

Hennepin County Children's Mental Health Collaborative (CMHC)

Governance Committee Meeting Notes

Wednesday, August 19, 2020, 2:30 – 4:00 pm

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.

Voting Governance Committee Members (Quorum 12): Pat Dale, Liz Gronert, Jenna Mitchler, Krista Phillips, Cindy Slowiak, Rochelle Cox, Liz Franklin, Nita Kumar, Stacy McClendon, Mark Sander, Angela Watts

CMHC Coordination Team: Etonde Awaah, Laura LaCroix-Dalluhn, Cheryl Holm-Hanson, Margaret Sullivan

Guests: Anna VonReuden

Approval of Meeting Minutes & Agenda

Pat shared that Tina Houck had passed. Tina worked with agencies that did mental health work within District 287 – she took over from Char Myklebust.

- Diploma On! 2019-2020 Report: <https://www.wilder.org/wilder-research/research-library/diploma-program-overview-metrics-school-year-2019-20>
- Tina Houck's obituary: <https://www.startribune.com/obituaries/detail/0000364097/>

Could not approve minutes & agenda because quorum wasn't met.

Committee Updates

- **Margaret shares updates from PCLG**

Their support groups continue to meet. They've been having discussion about families' basic needs in addition to children's mental health needs. A lot of families are asking about changes happening with policing in schools, how other services are operating during COVID-19, relationship between child crisis & schools, etc. Became very clear that a lot of families don't know how to access the services that they need.

Liz added that the bigger reality is that families don't know what exists.

- **Mark shares update from SBMH**

Group focusing on what it means to come back to schools. Several providers span across districts that are all going back to school differently. A lot of the conversation was different ideas about what they're going to do - many will start with telehealth and then work with schools to think about what it means to be on site during a hybrid model.

Potential RFP coming from Hennepin County so Mark was getting ideas of some of the needs. One of the themes he heard is that it's taking a lot more time to connect with families, engage with families, translation for families, etc. that isn't billable to public or private insurance, so there's a need for funding there. Good conversation but there was some anxiety about starting with year and to see what's working/what isn't.

Ideas shared related to developing 5-10 minute skill focused videos for families (e.g. how to get child to do school virtually) that would open to a more live discussion – because parents want the content but also want to talk to a live person about that content. Sarah Washington of PCLG has already done some outreach on this.

Providers are trying to get creative in how they're present this school year.

Laura had some follow-up questions – some of what she heard are issues related to families & providers in the SoC framework. Wondering how GC think we can help address these early on:

- *Providers are wondering how are we going to identify children with mental health needs, particularly in districts solely doing distance learning*
- *Focus on families – there’s no money in the billing structure to support the entire family, but we understand the mental health needs of families in general have increased.*
- *Had an enormous response from families and less of a response from providers in our COVID Relief Fund*

Where is the space for this broader conversation?

- *Jenna: What Laura has identified is what they’ve identified in their schools. We know there is need but not sure how to connect families to resources; even how to help teachers, etc. identify needs. Trying to centralize who they go to for support. It’s something they would be interested in trying to problem solve around.*
- *Liz G.: Question feels overwhelming to her. There are so many pieces/parts to it – she likes the questions, but has zero answers to them.*
- *Mark: In the past, focused on student needs...in the last several months, hearing more about students & parents needs. Trying to communicate with school teams that providers can do more of. Mark wants to make sure school teams are intentionally having the conversation with their providers/agencies, especially as we’re starting the school year.*
- *Margaret: This shift in approach to family has long been needed. The more we can pay attention to all the downstream stuff, the better off we’re going to be.*
- *Laura: Asked Rochelle, Nita, and Jenna whether it’s a conversation that CMHC needs to help facilitate. What’s the best way to move this conversation forward?*
 - *Nita: One of the things Anoka-Hennepin is going to ask their teams to include their mental health therapists in their meetings. Also asking that when support staff make a referral, they try to bridge that uncertainty that might be there. They’ve changed their referral protocol. They had Headway did a training in March (school support staff to hear how telehealth works). Hard for support staff to promote a service without knowing what it is.*
- *Laura: Asked Mark on his thoughts in terms of next steps.*
 - *Mark: For the providers to be sharing this information with one another and feeling validated/empowered and being able to clarify some of the issues is part of what the meeting was. All the agencies have built really good relationships with school districts. Maybe ask SBMH Committee about whether this is a different conversation to have. Also has the SEL/Mental Health districts meeting that we could also bring this to?*
 - *Pat: It’s complex. As an agency, they’re aware and think about these things but there’s so much. For now, keeping the dialogue going is the best part of the things we can do.*
 - *Liz G: I think there are likely many students receiving special education services that are not connected to SBMH. I think including that broader SpEd group may be useful for families and kids as well. It’s a broader reach.*
 - *Liz F: Thinking from the perspective of an outpatient/skills providers, many of them have kids in different districts, it’s hard to keep track of what the plan is supposed to be for kids who just don’t show up. Would one thing we could do is pull together is information about all districts’ plans within the County.*
 - *Mark: Want to be clear about what we’re wanting? SEL work group was pulled together as a short-term group that started last fall...they haven’t met much over the summer. It isn’t all the school districts, has about 13 – it’s a voluntary group. Can certainly bring it up if we have some clear asks about the information that we’re wanting.*
 - *Laura said she’ll follow up. Liz F. said she can stay involved too.*
 - *Etonde: We have to be focused on the financial/billing aspect of this. Current financing structure dependent on billable hours does not allow providers to support the whole family in the way children/youth need to thrive. We’re dependent on our providers to support children’s mental health – and they cannot do that appropriately if they’re piecemealing their finances together.*

- *Etonde shares latest Scholarship Request (Governance Committee votes)
An individual training request came for a provider to attend the virtual ZERO to THREE conference in October. Scholarship Committee unanimously recommended it be approved at the requested amount.*

Governance Committee asked whether we could vote to approve without meeting quorum. Etonde said she's hesitant to delay until mid-September and keep the applicant waiting. Pat said we can make an exception (in terms of not meeting quorum); there's a precedent for it.

Pat moved that we agree with Scholarship Committee recommendation, Liz G. seconds. All in favor. Request approved.

Review COVID Recommendation Documents

Cheryl shares the COVID-19 resource documents developed and gets feedback on content & guidance on sharing information from Governance Committee.

Collaborative Planning Resources

- *Laura: Next steps in terms of how we move forward with schools, etc. – resource document is a nice reminder and echoes some of the conversation that's been had. (Cheryl added that it reflects much of what we talked about, and also things outside of mental health, e.g. psychological aid training for people working with kids outside of formal mental health structures).*
- *Cheryl: Recommends people take a look at this document and think about how are we identifying kids in the county wherever they are.*

Parent Document

Target audience: not parents with kids in the mental health system. It's meant to be general resources around kids experiencing stress, what it might look like, and some tips for how to address that.

Cheryl says she is open to modifications, etc., but it's also ready to share right now.

Angela: Asked about podcasts for cultural communities? (Cheryl mentioned TPT's series on COVID/mental health in cultural communities – there's a link to that in the parent document.)

- *Pat: Mentioned a podcast via HC CHIP – will look for that information.*
 - *Karen R. Nikolai <Karen.Nikolai@hennepin.us> is the lead of CHIP. The podcast person is Collins Oppong, his podcasts called "Africa, Let's Talk" Covid 19 Cases keep Rising*

Collins Oppong

[Africa, Let's Talk](#)

952-288-6574

collinsbeyond@gmail.com

- *Liz F.: CLUES has Facebook Live events & videos focused on coping – will share (<https://www.facebook.com/CLUESPage> & <https://www.youtube.com/channel/UCLN3F83WP30wh-wHhABwHA>)*

Update on COVID-19 Relief Fund/LCTS Funding & Discussion on Opportunities for Coordination/Communication

Etonde provides update on COVID-19 Relief Fund

- *628 Family Relief Fund applications, 28 Provider Relief Fund applications*
- *Review Committee has completed review of applications following a brief pause; meeting on Friday to confirm final funding decisions. Planned timeline is to notify applicants next week.*
- *Review of Provider Relief Fund applications will begin after notifications to families have been sent.*
- *Based on number of applications, will not use all \$150,000 allocated to Provider Relief Fund. Co-Coordinator/EC wanted to recommend we make that \$10,000 available to Family Relief Fund in order provide more grants.*

Pat: We did talk about putting out another request, but it would be hard to put out a request just to fund two providers.

Laura: Would like to finish the process before deciding what to do.

Pat: Could say, at this time we are unable to fund at this time and then go back and fund those we couldn't fund initially with whatever money is left to distribute.

Liz G.: re: \$10K – clarified the question.

Etonde: Uncomfortable with the idea of delaying decisions to families or communicating anything other than our funding decision to families. We've already sent an update once. Seems really simple to her – we have 10K, move it to family relief fund (for a total of 110K).

Cindy: She thought at the last Governance Committee meeting we approved that money could shift. Believes the flexibility is there. Thinking in terms of workload in terms of Co-Coordinators & NAMI. Getting Family Relief Fund completed is top priority. Suggests that we move the 10K available to Family Relief Fund, and use that towards initial allocations to families. Then review Provider Fund applications & allocate. If there is money left over, then we have that discussion about the 'second round.'

Laura: Only concern is that we don't have quorum. There have been issues raised about spending by external entities – wants to make sure we're all on the same page/in agreement here before moving forward.

Everyone agreed (Stacy & Mark did not chime in because they are not voting members. Nita said she agreed, but was still processing and saw merits to both – distributing amongst eligible providers and distributing amongst eligible families.)

Adjourn