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ABSTRACT

This report to the Minnesota state legislature describes the status of the local children's mental health collaboratives. These mental health collaboratives were established in response to the fragmented service delivery system. Counties, school districts, and local mental health entities became partners with public health, juvenile corrections, and other community-based organizations in order to integrate funding, reduce duplication of services, and increase capacity. Findings of the report indicate that there are 15 approved children's mental health collaboratives representing 24 counties in Minnesota. Seven of these collaboratives have governance structures in common with their family services collaboratives, thus integrating the delivery of service to children with serious emotional and behavioral disorders and their families. As a result of the integration, the infrastructure needed to deliver children's mental health services has been strengthened. Relationships between state and local partners were found to be integral components of system change in delivering technical assistance to identify and reduce barriers, integrate funding, and coordinate services. Barriers to additional collaboratives and funding integration are identified, including delays in grant awards that have created a slowdown in implementation for many of the existing collaboratives. Recommendations for future service coordination and funding integration include more technical assistance and cross-agency training, as well as a study of the feasibility of increased funding for expansion of the collaboratives statewide. Contains a list of the grant awards and the addresses of the collaboratives. (CR)

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**The Children's Cabinet
Report to the
1996 Minnesota Legislature**

Local Children's Mental Health Collaboratives

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Laws of 1995, Chapter 207, Article 11, Section 3

Subd. 2. **Children's cabinet report.** By February 1, 1996, the children's cabinet, under section 4.045, in consultation with a representative of the Minnesota district judges association juvenile committee, must submit a report to the legislature on the status of the local children's mental health collaboratives. The report must include the number of local children's mental health collaboratives, the amount and type of resources committed to local children's mental health collaboratives, the additional federal revenue received as a result of local children's mental health collaboratives, the services provided, the number of children served, outcome indicators, the identification of barriers to additional collaboratives and funding integration, and recommendations for further improving service coordination and funding integration.

Cost of preparing report:

Staff Time	\$ 3,600
Printing	<u>\$ 500</u>
	\$ 4,100

Executive Summary

The Children's Cabinet, in consultation with a representative of the Minnesota District Judges Association Juvenile Committee, was directed to submit a report to the Legislature on the status of the local children's mental health collaboratives.

There are fifteen approved children's mental health collaboratives representing twenty-four counties in Minnesota. Seven of these collaboratives have governance structures in common with their family services collaboratives, thus integrating the delivery of services to children with serious emotional and behavioral disorders and their families. As a result of this integration, the infrastructure needed to deliver children's mental health services has been strengthened. In delivering technical assistance to identify and reduce barriers, integrate funding, and coordinate services, relationships between state and local partners were found to be integral components of system change. Resources committed to local children's mental health collaboratives, as well as access to additional federal revenue, continue to be clarified and expanded.

Delays in grant awards created a slowdown in implementation for many of the children's mental health collaboratives. Consequently, information on the numbers of children served and the services provided does not accurately portray efforts made over the past year to implement these collaboratives. Current outcomes are process-based. Future outcomes indicators will be defined by local collaboratives. These will be captured by evaluation plans presently being developed.

Collaborating on behalf of children with mental health needs continues to be a desirable and viable process by most communities in Minnesota. Technical assistance and cross agency training is continually being requested of state and local children's mental health collaborative staff. These requests come from many communities who already have family services collaboratives, as well as others actively involved in planning for the needs of children with serious emotional and behavioral disorders. Recommendations for future service coordination and funding integration include more technical assistance and cross agency training, as well as a study of the feasibility of increased funding for the expansion of children's mental health collaboratives statewide.

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Introduction

Recognizing the difficulty that children with serious emotional and behavioral disorders and their families faced in accessing appropriate services, the Minnesota Legislature passed an amendment to the Comprehensive Children's Mental Health Act in 1993 (245.491), called the Children's Mental Health Integrated Fund (CHIMF). Established in response to the fragmented service delivery system for children beset with multiple challenges, the CMHIF sought to create incentives for system coordination and change through the development of children's mental health collaboratives.

This vehicle for system redesign would offer integrated and coordinated services. Counties, school districts, and local mental health entities would be mandatory partners in this effort with public health, juvenile corrections, and other community-based organizations encouraged to participate. This legislation established the means to integrate categorical funding, reduce duplication of services, and increase capacity. Additionally, it would afford various systems the opportunity to pool the necessary funds and to coordinate the multiple services offered to these children and their families, thus appearing as one seamless service delivery system.

During the 1995 legislative session, support for community-based children's mental health services was strengthened through additional appropriations for Children's Mental Health Collaboratives, as well as streamlining the system through the transfer of oversight functions from the State Coordinating Council to the Children's Cabinet. This report is submitted in accordance with legislative action that requires the Children's Cabinet to submit a report to the legislature on the status of the local Children's Mental Health Collaboratives.

Local Children's Mental Health (CMH) Collaboratives

Status of Approved CMH Collaboratives

The past year has brought about many changes. Fifteen projects (see Appendix A), who had received planning grants, have been approved as CMH Collaboratives, and received implementation grants for the first year of the biennium (see Appendix B). Seven of these have also attained status as Family Services (FS) Collaboratives (see Appendix C). A community whose CMH Collaborative has a common governance board with their FS Collaborative can combine the progress reporting and grant management process. This helps to promote service integration.

Five of the original twenty-one projects (Douglas, Itasca, Grant, Pennington, and Todd/Wadena) continue to pursue implementation status as CMH Collaboratives. The Crow Wing County

project chose not to pursue implementation at this time. In addition, FS Collaboratives with start up in the 1996-97 biennium are required to have a children's mental health services plan by the third year of implementation. Consequently, numerous FS Collaboratives, as well as other communities, have requested technical assistance in establishing status as CMH Collaboratives.

Amount and Type of Resources

In 1995, the Minnesota Legislature appropriated 2 million dollars for implementation of the CMH Collaboratives during the 1996 - 1997 biennium. In addition, under a legislative rider, CMH Collaboratives had access to start up funds from the FS Collaboratives appropriations. The child population formula used by the FS Collaboratives was also used to award the CMH Collaborative grants (see Appendix B).

Information from recent reports on progress by local CMH Collaboratives indicate the pooling of over \$5 million and an additional \$1 million of in-kind collaborative services.

The 1995 Minnesota Legislature also approved appropriations for grants for adolescents with serious emotional disturbance who exhibit violent behavior. Consequently, grants to CMH Collaboratives of \$90,000 for planning for the FY 96 and \$3.8 million for implementation for the FY 97 were approved.

Federal Revenue Earned

Local Collaborative Time Studies have been conducted as pilots to explore the availability of federal administrative dollars for current activities of the collaborative partners (public schools, public health, corrections and other local nonprofit service agencies). A time study was used to determine the portion of activities that can be charged to Medical Assistance Administration, Aid to Families of Dependent Children - Emergency Assistance, and Title IV-E Foster Care Administration. Of the two pilot sites who were CMH collaboratives, total claims for 3 quarters were \$6,242,412. The earned federal revenue was \$3,121,206. All earned revenues must be reinvested in the collaborative to expand services to children and families. Collaboratives may not use earned revenues for out-of-home placements.

Services Provided

Current progress reports from the CMH Collaboratives reflect the beginning implementation of a wide variety of projects for children and families. More common service delivery redesigns include parent involvement in the collaborative process as well as directing the care plan of their own child; co-location of county or collaborative case management on school campuses;

parent support and training opportunities; multi agency staffings with case coordination; widespread utilization of the wraparound process; coordination of assessment processes; expansion of inclusion services; development of common intake processes; cross agency training; information management systems across partner agencies; coordination of funding streams on a local level; and utilization of funding opportunities to enhance service redesign in the execution of activities mandated by the Children's Mental Health Act.

Transfer of oversight of the CMH Collaboratives from the State Coordinating Council to the Children's Cabinet, combined with the creation of the Department of Children, Families and Learning and subsequent change in leadership for the Children's Cabinet, caused delays in the approval of grant awards. Consequently, implementation of delivered services through the CMH Collaboratives moved slowly. Reporting mechanisms reflecting services provided and the number of children served have recently been implemented. With documentation of process outcomes required for future funding and the development of evaluation plans due by June 30, 1996, it is anticipated that more definitive information on service delivery will be available as well.

Children Served

The extent to which service redesign has been executed by local CMH Collaboratives varies from project to project within each of the collaboratives. Projects in operation for more than a year have expanded to serve as many as 150 children and families within a year's time. Others begun within the past year may have served as few as five children, attempting to pioneer new methods with the guidance of the families whom they are serving. Each collaborative may have as many as eight projects while another may have only recently begun delivering services in one project area.

Outcome Indicators

We continue to develop outcomes to evaluate local collaboratives. A contract with the University of Minnesota has resulted in a statewide collaborative evaluation training to assist in the formation of individual evaluation plans. The consultants are available to each local collaborative to develop an individualized evaluation plan with defined elements and outcome indicators pertinent to their community.

Many needs have arisen as collaboratives pioneer this service redesign; such as guidance and direction on how to move a community from where it is to where it wants to be. In support of this evolution, steps taken by more progressive CMH Collaboratives have been used to define *Principles for an Integrated Service Delivery System*, as mandated in legislation. These principles provide the structure by which to define the framework of a CMH Collaborative and will be used as the process outcomes to determine second year funding.

Barriers to Additional Collaboratives and Funding Integration

IDENTIFIED BY LOCAL COLLABORATIVES:

Local Barriers:

- Public awareness about collaboratives and service redesign is minimal.
- Different funding streams and fiscal calendars are difficult to maneuver.
- There is uncertain commitment by some agencies.
- Inconsistent participation among partner agency staff leads to resentment and mistrust.
- Lack of cross agency training creates different perceptions of problem solving methodology.

State Barriers:

- Multiple and restricted funding streams cause problems in integrating funds.
- Different licensure, certification and labor policies are not compatible to collaborative service delivery practices.
- Duplication of data collection and excessive grant-related reporting requirements are too labor intensive.
- Varying levels of commitment among state agencies undermine the premise upon which collaboratives are based.
- Inadequate grant funding delays innovative program implementation.

IDENTIFIED AT STATE LEVEL:

- Families are not sufficiently involved with collaborative processes.
- Culturally competent assessments of cultural relevant activities on all levels of collaborative development are unavailable and training is minimal.
- Collaboratives have not developed common outcome expectations for children and families in their communities.
- Lack of additional grant funding opportunities inhibits collaborative growth and development statewide.

Recommendations to Improve Service Coordination and Funding Integration

1. Service Coordination would be improved by

- establishing parity among jobs based upon core competencies to facilitate

- interagency case planning, hiring and supervision;
- revising labor laws that prohibit minimal contributions to informal support structures or serve as barriers to interagency employment;
- increasing appropriations for collaborative expansion opportunities statewide.

2. Funding Integration would be improved by ...

- integrating funds and providing information on the legal ramifications of consolidating funding streams;
- reforming regulations which place disproportionate responsibility on one partner in a collaborative or inaccessible liability indemnification for the collaborative as a whole on partners which represent public agencies in a collaborative;
- facilitating exceptions to rules/policies for collaboratives when they present as barriers to achieving outcomes for children and families.

CHILD POPULATION BASED FORMULA

Child Population	CMH Grants
2,500 - 4,999	\$ 60,000
5,000 - 14,999	\$ 80,000
15,000 - 24,999	\$120,000
25,000 - 34,999	\$160,000
35,000 +	\$200,000

CMH COLLABORATIVE GRANTS

South Central Children's Project* (Blue Earth/Nicollet Counties)	\$120,000
Three Counties For Kids (Brown, Sibley, Watonwan Counties)	\$ 80,000
Carlton County Children and Family Services Collaborative*	\$120,000
Carver - Scott Collaboratives*	\$160,000
North Shore Children's Project* (Cook/Lake Counties)	\$ 60,000
Dakota County Children's Mental Health Collaborative	\$200,000
Hennepin Children's Mental Health Collaborative	\$200,000
Isanti County Children's Mental Health Collaborative	\$ 80,000
Jackson County Family Services Network*	\$ 60,000
PACS For Families* (Kandiyohi/Renville/ Yellow Medicine/Meecker Counties)	\$160,000
Olmsted Children's Mental Health Collaborative	\$160,000
Polk - Marshall Children's Mental Health Collaborative (Polk/Marshall Counties)	\$ 80,000
Ramsey County Children's Mental Health Collaborative and Coordinating Council	\$200,000
Stearns County Family Services Collaborative*	\$160,000
Washington County Children's Mental Health Collaborative	\$100,000**

* These are the CMH Collaboratives who are combined with FS Collaboratives.

**A 50/50 split was recommended while the formation of a more definitive governance structure and integrated fund were put into place.

CHILDREN'S MENTAL HEALTH COLLABORATIVES

South Central Children's Project

Carl Rosendale, Project Supervisor
Blue Earth County Human Services
Post Office Box 3526
Mankato, Minnesota 56002-3526
Phone - 507/389-8442
Fax - 507/389-8379
Email - ROSENDAL@blue.usa.com
Counties - Blue Earth, Nicollet
FS integration - Yes

Carver - Scott Collaboratives

Tom Behr, Social Services Director
Scott County Human Services
Courthouse, Room 300
428 South Holmes Street
Shakopee, Minnesota 55379-1375
Phone - 612/496-8120
Fax - 612/496-8430

&

Gary Bork, Social Services Director
Carver County Human Services
Post Office Box 7
Chaska, Minnesota 55318
Phone - 612/361-1670
Fax - 612/361-1660

&

Jim Hincks, Director
Carver/Scott Education Cooperative
401 East Fourth Street
Chaska, Minnesota 55318-2081
Counties - Carver, Scott
Phone - 612/368-8809
Fax - 612/368-8858
FS integration - Yes

Isanti County Children's Mental Health Collaborative

Loretta Saylor, Coordinator
Isanti County Family Services
553 18th Avenue South
Cambridge, Minnesota 55008
Phone - 612/689-8161
Fax - 612/689-9877
County - Isanti
FS integration - No

North Shore Collaborative

Steve Jensen, Collaborative Coordinator
P. O. Box 267
Grand Marais, Minnesota 55604
Phone - 218/387-9545
Fax - 218/387-1276
Counties - Cook, Lake
FS integration - Yes

Dakota County Children's Mental Health Collaborative

Patrick Coyne, Children & Family Services
Section Manager
Dakota County Social Services
14955 Galaxie Avenue
Apple Valley, Minnesota 55124
Phone - 612/891-7451
Fax - 612/891-7473
County - Dakota
FS integration - No

Hennepin Children's Mental Health Collaborative

Veronica Schultz, Principle Planning Analyst
Hennepin County Family & Children
Services - MC959
525 Portland Avenue South
Minneapolis, Minnesota 55415-1569
Phone - 612/348-3535
Fax - 612/348-6075
Email - VERONICA.SHULTZ@
CO.HENNEPIN.MN
County - Hennepin
FS integration - No

Jackson County Family Services Network

Bonnie Traetow, Project Coordinator
Jackson County Human Services
Post Office Box 1
Jackson, Minnesota 56143
Phone - 507/847-4441
Fax - 507/847-2054
County - Jackson
FS integration - Yes

**Carlton County Children and Family
Services Collaborative**

Robert Sparby, Director
Carlton County Collaborative
509 Carlton Avenue
Cloquet, Minnesota 55720
Phone - 218/878-0199
Fax - 218/879-6724
County - Carlton
FS integration - Yes

P.A.C.T. 4 Families Collaborative

Toni Branness, Coordinator
1900 Hwy 294 NE Ste 2030
Wilmar, Minnesota 56201
Phone - 320/231-7030
Fax - 320/231-7033
Counties - Kandiyohi, Renville, Yellow
Medicine, Meeker
FS integration - Yes

**Polk-Marshall Children's Mental Health
Collaborative**

Holly Arvig, Director of Family & Children's Svcs.
Northwest Behavioral Health Network
Post Office Box 603
Crookston, Minnesota 56716-0603
Phone - 218/281-3940
Fax - 218/281-6261
Counties - Polk, Marshall
FS integration - No

**Stearns County Family Services
Collaborative**

Laurie Larson
Stearns County Family Services Collaborative
Post Office Box 794
St. Cloud, Minnesota 56302
Phone - 320/252-4561
Fax - 320/252-6213
County - Stearns
FS integration - Yes

Three Counties For Kids

Joyce Gallery, Collaborative Coordinator
Sioux Trails Mental Health Center
1407 South State Street
New Ulm, Minnesota 56073
Phone - 507/354-3181
Fax - 507/354-3183
Counties - Brown, Sibley, Watonwan
FS integration - No

**Olmsted Children's Mental Health
Collaborative**

Patricia Carlson or Kenneth Steiner
Olmsted County Social Services
151 Fourth Street SouthEast
Rochester, Minnesota 55904-3711
Phone - 507/285-8402 or 287-2648
Fax - 507/287-2434
County - Olmsted
FS integration - No

**Ramsey County Children's Mental Health
Collaborative and Coordinating
Council**

Joel Hetler, Collaborative Liaison
Ramsey County Human Services
160 Kellogg Boulevard
Saint Paul, Minnesota 55101-1494
Phone - 612/266-4070
Fax - 612/266-4436
Email - HETLER@a1.rcdp.gov
County - Ramsey
FS integration - No

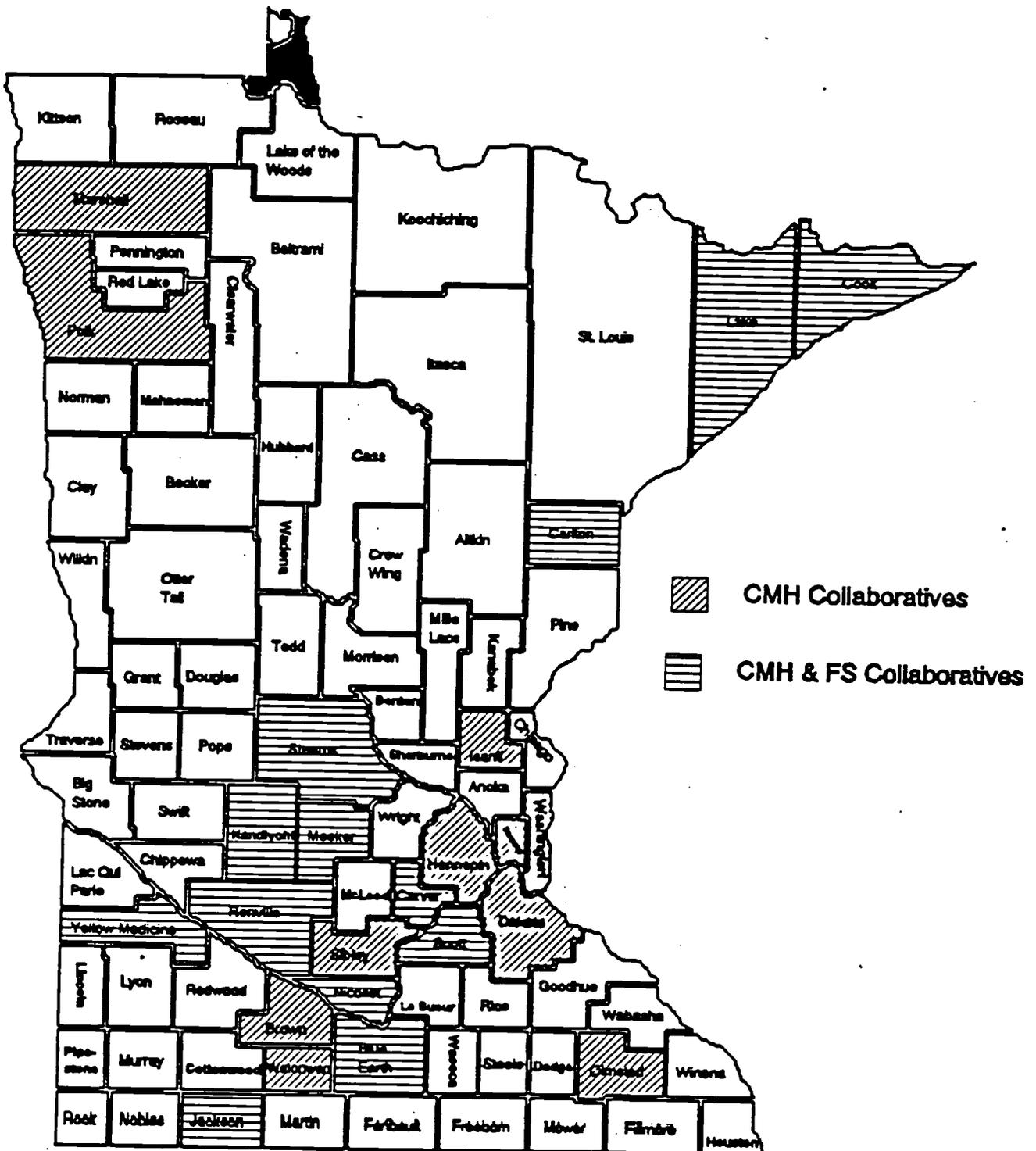
**Washington County Children's Mental
Health Collaborative**

Mark Kuppe, Coordinator
Human Services, Inc.
7066 Stillwater Boulevard North
Oakdale, Minnesota 55128
Phone - 612/773-4340
Fax - 612/773-4399
County - Washington
FS integration - No

08/29/96

MINNESOTA

Children's Mental Health Collaboratives



Department of Human Services/January 1996

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