



Program Report Form

Work group: Children's Mental Health

Today's Date: August 1, 2008

Person preparing this report: Dawn Tommerdahl

Dates of Report: FY08 (July 1, 2007 – June 30, 2008)

Factor(s) Being Addressed

- | | | | |
|--------------------------|--|---|---|
| √ | Improve attendance/behavior in school | √ | Improve functioning of children with ED or SED diagnosis |
| √ | Child & family health | | |
| <input type="checkbox"/> | Participation in illegal activities | √ | Improve permanency or family stability/family functioning |
| √ | Child development | | |
| √ | Organization, community, systems change | √ | Decrease need/demand for later intervention |
| √ | Other prevention and early intervention | | |
| √ | Experiences of abuse or neglect (improve child safety) | | |
| <input type="checkbox"/> | Other (please list): _____ | | |

PART I: DEMOGRAPHIC INFORMATION OF CHILDREN SERVED

See spreadsheet

PART II: OUTCOMES

Definitions:

Goal: A specific statement about direction; what we want *clients* to attain; the change we're working toward making

Input: Resources the organization puts in: people, money, facilities, time, technologies (knowledge, information technology, medical/therapeutic technologies)

Output: Output is about "us." It measures the activities we engage in, for example: number of clients served, number of sessions, number of service units, etc.

Outcome: Outcome is about "them" -- the change experienced by the client.

Program / project goal	Input	Output	Outcome
Systems change			
1) Evaluate the system of care to identify areas of service that can be streamlined with the ultimate goal of better serving families.	Bruce Miles strategic planning session (December 12, 2007)	14 parents and professionals attended the morning visioning session for those at the consumer end of the CMH system. 15 parents and professionals attended the afternoon visioning session for those at the provider end of the system.	Five year vision identified Top three goals for coming year identified. LAC monitors monthly. Increased access to Follow Along Program will be implemented in FY09 as well as crisis intervention team. School-based mental health in progress.
2) Ease a family's way through the systems of care by developing a grid or map of services available to families (at various ages)	Meeting time devoted to editing the grid		
3) Collaborate with community agencies to provide opportunities for social interaction for children with ED/SED or at risk of ED/SED.	Flexible funding team revised application form. Application form widely distributed in the community.	see flexible funding below	see flexible funding below
Children's Mental Health Services/Prevention & Early Intervention			
1) Increase access to opportunities for social interaction and normalization for children with ED/SED or at risk of ED/SED by offering flexible funding.	Referrals from 39 staff from 13 agencies Flex team (2 parents, 2 rule 79 case managers) Staff time – filling out application Dawn's time (15 – 20 minutes per child) Clay County Auditor staff time (issuing checks)	340 children (unduplicated) received funding for activities participated in activities ranging from camps to sports and band. 283 of the referrals were for children at risk of SED. 127 were for children with SED. Of 400 activities, 85 were for camps, 100 were for sports,	In the returned survey for school-year activities, parents made the following comments on the effect of the activity on their child's well-being: <ul style="list-style-type: none"> ▪ Being part of a group, a very small group helped her build her confidence level and self-esteem. ▪ Sense of belonging, accomplishment

		171 were for other physical activities, 10 were for fine arts, and 34 were for miscellaneous activities and items.	<ul style="list-style-type: none"> ▪ Just being involved with other children, help her a lot making new friends and becoming involved. ▪ He's more confident, brings happiness to him. ▪ More belonging, saw other children in the community
2) Increase child safety, prevent long-term out-of-home placement and decrease acute hospitalization rate.			
a) Provide planned and crisis respite for children aged 10 and under.	Lakeland Mental Health held the contract on this service. Multi-agency respite screening team met monthly Head Start had their own screening mechanism	28 children received respite	No outcomes were collected in FY08.
b) Assess the effectiveness of respite for families.			
c) Increase the use of crisis plans and thereby access to the crisis de-escalation hotline for children/youth with ED/SED or at risk of ED/SED via Rule 79 or CTSS services.	Lakeland Mental Health held the contract on this service. on-call staff (Rule 79 case managers) accountant's time	117 children used the hotline.	Through November of calendar year 2007, 20 of the 103 clients served were put in detention, 2 were placed in other facilities. Police were called in 9 cases.
3) Provide mental health case management to at-risk children at Churches United, thereby decreasing the rate of family evictions due to children's behavior and increasing the level of support available to parents.	A case manager was employed full-time by Access to work at the shelter. 1) Case manager was available onsite and worked with each family living at the shelter. 2) Case manager proved coordination and liaison services to connect the families with local health and mental health care providers.	1) 114 children and 55 families served. Referrals were made as necessary upon the family's arrival at the shelter. Follow up was provided as needed. 2) All of the families met with the case worker at the time of their arrival and services were provided as needed along with follow up care. 3) Coordination and liaison	1) None of the families staying at the shelter were evicted due to their children's maladaptive behavior. 2) Health care and mental health services provided much needed support for addressing and maintaining chronic health and mental health issues of the clients. 3) Many families obtained

	3) Facilitation of local housing resources, county financial and social services and local schools for enrollment of children was provided.	services were offered to all families staying at the shelter.	permanent housing, some for the first time.
4) Increase access to mental health services for children in rural Clay County.	Contract with REACH to provide counseling to children and family support services.	1) Thirty-five children received counseling (242 sessions). 2) 168 families received supportive services: <ul style="list-style-type: none"> ▪ 164 - food pantry ▪ 20 - Salvation Army vouchers ▪ 184 – thrift store vouchers ▪ 7 – wraparound teams ▪ 92 – information & referral ▪ 199 – educational events ▪ 52 – children received school supplies 	1) Improved family functioning and greater success in school. 2) Prevent malnutrition, decrease family stress, prevent homelessness
<i>Training/education</i>			
Provide ongoing training & education on children’s mental health issues to parents and professionals.	1) Julia K. Dinsmore training for parents & professionals 2) Julia K. Dinsmore meeting with Head Start Parents 3) Attachment series 4) Brown Bag Speaker Series: Topics included Reintegration for National Guard soldiers, Vocational Wellness, Identification of Child Abuse, Financial Wellness, Native American Spirituality, and Spoken Word Poetry.	1) 43 professionals, 5 parents and 8 students attended the 3-hour workshop 2) approximately 40 parents and 6 Head Start staff attended the hour-long session 3) 3 3-hour sessions on the impact of child trauma; each session was attended by 15 – 20 professionals 4) 6 hour-long sessions were held; each attended by 3 – 16 people.	

Narrative (including case study if appropriate)

Family case worker at Churches United for the Homeless

The success of the Children and Family Case worker program has been outstanding and can be appreciated through the story of one family who was helped by this program.

A single mother, aged 24, checked into the shelter with her four children, ages 1 through 4. The mother was in need of immediate mental health services, parenting skills training and mentoring and two of her children had significant behavior issues which put the family at risk of eviction from the homeless shelter. The family stayed in the shelter for 3 months. During that time, the mother was provided with mental health services and the children met with a behavioral specialist and counselors. The family began to blossom at the shelter, significant progress was made through the continuity of care and services provided. However due to the mother's background and lack of income, finding permanent housing was difficult and resulted in numerous stays in shelters. Through the efforts of the Children and Family Case worker, the family was able to rent an apartment, the mother found permanent employment and daycare was secured for her children. On moving day, the children could hardly contain their excitement at having their own room, their own bed and a place to call home.

Flex funding

At the beginning of June 2008, surveys were sent to all families (73) whose children received flexible funding during the school year. Seventeen surveys were returned. Typical comments about child well-being shown above. The parents were asked about the effect of the child's activity on the family's well-being. Their comments follow:

- We had many great family trips and time together supporting N. and his team.
- Getting her to lessons, participating in the concerts and inviting family members to enjoy.
- Yes – as above (sense of belonging, accomplishment)
- Her attitude was different.
- She is able to get to places on her own with a drivers license.
- Her anxiety levels went down.
- It kept one child busy and the other happy
- He didn't get signed up for hockey – he wants to very bad but I don't know how to go about it.
- More “together” time with practicing for events
- Less energy = more relaxed at home
- Transition with the move and gave us something to do together.
- We were together more often
- Lots of time together – 2 months of weekends together at tournaments
- Being around kids
- Gave me something to be proud of.
- D. appears happy with her accomplishments, therefore life is a little easier at home.
- Better moods with happier kids.

Respondents were also asked to share a skill or two that the child learned:

- Teamwork, being a team player, commitment to being at the many practices.
- There were only 2 flute players. She was able to make a new friend and they have become best friends. They also worked with a Concordia student who showed them some tips.
- Getting to practice and games on time!
- How to fish with a can, learn some new arts and crafts.
- How to run a vehicle properly. The instructor provided support on how to be responsible and safe driving.

- She learned to work as a group. Time management skills. A. is a 4.0 honor roll student as well as first chair flute. She learned to manage her time wisely. (She is thinking of Bonnie Haney’s School of Dance.)
- One child learned to participate in things she likes and the other got out for a concert.
- Teamwork, practice makes you better at whatever you’re trying to learn.
- Teamwork, rules/regulations
- Z. learned some discipline and to do cartwheels; N. learned the proper way to lift weights.
- Teamwork, self-improvement, the want to get better
- Commitment – lots of practice or no playing in games
- Lots of physical activity, skill-building, team-building, relationships formed
- Exercising
- Read music, she was worth the money and time!
- Specific steps to a dance, how to interact appropriately with peers and adults, and how to put it together for a beautiful performance.
- Cartwheels, self-discipline from tae kwon do, swimming safety skills



PART III: COLLABORATION

Explain how the service/program has been collaborating with community partners.

Representatives from the following Collaborative partner organizations join parent representatives on the work group: Access of the Red River Valley, Churches United for the Homeless, Clay-Wilkin Head Start (Lakes and Prairies Community Action), Clay County Public Health, Clay County Social Services, Lake Agassiz Special Education Cooperative, Lakeland Mental Health Center, Moorhead ISD #152, Prairie St. John's, Rural Enrichment and Counseling Headquarters, The Village Family Service Center, and West Central Regional Juvenile Center. In addition, the Children’s Mental Health Coordinator for Cass-Clay (sponsored by Dakota Medical Foundation), and the regional director of the North Dakota chapter of Federation of Families for Children’s Mental Health regularly attend the work group meetings.

In putting together, their programs, the work group has collaborated with the following community organizations:

Lessons from the Field: This series is sponsored by the Center for Excellence in Children’s Mental Health at the University of Minnesota. Attendees were from many local agencies as well as a couple from Norman and Cass Counties.

Brown Bag Speaker Series: Speakers this year came from the Minnesota National Guard, Concordia College, The Red River Children’s Advocacy Center, The Veteran’s Administration Hospital and the Village Family Service Center.

Children’s Mental Health Day (February) – Head Start was a major collaborative partner in arranging the evening event for Julia K. Dinsmore.

Children’s Mental Health Fair & Trainings (May) – Several work group members were speakers at the training series sponsored by DMF’s Children’s Mental Health Initiative. Several work group members also staffed agency/organization booths at the information fair that was held at the Heritage Hjemkomst Interpretive Center.

Churches United for the Homeless case worker: The position is funded by the Collaborative, Dakota Medical Foundation, The Mardag Foundation, and Churches United for the Homeless.

Flex: Parents and staff from two agencies made up the team that determined which requests would be funded. Referrals came from thirty-nine staff at thirteen community agencies.

Respite: The program was administered by Lakeland Mental Health Center. A multi-agency team determined eligibility for the program.

REACH rural children's mental health project: Collaborative funds are matched by other funds to provide the service. The REACH project served families in several communities. The project was funded by United Way of Cass-Clay, rural school districts and Clay, Wilkin and Norman Counties.

PART V: FINANCIAL REPORT

Category	Approved program budget	Accrued cumulative expenditures year-to-date	Carry over to FY09
Consultant for system evaluation	\$5,000	\$5,249.59	(\$249.59)
Flex funds (\$5000 earmarked for children ages 3 to 9)	\$20,112 (+\$10,000 from respite line)	\$30,041.20	\$70.80
Respite funds	\$25,000 (-\$10,000 to flex)	\$9279.85	\$5720.15
Crisis de-escalation hotline	\$12,500	\$12,500.00	\$0.00
Churches United case manager	\$27,000	\$27,000.00	\$0.00
Rural children's mental health	\$50,000	\$47,310.37	\$2689.63
Training/education	\$10,000	\$2,937.10	\$7062.90
TOTAL	\$149,612	\$134,318.11	\$15,293.89