Hennepin County Children's Mental Health Collaborative

2014 Annual Evaluation Report

MARCH 2015

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Contents

Figures

Acknowledgments

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Background

Overview of all Solicitation of Interests (SOIs) and evaluation process

Continuing the efforts that began in 2007, the Hennepin County Children's Mental Health Collaborative (HCCMHC) funded 9 agencies/programs in 2014 to address key concerns regarding the existing Hennepin County children's mental health system. Four juvenile justice programs, three culturally responsive initiatives, one early childhood program, and one parent leadership group received funding.

Under contract with HCCMHC, Wilder Research staff worked with program representatives and Collaborative members to develop a coordinated data collection effort for funded programs to provide information about the aggregate impact of the programs in addressing current needs in Hennepin County. HCCMHC identified specific evaluation measures that grantees were required to collect and report to Wilder Research, demonstrating their program's reach.

This report summarizes key metrics collected by the programs during 2014. It also includes highlights of interviews and focus groups that were conducted by Wilder Research with representatives from each agency.

The report addresses the following questions:

- Who were the youth served through HCCMHC-funded programs in 2014?
- What were programs' experiences with implementation?
- What are some lessons learned and suggestions for 2015?

Evaluation process

In 2014, Wilder Research continued to support HCCMHC's evaluation efforts by meeting with each agency and conducting interviews and focus groups to collect information about implementation and sustainability, including:

- An online reporting template was completed by the juvenile justice and early childhood programs.
- Reporting templates were also completed by the culturally-responsive training organizations.
- Data from the Parent Catalyst Leadership Group were collected by one of its members.
- The previously funded school-based mental health schools participated in a focus group and submitted data (see appendix).

While programs in most areas collected similar demographic and outcome information for this report, the programs were funded for different lengths of time, served different target populations, and used varied service delivery approaches. Therefore, it is not appropriate to make direct comparisons among programs in regard to their effectiveness.

Description of youth served in 2014

A total of 631 youth were served in 2014 by the juvenile justice and early childhood agencies. These efforts reached a culturally diverse sample of children and youth in Hennepin County. A majority (67%) of the children served were 0-3 years old because they were served by the early childhood program. A quarter (24%) were in high school (9th to 12th grade) and were served by the juvenile justice programs. Over half of the youth served (52%) were black or of African ancestry and nearly a third (30%) were white/Caucasian. Four out of five (79%) youth were not of Hispanic ancestry. Equal numbers of male (50%) and female (50%) youth were served by the programs (Figure 1).

1. Youth served (2014 aggregate totals)

	Juvenile justice (N=208)		Early childhood (N=423)		Total (N=631)	
Grade	**N**	**%**	**N**	**%**	**N**	**%**
0-3 years old	0	0%	423	100%	423	67%
Kindergarten	0	0%	0	0%	0	0%
1st	0	0%	0	0%	0	0%
2nd	0	0%	0	0%	0	0%
3rd	0	0%	0	0%	0	0%
4th	0	0%	0	0%	0	0%
5th	0	0%	0	0%	0	0%
6th	7	3%	0	0%	7	1%
7th	14	7%	0	0%	14	2%
8th	27	13%	0	0%	27	4%
9th	46	22%	0	0%	46	7%
10th	47	23%	0	0%	47	7%
11th	46	22%	0	0%	46	7%
12th	10	5%	0	0%	10	2%
Transition/Not in school	11	5%	0	0%	11	2%
Unknown/Missing	0	0%	0	0%	0	0%
TOTAL	**208**	**100%**	**423**	**100%**	**631**	**100%**

Race	Juvenile justice (N=208) N	%	Early childhood (N=423) N	%	Total (N=631) N	%
Asian/Southeast Asian	3	1%	10	2%	13	2%
Biracial/Multiracial	32	15%	29	7%	61	10%
Black/African ancestry	107	51%	223	53%	330	52%
Native American	9	4%	8	2%	17	3%
Other/Unknown	16	8%	3	1%	19	3%
White/Caucasian	41	20%	150	35%	191	30%
TOTAL	**208**	**100%**	**423**	**100%**	**631**	**100%**

Ethnicity	Juvenile justice (N=208) N	%	Early childhood (N=423) N	%	Total (N=631) N	%
Hispanic	3	1%	10	2%	13	2%
Non-Hispanic	194	93%	303	72%	497	79%
Unknown/Other	11	5%	110	26%	121	19%
TOTAL	**208**	**100%**	**423**	**100%**	**631**	**100%**

Gender	Juvenile justice (N=208) N	%	Early childhood (N=423) N	%	Total (N=631) N	%
Male	110	53%	207	49%	317	50%
Female	98	47%	216	51%	314	50%
Unknown/Missing	0	0%	0	0%	0	0%
TOTAL	**208**	**100%**	**423**	**100%**	**631**	**100%**

Besides the early childhood program, all funded agencies who served youth were required to track which school districts youth were enrolled in at the time of intake. A third (33%) of the juvenile justice youth were enrolled in Minneapolis Public Schools. Twelve percent of the youth were enrolled in a charter school, followed by Robbinsdale (8%) and Intermediate School District (ISD) 287 (7%) (Figure 2).

2. Youth served by school district

District	Juvenile justice (N=215) N	%
Anoka-Hennepin	1	0%
Bloomington	8	4%
Brooklyn Center	2	1%
Buffalo	0	0%
Charter school	25	12%
Eden Prairie	3	1%
Edina	4	2%
Elk River	0	0%
Hopkins	8	4%
ISD District 287	14	7%
Minneapolis	69	33%
Minnetonka	2	1%
Osseo	9	4%
Richfield	5	2%
Robbinsdale	17	8%
Rockford	0	0%
St. Anthony	0	0%
St. Louis Park	2	1%
Wayzata	7	3%
Westonka	4	2%
Not in school	11	5%
Missing	17	8%
TOTAL	**208**	**100%**

Description of other funded activities

The other funded programs served adults, including parents and service professionals. The HCCMHC's parent involvement initiative focused on providing intensive advocacy and leadership training to a select group of parents. A total of 11 parent leaders are currently involved in the HCCMHC's Parent Catalyst Leadership Group (PCLG). The current PCLG leaders are interested in making sure the parents trained as catalysts are representative of parents in Hennepin County. Currently, one-third of the PCLG parents/caregivers (36%) are African American and one PCLG parent is of Hispanic ethnicity. All other PCLG parent/caregivers are white and/or non-Hispanic. Nearly three out of four parents (72%) live in the suburbs of Bloomington, Brooklyn Center, Golden Valley, Hopkins, Minnetonka, New Hope, Plymouth, and St. Louis Park.

Description of funded programs

In 2014, 9 programs or agencies were funded by the Hennepin County Children's Mental Health Collaborative (HCCMHC). The following sections briefly describe their major activities and outcomes.

Juvenile justice

The purpose of this funded group is to reduce or prevent youth involvement with the juvenile justice system. These programs are funded to coordinate efforts and/or provide better access to mental health services. Additionally, programs incorporate best practices and provide supplemental services to youth who are involved in the juvenile justice system. The goals of the programs include: (1) improving overall service coordination, communication, and outcomes in the juvenile justice system; and (2) improving delivery of prevention or intervention services for youth at risk of involvement or currently involved in the juvenile justice system. The type of services provided by the juvenile justice agencies include multisystemic therapy (MST), diagnostic assessments (DAs), mentoring services, individual counseling and group work during a 12 week period, and one-on-one brief intervention therapy (Figure 3).

3. Overview of funded juvenile justice programs

Program	Description
Amicus-Radius	Provides gender-responsive services to adolescent girls on probation in Hennepin County, including a 14-week closed psycho-educational group, individual counseling, family support, and resource referrals in three regions.
Brief Intervention	Provides one-on-one brief intervention therapy for youth exiting from Hennepin County out-of-home placement. Brief intervention therapy is provided at location of client's choice. Coordinates service referrals and activities to contribute to reintegration into community.
EMPOWER	Provides diagnostic assessments to youth who have been referred from the Juvenile Supervision Center (JSC). Provides consultation and training to the JSC staff to help identify youth with mental health issues.
The Family Partnership	Provides multisystemic therapy (MST) to youth from either juvenile probation and/or human services in Hennepin County. MST therapy is provided as a home-based model that helps overcome barriers to service and increase family involvement.

Findings from a focus group with juvenile justice program staff

A focus group was conducted in December 2014 with representatives from funded Juvenile Detention Alternatives Initiative (JDAI) agencies in order to gather information

about program implementation and sustainability. All agencies were represented and a total of four program staff members participated in the focus group. While participants' organizations are delivering services effectively, many participants expressed numerous challenges to effective service delivery. While many challenges were expressed, the majority involved working with the Juvenile Justice Center or the Juvenile Detention Alternatives Initiative itself.

Challenges regarding interacting with the Juvenile Justice Center and Juvenile Detention Alternatives Initiative program

A major finding from the JDAI focus group is that tension exists between JDAI-funded organizations and Juvenile Justice Center and Juvenile Detention Alternatives Initiative personnel. The overall lack of awareness of and support for mental health services was noted as a general challenge of working with Juvenile Justice Center staff. In particular, one participant noted that, while their program provides training for Juvenile Justice Center staff to recognize problematic behavior as the result of mental health issues, turnover and changes among juvenile justice staff required multiple trainings for newly hired staff. Additionally, another participant noted the lack of uniformity regarding the ways in which parole and probation officers interact with clients, stating that this can present difficulties when working with multiple probation officers. Another participant mentioned a requirement to use sexual trauma–focused curriculum in their programming, but not all of their clients had experienced sexual trauma and few of their staff members were trained to deliver the curriculum. One organization stopped receiving referrals from the Juvenile Justice Center because Center personnel mistakenly thought that their contract had ended.

Other challenges experienced by juvenile justice programs

Program staff listed a number of other challenges to delivering mental health services, including:

- **Lack of adequate client transportation.** Echoing the 2013 evaluation findings, program staff noted that public transportation may not be appropriate for some clients due to the severity of mental health issues or due to long distances between a client's home and the service delivery location. Some programs offer services off-site at a location the client chooses, which addresses some transportation issues.

- **Living in poverty and other complex life situations.** Participants mentioned that because many of their clients live in poverty, seeking mental health services is not always top priority. In addition, participants mentioned a number of other factors – many of which are associated with living in poverty – that also act as a barrier to clients

receiving services, such as homelessness or parents' unaddressed mental health problems.

Program staff also suggested a number of improvements to their programs, including more professional development opportunities for their staff, more specialized programming for clients (such as family-based therapy, specific types of multi-systemic therapy, and arts therapy), and increasing their workload to serve more clients.

Early childhood

The purpose of this funded area is to increase social-emotional screening of infants at Hennepin County Medical Center (HCMC). Using the Ages & Stages Questionnaires: Social-Emotional (ASQ:SE) for social-emotional screening, a clinician meets with the family during a routine screening at 9 or 12 months old (or if the provider requests the screening to be done). The purpose of providing this first-level screening tool is to identify children who may be at risk for social or emotional difficulties and refer them to community agencies.

The ASQ:SE assessments are initiated three ways, which include a routine visit, a request by a provider, or a request by a parent. The program screened 423 children in 2014. Most (84%) are initiated during a routine visit and completed by the mom (72%).

Of those who complete the assessment, 14% were referred to another agency and 7% were rescreened or monitored until the next appointment. Once referred to another agency, a third (32%) were receiving services when staff followed up with them, while nearly one in five (18%) had an appointment set up, were in process of contacting the referral, or were on a waitlist. The rest of the families did not respond to the follow up (20%), had declined services (11%), did not have a working phone number (8%), or had other reasons that they were not in services yet (11%).

The program makes referrals to a number of community-based and government programs, including:

- Help Me Grow
- HC Child Access
- HC PSOP
- Ramsey County Family & Community Partnership
- Healthy Families

- Head Start
- Canvas Health
- CLUES
- FACTS
- Family Innovations
- Family Partnership
- Fraser
- HCMC Child & Adolescent Psych
- Private Practice
- St. David's
- Washburn
- Wilder

Interview findings

In January 2015, an interview focusing on early childhood mental health was conducted with two representatives from HCMC.

Changes in service delivery

A primary change for HCMC's early childhood mental health work is a large increase in the number of infants and toddlers screened using the ASQ:SE, as compared to the previous year. HCMC staff said that they have a 50 percent failure rate on the assessment, meaning that they refer patients to and coordinate follow-up services for 50 percent of the infants and toddlers they assess. As such, a larger portion of HCMC's staff's work is spent coordinating follow-up care than the previous year. A contributing factor to this change is the buy-in and support that early childhood mental health staff have garnered from HCMC physicians, also resulting in increased numbers of infants and toddlers referred to be assessed with the ASQ:SE.

Challenges to service delivery

Regarding challenges to service delivery, interview respondents mentioned differing referral procedures used by follow-up agencies and long waitlists of referred patients. For instance, some referral procedures include an administration assistant calling each new referral, which oftentimes means that families are contacted more quickly about follow-up services. In other agencies, the mental health services provider is the first staff person to reach out, which more often than not means that families wait for a longer period of time before being reached by a referral agency. The longer that a referred agency waits to contact a family, according to interview respondents, the less likely it is that the family will be reached and receive follow-up care.

Additionally, interview respondents noted that the amount of paper associated with administering the ASQ:SE as well as follow-up care is a challenge for service delivery. HCMC is actively pursuing solutions to this, such as electronic form entry, rather than administering the assessment via paper and then manually inputting data.

Suggested changes to service delivery

Interview respondents suggested developing separate modules for the ASQ:SE for different cultural communities in order to increase the assessment's cultural competence, mentioning that ideas and perceptions of mental health vary greatly by culture. Respondents also mentioned hiring interns, assistants, or community health workers in order to delegate responsibilities for more effective service delivery.

Parent involvement

Background

The parent involvement efforts of the HCCMHC were designed to contract with an agency or individuals to provide administrative, financial, and structural support, as well as coordination services to the HCCMHC's parent group (now referred to as the Parent Catalyst Leadership Group or PCLG). In addition to creating policies and goals for the PCLG, the initiative was intended to work towards expanding membership in the HCCMHC's parent group, expand parent support options, and help ensure parents are represented in all HCCMHC committees.

Characteristics of families involved

All parents attended at least one of the PCLG's monthly support group meetings. To date, a total of eleven parents are identified as members of the PCLG. The number of parents in the PCLG decreased in 2014, due partially to one parent's child "aging out" of service eligibility, which resulted in the parent leaving the group.

Over half of the parents (55%) are white, one-third (36%) are African American, and one parent (9%) is of Hispanic ethnicity (Figure 4). Most of the parents (N=7) live in suburban Hennepin County cities. Parents noted that the uncertainty of future funding as well as frequency of meeting times acted as barriers to recruitment efforts.

4. Demographic characteristics of parents involved in 2014 (N=11)

	N	%
Gender		
Male	1	9%
Female	10	91%
Race/Ethnicity		
African American	4	36%
Asian American	0	0%
American Indian	0	0%
White	6	55%
Bi-/multi-racial	0	0%
Hispanic/Latino	1	9%

Training and outreach activities

In 2014, the PCLG held 15 meetings, trainings, and forums which were attended by 143 parents. The 2014 meetings focused on forming new partnerships, supporting the work of individual catalysts as representatives to various committees, and partnering with local and national organizations to host a parent-focused mental health training event. The PCLG presented information in a number of meetings in 2014, including:

Date	Description	External trainer	Number attended
1/18/2014	Business meeting: event planning, liaison reports, Yearend report; 2014 Work plan		8
2/8/2014	Business meeting: event planning; strategic planning prep, liaison reports; Activity – sharing SEAC best practices for MH and EBD advocacy		7
2/18/2014	Strategic Planning	Curt Peterson	7
3/8/2014	Business meeting: event planning; committee reports; Strategic planning – mission/vision; goals		8
3/15/2014	PCLG Crisis Prevention Event	Brooklyn Center Police Officer, MN CIT Trainer, Child Crisis Rep, & parent from NAMI Hennepin	23

Date	Description	External trainer	Number attended
4/12/2014	Business meeting: Event review and future event ideas; Liaison reports; Strategic planning draft review		6
5/31/2014	Business meeting: reports & finishing strategic planning process and budget		7
6/21/2014	Workgroup Meetings: School MH Awareness and Parent Navigation		9
7/5 & 7/12	School MH Workgroup meetings		4
7/30/2014	PCLG Business meeting: Ice breaker activity with new members; reports; workgroup breakout time		7
8/30/2014	School MH Workgroup meeting		4
9/13/2014	PCLG "Telling Your Story" Workshop	Kim Kang	29
10/18/2014	PCLG – Business meeting; Reports: event, committees & outside meetings; workgroup breakout		9
11/8/2014	School MH and Navigation Workgroup meetings		7
12/13/2014	PCLG business meeting – review policy changes-transportation, leaves; reports and future planning; workgroup breakouts		8

Parent involvement in workgroups, initiatives, outreach

Parents in the PCLG were involved in dozens of workgroups in 2014. The parents and caregivers involved with these committees and workgroups are active members and in some cases have voting-level memberships. Parents have also volunteered their time to work on special subgroups on key topics.

In addition to ensuring parent representatives are involved with all HCCMHC workgroups, parents are active members of the following committees, advisory groups, and workgroups:

Name of organization (Workgroup/committee)	MM/YY involvement began	MM/YY involvement ended	Frequency of meetings	Description of involvement
HC HCCMHC –Executive Committee	Pre 2011	Still Attending	Bi-monthly	1 Voting Member
HC HCCMHC –Governance Committee	Pre 2011	Still Attending	Bi-monthly	2 Voting Members
HC HCCMHC –School-based Mental Health	Pre 2011	Still Attending	Monthly	Active Member
HC HCCMHC –Evaluation Committee	Pre 2011	Still Attending	As Needed	Active Member

Name of organization (Workgroup/committee)	MM/YY involvement began	MM/YY involvement ended	Frequency of meetings	Description of involvement
HC HCCMHC –Strategic Community Investment Group	Pre 2011	Still Participating	As Needed	Active Member
LCTS	2011	Still Attending	Annually	Active Member
DHS Workgroup: Hospital Discharge Transition	2013	Still Attending	As Needed	Active Member
Metro CCS: Policy Committee and Leadership Teams	July 2013	Still Attending	Monthly	2 Active Members
Metro Area IEIC	Pre 2011	Still Attending	Quarterly	Active Member
MN System of Interagency Coordination (MNSIC)	Pre 2011	Pending	Pending	Member
State Special Education Diversity Committee (SEDC)	Pre 2011	Pending	Pending	Member
U of M Cultural Liaison Cohort Teacher (thru MDE grant)	2011	Still Attending	Monthly	Active Member
Statewide Independent Living Council (SILC)	Pre 2011	Still Attending	Monthly	Active Member
Bloomington Special Education Community Advisory Council (SECAC)	Pre 2011	Still Attending	Monthly Sept-June	Active Member
Hopkins Special Education Advisory Committee (SEAC)	Pre 2011	Still Attending	Monthly, Sept-May	Active Member
Lionsgate Special Education Advisory Committee (SEAC)	2013	Still Attending	5X/year	Active Member
Minneapolis Public Schools Special Education Advisory Council (SEAC)	Pre 2012	Still Attending	Monthly Sept-May	Active Member
MACMH Board Member	May 2013	Still Attending	Bi-Monthly	Active Member
MACMH – Parent Support Provider Program (Natl. Fed. For Families)	Sept 2013	Still Attending	Monthly	4 Active Members

The parents were also involved in a number of outreach activities in 2014, including:

Outreach Activities:

- Fidgety Fairy Tales resource tables at Hennepin County Libraries and the Basilica
- PACER Parent Leadership event presentation on involvement in collaborative and parent advocacy
- PACER Parent Summit resource table

- Lifespan resource table
- Shenandoah Apartments parent group
- Meeting with Silver Ribbon Group student leaders at South High School
- University of Minnesota presentation to nursing students

Reaching contract goals

PCLG members have completed or have ongoing efforts in all eight of their contract goals. Figures 5 and 6 provide an overview of the goals that were completed or in progress in 2014.

5. Completed goals

Contract goal	Brief description of completion of goal
All HCCMHC work groups' rosters should include active and consistent membership from the PCLG.	Most HCCMHC workgroups are being attended by a parent representative and there are formal alternate assignments for each committee. Meeting attendance has been very consistent.
Strengthen alliances with school groups.	Members of the PCLG School Mental Health Awareness workgroup attended a South High school meeting on mental illness in African immigrant communities and met with student leaders of the school MH awareness group to learn more about ways to replicate anti-stigma and peer support activities in other schools. Many parents are regular attendees at their school district's special education advisory group (SEAC/SECAC) and are working on issues such as expanding academic, inclusion, vocational, and extracurricular opportunities for students in EBD programs. PCLG continues its practice of seeking out different school districts to co-sponsor training events.
Provide 9-12 parent training sessions per year.	The PCLG held 15 parent business meetings this year that sometimes involved a training component.
Provide 9-12 monthly support groups per year.	The PCLG held 11 support group meetings this year (one was cancelled due to an ice storm).
Maintain catalyst base and recruit new members.	In 2014, they added 3 new catalysts for a total of 11 (and will add another catalyst in January or February of 2015). All are partially or extensively trained. New members are bringing with them an extensive skill set (lawyer, project manager/writer, vocational/rehabilitation specialist, etc.). Attendance at trainings and support group meetings is good.

Co-sponsor trainings for a larger audience at least twice per year.	PCLG hosted a well-attended child crisis forum, co-hosted by Osseo School District Community Education, as well as the Minnesota CIT Officers Association, Hennepin County Child Crisis and NAMI Hennepin. Also well-attended and well-received was a "Telling Your Story" workshop that PCLG hosted in September along with Bloomington Public Schools and the Autism Society of Minnesota. It included advice about working with school staff as well as advocating with policymakers. PCLG also gave presentations and hosted information tables at various parent meetings and other mental health events.

6. Goals in progress

Contract goal	Brief description of progress towards goal
Establish and work towards outreach targets (this can include geographic and diversity goals).	Currently, the PCLG is racially, ethnically, and socioeconomically diverse, but could benefit from participation from some currently underrepresented groups, such as Native Americans and recent immigrants. PCLG continues to extend its reach by presenting and doing outreach at events, as well as hosting their own events and offering social media and a monthly newsletter to our expanding email base.

The strategic planning process took some time away from advancing contract activities, which delayed adding new members and implementing new initiatives until after the planning was finished.

Lessons learned

Many of the parents still do not understand the work of the collaborative. They think it would be helpful for parents to be able to visit different committees to be more connected and "up to speed" when they take on the role of representing PCLG at these meetings. Some parents who serve on HCCMHC committees question how much actual impact they have in changing the system.

One of the primary barriers is the timing of collaborative committee meetings. Many meet at 2:30 or 3:00 p.m. on weekdays, which makes it challenging both for full-time working parents as well as those who are picking up kids after school. Additionally, several of the parents do not have cars, so transportation is a significant barrier for some.

Also, a number of parents come to PCLG and say they are "at a loss" because they do not have options for their child. Here are some examples that were shared:

- "[The staff at Fairview] feel [my daughter] needs a higher level of care than Fairview Day Treatment, but do not feel she needs hospitalization. I'm at a loss. I asked, 'What

else is there?' Fairview said her case manager can try to find something, but some children in my daughter's situation fall through the cracks."

- Another couple reported that their son, who is on parole for having assaulted a staff person in residential treatment, is about to be sent home because "he's not making progress." The parents are afraid to have him in their house. They have tried many different forms of in-home and out-of-home therapies. They would like their son to stay in treatment or be placed in a group home, but the county doesn't want to pay for treatment any more, and it seems there is no good possibility of getting him into a group home because he does not have a "DD" label.

Cultural competency

Background

In 2014, three organizations received funding to promote cultural competency among mental health providers in Hennepin County (Figure 7). All three organizations completed organizational cultural competency assessments. These organizations offered trainings to other organizations and agencies that provide mental health services. Other activities completed in 2014 include cultural competency workshops, cross-cultural dialogues with ethnic-specific mental health providers, and cultural competency training events.

7. Overview of cultural competency programs

Program	Description
Guadalupe Alternative Programs (GAP)	Coordinates organizational cultural competency assessments. Provides cultural competency consultation relating to diagnostic assessments as well as cultural competency workshops.
Volunteers of America (VOA)	Coordinates organizational cultural competency assessments. Facilitates cross-cultural dialogues with ethnic-specific mental health providers. Provides cultural consultation to clinicians.
Washburn Center for Children	Provides culturally-specific consultative services for mental health clinicians. Specific workgroups focusing on Spanish-speaking mental health services, as well as mental health services for African American clients. Coordinates training events that focus on organization-wide cultural competency training.

Cultural competency sessions

Information about the number of staff-provided cultural competency sessions and trainings will be available in April 2015 when the reporting is due.

Focus group findings

In January 2015, Wilder Research conducted a focus group with representatives from funded cultural competence organizations. All organizations were represented and three participants were involved in the focus group.

Cultural competence programs maintained or expanded efforts

Participants noted the continuation of many of the same efforts as the previous year, including consultation with an African American mental health services organization as well as the development of a Spanish-English manual of clinical terms. In 2014, cultural competence grantees administered cultural competence assessments externally for other organizations, whereas previously cultural competence grantees were self-training on these assessments by conducting them internally.

Implications of systemic racism are still present

Similar to the previous year's evaluation, participants noted potential implications of systemic racism when partnering with smaller, ethnic-specific organizations. Specifically, program staff noted that institutional racism may be perceived to be a factor when large, mainly white organizations received funding and reached out to ethnic-specific, largely non-white organizations. Moreover, these partner organizations cannot bill time to the Collaborative, which excludes them from attending Collaborative meetings or other events facilitated by the Collaborative. In addition, program staff noted that staff at ethnic-specific partner organizations sometimes had full-time jobs alongside providing mental health services.

Summary

Because the school-based mental health group did not receive funding, the number of youth served directly are lower this year, but programs funded by Hennepin County Children's Mental Health Collaborative continued to serve a large, diverse group of youth and youth-serving agencies. HCCMHC funding increased accessibility to mental health services for youth and their families. For some agencies, the funding enhanced services they were already providing, and for others the funding made services possible.

Lessons learned

- **Sustainability is a concern with most of the funded programs and agencies.** When asked about sustainability when funding from HCCMHC ends, nearly everyone voiced concern about being able to maintain the same caseload and/or staffing. Even people who receive a smaller amount of funding stated that it is pieced together with other funding to make their program function.

- **Youth served in juvenile justice and early childhood programs are seeing a non-white diverse group in terms of race**. Two-thirds of the youth served (70%) were youth of color, where over half (52%) of the youth were identified as black/of African ancestry.

- **The Parent Catalyst Group Leadership Group faces obstacles when it comes to their member's realities.** Some of the challenges PCLG faces are that it continues to be difficult to find parents who are available during the weekdays to attend HCCMHC meetings. Additionally, parents have extremely complicated and stressful lives. In 2014, parents struggled with hospitalizations of their children; adult children with ongoing mental health and substance abuse issues; school suspensions, academic failure, and transfers; juvenile justice interactions; school interactions and transfers; housing, vehicle, and employment issues; and being caretakers for elderly relatives. The group noted its difficulty maintaining momentum on long-term goals throughout all these challenges. Having options to call in, flexible scheduling, better outreach, and stipends for childcare or travel can increase the likelihood of parent involvement.

- **Cultural competency grantees noted the importance of reaching out directly to smaller programs served by agencies within a cultural community.** This is something that came out of last year's focus group. It was once again discussed that there is a risk of perpetuating (the perception) of systemic racism, by primarily funding large, established, and mainly white organizations. By building relationships,

smaller agencies may become aware of funding opportunities and more interested in applying to future funding.

- **Grantees want opportunities for networking and sharing lessons learned.** As in past years, some agencies continue to want the forum to share lessons learned with one another. In addition, they expressed their interest in finding opportunities to share their work and findings with other HCCMHC members. While not all future grantees may be interested in building relationships with other providers, considering strategies to encourage networking and sharing of information may help the HCCMHC engage new providers in its work.

- **Reporting outcomes is more challenging for some of the funded projects.** Recidivism data has been collected for the juvenile justice programs, but not reported due to low numbers of youth represented in the data. Also, it takes two years from discharge from a program to get a measure of recidivism, due to the way the county reports this information. It is also challenging to define improved youth outcomes for the early childhood program, which primarily provides screening and referral services. In 2015, Wilder staff will work further with these funded programs regarding outcome definition and measurement.

Appendix

Funding information

In 2014, the Hennepin County Children's Mental Health Collaborative (HCCMHC) funded a number of programs and activities. Below is a brief overview of the programs and scholarships that were funded. The programs and efforts were funded jointly by HCCMHC, Hennepin County's Department of Community Corrections and Rehabilitation (DOCCR), ISD 287, and/or Local Collaborative Time Study (LCTS) monies. They also may have funding from other sources.

I. Programs funded by HCCMHC/LCTS funds

The early childhood program was funded by HCCMHC and LCTS funds and billed $91,000.

Figure 1 provides an overview of the parent support and programming of the Parent Catalyst Leadership Group (PCLG), which used $29,649 in LCTS funds. Twenty scholarships totaling $12,036 was paid in scholarship support for approximately 63 individuals to attend trainings.

A1. Overview of HHCCMHC/LCTS funded programs

Program	Description
PCLG	The parent involvement efforts of the HCCMHC were designed to contract with an agency or individuals to provide administrative, financial, and structural support, as well as coordination services to the HCCMHC's parent group (now referred to as the Parent Catalyst Leadership Group or PCLG). In addition to creating policies and goals for the PCLG, the initiative was intended to work towards expanding membership in the HCCMHC's parent group, expanding parent support options, and helping to ensure parents are represented in all HCCMHC committees.
Scholarships	The HCCMHC scholarship program was available to individuals living within Hennepin County and/or employees or volunteers who work at nonprofit agencies for publicly announced and credentialed children's mental health conferences or trainings.

II. Programs funded by HHCCMHC/LCTS/DOCCR funds

A number of programs were funded collectively by HCCMHC, LCTS, and DOCCR funds, including 4 juvenile justice programs, which billed the amount of $202,363 in 2014. Additionally, Paula Schaefer & Associates work billed out $25,000 from LCTS funding.

A2. Overview of HHCCMHC/LCTS/DOCCR funded programs

Program	Description
Paula Schaefer & Associates	Paula Schaefer & Associates offered 6 trainings to approximately 155 participants over the calendar year. They also provided guidance, direction, mentoring, and support to the Girls Services Coordinator, as well as leadership and direction to those serving at-risk and adjudicated juvenile females in community-based and residential programs, including training and consultation for the YMCA of Minneapolis on trauma and on facilitating Girls Circle H.E.A.R.T. (GCH).

III. Programs funded by HCCMHC funds

Intermediate School District 287 received funding for two of their programs: Diploma On! and the Shared Social Work (SSW) program (Figure A3). Diploma On!, previously named the Drop Out Prevention Program (DOPP), is offered to seven area school districts, including: Brooklyn Center, Hopkins, Osseo, Robbinsdale, St. Louis Park, Wayzata, and Westonka. As part of a pilot program, initiated by both Hennepin County and Intermediate District 287, a social worker assists students and families in re-engaging un-enrolled students back into a school that meets the student's needs. In early 2010, county commissioners and Hennepin County public school superintendents authorized development of a county/school shared social work model.

The Shared Social Work (SSW) Project that emerged is coordinated by Intermediate School District 287 and Hennepin County Human Services and Public Health Department (HSPHD). The project is a unique pilot among 17 school districts and HSPHD. It is designed to build a bridge between the county and its school district to improve access to the county and school services for students (birth-21) and their families. Table A3 provides an overview of their efforts.

The programs used $47,123 and $ 66,810 in HCCMHC funds, respectively.

A3. Overview of HCCMHC/ISD287/LCTS funded programs

Program	Description
Diploma On!	The goal of Diploma On! is to prevent students from dropping out of high school and to increase graduation rates. This is a voluntary and free program for students and families.
Shared Social Work (SSW) program	The project team consists of social workers and administrators from both the county and area school districts working together over three years, July 2011-August 2014, to design a sustainable, systems-level solution that will improve the coordination and increase efficiencies in the county and school district service delivery. By decreasing barriers to county and school district services and resources, student attendance, achievement, and family and community functioning will improve. The overarching goal is that all students in Hennepin County graduate high school.

School-based mental health – An update about where they are now

This is the first year since 2008 that the school-based mental health agencies did not receive funding from HCCMHC. In the past, school-based mental health programs were funded to promote the social and emotional development of children and remove barriers to learning by assessing and treating mental health problems and improving access to mental health services for students in Hennepin County Schools. The grantees' goals were to increase access to mental health services and improve child functioning in schools and districts in Hennepin County.

CLUES, Headway, Minneapolis Department of Health and Family Support, Nystrom and Associates, People Incorporated, and Washburn participated in a focus group, which provided an update about where they are now.

Findings from a focus group with school-based mental health program staff

A focus group was conducted with representatives from school-based mental health program staff in January 2015. All agencies were represented and a total of six people participated.

Programs expanded or maintained their services and staff, but still are understaffed and overworked

Since last year, some participants mentioned expanding their service delivery to other schools or increasing the number of students served in schools. Other programs mentioned adding interns to their staff, while others noted that their staffing remained the same. Additionally, participants mentioned expanded or stable services, with one program starting a health group for students and another program expanding their outreach to students and their families. However, it should be noted that despite adding more staff, which allowed some programs to increase service options, programs still report being understaffed and overworked.

Maintaining services and remaining financially viable during the summer is still a challenge

Similar to last year's group, participants noted continued challenges regarding providing services during the summer, saying that summer is a time of financial struggle because clients no longer receive services after school ends. Since many clients re-engage in services after the summer, participants mentioned keeping their records open, which is a liability concern for their organization. Some participants check in with clients via phone during the summer in order to keep their record up-to-date, but time spent on the phone with clients is not billable. Another contributing factor is that schools don't offer transportation for mental health services to students who are not enrolled in summer

school. Programs have given bus tokens to clients, but this strategy to address transportation barriers was unsuccessful, according to participants. One participant mentioned that offering mental health services at the same location as summer school programming can result in more clients served, though many participants noted that the limited duration of summer programming can act as a barrier to almost any efforts to deliver mental health services in the summer.

School-based mental health is a unique model for the delivery of mental health services

While participants acknowledge the benefits of the model in theory, they primarily mentioned challenges associated with the model in practice. A primary challenge associated with the school-based mental health model is a workforce shortage, with participants noting difficulties filling open positions. Specifically, participants mentioned that few licensed practitioners have experience working in a school setting, in which they must coordinate with and manage the expectations of teachers, school administrators, and parents, as well as manage their own workload and complete paperwork for each client. Participants mentioned a desire for the Collaborative to facilitate school-based mental health training for practitioners as well as convene school-based mental health practitioners to learn from and support each other.