p> <ul style="list-style-type: none"> • The desire to make a culturally specific directory of information for parents/families 	
<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, doing anything different with families to get them the information they want and need?</p>	<ul style="list-style-type: none"> • “it’s not like you can’t <i>find</i> the information, you can google but what is missing is”... an explanation of what are the different types of MH support and levels that families could benefit from – having an understanding of the process and different types of services, including culturally specific • Explaining what the different therapeutic services – and recognizing that culturally specific services can also be “therapeutic” • Using FRSS, connecting caregivers with trusted 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> <p>a. Do we have the right people engaged with us through the Collaborative? If not, who do we need to include?</p>	<p><i>Invite partners to meetings/info session/trainings, events. Resource sharing.</i></p> <p>“Having this breakout is great (a small thing) but I like it to spend time to build and learn from others”</p> <p>A: No, the direction is changing, and we need other people.</p> <ul style="list-style-type: none"> • Aren’t the parents of the PCLG driving the changes, other parent groups? This would be a place for them to do so. Engaging parents ongoing to be at the table. • Those that work directly with families need to be included in the conversation 	
<p>Other</p>	<p><i>How to get services to families before they are clinical?</i></p> <p><i>Do school special education evaluation teams have good ways to work with school social workers and other mental health providers inside/outside the school?</i></p>	

	Building the awareness of WHY racially, culturally and linguistically diverse services matter and are important – and necessary Provide a directory of what is available that is racially, culturally and linguistically specific to be shared with caregivers and providers	
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Large group discussion & Identify opportunities for collaboration and/or coordination. (20 min).

Note Taker Name:		
Question	Responses	Follow Up Actions
1. Please report back on innovative and/or successful strategies people, organizations or communities are using to connect with families and caregivers?	Leveraging existing partnerships and relationships to connect families with services Being intentional about going out into community to build new and maintain connections Using existing information to be shared with caregivers; NAMI, PACER Identifying culturally specific service providers to collaborate with to support the referral process	
2. 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? a. Do we have the right people engaged with us through the Collaborative? If not, who do we need to include?	Build awareness of the WHY, have more opportunities to hear from Collaborative partners of what is working, ex: highlight a provider in the meetings, in the newsletter, share successes, etc. We need to do more to learn from one another about what is working, specifically in racially diverse communities Change the make-up of the group to include more parents/parent advocates, community providers	
Other		

Hennepin County Children’s Mental Health Collaborative (CMHC) Scholarship, Training, & Sponsorship Application

Name: Ellie Blahnik, MA, LMFT

Organization: Fraser

Address: 2400 64th Street West Minneapolis MN 55923

Email: elise.blahnik@fraser.org

Phone: 651-424-4012

Please choose the type of scholarship you are requesting:

Individual Scholarships

Training grants

Sponsorship for organizations or individuals

Information about training opportunity

Please provide the name of the training, the sponsoring organization/agency for the training, dates for the training and what types of continuing education credits are available. If you are creating the training or sponsoring the event, please indicate your target audience.

The 2024 Fraser Clinical Conference sponsored by Fraser will take place on May 6, 2024. The event is available for all internal staff at Fraser. Board approved Continuing Education Credits are available for: LMFT, LP, LPCC, and LICSW (4.75 hours total). We are in the process of requesting approval for ANCC CEU Credit. A copy of the brochure and schedule is attached with this request.

Please describe briefly how the training or sponsored event goals align with the CMHC as well as the guiding principles of the CMHC:

- The children’s mental health service continuum includes a *comprehensive and integrated* array of services and supports.
- Services are *individualized* to meet the unique and specific needs of the child, youth and family.
- Services are provided in the *least restrictive* and most appropriate setting.
- Services are *coordinated* at the system and individual service levels.
- *Youth and family are at the center* of all planning, at both an individual service level and a larger system level.
- *Prevention and early intervention* strategies are necessary in the overall continuum of services.
- Utilize a *health equity lens and cultural humility perspective* to address disparities and ensure access to culturally and linguistic competent services.
- Decisions are *driven by data and research on best practice*.

Fraser provides mental health services and supports that are comprehensive and integrated. Fraser services are individualized to meet the unique and specific needs of the child, youth, and family, which is aligned with the guiding principles of the CMHC. Services are provided in the least restrictive and most appropriate setting, and services are coordinated at the system and individual service levels. Youth and family are at the center of all planning, and prevention and early intervention strategies are utilized. Fraser utilizes a health equity lens and a cultural humility perspective to ensure access to culturally and linguistic competent services. Many of the Conference session offerings support Fraser’s DEIB work. Decisions are driven by data and research on best practice. The goals and guiding principles of the CMHC are reflected in the Fraser Clinical Conference. As noted in the attached conference schedule, sessions focus on: Leadership and the D.E.I.B. Lens (Josh Saterman and Raushawna Price, Saterman Connect), Transforming Mental Health & Substance Use Services (Chuck Ingoglia, President and CEO, National Council for Mental Wellbeing), Daring Leadership Parts 1 and 2 (Kristin Woodlock, BSN, MPA, Woodlock & Associates), and many other offerings aligned with the CMHC’s goals and guiding principles.

Amount (and Percent) of funds Requested

Please refer to scholarship application criteria regarding amount of funds available for individuals or agencies. Please describe how these scholarship, training or sponsorships funds would be used.

Fraser requests \$1,000 to offset costs of the 2024 Fraser Clinical Conference. Funds would be utilized to offset costs related to the speakers as well as support the costs of meeting in person available that day. The budget for the event is \$40,000, and this request represents 2.5% of the budget.

Please include a copy of the following items with your application.

- a. A copy of the literature or schedule of training
- b. A copy of the marketing materials
- c. Include any other financial support you have received for the training. Examples include funds from an employer, service organization, and scholarship or reduced fee from the training opportunity. Include any requests that are pending for financial support. Any opportunity to document how other funds are leveraged to augment total training costs is always encouraged.

Fraser does not receive other support for this Conference. Costs are intentionally kept low to allow for long-term sustainability of this initiative.

	Presenter (Credentials)	Title of Presentation	Brief Description	Learning Objectives
830-900am (30 mins)	Diane Cross, CEO, Fraser	Transforming Together	This session will highlight how clinical staff need to be prepared to transform in order to best serve those we work with, both clients and our colleagues.	<ol style="list-style-type: none"> 1. Identify ways we are transforming. 2. Identify barriers to transformation. 3. Gain a “next step” in your transformation journey
900-1000am (60 mins)	Josh Saterman, Managing Partner Raushawna Price	Transforming Together: Leadership and the D.E.I.B. Lens	This session is an interactive experience where participants learn, explore, and leave with awareness and information they can use to support their personal and professional persistence through change.	<p>During this session participants will:</p> <ol style="list-style-type: none"> 1. Learn how leadership and diversity create strong connections and cultivate sustainable results. 2. Explore various dimensions of diversity for awareness and growth. 3. Create and share hidden and visible aspects of self for further connection opportunities. 4. Build deeper connections with colleagues to enhance collaboration and cross functional communication.
1000-1030am (30 mins)	BREAK			
1030-1130am (60 mins)	Chuck Ingoglia, President and CEO, National Council for Mental Wellbeing	CCBHCs: Transforming Mental Health and Substance Use Services	What does the future of our field look like? What else can we do to advance mental health and substance use treatment? The National Council for Mental Wellbeing’s president and CEO, Chuck Ingoglia, will lead the learning charge as we celebrate our community, reflect on the past and redefine the future together.	<ol style="list-style-type: none"> 1. Examine what are the change efforts needed in our field today? 2. Identify common barriers when integrating services. 3. Name the unique service delivery priorities and how to keep them person-centered.
1130a-1230p (60 mins)	LUNCH			
1230-100p (30 mins)	Nancy Baldrice, VP Marketing	Transforming the Brand	What’s in a name? What is a brand’s “why”? How does the brand and the “why” impact those we serve?	<ol style="list-style-type: none"> 1. Participants will learn more about branding and client and staff ownership in branding. 2. Participants will be explore their “why” and how it fits thin the brand

				3. Participants will think of ways the brand impacts their clients.
100-200p (60 mins) PART 1	Kristin Woodlock, BSN, MPA, Woodlock & Associates	Transforming Together through Daring Leadership	This session will be rooted in the Dare to Lead work of Dr. Brené Brown. Dr. Brown defines a leader as "Anyone who takes responsibility for finding the potential in people and processes and has the courage to develop that potential." To scale daring leadership and build courage to "Transform Together" we must cultivate a culture in which brave work, tough conversations, and whole hearts are the expectation, and armor is not necessary or rewarded. We will share tools for knowing and living into our values, B.R.A.V.I.N.G Trust and skilling up to courageous conversations.	<ol style="list-style-type: none"> 1. Participants will be able to identify the four skills sets required for courage based on the research of Dr. Brené Brown. 2. Participants will understand how trust is formed at work and be able to identify the seven elements of trust. 3. Participants will be able to identify their two values and observable behaviors indicating living in or out of alignment with these values.
200-230p (30 mins)	BREAK			
230-345p (75 mins) PART 2	Kristin Woodlock- PART 2	PART 2 of session above	PART 2 of session above	
345-400p (15 mins)	Elif McCain, CAO, Fraser	Transforming: A Journey, Not a Destination	To close, we will reflect on how the journey is just beginning. We all play a role—what will be yours?	<ol style="list-style-type: none"> 1. Identify two reflections from the day 2. Identify one “take home” action step that can be integrated into their work this week.

400-500p
(60 mins)

Social Hour: Transforming through Connection

Join Fraser colleagues for light appetizers and beverages while reflecting on the day and connecting with one another.

Fraser Conference returns IN PERSON Monday, May 6th at the Heritage Center of Brooklyn Center (6155 Earle Brown Drive, Brooklyn Center, MN)!

Review this email for registration and general information.

8:00am-8:30am	Arrival
8:30am-9:00am	Opening Remarks: Transforming Together Diane Cross, Fraser CEO
9:00am-10:00am	Transforming Together: Leadership and the D.E.I.B. Lens Josh Saterman, Saterman Connect Raushawna Price, Saterman Connect
10:00am-10:30am	Break
10:30am-11:30am	CCBHCs: Transforming Mental Health & Substance Use Services Chuck Ingoglia, President and CEO, National Council for Mental Wellbeing
11:30am-12:30pm	Lunch Buffet
12:30pm-1:00pm	Transforming The Brand Nancy Baldrice, Fraser VP of Marketing
1:00pm-2:00pm	Transforming Together through Daring Leadership Part 1 Kristin Woodlock, BSN, MPA, Woodlock & Associates
2:00pm-2:30pm	Break
2:30pm-3:45pm	Transforming Together through Daring Leadership Part 2 Kristin Woodlock, Woodlock & Associates
3:45pm-4:00pm	Closing Remarks Elif McCain, Fraser CAO
4:00pm-5:00pm	Social Hour

Hennepin County Children’s Mental Health Collaborative (CMHC) Scholarship, Training, & Sponsorship Application

Name: Andrea Camarena Diaz Organization: Change Inc.

Address: 1209 Tyler St NE, Suite 170, Minneapolis

55413

Email: ACamarena@thechangeinc.org

Phone: 651-338-7380

Please choose the type of scholarship you are requesting:

Individual Scholarships

Training grants

Sponsorship for organizations or individuals

Information about training opportunity

Please provide the name of the training, the sponsoring organization/agency for the training, dates for the training and what types of continuing education credits are available. If you are creating the training or sponsoring the event, please indicate your target audience.

The training is titled *Brainspotting: Phase 1* and will be provided by Linnea Swanson, PsyD., M.A., LMFT. This training is approved by Brainspotting Trainings, LLC and meets one of the requirements towards certification as a Brainspotting practitioner. The dates of the training are April 19 - April 22, 9am-6pm daily. The training provides 21 Professional development hours, and each licensed individual must inquire with their board if it will be accepted for CEUs.

Please describe briefly how the training or sponsored event goals align with the CMHC as well as the guiding principles of the CMHC:

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- Utilize a *health equity lens and cultural humility perspective* to address disparities and ensure access to culturally and linguistic competent services.
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Brainspotting is a brain-based therapy based on the hypothesis that specific eye positions designated as “brainspots” activate and access specific areas of the midbrain that allow for the reprocessing and releasing of core neurophysiological reactions to trauma-related and other psychological experiences.

In addition, Brainspotting is built on a model that emphasizes therapist-client presence and attunement in the healing process.

As an open and integrative model, Brainspotting is adaptable to many different areas of specialization and can be integrated with other treatment models. Brainspotting can be used with all ages, and personal identities. This unique approach seeks to liberate a

client's experience from oppressive healing modalities that do not embrace traditional and indigenous healing practices. Brainspotting is a modality that is readily accessible to clinicians as they can immediately integrate it into their practices after the initial training.

Amount (and Percent) of funds Requested

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- a. A copy of the literature or schedule of training
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The basic cost is:

- Licensed \$795
- Pre-licensed \$645
- Pre-licensed BIPOC \$525
- Student \$400.

- I am a student, I have received a \$250 CEMIG grant to help cover costs, therefore I am requesting 75% of \$150 (\$112.50).
- I am a pre-licensed professional, I have received a \$250 CEMIG grant to help cover costs, therefore I am requesting 75% of \$395 (\$296.25).
- I am a BIPOC pre-licensed professional, I have received a \$250 CEMIG grant to help cover costs, therefore I am requesting 75% of \$275 (\$206.25).
- I am a licensed professional, I have received a \$250 CEMIG grant to help cover costs, therefore I am requesting 75% of \$545 (\$408.75).
- I am a student; therefore, I am requesting 75% of \$400 (\$300).
- I am a pre-licensed professional; therefore, I am requesting 75% of \$645 (\$483.75).
- I am a licensed professional; therefore, I am requesting 75% of \$795 (\$596.25).

Hennepin County Children’s Mental Health Collaborative (CMHC) Scholarship, Training, & Sponsorship Application

Name: Faima Kelleh Organization: Change Inc.

Address: 1209 Tyler St NE, Suite 170, Minneapolis

55413

Email: kellehf@augzburg.edu

Phone: 651-338-7380

Please choose the type of scholarship you are requesting:

Individual Scholarships

Training grants

Sponsorship for organizations or individuals

Information about training opportunity

Please provide the name of the training, the sponsoring organization/agency for the training, dates for the training and what types of continuing education credits are available. If you are creating the training or sponsoring the event, please indicate your target audience.

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Hennepin County Children’s Mental Health Collaborative (CMHC) Scholarship, Training, & Sponsorship Application

Name: Hibak Roble Organization: Change Inc.

Address: 1209 Tyler St NE, Suite 170, Minneapolis
55413

Email: HRoble@thechangeinc.org

Phone: 651-338-7380

Please choose the type of scholarship you are requesting:

Individual Scholarships

Training grants

Sponsorship for organizations or individuals

Information about training opportunity

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Hennepin County Children’s Mental Health Collaborative (CMHC)
Scholarship, Training, & Sponsorship Application

Name: Wennicha Yang Organization: Change Inc.

Address: 1209 Tyler St NE, Suite 170, Minneapolis
55413

Email: WYang@thechangeinc.org

Phone: 651-338-7380

Please choose the type of scholarship you are requesting:

Individual Scholarships

Training grants

Sponsorship for organizations or individuals

Information about training opportunity

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I am a licensed professional, I have received a \$250 CEMIG grant to help cover costs, therefore I am requesting 75% of \$545 (\$408.75).

I am a student; therefore, I am requesting 75% of \$400 (\$300).

I am a pre-licensed professional; therefore, I am requesting 75% of \$645 (\$483.75).

I am a licensed professional; therefore, I am requesting 75% of \$795 (\$596.25).

Hennepin County Children’s Mental Health Collaborative (CMHC)
Scholarship, Training, & Sponsorship Application

Name: Ruth Amerman **Organization:** Change Inc.

Address: 1209 Tyler St NE, Suite 170, Minneapolis
55413

Email: RAmerman@thechangeinc.org

Phone: 651-338-7380

Please choose the type of scholarship you are requesting:

- Individual Scholarships
- Training grants
- Sponsorship for organizations or individuals

Information about training opportunity

Please provide the name of the training, the sponsoring organization/agency for the training, dates for the training and what types of continuing education credits are available. If you are creating the training or sponsoring the event, please indicate your target audience.

The training is titled *Brainspotting: Phase 1* and will be provided by Linnea Swanson, PsyD., M.A., LMFT. This training is approved by Brainspotting Trainings, LLC and meets one of the requirements towards certification as a Brainspotting practitioner. The dates of the training are April 19 - April 22, 9am-6pm daily. The training provides 21 Professional development hours, and each licensed individual must inquire with their board if it will be accepted for CEUs.

Please describe briefly how the training or sponsored event goals align with the CMHC as well as the guiding principles of the CMHC:

- The children’s mental health service continuum includes a *comprehensive and integrated* array of services and supports.
- Services are *individualized* to meet the unique and specific needs of the child, youth and family.
- Services are provided in the *least restrictive* and most appropriate setting.
- Services are *coordinated* at the system and individual service levels.
- *Youth and family are at the center* of all planning, at both an individual service level and a larger system level.
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- Utilize a *health equity lens and cultural humility perspective* to address disparities and ensure access to culturally and linguistic competent services.
- Decisions are *driven by data and research on best practice*.

Brainspotting is a brain-based therapy based on the hypothesis that specific eye positions designated as “brainspots” activate and access specific areas of the midbrain that allow for the reprocessing and releasing of core neurophysiological reactions to trauma-related and other psychological experiences.

In addition, Brainspotting is built on a model that emphasizes therapist-client presence and attunement in the healing process.

As an open and integrative model, Brainspotting is adaptable to many different areas of specialization and can be integrated with other treatment models. Brainspotting can be used with all ages, and personal identities. This unique approach seeks to liberate a client's experience from oppressive healing modalities that do not embrace traditional and indigenous healing practices. Brainspotting is a modality that is readily accessible to clinicians as they can immediately integrate it into their practices after the initial training.

Amount (and Percent) of funds Requested

Please refer to scholarship application criteria regarding amount of funds available for individuals or agencies. Please describe how these scholarship, training or sponsorships funds would be used.

Please include a copy of the following items with your application.

- m. A copy of the literature or schedule of training
- n. A copy of the marketing materials
- o. Include any other financial support you have received for the training. Examples include funds from an employer, service organization, and scholarship or reduced fee from the training opportunity. Include any requests that are pending for financial support. Any opportunity to document how other funds are leveraged to augment total training costs is always encouraged.

The basic cost is:

- Licensed \$795
- Pre-licensed \$645
- Pre-licensed BIPOC \$525
- Student \$400.

I am a student, I have received a \$250 CEMIG grant to help cover costs, therefore I am requesting 75% of \$150 (\$112.50).

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Hennepin County Children’s Mental Health Collaborative (CMHC) Scholarship, Training, & Sponsorship Application

Name: Katherine Fisher Organization: Change Inc.

Address: 1209 Tyler St NE, Suite 170, Minneapolis
55413

Email: kfisher@thechangeinc.org

Phone: 651-338-7380

Please choose the type of scholarship you are requesting:

- Individual Scholarships
 Training grants
 Sponsorship for organizations or individuals

Information about training opportunity

Please provide the name of the training, the sponsoring organization/agency for the training, dates for the training and what types of continuing education credits are available. If you are creating the training or sponsoring the event, please indicate your target audience.

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Hennepin County Children’s Mental Health Collaborative (CMHC)
Scholarship, Training, & Sponsorship Application

Name: Mary Stager Organization: Change Inc.

Address: 1209 Tyler St NE, Suite 170, Minneapolis
55413

Email: mstager@thechangeinc.org

Phone: 651-338-7380

Please choose the type of scholarship you are requesting:

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Information about training opportunity

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Program & Business Updates

March 19, 2024

Program Updates

1. System of Care Integration

The Coordination team is working with Hennepin County Behavioral Health leadership to articulate and clarify how the Collaborative's and County's efforts to support system of care services and value integration throughout Hennepin County are aligned. This clarity will inform our shared strategies to make the system more responsive to families.

2. Scholarship and Education Funds

Scholarship and education funds are available to parents and caregivers with children experiencing mental health challenges, youth with mental health services, and providers of children's mental health services. Eligibility and application forms are available online;

<https://hccmhc.com/scholarships/>.

3. PCLG Leadership Updates

- Community Meetings, called **Coffee and Conversations** are offered monthly 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:
 - Saturday, April 20th - 11:00am-12:00pm at Lunds & Byerly's in Uptown, Mpls
 - Monday, May 6th - 6:00-7:00pm - virtual ([link](#) or https://docs.google.com/forms/d/e/1FAIpQLSecPyDpnrRrlz1EMJxnjINXGglwez-xHyDjka49MPaCGAZDxow/viewform?usp=sf_link)
- Parent updates can be found on our (NEW) [facebook page](#) here: <https://www.facebook.com/profile.php?id=61556797940198>
- We are recruiting parents! 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 offers **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.)

4. Youth Mental Health First Aid

- Beacons/YMCA began coordination and training of the Youth Mental Health First Aid (YMHFA) for the Collaborative.
- 30 people have been trained in February and March 2024
- If your organization or community partners are interested in receiving training, please reach out to Hayley Tompkins; hayley.tompkins@ymcamn.org.

5. Family Engagement

- Family engagement events and meetings are continuing to gather information from parents, caregivers, and community members directly related to the goals of Hennepin County's SoC grant. The responses to questions will be collected and shared with key Collaborative and County partners and stakeholders to identify strategies to improve responsiveness to the needs of children, youth, and families.
- We are identifying and partnering with culturally specific family-serving organizations, and developing strategies to collaborate closely with them. Our aim is to amplify the voices of racially and culturally diverse families, ensuring that our children's mental health services and initiatives are inclusive and equitable.

Business Updates

6. 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.

7. **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.

Executive Committee

Meeting Summary

April 5, 2024

Attending: Pat Dale, Jenna Mitchler, Andria Daniels, Fatima Muhammad, Cheryl Holm-Hansen, Hayley Tompkins, and Laura LaCroix-Dalluhn

Opening Circle & Approval of Minutes and Agenda

Jenna moved to adopt the February and March Minutes. Pat seconded the motion. Motion approved.

Pat moved to approve the April 2024 Agenda with a change to manage the business actions before the work plan priorities, and delay work plan discussion if others do not attend the meeting. Jenna seconded the motion. Motion approved.

Business Actions and Updates

1. Review and vote to approve scholarship requests.

Two scholarship requests were submitted. The first was from Fraser to support their team training costs for \$1,000 and leverages \$39,000 (total cost is \$40,000) and the second is from Change Inc for the Brain Spotting Conference for x staff for \$1,455. Pat moved approval of both scholarship requests, Jenna seconded the motion. Motion approved.

2. 2023 LCTS Report

Laura reported the DHS report deadline for the Local Collaborative Study Report was delayed until May 30, 2024. She will share the report before submitting and respond to questions.

Work Plan Priorities Related to Family and Caregiver Engagement

Laura asked whether it made sense to continue the discussion about opportunities to respond to parent recommendations related to awareness building, navigation support and peer support with so few Executive Committee members present. The intent of today's meeting was to gain clarity on where the Collaborative should take action? And, how we should support and/or coordinate the work of Collaborative and community partners based on what we are hearing from families?

Laura reminded the Executive Committee of requests made by Family Service Collaborative Coordinators to help coordinate services for families. She stated some requests were focused on coordination at the individual level and others have been more systemic. She said she committed to having conversations with family service collaborative coordinators and would bring information back to the Collaborative.

Andria said she thought it was important for the Children's Mental Health Collaborative to position itself as more relevant to the family service collaboratives. She believes the discussions we are having are relevant to our collaborative partners.

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.*

The committee decided to hold the discussion until more Executive Committee members were present.

Adjourn

Pat moved to adjourn the meeting early. Andria seconded the motion. Motion approved.

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.*