

ABHI Children's Mental Health Initiative Meeting Summary (draft)

ICS Branch: **Prevention and Resiliency**

Meeting Date: **March 29, 2022 10:00 a.m.**

Participants:

Dr. Dean Grace, retired, consultant Northland Children Services, Families and Communities Together

Matt Johnson, Supervisor, Children's Mental Health Team, Southern St. Louis County

Anna Clough, St. Louis County Public Health, childcare liaison

Russell Haberman, Community Health Program Manager, Essentia Health

Kaylee Cahill Mathews – Mental Health Therapist, Kalina Counseling Services in Lake County

Biz Sorenson, school based mental health therapist, social worker, ISD 2142 South Ridge School

Jenny Markwardt, mentor, Check and Connect at East Range Academy (Mt. Iron)

Mary Schwinghamer, Ely High School/Middle School school nurse for covid response

Brittany Anderson, mental health worker for Grand Portage

LaReesa Sandretsky, community health educator in Lake County (SHIP)

Tara Besch, Koochiching County Public Health (SHIP) and Family Collaborative

Anita Nordby – social worker, St. Luke's

Lisa Perkovich – supervise St. Louis County Check and Connect

Amy Brownell – St. Louis County Public Health educator for suicide prevention and mental health

John Soghigian – Children's Cabinet member, ABHI Board member, Early Childhood Mental Health Initiative

Ric Schaefer, Arrowhead Health Alliance/ABHI

Participants introduced themselves and identified their reason for attending or areas of specific interest related to this working group. Comments included:

- Desire to see kids getting the support they need and not have to go into intensive treatment
- Lots of intersection and overlap with county case management links up with goals and processes of the initiative
- Working on community health needs assessment for hospital communities; mental health – and specifically youth mental health – has been highlighted as a key need across our region
- Mental health therapist seeking to connect and have a larger scope of community based mental health work, especially around youth and adolescents
- Exploring all work groups to find the right focus area
- Working as a mentor and want to learn of resources and how to support students
- Working as a school nurse, seeing significant mental health struggles and want to know how to respond and connect kids to what's available, looking to see how others are responding and to learn from those experiences

- Seeking to learn about resources for rural communities
- Community health educator working under SHIP, which has an emphasis on preventative measures and working upstream
- Work with SHIP program and family collaboratives, and children's mental health is a significant component of that work
- Work as a hospital social worker and in the last year have seen more kids here and it's challenging to have conversations with parents about access to resources/gaps in services. Want to have alternatives to have kids sit in the ER for long periods of time
- Want to figure out how to make connections so that we don't duplicate, identify gaps, and figure out base level supports and preventative measures so we can reduce referrals to mental health
- Want to better understand resources and make connections across our community
- Interest in collaboration across professions to meet the needs of children and their parents

Brief overview of ABHI Children's Mental Health Initiative.

- This is one of 8 work groups/ICS branches being convened. While each group will determine its own focus and work plan, there will likely be cross over between groups. We are not seeking to create additional silos but to promote communication between groups and integrate efforts
- Intent is to support core values of accountability, communication coordination, innovation and action in responding to mental health crisis.
- Initial meetings for each branch will be facilitated to help create action plan and reach consensus on initial goals, objectives and activities. Groups will transition to leadership from within (co-leaders preferred)

Action Plan Discussion

While Zoom format allows greater participation across distance, it can be clunky for developing collaborative work plans. A survey monkey survey will be distributed to work group members, with responses synthesized and shared for group discussion to help build the work plan and create a common understanding around goals, scope, actions, etc. Discussion today was intended as initial brainstorming about elements to consider in identifying the scope and intent of this group. Key thoughts shared included:

- Interest in developing preventative /upstream approaches to support community wide prevention and resiliency; looking upstream to develop a community that's healthy, and prevent issues due to lack of mental wellbeing
- Increasing awareness of ACES with the caveat of awareness is not enough; we need to work to address and prevent those adverse events; this could serve as a focus and a common language
- Before we identify solutions, we need to be clear about the problem we are addressing and how we describe it to ourselves and to our community. What are ACES? What do they mean to our kids? What are they experiencing? What can we do about that?

- Concern that we are taking the reality of ¼ of our kids is going thru too much stress, which is significantly worse on this side of the pandemic. Concern that our response is to frame it as a mental illness. It's a mental health concern but the core issue is not related to a diagnosis – it's what are we failing to do to provide the foundation of mental health that all of our kids need. If we focus on the mental health illness implication, it become a job for the experts. Much of what we do to treat the most traumatized youth doesn't fall under the category of psychotherapy and doesn't require a licensed therapist to provide the support and help these kids need. That's even more true for our communities. If we define the problem as something that needs professional providers to address, we will never have the workforce capacity to solve it. We need a common way of talking about this problem, how we define it, and how we frame the solution.
- As we shift away from covid response, we are seeing people seeking resources and not really knowing where to go and how to continue on when they aren't just managing covid. We need to increase awareness of ACES and take it a step further and give people tools to address them.
- Need connections to resources involving self-connecting resources; many are not yet ready to connect to agencies but would like a list of resources or apps that children and adolescents can connect to on their own terms. They are apprehensive about even talking about mental health; we need to have resources that help to empower them and put them in control.
- Children of incarcerated parents have an ACE before they get into multitude of ACES that typically occur. Generally are an "invisible" population although there is a significant percentage of them. There are solutions for providing children and caregivers access to resources that are available but not accessed. Also see the need for education about trauma informed care and addressing the problem of ACES in general.
- In the process of getting community feedback; we need a one-stop shop that has educational materials, somewhere that people know they can go to and find resources that point them in the right direction. (It was noted that United Way of northern St. Louis County is working on a project related to this).
- Support upstream focus on healthy community first; how can we come together and do that?
- It was noted that 20% of kids in St. Louis County have a parent who is incarcerated. Most people – and most teachers – have no idea of this. Having a common understanding of the problem and the language to talk about it so that it all means the same thing is essential.
- Have talked about training faculty in trauma informed practice, as teachers will be seeing things they haven't seen before. You can't teach that are unable to listen, so teachers and students are struggling. FACT has received funding to provide training on trauma informed practice for childcare providers in St. Louis County. Hopefully to train youth serving agencies as well. Not just an awareness of trauma but concrete practical things we can do to support kids dealing with this stress.
- Ultimately would like to see intentional, pragmatic support for parents. ACES are increasing; the only way to reduce them is to improve parenting skills. No one sets out to or intends to be a poor parent. We don't teach parenting anywhere, so either you had good parenting modeled or

you just do the best you can. We can start with the professionals around our families (teachers, check and connect mentors, childcare workers, early childhood teachers, home visit nurses) but ultimately we need to be able to reach parents. We need to spread the message that there is a way to make a dramatic difference and it doesn't require advanced degrees. It's simple – 'ordinary magic' of good parenting.

Next steps

Survey Monkey will be shared with all group participants. Responses will be summarized and shared with the group for discussion at the next meeting.

Future meetings

The next meeting will be held via zoom on **Tuesday, April 19 at 10:00**. Future meetings will ideally be held bi-weekly through early June, to support development of a work plan prior to the summer when it's more difficult to bring people together.

Communication

A written summary will be provided for all meetings. Meetings will be recorded to facilitate accurate discussion summaries and to capture participant feedback, but links will not be made public. They will be available for viewing upon request for 30 days following a meeting by a group participant unable to attend a meeting.

Participants consented to sharing of email addresses to support communication between group members. Email addresses of those present at today's meeting are included below.

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