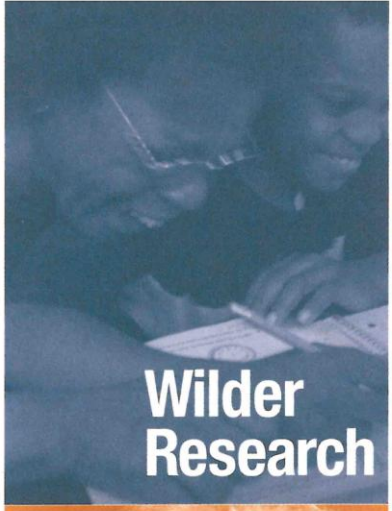

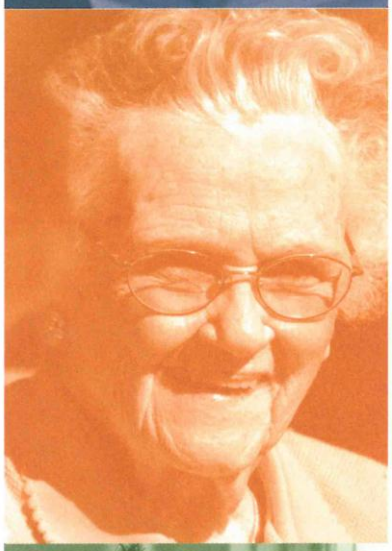

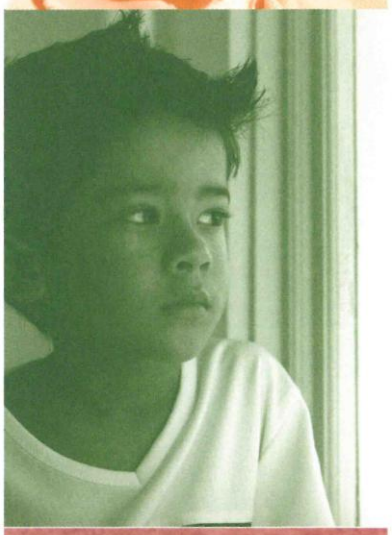

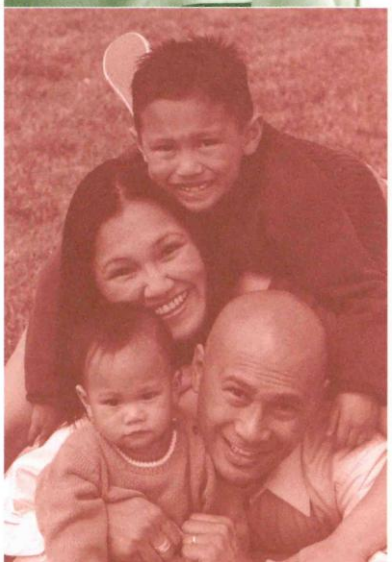

Hennepin County Children's Mental Health Collaborative

Semi-annual report

MARCH 2011

Hennepin County Children's Mental Health Collaborative

Semi-annual report

March 2011

Prepared by:
Julie Atella, Melanie Ferris and Cheryl Holm-Hansen

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

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Acknowledgments

Wilder Research contributors include:

Jackie Campeau
Louann Graham

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, which 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 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. In 2010, two new juvenile justice programs, through the Juvenile Detention Alternative Initiatives (JDAI), were funded. In each SOI, funded programs were required to evaluate their effectiveness and allow the Collaborative to assess their impact on the Hennepin County children's mental health system. In some SOI areas, the HCCMHC identified specific evaluation measures 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 coordination with Wilder Research and the Collaborative.

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 followed by an Appendix that offers a more in-depth look at each specific SOI area (juvenile justice and JDAI, uninsured/underinsured youth, primary care, school-based mental health services, and parent involvement). While programs collected similar demographic information for this report, comparisons of program effectiveness should not be made. Due to the differences in each program's target population and service approach, conclusions made through direct comparisons between programs would be quite limited. This annual report addresses the following questions:

- Are the funded programs reaching their anticipated target population?
- How many, and what are the characteristics of, children are being served through programs funded by the Collaborative?

- What common challenges have the programs faced in implementing their programs? What successful strategies have been used to overcome these barriers?

- 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

Wilder Research plays a different role in each of the five SOI programs. Wilder Research provides sample data collection templates/tools and protocols to each program (with the exception of the school-based mental health programs). Wilder Research provides limited technical assistance to the juvenile justice/JDAI, uninsured/underinsured, and parent involvement programs, including:

- Offering training to the programs on reporting requirements and completion of reporting tables;

- Reviewing all programs' reports; and

- Submitting a brief summary to the HCCMHC describing the activities and lessons learned of the SOI programs.

For the primary care program, Wilder Research is the contracted external evaluator and works throughout the data collection, analysis, and reporting process. Five of the six school-based mental health programs applied their evaluation funding towards the development of a shared database for tracking service provision and client outcomes, with Wilder Research providing some basic reporting assistance.

Although each area is different, programs are responsible for collecting demographic information. Some are also charged with providing additional data to Hennepin County (i.e., juvenile justice programs submit information directly to the County in order to obtain recidivism data), analyzing data, preparing semi-annual and annual reports, and distributing reports to both to Wilder Research and Hennepin County.

Overview of programs

There have been 28 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 Hennepin County's Department of Community Corrections and Rehabilitation (DOCCR), Confederate of Somali Community Mentoring (CSCM) program, Minneapolis Park and Board Youthline program, and Urban Ventures' La Victoria program in 2010. Figure 1 provides a brief program overview by SOI group (juvenile justice, JDAI, uninsured/ underinsured, primary care, school-based mental health, and parent leadership). Some programs are no longer funded, most because their contract ended or because the program or Collaborative decided to end their contract early. One program (St. Joseph's Home for Children) voluntarily terminated their contract in 2009, and another program (La Familia Guidance Center) closed abruptly in January 2011.

1. Overview of the programs

Program	Description	Current contract status
Juvenile Justice		
Amicus-Radius	Serves 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.	Funded
Amicus-Radius-North Vista (was Bren)	Serves girls at the North Vista Education Center by offering groups, individual counseling, restorative justice support circles, staff referrals and support to additional resources.	No longer funded – contract ended
Emerge/Streetwerks	Serves at-risk North Minneapolis youth by expanding the existing StreetWerks summer employment program and ensuring culturally appropriate services, job placement services, and educational services.	No longer funded – contract ended
Family and Children Services: My Life, My Choice	Serves at-risk teen girls by providing prostitution prevention groups and individual case management to youth who are involved in prostitution.	No longer funded – contract ended
Family and Children Services: Youth Connections	Serves at-risk youth and their families by providing professional screening, case management, holistic service planning, and resources.	No longer funded – contract ended
Genesis II for Families, Inc.	Serves youth who are in or have experienced out of home placement with 10 weeks of group training on life skills of employment, education, housing, transportation, a transition portfolio, and medical/mental health.	No longer funded – contract ended
HIRED	Serves 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.	No longer funded – contract ended
Relate Counseling Center	Serves youth experiencing chemical health issues by providing mental/chemical health assessment, counseling, and education.	No longer funded – contract ended
SEARCH	Serves Somali youth by providing intensive case management, career development, parent counseling, and recreational activities for immigrant youth and their families.	No longer funded – contract ended
Stadium View School	Serves youth in the BETA program at the JDC by developing intensive, coordinated mental health, social and educational support utilizing an ecological analysis/assessment establishing base lines to inform the development of a transition planning process.	No longer funded – contract ended

1. Overview of the programs (continued)

Program	Description	Current contract status
Juvenile Detention Alternatives Initiative (JDAI)		
Hennepin County DOCCR-JDAI intern	Funds 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.	No longer funded
Confederation of Somali CSCM-Youth Mentoring Program	Serves youth who are referred by Hennepin County's juvenile probation by providing mentoring services.	Funded
Minneapolis Parks and Recreation-Youthline	Serves 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.	Funded
Urban Ventures Latino Mentoring Program-La Victoria	Serves youth who are referred by Hennepin County's juvenile probation by providing mentoring services.	Funded
Uninsured/Underinsured		
Baby Space	Serves Native American children ages 0-9 who reside in the Little Earth of United Tribes Housing Development or attend Baby Space/Tatanka Academy. Provides preventative classroom interventions to all children enrolled in the school and further assessment and therapeutic interventions to youth exhibiting social-emotional or behavioral difficulties.	Funded
Family Children Services	Serves young children (ages 3-5) enrolled in PICA HeadStart. Provides on-site mental health screening, assessment, intervention, and consultation services to children who have, or at risk of developing, a diagnosable mental health concern.	Funded
La Familia Guidance Center	Serves Latino youth, emphasizing youth from immigrant families who are often ineligible for insurance. Provides culturally-competent outreach, screening, and intervention services, including Functional Family Therapy, through Southside Community Health Services' Green Central Clinic.	No longer funded – Program closed January 2011
Mental Health Collective	Serves 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.	No longer funded – Contract not renewed for Year 3
YouthLink	Serves primarily transition-age youth (18-21) 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 local providers.	Funded

1. Overview of the programs (continued)

Program	Description	Current contract status
Primary Care		
Partners in Pediatrics	Provides co-located mental health services at their Maple Grove Clinic in collaboration with Pediatric Consultation Specialists. Social-emotional screening occurs at all well-child visits, with the mental health professional located on at the clinic one day each week to provide consultation to medical providers, immediate mental health triage services, and further assessments.	Funded
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 is incorporated into the health assessments conducted when youth enter the program. Children with an elevated screen are referred to the behavioral health clinic for further assessment and intervention services, as appropriate. A care coordinator serves as a liaison between behavioral health staff, residential counselors, and families.	No longer funded – contract voluntarily terminated by grantee
School-based Mental Health		
CLUES/Richfield School District	Serves youth in Richfield High Schools by providing mental health services to Latino youth and their families.	Funded
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.	Funded
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.	Funded
St. Anthony School District/ Nystrom and Associates	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.	Funded
The Storefront Group/Anoka Hennepin School District	Serves adolescents through educational training related to mental health by providing consultation for prevention services and crisis intervention to the school staff and faculty.	Funded
Washburn/Eden Prairie	Serves youth in the Eden Prairie School district school linked children's mental health services for Eden Prairie students by providing individual and family therapy on site in the school setting, office visits and/or home visits.	Funded
Parent Involvement		
Minnesota Association of Children's Mental Health (MACMH)	Provides leadership training to core group of Hennepin County parents through the Family Catalyst program and expands the Collaborative's Parent Leadership Group (PLG).	Funded

Characteristics of youth served

The programs that received funding from the Collaborative did not have a consistent definition of "youth served" – some focus on youth referred/screened and others focus on youth served. In their semi-annual reports, some programs have reported all youth served during the 6-month period, while others report only on new youth entering the program, making it difficult to report aggregate data across all programs while ensuring there is no duplication in reporting. The programs will be asked to report their aggregate totals in their final annual reports (due July 2011).

As was true in past reports, there are obvious differences between programs in their target population. The school-based programs serve youth of all ages (preschool to transition), while the uninsured/underinsured programs focus on youth of specific ages (early childhood and transition-age youth). Additionally, some of the juvenile justice and school-based groups focus on specific cultural groups (Native American, Hispanic, and East African youth), or other key populations (homeless youth). The unique distinctions between programs are described in the topic-specific reports in the Appendix.

Figure 2 provides an overview of the demographics of individuals served between July – December 2010. Age data were missing for nearly one-third (29%) of youth served, which was largely due to a MN Kids Database data cleaning process that left out a majority of the school-based groups' age information. Over half (53%) of the individuals served were White/Caucasian, followed by Black/African American individuals (18%). Over four in five individuals were non-Hispanic (81%). An almost equal number of females (51%) and males (48%) were served. Detailed demographic data for each SOI group are described in the Appendix.

2. Demographics of individuals served

	JJ/JDAI		SCHOOL		U-INSURED		P IN PEDS		PARENT		TOTAL	
	N	P	N	P	N	P	N	P	N	P	N	P
total	**29**	**5%**	**308**	**50%**	**149**	**24%**	**108**	**18%**	**16**	**3%**	**610**	
Age												
0-5	0	0%	1	0%	68	46%	41	38%		0%	**110**	**18%**
6-8	0	0%	12	4%	31	21%	29	27%		0%	**72**	**12%**
9-11	0	0%	18	6%	0	0%	17	16%		0%	**35**	**6%**
12-17	29	100%	93	30%	2	1%	18	17%		0%	**142**	**23%**
18-21	0	0%	11	4%	47	32%	1	1%		0%	**59**	**10%**
Unknown/missing	0	0%	173	56%	1	1%	2	2%		0%	**176**	**29%**
Race												
Black/African American	22	76%	27	9%	49	33%	4	4%	5	31%	**107**	**18%**
African (African-born)	*unknown*	*0%*	*unknown*	*0%*	*3*	*2%*	*0*	*0%*	*2*	*13%*	***5***	***1%***
Asian/SE Asian	1	3%	13	4%	0	0%	2	2%	1	6%	**17**	**3%**
Native American	0	0%	2	1%	47	32%	0	0%	2	13%	**51**	**8%**
White/Caucasian	4	14%	211	69%	7	5%	91	84%	6	38%	**319**	**52%**
Bi- or multi-racial	0	0%	16	5%	39	26%	7	6%	2	13%	**64**	**10%**
Other	2	7%	21	7%	1	1%	0	0%	0	0%	**24**	**4%**
Unknown/missing	0	0%	18	6%	3	2%	4	4%	0	0%	**25**	**4%**
Ethnicity												
Hispanic	6	21%	34	11%	29	19%	2	2%	2	13%	**73**	**12%**
Non-Hispanic	19	66%	252	82%	106	71%	103	95%	14	88%	**494**	**81%**
Unknown/missing	4	14%	22	7%	14	9%	3	3%	0	0%	**43**	**7%**
Gender												
Male	13	45%	140	45%	76	51%	60	56%	2	13%	**291**	**48%**
Female	16	55%	161	52%	72	48%	47	44%	14	88%	**310**	**51%**
Transgender	0	0%	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
Unknown/missing	0	0%	7	2%	1	1%	1	1%	0	0%	9	1%

[a] *African-born is a subcategory of Black/African American.*

Evaluation recommendations

Through the funded projects, the Collaborative is reaching a diverse population and providing services otherwise unavailable in Hennepin County (e.g., additional screening and diagnostic assessments for youth in primary care, working with uninsured/ underinsured youth, providing mental health services to students through the school-based programs).

Wilder Research has highlighted a few key observations while analyzing the final year's semiannual data for the Collaborative to consider.

Overall

- **The school-based evaluation is most developed** – particularly because it has a framework in place for agencies to be able to enter data and pull reports. In order to report consistent information across all SOI groups, if other program areas are funded, it may be helpful to adopt these outputs/outcome measures. Supplemental measures can be added, but it would be nice to start from a common point.

- **Consider requiring grantees to collect individual-level data** – if future SOI projects are funded. In order to conduct additional analysis, CHMC may want to consider requiring funded agencies to collect and record data on a spreadsheet template. This would encourage data to be reported more consistently. It also may be useful to have CHMC representatives conduct an annual site visits/discussions with grantees to share lessons learned.

In the last report it was recommended that the Collaborative consider reconvening grantees to discuss key lessons learned and sustainability efforts. The Collaborative has decided to move forward with this recommendation. During the months of April and May 2011, Wilder Research will be conducting focus groups within each of the four SOI areas in order to capture additional insight about the implementation process, as well as advice and comments about the evaluation and overall SOI process. Additionally, the groups will be asked how the SOI funding has helped with sustainability.

Appendix

Juvenile Justice

School-based mental health

Uninsured/underinsured youth

Primary care

Parent Involvement

Financials

Juvenile Justice and JDAI

Background

To reduce or prevent youth involvement with the juvenile justice system, Hennepin County Children's Mental Health Collaborative has funded 14 programs that work with youth involved to some degree in the system over the past three years. 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 began in 2010 (Figure A1).

The funded Juvenile Justice-SOI programs (JJ-SOI) are 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.

A1. Overview of Juvenile Justice and JDAI Programs

Currently Funded Program	**Description**
Amicus-Radius	Serves 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.
Confederation of Somali-CSCM Youth Mentoring Program	Serves youth who are referred by Hennepin County's juvenile probation by providing mentoring services.
Minneapolis Parks and Recreation	Serves 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.
Urban Ventures Latino Mentoring Program-La Victoria	Serves youth who are referred by Hennepin County's juvenile probation by providing mentoring services.
Previously Funded Program	**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.
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.
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.
Family and Children Services: Youth Connections	Served at-risk youth and their families by providing professional screening, case management, holistic service planning, and resources.
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 of employment, education, housing, transportation, a transition portfolio, and medical/mental health.

A1. Overview of Juvenile Justice and JDAI Programs (continued)

Currently Funded Program	Description
Hennepin County DOCCR-JDAI intern	Funds 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.
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.
Relate Counseling Center	Served youth experiencing chemical health issues by providing mental/chemical health assessment, counseling, and education support.
SEARCH	Served Somali youth by providing intensive case management, career development, parent counseling, and recreational activities for immigrant youth and their families.
Stadium View School	Served youth in the BETA program at the JDC by developing intensive, coordinated mental health, social and educational support utilizing an ecological analysis/assessment establishing base lines to inform the development of a transition planning process

Funding to support an internship in Hennepin County's Department of Community Corrections and Rehabilitation (DOCCR) ended during this reporting period, but continues for the Youthline Outreach Mentorship Program of the Minneapolis Parks and Recreation Board. Two additional mentoring programs became funded in August 2010 (Confederation of Somali-CSCM and Urban Venture-La Victoria). Funding for most of the first round of juvenile justice programs ended in 2009. Only one program, Amicus' Radius program, was still funded in December 2010.

Staffing and implementation status

All four juvenile justice agencies reported being fully staffed by the end of the reporting period. Amicus' program is fully implemented and is providing services to 12 girls.

The JDAI agencies report being fully implemented, as well. But, as was true with the juvenile justice group, implementation has come through making adjustments. La Victoria had delays to their implementation because they needed a male mentor, and CSCM noted the number of referrals received was below what they had expected (due to the manner in which they were receiving referrals from probation). Therefore was not serving as many youth as they expected to be at this point in time. While Youthline has received their expected number of referrals, the actual number of youth served was lower than they anticipated due to intake issues. Initially, the referral process between probation officers and Youthline staff occurred through email, where a referral form was sent from a Hennepin County Liaison and Youthline staff attempted to meet with youth. This approach did not yield successful contacts between Youthline staff and the youth.

Changes were made to the referral process and now probation officers coordinate a meeting between the youth and Youthline staff. This helps clarify the role of Youthline staff and demonstrates to the youth that probation and Youthline are working cohesively.

Characteristics of youth referred

The data included in this report describe characteristics of youth referred and served between July-December 2010. Figure A2 gives an overview of the referrals received by CSCM and La Victoria. During July-December 2010, 11 youth were referred. All referrals (100%) were for youth between the age of 12-17, which is to be expected due to the nature of their referral (it is initiated by juvenile probation and this is the age group that they usually work with). The majority of the youth were male (91%). Nearly half (45%) were White/Caucasian; while over one-third were African-American (36%). Nearly two out of every three youth referred were Hispanic (364).

A2. Number of youth referred[a] by program

	CSCM		URBAN		TOTAL	%
	N=4	%	N=7	%	11	100%
Ages of youth served						
0-11	0	0%	0	0%	**0**	**0%**
9-11	0	0%	0	0%	**0**	**0%**
12-17	4	100%	7	100%	**11**	**100%**
18-21	0	0%	0	0%	**0**	**0%**
Unknown/missing	0	0%	0	0%	**0**	**0%**
Race						
Black/African American	4	100%	0	0%	**4**	**36%**
African (African-born)	*0*	0%	*0*	0%	**0**	**0%**
Asian/SE Asian	0	0%	0	0%	**0**	**0%**
Native American	0	0%	0	0%	**0**	**0%**
White/Caucasian	0	0%	5	71%	**5**	**45%**
Bi- or multi-racial	0	0%	0	0%	**0**	**0%**
Other	0	0%	2	29%	**2**	**18%**
Unknown/missing	0	0%	0	0%	**0**	**0%**

A2. Number of youth referred[a] by program (continued)

	CSCM		URBAN		TOTAL	%
	N=4	%	N=7	%	11	100%
Ethnicity						
Hispanic	0	0%	7	100%	**7**	**64%**
Non-Hispanic	4	100%	0	0%	**4**	**36%**
Unknown/missing	0	0%	0	0%	**0**	**0%**
Gender						
Male	3	75%	7	100%	**10**	**91%**
Female	1	25%	0	0%	**1**	**9%**
Unknown/missing	0	0%	0	0%	**0**	**0%**

[a] *Radius and Youthline were not required to report on referrals, but Youthline mentioned they have received 31 referrals to date.*

Characteristics of youth served

Figure A3 gives an overview of the demographics of the 29 youth who received services during July-December 2010. As was true in the referral group, all youth served (100%) were for youth between the age of 12-17, which is to be expected due to the nature of their referral. The majority of the youth were female (55%), different from the referral group since Amicus did not report on referrals, but only serve female youth. Additionally, three-quarters of youth served were African American (76%). Fourteen percent of the ethnicity data was unknown/missing, but nearly one-quarter (21%) of youth whose ethnicity was reported were Hispanic.

A3. Number of youth served by program

	AMICUS		CSCM		PARKS		URBAN		TOTAL	%
	15	**%**	**4**	**%**	**4**	**%**	**6**	**%**	**29**	**100%**
Ages of youth served										
0-11	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
9-11	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
12-17	15	100%	4	100%	4	100%	6	100%	**29**	**100%**
18-21	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
Unknown/missing	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
Race										
Black/African American	14	93%	4	100%	4	100%	0	0%	**22**	**76%**
African (African-born)	*0*	*0%*	*0*	*0%*	*0*	*0%*	*0*	*0%*	***0***	***0%***
Asian/SE Asian	1	7%	0	0%	0	0%	0	0%	**1**	**3%**
Native American	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
White/Caucasian	0	0%	0	0%	0	0%	4	67%	**4**	**14%**
Bi- or multi-racial	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
Other	0	0%	0	0%	0	0%	2	33%	**2**	**7%**
Unknown/missing	0	0%	0	0%	0	0%	0	0%	**0**	**0%**
Ethnicity										
Hispanic	0	0%	0	0%	0	0%	6	100%	**6**	**21%**
Non-Hispanic	15	100%	4	100%	0	0%	0	0%	**19**	**66%**
Unknown/missing	0	0%	0	0%	4	100%	0	0%	**4**	**14%**
Gender										
Male	0	0%	3	75%	4	100%	6	100%	**13**	**45%**
Female	15	100%	1	25%	0	0%	0	0%	**16**	**55%**
Unknown/missing	0	0%	0	0%	0	0%	0	0%	**0**	**0%**

Mental health data

Both of the mentoring programs were required to report on two mental health indicators. Each agency was asked to review the Personal Information Form (PIF) and report the number of youth who were referred and had a DSM IV Diagnosis. This form is sent by the county's probation department for every youth that is referred. Additionally, agencies were asked to report how many youth were referred to a mental health provider. Thirty-six percent of youth were referred to the mentoring programs with a DSM-IV diagnosis and one in ten (10%) of were referred to a mental health provider by staff.

A4. Mental health indicators

	CSCM		URBAN		TOTAL	
	N=4	%	N=7	%	11	%
Youth referred with DSM-IV diagnosis	1	25%	3	43%	**4**	**36%**
	N=4	**%**	**N=6**	**%**	**10**	
Youth served who were referred to a mental health provider	1	25%	0	0%	**1**	**10%**

Other outcome measures

The semi-annual reports do not include information about recidivism, adjudication, out of home placement, and Youth Level of Service Inventory (YLSI) results. In the annual reports, these data will be analyzed. (Note: The YLSI is an assessment used by probation to measure juvenile offenders' "risks and needs" with regard to various factors, such as offense history, mental health, family circumstances, educational/ vocational skills or deficiencies, and chemical dependency).

Lessons learned from funded internship position

LCTS funds were available from July through the September 27, 2010 for the DOCCR intern. She spent approximately 360 hours on activities, including grant writing, committee meetings, and resource database management (28%); data analysis/research (25%); updating department policies, practices and procedures (25%); and dissemination (22%). The intern reported some key things she learned in her position, including:

- Learning about the extent to which DOCCR policy, practices, and procedures can be shaped by stakeholders;
- Determining the level of attention juvenile justice data must be given in order to ensure accurate reporting;
- Understanding that communities value culturally specific/appropriate programming;
- Acknowledging that designing and implementing effective juvenile justice strategies requires a significant amount of time and resources.

Initial thoughts for the new juvenile justice groups

- **Reporting for the new juvenile justice groups is more consistent.** In the beginning of the first round of SOIs and specifically with the juvenile justice group, reporting was very inconsistent. This was largely due to the unique nature of programs (some were preventive programs, some provided services to youth who were diverted from probation, etc.). The four agencies included in this report all work with youth who are involved with probation, making it easier for data to be consistently reported and synthesized.

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 student's mental health concerns and improve the student access to mental health services within Hennepin County schools. The six funded agencies are Children's Home Society and Family Society (CHSFS), formally Family Networks, serving a Robbinsdale Area School; Communities Latinas Unidas en Servicio (CLUES) serving the Richfield School District; Minneapolis Department of Health and Family Support (MDHFS) serving a school in the Minneapolis District; The Storefront Group serving the Anoka Hennepin School District; Nystrom and Associates serving the St. Anthony School District; and Washburn Center for Children serving the Eden Prairie School District (Figure A5). The grantees' goals are to increase access to mental health services, improve child functioning, and increase daily learning.

During the summer of 2008, some of the school-based mental health staff met to discuss the need for a more streamlined and integrated approach to tracking school-based mental health services. They determined an integrated data management system would provide several important benefits, including: 1) reducing the need for agencies to develop individual (redundant) data management systems; 2) assisting programs 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. This database, called the MN Kids Database, was funded using agency user fees, as well as supplemental funds from Hennepin County and other partner agencies.

Five of the six agencies are using the MN Kids Database to enter their data. Wilder Research is serving as the program 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.

A5. Overview of School-Based Mental Health Programs

Program	Description
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.
CLUES/Richfield School District	Serves youth in Richfield High Schools by providing mental health services to Latino youth and their families.
Minneapolis Department of Health and Family Support/Minneapolis School District	Serves a multicultural group of youth at Roosevelt High School by providing prevention, assessment, and intervention services to youth through therapy.
The Storefront Group/Anoka Hennepin School District	Serves adolescents through educational training related to mental health by providing consultation for prevention services and crisis intervention to the school staff and faculty.
St. Anthony School District/Nystrom and Associates	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.
Washburn/Eden Prairie	Serves youth in the Eden Prairie School district school linked children's mental health services for Eden Prairie students by providing individual and family therapy on site in the school setting, office visits and/or home visits.

Characteristics of youth referred

The data included in this report describe characteristics of youth referred, as well as youth receiving services, during the time period of July 1st –December 31st 2011. Two agencies, Storefront and Nystrom, did not report referral data. Age data were not provided by Washburn due to data cleaning activity occurring on MN Kids Database (their data is being updated and age information was not available). Of the 61 youth whose ages were reported, 81 percent (N=50) were 12-17 years old.

Of the youth referred, 43 percent were White/Caucasian and 14 percent were Black/ African American. Nearly one-third of those served (32%) were categorized as "Other." This group likely included some of those who were denoted Hispanic (36%) in the ethnicity category and 33 percent (33%) of the youth primarily spoke Spanish at home (Figure A6).

A6. Demographic characteristics of youth referred (N=105)

	CHSFS N=3		CLUES N=9		MDHFS N=49		Nystrom N=N/A		Storefront N=N/A		Washburn N=44		TOTAL N=105	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Ages of youth served														
0-5	0	0%	0	0%	0	0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0%
6-8	0	0%	0	0%	0	0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0%
9-11	0	0%	0	0%	0	0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0%
12-17	2	67%	7	78%	41	84%	N/A	N/A	N/A	N/A	N/A	N/A	50	48%
18-21	1	33%	2	22%	6	12%	N/A	N/A	N/A	N/A	N/A	N/A	9	9%
Unknown/missing	0	0%	0	0%	2	4%	N/A	N/A	N/A	N/A	N/A	N/A	2	2%
Race														
Black/African American	0	0%	0	0%	13	27%	N/A	N/A	N/A	N/A	2	5%	15	14%
African (African-born)	0	0%	0	0%	0	0%	N/A	N/A	N/A	N/A	0	0%	0	0%
Asian/SE Asian	0	0%	0	0%	2	4%	N/A	N/A	N/A	N/A	2	5%	4	4%
Native American	0	0%	0	0%	0	0%	N/A	N/A	N/A	N/A	0	0%	0	0%
White/Caucasian	2	67%	1	11%	7	14%	N/A	N/A	N/A	N/A	35	80%	45	43%
Bi- or multi-racial	0	0%	0	0%	1	2%	N/A	N/A	N/A	N/A	2	5%	3	3%
Other	0	0%	8	89%	26	53%	N/A	N/A	N/A	N/A	0	0%	34	32%
Unknown/missing	1	33%	0	0%	0	0%	N/A	N/A	N/A	N/A	3	7%	4	4%
Ethnicity														
Hispanic	0	0%	8	89%	28	57%	N/A	N/A	N/A	N/A	2	5%	38	36%
Non-Hispanic	2	67%	1	11%	21	43%	N/A	N/A	N/A	N/A	42	95%	66	63%
Unknown/missing	1	33%	0	0%	0	0%	N/A	N/A	N/A	N/A	0	0%	1	1%
Gender														
Male	1	33%	3	33%	12	24%	N/A	N/A	N/A	N/A	34	77%	50	48%
Female	1	33%	1	11%	36	73%	N/A	N/A	N/A	N/A	10	23%	48	46%
Transgender	0	0%	0	0%	0	0%	N/A	N/A	N/A	N/A	0	0%	0	0%
Unknown/missing	1	33%	5	56%	1	2%	N/A	N/A	N/A	N/A	0	0%	7	7%
Primary language spoken in home														
English	2	67%	2	22%	20	41%	N/A	N/A	N/A	N/A	43	98%	67	64%
Spanish	0	0%	7	78%	27	55%	N/A	N/A	N/A	N/A	1	2%	35	33%
Somali	0	0%	0	0%	0	0%	N/A	N/A	N/A	N/A	0	0%	0	0%
Other	0	0%	0	0%	2	4%	N/A	N/A	N/A	N/A	0	0%	2	2%
Missing	1	33%	0	0%	0	0%	N/A	N/A	N/A	N/A	0	0%	1	1%

Characteristics of youth served

Across the six agencies, a total of 308 children/youth received mental health services. As noted above, Washburn's age data was not available because of data cleaning occurring on MN Kids Database. Reviewing the age data of the other five agencies, 93 of the youth receiving services (68%) were age 12-17, followed by 18 youth (13%) who were 9-11 years old.

Over two-thirds of youth served were White/Caucasian (69%), followed by 9 percent Black/African American. Eleven percent were Hispanic. There were more females served (52%) than males (45%). Information about the primary language spoken at home was missing for nearly half (47%) of the students served. This is partially due to the fact that some agencies do not collect this information, although it is not clear if this is the reason for everyone (Figure A7).

A7. Demographic characteristics of youth served N=308

	CHSFS N=25		CLUES N=7		MDHFS N=18		Nystrom N=39		Storefront N=48		Washburn N=171		Total N=308	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Ages of youth served														
0-5	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	1	<1%
6-8	0	0%	0	0%	0	0%	12	31%	0	0%	0	0%	12	4%
9-11	0	0%	0	0%	0	0%	18	46%	0	0%	0	0%	18	6%
12-17	18	72%	5	71%	14	78%	8	21%	48	100%	0	0%	93	30%
18-21	5	20%	2	29%	4	22%	0	0%	0	0%	0	0%	11	4%
Unknown/missing	2	8%	0	0%	0	0%	0	0%	0	0%	171	100%	173	56%
Race														
Black/African American	6	24%	0	0%	2	11%	1	3%	5	10%	13	8%	27	9%
African (African-born)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Asian/SE Asian	3	12%	0	0%	2	11%	1	3%	1	2%	6	4%	13	4%
Native American	0	0%	0	0%	0	0%	0	0%	1	2%	1	1%	2	1%
White/Caucasian	12	48%	1	14%	3	17%	22	56%	40	83%	133	78%	211	69%
Bi- or multi-racial	0	0%	0	0%	0	0%	6	15%	0	0%	10	6%	16	5%
Other	0	0%	5	71%	11	61%	0	0%	1	2%	4	2%	21	7%
Unknown/missing	4	16%	1	14%	0	0%	9	23%	0	0%	4	2%	18	6%
Ethnicity														
Hispanic	2	8%	5	71%	12	67%	5	13%	1	2%	9	5%	34	11%
Non-Hispanic	23	92%	2	29%	6	33%	12	31%	47	98%	162	95%	252	82%
Unknown/missing	0	0%	0	0%	0	0%	22	56%	0	0%	0	0%	22	7%

A7. Demographic characteristics of youth served N=308 (continued)

	CHSFS N=25		CLUES N=7		MDHFS N=18		Nystrom N=39		Storefront N=48		Washburn N=171		Total N=308	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gender														
Male	6	24%	1	14%	4	22%	16	41%	14	29%	99	58%	140	45%
Female	17	68%	6	86%	13	72%	19	49%	34	71%	72	42%	161	52%
Transgender	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/missing	2	8%	0	0%	1	6%	4	10%	0	0%	0	0%	7	2%
Primary language spoken in home														
English	0	0%	3	43%	6	33%	0	0%	44	92%	90	53%	143	46%
Spanish	0	0%	4	57%	10	56%	0	0%	1	2%	1	1%	16	5%
Somali	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	2	11%	0	0%	3	6%	0	0%	5	2%
Missing	25	100%	0	0%	0	0%	39	100%	0	0%	80	47%	144	47%

Insurance status

Of the 308 students served, two-thirds (66%) were insured through private insurance. Nine percent of the students had no coverage at all. Nearly one in five students served (22%) was insured through public programs, such as Medical Assistance or MinnesotaCare (Figure A8).

A8. Mental health insurance status at intake

	CHSFS N=25		CLUES N=7		MDHFS N=18		Nystrom N=39		Storefront N=48		Washburn N=171		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No insurance coverage	7	28%	3	43%	8	44%	0	0%	4	8%	27	16%	29	9%
Insured through public program	6	24%	2	29%	9	50%	8	21%	2	4%	42	25%	69	22%
Insured through private insurance	12	48%	1	14%	1	6%	29	74%	42	88%	118	69%	203	66%
Unknown/ missing	0	0%	1	14%	0	0%	2	5%	0	0%	4	2%	7	0%
Total	25	100%	7	100%	18	100%	39	100%	48	100%	191	112%	308	100%

Types of activities and services provided

A total of 6,576 services were provided by the agencies during the period of July-December 2010. This number is roughly one-third less than was reported for January-June 2010 (perhaps due to the fact that some of this timeframe included the summer when less students are enrolled in school). Consistent with the previous reporting period, the most common service was individual therapy lasting 30 to 90 minutes (2,251 sessions). Care Coordination and Parent Consultation each accounted for the same amount of services (n=988). During this reporting period, Child specific consultation to teachers (n=517) was carried out more often than Child specific consultation to support staff (n=470) (Figure A9). Only about 2 percent of services were not completed due to cancellations or no shows (Figure A10).

A9. Services provided, July – December 2010

	CHSFS	CLUES	MDHFS	Nystrom	Storefront	Washburn	Total
Building Crisis Management	0	0	8	0	0	0	8
Building Support Teams	0	0	6	0	0	0	6
Care Coordination	58	0	49	6	20	855	988
Child Specific Consultation-Administration	0	0	8	0	3	36	47
Child Specific Consultation-Support Staff	4	4	0	0	117	345	470
Child Specific Consultation-Teachers	0	0	0	4	18	495	517
Child Specific Observation	0	0	0	1	0	0	1
Classroom Presentation	0	0	15	1	0	1	17
Consultation (not Student Specific)	0	2	0	14	0	210	226
Diagnostic Assessments (Intakes)	1	4	18	15	6	81	125
Family Skills Training	0	0	0	0	1	0	1
Family Therapy w/Client	4	1	3	77	0	160	245
Family Therapy w/o Client	0	0	0	35	0	152	187
Group Psychotherapy	0	0	0	1	24	0	25
Group Skills Training	0	0	0	1	0	2	3
Individual Skills Training	0	0	0	1	0	172	173
Individual Therapy 30 min	0	1	0	14	0	274	289
Individual Therapy 60 min	74	54	125	319	237	1,147	1,956
Individual Therapy 90 min	0	0	0	2	0	4	6

A9. Services provided, July – December 2010 (continued)

	CHSFS	CLUES	MDHFS	Nystrom	Storefront	Washburn	Total
MH Case Management	0	0	0	0	0	0	0
Observation – Classroom-wide	0	0	0	0	0	0	0
Parent Consultation	0	0	5	0	12	971	988
Phone Parent Consultation	0	6	9	1	57	0	73
Program Development/Planning Categories	0	0	0	16	0	105	121
Psychological Testing	0	0	0	0	0	0	0
School Conferences	0	0	0	6	3	42	51
Screening	0	0	52	0	0	0	52
Training for Staff	0	0	0	0	0	1	1
Travel	0	0	0	0	0	0	0
TOTAL	**141**	**72**	**298**	**514**	**498**	**5,053**	**6,576**

A10. Cancellation categories

	CHSFS	CLUES	MDHFS	Nystrom	Storefront	Washburn	Total
Cancelled by Center	0	0	0	0	0	0	0
Cancelled by Client	0	0	94	0	0	0	94
No Show	0	2	94	0	0	0	96
TOTAL	**0**	**2**	**188**	**0**	**0**	**0**	**190**

Time between referral and 1st meeting

To align with their county contracts, programs were asked to calculate the average time between a student's referral to the program and their first meeting with a clinician. The way in which some of the agencies reported this varied from the way they had reported it previously Storefront, Nystrom, and Washburn reported the percentage of youth receiving a same day clinician appointment, rather than an average number of days (Figure A11). Because the reporting is not consistent across agencies, it is not possible to provide an overall average. Instead, the days reported in the 2010 Annual Report are noted below. CHSFS and MDHFS's average improved since the last reporting period (by 5.5 and 3.8 days respectively). CLUES and Nystrom's numbers remained virtually the same. Storefront and Washburn's reported numbers went down this reporting period.

Agencies were not asked to explain why there were any changes, so it is unclear why some increased and others decreased.

A11. Time between referral and 1st meeting

	CHSFS		CLUES		MDHFS		Nystrom		Storefront		Washburn	
	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2010	Jul-Dec 2010
Average time/% of time between referral and 1st meeting	9 days	3.5 days	3 days	3 days	7 days	3.2 days	96% same day	97% same day	54% same day	42% same day	89% 0-7 days	34% 0-7 days

Child functioning outcomes

All of the programs reported on the Child and Adolescent Service Intensity Instrument (CASII), Strengths and Difficulties Questionnaire (SDQ), and parent satisfaction outcomes. Three agencies did not provide academic and attendance data due to questions around operationalization. As has been true in past reports, agencies compiled the academic data in various ways. Figure A12 provides an overview of the overall average for each of the 6 child functioning outcomes, as well as the range of the minimum and maximum scores that were reported. Some agencies noted that SDQ scores may have declined because the pre-assessment is done before the student has trust in the process and therefore may not report as honestly as they did in follow up assessments.

A12. Child functioning outcomes

	AVERAGE	MINIMUM	MAXIMUM
Improved/Maintained CASII Score	81%	60%	100%
Improved/Maintained SDQ Score	80%	25%	100%
Improved/Maintained Attendance[a]	91%	43%	94%
Improved/Maintained Academic Performance[a]	95%	93%	100%
Improved/Maintained Academic Placement[a]	95%	93%	100%
Positive Client/Parent Satisfaction with the Program	99%	86%	100%

[a] *Only CLUES, MDHFS and Storefront reporting.*

Recommendations for future reporting

- **Operationalize the child functioning outcome measures so that they can be consistently measured across programs.** Agency staff continue to have concerns about reporting child functioning variables (improved/maintained CASII, SDQ, attendance, performance and placement), which are requirements of their County contracts and Collaborative reports. Agencies are likely measuring these outcomes inconsistently. Workgroups including the MN Kids Database advisory group are currently developing recommendations to share with others, including the Collaborative.

- **Get consistent information from agencies for days to service.** Currently, 5 of the 6 school based agencies use the MN Kids Database, which has a report summarizing number of days to service. The county currently requires agencies report on the average day to service. Future reporting to the Collaborative should ask for days to service in the format calculated by the MN Kids Database.

- **Update the reporting template so agencies can seamlessly download their data from MN Kids Database.** Since funding has been extended for a couple more years, it may be useful to change the current reporting template and incorporate the data that can be downloaded on MN Kids Database. Currently, the five agencies who store data in the database need to type in their data manually into the reporting template. Updating the reporting template would prevent data entry errors if it could include a way for agencies to effortlessly paste their custom report into the reporting template or to electronically submit the custom report along with a supplemental narrative report.

Uninsured/underinsured youth

Background

The purpose of this funded group is to improve access to mental health services among youth who are uninsured or underinsured. The grantees have used a broad definition of underinsured populations, including youth who have no insurance due to their legal status, inadequate coverage, or burdensome co-pays or deductible plans. In addition, each funded project also emphasizes reaching a unique target population that, for a variety of reasons, is often underserved in the current mental health system (Figure A13).

A13. Overview of uninsured/underinsured programs currently funded

Program	Description
Baby's Space	Serves Native American children ages 0-8 who reside in the Little Earth of United Tribes Housing Development or attend Baby Space/Tatanka Academy. Provides preventative classroom interventions to all children enrolled in the school and further assessment and therapeutic interventions to youth exhibiting social-emotional or behavioral difficulties. All supportive services are provided free of charge. *Target population: American Indian children residing on the Little Earth reservation and surrounding neighborhood and/or enrolled in Baby's Space/Tatanka Academy*
Family & Children Services (FCS)	Serves young children (ages 3-5) enrolled in PICA HeadStart. Provides on-site mental health screening, assessment, intervention, and consultation services to children who have, or 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*
YouthLink	Serves 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 who are residents of Hennepin County*

NOTE: *The Mental Health Collective contract ended in July 2010. La Familia Guidance Center did not report any evaluation data for this time period (July-December 2010) prior to closing in January 2011.*

Staffing and implementation status

Two programs, the Mental Health Collective and La Familia Guidance Center, are no longer funded by the Collaborative. The Mental Health Collective's contract with the Collaborative ended in July 2010. The organization did request permission to submit a proposal to use unspent funds from the first two years of the project to continue their efforts through December 2010, but this request was not funded by the Collaborative. While the program had made gains in building relationships within the Somali community and piloting a new curriculum for youth, the program experienced a number of staffing changes and other implementation challenges.

La Familia Guidance Center closed abruptly in January 2011. Although they had received funding from the Collaborative throughout the 2010 calendar year, they did not submit a semi-annual report prior to closing. As a result, no information regarding outreach, screening, or intervention services provided during the past six months can be reported.

The three remaining projects continue to be fully implemented and staffed at appropriate levels. There was some staffing transitions at YouthLink during the past six months, but no major service disruptions. All three projects continue to report they are successfully reaching their target populations.

Use of grant funding

The three remaining uninsured/underinsured grantees are using Collaborative funding to provide services that would otherwise not be available to youth and families. YouthLink has used their grant funding to supplement the costs of services for youth who do not have insurance or lack the financial resources to pay co-pays or deductibles. Baby's Space uses their grant funding to supplement the costs of mental health and family support staff to be involved in the formal and informal support of children and families. FCS also uses their grant funding to cover the costs of mental health staff providing support and training to HeadStart classroom teachers. These types of services are not reimbursable, but the programs have found them to be essential in engaging families and offering more holistic services in a classroom setting.

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. Since the program began, a total of 252 children and youth have been served by the three programs currently funded. Both Baby's Space and FCS serve a fairly consistent number of young children in a preschool classroom setting, while YouthLink is a drop-in center providing a broad range of services for homeless

youth. The data included in this report describe characteristics of youth served during the past six months (July-December 2010). The final SOI report will include a summary of all children served by all programs throughout the full grantmaking period.

The three remaining uninsured/underinsured programs provide services to youth at both ends of the age spectrum. Approximately one-third of the youth served (32%) were young adults, ages 18-21, served by Youth Link. In contrast, all children served by Baby's Space and FCS were 8 years of age or younger. individual programs served very different targeted populations. YouthLink and FCS serve a large African-American youth population, while all youth served by Baby's Space are American Indian. Approximately one in five youth served by the three programs combined (19%) were identified as Hispanic/Latino (Figure A14).

A14. Demographics of youth screened during the past six months

	Baby's Space (N=76)		FCS (N=24)		Youthlink (N=49)		Total (N=149)	
	N	%	N	%	N	%	N	%
Age								
0-3	33	43%	9	38%	0	0%	42	28%
4-5	12	16%	14	58%	0	0%	26	17%
6-8	31	41%	0	0%	0	0%	31	21%
9-11	0	0%	0	0%	0	0%	0	0%
12-17	0	0%	0	0%	2	4%	2	1%
18-21	0	0%	0	0%	47	96%	47	32%
Unknown	0	0%	1	4%	0	0%	1	<1%
Gender								
Male	39	51%	14	58%	23	47%	76	51%
Female	37	49%	10	42%	25	51%	72	48%
Transgender	0	0%	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	1	2%	1	<1%
Race								
African American	1	1%	14	58%	34	70%	49	33%
African-born (refugee, immigrant)	0	0%	2	8%	1	2%	3	2%
Asian-American	0	0%	0	0%	0	0%	0	0%
American Indian	43	57%	0	0%	4	8%	47	32%
White/Caucasian	0	0%	2	8%	5	10%	7	5%
Bi-/multi-racial	32	42%	3	13%	4	8%	39	26%
Other	0	0%	1	4%	0	0%	1	<1%
Unknown/missing	0	0%	1	4%	1	2%	2	1%

A14. Demographics of youth screened during the past six months (continued)

	Baby's Space (N=76)		FCS (N=24)		Youthlink (N=49)		Total (N=149)	
	N	%	N	%	N	%	N	%
Ethnicity								
Hispanic/Latino	27	36%	1	4%	1	2%	29	19%
Non-Hispanic/Latino	35	46%	23	96%	48	98%	106	71%
Unknown	14	18%	0	0%	0	0%	14	9%
Primary language spoken in home[a]								
English	76	100%	23	96%	48	98%	147	99%
Spanish	0	0%	1	4%	0	0%	1	<1%
Somali	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	1	2%	1	<1%

NOTE: *"Other" race was specified as Hispanic. All youth served by Baby's Space, including those listed as bi- or multi-racial, are American Indian.*

Although these grantees were funded to serve children and youth who were unable to access care due to insurance barriers or other reasons, most program participants served during the past six months (88%) had insurance through a public plan. Fewer participants were without insurance at intake (4%) or covered through a private plan (1%) (Figure A15). These data are similar to results from previous semi-annual summaries. As described previously, the grantees noted the populations they serve are underrepresented in the mental health system.

A15. Insurance status at intake

	Baby's Space (N=76)		FCS (N=24)		Youthlink (N=49)		Total (N=149)	
	N	%	N	%	N	%	N	%
No insurance, reasons unknown	0	0%	1	4%	9	19%	10	7%
Not eligible for insurance	0	0%	0	0%	0	0%	0	0%
Public insurance plan/program	76	100%	23	96%	32	65%	131	88%
Private insurance plan	0	0%	0	0%	2	4%	2	1%
Unknown[a]	0	0%	0	0%	6	12%	6	4%

[a] *The reasons for insurance ineligibility for other youth are unknown.*

Screening and service utilization data

The screening tools used by each program vary, and include the Ages and Stages Questionnaire-Social Emotional (ASQ:SE – Baby's Space), Strengths and Difficulties Questionnaire (SDQ - Baby's Space), Devereux Early Childhood Assessment Clinical Form (DECA-C – Family & Children Services), Infant Toddler Social Emotional Assessment (ITSEA - Family & Children Services), and Behavior Assessment System for Children (BASC-2 - Family & Children Services). YouthLink also uses a general Health and Wellness assessment to determine the need for additional services.

The screening, assessment, and referral approaches used by each program vary considerably. Baby's Space, for example, screens all children and often provides prevention-focused classroom services to children who may be exhibiting behaviors or other problems in the classroom, regardless of the screening score. However, fewer children receive a formal diagnostic assessment or therapeutic services. A number of youth referred for diagnostic assessments did not have elevated screening scores, but were referred following observations by classroom teachers and staff. In contrast, all children referred for services from Family & Children Services receive a diagnostic assessment, regardless of whether their screening score is elevated. Few young adults referred for diagnostic assessments at YouthLink attend those follow up appointments. Although YouthLink staff remind youth of these appointments and encourage them to attend, youth forget about the appointments because they are scheduled so far in advance or may be less involved with the program when their appointment is due.

Because the screening process occurs somewhat differently in each project and some children may be screened multiple times, this report includes unduplicated screening results reported by the projects during the past six months. During that time, nearly half of all children or youth screened (46%) had an elevated score, indicating potential behavioral or mental health issues (Figure A16). Among participants referred for a diagnostic assessment, very few (N=5) refused the service. In all, 37 youth (26% of youth screened by the projects during the past six months) were diagnosed with a mental health or social-emotional disorder as a result of the services provided by the program.

A16. Screening, assessment, and referral outcomes for youth (July – December 2010)

Screening summary	Baby's Space	Family & Children Services	YouthLink	Total
Number of youth screened	67	24	49	140
Number of youth with an elevated screening score (percentage of youth screened)	18 (27%)	24 (100%)	23 (47%)	65 (46%)
Number of youth referred for a diagnostic assessment	18	24	18	60
Number of youth who received a diagnostic assessment	18	21	8	47
Number of youth who refused a diagnostic assessment	0	3	2	5
Number of youth who received a mental health/social-emotional diagnosis	11	18	8	37

Discharge data

Discharge data were included in only two of the reports submitted by uninsured/ underinsured grantees. A total of 16 FCS and YouthLink participants were discharged during the past six months, with most youth (64%) being discharged because they were aging out of the program they were enrolled in (Figure A17). In past reports, it was more common for children/youth to be discharged after successful completion of the program, so data from this summary should be interpreted with caution. The final report will include discharge and outcome data for all youth served by the programs.

A17. Reasons for discharge from mental health services, July – December 2010

	Family & Children Services (N=5)	YouthLink (N=20)	Total (N=25)
Successful completion of program	1	0	1 (4%)
Service refused (early termination of services)	0	2	2 (8%)
Child referred to another agency	0	0	0 (0%)
Child/family moved	2	4	6 (24%)
Other	2[a]	14[b]	16 (64%)

NOTE: *These data were not included in the semi-annual report submitted by Baby's Space.*

[a] *Services ended for two children when they began kindergarten.*

[b] *All youth were discharged after turning 20 years old and aging out of the program.*

Next steps and key observations

All grantees were asked to identify next steps they planned to focus on during the next six months. Each program identified at least one program element they planned to change in order to further enhance their work with youth and children (Figure A18).

A18. Program's next steps

Provider	Next steps
Baby's Space	Continue to emphasize parent involvement in therapeutic services. Begin measuring academic success and competence within the school settings as key outcome measures.
Family Children Services	Implement a parent support group offering information about parenting children with social emotional and developmental issues.
YouthLink	Continue offering open hours each week to provide screening services and make referral recommendations in a more streamlined and efficient manner. Convene a trauma-informed services committee to develop practices for young adults who have experienced trauma.

When writing their reports, all uninsured/underinsured grantees are asked to reflect on the data they report and identify any results they felt were surprising. In general, the three programs appear to be making small improvements to their work, rather than responding to surprising findings. However, the grantees did share some information about steps they have used to successfully engage youth and caregivers in services:

- **Gathering screening data during other parent events has been a successful strategy to obtain parent input.** Parent involvement continues to be a challenge for both programs serving young children (Baby's Space and FCS), but efforts have been made by both programs to offer parent education programs and other ongoing support. Baby's Space uses the ASQ:SE or SDQ as social-emotional development screening instruments. By asking parents to complete the forms at the time of the fall and spring school conferences, 81 percent of Baby's Space parents and 55 percent of Tatanka Academy parents had completed a screening instrument. Baby's Space has also expanded other opportunities for parents to become meaningfully involved. Nearly all (95%) parents have participated in at least one Family Night and half (50%) of the parents of program participants attended the general parent education course offered twice a month.

- **Regular meetings with young adult clients may help increase compliance with referral recommendations.** According to YouthLink staff, young adults who are referred to services often forget the appointment was scheduled, are facing a different crisis, or are experiencing relief in symptoms and do not see the necessity of the appointment. Staff noted that, when they have regular contact with the youth, they increased youth follow-through in attending these appointments. However, this ongoing participation can be difficult to achieve with the population of youth served by the program.

Primary Care

Background

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. Although both programs had similar goals of increasing the use of mental health screening and improving access to care, they varied in regard to program structure and target population. St. Joe's reached a very specific population, providing intake and shelter services for youth removed from their homes. In contract, PCS is a traditional pediatric clinic located in a Hennepin County suburb (Figure A19). St. Joe's voluntarily terminated its contract with the Collaborative in 2009 after experiencing a number of significant staffing and implementation challenges.

A19. Overview of Primary Care programs currently funded

Partners in Pediatrics – Pediatric Consultation Specialists (PCS)	Partners in Pediatrics entered a collaborative arrangement with Pediatric Consultation Specialists 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 on at the clinic one day each week to provide consultation to medical providers, immediate mental health triage services, and further assessments.

Implementation status

PCS has been fully staffed and continues to provide on-site services (BE-Care) at the Maple Grove PIP clinic location one afternoon each week. The hours of the clinic have been expanded from five to seven hours per week to meet a rise in BE-Care referrals. The most significant challenge to the project has been a need for the PCS provider staffing BE-Care to become a contracted provider under multiple insurance plans. The entire PCS provider group is part of the Blue Cross Blue Shield provider network, and the individual BE-Care staff member will soon be part of the United Behavioral Health provider network. PCS has decided it is not feasible to continue to pursue relationships with other major health care insurance plans.

Characteristics of youth served

The data included in this report describe characteristics of youth screened during the past six months of the project (July – December 2010). The demographic data reported in this summary are gathered for all youth referred to a BE-Care appointment. The characteristics of youth served have remained quite consistent over time.

During the last six months (July-December 2010), approximately two-thirds of the youth served (65%) were children 8 years of age or younger (Figure A20). Over half of the youth referred were male (56%). Most children referred for triage were White/Caucasian (84%), and all spoke English. These demographic characteristics are very similar to those reported for the first two full years of the project.

A20. Demographic characteristics of youth served

	Year 3 midpoint: July-December 2010 (N=108)	
	N	%
Age		
0-5	41	38%
6-8	29	27%
9-11	17	16%
12-17	18	17%
18-21	1	1%
Gender		
Male	60	56%
Female	47	44%
Unknown/Missing	1	1%
Race		
White/Caucasian	91	84%
African-American	4	4%
Asian-American	2	2%
American Indian	0	0%
Bi-/multi-racial	7	6%
Unknown/Missing	4	4%
Ethnicity		
Hispanic	2	2%
Non-Hispanic	103	95%
Unknown/Missing	3	3%
Total	108	100%

Screening and referral outcomes

Timeliness of services. Less than one-quarter (22%) of patients who had a BE-Care appointment within the past six months were seen within one week of their pediatric visits (Figure A21). This was lower than the percentage of youth who received appointments within that time period during Year 1 (52%) and Year 2 (43%) of the project. This preliminary finding should be monitored with caution, as there are a number of youth with unknown referral dates, and other factors (i.e., weather conditions, holiday travel), may have delayed appointment scheduling. 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.

A21. Length of time between pediatric visit and mental health triage appointment

	Year 3 midpoint: July-December 2010 (N=108)	
	N	%
Same day	6	6%
1-7 days	18	17%
8-14 days	27	25%
15-30 days	22	20%
More than one month	19	18%
Unknown	16	15%

Referrals. Data describing the types of referrals pediatricians make at the initial appointment, referrals made by PCS staff during the BE-Care appointment, and degree of follow up among families who receive referrals for additional mental health services will be incorporated into the project's annual report.

Next steps and key observations

A brief interview was conducted with the project coordinator from PCS to identify changes in initiative activities and steps to ensure sustainability. Examples of current activities and plans for future work are highlighted below:

Expanded BE-Care hours. During the past six months, the number of referrals to BE-Care has increased and has been consistent at these higher levels. As a result, the clinic hours were expanded this Fall and two additional clinic appointment slots were added. These appointment slots were added in the afternoon after school hours, allowing some children to be seen earlier at the clinic.

Coordination with health insurance plans. After a long application and approval process, the co-located mental health professional will soon be a contracted provider in the United Behavioral Health network. Although PCS had looked into seeking contracts through other health insurance programs, most required a supervising mental health practitioner to also be a contracted provider or specified that the entire provider group, rather than an individual, would need to seek status as a contracted provider in the insurance plan's network. PCS did not feel it would be possible to try to meet the requirements necessary to become certified by other health plans.

Potential expansion into Uptown Clinic. The Partners In Pediatrics (PIP) Uptown Clinic will be moving to a new location with more clinic rooms available. With this additional space, it may be possible to expand BE-Care into this second clinic. This option will continue to be discussed during the final months of the grant initiative.

Use of hardship discounts. Currently, HCCMHC funds are used to supplement the costs of the BE-Care appointment so that no family has more than a $30 co-pay for an appointment. When the grant period ends, PCS plans to offer hardship discounts on a case-by-case basis to families who are interested in, but cannot afford, a BE-Care appointment. In order to cover the costs of this service, PCS plans to increase the number of billable therapy hours among staff to ensure any uncompensated BE-Care appointments can be provided without resulting in an overall financial loss to the provider group.

Parent Involvement

Background

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 Collaborative's Parent Leadership Group (PLG). In-depth training was intended to be provided to a core group of parents/caregivers through MACMH's Family Catalyst Project, which focuses on ways to help parents develop the skills to work collaboratively and constructively with decision-makers. These caregivers would receive ongoing mentoring as they complete their training and participate in committees, workgroups, and other advocacy work at the county and state level, including Collaborative workgroups. The Collaborative also intended the contract to expand the PLG, envisioned as a broader parent support group, to parents and caregivers who were not part of the Family Catalyst training program. During the contract period, the PLG was renamed the Parent Catalyst Leadership Group (PCLG), referring to the group of parents trained as Family Catalysts.

Implementation status

The Collaborative pursued terminating its funding relationship with MACMH in September 2010, due to contract concerns. The Collaborative's contract with MACMH did ultimately continue through the full term (December 2010) and a number of activities continued throughout that time period. The notice of early termination and decision not to renew the MACMH contract caused significant disruption to the PCLG. Some members of the PCLG did discontinue their involvement with the group when MACMH's contract ended. The PCLG is now being led by two parents trained as Family Catalysts who plan to continue the training series to other parents and support group that began late in 2010. The Collaborative Coordination Team is providing support to the PCLG.

Characteristics of families involved

Over the course of the project, a total of 16 parents were identified as members of the Parent Catalyst Leadership Group (PCLG). MACMH reported they had met their goals in terms of total number of parents recruited, but hoped to continue to increase the diversity of parents involved. Six caregivers were recruited during the past six months of the project, while five caregivers ended their involvement in Fall 2010 after the Collaborative sent notice of its intent to terminate its contract with MACMH. A culturally diverse group of parents were involved in the PCLG, including African-American, African-born, Asian-American, American Indian, White, and Hispanic parents (Figure A22).

A22. Demographic characteristics of parents involved in the Parent Catalyst Leadership Group (N=16)

	N	%
Number of parents involved since August 2009	16	-
Number of parents currently involved in the PCLG (Dec 2010)	10	-
Gender		
Male	2	13%
Female	14	88%
Race		
African American	5	31%
Asian American	1	6%
American Indian	2	13%
White/Caucasian	6	38%
Bi-/multi-racial	2	13%
Unknown	0	0%
Ethnicity		
Hispanic/Latino	2	13%

NOTE: *Parents/caregivers identified as African-American included two African (i.e., African-born) caregivers.*

Major activities

Parent Catalyst Leadership Group (PCLG) participants received nearly 40 hours of training through July 2010, including training on the legislative process, facilitation skills,, effective advocacy (sharing your story), meeting protocols (Robert's Rules of Order), effective communication, and other topics. Parents were also able to attend the MACMH Annual Conference in April 2010. Parents also participated in the planning of two events held during the past six months, a mental health resource fair (August 2010) and open house (September 2010), developed to share resources and recruit new parents/caregivers into the program. A monthly Parent Support and Education Group, open to all Hennepin County parents, began to meet in October 2010. The PCLG also hosted a parent workshop in December 2010, which was attended by 55 people.

MACMH reported PCLG members were, and continue to be, involved in a number of workgroups and policy-making boards, including the HCCMHC Governance and Executive Board, MDH Health Care Homes Consumer/Family Council, Bloomington Parent Mentoring Program, Juvenile Justice Substance Abuse Workgroup, and the Minnesota State Education Advisory Panel. The degree to which individual parents were

involved in these workgroups varied. However, reports prepared for the Collaborative by MACMH did not describe the roles of parents in these workgroups in detail.

Over 1,500 flyers and materials were distributed throughout Hennepin County to recruit new participants for the PCLG and share information about events and the Parent Support and Education Group. MACMH has reported mixed success with this approach, as it increased visibility to providers throughout the County, but may not have been the best approach to use to recruit linguistically-diverse caregivers or parents who feel stigmatized by their child's diagnosis.

Next steps and key observations

During the next six months, the work of the PCLG will continue under the leadership of two parents, and the Collaborative coordinator will continue to work closely with PCLG participants to determine the resources and infrastructure that should be in place to build capacity of parent leaders and create a broad parent support program.

The following recommendations are issues for the PLCG and Collaborative to consider during this critical transition phase:

- **Ensure reimbursement stipends and other supports are in place to continue encouraging participation of parents in various workgroups and advisory boards.** In their final report, MACMH noted parents who currently receive stipends/mileage reimbursements to support some of their time to participate in workgroups or advisory boards were concerned this financial assistance would not continue. Clear communication to parents and efficient reimbursement processes are needed to ensure parent can receive financial support without interruption.

- **Establish clear expectations of parent training and support group goals that are shared by Collaborative leadership and PCLG members.** The Collaborative plays multiple, and at times conflicting, roles in supporting parent involvement in Hennepin County. Although it intends to help support an infrastructure that can support and build the capacity of parents to advocate and be actively engaged and involved in system-level decisions, the Collaborative is also the grantmaking entity responsible for ensuring accountability and adherence to contract expectations. Ongoing, proactive communication is needed to not only ensure the PCLG is receiving the training and support needed by parents, but also to provide the Collaborative with information that demonstrates their funding is being spent as intended. This work to create stronger lines of communication has begun and can be further enhanced during the next six months of the initiative.

- **Work closely with parents to determine what type of parent training/support model or resources are needed.** Although there is no single parent leadership or support model, the PCLG and parents throughout the County do need support, training, and resources to build the capacity and skills needed to advocate for themselves and represent other parents on decision-making boards and councils. The Collaborative is encouraged to work closely with PCLG leadership and parent participants to determine what resources are needed, as well as the best ways to ensure those resources are available to parents.

Financials

Provider	Contract Period	Budgeted Year 1 Funding	Budgeted Year 2 Funding	Budgeted Year 3 Funding	Budgeted Total Funding	Actual 2008 Funding	Actual 2009 Funding	Projected 2010 Funding	Projected 2011 Funding
Primary Care MH System Change									
Pediatric Consultation Specialists	8/1/08 - 7/31/11	20,300	19,300	18,900	58,500	8,458	19,883	19,133	11,025
St. Joe's/Catholic Charities	8/1/08 - 7/31/10	35,400	29,600		65,000	14,750	32,983	17,267	
Juvenile Justice MH Systems Change					**123,500**				
Amicus (JJ MH Systems Change)	9/1/08 - 8/31/09	33,794	33,794		67,588	11,265	33,794	22,529	
Juvenile Justice Prevention & Intervention					**67,588**				
Amicus (JJ Prevention)	9/1/08 - 8/31/10	30,000			30,000	10,000	20,000		
HIRED (HC Home School - Futures Forward)	1/1/09 - 12/31/09	50,000			50,000		50,000		
Emerge Community Development	9/1/08 - 8/31/09	30,000			30,000	10,000	20,000		
F&C Svc (Youth Connections)	9/1/08 - 8/31/09	30,000			30,000	10,000	20,000		
F&C Svc (My Life My Choice)	9/1/08 - 8/31/09	30,000			30,000	10,000	20,000		
Genesis II	9/1/08 - 8/31/09	30,000			30,000	10,000	20,000		
Relate	9/1/08 - 8/31/09	30,000			30,000	10,000	20,000		
Stadium View School	9/16/08 - 8/31/09	60,000			60,000	17,500	42,500		
SEARCH	9/16/08 - 9/15/09	60,000			60,000	17,500	42,500		
Underinsured/Uninsured MH Services					**350,000**				
Baby's Space	9/1/08 - 8/31/11	35,000	36,400	37,856	109,256	11,667	35,467	36,885	25,237
MH Collective/African Aid	9/1/08 - 8/31/11	40,000	37,100	35,300	112,400	13,333	39,033	36,500	23,533
F&C Svc (PICA)	9/1/08 - 8/31/11	40,000	40,000	40,000	120,000	13,333	40,000	40,000	26,667
YouthLink	9/1/08 - 8/31/11	40,000	40,000	40,000	120,000	13,333	40,000	40,000	26,667

Provider	Contract Period	Budgeted Year 1 Funding	Budgeted Year 2 Funding	Budgeted Year 3 Funding	**Budgeted Total Funding**	Actual 2008 Funding	Actual 2009 Funding	Projected 2010 Funding	Projected 2011 Funding
School Based MH Initiatives					**461,656**				
Nystrom & Assoc./ St. Anthony Schools	8/12/08 - 7/31/11	30,000	30,000	30,000	90,000	11,250	31,250	30,000	30,000
Mpls Health Dept./ Mpls Schools	2/10/09 - 1/31/12	27,000	27,000	27,000	81,000		27,000	30,000	30,000
Washburn/Eden Prairie Schools	9/1/08 - 8/31/11	30,000	30,000	30,000	90,000	10,000	30,000	30,000	30,000
Family Networks/ Robbinsdale	9/1/08 - 8/31/11	30,000	30,000	30,000	90,000	10,000	30,000	30,000	30,000
CLUES/Richfield Schools	9/1/08 - 8/31/11	30,000	30,000	30,000	90,000	10,000	30,000	30,000	30,000
Storefront Group/Anoka Hennepin	8/12/08 - 7/31/11	30,000	30,000	30,000	90,000	11,250	31,250	30,000	30,000
					531,000				
Parent Leadership Support Contract									
MCMHA	Approved 4/10/09			60,000	60,000		16,567		