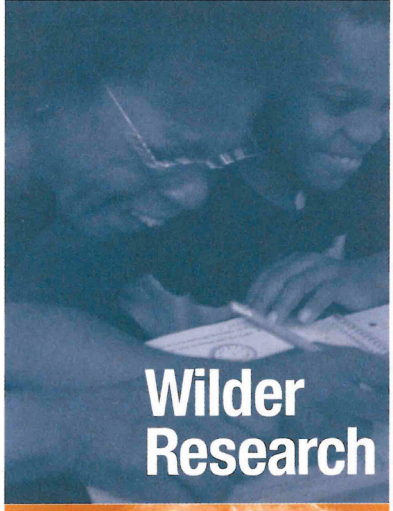

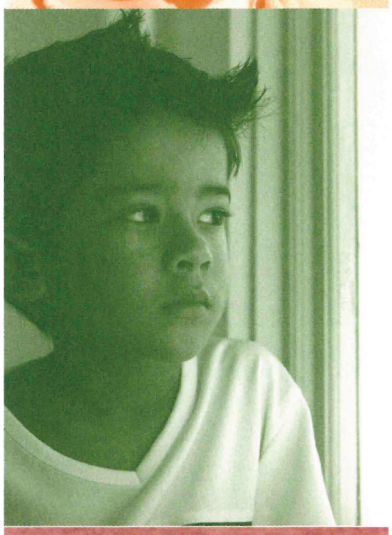

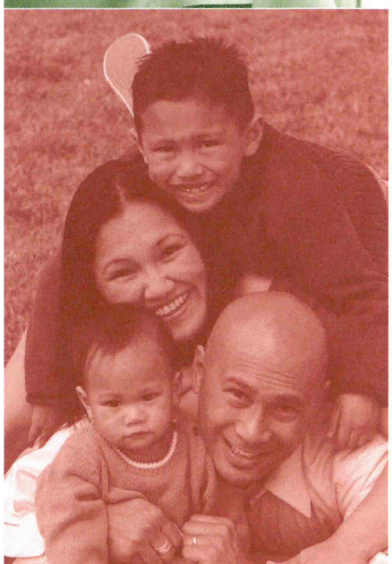

Hennepin County Children's Mental Health Collaborative

Final report for SOI funded programs covering September 2008 – June 2011

OCTOBER 2011

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The information included in this report was provided primarily from the program evaluators and/or executive directors of each funded project. 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

In 2007, the Hennepin County Children's Mental Health Collaborative (HCCMHC) issued five Solicitations of Interest (SOIs) that were developed to address key concerns regarding the existing Hennepin County children's mental health system and to reflect the Collaborative's current priorities. The SOIs focused on four topic areas: juvenile justice (two separate solicitations), uninsured/underinsured youth, primary care, and school-based mental health services. In 2009, a fifth topic area, parent involvement, was added, and four new juvenile justice programs were funded through the Juvenile Detention Alternative Initiative (JDAI) in the final year of grantmaking (July 2010-June 2011).

The agencies funded in each topic area were required to collect and report data demonstrating their program's reach, effectiveness, and impact. In some of the topic areas, the HCCMHC identified specific evaluation measures in the SOI that grantees would be expected to collect and report. In other areas, specific evaluation measures were not identified in the SOIs and were left to applicant programs to develop in partnership with the Collaborative after funding was dispersed.

Under contract with the HCCMHC, Wilder Research staff worked with program representatives and Collaborative members to develop a coordinated evaluation plan for programs funded within the five topic areas. These evaluation plans were designed to provide the Collaborative with information about the aggregate impact of the program in addressing current needs in Hennepin County. The final evaluation plans of each SOI program contain many common evaluation components, but include differences that reflect unique aspects of each program's target population and program structure.

This report summarizes key findings and recommendations across programs throughout the life of the 3-year SOI initiatives, followed by an Appendix that offers a more in-depth description of activities of the funded agencies within each specific topic area (juvenile justice and JDAI, uninsured/underinsured youth, primary care, school-based mental health services, and parent involvement). While programs in each topic area 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.

The report addresses the following questions:

- Who were the youth served through programs funded by the Collaborative?
- What was the impact of the services provided by these programs?
- What key lessons have been learned through this grantmaking initiative?

A summary of the additional evaluation components that were reported on by each SOI group are included in the Appendix. An overview of the financial data for each program, provided by the Collaborative, can also be found in the Appendix.

Evaluation process

While Wilder Research provided sample data collection templates/tools and protocols to each program, different levels of evaluation assistance occurred for each of the five SOI programs. For some of the agencies, Wilder Research provided limited technical assistance, while, for other agencies, Wilder took a more active role in the evaluation. Of those that had more limited technical assistance, including agencies within juvenile justice/JDAI, school-based, uninsured/underinsured, and parent involvement, some of the assistance Wilder Research provided included:

- Offering training to the programs on reporting requirements and completion of reporting tables
- Reviewing all programs' reports
- Submitting a brief summary to the HCCMHC describing the activities and lessons learned of the SOI programs

For the primary care program, Wilder Research was the contracted external evaluator and worked throughout the data collection, analysis, and reporting process.

Description of funded programs

There have been 29 programs funded by the Hennepin County Children's Mental Health Collaborative since 2008, including the addition of the Minnesota Association for Children's Mental Health (MACMH) in 2009 and four Juvenile Detention Alternative Initiative programs in 2010. Some programs are no longer receiving funding because their contract has ended in one or two years as planned (n=14) or because the program or Collaborative has decided to end their contract early (n=2). In Figures 1-4, the funding period is denoted for each agency.

The following sections briefly describe the major activities of agencies funded in each SOI area and the years they were funded.

Juvenile Justice/ Juvenile Detention Alternatives Initiative (JDAI)

Agencies within juvenile justice and Juvenile Detention Alternatives Initiative (JDAI) were funded for various reasons. Some provided gender-specific services to youth who were involved in the juvenile justice system. Others offered culturally-specific mentoring to youth referred to their agency by probation. Funding was also provided to supplement the work of the JDAI intern.

There were 14 programs funded in this SOI between 2008 and 2011, not including the funding that went towards the work of the intern. Some contracts ended after the second year. Others did not begin until 2010. The major activities of the 13 programs that received Collaborative funding in this SOI area are briefly described in the grid on next page (Figure 1):

1. Juvenile Justice/JDAI

Program	Description	Funding period
Juvenile Justice/ Juvenile Detention Alternatives Initiative (JDAI)	Agencies funded in the Juvenile Justice/Juvenile Detention Alternatives Initiative had various goals and objectives, including increasing services to cultural groups.	
Amicus-Radius	Served girls in the juvenile justice system in North Minneapolis by offering groups, individual counseling, restorative justice support circles, staff referrals, and support in accessing additional resources.	2008-2011[a]
Amicus-Radius-North Vista (was Bren)	Served girls at the North Vista Education Center by offering groups, individual counseling, restorative justice support circles, staff referrals, and support in accessing additional resources.	2008-2009
Emerge/Streetwerks	Served at-risk North Minneapolis youth by expanding the existing StreetWerks summer employment program and ensuring culturally appropriate services, job placement services, and educational services.	2008-2009
Family and Children Services: My Life, My Choice	Served at-risk teen girls by providing prostitution prevention groups and individual case management to youth who are involved in prostitution.	2008-2009
Family and Children Services: Youth Connections	Served at-risk youth and their families by providing professional screening, case management, holistic service planning, and resources.	2008-2009
Genesis II for Families, Inc.	Served youth who are in or have experienced out-of-home placement with 10 weeks of group training on life skills, with topics focused on employment, education, housing, transportation, a transition portfolio, and medical/mental health.	2008-2009
HIRED	Served youth who are involved in the juvenile justice system by providing personalized and innovative work solutions such as job readiness training, placement in post-secondary career training opportunities, job placement, and job coaching and job retention.	2008-2009
Relate Counseling Center	Served youth experiencing chemical health issues by providing mental/ chemical health assessment, counseling, and education.	2008-2009
SEARCH	Served Somali youth by providing intensive case management, career development, parent counseling, and recreational activities for immigrant youth and their families.	2008-2009
Stadium View School	Served youth in the BETA program at the JDC by developing intensive, coordinated mental health, social, and educational supports that utilized an ecological assessment to inform the development of a transition planning process.	2008-2009
Hennepin County DOCCR-JDAI intern	Funded an intern who is responsible for assisting the Department of Community Corrections and Rehabilitation with creating JDAI media and promotional materials, reporting to funders, preparing for committee meetings, and developing/working on a juvenile resource database.	2010-2011
Minneapolis Parks and Recreation	Served youth who are referred by Hennepin County's juvenile probation by providing fiscal management services for the Basic & Supplemental Needs & Incentives (BSNI) program implemented in conjunction with the Youthline Outreach Mentorship Program.	2010-2011
Somali Federation - CSCM	Provided culturally-specific mentoring services to Somali youth referred by Hennepin County's juvenile probation.	2010-2011
Urban Ventures – La Victoria	Provided culturally-specific mentoring services to Latino youth referred by Hennepin County's juvenile probation.	2010-2011

[a] *This report summarizes information only for the Collaborative's 3-year grantmaking effort, ending in 2011. However, Amicus-Radius is currently receiving additional funding from the Collaborative to continue these efforts.*

Uninsured/underinsured youth

Agencies within the uninsured/underinsured area were funded to improve access to mental health screening and services through systems change and intervention approaches, with particular focus on the needs of minority and immigrant children within this population. However, over time, the scope of this funding area expanded and the grantees have used a broad definition of underinsured populations, including youth who have no insurance due to their legal status, inadequate coverage, difficulty accessing mental health providers, or plans with burdensome co-pays or high deductibles. In addition, each funded project also emphasized reaching a unique target population that, for a variety of reasons, is often underserved in the current mental health system.

The five programs funded in this SOI area used different approaches to improve screening practices and increase access to mental health services. Contracts with two of the projects ended in 2010, while the remaining three projects are ending in 2011. The Mental Health Collective was initially awarded a two year contract to provide outreach and mental health services to Somali youth and their request for a contract extension was not approved by the Collaborative. The Collaborative's contract with La Familia Guidance Center ended when the agency closed in December 2010. The major activities of the five programs that received Collaborative funding in this SOI area are briefly described in the following grid (Figure 2):

2. Uninsured/underinsured programs

Agency	Description	Funding period
Baby Space	Served Native American children ages 0-9 who reside in the Little Earth of United Tribes Housing Development or attend Baby Space/Tatanka Academy. Provided preventative classroom interventions to all children enrolled in the school and further assessment and therapeutic interventions to youth exhibiting social-emotional or behavioral difficulties.	2008-2011
Family Children Services	Served young children (ages 3-5) enrolled in PICA HeadStart. Provided on-site mental health screening, assessment, intervention, and consultation services to children who have, or are at risk of developing, a diagnosable mental health concern.	2008-2011
La Familia Guidance Center	Served Latino youth, emphasizing youth from immigrant families who are often ineligible for insurance. Provided culturally-competent outreach, screening, and intervention services, including Functional Family Therapy, through Southside Community Health Services' Green Central Clinic.	2008-2010
Mental Health Collective	Served East African youth and families living in South Minneapolis. Provides mental health and cultural competency resources with staff, education and outreach programs for use in schools, and culturally-competent mental health services.	2008-2010
YouthLink	Served primarily transition-age youth (18-21) experiencing homelessness. Provided case management, group education, advocacy, and support to youth who visit their drop-in center. This program does not provide on-site mental health services, but helps youth access services from local providers.	2008-2011

Primary care

Agencies in the primary care SOI area were funded to build the capacity of primary care providers by funding partnerships between primary care facilities and mental health agencies to provide early identification and intervention services for children experiencing emotional/behavioral problems. The two programs funded in this SOI area used very different integrated care models to try to enhance their screening, referral, and care coordination practices. For a number of reasons, the integrated care model initially envisioned by St. Joe's could not be implemented as intended. The agency voluntarily terminated its contract with the Collaborative in 2010.

The major activities of the two programs that received Collaborative funding in this SOI area are briefly described in the following grid (Figure 3):

3. Primary care programs

Agency	Description	Funding period
Partners in Pediatrics (PIP)	Provided co-located mental health services at their Maple Grove Clinic in collaboration with Pediatric Consultation Specialists. Social-emotional screening occurred at all well-child visits, with the mental health professional located at the clinic one day each week to provide consultation to medical providers, immediate mental health triage services, and further assessments.	2008-2011
St. Joseph Home for Children (St. Joe's)	Provided intake and shelter services for Hennepin County children removed from their homes due to abuse or instability. Social-emotional screening was incorporated into the health assessments conducted when youth entered the program. Children with an elevated screen were referred to the behavioral health clinic for further assessment and intervention services, as appropriate. A care coordinator served as a liaison between behavioral health staff, residential counselors, and families.	2008-2010

School-based mental health

Agencies in school-based mental health 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.

There have been six programs funded in this SOI area for the full grant period. Each of the agencies provided co-located services to students in a school. The major activities of the six programs that received Collaborative funding in this SOI area are briefly described in the following grid (Figure 4):

4. School-based mental health programs

Agency	Description	Funding period [a]
CLUES/Richfield School District	Served youth in Richfield High Schools by providing mental health services to Latino youth and their families.	2008-2011
CHSFS/ Robbinsdale Area Schools	Served youth with a mental health diagnosis by increasing the accessibility for uninsured and underinsured children to mental health services and improving the identification of mental health issues for youth.	2008-2011
Minneapolis Department of Health and Family Support	Served a multicultural group of youth at Roosevelt High School by providing prevention, assessment, and intervention services to youth through therapy.	2008-2011
Headwaters/Anoka Hennepin School District	Served adolescents through educational training related to mental health by providing consultation for prevention services and crisis intervention to the school staff and faculty.	2008-2011
St. Anthony School District/Nystrom and Associates	Served 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.	2008-2011
Washburn/Eden Prairie	Served 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.	2008-2011

[a] *This report summarizes information only for the Collaborative's 3-year grantmaking effort, ending in 2011. However, the school-based mental health providers have applied for, and received, ongoing Collaborative funding to continue this work.*

Parent involvement

The goals of the Collaborative's parent involvement efforts are to provide administrative, financial, and structural support; coordination services to the Collaborative's parent leadership group; and expand its membership. The Collaborative awarded a one year contract to the Minnesota Association of Children's Mental Health (MACMH) to work with parents on these goal areas. The contract with MACMH was not extended into a second year. The efforts of the Collaborative's parent group, the Parent Catalyst Leadership Group (PCLG), were maintained by two parent leaders with support by Collaborative administrative staff. In September 2011, a new PCLG coordinator was contracted by the Collaborative to continue and expand these efforts.

The major activities of the program that received Collaborative funding in this SOI area are briefly described in the following grid (Figure 5):

5. Parent involvement

Agency	Description	Funding period
Minnesota Association of Children's Mental Health (MACMH)	Provided leadership training to core group of Hennepin County parents through the Family Catalyst program to expand the Collaborative's Parent Catalyst Leadership Group (PCLG).	2009-2010

Reach

Description of youth served

Overall, a total of 2,183 youth were reached through screening, assessment, referral, and intervention activities through the Collaborative's four main SOI areas (Parent Involvement is not included since the group does not directly serve youth). These efforts reached a culturally diverse sample of children and youth in Hennepin County, ranging in age from birth through 21 (Figure 6). Over one-third (36%) of the youth served were African-American, and nearly one-quarter (23%) were Caucasian. Thirteen percent of the youth were Hispanic. Over 2 of every 5 (43%) youth served were age 12-17. Nearly equal numbers of male (50%) and female (49%) youth were served. While these aggregate totals by SOI area demonstrate the broad reach of efforts by the funded programs, many agencies focused their activities on reaching a much smaller, targeted population of youth. Agency-specific data can be found in the appendix.

6. Youth served (aggregate totals, 2008-2011)

	JJ/JDAI (N=434)		School (N=556)		Uninsured/ Underinsured (N=568)		Primary Care (N=625)		Total (N=2183)	
	N	%	N	%	N	%	N	%	N	%
Ages of youth served										
0-5	0	0%	8	1%	167	29%	150	24%	325	15%
6-8	0	0%	76	14%	58	10%	130	21%	264	12%
9-11	5	1%	133	24%	13	2%	102	16%	257	12%
12-17	352	81%	223	40%	69	12%	160	26%	946	43%
18-21	77	18%	41	7%	259	46%	80	13%	385	18%
Unknown/missing	0	0%	75	13%	2	<1%	3	<1%	80	4%
Race										
Black/African American	285	66%	51	9%	286	51%	105	17%	784	36%
Native American	14	3%	2	<1%	134	24%	5	1%	163	7%
Asian/SE Asian	39	9%	16	3%	1	<1%	18	3%	74	3%
White/Caucasian	60	14%	362	65%	44	8%	420	67%	499	23%
Bi- or multi-racial	27	6%	23	4%	29	5%	41	7%	118	5%
Other	9	2%	81	15%	70	12%	7	1%	160	7%
Unknown/missing	0	0%	21	4%	4	1%	29	5%	384	19%

6. Youth Served (aggregate totals, 2008-2011) (continued)

	JJ/JDAI (N=434)		School (N=556)		Uninsured/ Underinsured (N=568)		Primary Care (N=625)		Total (N=2183)	
	N	%	N	%	N	%	N	%	N	%
Ethnicity										
Hispanic	37	9%	102	18%	125	22%	16	3%	279	13%
Non-Hispanic	389	90%	254	46%	441	78%	456	73%	1540	71%
Unknown/missing	4	1%	200	36%	2	<1%	153	24%	360	16%
Gender										
Male	201	46%	253	46%	297	52%	345	55%	1096	50%
Female	233	54%	300	54%	258	45%	276	44%	1067	49%
Transgender	0	0%	0	0%	7	1%	0	0%	7	<1%
Unknown/missing	0	0%	3	1%	5	1%	4	1%	12	1%

In addition to the youth served by the funded projects, the Collaborative's parent involvement initiative has also focused on providing intensive advocacy and leadership training to a select group of parents. Twelve parents were trained by the Minnesota Association of Children's Mental Health (MACMH) as parent catalysts under their contract with the Collaborative. A total of 11 parents/caregivers are currently involved in the Collaboratives' 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, over half of the PCLG parents/caregivers (55%) represent communities of color. Ten of the 11 caregivers live in suburban cities in the county.

Impact

The impact of the Collaborative's SOI initiatives can be described on two levels: 1) changes in youth access to mental health screening, assessment, and intervention services and individual youth outcomes and 2) changes in staffing or programming that will be used to sustain efforts to improve youth access to mental health services over time. While funding from the Collaborative supported the activities of the programs in each area, it is important to note that the efforts of some agencies to increase access to services and service coordination had been in place prior to these funded initiatives. Funding by the Collaborative contributed to these positive individual- and program-level changes, but should not be perceived as the sole factor leading to these positive youth outcomes and program-level changes.

Client outcomes

In each SOI area, grantees reported information describing the types of services provided to youth and key program outputs, such as the number of children who received a diagnostic assessment. These data, reported in detail in the appendix, demonstrated that:

- The **juvenile justice/JDAI** groups provided services to 434 youth. Many of the agencies who received funding reported that they had built and improved relationships and collaborations with others in the juvenile justice system, especially probation and Hennepin County. One of the outcomes the agencies had in common was recidivism. Unfortunately, some agencies did not obtain recidivism data because they were not fully implemented for a long enough time. Others did not provide a list of youth to Wilder for use in collecting recidivism data because their funding ended before the recidivism period was met. While currently-funded agencies did submit lists of youth for the recidivism analysis, there was a low number of youth eligible for the analysis (under 20), and concerns that the youth could be individually identified prevented the collection of recidivism data.

- Through the **uninsured/underinsured** initiative, 530 youth received a social-emotional/ mental health screen, which led to an assessment and mental health diagnosis for 259 youth (49% of youth screened). In addition, one-third of the 298 youth discharged successfully completed the agency's program and nearly one-third (31%) of the 239 youth with data available successfully completed all treatment goals at discharge.

- The two agencies funded through the **primary care** initiative provided co-located mental health triage services and referrals to 625 youth. Many youth (76% of youth screened) received referrals for a diagnostic assessment and/or ongoing mental health services. Follow-up could not be done to determine whether all of these youth received

the services they were referred to, but it is known that 75 of the youth served through the PIP/PCS partnership attended at least one additional appointment with a PCS mental health provider.

- The **school-based mental health** agencies served 556 youth during the grant period. Over half of the youth served (54%) received 60-minute individual therapy from a clinician. A number of outcomes were collected about child functioning (e.g., maintained/ improved SDQ and CASII scores, attendance, academic performance, and placement). Unfortunately, the funded agencies and the grant managers from Hennepin County did not reach consensus on the specific ways key outcomes should be measured and reported, and sometimes these data were not reported.

- Eleven parents are currently active in the **Parent Catalyst Leadership Group**, representing parents in all Collaborative workgroups and a variety of other local, county, and state-level advisory committees and workgroups.

Overall, the outcome data available to assess the impact of these services on changing youth outcomes are limited. A number of factors contributed to difficulty in gathering and reporting data, including agency capacity issues, difficulties identifying appropriate tools for some unique target populations, having inadequate time within the grantmaking period to measure key outcomes of interest (e.g., recidivism), and engaging highly-mobile families in completing tools at follow-up.

Programmatic changes and sustained efforts

The evaluation reports prepared by the grantees described their varied levels of success in reaching their identified goals, implementing effective programmatic changes, and identifying strategies to sustain their efforts over time. To gather more comprehensive information about how the agencies used Collaborative funding to implement their projects and their plans for sustainability, interviews were conducted with representatives of 14 funded agencies.

Overall, although a few programs experienced significant implementation challenges, a number of agencies felt the Collaborative funding allowed them the flexibility to make programmatic changes/enhancements that they plan to sustain after their grant funding ends. The programmatic changes made by funded agencies and their plans for sustainability are highlighted below:

Juvenile Justice/JDAI: Interviews were conducted with representatives from all four of the 2011 funded agencies. Three of the four agencies were relatively new and were still experiencing difficulties getting the number of referrals they had initially planned for.

Ultimately, it was difficult for these three groups to determine if their programs would be able to sustain because they had barely begun. On the other hand, Amicus reported that their program would continue, even if they did not secure future Collaborative funding due to access to other funding streams. It should be noted that at the time this report was written, Amicus had received additional Collaborative funding. The juvenile justice/JDAI group felt very connected to and helped by their Hennepin County contract manager. However, they were generally not aware of the Collaborative's endeavors and suggested that it would be nice to present something about their programs at a future Collaborative meeting.

Uninsured/underinsured grantees: Interviews were conducted with four of the five funded agencies (Baby's Space, Family & Children's Services, the Mental Health Collective, and YouthLink). All grantees described using grant funding to supplement the costs of services for youth who did not have insurance or could not afford co-pays and to cover the staff costs needed to provide unbillable services, such as care coordination and consultation activities. To varying degrees, they felt the flexibility of their Collaborative grant gave them opportunities to enhance the ways they deliver services and establish new approaches that can be sustained after grant funding ends.

- Baby's Space staff learned that instead of providing more intensive, structured mental health services, the children they serve need more immediate triage and short-term prevention and intervention services. The approach used by the agency expanded to involve greater preventative activities in the classroom, and increased work with teachers to identify and address behavioral concerns. They felt the grant gave them flexibility to create a new service-delivery model that they plan to continue after the grant funding ends. They are currently working to maximize reimbursement for the services provided under this "real-time assessment and intervention" model.

- Family & Children's Services staff provide on-site mental health services to children enrolled in Head Start. Over time, their approach to service delivery evolved from a model where the child was taken from the classroom for a play therapy session, to conducting more classroom observations and implementing classroom-based interventions. Through this initiative, FCS staff also increased the training and consultation they provide to Head Start teachers, helping them better identify and address behavioral concerns. Funding from the Collaborative was used to make sure services were affordable to families and covered the cost of staff time to provide consultation to teachers, classroom observations, and other activities. FCS does find value in these program enhancements and plans to continue working with Head Start to find ways to maintain these changes after the grant period ends.

- The Mental Health Collective used Collaborative funding to supplement staff salaries for a Somali mental health practitioner and partners through African Aid to provide

direct services and outreach and to support team planning meetings. As part of their Collaborative-funded work, the agency began to use a prevention program called "Tree of Life." Since their grant funding ended, they have continued their work in the Somali community using that curriculum in ongoing group work with youth and families.

- YouthLink staff felt that the Collaborative's flexible funding approach allowed them to provide highly individualized services and supports to meet the varied needs of the homeless youth they serve. It also allowed the program to increase staff capacity to provide a greater range of interventions, such as trauma-informed services and dialectical behavior therapy (DBT). Youth Link has recently received additional funding to further enhance and expand their "one-stop" service model to provide mental health services to homeless youth.

Primary care grantees: Interviews were conducted with representatives of both funded agencies (PCS and St. Joe's). Through this initiative, PCS staff were able to work in partnership to develop a co-located mental health triage and consultation service model that they plan to continue in two of the PIP clinics after grant funding ends. To sustain these efforts, they are defining these services as parent education (not therapy) and charging a flat fee to all families who schedule an appointment. They also plan to continue offering consultation and training to medical providers from PIP after grant funding ends. The model for co-located mental health triage and consultation services established by St. Joe's could not be implemented as envisioned. Although they have continued to use social-emotional screening tools and feel that they have created a culture that encourages consultations between mental health and medical providers, they were not able to find a way to sustain the care coordinator position to help youth continue to receive mental health services after leaving the shelter.

School-based mental health: A focus group was conducted with representatives of four of the six funded agencies. The school-based group felt that there had been some very beneficial outcomes that occurred partly because of the Collaborative funding, including the development and launch of the MN Kids Database (MKD). In terms of sustainability, they felt that data from MKD helps provide necessary documentation to other funders, insurance providers, and legislators to demonstrate the amount of services they are providing and the numbers of youth they are serving. This group was concerned about being held accountable (by many different funders, including the Collaborative) for reporting academic outcomes, such as improved grades and attendance, and felt that there was not enough instruction about how to calculate these outcomes. Some voiced frustration that while they were required to submit information about academic improvement, they should not be measured against each other since there was not a uniform way of reporting this information. A few participants mentioned that having Hennepin County serve as the contractor was sometimes confusing and time consuming because it was not always clear who needed to

be contacted for what (e.g., submitting financials, submitting evaluation reports, submitting county reports) and how the Collaborative, the County, and Wilder Research were connected.

Parent Catalyst Leadership Group: In 2009, the Minnesota Association of Children's Mental Health (MACMH) was contracted to support parent involvement activities through the Collaborative. They used a "Family Catalyst" model to provide intensive training to a select group of parent advocates and leaders who would then be better equipped to advocate on behalf of parents involved with the Collaborative and for their own child's issues. In 2010, leadership of the Parent Catalyst Leadership Group (PCLG) transitioned to two parent leaders, who continued to use a similar model to help parents develop new advocacy skills. In addition to continuing a similar advocacy training program, the new parent leaders have encouraged trained catalysts to take on active roles on all Collaborative workgroups. The involvement of parents in these workgroups, as well as in other advisory groups and committees, is expected to continue and grow over time.

Lessons learned

During the past three years, Wilder Research has prepared a series of reports describing the recent accomplishments of funded grantees, the challenges they faced in implementing their projects, and their planned next steps in implementation and sustainability. This report focuses on high-level lessons learned that may be most useful for the Collaborative to review when considering the impact of their grantmaking efforts. The appendix contains additional information about the accomplishments and challenges of individual programs.

Accomplishments

- **Overall, the programs funded by the Collaborative provided services to a large, diverse group of youth.** The target populations served by individual agencies varied greatly, with some focusing on young children, youth of specific cultural communities, or youth experiencing homelessness. Although it is likely overstating the impact of the Collaborative's grantmaking efforts to say that these children would not have received services if these programs were not funded, the services provided by the funded agencies were enhanced with Collaborative funding and/or made more accessible and affordable to families.

- **A number of grantees have developed, or are working towards, strategies to sustain changes made in how services are provided by their agencies. The SOIs developed** by the Collaborative encouraged grantees to work collaboratively with partners and expand capacity to provide services to youth in Hennepin County. For example, in the areas of primary care and uninsured/underinsured, grantees provided mental health consultation to educators or primary care providers, increased their own staff capacity through training, or worked to improve service coordination and communication activities with partner agencies. These activities are not reimbursable services, but are seen as valuable by grantees.

- **MN Kids Database (MKD) has been developed.** While Hennepin County and Washburn contributed a significant amount of money for the creation and maintenance of MKD, the Collaborative played a role in its development. Five of the six agencies that received SOI funding now enter their school-based mental health data into MKD.

Challenges

- **The funded agencies had varying levels of evaluation capacity and some may have benefited from greater evaluation support and technical assistance.** The report template asked grantees to report program outputs and outcomes in aggregate. While some agencies had systems in place to easily track the number of youth served and changes in outcomes, some had difficulty collecting and reporting these data. In future grantmaking, data quality may be improved if agencies are asked to complete and submit a spreadsheet or use another type of common data entry tool to capture and report data.

- **Despite attempts to reach consensus on grantee expectations and coordinate reporting, the contract language and evaluation requirements did not always align.** The roles of the Collaborative, Hennepin County contract manager, and Wilder Research were confusing to some grantees early in the grantmaking cycle, but were clarified over time. The initial contracting process was expedited to release funding as soon as possible to the grantees. However, this rushed process contributed to the development of contract goals that did not fully align with the evaluation plan. More specifically, in some cases, while the measurable goals listed in the contracts aligned with the grantee's proposal, the evaluation framework did not include activities that could provide the County with data that could demonstrate whether these goals were being met. Greater coordination throughout the grantmaking process is needed to ensure grantees are not required to respond to different reporting requirements by different partners and so that consistent language is used to describe grantee expectations and goals.

Recommendations

- **Consider reducing grantee reporting requirements, but adding an annual site visit to monitor implementation and identify early lessons learned.** While the regular reporting of key outputs (e.g., the number of youth served, reasons for discharge) is important in order to monitor implementation, the narrative sections of the grantee reports varied in regard in quality and often included redundant information. In contrast, the final interviews conducted with grantees led to rich discussion about the challenges faced by each project, their vision of how their work contributed to the Collaborative's goals, and their plans for sustainability that may not have been captured in as great of detail through a written narrative. The Collaborative may consider using brief annual reports combined with site visits that include interviews with program staff to gather more information about the work of each funded project while limiting the reporting requirements of each grantee to only key outputs/outcomes.

- **Clarify whether future funding initiatives are intended to focus primarily on capacity-building/system-level issues or improving youth mental health outcomes.** Changes in youth outcomes are certainly influenced by the quality of services received, but not all program- or system-level enhancements may lead to measurable short-term changes in individual client functioning. While all projects were interested in providing high-quality service, some grantees described their projects primarily as efforts to create a new service delivery model, increase accessibility of services, or improve service coordination. In addition, many agencies learned that their initial assumptions about how they would implement their project were incorrect, and this fine-tuning of an improved service delivery, outreach, or coordination model often took 1-2 years to fully implement. From an evaluation perspective, rather than focusing simultaneously on measuring changes in youth functioning during that time, it may have been more helpful to incorporate evaluation activities to assess staff satisfaction with the consultation services provided by staff or the effectiveness of different types of outreach strategies. In contrast, for some agencies, the most important measures of success may be changes in youth functioning. Narrowing the scope of work expected of agencies in future grantmaking activities will allow for improved alignment between the program goals and evaluation activities and lead to more opportunities for sharing of common lessons learned.

- **Provide grantees with opportunities for networking and sharing of lessons learned.** A number of grantees noted they would have been interested in having more opportunities to share lessons learned with one another throughout the funding period and possibly sharing their work with other Collaborative members. In addition, a few grantees noted that they regretted not doing more to become involved with the Collaborative and become familiar with its members while receiving grant funding. 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 Collaborative engage new providers in its work.

- **Consider focusing future grantmaking activities on supporting non-reimbursable services and supports.** A number of grantees noted that, because there were few restrictions in how Collaborative funds were spent, they were able to focus more staff time and energy on services and activities that are not reimbursable, such as outreach activities, classroom observations, and consultation to classroom teachers. In addition, they were able to provide more preventive and early intervention services to youth who were demonstrating behavioral concerns but did not necessarily have a diagnosed disorder. It may be of interest to the Collaborative to consider focusing future grantmaking activities to support activities that identify promising strategies to increase the accessibility of services, reduce stigma, or engage parents in services.

Appendix

Juvenile Justice/JDAI

Uninsured/underinsured youth

Primary care

School-based mental health

Parent Involvement

Financials

Juvenile Justice/Juvenile Detention Alternative Initiatives (JDAI)

Background

The purpose of this funded group is to reduce or prevent youth involvement with the juvenile justice system. The funded Juvenile Justice-SOI programs (JJ-SOI) were directed to build/ continue relationships with community-based organizations, law enforcement, human services, schools, and corrections. Additionally, their programs were to incorporate best practices and provide supplemental services to youth who are involved in the system. The goals of the programs included: (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.

Program summaries

Over the grant period, Hennepin County Children's Mental Health Collaborative has funded 14 programs that work with youth involved to some degree in the juvenile justice system. In addition to the 10 juvenile justice programs that were funded in the first round of SOIs, funding for four Juvenile Detention Alternative Initiative (JDAI) programs and support for Hennepin County's Department of Community Corrections and Rehabilitation (DOCCR) intern began in this reporting period (Figure A1). Funding for most of the first round of juvenile justice programs ended in 2009. Five agencies had funding as of June 2011.

A1. Overview of Juvenile Justice and JDAI programs

Currently funded programs	Description	Funding period
Amicus-Radius	Served girls in the juvenile justice system in North Minneapolis by offering groups, individual counseling, restorative justice support circles, staff referrals, and support to additional resources.	2008-2011[a]
Minneapolis Parks and Recreation Youth Outreach Mentorship Program - Youthline	Served youth referred by Hennepin County's juvenile probation by providing fiscal management services for the Basic & Supplemental Needs & Incentives (BSNI) program implemented in conjunction with the Youthline Outreach Mentorship Program.	2010-2011
Urbanventures-La Victoria	Provided culturally-specific mentoring services to Latino youth referred by Hennepin County's juvenile probation.	2010-2011
Somali Federation - CSCM	Provided culturally-specific mentoring services to Somali youth referred by Hennepin County's juvenile probation.	2010-2011
Hennepin County DOCCR-JDAI intern	Funded an intern who was responsible for assisting the Department of Community Corrections and Rehabilitation with creating JDAI media and promotional materials, reporting to funders, preparing for committee meetings, and developing/working on a juvenile resource database.	2010-2011
Previously funded programs	**Description**	
Amicus-Radius-North Vista (was Bren)	Served girls at the North Vista Education Center by offering groups, individual counseling, restorative justice support circles, staff referrals and support to additional resources.	2008-2009
Emerge/Streetwerks	Served at-risk North Minneapolis youth by expanding the existing StreetWerks summer employment program and ensuring culturally appropriate services, job placement services, and educational services.	2008-2009
Family and Children Services: My Life, My Choice	Served at-risk teen girls by providing prostitution prevention groups and individual case management to youth involved in prostitution.	2008-2009
Family and Children Services: Youth Connections	Served at-risk youth and their families by providing professional screening, case management, holistic service planning, and resources.	2008-2009
Genesis II for Families, Inc.	Served youth who are in or have experienced out-of-home placement with 10 weeks of group training on life skills, with topics focused on employment, education, housing, transportation, a transition portfolio, and medical/mental health.	2008-2009
HIRED	Served youth who are involved in the juvenile justice system by providing personalized and innovative work solutions such as job readiness training, placement in post-secondary career training opportunities, job placement, and job coaching and job retention.	2008-2009
Relate Counseling Center	Served youth experiencing chemical health issues by providing mental/ chemical health assessment, counseling, and education support.	2008-2009
SEARCH	Served Somali youth by providing intensive case management, career development, parent counseling, and recreational activities for immigrant youth and their families.	2008-2009
Stadium View School	Served youth in the BETA program at the JDC by developing intensive, coordinated mental health, social, and educational supports that utilized an ecological assessment to inform the development of a transition planning process.	2008-2009

[a] *This report summarizes information only for the Collaborative's 3-year grantmaking effort, ending in 2011. However, Amicus-Radius is currently receiving additional funding from the Collaborative to continue these efforts.*

Implementation

All four agencies that directly served youth involved in the juvenile justice system were fully implemented. Three of the four (Youthline, La Victoria and CSCM) all reported lower than expected referrals from the county, however. Contract implementation took longer than anticipated for Youthline, who is still working on their program's referral process. The process of referring youth from probation to the program has been more complicated than expected, reducing the number of youth referred. To address this barrier, program staff and probation officers attended a meet-and-greet hosted by the Minneapolis Park and Recreations Board to discuss the referral process and build relationships.

Internship activities

The DOCCR intern was required to submit information to report details about the work competed between February and June 2011. Most of the intern's time (490 hours) was spent on data analysis/research (50%) or updating department policies, practices, and procedures (20%). Other activities included working on reports, newsletters, and websites; attending meetings; monitoring alternatives to detention; and participating in various other activities (30% combined) (Figure A2) .

A2. Percentage of time (490 hours) spent on key tasks by DOCCR intern

Activity	Percent of time spent
Data analysis/research	50%
Updating department policies, practices, and procedures	20%
Meeting preparation/newsletter	18%
Working on JDAI website	5%
Putting together informational packets	5%
Working on JDAI brochures	2%

Characteristics of youth served

Youth demographic information was gathered by each program's staff and submitted to Wilder Research in a series of semi-annual reports. The data included in this report describe characteristics of youth served during the full grant period. A total of 434 youth were served during this period (Figure A3). The majority of youth served were female (54%), which is not representative of the juvenile justice system, but since Amicus Radius serves only girls and was funded during the full time of the grant period, the number of girls served was enhanced. In Hennepin County, youth cannot be involved in the juvenile justice system until they are 11 years old. The age of youth served by these agencies ranged from 11-21, though most (81%) were ages 12-17. In terms of race and ethnicity, the majority of youth served were African-American (66%) and non-Hispanic (90%).

A3. Number of youth served by program over the grant period (N=434)

	Amicus-Radius (N=64)	Urban Adventures (N=6)	Somali Federation (N=4)	Parks (N=0)	Amicus-NV (N=16)	Emerge (N=30)	FCS-My Life (N=70)	FCS Youth Connections (N=26)	Genesis II (N=104)	Hired (N=8)	Relate (N=23)	SEARCH (N=53)	Stadium View (N=30)	Total (N=434)
Ages of youth served														
9-11	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (13%)	0 (0%)	3 (4%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	5 (1%)
12-17	48 (75%)	6 (100%)	3 (75%)	0 (0%)	8 (50%)	30 (100%)	59 (84%)	26 (100%)	63 (61%)	8 (100%)	22 (96%)	51 (96%)	28 (93%)	352 (81%)
18-21	16 (25%)	0 (0%)	1 (25%)	0 (0%)	6 (38%)	0 (0%)	8 (11%)	0 (0%)	41 (39%)	0 (0%)	1 (4%)	2 (4%)	2 (7%)	77 (18%)
Unknown/ missing	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Race														
Black/African American	61 (95%)	0 (0%)	4 (100%)	0 (0%)	10 (63%)	30 (100%)	53 (76%)	15 (58%)	62 (60%)	6 (75%)	3 (13%)	19 (36%)	22 (73%)	285 (66%)
African (African-born)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (13%)	0 (0%)	2 (3%)	0 (0%)	3 (3%)	0 (0%)	0 (0%)	18 (34%)	0 (0%)	25 (6%)
Native American	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	6 (9%)	1 (4%)	4 (4%)	0 (0%)	0 (0%)	0 (0%)	3 (10%)	14 (3%)
Asian/SE Asian	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	5 (5%)	0 (0%)	1 (4%)	32 (60%)	0 (0%)	39 (9%)
White/ Caucasian	1 (2%)	4 (67%)	0 (0%)	0 (0%)	4 (25%)	0 (0%)	6 (9%)	9 (35%)	13 (13%)	2 (25%)	16 (70%)	1 (2%)	4 (13%)	60 (14%
Bi- or multi-racial	2 (3%)	0 (0%)	0 (0%)	0 (0%)	2 (13%)	0 (0%)	2 (3%)	0 (0%)	20 (19%)	0 (0%)	1 (4%)	0 (0%)	0 (0%)	27 (6%)
Other	0 (0%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (3%)	1 (4%)	0 (0%)	0 (0%)	2 (9%)	1 (2%)	1 (3%)	9 (2%)
Unknown/ missing	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

A3. Number of youth served by program over the grant period (N=434) (continued)

	Amicus-Radius (N=64)	Urban Adventures (N=6)	Somali Federation (N=4)	Parks (N=0)	Amicus-NV (N=16)	Emerge (N=30)	FCS-My Life (N=70)	FCS Youth Connections (N=26)	Genesis II (N=104)	Hired (N=8)	Relate (N=23)	SEARCH (N=53)	Stadium View (N=30)	Total (N=434)
Ethnicity														
Hispanic	64 (100%)	6 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (8%)	7 (7%)	2 (25%)	16 (70%)	1 (2%)	3 (10%)	37 (9%)
Non-Hispanic	0 (0%)	0 (0%)	4 (100%)	0 (0%)	16 (100%)	30 (100%)	70 (100%)	24 (92%)	93 (89%)	6 (75%)	7 (30%)	52 (98%)	27 (67%)	389 (90%)
Unknown/ missing	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (4%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (1%)
Gender														
Male	0 (0%)	6 (100%)	3 (75%)	0 (0%)	0 (0%)	26 (87%)	0 (0%)	16 (62%)	76 (73%)	8 (100%)	11 (48%)	45 (85%)	10 (33%)	201 (46%)
Female	64 (100%)	0 (0%)	1 (25%)	0 (0%)	16 (100%)	4 (13%)	70 (100%)	10 (38%)	28 (27%)	0 (0%)	12 (52%)	8 (15%)	20 (67%)	233 (54%)
Transgender	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)	0 (0%)	0 (0%)

Sustainability and successes

Interviews were conducted with representatives from all four of the 2011 funded agencies. Three of the four agencies were relatively new and still experiencing difficulties getting their initially-anticipated number of referrals. Ultimately, it was difficult for these three groups to determine if their programs would be able to sustain because they had barely begun. Amicus Radius, in contrast, was able to report that their program was going to continue, even if they did not secure future Collaborative funding (which they did by the time this report was written). In fall 2011, Amicus Radius was given a major three-year federal grant to support research and evaluation of their program (as a co-applicant of Wilder Research) by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

The juvenile justice/JDAI group felt very connected to and helped by their Hennepin County contract manager, which they felt was a success in building relationships. They did report that they did not feel as aware of the Collaborative's endeavors and suggested that it would be nice to present something about their programs at a future Collaborative meeting.

Outcomes

As a goal of the SOI, there were a number of agencies who received funding over the grant cycle and reported that they developed or enhanced relationships with others working with the juvenile justice system, such as probation and schools. But some of the agencies reported that they had difficulty getting referrals, especially in the beginning of their program. Of the four currently-funded agencies, all but Amicus Radius reported that they received less referrals from probation than they had initially expected. While they attempted to meet with probation and other systems to resolve this, not all of the agencies were able to maintain the number of youth they wanted to serve and as of the end of June 2011, Somali Federation's CSCM reported that they were not going to continue their program.

Due to the small number of agencies and youth served (less than 20) during the final year of the grant, recidivism data were not collected to maintain confidentiality of the youth served. In years two and three of the funding period, most of the funded agencies were asked to collect the scores from the Youth Level of Service Inventory (YLSI), an assessment given to youth by probation officers. The purpose of collecting this information was to obtain some baseline information about the mental health of the youth served through the SOI funding by examining the Personality/Behavior subscale and then comparing it to their scores after discharge. The YLSI scores were not analyzed, again because of confidentiality concerns. Uninsured/underinsured youth

Uninsured/Underinsured

Background

The purpose of this funded group is to improve access to mental health services among youth who are uninsured or underinsured. However, over time, the scope of this funding area expanded and the grantees have used a broad definition of underinsured populations, including youth who have no insurance due to their legal status, inadequate coverage, difficulty accessing mental health providers, or plans with burdensome co-pays or high deductibles. In addition, each funded project also emphasized reaching a unique target population that, for a variety of reasons, is often underserved in the current mental health system.

Program summaries

A total of five agencies were funded to provide services within this SOI area. Three agencies, Baby's Space, Family and Children Services, and YouthLink, received funding through summer 2011 (Figure A4). The Mental Health Collective received funding through June 2010 and their request to the Collaborative for a contract extension was not approved. The Collaborative's contract with La Familia Guidance Center began in 2009 and ended in December 2010, when the agency closed.

A4. Overview of uninsured/underinsured programs

Program	Description	Funding period
Baby's Space	Served Native American children ages 0-8 who reside in the Little Earth of United Tribes Housing Development or attend Baby Space/Tatanka Academy. Provided preventative classroom interventions to all children enrolled in the school and further assessment and therapeutic interventions to youth exhibiting social-emotional or behavioral difficulties. *Target population: American Indian children residing on the Little Earth reservation and surrounding neighborhood and/or enrolled in Baby's Space/ Tatanka Academy*	2008-2011
Family & Children Services (FCS)	Served young children (ages 3-5) enrolled in PICA HeadStart. Provided on-site mental health screening, assessment, intervention, and consultation services to children who have, or are at risk of developing, a diagnosable mental health concern. *Target population: Uninsured/underinsured Hennepin County children who are diagnosed or at risk of diagnosis with an emotional/behavioral disturbance and attending one of seven PICA service sites*	2008-2011
La Familia Guidance Center	Served Latino youth, emphasizing youth from immigrant families who are often ineligible for insurance. Provided culturally-competent outreach, screening, and intervention services, including Functional Family Therapy, through Southside Community Health Services' Green Central Clinic. *Target population: Uninsured and underinsured Latino youth in need of mental health services in Hennepin County*	2009-2010 (Agency closed in January 2011)
Mental Health Collective	Served East African youth and families living in South Minneapolis. Provided mental health and cultural competency resources with staff, education and outreach programs for use in schools, and culturally-competent mental health services. *Target population: Uninsured/underinsured East African children and families*	2008-2010 (Contract was not extended to a third year)
YouthLink	Served primarily transition-age youth (16-21) experiencing homelessness. Provides case management, group education, advocacy, and support to youth who visit their drop-in center. This program does not provide on-site mental health services, but helps youth access services from community-based providers. *Target population: Uninsured/underinsured homeless youth ages 16-21*	2008-2011

Characteristics of youth served

Youth demographic information was gathered by each program's staff and submitted to Wilder Research in a series of semi-annual reports. The data included in this report describe characteristics of youth served by the projects during the past year. It should be noted that Baby's Space provides services to a consistent cohort of students enrolled in Tantaka Academy.

When combined, the uninsured/underinsured programs served a diverse population of children and youth in Hennepin County. Approximately one-quarter of all program participants were age 0 through 5 years (29%) or young adults, age 18 through 21 (24%) (Figure A5). However, individual programs served very different targeted populations. For example, YouthLink has a large focus on young adults, while Baby's Space and Family & Children Services programs work exclusively with early childhood programs. Nearly half of the youth served were African-American (45%), with large population of Native American (24%) children and youth also served. Nearly one-quarter of youth served were Hispanic/Latino (22%). Nearly two-thirds (67%) of the children spoke English as their primary language at home.

A5. Demographic characteristics of youth served over the grant period

	BabySpace (N=130)		FCS (N=87)		YouthLink (N=276)		MHC (N=20)		La Familia (N=55)		Total (N=568)	
	N	%	N	%	N	%	N	%	N	%	N	%
Ages of youth served												
0-5	80	62%	86	99%	0	0%	0	0%	1	2%	167	29%
6-8	50	38%	1	1%	0	0%	0	0%	7	13%	58	10%
9-11	0	0%	0	0%	0	0%	0	0%	13	24%	13	2%
12-17	0	0%	0	0%	34	12%	4	20%	31	56%	69	12%
18-21	0	0%	0	0%	242	88%	15	75%	2	4%	259	46%
Unknown/missing	0	0%	0	0%	0	0%	1	5%	1	2%	2	0%
Race												
Black/African-American	4	3%	55	63%	194	70%	1	5%	0	0%	254	45%
African-born (refugee, immigrant)	2	2%	5	6%	11	4%	14	70%	0	0%	32	6%
Native American	122	94%	3	3%	9	3%	0	0%	0	0%	134	24%
Asian/SE Asian	0	0%	0	0%	1	0%	0	0%	0	0%	1	0%
White/Caucasian	2	2%	4	5%	38	14%	0	0%	0	0%	44	8%
Bi- or multi-racial	0	0%	9	10%	18	7%	2	10%	0	0%	29	5%
Other	0	0%	11	13%	4	1%	0	0%	55	100%	70	12%
Unknown/missing	0	0%	0	0%	1	0%	3	15%	0	0%	4	1%
Ethnicity												
Hispanic	45	35%	11	13%	11	4%	3	15%	55	100%	125	22%
Non-Hispanic	85	65%	76	87%	264	96%	16	80%	0	0%	441	78%
Unknown/missing	0	0%	0	0%	1	0%	1	5%	0	0%	2	0%

A5. Demographic characteristics of youth served over the grant period (continued)

	BabySpace (N=130)		FCS (N=87)		YouthLink (N=276)		MHC (N=20)		La Familia (N=55)		Total (N=568)	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender												
Male	73	56%	60	69%	124	45%	8	40%	32	58%	297	52%
Female	54	42%	27	31%	145	53%	11	55%	21	38%	258	45%
Transgender	0	0%	0	0%	7	3%	0	0%	0	0%	7	1%
Unknown/missing	2	2%	0	0%	0	0%	0	0%	2	4%	5	1%
Primary Language spoken in home[a]												
English	130	100%	71	82%	266	96%	2	10%	15	27%	484	85%
Spanish	0	0%	11	13%	0	0%	17	85%	38	69%	66	12%
Somali	0	0%	5	6%	0	0%	0	0%	0	0%	5	1%
Other	0	0%	0	0%	5	2%	0	0%	0	0%	5	1%
Unknown/Missing	0	0%	0	0%	5	2%	1	5%	2	4%	8	1%

[a] *This refers to the primary language spoken at home by the child. "Other" responses included bilingual (Spanish, English), and one unspecified response.*

Although these grantees were funded to serve children and youth who were unable to access care due to insurance barriers or other reasons, nearly three-quarters of the program participants (72%) had insurance through a public plan. Fewer participants were without insurance at intake (13%) or insured through a private plan (2%) (Figure A6). As described previously, the grantees noted the populations they serve are underrepresented in the mental health system. However, with the exception of some Hispanic/Latino children who are ineligible for insurance because they are undocumented, simply obtaining insurance is not a barrier for most families served.

A6. Insurance status at intake over the grant period (N=568)

	BabySpace (N=130)		FCS (N=87)		YouthLink (N=276)		MHC (N=20)		La Familia (N=55)		Total (N=568)	
	N	%	N	%	N	%	N	%	N	%	N	%
No insurance	0	0%	13	15%	29	11%	6	30%	27	49%	75	13%
Public Insurance plan/program	130	100%	74	85%	201	73%	0	0%	11	20%	416	73%
Private insurance plan	0	0%	0	0%	8	3%	4	20%	1	2%	13	2%
Unknown[a]	0	0%	0	0%	38	13%	10	50%	16	29%	64	12%

[a] *Sixteen of the youth were ineligible for insurance because they were undocumented. The reasons for insurance ineligibility for other youth are unknown.*

Screening and service utilization data

As described in previous reports, the screening, assessment, and referral approaches used by each program varied considerably. For example, screening tools are not used by the Mental Health Collective until they have established a strong relationship with the family and know the youth is likely to continue mental health services. In contrast, all children referred for services through Head Start (in partnership with Family & Children Services) receive a diagnostic assessment, regardless of whether their screening score is elevated.

Through the efforts of Collaborative-funded agencies, 530 youth were screened for a social-emotional/mental health concern (Figure A7). A total of 254 youth (50% of all youth screened) received a diagnostic assessment and 249 (47% of all youth screened) received a mental health diagnosis.

A7. Screening, assessment, and referral outcomes for youth over the grant period

Screening summary	Baby's Space	Family & Children Services	LaFamilia Guidance Center	Mental Health Collective	YouthLink	Total
Number of youth screened	**120**	**101**	**55**	**20**	**234**	**530**
Number of youth with an elevated screening score (percentage of youth screened)	33 (28%)	56 (55%)	43 (78%)	20 (100%)	149 (64%)	301 (57%)
Number of youth referred for a diagnostic assessment	77 (64%)	98 (97%)	42 (76%)	20 (100%)	103 (44%)	340 (64%)
Number of youth who received a diagnostic assessment	70 (58%)	87 (86%)	18 (33%)	20 (100%)	59 (25%)	254 (50%)
Number of youth who refused a diagnostic assessment	0 (0%)	6 (6%)	3 (5%)	20 (100%)	6 (3%)	35 (7%)
Number of youth who received a mental health/social-emotional diagnosis	65 (54%)	87 (86%)	18 (33%)	20 (100%)	59 (25%)	249 (47%)

Discharge data

When data from all programs are combined, one-third of the youth (33%) were discharged after successfully completing the program (Figure A8). Services ended for fewer families due to the family moving (12%), the family refusing services (11%), or a referral being made to another agency (3%). A number of youth (41%) were discharged because they "aged out" of the program or for other, unspecified reasons. (Youth who aged out of programs includes young children transitioning from Head Start to kindergarten class and youth adults who transition into adult services after being involved with YouthLink.)

A8. Reasons for discharge from mental health services over the grant period

	Baby's Space (N=65)	Family & Children Services (N=87)	La Familia Guidance Center (N=37)	Mental Health Collective (N=9)	YouthLink (N=100)	Total (N=298)
Successful completion of program	55 (85%)	22 (25%)	12 (32%)	6	4 (4%)	99 (33%)
Service refused (early termination of services)	0 (0%)	6 (7%)	14 (38%)	0	14 (14%)	34 (11%)
Child referred to another agency	0 (0%)	1 (1%)	3 (8%)	0	0 (0%)	4 (1%)
Child/family moved	10 (15%)	10 (11%)	4 (5%)	0	13 (13%)	37 (12%)
Other	0 (0%)	48[a] (55%)	3 (8%)	3	69[b] (69%)	123 (41%)
Missing	0 (0%)	0 (0%)	1 (1%)	0	0 (0%)	1 (<1%)

Note: *Percentages are not reported for programs with data available for fewer than 10 participants.*

[a] *Of those youth discharged for "other" reasons, all (N=48) aged out of the program by entering kindergarten.*

[b] *Of those youth discharged for "other" reasons, 53 youth aged out of the program.*

Outreach data

Two of the agencies funded in the SOI area, the Mental Health Collective and La Familia Guidance Center, focused much of their work on outreach activities. The reporting templates for these agencies were modified to gather data demonstrating the scope of these activities. Results reported by these agencies are summarized below:

- The Mental Health Collective modified their reporting in January 2010 to include participation in parent and youth group activities and involvement with the outreach worker. During those six months, a total of 38 parents attended at least one of three parent groups and 75 youth attended at least one of 10 youth groups which used the Tree of Life Curriculum, with 74 participating in at least three sessions. The outreach worker was approached by 7 parents and 9 youth and offered proactive outreach to 5 families. As a result of the outreach activities, referrals were made to mental health services (N=2) and other community resources (N=7), while 7 youth received additional information about a prevention activity.

- La Familia Guidance Center provided outreach at nine different events/locations in 2010, reaching 269 families with a total of 561 children. The report also states 39 presentations were given to professional and community groups, including social

services, school representatives, and clergy members during the past year. In all, 43 youth were referred to LaFamilia for services through these activities, with most referrals (N=21) coming from schools.

Outcome data

Each grantee was asked to report two types of outcome data in their annual reports to the County and Collaborative: 1) changes in child functioning over time using a standardized assessment tool, and 2) progress towards treatment goals at the time of discharge. To varying degrees, all programs experienced some challenges in collecting pre-post outcome data to demonstrate changes in child functioning over time. For some agencies, it was difficult to maintain communication with the family and request their participation in follow-up outcome assessments. Others did not have the infrastructure in place for support staff to assist in administering the screening tools and reducing paperwork burden on the child's therapist or other service provider. Due to the inconsistencies in data collection and reporting of pre-post outcomes across agencies, these data are not reported in this summary.

The funded agencies were able to provide more consistent outcome data on a subjective measure of the child's progress towards his/her individual treatment goals. Of the 293 youth discharged from services, nearly one-third (31%) were discharged following successful completion of all treatment goals. An additional 44 percent of the youth served were discharged after partially meeting their treatment goals (Figure A9).

A9. Progress towards treatment goals over the grant period

	Baby's Space (N=65)	Family & Children Services (N=87)	La Familia Guidance Center (N=7)	Mental Health Collective (N=10)	YouthLink (N=70)	Total (N=239)
Successfully met all treatment goals	55 (85%)	11 (13%)	5	0 (0%)	4 (6%)	75 (31%)
Partially met treatment goals	10 (15%)	42 (48%)	2	0 (0%)	52 (74%)	106 (44%)
Experienced major disruptions in meeting treatment goals	0 (0%)	34 (39%)	0	0 (0%)	14[a] (20%)	48 (20%)
Data not reported	0 (0%)	0 (0%)	0	10 (100%)	0 (0%)	10 (4%)

Note: *Percentages are not reported for programs with data available for fewer than 10 participants.*

[a] *The report noted all youth experienced major interruptions in meeting treatment goals.*

Sustainability

Interviews were conducted with representatives of four of the five agencies who received Collaborative funding to provide services to underinsured and underserved youth. (An interview could not be conducted with a representative from La Familia Guidance Center, which closed in January 2011.) During these interviews, the agency representatives were asked how they used funding from the Collaborative and how they planned to sustain any changes in the way they deliver services. Across the four grantees, all noted that the flexibility they were given by the Collaborative in how to allocate grant funds allowed them to implement new service coordination and delivery models and enhancements. One grantee noted that many funders allow agencies to use funding to provide direct services using evidence-based practices. While this agency representative felt it was important to implement approaches that are effective, there are fewer resources available to support agency staff in providing various non-reimbursable services, including consultation to staff from partner organizations.

Although two of the agencies funded in this grantmaking area experienced significant implementation challenges, all four agency representatives identified programmatic improvements that they planned to sustain after their grant funding ends. These programmatic changes and other plans for sustainability are described below:

- **Baby's Space:** This program initially envisioned providing more structured long-term therapy to children enrolled in Tatanka Academy and their families, but learned that it was more effective to offer more flexible services, referred to as "real-time assessment and intervention services" by the agency's executive director. The Collaborative's flexible funding allowed them to develop a service delivery model to provide early childhood prevention and intervention services. They were able to subsidize the costs of services provided, which increases accessibility of services for low-income families. Program staff are currently working at the state level to discuss changes to billing codes and working locally to develop a sustainable business model.

- **Family & Children's Services:** At the beginning of the grant period, the approach used by FCS to provide on-site mental health services at Head Start agencies followed a traditional intervention model where children were taken out of the classroom to receive play therapy or other interventions. Over time, FCS staff realized that more classroom observation and intervention was needed to help the teachers become better equipped to intervene when behavioral issues arise in the classroom. Funding from the Collaborative was used to make sure services were affordable to families and covered the cost of staff time to provide consultation to teachers, classroom observations, and other activities that cannot typically be billed for. FCS does find

value in these program enhancements and plans to continue working with Head Start to find ways to maintain these changes.

- **The Mental Health Collective:** According to an agency representative, Collaborative funding was used primarily to supplement staff salaries for a Somali mental health practitioner and partners through African Aid to provide direct services and outreach and support team planning meetings. As part of their Collaborative-funded work, the agency began using a prevention program called "Tree of Life." They plan to continue using that curriculum in ongoing group work with youth.

- **YouthLink:** Program staff felt that the Collaborative's flexible funding approach allowed them to provide highly individualized services to meet the varied needs of the homeless youth they serve. It also allowed the program to increase staff capacity to provide a greater range of interventions, such as trauma-informed services or dialectical behavior therapy (DBT). Youth Link has recently received additional funding to further enhance and expand their "one-stop" service model to provide mental health services to homeless youth.

Primary care

Background

The goal of the Collaborative's primary care initiative is to provide early identification and intervention services for children and youth experiencing emotional/behavioral problems by increasing the capacity of primary care providers and partnered mental health entities to provide mental health screening and treatment services. The Collaborative expected the efforts of funded programs would lead to improved partnerships between primary care and mental health providers, increased training to primary care providers, implementation of consistent screening and referral practices, and the delivery of appropriate mental health assessment and treatment services.

Program summaries

Two programs, Partners in Pediatrics/Pediatric Consultation Specialists (PCS) and St. Joseph's Home for Children (St. Joe's) received funding to provide co-located mental health services and primary care clinics (Figure A10). As described in the HCCMHC 2010 Semi-Annual report (April 2010), St. Joe's encountered a number of challenges staffing their program and voluntarily terminated their contract with Hennepin County in November 2009.

A10. Overview of primary care programs

Program	Description	Funding period
Partners in Pediatrics – Pediatric Consultation Specialists (PCS)	Partners in Pediatrics (PIP) entered a collaborative arrangement with Pediatric Consultation Specialists (PCS) to provide co-located mental health services at their Maple Grove Clinic. Through this arrangement, the mental health providers can offer Behavioral-Express Care (BE-Care) appointments for children and families with behavioral concerns. Social-emotional screening occurs at all well-child visits, with the mental health professional located at the clinic one day each week to provide consultation to medical providers, mental health triage services, and further assessments. Youth who need ongoing mental health services are given a list of mental health providers they may contact which includes, but is not limited to PCS providers.	2008-2011
St. Joseph Home for Children (St. Joe's)	St. Joseph's Home for Children provides intake and shelter services for Hennepin County children removed from their homes due to abuse or instability. Social-emotional screening was incorporated into the health assessments conducted when youth enter the program. Children with an elevated screen were referred to the Behavioral Health Clinic (BHC) for further assessment and intervention services, as appropriate. A care coordinator served as a liaison between behavioral health staff, residential counselors, and families. The initial project model envisioned St. Joe's continuing to provide a "medical home" to youth as they transition to other longer-term placements or back to their home. However, in practice, youth did not return to St. Joe's for ongoing services after leaving the shelter, making the coordinated care model financially unsustainable.	2008-2010

Characteristics of youth served

For both projects, youth demographic information was collected when the child received mental health triage services (through BE-Care at PIP and as part of the Behavioral Health Center at St. Joe's.) The two projects funded through the primary care initiative served very different client populations. Compared to youth served at the suburban pediatric clinic, youth who received mental health services at St. Joes were more likely to be youth of color (81%, compared to 12% of youth served at the PIP clinic) and at least 12 years of age or older (89%, compared to 24% of youth served at the PIP clinic) (Figure A11). Although not measured in the evaluation, the target population of youth served at St. Joe's includes children who need emergency shelter due to issues around safety, abuse, and neglect. As a result, these youth are much more likely to have high levels of family stress, housing instability, past experiences of trauma, and other serious risk factors.

A11. Demographic characteristics of youth served over the grant period

	PIP (N=486)		St. Joe's (N=139)	
	N	%	N	%
Age				
0-5	150	31%	0	0%
6-8	128	26%	2	1%
9-11	90	19%	12	9%
12-17	109	22%	51	37%
18-21	8	2%	72	52%
Unknown	1	4%	2	1%
Gender				
Male	267	55%	78	56%
Female	215	44%	61	44%
Unknown/missing	4	1%	0	0%
Race				
African-American	14	3%	91	65%
Native American	0	0%	5	4%
Asian American	15	3%	3	2%
White/Caucasian	400	82%	20	14%
Bi-/multi-racial	29	6%	12	9%
Unknown	28	6%	8	6%
Ethnicity				
Hispanic/Latino	9	2%	7	5%
Non-Hispanic/Latino	456	94%	0	0%
Unknown	21	4%	132	95%

Agency-specific data

Because of the significant differences between the two projects in the model used to deliver integrated mental health services, there were also differences in the types of information gathered through their program evaluations. Highlights from the final reports for each project are briefly described in the following sections.

PIP data

Over time, fewer youth received a BE-Care appointment within one week of referral. In the first year of the project, approximately half of the youth referred to BE-Care (55%) received a triage mental health appointment within seven days of their pediatric

appointment (Figure A12). However, the percentage of youth who received BE-Care services that quickly has decreased over time, from 46 percent of patients in the project's second year to 40 percent of patients in the third year of the evaluation. This trend should be monitored with caution, as there are a number of youth with unknown referral dates, and other factors (e.g., parent preferences for future appointment dates/times, winter weather conditions, holiday travel) may have delayed scheduling of appointments. Parents who receive a referral from their child's pediatrician for BE-Care may choose to schedule an appointment when they are at the clinic or call later to arrange a convenient appointment date. According to program stakeholders, same day appointments are rare because most parents have not set aside additional time to participate in a BE-Care appointment after the child's visit to the pediatrician. Although BE-Care hours were expanded in the third year of the project, this trend may indicate a need for greater capacity.

A12. Length of time between pediatric visit and mental health triage appointment over the grant period

	Year 1: October 2008-June 2009 (N=143)		Year 2: July 2009-June 2010 (N=147)		Year 3: July 2010-June 2011 (N=168)	
	N	%	N	%	N	%
Same day	17	12%	9	6%	6	4%
1-7 days	62	43%	59	40%	58	36%
8-14 days	34	24%	39	27%	46	28%
15-30 days	20	14%	29	20%	36	21%
More than one month	10	7%	11	7%	22	13%

Note: *The referral and/or triage appointment date was not reported for 29 patients.*

Nearly four out of every five children seen for a BE-Care appointment were referred for ongoing psychotherapy. Patients referred to BE-Care receive a 40-minute referral to discuss their concerns. Most patients (85%) receive education during the appointment and many (67%) are referred for ongoing psychotherapy. Fewer youth were referred for a psychological/diagnostic assessment during the triage appointment (15%) (Figure A13).

A13. Referrals made by triage mental health provider over the grant period

	N	%
Education provided	412	85%
Psychotherapy	325	67%
Psychological testing (diagnostic assessment)	71	15%
Physical/occupational therapy	10	2%
Other	55	11%

Note: *Children may have received multiple referrals/services during the triage mental health visit. Common examples of "other" referrals included referrals to parenting support groups or education (N=8), skills groups (N=6), suggestions for books/handouts (N=6), and school-based services such as tutoring (N=3).*

A total of 75 youth attended follow-up appointments with a PCS mental health provider. Over three-quarters (77%) of these youth received a formal diagnostic assessment from PCS. Many of the youth seen at the PCS clinic have diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), anxiety disorders, depressive disorders, or adjustment disorders. The total number of youth reported to have received follow-up mental health services in this report may under-represent all youth that received ongoing care. Although PCS providers staff BE-Care, patients who receive a referral for mental health services are given a more comprehensive list of mental health providers in the area and may select a provider of their choice. Only youth who received follow-up services from PCS could be tracked in this evaluation.

St. Joe's data

Over half of the youth referred to the Integrated Care Clinic (54%) were seen by clinicians on the same day. In all, over three-quarters of the youth referred (80%) were seen within 48 hours. A few of the youth could not be seen in the clinic because they refused an appointment with the behavioral health therapist (N=2) or an appointment could not be scheduled before the child left the shelter (N=2).

Most youth were referred for ongoing mental health therapy. The types of referrals made by the behavioral health clinicians were tracked for all youth who received services

beginning in December 2008. Among the 115 seen by a behavioral health therapist during this timeframe, half (51%) were referred for ongoing therapy at St. Joe's (Figure A14). Fewer were referred to community-based agencies for mental health services (17%). Other referrals were made to a variety of services, including St. Joe's unit therapists, primary care physicians, parent support groups, or case management services.

A14. Behavioral health therapist referrals, Dec 2008 – Oct 2009 (N=115)

Type of referral made by the behavioral health therapist	N	%
Ongoing services with the behavioral health therapist	59	51%
Other community-based mental health services	19	17%
Other	21	18%
None	23	20%

Note: *Some youth were referred to more than one type of service. Examples of "other" referrals include: ongoing services provided by St. Joe's unit therapists, consultations with primary care, and referrals to specific events (e.g., asthma camp, parenting support groups, and case management services).*

The care coordinator played a key role in communicating information and connecting to community resources. Appointments with the care coordinator were successfully scheduled for most of the youth (89%) seen by a behavioral health therapist. These care coordination activities may include telephone calls with family members explaining the screening/assessment results, communication with the child's case manager, or identifying community-based services the child could access after leaving St. Joe's.

Sustainability

- **Pediatric Consultation Specialists (PCS)/Partners In Pediatrics (PIP)**: A co-located mental health triage and consultation service (BE-Care) was established in one pediatric clinic location. Collaborative funding was used to supplement the costs of these triage services for families during the funding period and cover the start-up costs associated with staff time to develop processes and build relationships with medical providers. The partnering agencies saw benefit in being able to refer families for early intervention services and plan to continue BE-Care after the grant period ends.

- **St. Joe's:** Initially, the agency planned to create an integrated care model that could provide highly mobile youth with a medical home. However, there were a number of staffing changes that occurred as the project was implemented, and agency staff soon learned that youth who leave St. Joe's are unlikely to return to that location for ongoing medical or mental health services. Through this initiative, a representative from St. Joe's felt that they have created a culture among staff to integrate mental health and

medical care. However, agency staff felt there is great need for additional care coordination services, which are not reimbursable, and have been difficult for the agency to sustain over time.

School-based mental health

To remove barriers to learning and promote the social and emotional development of children, the Hennepin County Children's Mental Health Collaborative funded six programs that work with schools and their students. The funded school-based mental health programs were directed to better assess and treat students' mental health concerns and improve the student access to mental health services within Hennepin County schools. The funded agencies are Communidades Latinas Unidas en Servicio (CLUES), Children's Home Society and Family Services (CHSFS) (formerly Family Networks), Minneapolis Department of Health and Family Support, Headwaters (formerly The Storefront Group), Nystrom and Associates, and Washburn Center for Children (Figure A15). The grantee's goals are to increase access, improve child functioning, and increase daily learning.

MN Kids Database (MKD)

During the grant period, the MN Kids Database (MKD) was developed. While Collaborative monies did not directly fund agencies' access to or the development of MKD, all but one (Minneapolis Department of Health and Family Support) of the agencies are database users. MKD allows agencies to track their school-based mental health services in a more streamlined and integrated manner. MKD is an integrated data management system that provides agencies several important benefits, including: 1) reducing their needs to develop individual (redundant) data management systems; 2) assisting in meeting grant reporting requirements; and 3) using system-level data to better understand the potential benefits of school-based mental health services, identify strategies for enhancing programming, and build a case for program sustainability.

Wilder Research has served as the project manager and oversees the administrative and fiscal needs of the database. Internet Exposure, a Minneapolis-based web design firm, is the subcontracted vendor that developed the website. Wilder Research is working closely with them to ensure that the resulting database will meet the needs/expectations of the partnering agencies.

A15. Overview of school-based mental health programs

Program	Description	Funding period
CLUES/Richfield School District	Serves youth in Richfield High Schools by providing mental health services to Latino youth and their families.	2008-2011[a]
CHSFS/ Robbinsdale Area Schools	Serves youth with a mental health diagnosis by increasing the accessibility for uninsured and underinsured children to mental health services and improving the identification of mental health issues for youth.	2008-2011[a]
Minneapolis Department of Health and Family Support	Serves a multicultural group of youth at Roosevelt High School by providing prevention, assessment, and intervention services to youth through therapy.	2008-2011[a]
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.	2008-2011[a]
St. Anthony School District/Nystrom and Associates	Serves adolescents through educational training related to mental health by providing consultation for prevention services and crisis intervention to the school staff and faculty.	2008-2011[a]
Washburn/Eden Prairie	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.	2008-2011[a]

[a] *Program's funding continued through a new Solicitation of Interest.*

Characteristics of youth served

The data included in this section describe characteristics of youth served during the full grant period. Because school-based agencies were not required to report data the first year of the grant as MKD was being developed, some agencies may have served youth during the 2008-2009 school year, but the data were not reported.

During the grant period, a total of 556 students received school-based mental health services. Most of the agencies' co-located mental health services were in high schools, and therefore many of the services provided were to students age 12-17 (40%); followed by age 9-11 (24%); 6-8 (14%); 18-21 (7%); 0-5 (1%) (Figure A16).

Over the grant period, most of the students served were Caucasian (65%), followed by Other (15%), which may include some of the Hispanic and Somali youth since some agencies code these categories as race, while the database codes them as ethnicities. Other youth were African-American (9%), Asian (3%), and Native American (<1%). More females (54%) than males (46%) were served. Much of the data related to home language were missing (43%). For youth with information available (n=338), most (64%) spoke English as their primary language in the home. Over one-quarter of the students (28%) spoke Spanish.

A16. Demographic characteristics of youth served over the grant period

	CHCFS (N=49)		CLUES (N=56)		Mpls Health (N=60)		Nystrom (N=63)		STOREFRONT (N=80)		Washburn (N=248)		Total (N=556)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Ages of youth served														
4-5	0	0%	0	0%	0	0%	1	2%	0	0%	7	3%	8	1%
6-8	0	0%	0	0%	0	0%	16	25%	0	0%	60	24%	76	14%
9-11	0	0%	17	30%	0	0%	20	32%	0	0%	96	39%	133	24%
12-17	36	73%	18	32%	44	73%	26	41%	28	35%	71	29%	223	40%
18-21	13	27%	12	21%	16	27%	0	0%	0	0%	0	0%	41	7%
Unknown/missing	0	0%	9	16%	0	0%	0	0%	52	65%	14	6%	75	13%
Race														
Black/African-American	17	35%	1	2%	5	9%	1	2%	5	6%	22	9%	51	9%
Native American	1	2%	0	0%	0	0%	0	0%	0	0%	1	0%	2	<1%
Asian/SE Asian	5	10%	0	0%	3	5%	0	0%	2	3%	6	2%	16	3%
White/Caucasian	19	39%	36	64%	2	3%	42	67%	72	90%	191	77%	362	65%
Bi- or multi-racial	0	0%	8	14%	0	0%	7	11%	0	0%	8	3%	23	4%
Other	5	10%	9	16%	49	82%	11	17%	1	1%	6	2%	81	15%
Unknown/missing	2	4%	2	4%	1	2%	2	3%	0	0%	14	6%	21	4%
Ethnicity														
Hispanic	7	14%	13	23%	49	82%	15	24%	2	3%	16	6%	102	18%
Non-Hispanic	42	86%	28	50%	11	18%	22	35%	78	98%	73	29%	254	46%
Unknown/missing	0	0%	15	27%	0	0%	26	41%	0	0%	159	64%	200	36%

A16. Demographic characteristics of youth served over the grant period (continued)

	CHCFS (N=49)		CLUES (N=56)		Mpls Health (N=60)		Nystrom (N=63)		STOREFRONT (N=80)		Washburn (N=248)		Total (N=556)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gender														
Male	17	35%	25	45%	16	27%	26	41%	25	31%	144	58%	**253**	**46%**
Female	32	65%	31	55%	44	73%	34	54%%	55	69%	104	42%	**300**	**54%**
Transgender	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
Unknown/missing	0	0%	0	0%	0	0%	3	5%	0	0%	0	0%	**3**	**1%**
Primary language spoken in home								1						
English	5	10%	3	5%	10	17%	5	8%	27	34%	168	68%	**218**	**39%**
Spanish	27	55%	6	11%	46	77%	10	16%	1	1%	4	2%	**94**	**17%**
Somali	0	0%	0	0%	1	2%	0	0%	0	0%	1	<1%	**2**	**<1%**
Other	0	0%	0	0%	2	3%	0	0%	0	0%	1	<1%	**3**	**1%**
Missing	17	35%	47	84%	1	2%	0	0%	52	65%	74	30%	**239**	**43%**

Insurance status

Of the 556 students served, over half (54%) were insured through private insurance. There were notable differences across agencies in the percentage of students who had private insurance, ranging from 84 percent of youth served at Headwater to 11 percent at CLUES (Figure A17).

One of five students (20%) were insured through a public program, including MA and MinnesotaCare. Again, the differences between agencies was noteworthy, with students with insurance through a public program ranging from 29 percent (CHCFS) to 0 percent at CLUES.

Overall, 16 percent of the students did not have insurance coverage, with the percentage ranging from 43 percent at Minneapolis Health to 6 percent at Nystrom. Ten percent (10%) of the insurance data were missing.

A17. Mental health insurance status at intake over the grant period

	CHCFS (N=49)		CLUES (N=56)		Mpls Health (N=60)		Nystrom (N=63)		Headwater (N=80)		Washburn (N=248)		Total (N=556)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No insurance coverage	13	27%	18	32%	26	43%	4	6%	8	10%	18	7%	87	16%
Insured through public program	14	29%	0	0%	14	23%	16	25%	5	6%	62	25%	111	20%
Insured through private insurance	22	45%	6	11%	14	23%	41	65%	67	84%	152	61%	302	54%
Unknown/ Missing	0	0%	32	57%	6	10%	2	3%	0	0%	16	6%	56	10%
Total	49	100%	56	100%	60	100%	63	100%	80	100%	248	100%	556	100%

Types of activities and services provided

A total of 12,850 services were provided by the agencies during the grant period. The most common service was individual therapy lasting 30 to 90 minutes (N=4,645 sessions). (Figure A18). In addition to individual therapy, clinicians spent 16 percent of their time (2,031 hours) on care coordination, 12 percent of their time to parent consultation (1,584 hours) and 10 percent child specific consultation to support staff (which included time spent with school staff, other than teachers, regarding the students to whom they were providing services).

A18. Services provided over the grant period

	CHCFS		CLUES		Mpls Health		NYSTROM		HEADWATERS		Washburn		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Individual therapy 60 min	146	60%	165	68%	284	52%	1589	64%	488	33%	1315	17%	3987	31%
Care coordination	20	8%	5	2%	7	1%	29	1%	48	3%	1922	24%	2031	16%
Parent consultation	15	6%	1	<1%	12	2%	7	<1%	36	2%	1513	19%	1584	12%
Child specific consultation to support staff	0	0%	22	9%	113	21%	2	<1%	366	25%	722	9%	1225	10%
Child specific consultation to teachers	6	2%	0	0%	0	0%	33	1%	36	2%	989	13%	1064	8%
Individual therapy 30 min[a]	11	5%	1	0%	0	0%	119	5%	3	<1%	505	0.06	639	5%
Consultation (not student specific)	0	0%	0	0%	2	<1%	57	2%	49	3%	362	5%	470	4%
Group psychotherapy	0	0%	0	0%	67	12%	1	<1%	91	6%	194	2%	353	3%
Family therapy w/ client	20	8%	1	<1%	0	0%	208	8%	0	0%	105	1%	334	3%
Diagnostic assessments (intakes)	14	6%	22	9%	9	2%	78	3%	50	3%	125	2%	298	2%
Phone parent consultation	0	0%	18	7%	17	3%	61	2%	179	12%	0	0%	275	2%
Program development/planning categories	0	0%	0	0%	0	0%	57	2%	25	2%	62	1%	144	1%
Family therapy w/o client	2	1%	3	1%	0	0%	135	5%	0	0%	0	0%	140	1%
Child specific consultation to administration	0	0%	0	0%	5	1%	12	<1%	21	1%	35	0%	73	1%
Mental health case management	0	0%	4	2%	16	3%	0	0%	38	3%	0	0%	58	<1%
Group skills training	0	0%	0	0%	0	0%	49	2%	0	0%	0	0%	49	<1%

A18. Services provided

	CHCFS		CLUES		Mpls Health		NYSTROM		HEADWATERS		Washburn		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
School conferences	1	<1%	0	0%	2	<1%	13	1%	5	<1%	37	0%	58	<1%
Individual therapy 90 min	9	4%	0	0%	3	1%	6	<1%	0	0%	1	0%	19	<1%
Training for staff	0	0%	0	0%	0	0%	0	0%	16	1%	1	0%	17	<1%
Classroom presentation	0	0%	0	0%	0	0%	2	<1%	5	<1%	3	0%	10	<1%
Building crisis management	0	0%	0	0%	0	0%	2	<1%	4	<1%	0	0%	6	<1%
Travel	0	0%	0	0%	2	<1%	1	<1%	3	<1%	0	0%	6	<1%
Child specific observation	0	0%	0	0%	0	0%	5	<1%	0	0%	0	0%	5	<1%
Screening	0	0%	0	0%	0	0%	4	<1%	0	0%	0	0%	4	<1%
Individual skills training	0	0%	0	0%	0	0%	1	<1%	0	0%	0	0%	1	<1%
Total services	244	100%	242	100%	539	100%	2,471	100%	1,463	100%	7891	100%	12,850	100%

[a] *Many of the 30 minute Individual therapies for Washburn may be 60 minutes, but due to an issue with the data merging which is being resolved with MKD, they are mostly categorized as 30 minutes for this report.*

Time between referral and 1st meeting

Programs were asked to calculate the average time between a student's referral to the program and their first meeting with a clinician. The average length of time for five of the six agencies was generated by MKD (Minneapolis Health Department does not use MKD; they report their referral time differently and were not included in the figure below). Over three-quarters (78%) of youth referred were seen within seven days of the referral (Figure A19).

A19. Time between referral and 1st meeting[a] over the grant period (N=2,672)

	% same day	% 1-7 days	% 8-14 days	% 15+ days
Average time between referral and 1st meeting	35%	43%	12%	10%

[a] *Because the Minneapolis Health Department does not submit data to MKD, their average is not included in Figure A19 above.*

Child functioning

Over the grant cycle, reporting on the required child functioning variables has been complicated. Agencies reported most of these data differently and inconsistently. Therefore it was not possible to average or merge reported scores over the life of the grant in a reliable manner. Because the school-based agencies received funding for the next round of SOIs, the variables in this outcome area should be operationalized more thoroughly so agencies can report on them confidently and consistently.

Sustainability

A focus group was conducted with representatives of four of six agencies. The school-based group felt that there had been some very beneficial outcomes that occurred partly because of the Collaborative funding, including the development and launch of the MN Kids Database (MKD). In terms of sustainability, they felt that data from MKD could help provide necessary documentation to other funders, insurance providers, and legislators to demonstrate the amount of service they are providing and the number of youth they are serving. This group was concerned about being held accountable (by many different funders, including the Collaborative) for reporting academic outcomes, such as improved grades and attendance, and felt that there was not enough instruction about how to calculate these outcomes. Some voiced frustration that while they were required to submit information about academic improvement, they should not be measured against each other since there was not a uniform way of reporting this information. A few participants mentioned that having Hennepin County serve as the contractor was sometimes confusing

and time consuming because it was not always clear who needed to be contacted for what (e.g., submitting financials, submitting evaluation reports, submitting county reports) and how the Collaborative, Hennepin County, and Wilder Research were connected.

Key findings

- **Operationalize the child functioning outcome measures so they can be consistently measured across programs.** The concern about reporting child functioning variables (improved/maintained CASII, SDQ, attendance, performance and placement), which are requirements of their County contracts and Collaborative reports, has not been resolved. Agencies are likely measuring these outcomes inconsistently. Agencies expressed unease about the data being used to compare one program to another because of the different ways each measured the outcomes. Additionally, agencies were not clear about the consequence of being below the targeted goal and impact on future funding.

Parent involvement

Background

The parent involvement efforts of the Collaborative were designed to contract with an agency or individuals to provide administrative, financial, and structural support, as well as coordination services to the Collaborative'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 Collaborative's parent group, expand parent support options, and help ensure parents are represented in all Collaborative committees.

Program description

In late August 2009, the Hennepin County Children's Mental Health Collaborative contracted with the Minnesota Association of Children's Mental Health (MACMH) to provide leadership training to a core group of Hennepin County parents and expand the reach of the parent support group. In 2010, the Collaborative did not renew its contract with MACMH, and instead transitioned interim leadership to two trained parent catalysts. In September 2011, a new PCLG coordinator was contracted by the Collaborative to continue and expand these efforts. This report summarizes the work of the PCLG that has taken place under the leadership of the interim PCLG coordinators beginning January 2011 through June 2011. An overview of the services and activities supported by the previous contracted agencies can be found in past reports.

Characteristics of families involved

To date, a total of 11 parents are identified as members of the PCLG, 8 of whom have completed their training as parent catalysts. At this point, the PCLG does not have any parents involved who represent Native American or Asian/Southeast Asian communities. However, the PCLG leaders are working to recruit additional parents so that the PCLG is representative of the Hennepin County population and identify ways to coordinate training and educational activities with agencies providing culturally-specific services. Most of the parents (N=10) live in suburban Hennepin County cities (Figure A20).

A20. Demographic characteristics of parents involved in the Parent Catalyst Leadership Group over the grant period (N=11)

	N	%
Gender		
Male	1	9%
Female	10	91%
Race		
African American	2	19%
Asian American	0	0%
American Indian	0	0%
White/Caucasian	5	45%
Bi-/multi-racial	1	9%
Other	3	27%
Ethnicity		
Hispanic/Latino	1	9%

Recent activities

Training

Currently, the PCLG leaders work with parents to identify areas where they would like to increase their advocacy and leadership skills. Since January 2011, the PCLG meetings have focused primarily on supporting the work of individual catalysts as representatives to various committees and planning ways to expand their membership and services offered to parents.

Parent involvement in workgroups, initiatives

The involvement of parent catalysts on a variety of committees and workgroups during the past six months (January-June 2011) was summarized in the PCLG's most recent report to the Collaborative. In addition to ensuring a parent representatives is involved with all Collaborative workgroups, parents are active members of the following committees, advisory groups, and work groups:

- Robbinsdale Special Education Advisory Committee
- State Special Education Advisory Committee
- State Special Education Diversity Committee
- MN System of Interagency Coordination
- University of Minnesota Cultural Liaison Advisory Board
- Statewide Independent Living Council
- Bloomington Special Education Community Advisory Council
- Bloomington/Richfield Community Education Advisory Council
- DHS Workgroup on Children's Psychiatric Consultation Protocols
- Hopkins Special Education Advisory Committee
- Twin Cities Jewish Community Mental Health Education Project

The parents and caregivers involved with these committees and workgroups are active members and equal participants in meetings. In some situations, parents have also volunteered their time to work on special subgroups on key topics.

Parent support

A total of 14 parents have attended at least one of the PCLG's monthly support groups meetings. In addition to providing verbal information to parents and caregivers during the meeting, the PCLG has developed resource sheets for the topics addressed during meetings beginning in April 2011.

Additional observations

Overall, the PCLG is in a period of transition until the Collaborative hires an agency or independent consultant to guide the PCLG's efforts to expand its number of trained parent/caregiver advocates, facilitate parent connections to community workgroups and advisory councils, and increase involvement in the Collaborative's parent support group.

Financials over the grant period

Provider	Budgeted Year 1 Funding	Budgeted Year 2 Funding	Budgeted Year 3 Funding	Budgeted Total Funding	Actual 2008 Funding	Actual 2009 Funding	Actual 2010 Funding	Actual 2011 Funding	Projected 2012 Funding	Total Actual Funding
Primary Care MH System Change										
Pediatric Consultation Specialists	$20,300	$19,300	$18,900	$58,500	$8,458	$19,883	$19,133	$8,146	$ -	$55,620
St. Joe's/Catholic Charities	$35,400	$29,600		$65,000	$14,750	$32,983	$17,267			$65,000
Juvenile Justice MH Systems Change										
Amicus (JJ MH Systems Change)	$33,794	$33,794		$67,588	$11,265	$33,794	$22,529			$67,588
Juvenile Justice Prevention & Intervention										
Amicus (JJ Prevention)	$30,000			$30,000	$10,000	$20,000				$30,000
HIRED (HC Home School - Futures Forward)	$50,000			$50,000		$50,000				$50,000
Emerge Community Development	$30,000			$30,000	$10,000	$20,000				$30,000
F&C Svc (Youth Connections)	$30,000			$30,000	$10,000	$20,000				$30,000
F&C Svc (My Life My Choice)	$30,000			$30,000	$10,000	$20,000				$30,000
Genesis II	$30,000			$30,000	$10,000	$20,000				$30,000
Relate	$30,000			$30,000	$10,000	$20,000				$30,000
Stadium View School	$60,000			$60,000	$17,500	$42,500				$60,000
SEARCH	$60,000			$60,000	$17,500	$42,500				$60,000

Provider	Budgeted Year 1 Funding	Budgeted Year 2 Funding	Budgeted Year 3 Funding	Budgeted Total Funding	Actual 2008 Funding	Actual 2009 Funding	Actual 2010 Funding	Actual 2011 Funding	Projected 2012 Funding	Total Funding
Underinsured/Uninsured MH Services										
Baby's Space	$35,000	$36,400	$37,856	$109,256	$11,667	$35,467	$36,885	$16,415		$100,434
MH Collective/African Aid	$40,000	$37,100	$35,300	$112,400	$13,333	$39,033	$36,500	$23,533		$112,399
F&C Svc (PICA)	$40,000	$40,000	$40,000	$120,000	$13,333	$40,000	$40,000	$26,667		$120,000
YouthLink	$40,000	$40,000	$40,000	$120,000	$13,333	$40,000	$40,000	$49,432		$142,765
School Based MH Initiatives										
Nystrom/St. Anthony Schools	$30,000	$30,000	$30,000	$90,000	$11,250	$31,250	$30,000	$20,000	$30,000	$92,500
Mpls Health Dept./Mpls Schools	$27,000	$27,000	$27,000	$81,000		$27,000	$ 27,000	$18,222	$30,000	$72,222
Washburn/Eden Prairie Schools	$30,000	$30,000	$30,000	$90,000	$10,000	$30,000	$30,000	$27,500	$30,000	$97,500
Family Networks/ Robbinsdale	$30,000	$30,000	$30,000	$90,000	$10,000	$ 30,000	$ 30,000	$13,500	$30,000	$83,500
CLUES/Richfield Schools	$30,000	$30,000	$30,000	$90,000	$10,000	$30,000	$30,000	$14,487	$30,000	$84,487
Storefront Group/Anoka Hennepin	$30,000	$30,000	$30,000	$90,000	$11,250	$ 31,250	$ 30,000	$27,000	$30,000	$99,500
Parent Leadership Support Contract										
MCHMA			$60,000	$60,000		$16,567				$16,567
Totals	$771,494	$413,194	$409,056	$1,593,744	$233,639	$692,227	$389,314	$1,315,180	$180,000	$1,560,082