Hennepin County Children's Mental Health Collaborative

2015 Annual Evaluation and Metrics Report

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Introduction

This report provides the Hennepin County Children's Mental Health Collaborative (HCCMHC) with a summary of information related to their 2015 funded programs and other HCCMHC initiatives. The report merges two summaries that have historically been reported separately.

First, the report summarizes the HCCMHC's "success metrics" for 2015. These metrics have been reported annually since 2008, though they have undergone a number of revisions. These metrics were informed by the HCCMHC's strategic plan, which was updated most recently in 2014, and include measures of HCCMHC functioning, work groups, system-level improvements, and funded services. Second, the report also incorporates supplemental information about these funded services, including the number of people served, implementation strengths and challenges, and other lessons learned.

Success in HCCMHC functioning

The first category of HCCMHC success metrics is the quality of relationships among partners and the overall functioning of the HCCMHC. Between 2008 and 2010, online surveys were conducted annually with key HCCMHC stakeholders. In 2010, the decision was made to conduct the survey biannually, so surveys were not completed for 2011, 2013, or 2015. Nine survey items had previously been selected to reflect the overall success of the HCCMHC. In 2014, four items were removed from the list of core success measures, leaving five core measures (Figure 1).

Because surveys were not completed in 2015, the data from 2014 are reflected in this report. The survey will be completed again in fall 2016, and the updated information will be included in the 2016 annual report.

The percentage of stakeholders rating the HCCMHC as "very successful" in achieving its mission has varied over the previous survey administrations, falling from 40 percent in 2012 to 25 percent in 2014 (though the results from both years surpassed the 9% rating in 2010). The HCCMHC mission has evolved over time, which may contribute to the variability in ratings.

As previously noted in the 2014 metrics summary, 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 41% in 2012). Slightly fewer (40%) "strongly agreed" that all members have a voice in decision making (a decline from 44% in 2012). In both 2012 and 2014, 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 HCCMHC functioning

How the HCCMHC functions	2011	2012 (N=31-35)	2013	2014 (N=15-16)	2015
% of stakeholders who rate the HCCMHC as "very successful" in achieving its mission	-	40%	-	25%	-
% of stakeholders who "strongly agree" that…					-
the CMHC represents a good cross-section of the mental health system for children	-	34%	-	47%	-
all members have a voice in decision making	-	44%	-	40%	-
parents are fully included in CMHC meetings	-	41%	-	47%	-
diverse communities are represented among all work groups	-	19%	-	13%	-

Note. Results come from surveys conducted with HCCMHC stakeholders. Surveys were not conducted in 2011, 2013, or 2015, 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 work groups and work plans

The second category of HCCMHC success addresses the implementation of the HCCMHC work plans. In 2015, 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 the work group in terms of establishing and implementing their work plans.

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 2015 was in accordance with the approved work plans. They ensured that the funded service projects were meeting the stated goals specific to increasing the relational competence of providers with non-majority populations and early childhood screening. The provider competence work wrapped up showing strong results as compared to the developed outcomes. The early childhood screening project has been very successful resulting in conversations about expansion to additional clinics. The committees continued to look for areas of need and opportunity specific to children's mental health. The committees received the initial information regarding the current provider locations for children's mental health services in the county. The initial report generated significant discussion regarding geographic gaps, the difficulty of accurately accounting for providers, and the challenge of establishing criteria for inclusion of providers. The committees saw great potential in the information and committed to continuing to improve the accuracy and uses of the project. All CMHC groups continued to focus on efficiency and a minimal meeting schedule resulting in further reduction of in-person meetings.

- **Evaluation -** The evaluation committee met as needed through 2015. 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 2014 summary reports related to the funded programs and to the HCCMHC's metrics of success, provided guidance and support related to the evaluation of the DOCCR initiatives, supported the proposal for and launch of a qualitative project related to school-based mental health, and oversaw the development and completion of a map of children's mental health providers in Hennepin County.

- **Provider -** The provider group met four times in 2015. Quarterly meetings were scheduled in 2015, with meetings taking place when members felt there were appropriate agenda items or education topics of interest. In 2015, the meetings focused on sharing of results of the HCCMHC's two-year cultural competence project, updates from Hennepin County and the State's Children's Mental Health groups, and updates and awareness about the Parent Catalyst Leadership Group (PCLG). 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 2016.

- **School-based mental health -** The Hennepin County school mental health work group continues to meet regularly focused on understanding, improving and expanding school mental health in Hennepin County. There were three main areas that group dedicated time to in their 2015 meetings and work: 1) discussion of evaluation and outcomes; 2) summer programming; and 3) looking to the future. The group reviewed previous output and outcome reports from Wilder on school mental health and then discussed what other evaluation and outcome reports were missing. After the discussion, the group developed a request for a qualitative research project evaluating school mental health in Hennepin County. Wilder Research then developed a proposal that was ultimately accepted by the HCCMHC. Second, the work group spent several meetings exploring summer program ideas. From this discussion emerged a creative idea to start conversations with the community education departments at school districts agencies. Lastly, over the course of last year, Glenace Edwall and Sue Abderholden attended work group meetings to help the group think about the future of school mental health. These visits helped the group start thinking about different ways that they could continue to build support for school mental health, as well as think about opportunities for agencies to work together around workforce development, onboarding of new school mental health clinicians, and ongoing training that clinicians and school staff might find helpful.

- **Education -** The CMHC education committee reviews all requests for scholarships and training support. The group does its work in a virtual capacity, reviewing approximately 28 requests a year. Working from a budget of $21,000, the group awarded close to $19,000 in 2015. Related to the work groups, two measures are also extracted from the stakeholder survey. The percentage of stakeholders who "strongly agreed" that the roles of standing groups are clear decreased from 42 percent in 2012 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. Again, 2014 was the last time the survey was conducted, with plans to collect this information again in 2016 (Figure 2).

2. Metrics related to work groups success

How the work groups function	2011	2012	2013	2014	2015
number of active work groups	7	8	8	8	6
number of work groups with an established work plan [a]	7/7	3/8	7/8	6/8	4/6
number of work groups making significant progress toward their goals [a]	7/7	7/8	7/8	7/8	6/6
% of stakeholders "strongly agreeing" the roles of standing groups are clear [b]	-	42%	-	33%	-
% 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 HCCMHC members. Surveys were not conducted in 2011, 2013, or 2015 per the Governance Board's decision to collect surveys every other year. The survey response rate was 31 in 2012 and 15 in 2014.*

Success in funding services

Overview of funding efforts and evaluation process

Continuing the efforts that began in 2007, the Hennepin County Children's Mental Health HCCMHC (HCCMHC) funded seven agencies and programs in 2015 to address key concerns regarding the existing Hennepin County children's mental health system. Five juvenile justice programs, one early childhood program, and one parent leadership group received funding.

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

This section of the report summarizes key metrics collected by the programs during 2015. It also includes highlights from interviews that were conducted by Wilder Research with representatives from each agency.

This section of the report addresses the following questions:

- Who were the youth served through HCCMHC funded programs in 2015?
- What were programs' experiences with implementation?
- What are some lessons learned and suggestions for 2016?

Evaluation process

In 2015, 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. Other data sources include an online reporting template completed by the juvenile justice and early childhood programs and a report from the Parent Catalyst Leadership Group (PCLG), put together by one of its members.

While funded programs collected comparable demographic data for this report, it is important to note they were sometimes funded for different lengths of time, may have served different target populations, and often used varied service delivery approaches. **Therefore, it is important not to make direct comparisons among programs in regard to their effectiveness.**

Overall success in funding services

Figure 3 provides an overview of the success metrics collected over the past five years. In 2014, more than half of the HCCMHC stakeholders (53%) "strongly agreed" that funding is allocated appropriately (an increase from 34% in 2012).

The number of projects funded through the HCCMHC increased from 10 in 2011 to 18 in 2013, before declining to 9 in 2014 and 7 in 2015. The number of youth served by these programs showed a related increase from 669 in 2011 to 1,422 in 2013, before declining to 631 in 2014 and 580 in 2015. At least 48 percent of the youth served each year have been from communities of color. In 2015, the focus of this report, 67 percent of the youth were from communities of color. As described later in this section, the funded programs have collected a variety of information about the youth who received services, but limited information about the outcomes of these services is available. Across each of the past five years, all of the funded programs have been fully implemented.

In addition to the youth served, the HCCMHC's funding to the PCLG was used to train 104 parents in 2015 (a decrease from 143 in 2014).

3. Metrics related to success in funding services

Success in funding services	2011	2012	2013	2014	2015
number of projects funded	10	12	18	9	7
% of projects fully implemented at the close of the funding year	100%	100%	100%	100%	100%
number of youth served annually	669	745	1,422	631	580
% of youth served from communities of color	64%	48%	56%	60%	67%
number of parents reached through training/support	N/A	N/A	N/A	143[a]	104
% of projects that have reported improved youth outcomes					
School-based services	6/6	6/6	6/6	N/A	N/A
Juvenile Justice	[b]	[b]	[b]	[b]	[b]
Uninsured/underinsured	1/3	N/A	N/A	N/A	N/A
Early childhood	N/A	N/A	N/A	1/1	1/1
Number of trainings offered by the cultural competence programs	-	-	58	[c]	N/A
Number of people trained by the cultural competence programs	-	-	915	[c]	N/A
% of stakeholders who "strongly agreed" that funding is allocated appropriately [d]	-	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 from the cultural competence group will be submitted to Wilder in April 2015.*

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

The remainder of the information in this section summarizes information collected about the funded programs. This information has historically been presented as a separate annual report to the Collaborative.

Description of youth served in 2015

A total of 580 youth were served in 2015 by the juvenile justice and early childhood agencies. These efforts reached a culturally diverse sample of children and youth in Hennepin County. A majority (67%) of the children served were 0-5 years old, and were served by the early childhood project. Thirty-one percent were between 12 and 17 years old and were served by the juvenile justice programs. Almost half of the youth served (49%) were black or of African ancestry and a third (33%) were white/Caucasian. Another 10 percent were biracial/ multiracial. Four out of five (80%) youth were not of Hispanic ancestry. Equal numbers of male (50%) and female (50%) youth were served by the programs (Figure 4).

4. Youth served (2015 aggregate totals)

	Juvenile justice (N=204)		Early childhood (N=376)		Total (N=580)	
Age	**N**	**%**	**N**	**%**	**N**	**%**
0-5 years old:	-	-	376	100%	376	67%
6-9 years old:	-	-	-	-	-	-
10-11 years old:	2	1%	-	-	2	>1%
12-17 years old:	193	95%	-	-	193	31%
18 or older:	9	4%	-	-	9	1%
Unknown/not available	-	-	-	-	-	-
Unknown/not available	-	-	-	-	-	-
Race						
Asian/Southeast Asian	4	2%	11	3%	15	3%
Biracial/Multiracial	32	16%	26	7%	58	10%
Black/African ancestry	82	40%	199	53%	281	49%
Native American	9	4%	8	2%	17	3%
Other/Unknown	14	7%	4	1%	18	3%
White/Caucasian	63	31%	128	34%	191	33%
Ethnicity						
Latino/Hispanic	17	8%	94	25%	111	20%
Non- Latino/Hispanic	187	92%	282	75%	469	80%
Gender						
Male	97	48%	192	51%	289	50%
Female	106	52%	184	49%	290	50%
Transgender/other	1	<1%	-	-	1	<1%

All funded agencies who served school-aged youth were required to track which school districts youth were enrolled in at the time of intake. One-quarter (24%) of the juvenile justice youth were enrolled in the Minneapolis Public Schools. One in five of the youth (20%) were enrolled in a charter school. Thirteen percent were enrolled in schools outside of the 22 school districts in Hennepin County and five percent were not enrolled in school (Figure 5).

5. Youth served by school district

	Juvenile justice (N=204)	
District	**N**	**%**
Anoka-Hennepin	2	1%
Bloomington	7	3%
Brooklyn Center	4	2%
Eden Prairie	3	1%
Edina	2	1%
Hopkins	7	3%
Minneapolis	48	24%
Minnetonka	1	<1%
Orono	1	<1%
Osseo	5	2%
Richfield	4	2%
Robbinsdale	2	1%
Rockford	3	1%
St Louis Park	4	2%
Wayzata	8	4%
District 287	8	4%
Charter school	40	20%
Other school not listed above	26	13%
Not enrolled in school	11	5%
Missing	18	9%

Note. Data for youth served by Hold Your Horses was not provided

Description of funded programs

In 2015, five juvenile justice and one early childhood programs were funded by the Hennepin County Children's Mental Health HCCMHC (HCCMHC). Additionally, the Parent Catalyst Leadership Group (PCLG) received funding from HCCMHC. The following sections briefly describe their major activities and outcomes.

Juvenile justice

The purpose of this funded group is to reduce or prevent youth involvement with the juvenile justice system. These programs are funded to coordinate efforts and/or provide better access to mental health services. Some of the programs incorporate emerging or best practices and provide supplemental mental health services to youth who are involved in the juvenile justice system. The goals of the programs include: 1) improving overall service coordination, communication, and outcomes in the juvenile justice system; and 2) improving delivery of prevention or intervention services for youth at risk of involvement or currently involved in the juvenile justice system. The type of services provided by the juvenile justice agencies include a one-on-one brief intervention therapy, a multisystemic therapy (MST), one gender-based individual counseling and groups, one gender-based equine therapy model, and one hospital-based model with services by Advanced Practice Nurses (Figure 6).

6. Overview of funded juvenile justice programs

Program	Description
Brief Intervention	Humble Beginning's Brief Intervention program provides four sessions of one-on-one therapy for youth with mild-to-moderate substance use. This program uses motivational interviewing to raise awareness of the youth's problems, offering a number of strategies for accomplishing the targeted goals, and placing responsibility for change with the youth. Brief Intervention is designed to diminish factors contributing to drug use and promote factors that protect against relapse.
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 girls. It includes a 16 week curriculum that provides recreational, individual and group learning experiences; community support through individual and family support, crisis intervention, transportation, and trauma-informed resources and referrals; as well as educational support through coordinating support services, monitoring attendance and attending school meetings.
Hold Your Horses	Cairns Psychological Services provides gender-responsive equine-assisted group psychotherapy through their Hold Your Horses program. The equine therapy treatment model focuses on assisting youth in developing skills to improve their adaptive functioning. Horses assist in the development of 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.
Multisystemic Therapy (MST)	The Family Partnership provides 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.

6. Overview of funded juvenile justice programs (continued)

Program	Description
Runaway Intervention Program (RIP)	Midwest Children's Resource Center's RIP program provides community visits and group counseling. An advanced practice nurse-led initiative to help severely sexually assaulted or exploited girls 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.

Findings from interviews with juvenile justice program staff

Phone interviews were conducted in January 2016 with representatives from the five funded agencies in order to gather information about program implementation and sustainability. All agencies were represented and a total of five program staff members participated in the phone interviews. Themes that emerged included:

- **Continued lack of clear understanding on program services.** Similar to the past evaluation cycle, the lack of thorough understanding of program services by probation officers and children's mental health-targeted case managers has posed a challenge. One program staff member explained that clients are less engaged when they are not well-informed about the services provided. However, the program reporting this challenge is optimistic about their ability to overcome this challenge, and are planning a large stakeholder training on their program model.

- **Inconsistent relationships with county and social workers.** For another program, challenges included not having a specific point person at the county who is dedicated to working with them, as well as the high turnover of social workers at child protective services (CPS). These inconsistent working relationships create barriers to effective collaboration and communication between the program and the county.

- **Difficulties in streamlining referrals.** Additionally, the inconsistent working relationship makes it difficult to develop a cohesive referral process. Another challenge related to referrals is that referral forms, at times, are missing information about youth, such as DSM-IV diagnoses.

- **Unstable living arrangements.** Echoing the 2014 evaluation findings, one program reported challenges in engaging and retaining some youth because of the increasing numbers of families who are experiencing homelessness. The program explained that the lack of a stable living arrangement makes seeking mental health less of a priority.

- **Sustainability.** The juvenile justice programs had varying perspectives about the opportunities to sustain their services. One program that will no longer receive HCCMHC funding reported a positive outlook. This program explained that they are now stabilized with better retention of extensively trained therapists and a strong supervisor. The program values their close and positive work with the county and has developed positive relationships with their referral sources.

  Another program reported that if they did not have funding through the HCCMHC, their program would not exist in Hennepin County. For the equine-assisted therapy, sustainability will continue to be a challenge due to insufficient research to describe their impact and establish an evidence-based model. Because insurance does not provide reimbursement without an officially recognized and formal treatment model, this program reported constant scanning for more funding and ways to support programming, including participating in silent auctions.

  Program staff also suggested a number of improvements to their programs, including more staff to accommodate the widespread youth served across the county; the ability to reach out to more youth by accessing younger grade levels in the schools; and expanding therapy to include art, movement, and yoga calm. One program would like to become more comprehensive and strengthen the continuum of care by providing services for longer periods, engaging with families of youth, going into the schools to teach about trauma, and partnering with more trauma-informed 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 from the Birth to 5: Watch me Thrive program meets with the family during a routine well child visit at 12 or 24 months old. Screenings are also done when requested by a parent or provider. The purpose of this first-level screening tool is to identify children who may be at risk for social or emotional difficulties and refer them for ongoing supports and services.

The program screened 412 children in 2015. Most screenings (83%) were initiated during a routine well child visit and were completed by the mother (65%).

Of those who completed the assessment, 14 percent were referred to another agency and 9 percent were rescreened or monitored until the next appointment. When children were referred to another agency, staff followed up with the parents to document how the situation had been addressed. Based on these follow-up calls, staff determined that 25 percent of the children were referred elsewhere, 20 percent were receiving services, 17

percent were in the intake process, and 2 percent had an appointment scheduled. The rest of the families did not respond to the follow up (14%), had declined services (7%), did not have a working phone number (7%), or had other reasons why t they were not in services yet (15%).

The program makes referrals to a number of community-based and government programs, including but not limited to:

- Canvas Health
- CLUES
- FACTS
- Family Innovations
- Family Partnership
- Fraser
- HCMC Child & Adolescent Psych
- Head Start
- Healthy Families
- Help Me Grow
- Hennepin County Child Access
- Hennepin County Parent Support Outreach Program
- Private Practices
- Ramsey County Family & Community Partnership
- St. David's
- Washburn
- Wilder Foundation

Findings from interviews with early childhood program staff

In January 2016, a phone interview with the early childhood program was conducted with two representatives from the Birth to 5: Watch me Thrive program. The following themes emerged:

- **Changes in service delivery.** A major change for Birth to 5: Watch me Thrive program's early childhood mental health work is an addition of a new staff member. The program has hired a community health worker who will help HCMC conduct the screenings. Previously, program staff administered the screening. In the new program model, program staff will serve as the trainers and will provide guidance to providers and clinic staff to administer the screening and interpret the results. Providers and clinic staff will manage the screening questionnaire themselves, including storage and documentation of the questionnaire.

- **Challenges to service delivery.** When a referral is provided for a family to a community-based mental health provider, there is often a barrier with the follow-through process. There are various reasons why a referral is not completed. It may be that the family is not engaged and did not try to get in touch with the agency. Also, some agency wait lists are two to six months long in order to get an intake appointment.

Additionally, it is a challenge obtaining feedback on referrals from some agencies and not receiving any diagnostic results.

- **Reporting capabilities and examining outcomes.** The Birth to 5: Watch me Thrive program is participating in a pilot project with the Minnesota Department of Health (MDH) and Minnesota Department of Education (MDE). This pilot project uses a software program to track and administer screenings and will have reporting capabilities. The program intends to use the electronic screening software in combination with the spreadsheet Wilder Research created for tracking individual client referrals to look at program outcomes.

- **Sustainability.** In addition to training providers and clinic staff on new screening procedures, the program is developing a decision tree about how to make referrals and will share this tool with the clinics. This decision tree will help in sustaining part of their work toward increasing social-emotional screening of infants at HCMC by providing a tool for providers to use once the program staff are no longer directly involved.

Parent involvement

The HCCMHC provides administrative, financial, and structural support, as well as coordination services to the Parent Catalyst Leader Ship 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 2015, a total of eleven parents are identified as members of the PCLG. All parents attended at least one of the PCLG's monthly support group meetings. The parent group noted while additional parents participated in some meetings, they attended when they felt most in crisis, and stopped attending after their crisis had been resolved. The PCLG are expanding efforts to publicize the group to a wider audience.

Two-thirds of the participating parents (64%) are white, 27 percent are African American, and one parent (9%) is of Hispanic ethnicity (Figure 7). Most of the parents (N=9) live in suburban Hennepin County cities.

7. Demographic characteristics of parents involved in 2015 (N=11)

	N	%
Gender		
Male	1	9%
Female	10	91%
Race/Ethnicity		
African American	3	27%
Asian American	0	0%
American Indian	0	0%
White	7	64%
Bi-/multi-racial	0	0%
Hispanic/Latino	1	9%

Training and outreach activities

In 2015, the PCLG held 15 meetings, trainings, and forums which were attended by 104 parents. The 2015 meetings focused on forming new partnerships, partnering with local and regional organizations to host a parent-focused mental health training event and partnering with schools to increase mental health awareness. See the Appendix for details on meetings, trainings, and forums held by the PCLG.

Parent involvement in work groups, initiatives, outreach

Parents in the PCLG were involved in dozens of work groups in 2015. The parents and caregivers involved with these committees and work groups are active members and in some cases are have voting-level memberships. Parents have also volunteered their time to work on special subgroups on key topics. See the Appendix for details on the committees, advisory groups, and work groups in which parents are active members.

The parents were also involved in a number of outreach activities in 2015, including giving a presentation to the Cultural Providers Network, holding resource tables at health conferences, and participating on a panel to the University of Minnesota nursing students. See the Appendix for details on outreach activities.

Reaching contract goals

PCLG members have completed or have ongoing efforts in all seven of their contract goals. The goals met include: 1) maintaining catalyst base and recruiting new members, 2) actively and consistently represent PCLG in CMHC work groups 3) strengthen alliances with school groups; 4) provide 9 to 12 parent training sessions per year; and 5) provide 9 to 12 monthly support groups per year. The goal in progress is 6) establishing and working towards outreach targets (this can include geographic and diversity goals). The goal not yet met is 7) co-sponsoring trainings for a larger audience at least twice per year. See the Appendix for details of activities towards goals.

Barriers to fully meeting all goal areas included complicated family crises for members that involved police interactions as well as visits to the emergency rooms. In 2015, many work groups were still in a strategic planning phase which delayed networking and adding new members.

The PCLG suggests that organizations should put more effort into outreach for parents who are newer to the system. To connect with more parents and more diverse groups, a new PCLG work group will be hosting smaller, more informal "coffee meetings." The PCLG is also offering a new Facebook online support group. Things were slow in the first month on Facebook, but they are starting to see more growth in members and in postings.

Lessons learned

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

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

- **Youth served in juvenile justice and early childhood programs are seeing a non-white diverse group in terms of race.** Two thirds of the youth served (67%) were youth of color, where nearly half (49%) of the youth were identified as black or of African ancestry.

- **Geographic dispersion of youth served can be problematic.** Another challenge faced by some programs is the difficulty of providing services to youth who are spread out across the county, where relationships with the schools and communities are still in the early stages of developing.

- **Scheduling of HCCMHC work groups and committees are not suitable for working parents.** It continues to be challenging to find parents who are available during the weekdays at normal daytime working hours to attend HCCMHC meetings. More PCLG parents are working full time. However, parents of younger children have trouble finding child care during the after school hours.

- **Parents are not confident that their efforts and voice have much impact on changing the system.** Some parents, including long-serving committee members, question how much actual impact they have in changing the system and felt that they do not have a strong voice among the committee members. Some parents felt that their ideas may be dismissed, while the same idea mentioned by a high-profile public figure is acknowledged as important by committee members. In addition to the traditional meeting agendas relating to evaluations, contracts and grants, the PCLG suggested having time for an open forum where miscellaneous issues can be raised.

- **Some parents have difficulty accessing communications and transportation**. Some parents lack consistent phone numbers and access to emails. Additionally, several parents do not have cars and the meeting location is not on a bus line. The PCLG will continue to look for a better meeting space.

- **Parents from disadvantaged educational backgrounds are less likely to be included.** Many organizations are not investing into outreach, interpreters, transportation and training that would be necessary to involve parents from more disadvantaged backgrounds. Less educated parents who are newer to the system, including those who do not speak English, are most in need of support to understanding programming, challenges and resources.

- **Grantees want opportunities for networking and sharing lessons learned.** As in past years, some agencies continue to want a forum to share lessons learned. 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.

System-level success

The fourth category of HCCMHC 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 HCCMHC stakeholders, which was conducted most recently in 2014 (Figure 8). The survey will be conducted again in fall 2016.

Among the key findings reported for 2014:

- Twenty-five percent of the stakeholders rated the system serving children and youth with mental health issues as "very effective." While this rating remained stable between 2012 and 2014, the overall 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. 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, 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.

8. Metrics related to system-level success

System-level success	2011	2012 (N=31-32)	2013	2014 (N=12-15)	2015
How the system worked					
% of stakeholders rating the system serving children/youth with mental health issues as either "somewhat effective" or "very effective"	-	93%	-	83%	-
% of stakeholders rating the system serving children/youth with mental health issues as "very effective"	-	26%	-	25%	-
How the HCCMHC impacted the system					
% of stakeholders "strongly agreeing" that the CMHC had a positive impact on the overall system of care for children	-	39%	-	38%	-
% of stakeholders "strongly agreeing" that the CMHC spends an appropriate amount of its resources on children's mental health services.	-	56%	-	53%	-
% of stakeholders "strongly agreeing" that the CMHC funds appropriate kinds of activities	-	59%	-	73%	-
% of stakeholders "strongly agreeing" or "agreeing" that LCTS funds enhance children's mental health services in our community. [a]	-	N/A	-	67%	-
% of projects/services sustained after CMHC funding ends	-	N/A	-	N/A	-
% of stakeholders "strongly agreeing" that the CMHC engages and sustains parents in system-level participation and leadership [a]	-	24%	-	37%	-
% of stakeholders "strongly agreeing" that the CMHC increases access to children's mental health services [a]	-	N/A	-	38%	-
% 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	-	25%	-
% of stakeholders "strongly agreeing" that the CMHC supports culturally and gender responsive services [a]	-	N/A	-	31%	-

Note. Results come from surveys conducted with HCCMHC 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.*

Recommendations

- **Continue to provide and consider additional funding to programs to expand capacity.** Given the reliability of some programs on HCCMHC funding and challenges with regard to providing services across the county, programs will benefit from continued support.

- **Coordinate with PCLG to schedule meeting times that parents can better able attend.** An online tool like Doodle scheduling can help identify the most convenient and best possible times for everyone to meet. Additionally, by concretely soliciting input of best possible times to attend meetings, members may feel that their time and participation is highly valued.

- **Ensure that members of PCLG are heard by providing visuals of key points being suggested and addressed in a meeting.** This could take the form of a live projection of meeting minutes or simply hand-written notes on a white board. By providing a visual of suggestions and ideas for all to see, efforts to address suggestions and ideas will less likely go unnoticed and also be further emphasized as they are produced during meetings.

- **Review alignment of work groups with the Collaborative's strategic plan.** The work group structure for the Collaborative has not changed in recent years. While groups generally are functioning effectively, efforts could be undertaken to review the strategic plan and re-align work group priorities with the Collaborative goals.

- **Update success metrics and measures, particularly around funded services.** The Collaborative updated the success metrics in 2014 to align with the strategic plan. Further revision may be helpful, particularly related to the funded services. As the number and type of funded services has changed, it would be helpful to review expectations for these programs and how "success" is measured. For instance, the existing outcome measure for the juvenile justice program relates to recidivism, which has not proven to be a useful or accessible measure. The juvenile justice programs have engaged in additional evaluation work, which may inform alternative success measures.

Appendix

Funding information

In 2015, the Hennepin County Children's Mental Health HCCMHC (HCCMHC) funded a number of programs and activities. Below is a brief overview of the programs and scholarships that were funded. The programs and efforts were funded jointly by HCCMHC, Hennepin County's Department of Community Corrections and Rehabilitation (DOCCR), Intermediate School District (ISD) 287, and/or Local HCCMHC Time Study (LCTS) monies. They also may have funding from other sources.

I. Programs funded by HCCMHC/LCTS funds – TOTAL $179,450

Parent support and programming of the Parent Catalyst Leadership Group (PCLG) used $12,170 in LCTS funds this year. 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. Thirty-one scholarships totaling $17,100 was paid in scholarship support for approximately 32 individuals (in individual scholarships), as well as 416 agency and event scholarships to attend trainings. The early childhood program was funded by HCCMHC and LCTS funds and billed $99,274.

II. Programs funded by HHCCMHC/LCTS/DOCCR funds – TOTAL $336,487

Five juvenile justice programs were funded collectively by HCCMHC, LCTS, and DOCCR funds, billing a range from $13,500 to $125,471 in 2015.

III. Programs funded by HCCMHC funds – TOTAL $177,549

ISD 287 received funding for two of their programs. One was the Diploma On! program (Figure A3). Diploma On! was previously named the Drop Out Prevention Program (DOPP), and is offered to seven area school districts, including: Brooklyn Center, Hopkins, Osseo, Robbinsdale, St. Louis Park, Wayzata, and Westonka. The other is the Restorative Justice project. The total amount used in HCCMHC funds is $177,549.

HCCMHC's Parent Catalyst Leadership Group (PCLG)

HCCMHC Parent Involvement Report

This report template should be completed annually to describe the goals, activities, and impact of parent involvement activities funded by the Hennepin County Children's Mental Health HCCMHC (due January 31 of each year). Information from this report will be used by Wilder Research to prepare a report summary of all HCCMHC-funded projects/initiatives.

Status of contract goals

A1. Status on progress toward goals

Contract goal	Brief description of progress towards goal since last report	Current status (Not started, in progress, on hold/delayed, completed)
Maintain catalyst base and recruit new members.	In 2015, we maintained our 11 catalysts with 1 new catalyst and one catalyst stepping away due to work conflicts. Another catalyst opted for an extended leave of absence due to family concerns, but plans to return in 2016.	Goal met.
Establish and work toward outreach targets (this can include geographic and diversity goals).	Currently, the PCLG is racially, ethnically and socioeconomically diverse, but could benefit from participation from some currently underrepresented groups, such as Native Americans and recent immigrants. PCLG continues to extend its reach by presenting and doing outreach at events and offering social media, a new online Facebook support group, and a monthly newsletter to our expanding email base.	Goal in progress.
All CMHC work groups' roster should include active and consistent membership from the PCLG.	Most CMHC work groups are being attended by an involved parent representative and there are formal alternate assignments for each committee. Meeting attendance has been very consistent.	Goal met

A1. Status on progress toward goals (continued)

Contract goal	Brief description of progress towards goal since last report	Current status (Not started, in progress, on hold/delayed, completed)
Strengthen alliances with school groups	PCLG has a School MH Awareness Workgroup and members of this group have met with Minnesota Alliance with Youth/Americorps; FAIR School; and the Wayzata School Mental Health Task Force/ PCLG hosted a meeting with the founder of HEART – a student led mental health awareness group in the Wayzata area. Many parents are regular attendees at their school district's special education advisory group (SEAC/SECAC) are working on issues such as improving academic opportunities and outcomes for students in EBD programs; and expanding inclusion, vocational and extracurricular opportunities for students in special education. PCLG has produced resource materials for schools to encourage them to offer more mental health awareness programming.	Goal met
Provide 9-12 parent training sessions/year	10 Business/Training and Workgroup meetings this year.	Goal met
Provider 9-12 monthly support groups per year	PCLG had 11 support group meetings this year. PCLG added a Facebook Support Group so that parents can have more support "on demand" and we can reach more parents.	Goal met
Co-sponsor trainings for a larger audience at least twice per year.	PCLG gave presentations and hosted information tables at various parent meetings and other mental health events. (see list below) PCLG did not individually host a training this year – we are planning several parent engagement events for 2016 that will focus on hearing parents' stories and connecting them to resources and appropriate services.	Goal not specifically met.

Q1. Please describe any barriers you have encountered in working towards the contract goals and steps you are taking/plan to take to address these challenges.

- Our parents have extremely complicated and stressful lives. In 2015 alone, parents in our group (with only 50% reporting) had over *16 interactions with child crisis and/or the police and over 10 visits to the ER and/or hospitalizations*. It is difficult to maintain momentum on our long-term goals while still being sensitive to the needs of our parents who have so many family emergencies and other daily burdens.

- In 2015, many of our workgroups were still doing the groundwork to get their efforts off the ground, so ideas like "coffee networking meet-ups" with different groups of parents were slowed by the need to set up a protocol and find and connect with different parent groups first. Even when those connections were made, the other parent groups would have cancellations that required rescheduling into 2016.
- It continues to be challenging to find parents who are available during the weekdays (and especially at 3:00 pm) to attend HCCMHC meetings. More PCLG parents are working full time. Parents of younger children have trouble finding childcare during the after school hours.

Parent Catalyst Leadership Group activities

A2. Description of Parent Catalyst Leadership Group participants

Number of parents/caregivers currently involved in the PCLG	**11**
Number of trained catalysts currently involved in the PCLG	11
Number of parents who have completed PCLG training (January 2011 – current)	11
Diversity within the PCLG	
Race	
Black/African-American	3
African (African-born)	0
Native American	0
Asian/SE Asian	0
White/Caucasian	7
Bi- or multi-racial	
Other (please describe below) – *one is a parent of biracial children and another is an adoptive parent of 4 African American children*	
Unknown/missing	
Ethnicity	
Hispanic	1
Non-Hispanic	
Unknown/missing	
Gender	
Male	1
Female	10
City of residence	
Minneapolis	2
Suburban cities (please list cities where PCLG members live: Bloomington. Brooklyn Center, Golden Valley, Hopkins, Minnetonka, New Hope, Plymouth, St. Louis Park)	9

A3. Parent Catalyst Leadership Group training meetings and events

Date	Description	Trainer/Guest speaker (If conducted by external trainer)	Number attended
1/10/2015	Co-meeting with MACMH parents – navigating health insurance	MN Sure Navigator	8 + 7
2/21/2015	Business meeting: event planning; local and regional meeting reports; support group updates and discussion; travel stipend policy;		8
3/21/2015	PCLG Meeting – Workgroup meetings		6
4/11/2015	Business meeting: Outreach planning; Liaison reports; Workgroup breakouts		9
5/16/2015	Business meeting: Resource sharing activity; Regional meeting updates; Workgroup breakouts & project management; Scheduling outreach activities		9
6/10/2015	Meeting with FAIR School –Mental Health awareness activities		3
6/20/2015	Business meeting; Regional meeting updates; Membership responsibilities and attendance policy; Guests: Discussion of school mental health ideas	Bharat Pulgrum, Student Founder of HEART; Margy Herbert, Wayzata School Mental Health Task Force	9
7/1/2015	Meeting with Alliance for Youth/Americorps – Mental health awareness activities		3
7/18/2015	Business meeting; Facebook support proposal and discussion; Reports from catalysts on area meetings; online learning opportunity; Workgroups reports – action steps		10
9/19/2015	PCLG Business meeting; Updates on Front Door meetings; Follow-up on Facebook support proposal; Local & regional reports; Guest speaker – children's book author on CMH	Lehman Riley, Children's Book Author	7
9/21/2015	Meeting with Hennepin County Front Door to follow up on concerns parents have	Hennepin County Front Door	3
10/1/2015	Hennepin County follow-up meeting with PCLG Catalysts on Easy Info call-in problems	Hennepin County	2
10/17/2015	PCLG – Business meeting; Reports: committees & outside meetings; Policy revisions and future directions; workgroup breakout		11
Date	Meeting with American Indian Education Coordinator at Minneapolis Public Schools	Alicia Zeta, MPS	1
11/21/2015	Business meeting; Training: Effective Outreach and Support; Library Input: Programming for families with special needs; Stipend policy changes; Workgroup and regional meeting reports.	Donna Benz, Cornerstone; Jody Wurl & Sarah Zettervall, Hennepin County Libraries	8

Outreach Activities and Panel/Focus Group Participation (estimated audience)

- PCLG Presentation to Osseo Area school Special Education Advisory Council (10)
- PCLG Presentation to the Cultural Providers Network (15)
- St. Louis Park Community Conversation: Participation and Resource Table (200)
- Healthy Youth Healthy Families Conference: Resource table (30)
- Spring Mental Health Event, Mt. Olivet Church – Resource Table (50)
- Fidgety Fairy Tales Resource Tables @ HC libraries and Basilica; (150)
- PACER Parent Summit resource table; (30)
- PACER Presentation: Becoming a Parent Leader (40)
- Health Partners Primary Care Conference Panel: "Caregiver Burnout" (200)
- Early Childhood Conference resource fair (50)
- PCLG Panel Participation: University of MN presentation to nursing students (20)
- Video Participation: CPN; PACER; Washburn Center;

PCLG member involvement in work groups, committees

A4. Description of parent involvement in work groups, committees

Name of organization. (Specify name of committee, and/or work group, if applicable)	MM/YY involvement began	MM/YY involvement ended	Frequency of meetings	Description of involvement
HC CMHC –Executive Committee	Pre 2011	Still Attending	Bi-monthly	1 Voting Member
HC CMHC –Governance Committee	Pre 2011	Still Attending	Bi-monthly	2 Voting Members
HC CMHC –School-based Mental Health	Pre 2011	Still Attending	Monthly	Active Member
HC CMHC –Evaluation Committee	Pre 2011	Still Attending	As Needed	Active Member
LCTS	2011	Still Attending	Annually	Active Member
State Advisory Council on Mental Health Subcommittee on Children's Mental Health 2) Schools and Mental Health Work group	2014	Still Attending	Monthly	Active Member
Metro CCS: Policy Committee and Leadership Teams	July 2013	Still Attending	Monthly	2 Active Members
Metro Area IEIC	Pre 2011	Still Attending	Quarterly	Active Member
Cultural Providers Network	2011	Attending	Monthly Sept-June	Active Member
Statewide Independent Living Council (SILC)	Pre 2011	Still Attending	Monthly	Active Member
Beacon Academy Special Education Advisory Council (SEAC)	2014	Attending	Monthly	Founding Member
Bloomington Special Education Community Advisory Council (SECAC) and Pathways to Graduation	Pre 2011	Still Attending	Monthly Sept-June	Active Member
Hopkins Special Education Advisory Committee (SEAC)	Pre 2011	Still Attending	Monthly, Sept-May	Active Member
Lionsgate Special Education Advisory Committee (SEAC)	2013	Still Attending	5X/year	Active Member
Minneapolis Public Schools Special Education Advisory Council (SEAC)	Pre 2012	Attending	Monthly Sept-May	Active Member
Osseo/Maple Grove Special Education Advisory Council (SEAC)	2014	Attending	Monthly Sept-May	Founding Member
Wayzata Special Education Advisory Council (SEAC)	2014	Attending	Monthly Sept-May	Active Member
Mental Health Quality COIN Committee	2015	Attending	As needed	Active Member
MACMH Board Member	May 2013	Still Attending	Bi-Monthly	Active Member
MACMH – Parent Support Provider Program	Sept 2013	Still Attending	Monthly	5 Active Members
NAMI Support Group	2014	Attending	Twice monthly	Facilitator/Founder
PACER – Parent Leader	2014	Attending	As needed	3 Active Members

Note. PCLG Children/Youth –several are members of PACER Youth Group; MACMH Youth Move; They participated in panels, presentations and videos that raise MH awareness.

Parent Support Group activities

A5. Parent Support Group

Parent support group involvement	
Number of parent support group meetings held in past 12 months	11
Number of non-PCLG parents (total, unduplicated) who have attended a parent support group meeting since January 2015	9
Number of PCLG members (total, unduplicated) who have attended a parent support group meeting since January 2015	8

Q1. Is parent participation for the parent support group at the level you expected it would be? If not, please describe any barriers to increasing participation in the support group and how you plan to address these challenges.

While we were able to attract and sustain new attendees, many of our guests seemed to visit for a few months when they felt most in crisis, and then stopped attending after their crisis had been resolved. Toward the end of 2015, attendance dropped, so we have expanded efforts to publicize the group.

The meeting location is not on a bus line, so we continue to look for a better meeting space. To connect with more parents, one of our new workgroups will be hosting smaller, more informal "coffee meetings' with parents to make sure we are connecting with more parents and more diverse groups. We are also offering a new Facebook online support group. Things were a bit slow in the first month on Facebook, but we are starting to see more growth in members and in spontaneous postings.

A6. Parent Support Group topics

Date	Description	Number catalysts + guests
1/2014	Resource Activity	4+4
2/2014	Taking Care of Self/	7+4
3/2014	Siblings	4+3
4/2014	Medication	7+4
5/2014	Getting the services your child needs	3+4
6/2014	Recreational activities	4+2
7/2014	Summer check in	4+4
8/2014	Crisis and the criminal justice system	4+1
9/2014	***Cancelled due to building closure***	
10/2014	Building on your child's strengths	5
11/2014	Hospitalizations and Day Treatment	5
12/2014	Holidays	3

Lessons learned

Q1: What have been the major barriers to increased parent involvement in HCCMHC work groups/committees? What steps can the HCCMHC take to address these barriers?

Scheduling: As stated above, one of the primary barriers is the timing of HCCMHC committees. Many meet at 2:30 or 3:00 pm on weekdays, which makes it challenging both for our full-time working parents as well as those who are picking up kids after school.

Impact and Knowledge: Some parents who serve on HCCMHC committees question how much actual impact they have in changing the system. Even long-serving committee members don't feel as if they have much influence, stating that an idea they utter may be dismissed one month and then, the next month, when someone like Sue Abderholden is visiting and shares the same opinion, committee members acknowledge the idea as important.

It might be helpful if some committee meetings had some time for an open forum when miscellaneous issues could be raised, rather than those that pertain directly to the traditional agenda of evaluations, contracts and grants.

Q2: Have Parent Catalysts faced any challenges/difficulties in becoming involved with community work groups/organizations? How can these challenges be addressed?

Transportation: Several of our parents do not have cars, so transportation is a significant barrier for some.

Poverty, Communication and Access: Besides lacking transportation, some high poverty parents lack a consistent phone number and don't have consistent access to emails that are often sent out from organizations. Organizations might want to find out more about how parents prefer to receive communications and what works best for them.

Scheduling: With the economy improving, more of our parents are working full time and they simply aren't available during the weekdays to participate in many of these committees. In addition, our parents spend a great deal of time navigating the system and dealing with family emergencies, so it is difficult for them to take on more involvement. Many of these community workgroups seem to compete for the same parents, ones who check multiple boxes (race, poverty, geographic region, etc.) at the same time. Options to call in, flexible scheduling, better outreach and stipends for childcare or travel all increase the likelihood of involvement.

Skill Set: Many of the truly disadvantaged parents who these organizations could benefit most from hearing from are the ones who are least likely to be included because they lack the education or English speaking ability to be able to be considered a peer and listened to on many of these committees. Many do not want to invest the time and money into the outreach, interpreters, transportation and training that would be necessary to really involve these parents. Organizations should put more effort into outreach for parents who are newer to the system, but who could benefit from learning about programming, challenges, and resources.

Q3: What concerns have been identified as parents (Parent Catalysts/parent support group & Facebook group participants) that may be helpful for the HCCMHC to try to address?

- Lack of programming, particularly day treatment, for pre-adolescent youth with aggressive behaviors.
- Denial of DD services to families who should qualify.
- Frustration over some Front Door staff who don't seem to have familiarity with the resources and programs parents need.
- Problems with Hennepin County "Easy Info" line not being answered and not being able to leave a message (still complaints in December, 2015).
- Need for more police training for encounters with youth with mental illness.
- Poor parent experiences when seeking help from emergency providers (hospitals)
- Juvenile system doesn't support parents who have children with mental illness well and there is a need for more follow-up
- When there's a crisis, the providers don't have up-to-date information. Different providers aren't consistent in what they say to parents.
- Need for more training in schools for working with youth with mental health challenges and how to conduct broader school conversations in appropriate ways.
- Schools not having good plans for helping and truly supporting kids advance out of Level 4 and back into mainstream settings.
- Financial issues: TEFRA parental fee is expensive. One parent complained that it contributed to her bankruptcy. Frustration from middle class parents who don't have the resources to access programs which are available to families on Medicaid.