



Community Partner Meeting Summary

June 26, 2024

In Attendance: Amy Hanson, Andria Daniel, Anita Silver, Annie Lumbar Bendson, Annie McDaniels, Asad Dahir, Beth Dahline, Beth Lovre, Brandon Jones, Cari Lindberg, Connie Robertson, Emily Johnson, Jane Perry, Jody Nelson, Kasey Abukar, Krista Phillips, Lisa Kiesel, Liz Baumgartner, Mark Sander, Meghan Hickey, Meghan Cain-Moss, Melanie Hultman, Meredith O'Brien, Monica Long, Ms. Washington, Rachel Harris, September, and Traci Luniewski.

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

Welcome & Introductions

- Pat Dale welcomed everyone and thanked them for attending. Pat shared the collaborative's mission statement, The Children's Mental Health Collaborative (CHMC) 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.
- Pat shared that the Children's Mental Health Collaborative is a quasi-governmental Collaborative focused on providing a forum for stakeholders to influence the development and ongoing operations of an accessible and effective children's mental health system in Hennepin County. Pat shared that the collaborative has made the commitment to work toward a system of care, to transform the children's mental health system, one designed to meet individual youth and family needs in the least restrictive and most appropriate setting. Systems of care are culturally responsive and focused on the strengths of youth within families. The collaborative is working with Hennepin County partners to support this effort to transform the children's mental health system and is working with the broader community and families to coordinate and transform children's mental health services. Pat added that today is the first-ever Community Partner meeting and we are excited to bring an array of interested people and stakeholders together to discuss how the children's mental health system can improve and become more responsive, specifically the school-based mental health system.

Discussion Focus: Coordination and Support for Children's Mental Health Services

- Pat shared that we are starting our community partner meetings with a focused discussion on how the Collaborative can help coordinate and support children's mental health services with schools, families, and community organizations. Pat highlighted that this question has been raised because federal pandemic funding for children's mental health support services. Pat explained that during the pandemic, the federal government

increased resources to schools, through ESSER funds and ARPA funds to meet the needs of families, communities, and businesses. Hennepin County chose to use some of its ARPA funds to invest in children's mental health services, knowing it was one-time funding. Part of their investments focused on expanding school-based mental health services across Hennepin County. Now, these federal funds are coming to an end when children's mental health is still a large concern and services are still needed. Pat asked if Mark Sander would be willing to share where the Minneapolis School district is at this point in relation to school-based mental health services.

- Laura LaCroix-Dalluhn highlighted that ESSER stands for the Elementary and Secondary School Emergency Relief Fund and ARPA stands for the American Rescue Plan Act.
- Mark Sander shared that currently, school-based mental health services are available in every public, non-charter school in Hennepin County, including intermediate districts. Through the funding earlier identified, Hennepin County was able to expand school-based mental health services into 24 more schools that did not have any prior to this funding. As we look at the next school year in Minneapolis, Hennepin County and DHS came together with Minneapolis and were able to find funding for another school year which will allow us to do some planning around how to continue to support Minneapolis students even with this loss of funding. Mark shared that for Hennepin County, the ARPA funding will end on December 31st, 2024, however, DHS stepped in once again and will provide funding through the end of the school year. Mark added that the Medicaid rate has been flat for a decade or more and oftentimes, funding has not kept up with inflation. Jody Nelson added that in general, the model of finding funding to support ancillary services at about a third of the cost of one FTE works well if you work in a high-poverty, elementary school, and does not work as well in most other settings such as smaller schools, alternative education, and level four settings. Jody explained that ancillary services are services that are non-billable services that are still significant to the work of school-based providers, like consulting with school staff or parents, and that level four is a level of care for students who are receiving special education services on their IEPs and is typically the most restrictive setting with the most amount of staff support for students. Mark suggested that we discuss how schools and school districts get additional funding for student support.
- Pat highlighted that Meghan Hickey, with the Minneapolis School District, is present and asked Meghan if she would like to share anything else that is happening with children's mental health services within Minneapolis Public Schools. Meghan Hickey shared that this loss of funding is not fun by any means, however, it does give us a chance to reexamine our funding processes and explore ways of funding that support more schools and students within Hennepin County. Rachel Harris asked how much ESSER funding we are losing, Laura shared that it will vary based on the school district, and for some schools, it is pretty significant. Meghan shared that in Minneapolis schools, it likes 300 million dollars. Anita Silver added that the pain point for people who have insurance is

that their deductibles are increasing, so a lot of people are not uninsured but are underinsured. Pat added that oftentimes families are not used to paying for services they receive in a school building, for legitimate reasons, and that adds a layer of complication. Mark shared a research paper on [school mental health services in Hennepin County](#).

- Laura shared that we would like to use the remainder of our time discussing how the Collaborative can help coordinate and support children's mental health services with schools, families, and community organizations. Laura shared that the collaborative has been meeting with parents, caregivers, and other stakeholders around children's mental health so we are trying to build on this, and are thankful that people are here and excited to explore how we can improve the children's mental health system within schools. Laura highlighted that the collaborative in its efforts to reach out to parents and caregivers has received some pretty consistent information. What we heard is that generally, parents find it extremely challenging to enter the children's mental health system. There is not one clear way to enter the system, it is not always clear who to go to for advice, and how they enter the system often dictates the entire process. There are long wait times for assessment and referrals which oftentimes leaves families leaving unheard and unsupported. Laura highlight the Family Response and Stabilization Services, FRSS, which is available to all families in Hennepin County with children aged 0-18. Families can reach FRSS by calling 612-979-9511 and will be provided with services within hours of their call. Laura added that we also heard from families that they rely on a number of different supports such as youth programs, summer programs, and more. As a result of this feedback, we are providing more Youth Mental Health First Aid Training to train adults who work with youth how to best address mental health needs as they arise in any setting. Laura also highlighted that families have asked for culturally and linguistically specific and appropriate services, and would like to further discuss how we can connect families to these services in a timely efficient way.
 - Ms. Washington added that she is concerned that a lot of parents are unaware that school-based mental health services exist, especially non-white parents. Ms. Washington shared that she feels it is important to explore ways that more parents can learn about these services faster. Amy Hanson shared that it took two years for her to learn about the school-based mental health services offered at her child's school and she feels the word is not out there. Amy shared that she would love to see DBT, Dialectical behavior therapy, in schools, even though it's far out there. Meredith O'Brien shared that she is in DBT with her daughter right now, and as someone who is experiencing it, she feels it is beneficial in teaching emotional regulation and fostering healthy relationships. Mel Hultman added that she knows that teachers already have a lot on their plate, but they seem to be the ones directly interacting with parents more, so it would be great if teachers were knowledgeable on the school-based mental health services offered in their school and were able to share that with parents.
- Laura asked how might the collaborative help schools, school leaders, and school staff as they prepare for these funding changes so they can respond to the needs of families

and youth and what role might the collaborative play. Pat suggested people also think about what would be helpful to them in general, not just in relation to the collaborative.

- Connie Robertson shared that she wonders how we can best get other resources out to the school districts and communities so families can reach those services even outside of the school.
- Jody Nelson shared that it has been a pretty rough year in schools for staff and students, and she feels that school-based mental health programs used to be used on top of school mental health services already in place for students who needed extra support, but it has expanded and more and more students are needing that extra support. Jody shared that she feels that with the level of need in schools amongst students and staff, school-based mental health programs now act as comprehensive care for the entire school.
- Beth Dahline shared that she is curious about how we can support everyone working to support school mental health services. She feels this loss of funding, the work shortage, and more are causing stress for the adults doing this work that is then moving to the students.
- September shared that as a parent of a student who accesses school-based mental health, as a former teacher, and now as a manager of a mental health program in an agency that serves level 4 settings, she thinks about the equity and access of this system. There was a time when schools didn't provide lunch, bussing, or special education programs. She is curious about when and how we can look at mental health services as commonplace in schools and how can funding be available to all schools. September shared that she thinks about the packet that comes home at the beginning of each school year that includes forms for income information, permission slips, and more, and shared she wonders when school-based mental health services can show up in that packet.
- Jane Perry shared that they have one therapist in each of the schools that they are serving in the Hopkins and Osseo school districts and if they are lucky they can get a second therapist in, our sense is each school could easily utilize three therapists with full caseloads. Jane shared she wonders how schools should prioritize who receives services because with how it is now, they cannot serve every student that would benefit from these services. Liz Baumgartner shared that in the building she is in the Wayzata district, they have 1,500 students and one therapist, and even with school social workers and school counselors, it is hard to serve all the students.
- Laura shared that about additional resources if we are thinking big picture, services may not have to be in the school building and could instead be with community partners. Laura shared she wonders how we could wraparound children and families when they are in school to connect them with community partner resources.
- Laura shared that the next thing we wanted to focus on is how we can prepare students and families for the changes in funding and resources.
 - Amy asked that when there is a long wait time for a school-based service, how can the schools be proactive in letting students and families know about other

services in the area? Pat added that another piece to that question is who should be doing that outreach. Liz said that the way they do it in her school is the referrals come through the counselors and social workers in the building and they handle that kind of communication. Liz shared that unfortunately, her district does not allow students to take virtual appointments with outside agencies during the school day which makes it more complicated. Laura shared that this could be a further discussion point because this is not what's best for parents but in our current systems schools have to do this. Mel added that it would be helpful if schools had a general list of other services available in the community when students are unable to access services within the school.

- Beth Lovre shared that NAMI is looking at a layered approach coming in a family peer specialist, they go into classrooms and talk mental health, and this year they are setting up a series of classes where those teachers can then send out a QR code to parents that allow parents and caregivers to learn about early warning signs, coping skills, and services available. Beth added that many parents are not used to talking about mental health, oftentimes because of the stigma related to it, so NAMI is working to not only teach students about mental health but also their parents and caregivers.
- Connie shared that as a parent, she feels some of the information she sees the most at her kid's school is the information posted on the inside of bathroom stalls.
- Fatima Muhammad shared that she is the parent engagement coordinator of the children's mental health collaborative, specifically working with communities of color, Black, Native, and Latino, and thanked everyone for speaking on the need for awareness. Fatima highlighted the importance of communicating through parents through out-of-school means such as sporting events and shared that she knows of one school that promoted 988 by showing it on the screen at their football halftime show.
- Pat said that we are up against time, and shared that we will meet for another community partner meeting on August 21st. Laura shared that Cheryl Holm-Hansen shared a short survey in the chat for people to provide feedback on how this meeting went, and any other feedback. Pat thanked everyone for attending this meeting and encouraged everyone to come back to continue this conversation.



Community Partner Meeting

June 26, 2024 from 12:00 – 1:30pm

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

Proposed Agenda

- 12:00 pm **Welcome & Introductions**
- 12:15 pm **Discussion Focus: Coordination and Support for Children’s Mental Health Services**
Federal funding for children’s mental health support services and schools is ending; leaving many schools in Hennepin County with gaps in their budgets and concerns about meeting the mental health needs of children and youth.
- Discussion Question:**
How can Children’s Mental Health Collaboratives (CMHC) best coordinate with schools, families, and community organizations to prepare for these changes in resources and services?
- 1:15 pm **Community Updates**
- 1:30 pm **Adjourn**

Mission Statement:

The Children’s Mental Health Collaborative (CHMC) 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.

Next Community Partner Meeting
August 21, 2024 from 12:00-1:30 PM