Hennepin County Children's Mental Health Collaborative

2013 Annual Evaluation Report

APRIL 2014

Prepared by:
Julie Atella, M.A. and Ryan Evans

451 Lexington Parkway North | Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

Wilder Research
Information. Insight. Impact.

Contents

Figures

Acknowledgments

Wilder Research contributors include:

Jennifer Bohlke
Cheryl Holm-Hansen

The information included in this report was provided primarily from the point person from each of the funded projects. Our appreciation is extended to the evaluation subcommittee of the Hennepin County Children's Mental Health Collaborative members, who provided oversight and support.

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 18 agencies/programs in 2013 to address key concerns regarding the existing Hennepin County children's mental health system. Five juvenile justice programs, six school-based mental health programs, one parent leadership group, and a Juvenile Detention Alternatives Initiative (JDAI) intern position were funded based on HCCMHC's identified priorities.

In 2013, some new programs were also funded. One new program was funded in early childhood primary care that will provide early mental health screening to infants and toddlers at Hennepin County Medical Center (HCMC). Additionally, Paula Schaefer & Associates received funding to provide guidance, direction, mentoring, and support to the Girls Services Coordinator, as well as to provide leadership and direction to those serving to at-risk and adjudicated juvenile females in community-based and residential programs. Three other agencies received funding to provide culturally-responsive trainings internally and with other community agencies.

Under contract with the 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.

The agencies funded were required to collect and report data demonstrating their program's reach, effectiveness, and impact. HCCMHC identified specific evaluation measures that grantees were expected to collect and report to Wilder Research.

This report summarizes key metrics collected by the programs during 2013. It also includes highlights of interviews and focus groups that were conducted by Wilder Research with representative(s) from each agency.

The report addresses the following questions:

- Who were the youth served through HCCMHC-funded programs in 2013?
- What were programs' experiences with implementation?
- What are some lessons learned and suggestions for 2014?

Evaluation process

In 2013, 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. In addition,

- An online reporting template was completed by the juvenile justice agencies and Hennepin County DOCCR - JDAI enlisted the help of an intern during the evaluation period that used a reporting template provided by Wilder Research to outline activities and efforts performed as part of the internship.
- Reporting templates were also completed by the culturally-responsive training organizations and for Paula Schaefer & Associates' efforts for enhancing services for justice-involved girls in Hennepin County.
- MN Kids Database (MKD) was used to track outputs and outcomes by five of the six school-based mental health agencies (the other agency used an online reporting template developed by Wilder Research). MKD allows agencies to track their school-based mental health services in a more streamlined and integrated manner.
- Data from the Parent Catalyst Leadership Group were collected by one of its members.
- The early childhood efforts began late in 2013 and included mostly planning and therefore data were not reported for this calendar year.

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

Description of youth served in 2013

A total of 1,422 youth were served in 2013 by the juvenile justice and school-based mental health agencies. These efforts reached a culturally diverse sample of children and youth in Hennepin County. Under half (44%) of the youth served were in high school (9th to 12th grade). Two in five (44%) of youth served were White/Caucasian, and nearly one-third (30%) were African-American. While White/Caucasian students made up the largest race group served by school-based mental health providers (50%), the largest race group served by juvenile justice programs was African-American youth (55%). Fifteen percent of the youth served were Hispanic. Nearly equal numbers of male (51%) and female (49%) youth were served by the programs (Figure 1).

1. Youth Served (2013 aggregate totals)

	JJ (N=215)		School (N=1,207)		Total (N=1,422)	
Grade	**N**	**%**	**N**	**%**	**N**	**%**
Kindergarten	0	0%	35	3%	35	2%
1st	0	0%	56	5%	56	4%
2nd	0	0%	52	4%	52	4%
3rd	0	0%	60	5%	60	4%
4th	0	0%	62	5%	62	4%
5th	0	0%	37	3%	37	3%
6th	1	<1%	44	4%	45	3%
7th	5	2%	34	3%	39	3%
8th	29	13%	23	2%	52	4%
9th	55	26%	82	7%	137	10%
10th	54	25%	120	10%	174	12%
11th	39	18%	119	10%	158	11%
12th	24	11%	127	11%	151	11%
Transition/Not in school	8	4%	37	3%	45	3%
Unknown/missing	0	0%	319	26%	319	22%
Race						
Asian/Southeast Asian	7	3%	48	4%	55	4%
Biracial/Multiracial	35	16%	0	0%	35	2%
Black/African Ancestry	118	55%	313	26%	431	30%
Native American	4	2%	23	2%	27	2%
Other/Unknown	19	9%	63	5%	82	6%
White/Caucasian	32	15%	598	50%	630	44%
Missing	0	0%	162	13%	162	11%
Ethnicity						
Hispanic	17	8%	192	16%	209	15%
Non-Hispanic	198	92%	874	72%	1072	75%
Unknown/missing	0	0%	141	12%	141	10%
Gender						
Male	109	51%	586	49%	695	49%
Female	106	49%	613	51%	719	51%
Unknown/missing	0	0%	8	1%	8	1%

All funded agencies were required to track which school districts youth were enrolled in at the time of intake. Nearly one-third (29%) of the youth were enrolled at intake in the Minneapolis Public School District. Fourteen percent of the youth were enrolled in Eden Prairie, followed by Robbinsdale (13%) (Figure 2).

2. Youth Served by School District

	JJ (N=215)		School (N=1,207)		Total (N=1,422)	
District	**N**	**%**	**N**	**%**	**N**	**%**
Anoka-Hennepin	3	1%	52	4%	55	4%
Bloomington	15	7%	88	7%	103	7%
Brooklyn Center	10	5%	0	0%	10	1%
Buffalo	3	1%	0	0%	3	<1%
Charter school	4	2%	0	0%	4	<1%
Eden Prairie	6	3%	196	16%	202	14%
Edina	3	1%	0	0%	3	0%
Elk River	1	<1%	0	0%	1	<1%
Hopkins	6	3%	0	0%	6	<1%
ISD District 287	30	14%	84	7%	114	8%
Minneapolis	81	38%	330	27%	411	29%
Minnetonka	1	<1%	0	0%	1	<1%
Osseo	6	3%	134	11%	140	10%
Richfield	6	3%	34	3%	40	3%
Robbinsdale	4	2%	182	15%	186	13%
Rockford	1	<1%	28	2%	29	2%
St. Anthony	1	<1%	44	4%	45	3%
St. Louis Park	10	5%	0	0%	10	1%
Wayzata	2	1%	0	0%	2	<1%
Westonka	4	2%	35	3%	39	3%
Not in school	18	8%	0	0%	18	1%

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 nine 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 (33%) are African American and one PCLG parent (11%) is of Hispanic ethnicity. All other PCLG parent/caregivers are white and/or non-Hispanic. Seven of nine caregivers (78%) live in suburban cities in the county.

Paula Schaefer & Associates offered 5 days of trainings to 136 participants over the calendar year. The culturally-responsive organizations offered a total of 58 trainings to 915 people.

Description of funded programs

In 2013, 18 programs or agencies (including an internship and the Parent Catalyst Leadership Group) were funded by the Hennepin County Children's Mental Health HCCMHC. The following sections briefly describe their major activities and outcomes, as available.

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 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 14 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.
Corizon	Provides diagnostic assessments and Wechsler Abbreviated Scale of Intelligence (WASI) testing for youth in the Juvenile Detention Center (JDC) for youth being considered for possible placement at the Hennepin County Home School. Assessments are completed within 5 business days.
Humble Beginnings	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 interviews with juvenile justice program staff

Five interviews were conducted in January 2014 in order to gather information about program implementation and sustainability from funded agencies. All agencies were represented and a total of eight program staff members participated in the interviews.

Service coordination is a major task

The interviews indicated that Collaborative-funded juvenile justice programs are involved in a wide variety of work in addition to providing mental health services, including service coordination, outreach work, and training and consultation.

Program staff noted that they underestimated the amount of service coordination necessary for service delivery, saying that they now see their role equally as service coordinator and mental health clinician. Other participants noted performing unexpected service coordination tasks, such as working to eliminate out-of-pocket barriers for clients with high insurance deductibles, coordinating translator services through insurance agencies, and working directly with County workers to access client records. However, when asked how their work aligned with the Collaborative' s mission, program staff noted the "coordinator" role outlined in the mission.

Program staff also mentioned that they often act as an advocate in multiple areas of clients' lives through involvement with schools, parole or probation officers, family, and employers. Findings from interviews indicated that program staff is often involved in multiple aspects of client care. The Collaborative may consider offering funding or other support to help program staff succeed in such a wide variety of tasks and contexts.

Barriers experienced by juvenile justice programs

Program staff listed a number of barriers to delivery of mental health services, including:

- **Lack of client transportation.** Program staff noted that public transportation may not be appropriate for some clients due to severity of mental health issues or due to long distances between a client's home and service delivery location. One program offers its services off-site at a location the client chooses, which addresses some transportation issues. According to one participant:

  > *Transportation to and from group continues to be one of the barriers that impacts success with the program. … This barrier is most pronounced in the suburbs, where some clients referred to the program since the beginning of 2013 have had trouble finding transportation to attend group.*

- **Working with the County.** Program staff noted that coordinating with the number of County agencies involved can be difficult. Program staff also mentioned that County representatives set a goal of beginning services six days after referral; however, the amount of service coordination necessary to begin services acts as a barrier to meeting this goal.

  One program staff member also mentioned the difficulty of standardized goals for each participant:

  > *We have girls in our program who become homeless at nine months pregnant and receive no family support, and we also have girls whose parents shoulder the responsibility for their daughters' attendance in group by providing transportation and reminders. And yet, each of these girls has been held to the same attendance requirements.*

- **Lack of family involvement.** Program staff noted that family members' disinterest or distrust of mental health services is a barrier. Some programs started to perform outreach work to address this barrier. Others suggested more support from the Collaborative to involve families in more aspects of mental health service delivery.

Program staff also suggested a number of improvements to their programs if funding was not an issue, including more flexible service delivery (such as delivering services in schools or other off-site locations), more funds for pro-social activities (such as participating in school sports), support for preventive services, and additional support for administrative tasks. Program staff also suggested establishing a centralized organization or meeting space for all agencies and players involved in the Collaborative' s juvenile justice work, and forming gender-specific court systems.

Of the 258 youth that were referred to the Collaborative-funded juvenile justice programs in 2013, 215 received services (83% of all referred youth). Individual programs experienced different numbers of referrals in 2013, but the number of youth referred overall indicates that programs are not experiencing as many barriers to attaining referrals as in previous years (which was a barrier noted by program staff in the 2012 evaluation).

JDAI internship position

Activities performed by the Hennepin County DOCCR – JDAI consisted of data analysis/ research tasks (50%), updating department policies, practices, and procedures (25%), and compiling informational packets (5%). "Other tasks" accounted for 20 percent of the intern's activities and consisted of: assisting with JDAI Steering Committee and subcommittee meetings, preparing PowerPoint presentations, grant writing, and writing case management surveys for internal use.

The JDAI intern was particularly helpful regarding tasks that require large amounts of time, such as reviewing literature, writing reports, or writing grants. The intern's work helped support JDAI programming and allowed JDAI staff to focus more fully on day-to-day aspects of their work. In addition, the benefit of the intern's cross-department efforts to increase the JDAI's capacity to provide and coordinate mental health services was reported. These findings may indicate the benefits of hiring a full-time staff person to assume tasks previously assigned to interns.

Paula Schaefer & Associates

Paula Schaefer & Associates coordinated and facilitated ongoing development and implementation of a comprehensive gender-responsive and trauma-informed continuum of services for adolescent females in Hennepin County in various ways. They hired a Girls Service Coordinator who worked with the Hennepin County's Human Services and Public Health Department (HSPHD) and Department of Community Corrections and Rehabilitation (DOCCR) to identify what is and isn't available for girls' services.

The Coordinator formed the Girls Continuum of Care Workgroup (GCCW, formerly the Girls Task Force) and has brought in providers serving girls to share information. She has also provided technical assistance and disseminated information to stakeholders by creating an email list serve to send out research, training and grant opportunities. She has coordinated training on girls and trauma for all service areas in Hennepin County Juvenile Services and Court Services.

The Coordinator has worked with Paula Schaefer & Associates in the planning and implementation of the Girls Circle H.E.A.R.T. Provider Training and Girls Trauma Curriculum Initiative. Included in these trainings were the following topics: trauma exposure, Post Traumatic Stress Disorder (PTSD), depression, safety issues, and difficulties with emotional regulation.

School-based mental health

The funded agencies were required to collect and report data demonstrating their program's reach, effectiveness, and impact. HCCMHC identified specific evaluation measures that grantees were expected to collect and report to Wilder Research. 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 are to increase access to mental health services and improve child functioning (Figure 4).

4. Overview of school-based mental health funded programs

Program	Description
CLUES/Richfield School District	Serves youth in Richfield middle school and high school by providing mental health services to Latino youth and their families.
Headwaters/Anoka Hennepin School District	Serves youth at the St. Anthony-New Brighton School district by providing assessments, individual and family therapy, groups and educational groups to students with a mental health diagnosis.
Minneapolis Department of Health and Family Support/Roosevelt High School in Minneapolis School District	Serves a multicultural group of youth at Roosevelt High School by providing prevention, assessment, and intervention services to youth through therapy.
Nystrom and Associates/St. Anthony School District	Serves adolescents through educational training related to mental health by providing consultation for prevention services and crisis intervention to the school staff and faculty.
People, Incorporated/Cooper High School	Serves youth with a mental health diagnosis by increasing the accessibility for uninsured and underinsured youth to mental health services and improving the identification of mental health issues for youth.
Washburn/Eden Prairie School District	Serves youth in the Eden Prairie School district by providing individual and family therapy on site in the school setting, office visits, and/or home visits.

Implementation

Each of the school based mental health programs provided co-located services to students in various schools and school districts. To remove barriers to learning and promote the social and emotional development of children, HCCMHC funded six programs that work with schools and their students.

As has been true of the past few years, all programs were fully implemented, and with the exception of staffing changes due to staff attrition, nothing compromised the work being done in the schools. Some programs reported staffing changes, citing that clinicians are often overworked and under-resourced, resulting in frequent turnover.

Findings from focus groups and interviews with school-based mental health program staff

A focus group and two interviews were conducted in January 2014. All agencies were represented and a total of nine people participated.

Schools have waitlists for services

In terms of changes to the programs, most participants mentioned their programs were stable and did not have any major changes to report. Some agencies increased the number of clinical hours provided at their schools by expanding the number of full time equivalents (FTEs), in response to long wait lists for services. Regardless of the ability to provide additional staff time at the schools, nearly everyone reported the increasing need (and waitlists) for mental health services in the schools where services are provided.

Building relationships with school staff takes time

As in the past, staff turnover was experienced by some agencies. Staff turnover caused minor disruptions in serving clients, as new clinicians needed to spend time building relationships with school staff and learning the school's processes and politics. Likewise, some agencies began services in new schools and reported a learning curve in understanding the school and getting to know the people involved, requiring clinicians and supervisors to spend some additional upfront time while relationships and processes were developed.

Concerns/barriers experienced by school-based mental health programs

Focus group and interview participants reported a few concerns/barriers in providing school-based mental health services, including:

- Sustaining the school-based mental health model is a concern of many of the agencies. Some voiced their worry about funding non-billable services, such as care coordination and meeting with school staff (without consistent funding from Department of Human Services and other sources), as well as funding for under or uninsured families.
- Others noted how clinicians often perform data entry because of a lack of available funding for administrative support. Some participants noted frustration due to funds allocated to administrative tasks rather than serving youth.
- Still, past focus groups also expressed concern regarding the data collection and reporting requirements from their funders (not specifically HCCMHC). Many stated their frustration due to lack of standardized criteria for the reporting, thus rendering the data unusable for clinical purposes. As a result, participants felt that the assessment data requirements negatively impacted their work in terms of costliness and perceived time lost.

Suggestions for future HCCMHC supports

- Provide county-wide training for clinicians who provide school-based mental health services. As one participant noted, the Collaborative (and County) may be able to support the development of

> *…a training institute for school-based mental health, where we could send our therapists so they could be a good therapists, and include all the necessary training (data practices, cross systems, understanding special education part of education), some of those basic things that you need. I'd like for it to be funded by the system, an investment that the system makes. It could also be a form of best practices for school-based mental health.*

Outcomes

Agencies were asked to report the results of all students who have at least two scores within the calendar year for each of these assessments: the Child and Adolescent Service Intensity Instrument (CASII) and the Strengths and Difficulties Questionnaires (SDQs) from both parent and teacher. In order to measure if the score improved/ maintained or declined, collection of two or more assessments during the reporting period was needed. For the CASII, 302 students were assessed more than once in 2013, and 264 of these youth improved or maintained their score (87%). For the parent SDQ, 258 students were assessed more than once and three-quarters (75%) improved/ maintained their overall score. For the teacher SDQ, 243 students were assessed by teachers and nearly two-thirds (71%) improved/ maintained their score (Figure 5).

5. CASII and SDQ assessment results

	N	%
CASII (N=302)		
Improved/Maintained	264	87%
Declined	38	13%
SDQ-Parent (N=258)		
Improved/Maintained	193	75%
Declined	65	25%
SDQ-Teacher (N=243)		
Improved/Maintained	173	71%
Declined	65	25%

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 groups meetings. To date, a total of nine parents are identified as members of the PCLG. The number of parents in the PCLG decreased in 2013, due partially to one parent's child "aging out" of service eligibility, which resulted in the parent leaving the group. Other barriers to recruitment are addressed in the next paragraph.

In order to meet contract goals for 2012, parents were required to recruit members so that the PCLG is representative Hennepin County's overall population. Two-thirds of the parents (67%) are white, one third (33%) is black, and one parent (11%) is of Hispanic ethnicity. 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.

6. Demographic characteristics of parents involved in 2012

	N	%
Gender		
Male	1	11%
Female	8	89%
Race		
African American	3	33%
Asian American	0	0%
American Indian	0	0%
White	6	67%
Bi-/multi-racial	0	0%
Ethnicity		
Hispanic/Latino	1	11%

Training and outreach activities

In 2013, the PCLG held 21 meetings, trainings and forums (compared to 11 meetings in 2012) which were attended by 187 parents (compared to 96 parents in 2012). The 2013 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 to a number of organizations in 2013, including:

- American Indian Resource Meeting
- Hennepin County Libraries
- Minneapolis American Indian Parent Special Education Information night
- Minneapolis Special Education Advisory Committee (SEAC)
- Mental Health Project Conference
- Ramsey County Children's Mental Health Collaborative
- Somali Parent Resource Connection
- University of Minnesota Nurse Practitioner Panel
- Upstream Arts
- Washburn High School Silver Ribbon group

Parent involvement in workgroups, initiatives

Parents in the PCLG were involved in more workgroups in 2013 than in 2012. In addition to ensuring parent representatives are involved with all HCCMHC workgroups, parents are active members of the following committees, advisory groups, and work groups:

- Bloomington Special Education Community Advisory Council (SECAC)
- DHS Workgroup (Children's Psychiatric Consultation Protocols Workgroup)
- Hopkins Special Education Advisory Committee (SEAC)
- Jewish Family and Children's Service
- LCTS (Local Collaborative Time Study)

- Lionsgate Special Education Advisory Committee (SEAC)
- Mental Health Education Project
- Metro Area IEIC (Interagency Early Intervention Committee)
- Minneapolis Public Schools Special Education Advisory Council
- Minnesota Association for Children's Mental Health (MACMH)
- MN System of Interagency Coordination (MNSIC)
- PACER Minnesota Statewide Family Network
- Robbinsdale Special Education Advisory Committee (SEAC)
- State Special Education Diversity Committee (SEDC)
- Statewide Independent Living Council (SILC)
- U of M Cultural Liaison Cohort Teacher (thru MDE grant)
- Youth Legacy Foundation Board

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.

Reaching contract goals

PCLG members have completed or have ongoing efforts in all eight of their goals. Figure 7 provides an overview of the goals that were completed in 2013. The remaining goals are in progress or on hold (Figure 8).

7. Completed goals

Contract goal	Brief description of completion of goal
All CMHC work groups' roster should include active and consistent membership from the PCLG.	Most CMHC work groups are being attended by a parent representative and there are formal alternate assignments for each committee. Meeting attendance has been very consistent. Some smaller and short term CMHC ad hoc workgroups did not have parent representation, nor were parents expressly invited.
Strengthen alliances with school groups.	Many parents are regular attendees at their school district's special education advisory group (SEAC/SECAC) and several have initiated or restarted SEAC programs at their schools this year. The PCLG also has had a presence at several school events relating to mental health and has offered resources to culturally specific groups.
Provide 9-12 parent training sessions per year.	The PCLG held 12 parent business meetings this year that sometimes involved a training component. In addition, the PCLG held eight meetings in 2013 that were workgroups, networking, or training sessions.
Provider 9-12 monthly support groups per year.	The PCLG held 12 support group meetings this year.

8. Goals in progress or on hold

Contract goal	Brief description of progress towards goal
Maintain catalyst base and recruit new members. *On hold.*	In 2013, the PLCG had nine active catalysts. In 2012, the PCLG had 11 active catalysts. One parent's child "aged out" of eligibility, resulting in the parent leaving the group. Barriers to recruitment included: uncertainty of future funding and frequency of PCLG meetings.
Establish and work towards outreach targets (this can include geographic and diversity goals). *In progress.*	Currently, the PCLG is racially, ethnically and socioeconomically diverse, but could benefit from participation from some currently underrepresented groups, such as recent immigrants and representatives of NW Hennepin County. Since Hennepin County is so far flung, true geographic diversity may be difficult to sustain using the current framework (monthly face-to-face meetings). Informal in-person meetings and a variety of social media, such as a new blog, are part of PCLG's more recent outreach efforts.
Co-sponsor trainings for a larger audience at least twice per year. *In progress.*	In 2013, the PCLG hosted a well-attended child crisis forum in partnership with a parent community education committee and national and local organizations. The PCLG also hosted parent meetings and other mental health events for smaller audiences throughout the year.

Despite a smaller number of parent catalysts in 2013, the PCLG held more meetings, trainings, and forums than the previous year. Moreover, the number of session attendees increased from 96 in 2012 to 187 in 2013. These findings indicate that, despite barriers to completing contract goals, the 2013 PCLG continued to build upon the previous year's success.

Cultural competency

Background

In 2013, three organizations received funding to promote cultural competency among mental health providers in Hennepin County. Because organizations received funding in early 2013, some funded activities were not fully underway at the time of reporting (Figure 9). All three organizations completed organizational cultural competency assessments, but two were in the process of self-administering the assessments internally at the time of reporting. In 2014, these organizations plan to offer trainings to other organizations and agencies that provide mental health services. Other activities completed in 2013 include cultural competency workshops, cross-cultural dialogues with ethnic-specific mental health providers, and cultural competency training events.

9. 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

In 2013, program staff provided 123 cultural competency sessions. Sessions were formatted as trainings, consultations, and cross-cultural dialogues. Attendance at sessions ranged from 5 to 137 attendees. Some attendees indicated that they learned the following from cultural competency sessions:

> *[I learned] strategies for addressing race/difference in a session [and] the importance of naming systemic racism and how it impacts parenting and children.*
>
> *[I learned] how to use yourself in therapy, and have a better understanding of how to work with African American families. [This session has] broaden[ed] my understanding of the meaning of family to include churches, friends, and community.*

Focus group findings

Staff 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 organizations. Moreover, 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 often had full-time jobs alongside providing mental health services. The Collaborative might consider funding ethnic-specific providers directly while also supporting established partnerships between these organizations and currently funded organizations.

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.

Assessments began the end of December 2013, so reporting will not be available until next year's report.

Summary

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 to youth and their families. For some agencies, the funding enhanced services they were already providing, and for others the funding made services possible. Funding by HCCMHC contributed to these positive individual- and program-level changes, but should not be perceived as the sole factor leading to these positive results.

Lessons learned

- **The biggest difference between youth served in juvenile justice programs versus school-based programs is seen when examining race**. Half (50%) of the students involved in the school-based mental health programs are White/Caucasian, while only one in six (15%) are White/Caucasian in the juvenile justice program. Likewise, over four in five (86%) were identified as youth of color in the juvenile justice group, compared to less than half (47%) in the school-based group. It is evident that disparities in the juvenile justice system are present.
- **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.
- **Administrative support would be welcome.** Collaborative support for administrative data collection would be well received by many of the agencies who cannot afford to hire or have administrative staff work on all of the various reporting requirements. Many report data collection is yet an additional requirement of their clinicians and caseworkers, which takes away from time they work with clients.
- **Grantees would appreciate the Collaborative supporting their efforts to educate the community about the work they are doing (with HCCMHC funding).** Focus group participants mentioned outreach work is important, but found it to be an obstacle, because agencies do not have the time or funding to do this type of work. Outreach (in the community and schools) was mentioned as a potential activity that HCCMHC could support and could take the form of educating others about mental health or the form of preventive services, among other things.

- **Lack of family involvement was often mentioned as a barrier to agencies' work**. In some cases, parents were reluctant for their child to receive services, especially in some cultural communities. In other cases, parents had their own mental health issues to work through which made it difficult for them to be involved in their child's treatment plan. In both cases, service delivery to the student was made more difficult. Outreach efforts to educate the community may help encourage families to be more willing to be involved.
- **When looking through the "cultural competency" lens, consider reaching out to smaller programs served by agencies within the cultural community.** Some discussed the risk of perpetuating (the perception) of systemic racism, by primarily funding mainly large, established, and mainly white organizations. By building relationships, smaller agencies may become aware of funding opportunities and more interested in applying.

Appendix

In 2013, the Hennepin County Children's Mental Health Collaborative (HCCMHC) funded a number of programs and activities. Below is a brief overview of these programs and scholarships that were awarded by HCCMHC in 2013. 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

A number of programs and scholarships were funded by HCCMHC and LCTS funds. The school-based mental health programs billed $148,202 during the reporting period. Early childhood billed $20,449.

Figure 1 provides an overview of the parent support and programming of the Parent Catalyst Leadership Group (PCLG), which used $34,858 in LCTS funds and scholarship support, which paid for $8,293 in scholarship support for approximately 46 direct scholarships.

A1. Overview of HCMHC/LCTS funded programs (continued)

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 HCMHC/LCTS/DOCCR funds

A number of programs were funded collectively by HCCMHC, LCTS and DOCCR funds provided funding to 5 juvenile justice programs, which billed the amount of $216,896 in 2013. Additionally, the funding provided to the JDAI intern Girls Circle H.E.A.R.T. and Paula Schaefer & Associates work were billed out $7,200, $23,875 AND $31,750 respectively.

III. Programs funded by HCCMHC funds

Intermediate School District 287 received funding for two of their programs: Drop Out Prevention Program (DOPP) and the Shared Social Work (SSW) program (Figure 3). The Drop Out Prevention Program (DOPP) is offered to four area school districts including: Brooklyn Center, Hopkins, Osseo, and St. Louis Park. As part of a pilot program, initiated by both Hennepin County and Intermediate District 287, our 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 district 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 A2 provides an overview of their efforts.

A2. Overview of HCCMHC/ISD287/LCTS funded programs

Program	Description
Drop Out Prevention Program (DOPP)	The goal of DOPP 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.