



Hennepin County Children's Mental Health Collaborative

2017 Annual Metrics Report

M A R C H 2 0 1 8

Prepared by:
Julie Atella and Cheryl Holm-Hansen

For questions about the Hennepin County Children's Mental Health Collaborative contact:
Curt Peterson, Coordination Team
612-998-7466 | curt@orgdev.org

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Acknowledgments

Wilder Research contributors include:

Jen Collins

Marilyn Conrad

Amanda Eggers

Sana Farooq

Kerry Walsh

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Introduction

The mission of the Hennepin County Children’s Mental Health Collaborative (CMHC) is to increase resources and access to high quality mental health services in Hennepin County. Through partnerships with community-based organizations, county and state government, parents, schools, and health systems, CMHC’s purpose is to ensure infants, children, youth and families with mental health needs receive culturally competent and affordable supports to community-based mental health systems.

This report provides the Hennepin County Children’s Mental Health Collaborative (CMHC) with a summary of information related to their 2017 funded programs and other CMHC initiatives.

The report summarizes the CMHC’s “success metrics” for 2017. These metrics have been reported annually since 2008, though they have undergone a number of revisions. These metrics were informed by the CMHC’s strategic plan and include measures of CMHC functioning, work groups, system-level improvements, and funded services. The report also incorporates supplemental information about funded services, including the number of people served, implementation strengths and challenges, and other lessons learned.

Success in CMHC functioning

The first category of CMHC success metrics is the quality of relationships among partners and the overall functioning of the CMHC. The Collaborative conducts biannual surveys of its members, with the most recent survey conducted in late 2016. Nine survey items were originally selected to reflect the overall success of the CMHC. Four items were removed in 2014 and another four were removed in 2016, leaving one core measure (Figure 1).

The percentage of stakeholders rating the CMHC as “very successful” in achieving its mission has varied over the previous survey administrations, with an increase from 25 percent in 2014 to 54 percent in 2016. The CMHC mission has evolved over time, which may contribute to the variability in ratings. Data for 2017 are not available, as the survey was not conducted this year, but it will be updated in 2018.

1. Metrics related to success in CMHC functioning

How the CMHC functions	2013	2014 (N=15-16)	2015	2016 (N=13)	2017
% of stakeholders who rate the CMHC as “very successful” in achieving its mission	-	25%	-	54%	-

Note. Results come from surveys conducted with CMHC stakeholders. Surveys were not conducted in 2013, 2015 or 2017, 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. In 2016, four additional measures were removed: 1) the CMHC represents a good cross-section of the mental health system for children; 2) all members have a voice in decision making; 3) parents are fully included in CMHC meetings; and 4) diverse communities are represented among all work groups.

Success in work groups and work plans

The second category of CMHC success addresses the implementation of the CMHC work plans. In 2017, there were six active work groups (governance, executive, evaluation, provider, school-based services, and education). Information was gathered from one or more leaders from each group to explore the status of each work group in terms of establishing and implementing their work plans. Two metrics that relied on stakeholder survey responses were eliminated in 2016.

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

- **Executive and governance committees** - The Executive Committee and the Governance Committee's work in 2017 was in accordance with the approved work plans. They ensured that the funded service projects were meeting the stated goals specific to a continuation of an early childhood screening initiative, with continued support of community corrections projects focused on mental health support for juvenile girls, and with school-based projects that assist with mental health support that leads to successful graduation.
- **Evaluation** - The evaluation committee met as needed through 2017. Through this period, the committee continued to work with funded programs on their evaluation efforts. The committee also oversaw the preparation of the 2016 summary reports related to the funded programs and to the CMHC's metrics of success, provided guidance and support related to the evaluation of the DOCCR initiatives, and supported the completion of an exploratory project related to school-based mental health.
- **Provider** - The provider group met twice in 2017. The January meeting focused on an overview presentation from Cindy Slowiak and Pat Dale on current contracted CMH services as well as conducting a listening session on the needs of mental health providers. Over 27 providers attended. A small group of providers met in May to hear Kay Pitkin present on the county's Mobile Crisis Services and the data they have collected. All provider meetings continue to also cover important updates and a confirmation of provider leadership seats on the various CMHC committees. The group will continue to set quarterly meeting dates but only meet when the group identifies a topic. There will not be a formal work plan in 2018.

- School-based mental health** - Hennepin County School Mental Health Workgroup spent a significant amount of time examining the “Summer Slump in Revenue.” Out of this work, the group proposed a project to the CMHC to fund research by Wilder; as part of this project, two work group leads co-facilitated a conversation with a large group of providers at the annual state conference. Wilder Research is finishing up a brief report on these projects. For a second year, the SMH Workgroup requested about \$12,000 to fund school mental health therapists and their school colleagues to attend the 2nd Annual MN School Mental Health Conference. The group also drafted an update to the CMHC School Mental Health Practice Framework and developed a draft of a Regional School Mental Health Plan where the group was making commitments at the county-wide level to uphold these principles in our work and develop better ways to coordinate and facilitate this work at a systems level. Lastly, we prepared for the School Link Mental Health proposal from the Department of Human Services and then we worked together, in a sequence of meetings, to organize five Hennepin County proposals featuring significant partnerships.
- Education** - The CMHC education committee reviews all requests for scholarships and training support. The group does its work virtually, reviewing approximately 35 requests a year. Working from a core budget of \$18,000, the group awarded \$17,643.20 in 2017. This amount consisted of independent individual agency/individual requests as well as a specific scholarship requests for a November school-based mental health training. Over 436 individuals attended trainings sponsored by the CMHC in 2017.

The metrics listed in Figure 2 are no longer collected, but kept in the report for historical purposes.

2. Metrics related to work group success

How the work groups function	2013	2014	2015	2016 ^b	2017
Number of active work groups	8	8	6	6	-
Number of work groups with an established work plan ^a	7/8	6/8	4/6	4/6	-
Number of work groups making significant progress toward their goals ^a	7/8	7/8	6/6	5/5	-

^a Metric derived from the information provided by group leaders. The work groups have moved towards an approach of setting responsive agendas, rather than having a formally established work plan. As a result, this metric was removed in 2017.

^b Information about one work group was not available at the time the report was prepared. In 2016, two metrics were removed: 1) % of stakeholders “strongly agreeing” that the roles of standing work groups are clear; and 2) % of stakeholders “strongly agreeing” that the roles of the standing work groups are appropriate.

Success in funded programs/services

Overview

In 2017, the CMHC funded five programs/services to address key concerns regarding the existing Hennepin County children's mental health system. Wilder Research staff developed a coordinated data collection plan with each of the funded programs/services to provide information about who received services and which type of activities occurred in addressing current needs in Hennepin County. Most of the metrics grantees were required to collect and report to Wilder Research were similar to past years.

This section of the report summarizes key metrics collected by the programs during 2017. It also includes highlights from staff interviews and summary reports collected by Wilder Research.

This section of the report addresses the following questions:

- Who were the youth served through CMHC-funded programs in 2017?
- What were their experiences with implementation?
- What are some lessons learned and suggestions for 2018?

Evaluation process

In 2017, Wilder Research continued to support CMHC's evaluation efforts by conducting individual interviews with a point person from each of the five funded programs/services, reviewing aggregate data reported about the people served, and identifying successes and lessons learned. The aggregate data were reported in an online reporting template.

Overall success in funding services

Figure 3 provides an overview of the success metrics collected over the past five years. The number of projects funded through the CMHC increased from 18 in 2013 to four 2017. The number of youth and young adults served by these programs increased from 92 in 2016 to 125 in 2017. While at least 56 percent of the youth and young adults served each year have been from communities of color, 2016 and 2017 had its highest percentage (86%) of youth from communities of color. Across each of the past five years, all of the funded programs have been fully implemented. In addition to the youth served, the CMHC's funding to the Parent Catalyst Leadership Group (PCLG) was used to train and reach out to approximately 248 parents, caregivers, and youth in 2017.

3. Metrics related to success in funding services

Success in funding services	2013	2014	2015	2016	2017
Number of projects funded	18	9	7	5	4
% of projects fully implemented at the close of the funding year	100%	100%	100%	100%	100%
Number of youth served annually	1,422	631	580	92	125
% of youth served from communities of color	56%	60%	67%	86%	86%
Number of parents, caregivers and youth reached through training/support	N/A	143 ^a	104	64	248
% of projects that have reported improved youth outcomes					
School-based services	6/6	N/A	N/A	N/A	N/A
Juvenile justice	a	a	a	a	a
Uninsured/underinsured	N/A	N/A	N/A	N/A	N/A
Early childhood	N/A	1/1	1/1	N/A	N/A
Number of trainings offered by the cultural competence programs	58	151	N/A	N/A	N/A
Number of people trained by the cultural competence programs	915	1,060	N/A	N/A	N/A
% of stakeholders who “strongly agreed” that funding is allocated appropriately	N/A	53%	N/A	92%	N/A

^a Recidivism data were collected but not reported due to the low number of youth in most of the programs.

Description of funded entities

In 2017, three juvenile justice programs and one early childhood program were funded by the CMHC. Additionally, the PCLG received funding from CMHC. The following sections briefly describe their major activities and outcomes.

Juvenile justice

These programs are funded to coordinate efforts and/or provide better access to mental health services. All three of the programs incorporate emerging or best practices and provide trauma-informed services to female youth and young adults who are involved in the juvenile justice system. In addition, two of these programs (Girls Circle H.E.A.R.T and Hold Your Horses) also work with youth and young adults who have a county social worker because they have been sexually exploited, are at risk for being exploited, have experienced sexual trauma, are involved with child protection, or are dealing with eligible mental health issues.

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 gender-based individual counseling and groups and gender-based equine therapy model (Figure 4).

4. Overview of funded juvenile justice programs

Program	Description
Girls Circle H.E.A.R.T.	The YMCA runs Girls Circle H.E.A.R.T., a gender-responsive curriculum for Hennepin County-involved adolescent youth and young adult females. The 12-week curriculum provides a psycho educational support group with a focus on trauma designed to educate, heal, empower, and transform the lives of girls. The specific curriculum and program was designed to create a safe environment for girls ages 13-18 from diverse backgrounds to learn about sexual abuse and violence.
Hold Your Horses	Cairns Psychological Services provides gender-responsive equine-assisted group psychotherapy. This equine therapy treatment model focuses on improving adaptive functioning skills for youth and young adult females who have experienced or are at high risk of experiencing sexual exploitation, abuse, or trauma. Hold Your Horses helps participants develop these skills by focusing on mindfulness, self-regulation, self-soothing, and self-awareness. Group takes place for two hours, one time per week, for 10 consecutive weeks. In addition to the group, participants may participate in two individual pre-group sessions, and up to four individual post-group sessions.
Runaway Intervention Program (RIP)	Midwest Children’s Resource Center’s RIP program provides community visits and group counseling. The program is an advanced practice, nurse-led initiative to help severely sexually assaulted or exploited youth and young adults reconnect to family, school, and health care resources. The two components of the program are: 1) the initial complex health and abuse assessment at the hospital-based Child Advocacy Center; and 2) ongoing care through health assessments, medical care, treatment for post-traumatic stress disorder and depression, and ongoing access to confidential reproductive health care for 12 months.

Description of youth and young adults served in 2017

A total of 25 new youth and young adults were served in 2017 by the juvenile justice programs. These efforts reached a culturally diverse sample of children and youth in Hennepin County. Nearly all (96%) served by the juvenile justice programs were between 12 and 17 years.

Over half of youth served (54%) were black or of African ancestry and nearly a quarter identified as biracial or multiracial (22%). Thirteen percent were white/Caucasian. Almost all youth and young adults (91%) were of non-Latino/Hispanic background. Most youth served were female (95%) (Figure 5).

5. Demographics of youth served (N=125) (2017 aggregate totals)

Age	N	%
0-5 years old	-	-
6-9 years old	-	-
10-11 years old	a	a
12-17 years old	115	96%
18 or older	a	a
Unknown/not available	a	a
Race		
Asian/Southeast Asian	a	a
Biracial/Multiracial	26	22%
Black/African ancestry	63	54%
Native American	a	a
Other/Unknown	a	a
White/Caucasian	15	13%
Ethnicity		
Latino/Hispanic	10	9%
Non-Latino/Hispanic	106	91%
Gender		
Male	a	a
Female	110	95%
Transgender/other	a	a

^a For any category with less than 10 respondents, the data were suppressed for confidentiality purposes.

All funded agencies who served school-aged youth were required to track which school districts youth were enrolled in at the time of intake. Over a third of the youth (38%) were enrolled in Minneapolis Public Schools (Figure 6).

6. Youth served by school district (N=116)

District	Juvenile justice (N=116)	
	N	%
Anoka-Hennepin, Bloomington, Brooklyn Center, Hopkins, ISD 287, Osseo, Robbinsdale, St. Louis Park	30	26%
Minneapolis	45	39%
Other school not listed above or Charter school	25	22%
Not enrolled in school/unknown	16	13%

Findings from interviews with juvenile justice program and county staff

Individual interviews were conducted November 2017 through January 2018 with a representative from each of the programs and with county staff who refer youth and young adults to the programs. Details about the interviews can be found in the *2018 Hennepin County's Gender-Specific Programs Evaluation of Programs Designed to Meet the Needs of System-involved Girl*, but few themes emerged regarding implementation and sustainability, including:

Both referral source staff and program staff raised important and common challenges that negatively impact the success of youth and young adults in programs.

- **Unaddressed mental health needs.** Both program and referral staff said that youth and young adults who have unaddressed mental health needs are often not prepared to take advantage of gender-specific programs, and their success in programming suffers as a result.
- **Housing instability.** Program staff said that youth and young adults without stable housing struggle to regularly attend programming or complete assignments.
- **Inconsistent means of contact.** Program staff said that youth and young adults without stable phone numbers, email access, or other methods of communication, struggle to consistently engage in programming.

Early childhood

The purpose of this funded area is develop and implement a clinical early childhood program in the Domestic Abuse Project (DAP) centered on serving children birth to 5. In 2017, the model continued to evolve as they worked with staff from DAP to screen and implement an early childhood program. They also provided a number of trainings in 2017, including:

- **Circle of Security-** This modality focuses on how mental health providers can support parents in noticing and attuning to their child's emotional cues to encourage attachment and security within the relationship. *(Ten staff from across programs attended this four-day training).*

- Child-Parent Psychotherapy- This training focused on teaching staff about how to promote healing from traumatic experiences through relational and play-based therapy with young children and their caregivers. Agency staff (from Youth Program, Men's Program, Women's Program, Advocacy, and Case Management) and the Director of Client Services, attended the first day of this three-day training in order to understand the benefits of caregiver involvement in services for children birth to 5. *(Nine therapy staff attended two subsequent days of training).*
- Staff were trained in DAP's intake and assessment process. This training included both logistical and clinical information about how to support families through their first interactions with the Early Childhood Program. *(Eight staff and two graduate interns attended an hour-long training in Spring 2017 about how to administer the ASQ-3 and ASQ-SE. Five staff attended a two hour training in Winter 2017 about how to complete the intake process with families, including how to administer the ASQ-3 and ASQ-SE.).*

Description of infants and toddlers screened in 2017

In 2017, a total of nine new infants and toddlers age birth to 5 went through the intake process with DAP's Early Childhood Program. These efforts reached a culturally diverse group of children in Hennepin County. Over three-quarters (78%) served were children of color. About half were male (55%).

Findings from interviews with staff from Hennepin County's Maternal Child Health, Early Childhood, and DAP

As reported by staff from DAP, the main barrier experienced in 2017 was staff turnover. Specifically, four staff members who were trained in Child-Parent Psychotherapy left the agency in a short period of time. The efforts slowed down briefly so they could hire replacements. The remaining staff took advantage of this time to refine program processes and data collection tools, including intake materials, participate in consult calls with early childhood specialists, and enhance the efforts in developing community partnerships. Staff positions were filled and they were ready to provide clinical services in October.

Staff were excited to report some successes of the program, which included that therapists began to see infants and toddlers and their caregivers for dyadic therapy. In addition to the nine active cases reported above, at the time of reporting, there were nine additional cases which had been referred for intake. Another success for the program was the arrival of the early childhood therapist and program coordinator, whose focus will be to provide early childhood services, referrals, and work with other staff on program development.

Parent involvement

The CMHC provides administrative, financial, and structural support, as well as coordination services to the Parent Catalyst Leadership Group (PCLG). The vision of the PCLG is that all families of children with mental health needs in Hennepin County have the support and resources to advocate and create a united voice in decision-making processes at all levels of the children's mental health systems of care. The mission of this initiative was to prepare PCLG members to become leaders in policy-making, advocacy, education, and support in order to empower Hennepin County families and create community awareness of children's mental health. This initiative supports parents to accomplish a number of activities including attendance of monthly training and support group meetings, and meeting with other parents of children with mental health concerns.

Characteristics of families involved

In 2017, a total of ten parents were identified as members of the PCLG. Parent leaders represented the following school districts: Bloomington, Brooklyn Center, Hopkins, Minneapolis, Minnetonka, St. Louis Park, Wayzata, and a charter school. Forty percent of the parents are African American and 60 percent are white/Caucasian.

Overview of other metrics and activities reported in 2017

PCLG was involved in many activities and conversations, including: hosting events; making presentations; participating in area committees; and extending information, connection, and support via groups and online (Figure 7).

7. Overview of PCLG activities in 2017

PCLG activities	Number of activities/participants/groups	Examples of activities
Committee Involvement	15 committees	Children's Mental Health Subcommittee; SILC; Mental Health Task Force; MACMH Board Member; Metro Child Crisis Committee Cultural Providers Network; Hennepin County Child Protection Review Panel; African American Advisory Council; Hopkins SEAC; Minneapolis SEAC; Wayzata SEAC; All Hennepin County Children's Mental Health Collaborative committees;
Hosting Facebook Discussions: Resource Page and Closed Support Group	140 followers - Resource Page	Topics of Concern Raised: Crisis issues - getting help; Case Management – turnover, inexperience, lack of diversity, not getting offered case manager when needed/eligible; How to get a case manager; Communication problems between contracted case manager and Hennepin County; Non-English Speakers need more guidance on service options; Lack of support on navigating guardianship; Program changes from youth to adult; Getting an in-home skills trainer; Need for information for fathers; Social skills training for kids; Neuropsychological evaluation; School interface: lack of access to helpful/knowledgeable staff in timely manner; Schools not offering homebound instruction
Events, Presentations, Resource Fairs & Outreach to broader public	12 events (Est. Participants in 3 PCLG hosted events – 50) (Est. Participants in presentation groups – 80) (Est. Participants in Resource Fairs – 100s)	Events - "Taking Care of Yourself" w/ speaker; "Parent Panel: Coffee Conversations w/ PCLG" located in geographic locations convenient to different populations Early Intervention Outreach at Libraries with HC Maternal & Child Health; Presentations to ASD Parents, Providers, etc. Resource Fairs - Adoptive parents; MPS SEAC (multiple cultural communities); Kinship caregivers; SPARC
Specific Outreach to cultural groups and diverse caregivers	5 groups (Est. Participants: 60)	Center for Africans Newly Arrived (CANA); American Indian Parent Group (MPS); African American Advisory Panel (MPS); Grandparents - LSS Kinship Caregiver Support Group (N. Minneapolis); MPS SEAC/PCLG information on behavioral supports and other resources for Somali and other parents

This year, the “Coffee Conversations” were viewed as great successes and offered the opportunity for families to connect and for PCLG members to learn from other’s experiences. They also reported that connections to diverse communities improved this year, as well as their connections with partner organizations. Additionally, they saw an increase in the participation of the Facebook support group, reporting they were close to having 100 members. PCLG reported that language barriers, especially with immigrant communities was a barrier they faced this year and mentioned that they struggled with attendance of the in-person support group.

System-level success

The fourth category of CMHC success is the overall functioning of the children’s mental health system. Most of the information related to this area comes from the survey of CMHC stakeholders, which was conducted most recently in 2016. Surveys were not completed in 2017, but may be conducted again in 2018. Figure 8 remains in the report for historical purposes.

8. Metrics related to system-level success

System-level success	2013	2014 (N=12-15)	2015	2016 (N=13)	2017
% of stakeholders “strongly agreeing” that the CMHC spends an appropriate amount of its resources on children’s mental health services.	-	53%	-	69%	-
% of stakeholders “strongly agreeing” that the CMHC funds appropriate kinds of activities.	-	73%	-	54%	-
% of stakeholders “strongly agreeing” or “agreeing” that LCTS funds enhance children’s mental health services in our community.	-	67%	-	92%	-

Notes. Results come from surveys conducted with CMHC stakeholders. Surveys were not conducted in 2013, 2015, or 2017 per the Governance Board’s decision to collect surveys every other year. Seven metrics were removed in 2016, including: 1) the % of stakeholders rating the system serving children/youth with mental health issues as either “somewhat effective” or “very effective”; 2) % of stakeholders rating the system serving children/youth with mental health issues as “very effective”; 3) the % of stakeholders “strongly agreeing” that the CMHC had a positive impact on the overall system of care for children; 4) % of stakeholders “strongly agreeing” that the CMHC engages and sustains parents in systems-level participation and leadership; 5) % of stakeholders “strongly agreeing” that the CMHC increases access to children’s mental health services; 6) % 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.); and 7) % of stakeholders “strongly agreeing” that the CMHC supports culturally and gender responsive services.

Considerations

As is true in previous years, CMHC served a large, diverse group of youth, young adult, and youth-serving programs and agencies in 2017. CMHC 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.

The Hennepin County Birth to 5: Watch Me Thrive project, which provides training to expand early childhood screening, has continued to be successful, resulting in the project being incorporated (services, staffing, and support) at a new location as well as seeing elements of the screening become institutionalized within the target site. With this development, the number of screenings being completed has grown, as have the number of FTEs providing screening. The three funded Department of Community Corrections and Rehabilitation (DOCCR) programs provided services to 116 youth and young adults and the school-based work group continued with their efforts to train clinicians and updated their framework document.

Given the feedback we received from the three juvenile justice programs that were working with youth directly, the Collaborative may want to determine ways to support justice-involved youth and young adults who have unaddressed mental health needs so they are able to benefit from the gender-specific programs. The Collaborative may also want to look for ways to better understand the housing needs of these youth, as this was a common barrier faced by youth and young adults in the programs.

As the early childhood work evolves, it is important for the Collaborative to keep in mind that staff turnover and other start-up issues can slow down a new program's initial implementation.

PCLG members identified the following as places where the Collaborative could help moving forward, including:

- Continued support and advocacy for more crisis assistance, including increasing funding for Hennepin County Child Crisis and offering more crisis placement options for youth who are turned away from emergency rooms.
- Provide additional programs and funding for programs and initiatives that focus on prevention to make it easier for families to navigate the county system and access information and schools

Appendix A: Funding information

Funding information

In 2017, the Hennepin County Children’s Mental Health Collaborative (CMHC) 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 CMHC, Hennepin County’s Department of Community Corrections and Rehabilitation (DOCCR), Intermediate School District (ISD) 287, and/or Local CMHC Time Study (LCTS). The programs also may have funding from other sources.

I. Programs funded by CMHC/LCTS funds – Total \$87,301

Parent support and programming of the Parent Catalyst Leadership Group (PCLG) used \$25,201 in LCTS funds this year. The CMHC 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. \$17,100 was paid in scholarship support for approximately 32 individuals (in individual scholarships) and 416 individuals (in agency and event scholarships). The early childhood program was funded by CMHC and LCTS funds and billed \$45,000.

II. Programs funded by HCMHC/LCTS/DOCCR funds – Total \$336,137

Three juvenile justice programs were funded collectively by CMHC, LCTS, and DOCCR totaling \$336,137.

III. Programs funded by CMHC funds – Total \$149,333

ISD 287 received funding for two of their programs. One was the Diploma On! program which is offered to 10 area school districts, including Brooklyn Center, Eden Prairie, Hopkins, Orono, Osseo, Richfield, Robbinsdale, St. Louis Park, Wayzata, and Westonka. The other is the Restorative Justice project, which provides training for staff in restorative justice practices to reduce behavioral incidents.

Appendix B: Reports completed or in process since the last annual report

Once approved, some of the following reports may be found on the Collaborative's website (<http://www.hccmhc.com/research-reports/>). Please contact Julie Atella at Wilder Research (julie.atella@wilder.org) for further information.

- **Diploma On! Program: An Overview of School Year 2016-17.** May 2017.
- **ISD 287's Restorative Justice Project: Summary of data collection activities for School Year 2016-7.** July 2017.
- **Hennepin County's Gender-Specific Programs: 2017 Evaluation of Programs Designed to Meet the Needs of System-involved Youth and Young Adult Females.** March 2018.
- **Summer Slump – Summary of findings about the SBMH provider's experience with work in the summer.** In process.