

Executive Committee Meeting Agenda

September 1, 2022 | 9:00-10:30 am

<https://us02web.zoom.us/j/89625827320>

Meeting ID: 896 2582 7320 | Dial by your location (phone only or audio): +1.312.626.6799

9:00 **Opening Circle & Approval of August Minutes and September Agenda (5 min)**

Materials: August Minutes and September Agenda

9:05 **Business Updates (20 min)**

Materials: Draft Parent Engagement Coordinator Job Description

- Rescheduling September Parent Engagement Training
- HC SAMHSA Parent Engagement Partnership
- Kente Circle Participants (16)

9:25 **Community Outreach & Engagement Updates (20 min)**

- Faith-based organizations
- Youth serving organizations/out-of-school time
- HUBs

9:45 **2023 Budget & Work Plan (60 min)**

Materials: 2022 Budget, 2022 Budget-to-Date, LCTS Earnings to-date, and 2022 Work Plan Priorities

- Review current budget, LCTS earnings, impact of new parent coordinator position
- Preliminary PCLG Budget Discussion
- Identify priorities for 2023
 - Continuing priorities from 2022
 - New priorities for 2023

10:50 **Parent Catalyst Leadership Group Updates (10)**

- Current and Future Activities and Priorities
- Recruitment for PCLG and Executive Committee
- Other

11:00 **Adjourn**

Executive Committee Meeting Agenda

August 5, 2022

In Attendance: Krista Phillips, Cindy Slowiak, Laura LaCroix-Dalluhn, Cati Gómez, and Margaret Sullivan,

Opening Circle & Approval of June Minutes and August Agenda

- Krista P moved to amend the August Agenda and Cindy S seconded.
- The agenda was amended to have the meeting run from 9 am to 9:45 am and the PCLG updates were removed.
- The motion to amend the agenda was approved.
- Krista moved to approve the June minutes and Cindy seconded. Motion was approved.

Approval of Scholarships

- Laura LD presented the scholarship budget. The Collaborative budgeted \$15,000 for scholarships and system of care training, \$7,000 for scholarships, and \$8,000 for system of care training.
- To-date \$4,110 for scholarships were approved. The education committee received \$5,000 in new requests.
- New request include
 - Kente Circle, which is a conference we have been wanting to prioritize and attend. Kente Circle recommends a sponsorship of \$3,000 which would give us 16 slots for the event.
 - Mental Health Connect Collaborative. Mental Health Connect requested \$1,000 for training for individuals in faith-based organizations that gather around mental health.
 - Fraser. Fraser asked for \$1,000 for a conference.
- The Education Committee recommends funding requests above. If we approve all requests, we will have to move money from system of care training and not be able to provide any more training scholarships for the calendar year.
- Cindy motioned to approve all requested scholarships, and Krista seconded. The motion was approved.

Review Collaborative Evaluation Plan

- As previously requested by the Executive Committee, Laura reviewed the questions in the collaborative evaluation plan and stated these questions were for workgroups and workgroup leaders. Cindy stated that she thinks the questions look great. No further action required since the Collaborative's evaluation plan was approved earlier by the Governance Committee.

Workgroup Updates

The Executive Committee reviewed preliminary committee activity that has not yet been signed off on by the committees themselves, but updated by staff for review and discussion only.

Parent-peer support workgroup.

- Early middle school is where the group wants to intervene.
- They are running into problems with the logistics of connecting parents to help without overstepping boundaries.
- They will discuss this more at the next meeting and create a plan to move forward.
- Cindy shared that she believes that Pacer is more focused on parent advocacy related to school things, so they may already do something like this.
- Krista asked if they would be trying to identify parents that could become peer supports or parents that need the support. Margaret answered that they would be looking for both.
- Cindy shared that what she is hearing is it is hard to do this training with something to plug people into. Can we train and provide support simultaneously?
- Laura shared that in another workgroup it was brought up that using community ed opportunities might be a way to do the training. If we utilized community ed we could have parents that are educated on peer support in all districts.
- Laura asked if the next steps would be identifying a group to help us lead the training and identifying what would be trained.
- Margaret answered that she would like to leave it up to the parents.
- Krista shared that if they went the community ed route, they would have to plan months in advance. October is the cutoff for winter, spring, and summer activities.

Building awareness workgroup.

- The committee is focusing on parents' struggle with the system, how to access help, and the issues they face within the system.
- The committee was excited to learn about Hennepin County's information campaign on mental health awareness campaign with youth being targeted.
- The committee discussed pursuing an information guide and other tools that are accessible to parents. We could look at google analytics to help with their search and drive them towards resources quicker.
- Cindy shared that she feels that this will work well but will work better with white parents as with much of our work.
- Laura shared that the workgroup itself is pretty culturally diverse and agrees that it is something we need to be mindful of moving forward.

Family-driven care workgroup.

- The group has discussed having a learning collaborative for organizations to learn more about parent-driven strategies and how to implement them in their own organizations as well as a tool kit.
- Committee members want us to be mindful that what the parent wants and what the youth wants are not always the same and if we always focus on the parents we may miss out on connecting with the youth.

Youth Serving Organizations.

Staff meet with leaders of coalitions and networks of youth organizations in Hennepin County. These leaders were excited about the possibility of working with us to address mental health and already have ideas around mental health first aid training and reframing mental health in the out of school time.

Adjournment

- Cindy moved to adjourn.

Overview

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

Family Coordinator

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

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

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

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

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

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

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

Family Coordinator Work Priorities (.75 FTE)

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

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

Proposed Family Engagement Budget

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

	Year One	Year Two	Year Three	Year Four
Contracted Family Coordinator (.75 FTE)	\$70,200 (\$45/hr.)	\$70,200 (\$45/hr.)	\$70,200 (\$45/hr.)	\$70,200 (\$45/hr.)
Program and Engagement Activities	50,000	50,000	50,000	50,000
Administrative Fees	\$6,000	\$6,000	\$6,000	\$6,000
Total	\$126,200	\$126,200	\$126,200	\$126,200

Budget Narrative

Contracted Family Coordinator

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

Program and Engagement Activities

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

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

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

Administrative fees.

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

Job Description: Family Coordinator

Overview

The Hennepin County Children's Mental Health Collaborative's (HCCMHC) mission is to provide a forum for a diverse and representative group of system stakeholders to influence the development and ongoing operation of an accessible and effective children's mental health service system within Hennepin County. The HCCMHC promotes innovative service development and continuous quality improvement in the children's mental health system by embracing the system of care principles and available research on children's mental health services.

Family Coordinator

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

The Family Coordinator will work 30/hours a week as a contracted position. They will lead and support the following work

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

Approved 2022 Annual Budget

September 23, 2021

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

2022 Work Priorities

Updated January 2022

Goal	Work Priorities	Purpose	Description	Timeline
Improve the lives of families and children through increased access to information	1. Parent engagement	Engage new underrepresented families to ensure parent and caregiver needs are represented and inform change	PCLG: Let's Talk About It Series (Parent driven topics of engagement about children's mental health services) Engage parents and community in discussions around critical issues impacting children's mental health – working in partnership with Family Service Collaboratives or key community partners	Quarterly March-Dec 2022
	2. Parent training & Support	Increase mental health literacy of parents and caregivers	PCLG: Monthly Support Groups Expand peer support to parents (train the trainer model to increase sustainability) – explore partnerships with Family Service Collaboratives	Jan-Dec 2022
	3. Youth Training & Engagement	Increase access to mental health literacy for youth	Engage youth in community discussions around critical issues impacting children's mental health – working in partnership with Family Service Collaboratives or key community partners Create listening sessions for youth to share their experiences and needs with providers and decision-makers	May-Dec 2022 May-Dec 2022
	4. Service continuum mapping	Increase awareness of families, caregivers, and youth on how to access children's mental health services	Develop tool and/or training to inform access to system; sample tools/resources include Autism Portal, Help Me Connect, etc.	March-Dec 2022
Improve coordination of and access to children's mental health services	1. Convene providers, decision-makers and community stakeholders to manage access and coordination issues	Convene stakeholders to address key barriers and challenges in children's mental health services and identify solutions	Reestablish Children's Mental Health Provider Committee to improve coordination and access <ul style="list-style-type: none"> • BIPOC providers to provide support and connection • Pediatricians to help improve access and referrals to children's mental health services Start ad hoc work groups to address critical issues <ul style="list-style-type: none"> • Issues with private payors, working across service delivery systems • Children's Hospital Inpatient Services 	March-Dec 2022 Jan-Dec 2022
	2. Navigation Support	Help connect youth and families to needed children's mental health services and supports	Explore/fund navigators throughout the community Develop tool and/or training to inform access to system; sample tools/resources include Autism Portal, Help Me Connect, etc.	

			Work with providers to share navigational supports to families	
Increase data-driven decision making to improve the children's mental health service system	1. Data Summit	Prioritize learning from journey mapping to inform <i>how</i> we do our work and layer with data from service continuum mapping and data dashboard for alignment and synergy	Use data from journey map, dashboard, and service continuum to improve access to services and/or experiences with children's mental health services <i>NOTE: We need to decide if we will host this meeting in person or online.</i>	March 2022
	2. Data Dashboard	Share data on children's mental health with partners and use data to track change	Add to website and share information Update and manage dashboard data Explore opportunities to create specific data for Family Service Collaboratives as requested	Jan-Feb 2022 March-Dec 2022 April-Dec 2022
	3. Evaluate the work of the Children's Mental Health Collaborative	Track results and impact of collaboratives projects and work		Jan-Dec 2022

Future Discussion Items:

1. Backpacks for families in who are not admitted into hospitals
2. Funding to CMH providers to help pay for ancillary services (consider changing scholarships to ancillary servies)

Executive Committee Meeting Minutes

September 2, 2022 | 9:00-10:30 AM

<https://us02web.zoom.us/j/89625827320>

Meeting ID: 896 2582 7320 | Dial by your location (phone only or audio): +1.312.626.6799

In Attendance: Laura LaCroix-Dalluhn, Cati Gómez, Margaret Sullivan, Jenna Mitchler, Pat Dale, Cynthia Slowiak

Note: Look to expand the Executive Committee

Opening Circle & Approval of August Minutes and September Agenda

- Cynthia Slowiak motions to approve the minutes, Jenna Mitchler seconds the minutes
 - Pat Dale abstains from voting on the August Minutes as he was not in attendance
 - Unanimous passage of the minutes

Business Updates

- Laura LaCroix-Dalluhn announces that Paullette Mader is no longer able to participate in the September parent engagement training; alternative dates may either be October 19 or October 26.
 - Pat Dale notes that the Wednesday before “MEA” break, October 19, may not be a good idea for school providers, an alternative could be October 16
 - Cynthia Slowiak notes it is a good idea to present Paullette with 2 opportunities to meet in October
 - Laura will circle back to Paullette to ask about October 26 as a preferred meeting date, but will also offer October 16 as a possible date for the training
 - Margaret Sullivan inquires if the training will be recorded so parents may watch it later
 - Laura notes that yes, it will be.
- Cynthia Slowiak mentions that Hennepin County wants to expand the capacity of the SAMHSA Grant
 - Increasing capacity to include parents’ voices in their work and includes a family coordinator
 - Paullette Mader is coming to explain the continuum of support for family-support organizations that provide an entire continuum of services.
 - HCCMHC’s current strategy is focused on outreach and engagement, but there is a need to expand our strategies to centralize BIPOC parents. Part of this must be done by meeting them in the structure they feel comfortable with. Assad Dahir will take the lead on building up diverse parent-engagement.
 - Jenna Mitchler asks if this is the same grant and concept from before— yes, it is.
- Laura LaCroix-Dalluhn brings up that HCCMHC is helping to sponsor the Kente Circling training that will take place on October 13 and 14 at the Shoreview Community Center. With its sponsorship, Collaborative has 10 spots reserved for those interested in attending the training.

Laura inquires what the preferred process is to distribute these opportunities alternative to the traditional way of offering it up at the Collaborative meeting.

- Cynthia Slowiak notes that given the time constraint it may be a good idea to open the distribution process earlier in the month of September instead of waiting for the HCCMHC meeting.
- Margaret Sullivan inquires if PCLG members may sign up—they may!
- Pat Dale wonders if this Circle is geared towards parents and if so, should they strategize a set ratio of parents to Collaborative members?
 - Cynthia responds that the training is geared toward BIPOC people which may include parents, providers, school staff, etc. With the intent to affirm their experiences in their work and everyday life. It's an experience, not a workshop.
 - It is decided that 2 spots should be explicitly reserved for parents
- HCCMHC should be explicit about who the targeted audience is for this event when it is publicized
- Pat notes that it may be an opportunity for family service collaboratives, coordinators, and executive or governance committee members to demonstrate solidarity by attending and participating
- Angela Watts & Cati Gómez may want to go as BIPOC members of the Collaborative

Community Outreach & Engagement Updates

- Laura LaCroix-Dalluhn advocates for the inclusion of youth serving-organizations, out-of-school programs, & faith-based organizations—particularly Black churches—as potential partners to move the care system upstream and to think mindfully of the inclusivity of the services provided by the Collaborative and its partners.
 - Mental Health Connect is a good initial point of access to reach families in Hennepin County and convey the out-of-school services offered in the community
 - Laura and Pat Dale decide to work offline to determine whether to include these organizations in the September Agenda
 - Pat Dale notes that the CHIP Executive Committee he is part of is doing similar faith-based outreach and concurs that engaging different communities, organizations, and congregations may broaden and diversify the discussion of care
- Laura LaCroix-Dalluhn attended the REFUGE Conference and was impressed by their efforts, services, and the strength in their community. As the Collaborative attempts to move the system of care upstream, there is strong potential partnership with their parent group, services warm line, and youth groups
 - André Dukes and Nicki Elliot of Mental Health Connect are trying to get their staff, clergy, community be updated on the conversation on mental health
 - With large mailing lists they will help promote parent engagement opportunities (Let's Talk About It, Family Support Group, WRAP, etc.)
- Laura LaCroix-Dalluhn recalls her meeting with youth serving organizations in Hennepin County that have existing networks and strategies that work with young people. These organizations expressed willingness and desire to work with the Collaborative to prioritize youth mental health and social emotional learning but need to be adequately supported to take on this work.
- Laura goes on to describe an early childhood hub model that may act as a one stop shop for families with children before they enter kindergarten

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- This program is piloting services with Hennepin County and the input and data-driven strategies that are emerging from the Collaborative’s workgroups may be integrated into these early childhood hubs or youth serving organizations.
- Jenna Mitchler is not aware of this hub model and is looking for more information
 - Laura responds that the state of MN has been working on this model since 2018 when state the state auditor reported that children’s mental health services are very confusing for many families, particularly families that don’t know much about the subject of mental health—let alone fully understand how to navigate and access the services offered by their county and state.
 - Bloomington Public Health, among other agencies, have been involved in this pilot program that uses state data to inform their approaches in addressing instability in families—such as housing, food access, healthcare, etc.

2023 Budget & Work Plan

- Laura La-Croix-Dalluhn announces the current budget and work plan will leave the Collaborative with \$336,649 of revenue in 2023 if the Collaborative extends its budget from 2022.
 - The SAMHSA grant will add an additional \$126,00 to hire a parent engagement coordinator working .75 time which will result in the Collaborative being just shy of \$463,000 if the budget is extended into 2023.
 - Margaret Sullivan predicts the Parent Catalyst Leadership Group will need a similar budget to what has been budgeted for in the past. This includes Let’s Talk About It, WRAPS, and additional parent training and events.
- Pate Dale asks if there is something from our approved grants that has not been included or accurately reflected in the scope of the budget. What does the Collaborative want to prioritize or move forward as the 2023 plan is discussed, decided, and planned? The budget will not only affect the work being done but reflect the Collaborative’s priorities and goals.
 - Parent-driven strategies from the parent mapping report should be uplifted. Additionally, the work groups (awareness building, messaging, and infant and early childhood mental health) will define the Collaborative’s work in 2023
 - Cynthia Slowiak notes that the work around family driven work, and community engagement is in alignment in the budget, but the Collaborative must also address the systematic organization of the western-based medical model of mental health. Medical providers need to be educated on what that shift looks like on a provider level— particularly because most of the provider’s work stipulates the billing process. The Collaborative needs to uplift the voices of providers and parents to enact systematic changes for providers to work directly with families without being reliant on “the system” that frequently creates care plans for the family without their consultation. The Collaborative’s budget should allow for more providers to join in this conversation, training, and other activities to centralize the voices that uphold and impact the service continuum.
 - Margaret Sullivan concurs, some providers grow overly involved in caring for children and their caregivers that some parents are no longer capable of independently addressing mental health concerns or other issues.
 - Diagnosis-stipulated care norm leads to some providers diagnosing children with a condition they don’t have. Services stipulated on a formal diagnosis create barriers for culturally diverse families who are impacted by cultural or societal stigmas that

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may discourage their use of services and from seeking help from the mental health system.

- Laura LaCroix-Dalluhn points out that it is a good time to tackle the topic of systematic work—if the Collaborative approaches this challenge with the kind of flexibility we want to see in the system, we may be able to impact it by moving upstream. The Pandemic demonstrated that flexibility can be created, and the system is adaptable to the needs of the community.
 - How we frame this subject will be imperative and strategic if we are to implement change and flexibility
 - In the other work Laura has done she discovered some Medicaid services are accessible to families prior to diagnoses but still require a referral.
 - Cynthia wonders how the Collaborative could reengage providers during the public health crisis and notes that we need their expertise to make any of these system changes. It will begin with how they think about the care they provide and how they administer care to their families
 - Pat Dale points out that some providers are very clinical and proud of how they administer that kind of care while others take a holistic approach. If the Collaborative wants everybody to receive the same kind of care, it will be difficult with all the different systems of care.
- Laura LaCroix-Dalluhn notes that strategies to engage and educate providers may appear as reviving a provider work-group, developing an in-depth training to walk through the details of billing services, and beginning the conversation of moving providers upstream the system of care.
 - There is a need to do intentional work to include more diverse and non-clinically based providers
 - A training (with snacks) may aid with community-building, gathering feedback and data from providers (such as the parent journey-mapping report), in order to determine policy recommendations and best practices—changes can be implemented on a practical level.
 - Jenna Mitchler speculates that school-based mental health providers could use some thoughtful and intentional engagement

Parent Catalyst Leadership Group Updates (as Laura Reconnects to the Internet)

- Margaret Sullivan updates that the next “Let’s Talk About It” will be in November, focusing on the Family Stabilization Services, it will be done in partnership with Asaad Dahir.
- There are currently 6 Catalyst members and interviews are yet to be had for 2 potential parents to join the Catalyst
- Recent and upcoming outreach efforts includes attending the Jewish Family Service Conferences, the Farmers Market, and an upcoming Wacipi in partnership with the Minneapolis Public Schools
 - Pat Dale makes that connection for Margaret that “Melody” is very involved in the wacipis and would be a good contact to become more involved in the community
 - Jenna Mitchler notes that Bloomington Public Schools have different meeting groups of various demographics that meet regularly to share information and would be a good touch point to connect with parents of Somali, Latine, etc. communities. Jenna will introduce Margaret to the coordinator.

The Budget, again

***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 budget should have provisions to include the work of parent-engagement efforts, parent-driven strategies, training for youth workers, and work groups.
 - Cynthia Slowiak asks how the Collaborative can ensure that we are staying within our school as a children’s mental health service collaborative and not a family service collaborative
 - Laura LaCroix-Dalluhn notes that many community nonprofits and youth development organizations in Hennepin County aren’t connected to family service collaboratives as they are not uncommonly school-based
 - Cynthia emphasizes the need to ensure the narrative continues to be around mental health, so we aren’t having a conversation like when the Collaborative was giving grants to parents for essential aid during the initial COVID-19 shut down.
 - Laura LaCroix reassures that we have the parent journey-mapping data to lean into that shows parents are seeking out of school services and essential aid.

- Cynthia asks if there will be a recurring investment in restorative practices, or if the community aid administered to combat community violence a one-time thing.
 - Laura states that \$20k CHIP allocation was a commitment to support the community and combat youth violence, there will be another opportunity for community organizations to apply for similar grants this fall.
 - The last with Karen Nikolai did not infer there will definitively be future funding partnerships, but it is optimal to stay in that space to continue supporting the communities in Hennepin County.

- Laura LaCroix-Dalluhn brings up youth engagement and what the Collaborative can do to partner with youth-serving organizations.
 - Pat Dale asks if the Collaborative has an existing model
 - Laura mentions that engaging with and supporting these community partners already working with children allows us to use their model.
 - Meeting community members where they are rather than expecting them to come to the Collaborative for aid will allow for more direct administration of services
 - In conversation with these youth-serving organizations their top issue is youth mental health and already have youth leadership groups in place that the Collaborative can consult with to involve their voices and get their feedback

- Cynthia Slowiak asks Jenna Mitchler about youth mental health first aid training as she heard some school districts were bringing first aid into the schools
 - Jenna doesn’t see it happening in Bloomington, but if a school district wants to use Cognito Training, it will be funded by the state
 - Margaret notes that there is mainstreamed Cognito training for adults and that a youth specific Cognito is in development. She also cautions that it is difficult to maintain a consistent group in school settings because children age out and staff turnover
 - Laura LaCroix-Dalluhn emphasizes that this is part of the reason why the Collaborative needs to partner with out of school programs. The Collaborative may invite them to the September meeting to consider how they can partner with us for 2023.

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- Laura asks how the ARPA funds are being used and if the Collaborative may be helpful in recommending strategies, providing support, or training to youth-serving and school-based mental health programs and services.
 - Jenna Mitchler notes that social emotional wellness funding has overall increased, but not necessarily the staffing.
 - Scaling up a program that has proven to be effective is much easier than implementing a new program—the pilot program for immediate family response and stabilization support, for example, may be an incredible asset when scaled up
 - It is known that schools aren't very good at engaging students, and the political environment has made it difficult for staff to talk about hard topics and to provide spaces and opportunities for students to have those hard conversations. To be able to allow and assist students to address their mental health would be powerful but it may be difficult to achieve.

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