Hennepin County Children's Mental Health Collaborative
2014 metrics of success summary
April 2015

Introduction

Since 2008, the CMHC has been reporting annual "metrics" of success. These metrics fall into the following areas:

- Success in Collaborative functioning
- Success in funding services
- Success in work group functioning
- Success in system-level improvements

Information about each of these success metrics have been collected annually for the past several years, though the specific measures were revised substantially by the Collaborative in 2011 and again in 2014. This document summarizes the metrics results for 2014, along with comparative information from previous years. More detailed information about many of these key indicators can be found in the CMHC annual report (April 2015) and the Collaborative assessment report (April 2015).

Success in Collaborative functioning

The first category of Collaborative success addresses the quality of the collaborative relationships among partners. Between 2008 and 2010, online surveys were conducted annually with key Collaborative stakeholders. In 2010, the decision was made to conduct the survey biannually, so surveys were not completed for 2011 or 2013. Nine survey items had previously been selected to reflect the overall success of the Collaborative. In 2014, four items were removed from the list of core success measures, leaving five core measures (Figure 1).

The percentage of stakeholders rating the Collaborative as "very successful" in achieving its mission has varied over the past three survey administrations, increasing from 9 percent in 2010 to 40 percent in 2012, before declining to 25 percent in 2014. The CMHC mission has evolved over time, which may explain the variability in ratings.

Nearly half of the 2014 survey respondents (47%) "strongly agreed" that the CMHC represents a good cross-section of the mental health system (an increase from 34% in 2012) and that parents are fully included in CMHC meetings (an increase from 27% in 2010 and 41% in 2012). Slightly fewer (40%) "strongly agreed" that all members have a voice in decision making (a decline from 48% in 2010 and 44% in 2012).

As was the case in 2012, the lowest rated success metric was that diverse communities are represented among all work groups. In 2014, 13 percent of the CMHC stakeholders "strongly agreed" with this item, a decrease from 19 percent in 2012.

1. Metrics related to success in Collaborative functioning

How the Collaborative functions	2010 (N=22-32)	2011	2012 (N=31-35)	2013	2014 (N=15-16)
% of stakeholders who rate the Collaborative as "very successful" in achieving its mission	9%	-	40%	-	25%
% of stakeholders who "strongly agree" that…					
a. the CMHC represents a good cross-section of the mental health system for children	43%	-	34%	-	47%
b. all members have a voice in decision making	48%	-	44%	-	40%
c. parents are fully included in CMHC meetings	27%	-	41%	-	47%
d. diverse communities are represented among all work groups	-	-	19%	-	13%

Note – Results come from surveys conducted with Collaborative stakeholders. Surveys were not conducted in 2011 or 2013, per the Governance Board's decision to collect surveys every other year. In 2014, four measures were removed from the list of core metrics, including the percentage of stakeholders who strongly agreed that: (1) they have a clear understanding of what the CMHC is trying to accomplish; (2) parents have a leadership voice in work groups; (3) the people involved in the CMHC work together to achieve group goals; and (4) effective communication strategies are being used to share information about CMHC activities.

Success in funding services

The second category of Collaborative success addresses the projects funded through the Collaborative. Between 2008 and 2014, a total of 34 programs received funding from the Collaborative, including 10 juvenile justice programs, 6 school-based programs, 5 uninsured/underinsured programs, 4 Juvenile Detention Alternative Initiative (JDAI) programs, 3 culturally responsive groups, 2 primary care programs, 1 JDAI internship position, 1 early childhood project, 1 parent involvement program and funding for 1 company to provide technical assistance to Hennepin County's Girls Service Coordinator. Programs were funded for a few years, and many had ended by 2014. Key findings from the existing funded programs in each area are highlighted in the 2014 annual report (April 2015).

In 2014, a total of 631 youth were served by the juvenile justice and early childhood programs. These efforts reached a culturally diverse group of children and youth in Hennepin County. Most (67%) of the children served were 0-3 years old, because they were served by the early childhood program. One-quarter of served (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 African-American and nearly one-third (30%) were White/Caucasian. Four out of five (79%) youth were Non-Hispanic. Equal number of male (50%) and female (50%) youth were served by the programs. All projects were fully implemented.

The Parent Catalyst Leadership Group (PCLG) trained 143 parents in 2014. Currently, they have 11 members, nearly half (45%) come from communities of color.

Three other agencies received project funding to provide culturally-responsive trainings internally and with other community agencies with the goal of increasing the competency/understanding of non-majority children and families. The cultural competence programs will be submitting their report describing the number of trainings and people trained in April 2015.

In 2012, one additional metric was added to the Collaborative survey related to success in funding services. In 2014, just over half of the survey respondents (53%) "strongly agreed" with this item, an increase from 34 percent in 2014.

Another core measure has been the percentage of projects reporting improved youth outcomes. The school-based mental health programs were consistently able to report on youth outcomes. This has proven more challenging on other projects, however. Recidivism data has been collected for the juvenile justice program, but not reported due to low numbers of youth represented in the data. It also takes two years from the time of program discharge 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.

2. Metrics related to success in funding services

Success in funding services	2010	2011	2012	2013	2014
a. number of projects funded	15	10	12	18	9
b. % of projects fully implemented at the close of the funding year	81%	100%	100%	100%	100%
c. number of youth served annually	872	669	745	1,422	631
d. % of youth served from communities of color	53%	64%	48%	56%	60%
e. number of parents reached through training/support	N/A	N/A	N/A	N/A	143[a]
f. % of projects that have reported improved youth outcomes					
School-based services	5/6	6/6	6/6	6/6	N/A
Juvenile Justice	6/6	[b]	[b]	[b]	[b]
Uninsured/underinsured	0/5	1/3	N/A	N/A	N/A
Early childhood	N/A	N/A	N/A	[c]	[c]
g. Number of trainings offered by the cultural competence programs	-	-	-	58	[d]
h. Number of people trained by the cultural competence programs	-	-	-	915	[d]
i. % of stakeholders who "strongly agreed" that funding is allocated appropriately [e]	-	-	34%	-	53%

Note - some children may be counted as a "child served" in multiple years.

[a] *This item replaced one from previous years that asked only how many parents had been trained in the catalyst program.*

[b] *Recidivism data were collected but not reported due to the low number of youth in most of the programs.*

[c] *Data are not available due to the short length of time of the program.*

[d] *Data from the cultural competence group will be submitted to Wilder in April 2015.*

[e] *Survey N=32 in 2012 and 15 in 2014*

Success in work groups/work plans

The third category of Collaborative success addresses the implementation of the Collaborative work plans. In 2014, there were eight active work groups (evaluation, PCLG, provider, school-based services, JDAI, early childhood, governance, and executive). Information was gathered from one or more leaders from each group to explore the status of the work group in terms of establishing and implementing their work plans.

In previous years, most groups were guided by a formal work plan. In 2013, all but two groups said that they had a formal work plan. The school-based mental health group had a work plan in previous years, but focused instead in 2014 on the integration of new members. The provider group has not had a formal work plan, instead choosing to meet on an ad hoc basis when critical topics emerge. With the exception of the provider group, which was relatively inactive in 2014, group leaders felt they had made significant progress toward their goals, even if they did not have a formal plan.

As reported by work group leaders, the groups' main successes and challenges include:

- **Executive and Governance Committees –** The Executive Committee and the Governance Committee continued to operate from the 2014-approved work plans that were updated to reflect the continuation of important priorities for the year. The committees oversaw some significant initiatives in 2014. They successfully oversaw the completion of the implementation of a funding initiative related to cultural competence and continued to support the development of the new early childhood screening program. The updated plan continues to incorporate strategies related to advocacy/education, expanded access to mental health services, disparity reduction, and transition-age youth. All CMHC groups continued to operate in 2014 with a reduced number of in-person meetings.

- **Evaluation -** The evaluation committee met as needed through 2014. Through this period, the committee continued to work with funded programs on their evaluation efforts, including support for the early childhood and cultural competence initiatives. The committee also oversaw the preparation of the 2013 summary reports related to the funded programs and to the Collaborative's metrics of success; updated the success metrics to align with the new strategic plan; and conducted a survey of Collaborative members. They also began work on a project to create a map of children's mental health providers in Hennepin County.

- **Provider –** The provider group met regularly and followed a work plan from 2010-2012. Quarterly meetings were scheduled in 2013 and in 2014 with meetings only taking place if members felt there were urgent-enough agenda topics or education topics of interest. In 2014, there were no meetings. Nor did the group create a work plan. The only educational opportunity that was provided to the Hennepin County based providers was a presentation from Melrose Place, Park Nicollet Clinics, on eating disorders. The group will continue to not have a formal work plan guiding their work in 2015. As before, they will plan to hold meetings/trainings to discuss topics requested by members, as they come forward from members or from the collaborative itself.

- **Parent Catalyst Leadership Group (PCLG) -** The PCLG completed a strategic planning process in the summer of 2014. Major successes for 2014 included adding three new catalysts, and hosting well-attended and received events in conjunction with other organizations (Bloomington Public Schools, Osseo Public Schools, AUSM, NAMI Hennepin, Child Crisis, and the MN CIT Officers Association). Parents participated in all Collaborative workgroups and committees, as well as many parent panels, focus groups and community task forces. The support group has had steady participation from catalysts as well as other parents in the community.

  Going through the strategic planning process with a smaller group of parents who have extremely complicated and stressful lives was a challenge. This year alone, parents within the group have struggled with hospitalizations for their children; adult children with ongoing MH and substance abuse issues; school suspensions, academic struggles and transfers; juvenile justice interactions; housing issues, bankruptcy, transportation struggles, and employment issues; and heavy caretaking responsibilities for elderly relatives. While many of these challenges will not go away, adding new members in the second half of this year has helped distribute the burden of PCLG responsibilities and brought some fresh energy into the group.

The strategic planning process exposed parents' interest in shifting the focus of the group from a passive learning model to a more active model of outreach, connection, and support. To facilitate outreach and utilize our scarce time better, they are moving from a structure where the whole group attended PCLG meetings and received training to focusing more on using smaller workgroups to advance our goals. These goals primarily have to do with reducing isolation for families and helping them better navigate the mental health system.

- **School-based mental health -** In 2014, the School Mental Health workgroup expanded significantly with many new recipients of the School Linked Mental Health (SLMH) grants. Due to this expansion of members, the group has gone through an education and integration process. The group had each agency do a presentation regarding their school mental health program at their monthly meetings. They discussed the Hennepin County School MH Consensus Framework to get buy-in and have the new group re-commit to that shared framework. As a result of the expanded group's need to come together first, they did not have a formal work plan in 2014.The main success was coming together as a group and developing a shared vision of things to work on over the next year: workforce development, summer programming, and evaluation/research. In 2015, they will create a work plan and continue to deepen their shared vision of school mental health in Hennepin County.

- **Early childhood** –The early childhood work group developed a process map, logic model and general work plan that is modified as needed at monthly meetings of the operations group (community partners, HC Public Health, HCMC). The group's main focus was to oversee the early childhood mental health screening program at Hennepin County Medical Center Pediatric Clinic. The screener was busy through the year, screening nearly 400 young children and making referrals for Part C, infant mental health, and other community resources. The project also developed a data collection model that is being used in their other screening projects and, with assistance from the HSPHD epidemiology team, created a data base to provide "real time" project reports. The screening team also worked with Wilder to create an infographic to describe their results for a presentation to the early childhood staff at the Minneapolis Public Schools. The group's largest challenge has been finding providers for early childhood mental health services. While many providers are trained in DC 0-3 diagnosis, most will take only a few children under age three due to reimbursement issues so there is generally a long waiting list. In 2015, the group plans to bring in an electronic screening system that they are piloting through a grant from the state. This system allows them to screen more clients and provides an audio system in 4 languages for ESL families. In addition, they are helping HCMC develop their own system for early mental health screening. They are also planning to expand their screening project into the Health Care for the Homeless Clinic which will target children 0-3 at PSP and the Drake Shelters.

- **Juvenile Detention Alternatives Initiative (JDAI)**: In 2014, the JDAI group oversaw a number of initiatives, including: (1) piloting trauma screening and assessment tools; (2) piloting a Runaway Intervention Program, an Advanced Practice Nurse-led initiative to help severely sexually assaulted or exploited girls reconnect to family, school, and health-care resources; (3) implementing a Girls Service Case Manager Program to provide additional support to girls in the foster care system; (4) piloting Girls Circle Heart, a 16-week manualized curriculum focused on recovery from sexual abuse and violence; and (5) piloting a diversion program for first time juvenile offenders of domestic violence. They also worked with their collaborative partners to reduce the number of youth coming to the JDC for social service warrants, probation warrants, and identification as SEY. They convened representatives from HSPHD, DOCCR, Juvenile Probation, JDC, the Juvenile Bench, County Attorney's and Public Defenders Offices to examine juvenile detention use to determine

areas for further detention reductions. The JDAI staff also partnered with the Wilder Foundation to develop a framework to measure outcomes for identified LCTS-funded programs and hired a new community engagement liaison. JDAI work group did experience a number of challenges in 2014, including several key leadership changes, a lack of identified JDAI-funding, and a lack of JDAI champion in the county. The work group has a number of priorities for 2015, including: moving forward with the Annie E. Casey Deep End initiative; conducting a variety of educational activities related to expungements; increasing awareness and support for LGBTQ system-involved youth; and reinstating the Parent and Family Engagement Committee.

Two items were extracted from the stakeholder survey. The percentage of stakeholders who "strongly agreed" that the roles of standing groups are clear increased from 35 percent in 2010 to 42 percent in 2012, before dropping back to 33 percent in 2014. Forty-seven percent of the stakeholders in 2014 also "strongly agreed" that the roles of the standing groups are appropriate, a small increase from 2012.

3. Metrics related to work groups success

How the work groups function	2010	2011	2012	2013	2014
a. number of active work groups	7	7	8	8	8
b. number of work groups with an established work plan [a]	7/7	7/7	3/8	7/8	6/8
c. number of work groups making significant progress toward their goals [a]	7/7	7/7	7/8	7/8	7/8
d. % of stakeholders "strongly agreeing" the roles of standing groups are clear [b]	35%	-	42%	-	33%
e. % of stakeholders "strongly agreeing" the roles of the standing groups are appropriate [b]	-	-	42%	-	47%

[a] Metric derived from the information provided by group leaders

[b] Metric derived from the surveys of Collaborative members Surveys were not conducted in 2011 or 2013, per the Governance Board's decision to collect surveys every other year. The survey response rate was 23 in 2010, 31 in 2012 and 15 in 2014.

System-level success

A fourth category of Collaborative success is the overall functioning of the children's mental health system. Five new indicators were added in this section in 2014. In 2014, 25 percent of the stakeholders rated the system serving children/youth with mental health issues as "very effective." While this rating remained stable between 2012 and 2014, the percentage rating the system as either "somewhat effective" or "very effective" decreased from 93 percent to 83 percent.

Ratings tended to be most positive related to funding, with 73 percent of stakeholders "strongly agreeing" that the CMHC funds appropriate kinds of activities (an increase from 59% in 2012) and 67 percent "strongly agreeing" or "somewhat agreeing" that LCTS funds enhance children's mental health services in our community. Just over half of the stakeholders (53%) "strongly agreed" that the CMHC spends an appropriate amount of resources on children's mental health (comparable to the 2012 ratings).

Approximately four in ten stakeholders "strongly agreed" that the CMHC has had a positive impact on the overall system of care for children (38%), increases access to children's mental health services (38%), and engages and sustains parents in system-level participation and leadership (37%). The two lowest ratings assessed the CMHC's success in improving the quality of children's mental health care and supporting culturally and gender responsive services, with 25 percent and 31 percent of stakeholders respectively "strongly agreeing" with these items.

4. Metrics related to system-level success

System-level success	2010 (N=29)	2011	2012 (N=31-32)	2013	2014 (N=12-15)
How the system worked					
a. % of stakeholders rating the system serving children/youth with mental health issues as either "somewhat effective" or "very effective"	93%	-	93%	-	83%
b. % of stakeholders rating the system serving children/youth with mental health issues as "very effective"	10%	-	26%	-	25%
How the Collaborative impacted the system					
c. % of stakeholders "strongly agreeing" that the CMHC had a positive impact on the overall system of care for children	N/A	-	39%	-	38%
d. % of stakeholders "strongly agreeing" that the CMHC spends an appropriate amount of its resources on children's mental health services.	N/A	-	56%	-	53%
e. % of stakeholders "strongly agreeing" that the CMHC funds appropriate kinds of activities	N/A	-	59%	-	73%
f. % of stakeholders "strongly agreeing" or "agreeing" that LCTS funds enhance Children's Mental Health services in our community. [a]	N/A	-	N/A	-	67%
g. % of projects/services sustained after CMHC funding ends	N/A	-	N/A	-	TBD[b]
h. % of stakeholders "strongly agreeing" that the CMHC engages and sustains parents in system-level participation and leadership [a]	N/A	-	24%	-	37%
i. % of stakeholders "strongly agreeing" that the CMHC increases access to children's mental health services [a]	N/A	-	N/A	-	38%
j. % of stakeholders "strongly agreeing" that the CMHC improves the quality of children's mental health care (i.e., evidence-based care, trauma-informed services, etc.) [a]	N/A	-	N/A	-	25%
k. % of stakeholders "strongly agreeing" that the CMHC supports culturally and gender responsive services [a]	N/A	-	N/A	-	31%

Note – Results come from surveys conducted with Collaborative stakeholders. Surveys were not conducted in 2011 or 2013, per the Governance Board's decision to collect surveys every other year.

[a] *Metric was added in 2014, so ratings over time are not available.*

[b] *Efforts to compile this information are currently underway.*