

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

ICS Branch: **Telehealth**

Meeting Date: **March 30, 2022 3:30 p.m.**

Participants:

Zomi Bloom – Telehealth Program Manager with Wilderness Health. Have a HRSA grant to implement telehealth optimization for behavioral health. Wilderness is a collaboration of 9 members in northeastern Minnesota and northern Wisconsin.

Annmarie Florest- Clinical Director at Range Mental Health Center

Alexis Sininger – Administrative Assistant with Wilderness Health

Nicole Clover – clinical intakes for children's mental health case management for St. Louis County

Kari Rengo – Psych mental health nurse practitioner in the Duluth area. 6 months into telehealth practice providing psychiatric services in Minnesota and Wisconsin. Looking to provide services and connect with those who are looking for services.

Mary DeVany – Associate Director at the Great Plains Telehealth Resource and Assistance Center (gpTRAC). Located within the University of Minnesota as regional center that covers the Minnesota, North Dakota, South Dakota, Wisconsin, Iowa, Nebraska region. gpTRAC is one of 14 federal funded, federally designated centers.

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

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 during the discussion included:

- Leveraging of telehealth in our communities to make access to care easier and simpler
- Leveraging additional external resources where we have gaps in our ability to serve the people we encounter
- Educating people on the resources that exist; it's easy to find information about brick-and-mortar clinics (Essentia, St. Luke's, Fairview, Range Mental Health) but people may not know that telehealth practices exist and are becoming a more useful modality for those who can't get to a brick-and-mortar building. I've seen kids in a school counselors office and mom and dad have joined from another location. I don't know how many parents know that they don't have to be physically present. For adults that work (especially with work force shortages), it's really hard to get kids to appointments. The more we can message that there is another option, the more we can bring services to kids who otherwise might not be able to get to appointments.
- Would there be an interest and value in having a repository of service examples of how this is working locally and across the country; a "success story" grouping of vignettes about what people are doing to start help people understand what is possible and what is being done in other areas
- Wilderness has engaged with Hailey Sault, which has produced some very cool personas as part of our marketing. We have done some of that upfront development work, and it might be less expensive if we build on what's already in place. If we could tie in that marketing and communications piece to directing people to existing services, that might be helpful. Clinicians are saying "I can't get my patients seen" and yet providers like Dr. Rengo are saying "I'm here and available". How do we bridge that gap?
- There is a lot of education that can be done around what is, what can be done, what are possibilities, what are the needs we are trying to address. How do we structure messages for the broader audiences?
- School access challenges – with some platforms, the child needs to be in their home, which could complicate providing services in the schools, but this is rare. Assume that most providers can do telehealth, most kids join on their cell phones. There are some areas in Lake County and Carlton County where it's difficult to get cell service or Wi-Fi.
- School based – there is a gap in terms of getting the kid get started and set up in a private space. We have practitioners, but they are seeing kids. We need staff support to get kids linked to providers. Is there an opportunity to create guides or resources: this is what we need to establish to create a connection in a school? These are the guidelines – if you have a provider that comes on site, do this. If you don't have a provider that comes on site, do this. Tools for people to make things simpler.
- Is there an opportunity to create a listing of resources that are already out there offering children's behavioral health services, both within the region and outside the region?

- Across the region, we have some best practices in schools that we can share, but we also have some schools that might be more reluctant. It's a slow process. If we can bring some success stories to schools, it may make it easier to engage them.
- Kids may be more open during a telehealth visit than an in-person visit. The screen can be like a shield and may be more comfortable sharing things on a screen than they would in person. Kids are great utilizers of telehealth and are comfortable with it. If we can show people that, we may be able to get more buy in.
- Maybe now is the right time to get schools engaged in being more creative. Everyone is recognizing that we don't have the resources that we need to support kids. No one provider is going to be able to do this. We need to let go of our traditional territorial boundaries and competitiveness and figure out how to do this collaboratively.

The group shared significant comments in the chat function so those ideas are included here:

- One thing I've heard repeatedly is that there is concern that telehealth can't be as effective for kids -- but we've seen in many instances where it works great!
- We are working with a marketing firm, Hailey Sault, to send messaging around the use of telehealth. Are there funds available for marketing -- or can we piggyback on what Wilderness is doing?
- Is there a way to get it out to school counselors because a lot of times they see the struggling kids? Kari noted that she has been seeing kids (ages 6 to 18) using telehealth for more than 3 years, and it works VERY well. She has tried to get the word out to school counselor groups about my practice, but don't get return calls or return emails. She is using Zoom for Healthcare and Google Meets within my Google for Healthcare suite depending on the client.
- There are challenges in the region with broadband, so we could also look at access to the technical resources needed... ex. a space at school, a device with Wi-Fi hot spot that people can check out, where can that happen, how does it work.
- This is an example of a story that is already available...<https://www.gptrac.org/success-stories/classroom-clinic-transformation-of-tears.html>
- Can we post resources on a centralized website? Maybe the ABHI website?
- Can we create infographics with success stories?
- I was reading a couple articles that said that telehealth helped cut out the stigma of mental health services
- Group therapy sessions is also something that is being done
- Wilderness is also developing best practices guides for practitioners using the resources we have collected. We could share those.
- This may be a little fast, but May is mental health month. Let me know if you want to have a highlight written for any media.

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 **Monday, April 25 at 3:30**. 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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gpTRAC Conference Information

Our friends at Great Plains Telehealth Resource & Assistance Center ([gpTRAC](#)) will again be hosting their annual in-person conference, Telehealth Everywhere, May 24-25 at the Radisson Blu-Mall of America. This conference will feature excellent keynote presenters and breakout sessions. The opening keynote speaker, George Demiris, PhD, UPenn, will discuss the need for inclusive design in telehealth and other digital health tools. He will also present various case studies that highlight ways to facilitate ongoing and effective patient engagement. Attendees will again have the opportunity to discuss emerging telehealth information with their peers and colleagues. For more information and to register, visit: <https://web.cvent.com/event/51c10ff1-fa20-48a0-899a-5ab1e6bda115/summary>