

Department of Community Corrections and Rehabilitation Community Based Array of Services Outcome Summary

Executive Summary

This report contains referral, discharge, and outcome data for the 2021 Community Based Array of Services. In 2021, the community, and community providers, demonstrated their resiliency. It is important to remember, the COVID-19 pandemic, civil and social injustices, along with the murder of George Floyd, resulted in adjustments for our community-based programming. To ensure the safety and wellness of our youth and families, some programming was delivered in a virtual platform with a focus on making sure electronic devices and connectivity were not barriers for any young people. Despite all these barriers and endless trauma in the community, community providers consistently showed up and positively impacted the lives of young people and families. Identifying trends, shifting needs, and problem-solving barriers, helped to support increased success in outcomes and overall program delivery.

The full report follows this executive summary.

Findingsⁱ

In 2021, 84% of young people on supervised probation identified as Black, Indigenous, and People of Color. Approximately 86% of young people referred to community-based programs identified as BIPOC. A total of 586 young people (84% male/male identified and 16% female/female identified) participated in Community Based Array of Services interventions in 2021:

- 251 young people (79% male/male identified and 21% female/female identified) completed Community Based Array of Services interventions.
- 135 young people (90% male/male identified and 10% female/female identified) did not complete Community Based Array of Services interventions.
- 17 young people (100% male/male identified) were administratively discharged from Community Based Array of Services.

Program Completion

- Family based interventions had a 63% aggregate successful completion rate. Family based interventions are designed to support an entire family and include in home and/or in community therapeutic and wraparound modalities, with the goal of building informal, natural and community supports for young people and families.
- Interventions designed for female/ female identified young people had an 80% successful completion rate. Gender responsive interventions include individual and group opportunities for empowerment and leadership in group settings, non-traditional trauma healing and individualized support in education, workforce development and career exploration, healthy relationships, housing and independent living skills development, and connections to pro-social activities.
- Resources designed for support of young people at risk of sexual exploitation and trafficking, or young people that have been trafficked or exploited, had a 66% successful completion rate. This includes youth referred to these programs through Health and Human Services (HHS). In addition, early intervention, and educational

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information regarding the risks of exploitation and trafficking were shared with 395 young people and 56 parents and caregivers.

- Young people participating in individualized supportive services had a 64% aggregate successful completion rate. Interventions included mentoring, restorative justice, chemical health support, and individualized support in education, healthy relationships, basic needs, health and wellness, identifying and connection to pro-social activities, housing and independent living skills and employment.
- Male and female identified young people participating in a combination of individual case management and group programming had a 58% aggregate completion rate. These interventions included support around trauma work, managing emotions, social and emotional skills learning, cognitive and behavioral skill learning and overall well-being support.
- Young people participating in boundaries, primary and aftercare outpatient sexual health treatment had an 86% aggregate successful completion rate.

Goal Achievement

The pandemic shifted educational spaces, ways of learning, and success for young people. Many of our community partners work to support the educational achievement and growth of justice involved youth. 191 young people had a goal related to successful educational progress and achievement and 81% (N = 154) achieved that goal.

Connecting young people to positive, pro-social activities is an important component for many community-based interventions. While the pandemic again pivoted the options and opportunities for young people to participate in pro-social activities, 113 young people had a goal related to pro-social activities and 79% (N = 89) achieved this goal.

In 2021, working in partnership with many community-based agencies, there was a shift in aligning outcome goals to the increased health and well-being of young people participating in community-based interventions. 71% (220/311) of young people participating in community-based programs saw an increase in outcome areas pertaining to increased health and wellness.

286 young people had a goal of improved relationships; 79% (N = 211) reported increased positive relationships with family, peers, and other trusted adults. In addition, of the 133 young people referred to community interventions that have outcomes related to engaging positively in the community, increasing natural and community supports, and participation in restorative justice practices, 73% N = (97) successfully completed.

Of the 112 youth referred to interventions that help to support increased emotional and behavioral functioning and increased coping skills, 58% (N = 65) successfully completed the intervention.

Recommendations/Lessons Learned

1. Continue engagement and dialogue with community partners and stakeholders regarding the collection of racial and ethnic identity as it relates to how this information is collected in contract outcome grids.
2. Continue the practice of ensuring community partner voice is included in the process of contract outcome development. What type of support(s) would be helpful?
3. Continuation of providing culturally responsive, trauma recovery and gender affirming interventions in the growth of the Community Based Array of Services.

ⁱ The findings include all young people who participated in a Community Based Array of Services intervention in 2021. Young people who started an intervention in 2020 and continued into 2021 are included in the participation data. Young people who were referred to an intervention in 2021 but did not complete until 2022 are not included in the discharge and outcome data. In addition, a young person can be referred to, and participate in, more than one contracted Community Based Array of Services intervention at the same time and can be referred to an intervention at differing times throughout probation. Data source: CSTS and POWER BI

2021 Community-Based Array of Services Outcome Report

Introduction:

2021 outcomes were collected for the following Community-Based Array of Services contracted programs:

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In this report you will find the following information for each of our contracted Community-Based Array of Services Programs:

- Program Description
- Partnering Agency
- Overall Success Rate
- Well-being Outcomes
- Well-being Outputs
- Recidivism
- Out-Of-Home Placement
- Program Considerations/Action Plans

2021 was a year of resiliency for our contracted community partners and community alike. While it is important to quantify and evaluate programmatic trends and needs to ensure that young people and families are being offered, and receiving, interventions that support growth and well-being, it is also important to remember that during this year, the COVID-19 pandemic, civil and social injustices, along with the murder of George Floyd resulted in adjustments in service delivery and modalities for our community-based programming. To ensure the safety and wellness of our youth and families, some programming was delivered via a virtual platform with a focus on making sure devices and connectivity were not barriers for any of our youth. Our community partners provided youth and families with basic and essential needs, while still delivering program curriculums and support. Agencies faced staffing turnover and hiring challenges. Despite all these barriers and endless trauma in our very own community, our community providers consistently showed up and positively impacted the lives of our youth and families.

Community partners also recognize that there are many opportunities to holistically support young people, families, and communities by engaging in cross-collaboration and support with other partnering agencies. By developing venues and avenues for partnering agencies to share spaces of learning with one another, introducing programs and staff to one another, and allowing professional connections to flourish, our Community-Based Array of Services partners have been able to support one another to achieve outcome goals. When reviewing the individual program outcome data, it is important to remember and recognize that some young people may be involved with more than one community intervention at the same time.

The information in this report has been compiled by Community-Based Array of Services Coordinators Carol Wanderee and Andy Pothen. Please feel free to reach out with any additional questions or needed information.

Marshall Reed Youth Center (MRYC) – The Link

Description: The Marshall Reed Youth Center is a 12-week program. Youth will attend group four days per week for the first four weeks, then three days per week for the second four weeks. Finally, two days per week for the last four weeks. Youth will also complete one-on-one sessions every other week for 12 weeks. Programming will be trauma and gender responsive and address youth's needs in four strength-based key life areas:

- Leadership and Positive Male Identity
- Conflict Resolution and Relationships
- Health and Wellness

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|--|
| <ul style="list-style-type: none">Education and Economic Self-Sufficiency. |
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Overall Success Rate (Goal 80%): 84% (21/25)

Wellbeing Outcomes (Goal 70%):

- Eligible persons who report improved positive healthy relationships (peers, families, adults/significant other/) **84% (21/25)**
- Eligible persons admitted with a health and wellness and/or social and emotional skills goal who successfully complete the program **88% (22/25)**
- Eligible persons with an employment goal who successfully complete the program **92% (11/12)**
- Eligible persons with an independent living skills goal who successfully complete the program **82% (14/17)**
- Eligible persons with an education goal who successfully complete the program **79% (14/19)**
- Eligible persons admitted to the program with a goal regarding connection with one or more pro-social activities and have participated at least three times in that pro-social activity **95% (21/22)**

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- 2019 Cohort**
 - 12 months: 49%**
 - 24 months: 79%**
- 2020 Cohort**
 - 12 months: 56%**

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- 2019 Cohort**
 - 12 months: 74%**
 - 24 months: 92%**
- 2020 Cohort**
 - 12 months: 91%**

Program Considerations/Action Plans:

- 100% (24/24) referrals accepted into the MRYC program identified as BIPOC.
- In 2021, all well-being and program completion outcomes met and exceeded the goal expectations of 70%.
- In quarterly meetings, much of the conversations were focused on program utilization and low referrals. While having conversations with Juvenile Probation (JP) around referrals, much of our attention was focused on elevating services to youth and families during the pandemic. This included making sure youth and families were provided with essential and basic needs.
- MRYC will begin expanding programming to Transitional Age Youth (TAY) clients in quarter 3 of 2022. This program model will be adjusted to meet the needs and schedules of an older population (ie. Fewer groups and more 1:1 case management/support).
- Considerations are being made to increase program access to adult probation for young people 18- to 24-years-old.

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Nia Program - NorthPoint
<p>Description: The Nia Program is delivered as a 12-week, culturally responsive curriculum involving social and emotional skills and learning. The program model is to youth take part in a 12-week empowerment group curriculum in addition to individual case management. To support young people's well-being, the Nia Program will also refer youth as needed to additional community resources, with access to integrative health services, including sexual health, behavioral health, dental, medical, and chemical dependency services. Curriculum topics include:</p> <ul style="list-style-type: none">• Masculinity, Manhood and Self-Identity• Intergenerational and Historical Trauma• Anger Management; Violence• Interpersonal; Violence• Community; Healthy Relationships• Personal Healthy Relationships• Community; Self-Care and Wellness• Chemical Dependency; Coping Skills• Forgiveness• Grief
<p>Overall Success Rate (Goal 70%): 53% (10/19)</p>
<p>Wellbeing Outcomes (Goal 70%):</p> <ul style="list-style-type: none">• Eligible persons who report that they will access community resources when needed.<ul style="list-style-type: none">○ Participants discharged from program: 26% (5/19)○ Participants discharged from program who responded to survey: 100% (5/5)• Eligible persons who report feeling more hopeful about their own future.<ul style="list-style-type: none">○ Participants discharged from program: 21% (4/19)○ Participants discharged from program who responded to survey: 80% (4/5)• Eligible persons who report that they will reach out to friends, family or other supports when needed.<ul style="list-style-type: none">○ Participants discharged from program: 16% (3/19)○ Participants discharged from program who responded to survey: 60% (3/5)• Eligible persons who report that they can make decisions to help them reach their goals.<ul style="list-style-type: none">○ Participants discharged from program: 26% (5/19)○ Participants discharged from program who responded to survey: 100% (5/5)• Eligible persons who report feeling better prepared to positively deal with stress they may face in the future.<ul style="list-style-type: none">○ Participants discharged from program: 26% (5/19)○ Participants discharged from program who responded to survey: 100% (5/5)
<p>*NOTE: Provider attempted to gather wellbeing outcomes from only those who successfully completed the program (N=5). Of those five youth, only two of them chose to participate in the self-</p>

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evaluation. The other three chose not to participate. Please note that N=10 in the above grid due to there being 10 discharges from the January-June 2021 reporting period.

**NOTE: Provider attempted to gather wellbeing outcomes from only those who successfully completed the program (N=5). Of those five youth, only three of them chose to participate in the self-evaluation. The other two chose not to participate. Please note that N=9 in the above grid due to there being nine discharges from the July-December 2021 reporting period.

Wellbeing Outputs:

- Number of referrals to mental health resources: 12
- Number of referrals to chemical health resources: one
- Number of referrals to pro-social activity resources: 11

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- 2019 Cohort
 - 12 months: 57%
 - 24 months: 71%
- 2020 Cohort
 - 12 months: 81%

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- 2019 Cohort
 - 12 months: 82%
 - 24 months: 93%
- 2020 Cohort
 - 12 months: 95%

Program Considerations/Action Plans:

- 100% (8/8) referrals accepted into the Nia program identified as BIPOC.
- The COVID pandemic impacted the Nia Program in 2021. Program delivery shifted from in-person to virtual and according to Nia staff, this impacted engagement and effectiveness of the program. Despite efforts to be creative in virtual programming, regular attendance was a barrier for many of the youth. This resulted in an increased emphasis on 1:1 and providing basic and essential needs to youth and families.
- Well-being outcome reporting was difficult for the Nia in 2021 and impacted the data. As noted above, NorthPoint staff were only able to gather responses from youth who successfully completed the program, as it's currently set up as a post self-report survey.
- Conversations with Wilder Research occurred in which we discussed ways that outcome information could be gathered from youth who did not successfully complete the program. Ideas included: reaching out to PO's to help gain access to youth, have youth self-report on the identified well-being outcomes on a more frequent basis during 1:1 check in's in the event of an unexpected discharge, and re-thinking how well-being outcomes are reported/measured.
- Program utilization and referrals were low in 2021. Part of this impact was due to the expansion of CBAS programming to include We Push for Peace. Continued efforts being made with JP to discuss ownership in referrals and program utilization.
- NorthPoint requested a meeting with JP management team to discuss utilization concerns
- Nia program did meet and exceed goals in recidivism and OHP.

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<p style="text-align: center;">Nia 2.0 Program – NorthPoint</p> <p>Description: The Nia Program is delivered as a 12-week, culturally responsive curriculum involving social and emotional skills and learning. The program model is for males ages 18-24 to take part in a 12-week empowerment group curriculum in addition to individual case management. To support young people's well-being, the Nia Program will also refer youth as needed to additional community resources, with access to integrative health services, including sexual health, behavioral health, dental, medical, and chemical dependency services. Curriculum topics include: Masculinity, Manhood and Self-Identity; Intergenerational and Historical Trauma; Anger Management; Violence: Interpersonal; Violence: Community; Healthy Relationships: Personal; Healthy Relationships: Community; Self-Care and Wellness; Chemical Dependency; Coping Skills; Forgiveness; and Grief.</p>
<p>Overall Success Rate: Five referrals were made to Nia 2.0 in 2021. **There are no available 2021 outcomes for Nia 2.0 as the program did not begin until October of 2021. The first opportunity to report on outcomes will be July of 2022.**</p>
<p>Wellbeing Outcomes:</p> <ul style="list-style-type: none">• N/A
<p>Wellbeing Outputs:</p> <ul style="list-style-type: none">• N/A
<p>Recidivism (Percentage of youth who did not receive a new adjudication or conviction)</p> <ul style="list-style-type: none">• N/A
<p>Out of Home Placement (Percentage of youth who were not ordered by the court into an OHP)</p> <ul style="list-style-type: none">• N/A
<p>Program Considerations/Action Plans:</p> <ul style="list-style-type: none">• Nia 2.0 was created based on feedback from TAY Unit identifying the need for trauma programming for their clients. Through collaboration with NorthPoint, the program began in October of 2021 with one case manager who has the capacity to serve 15 youth at a time.• Considerations are being made to increase program access to adult probation for young people 18- to 24-years-old.

<p style="text-align: center;">Nehemiah Program – Urban Ventures</p> <p>Description: The Nehemiah Program consists of two, 60-minute classes per week to be conducted utilizing curriculums designed to enhance learning and development of cognitive and behavioral skills on the topics of managing strong emotions and healing from the pain of trauma. Programming will support youth in learning to manage anger and regulate emotions which will help to foster healthy relationships.</p>
<p>Overall Success Rate (Goal 70%): 47% (7/15)</p>
<p>Wellbeing Outcomes (Goal 70%):</p> <ul style="list-style-type: none">• Eligible persons who report that they will access community resources when needed.<ul style="list-style-type: none">○ Participants discharged from the program: 55% (6/11)○ Participants discharged from program who responded to survey: 100% (6/6)

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- Eligible persons who report feeling more hopeful about their own future.
 - Participants discharged from the program: **55% (6/11)**
 - Participants discharged from the program who responded to survey: **100% (6/6)**
- Eligible persons who report that they will reach out to friends, family or other supports when needed.
 - Participants discharged from the program: **55% (6/11)**
 - Participants discharged from the program who responded to survey: **100% (6/6)**
- Eligible persons who report that they can make decisions to help them reach their goals.
 - Participants discharged from the program: **55% (6/11)**
 - Participants discharged from the program who responded to survey: **100% (6/6)**
- Percentage of Eligible persons who report feeling better prepared to positively deal with stress they may face in the future. (This was only reported second half of 2021)
 - Participants discharged from the program: **40% (2/5)**
 - Participants discharged from the program who responded to survey: **100% (2/2)**

*NOTE: Provider attempted to gather wellbeing outcomes from only those who successfully completed the program (N=6). Of those six youth, only four of them chose to participate in the self-evaluation. The other two chose not to participate. Please note that N=6 in the above grid due to there being six discharges from the January-June 2021 reporting period.

**NOTE: Provider attempted to gather wellbeing outcomes from program participants who completed the program (N=5). Of those five youth, one successfully completed the program. A total of two of the youth were reached to complete the self-evaluation. Please note that N=5 in the above grid due to there being five discharges from the July-December 2021 reporting period.

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months: N/A**
 - **24 months: N/A**
- **2020 Cohort**
 - **12 months: 100%**

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- **2019 Cohort**
 - **12 months: N/A**
 - **24 months: N/A**
- **2020 Cohort**
 - **12 months: 100%**

Program Considerations/Action Plans:

- 73% (11/15) referrals accepted into the Nehemiah program identified as BIPOC.
- Collaboratively, identified desire to increase successful completion percentage. Program manager hired staff who could provide 1:1 support in referral engagement and individual goal completion/support throughout program.

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- Well-being outcome reporting was difficult for the Nehemiah in 2021 and impacted the data. As noted above, staff were only able to gather responses from youth who successfully completed the program, as it's currently set up as a post self-report survey.
- Conversations with Wilder Research occurred in which we discussed ways that outcome information could be gathered from youth who did not successfully complete the program. Ideas included: reaching out to POs to help gain access to youth, have youth self-report on the identified well-being outcomes on a more frequent basis during 1:1 check in's in the event of an unexpected discharge, and re-thinking how well-being outcomes are reported/measured.
- Program utilization and referrals were low in 2021. Continued efforts being made with JP to discuss ownership in referrals and program utilization.
- Nehemiah Program Manager has requested a meeting with Field Services Client Programming (FSCP) and JP management to address concerns and frustrations around referral struggles.

HOPE - Phyllis Wheatley

Description: Phyllis Wheatley Community Center offers the trauma program to help young black males and their families reduce the incidence of violence in the family and community. One-to-one support and group interventions will be offered involving youth and families. PWCC recognizes how violence impacts individuals, families, and communities. This program will teach tools to help manage and resolve conflicts in ways that increase positive outcomes for youth who qualify for pre-diversion opportunities through the Hennepin County Attorney's Office.

Overall Success Rate (Goal 70%): 44% (11/25)

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months:** 100%
 - **24 months:** 100%
- **2020 Cohort**
 - **12 months:** 82%

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- **2019 Cohort**
 - **12 months:** 100%
 - **24 months:** 100%
- **2020 Cohort**
 - **12 months:** 100%

Program Considerations/Action Plans:

- Program ended Dec. 31, 2021.
- The HOPE Program now provides domestic violence programming for pre and post charge diversion youth as well as JP clients ages 12-17.

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Multi-systemic Therapy (MST) – The Family Partnership
<p>Description: MST is an intensive in home, community-based therapy that strives to promote behavior change in the youth's natural environment, using the strengths of each system (family, school, peers, neighborhood, and support networks) to facilitate change. A major goal of MST is to empower parent(s)/caregivers with skills and resources needed to independently address difficulties that arise in raising youth and to empower youth to cope with family, peer, school, and anti-social problems. This is a parent/caregiver-focused program, so the majority of the direct work is done with the therapist and the parent(s)/caregiver(s). Skills learned may be generalized to all youth living in the home. MST offers 24/7 on-call crisis support.</p>
<p>Overall Success Rate (Goal 80%):</p> <ul style="list-style-type: none">• 71% (12/17) – Department of Community Corrections and Rehabilitation (DOCCR) Only• 81% (51/63) – DOCCR and Health and Human Services (HHS) combined
<p>Wellbeing Outcomes:</p> <ul style="list-style-type: none">• Eligible persons who successfully complete the program will have a 5% score improvement on the parent section of the Strengths and Difficulties Questionnaire (SDQ) at completion when compared to their intake SDQ score (<i>Goal 75%</i>).<ul style="list-style-type: none">○ 45% (5/11) – DOCCR only○ 57% (32/54) – DOCCR and HHS combined• Eligible persons who are living at home at the time of discharge from the program (<i>Goal 80%</i>).<ul style="list-style-type: none">○ 76% (13/17) – DOCCR Only○ 93% (54/58) – DOCCR and HHS Combined• Eligible persons with parenting skills to handle future problems (<i>Goal 80%</i>).<ul style="list-style-type: none">○ 88% (15/17) – DOCCR Only• Eligible persons with improved family relations (<i>Goal 70%</i>).<ul style="list-style-type: none">○ 71% (12/17) – DOCCR Only• Eligible persons with improved network of supports (<i>Goal 70%</i>).<ul style="list-style-type: none">○ 82% (14/17) – DOCCR Only• Eligible persons with success in educational or vocational setting (<i>Goal 70%</i>).<ul style="list-style-type: none">○ 76% (13/16) – DOCCR Only• Eligible persons involved with prosocial peers and activities (<i>Goal 70%</i>).<ul style="list-style-type: none">○ 65% (11/17) – DOCCR Only
<p>Wellbeing Outputs:</p> <ul style="list-style-type: none">• Total number of MST sessions held with DOCCR youth/families in 2021 = 528
<p>Recidivism (Percentage of youth who did not receive a new adjudication or conviction)</p> <ul style="list-style-type: none">• 2019 Cohort<ul style="list-style-type: none">○ 12 months: 80%○ 24 months: 85%• 2020 Cohort<ul style="list-style-type: none">○ 12 months: 71%
<p>Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)</p> <ul style="list-style-type: none">• 2019 Cohort<ul style="list-style-type: none">○ 12 months: 85%

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- **24 months: 90%**
- **2020 Cohort**
- **12 months: 88%**

Program Considerations/Action Plans:

- 79% (11/14) of accepted new DOCCR referrals to MST in 2021 identified as BIPOC.
- Several quarterly provider meetings focused on conversations of how to record race and ethnicity in the provider's outcome grids. Information that is recorded in CSTS for racial and ethnic identification and sent as part of the referral information on the Personal Information Form (PIF) does not always match self-identification of race and ethnicity as discussed with caregivers during the MST intake process. Further, identification of race/ethnicity is asked of the parent/caregiver for the youth, and the youth does not always self-identify as the parent/caregiver in reporting. This has made for thoughtful and intentional conversations around reporting of racial and ethnic identification in the outcome reporting grid, recognizing that there is work to be done, in partnership with HHS.
- Even though the DOCCR portion of the contract is underutilized, it is important to recognize that there were 528 sessions of MST that supported youth and families during the year. This does not include crisis intervention calls that occur 24 hours a day, seven days a week.

Functional Family Therapy – Canvas Health and Vona

Description: Functional Family Therapy (FFT) is a strength-based, short-term, highly structured, in-home therapy that was designed to impact and change not only a youth's behavior, but the family system and environment. FFT is a family-based program and requires the participation of the parent(s) or guardian(s). Because this is a family-based therapy, siblings and extended family members are also encouraged to participate whenever possible. Typically, FFT conducts one-hour sessions with the family, one time per week. The program has a bi-lingual Spanish speaking therapist.

Overall Success Rate (*Goal 80%*):

- **57% (12/21) – DOCCR Only Canvas Health and Vona**
- **57% (8/14) – DOCCR Only Canvas Health**
- **57% (4/7) – DOCCR only Vona**
- **62% (51/82) – DOCCR and HHS Combined Canvas Health and Vona**
- **64% (29/45) – DOCCR and HHS Combined Canvas Health**
- **49% (22/47) – DOCCR and HHS Combined Vona**

Wellbeing Outcomes:

- Parent/caregiver and/or youth's self-report of positive improvement since beginning FFT: Percentage of youth who score a three* or above indicating positive change on the FFT COM-C or COM-Y assessment tools (measures feedback from the caregiver/youth on the improvement of functioning of the family and includes improved communication skills, youth behavior, parenting skills and family conflict since the start of FFT) (*Goal 75%*):
 - **92% (11/12) – DOCCR Only Canvas Health and Vona**
 - **100% (8/8) - DOCCR Only Canvas Health**
 - **75% (3/4) – DOCCR Only Vona**
 - **87% (34/39) – DOCCR and HHS Combined Canvas Health and Vona**
 - **89% (24/27) – DOCCR and HHS Combined Canvas Health**
 - **83% (10/12) – DOCCR and HHS Combined Vona**

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- Therapist's perception of positive improvement witnessed in the family and youth since the start of FFT using the TOM assessment (*Goal 75%*)
 - 100% (12/12) – DOCCR Only Canvas Health and Vona**
 - 100% (8/8) – DOCCR Only Canvas Health**
 - 100% (4/4) – DOCCR Only Vona**
 - 74% (37/50) – DOCCR and HHS Combined Canvas Health and Vona**
 - 86% (25/29) – DOCCR and HHS Combined Canvas Health**
 - 57% (12/21) – DOCCR and HHS Combined Vona**

*Rating School for COM:

- 5 – Very much better: Most all of the things you, your child or family tried to change were successful. Things are very much better.
- 4 – A lot better: Many, but not all of the things you, your child, or your family tried to change were successful. Things are a lot better.
- 3 – Some better: Some of the things you, your child, or your family tried to change were successful. Things are somewhat better.
- 2 – Little better: Few of the things you, your child, or your family tried to change were successful. Things are a little better.
- 1 – No change: The things you, your child, or your family tried to change are no different.
- 0 – Things are worse: The things you, your child, or your family tried to change are worse.

Wellbeing Outputs:

- Total number of DOCCR and HHS combined FFT sessions completed in 2021 = 1,046 (444 in home and 602 telehealth)**

Combined DOCCR and HHS:

- Number of siblings remaining in the home: 21
- Number of youth with no intensification of referral problems: 54
- Number of youth attending school/vocational program: 47
- Number of youth with no substantiated/indicated safety related incidents: 48

Note: Well-being output information is reported from the FFT National TYPE (Tri-annual Performance Evaluation) report.

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- 2019 Cohort**
 - 12 months: 54%**
 - 24 months: 74%**
- 2020 Cohort**
 - 12 months: 74%**

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- 2019 Cohort**
 - 12 months: 92%**
 - 24 months: 90%**
- 2020 Cohort**
 - 12 months: 89%**

Program Considerations/Action Plans:

- 77% (20/26) of the combined DOCCR accepted new referrals for Canvas Health and Vona identified as African American, while 92% (24/26) of all accepted new referrals identified as BIPOC.
- FFT uncharacteristically struggled with engagement of families during 2021 and saw the highest number of "never began" referrals in both DOCCR and HHS. This also impacted the

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overall outcomes for successful closures. The FFT supervisor continues to work closely with the FFT national consultant, and the team has developed strategies to maintain initial and ongoing engagement of families. We have seen that these strategies have already shifted how engagement and retention of families looks at the start of 2022, with fewer referrals being closed as "never began".

- The pandemic continues to offer challenges as therapists are increasing in-home sessions; yet, are still having to adhere to agency policies of COVID screening protocols and wearing masks in homes to protect the health and well-being of the therapists and families as therapists may be traveling to multiple homes in a day.

High Fidelity Wraparound - FamilyWise

Description: Wraparound is an intensive, individualized process for youth with complex needs. Wraparound includes formal services and interventions, along with a family's natural supports (friends, neighbors, relatives, and involved others). Natural Supports give the family "Voice and Choice" in a process that focuses on strengths. The team helps the family develop a plan of care to be implemented and then meets to evaluate the progress over time. The goal of wraparound is to become less reliant on system supports and more reliant on community and natural supports and to have everyone working on one plan for the family. This works well with high need families with multiple system stakeholder involvement or with youth transitioning into adulthood with little or no natural and community support. The program has facilitators that speak Somali, Spanish and Hmong.

Overall Success Rate (Goal 80%):

- **63% (15/24)**

Wellbeing Outcomes:

- Eligible persons who are on track to meet educational milestones or connected to educational interventions (Individual Education Plan (IEP), 504 plan, etc.) (*Goal 75%*).
 - **83% - (18/23)**
- Families who have accessed community resources (*Goal 75%*).
 - **79% (19/24)**
- Families who self-report having other family, friends, and community resources to be there when needed (*Goal 75%*).
 - **91% (10/11)**
- Decreased length of stay at County Home School - Percentage of eligible persons who experience a return to home/community sooner than the originally anticipated discharge date (*Goal 60%*).
 - **67% (2/3)**

Wellbeing Outputs:

- N/A

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months: 60%**
 - **24 months: 76%**
- **2020 Cohort**
 - **12 months: 75%**

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Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- **2019 Cohort**
 - **12 months: 72%**
 - **24 months: 88%**
- **2020 Cohort**
 - **12 months: 79%**

Program Considerations/Action Plans:

- The average length of program enrollment for Wraparound in 2021 for DOCCR young people was 7.2 months. The average unit rate expenditures, per month, per family was \$698.51.
- 91% (20/22) of new youth referred to Wraparound during 2021 identified as BIPOC.
- As we increased the referral source to include TAY young people, there was a need to revisit if all outcome reporting indicators for the contract and for the internal wraparound fidelity measures are relevant to this population of clients.
- The County Home School indicator will be removed from the outcome measures for 2022. There is an increase in young people being placed in group homes and the wraparound process being implemented simultaneously. This has served two-fold in assisting group homes with ensuring that supportive services are in place and working with families to identify needs and barriers to help support that the transition back home occurs as soon as possible.

(POWER) Positive Opportunities For Women of Every Race - The Link

Description: POWER is a program designed by and for female and female-identified young people. Through weekly groups and one- to-one case management, participants create and achieve goals in four key areas: Health and Wellness, Restorative Justice, Family and Community Connections, and Educational and Economic Self Sufficiency. Group topics include stress management, communication skills and conflict resolution, chemical health use, sexual and reproductive health, family and peer relationships, mental and emotional health, job readiness and leadership development. Young people have the opportunity to participate in one-to-one services only if age or other circumstances prevent them from being in a group setting. Transportation and childcare are available for both group and individual meetings.

Overall Success Rate (*Goal 70%*):

- **100% (21/21)**

Wellbeing Outcomes:

- Youth who created and achieved goals in the area of health and wellness (*Goal 70%*).
 - **91% (10/11)**
- Youth who created and achieved goals in the area of restorative justice (*Goal 70%*).
 - **95% (18/19)**
- Youth who created and achieved goals in the area of family and community connections (*Goal 70%*)
 - **79% (15/19)**
 - Youth who created and achieved goals in the area of educational and economic self-sufficiency (*Goal 70%*)
 - **83% (15/18)**

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Wellbeing Outputs:

- Connections with community resources via groups:
 - Restorative Justice **2**
 - Health/Wellness **18**
 - Family/Community Connections **8**
 - Self-Sufficiency **5**
- Community Connections - Referrals from case managers:
 - Restorative Justice **5**
 - Health/Wellness **8**
 - Family/Community Connections **15**
 - Self-Sufficiency **8**

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months: 80%**
 - **24 months: 93%**
- **2020 Cohort**
 - **12 months: 85%**

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- **2019 Cohort**
 - **12 months: 100%**
 - **24 months: 100%**
- **2020 Cohort**
 - **12 months: 96%**

Hold Your Horses

Description: Hold Your Horses is an equine therapy program designed for young people that have been designated SEY (Sexually Exploited Youth), have sexual trauma histories or are engaging in behaviors that may put youth at risk for trauma. The equine therapy treatment model focuses on assisting youth in developing skills to improve their adaptive functioning. The horses assist in the development of these skills by focusing on mindfulness, self-regulation, self-soothing and self-awareness. Expressive arts, informed therapy movement, bilateral stimulation of the brain and yoga-calm are incorporated into each session, allowing youth a way to express their emotions and feelings through their body movement, rather than traditional talk therapy. Through experiential hands-on learning, horses provide immediate feedback and demonstrate fight, flight, freeze, and fidget responses which youth can identify with as they struggle with their own body responses. When youth learn to calm the horses, they can gain skills that promote their own self-soothing. Transportation is provided to the Hold Your Horses barn in Greenfield. Typically, this resource is available as a group intervention; however, during COVID, the program has switched to individual sessions only.

Overall Success Rate (Goal 70%):

- **65% (13/20) - DOCCR and HHS Combined**

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Wellbeing Outcomes:

- Improved behavioral and mental health functioning - Eligible persons will have at least a 5% score improvement on the parent section of the Strengths and Difficulties Questionnaire (SDQ) at completion, as compared to their initial intake SDQ score (*Goal 75%*).
 - **20% (3/15) – DOCCR and HHS combined**
- Eligible persons with an improved score in the Emotional Well-Being Domain (*Goal 75%*).
 - **62% (8/13) – DOCCR and HHS combined**
- Eligible persons with an improved score in the Prosocial Activities Domain (*Goal 75%*).
 - **69% (9/13) – DOCCR and HHS combined**
- Eligible persons show improvement in at least 70% (9 of 13) of the survey questions (*Goal 75%*).
 - **69% (9/13) – DOCCR and HHS combined**
- Eligible persons will live in a family setting (birth family, adoptive family, relative placement) within the community at the time of program completion (*Goal 80%*).
 - **85% (11/13) – DOCCR and HHS combined**

Wellbeing Outputs:

- There were 159 individual sessions completed at the barn in 2021, excluding initial intakes.

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months: 80%**
 - **24 months: 90%**
- **2020 Cohort**
 - **12 months: 83%**

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- **2019 Cohort**
 - **12 months: 100%**
 - **24 months: 90%**
- **2020 Cohort**
 - **12 months: 100%**

Program Considerations/Action Plans:

- 76% (13/17) DOCCR and HHS combined youth referred to Hold Your Horses in 2021 identified as BIPOC.
- As a team of HHS, DOCCR, No Wrong Door, contacts, and Hold Your Horses, we will be reviewing outcomes and determine if the tools and indicators are reflecting the work being done to improve the emotional well-being of youth participating in the program.
- Explore options to measure impact of individual sessions (where was a youth at when starting the session, and where was the youth at the end of session) and aggregate data to show impact of sessions to evaluate shorter term success of well-being.

[Gender Specific Community Resource Navigators Only – The Link](#)

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Description: Community Resource Navigators will work with Juvenile Probation clients to create sustainable and achievable individualized goals which will guide their work together and support the client to achieve success by tracking progress toward established goals. Services include support in the areas of: Education, healthy relationships, social media, restorative justice, gender identity/orientation, health/wellness, basic needs, employment, housing, independent living skills and prosocial/recreational activities. Specialized focus for referrals is available for gender responsive female/female identified young people; young people with sexual health offenses; and LGBTQ+ young people.

Overall Success Rate:

- Eligible persons who successfully complete the program (*Goal 70%*).
 - **75% (15/20)**
- Eligible persons who successfully complete at least one of the identified personal goals (*Goal 70%*).
 - **90% (18/20)**

Wellbeing Outcomes:

- Eligible persons who report improved positive healthy relationships (peers, families, adults/significant other) (*Goal 70%*).
 - **100% (20/20)**
- Eligible persons with a health and wellness and/or social and emotional skills goal who successfully complete (*Goal 70%*).
 - **67% (4/6)**
- Eligible persons with an employment goal who successfully complete (*Goal 70%*).
 - **73% (8/11)**
- Eligible persons with an independent living skills goal who successfully complete (*Goal 70%*).
 - **100% (5/5)**
- Eligible persons with an education goal who successfully complete (*Goal 70%*).
 - **86% (6/7)**
- Eligible persons with a goal regarding connection with one or more pro-social activities and have participated at least three times in that pro-social activity (*Goal 70%*).
 - **86% (6/7)**

Wellbeing Outputs:

- Number of eligible persons who received referral information regarding legal resources: **5**
- Number of referrals to healthcare services: **8**
- Number of referrals to pro-social activity resources: **16**
- Number of connections to educational settings/programs: **7**
- Number of connections to employment resources/ and/or civic engagement: **19**
- Number of eligible persons who obtain vital documents: **8**
- Number of eligible persons who obtain housing: **7**
- Number of eligible persons who have improved their knowledge of food assistance resources: **15**

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2020 Cohort**
 - **12 months: 100%**

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Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- 2020 Cohort
 - 12 months: 100%

Program Considerations/Action Plans:

- 93% (26/28) of young people referred to the Gender Specific Community Resource Navigator Program in 2021 identified as BIPOC.
 - 100% (7/7) of new youth referred in the age range of 13-16 identified as BIPOC
 - 100% (6/6) of new referrals from TAY identified as BIPOC
- The Gender Specific Community Resource Navigator Program is the most used female responsive program by the TAY Unit.
- Outcomes and outputs are on a positive trajectory considering the length of time the program has been supporting this population of young people and that the intervention launched during the pandemic.

Community Resource Navigators – The Link, Lutheran Social Services, Pillsbury Brian Coyle Center, NorthPoint

Description: Community Resource Navigators will work with Juvenile Probation clients to create sustainable and achievable individualized goals which will guide their work together and support the client to achieve success by tracking progress toward established goals. Services include support in the areas of: Education, healthy relationships, social media, restorative justice, gender identity/orientation, health/wellness, basic needs, employment, housing, independent living skills and prosocial/recreational activities. Specialized focus for referrals is available for gender responsive female/female identified young people; young people with sexual health offenses; and LGBTQ+ young people.

Overall Success Rate (Goal 70%):

- Eligible persons who successfully complete the program. **61% (89/146)**
- Eligible persons who successfully complete at least one of the identified personal goals. **80% (121/151)**

Wellbeing Outcomes (Goal 70%):

- Eligible persons who report improved positive healthy relationships (peers, families, adults/significant other). **85% (123/145)**
- Eligible persons with a health and wellness and/or social and emotional skills goal who successfully complete. **73% (69/95)**
- Eligible persons with an employment goal who successfully complete. **75% (52/69)**
- Eligible persons with an independent living skills goal who successfully complete. **72% (46/64)**
- Eligible persons with an education goal who successfully complete. **70% (38/54)**
- Eligible persons with a goal regarding connection with one or more pro-social activities and have participated at least three times in that pro-social activity. **78% (42/54)**

Wellbeing Outputs:

- Number of eligible persons who received referral information regarding legal resources: **36**
- Number of referrals to healthcare services: **40**

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- Number of referrals to pro-social activity resources: **74**
- Number of connections to educational settings/programs: **49**
- Number of connections to employment resources/ and/or civic engagement: **94**
- Number of eligible persons who obtain vital documents: **39**
- Number of eligible persons who obtain housing: **23**
- Number of eligible persons who have improved their knowledge of food assistance resources: **78**

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months: N/A**
 - **24 months: N/A**
- **2020 Cohort**
 - **12 months: 77%**

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- **2019 Cohort**
 - **12 months: N/A**
 - **24 months: N/A**
- **2020 Cohort**
 - **12 months: 95%**

Program Considerations/Action Plans:

- 93% (79/85) of referrals accepted into the CRN program identified as BIPOC
- In 2021, all well-being outcomes met and exceeded the goal expectations of 70%
- In 2021, NorthPoint and Pillsbury Brian Coyle opted out of the CRN contract. The Link and LSS now serve all JP youth needing CRN services
- TAY Unit has been a high user of the CRN Program
- Monthly CRN meetings occur where CRN's from both agencies collaborate on resources and evaluate program documents such as the CRN referral form

Better Together Youth Mentorship - Rebound

Description: The Better Together Youth Mentorship Program provides one-on-one mentorship services to corrections involved youth. Rebound, Inc. is dedicated to recruiting a diverse array of mentors, so that youth can be matched based both on culture and shared interests. The program builds on initial matches with high quality initial, and ongoing, training and support for mentors to ensure they are equipped to create and maintain authentic relationships with youth which are informed by appropriate boundaries, realistic behavioral expectations, and needed skills. Mentors and mentees can participate in group mentorship activities when available.

Overall Success Rate (Goal 80%):

- **44% (4/9)**

Wellbeing Outcomes:

- Eligible persons who self-report demonstrating the ability to acknowledge mistakes, listens to and accepts suggestions, accepts responsibility for actions, and makes decisions to be a part of the community (**Goal 70%**).

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- Eligible persons who the mentor reports as demonstrating the ability to acknowledge mistakes, listens to and accepts suggestions, accepts responsibility for actions, and makes decisions to be a part of the community (*Goal 70%*).
- Eligible persons who the family reports as demonstrating the ability to acknowledge mistakes, listens to and accepts suggestions, accepts responsibility for actions, and makes decisions to be a part of the community (*Goal 70%*).
- Eligible persons who self-report demonstrating the ability follow through with communication, attends mentor meetings, accepts new challenges, recognizes improved lifestyle, and advocates for self (*Goal 70%*).
- Eligible persons who the mentor reports as demonstrating the ability follow through with communication, attends mentor meetings, accepts new challenges, recognizes improved lifestyle, and advocates for self (*Goal 70%*).
- Eligible persons who the family reports as demonstrating the ability follow through with communication, attends mentor meetings, accepts new challenges, recognizes improved lifestyle, and advocates for self (*Goal 70%*).

Note: No outcome data is able to be reported due to lack of return of surveys. Strategies have been implemented to increase data collection.

Wellbeing Outputs:

- Total number of mentor/mentee meetings in 2021 = 61

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- 2019 Cohort
 - 12 months: 71%
 - 24 months: 86%
- 2020 Cohort
 - 12 months: 60%

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- 2019 Cohort
 - 12 months: 86%
 - 24 months: 86%
- 2020 Cohort
 - 12 months: 80%

Program Considerations/Action Plans:

- Outcomes were impacted by transfer of matches from the internal mentoring program sunset; lack of mentors available and difficulty in recruiting; and reimagining the contract in the first part of 2021. This included having to start over in developing referral materials, SharePoint site, establishing a mentor advisory board; and working out issues with background checks.
- 78% (7/9) new referrals to the program where for young people identifying as BIPOC.
- Strategies have been developed regarding how to get returned surveys from mentors and mentees in order to report well-being outcome indicators.
- Better Together has formed a partnership with MedLink at the University of Minnesota to provide a large pool of potential mentors. Recruitment efforts have also included billboards in North and South Minneapolis, on the ground individual recruiting, radio ads, conversations with District 287 and broadening information to the larger CBAS network.

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- Considerations are being made to increase program access to adult probation for young people 18- to 24-years-old. The program expanded the age range in 2021 to include the TAY population.
- Compensation of mentors is being explored.

Steps For Change

Description: Steps For Change is a family-centered service for the assessment and treatment of males and females who have behaved in sexually inappropriate or harmful ways. The Steps For Change program provides quality treatment options to youth in Hennepin County by offering a comprehensive choice of clinical services including psychosexual assessments, risk assessments, sexual health education and treatment, individual, family, and group therapy. Steps For Change provides boundaries, primary treatment, and aftercare.

Overall Success Rate (*Goal 80%*):

- All Programs: **86% (25/29)**
- Primary Program: **79% (11/14)**
- Boundaries Program: **89% (8/9)**
- Aftercare: **100% (6/6)**

Note: Three youth were discharged unsuccessfully due to probation expiration

Wellbeing Outcomes:

- Percentage of eligible persons who demonstrate improved use of protective factors that assist in preventing sexual harming behaviors (*Goal 80%*).
 - **97% (28/29)**
- Percentage of eligible persons who report increased knowledge of healthy sexual behaviors (*Goal 80%*).
 - **100% (29/29)**
- Percentage of eligible persons who report having the tools to better manage sexual behaviors (*Goal 80%*).
 - **100% (9/9)** –
 - Note: Data collection error in the first half of the year. Information is for July 1 – Dec. 3, 2021, only.
- Percentage of Eligible persons who report better management of emotions and behavior (*Goal 80%*).
 - **83% (24/29)**

Wellbeing Outputs: 2021 total hours completed

- **Individual therapy:1,446**
- **Family therapy:149**
- **Group therapy:219**

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **Aftercare 12 months: 73%**

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- **Boundaries Program 12 months: 90%**
- **Primary Outpatient Program 12 months: 92%**
- **Aftercare 24 months: 91%**
- **Boundaries Program 24 months: 100%**
- **Primary Outpatient 24 months: 100%**
- **2020 Cohort**
 - **Aftercare 12 months: 88%**
 - **Boundaries Program 12 months: 100%**
 - **Primary Outpatient Program 12 months: 82%**

Note: There were no recidivism events that were sexual health offenses.

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- **2019 Cohort**
 - **Aftercare 12 months: 100%**
 - **Boundaries Program 12 months: 100%**
 - **Primary Outpatient Program 12 months: 92%**
 - **Aftercare 24 months: 100%**
 - **Boundaries Program 24 months: 90%**
 - **Primary Outpatient 24 months: 100%**
- **2020 Cohort**
 - **Aftercare 12 months: 100%**
 - **Boundaries Program 12 months: 100%**
 - **Primary Outpatient Program 12 months: 91%**

Program Considerations/Action Plans:

- 61% (17/28) of new referrals to Steps For Change in 2021 identified as BIPOC.
- Steps For Change is currently working with Wilder Research on a program logic model to guide future recommendations around data collection, program satisfaction, and outcome needs. Due to the number of treatment tracks to report on for outcomes, the collection of data is more complex for this provider.
- Outcomes in 2022, are anticipated to fluctuate due to the continued complications of the pandemic and providing sexual health treatment options both in person and virtual; unexpected staffing changes at the beginning of 2022; establishing partnerships with different RTC placements for aftercare transition; increased length of times in treatment tracks; increased delays in court resolution for sexual health offense cases; and youth presenting with more complex needs in regards to community stability.

Pathways to Success

Description: Pathways to Success is a reengagement program for county-involved young people, ages 18- to 24-years-old, who have become disconnected from traditional avenues for academic accomplishment and vocational success. Pathways seeks to increase high school graduation/GED completion rates and to improve career exploration and achievement for involved youth. They meet these goals by providing academic support, job readiness and career counseling, postsecondary planning, access to education and employment resources and paid internships.

Wellbeing Outcomes:

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- Percentage of eligible persons re-engaged in school or training within 30-45 days and be making measurable progress as measured by school and program enrollment data (*Goal 80%*).
 - **90% (36/40)**
- Percentage of GED intensive participants will demonstrate significant progress by passing at least 2 GED tests (*Goal 80%*).
 - **70% (9/13)**
- Percentage of eligible persons that will complete at least one career development activity, i.e., JAG Competency, informational interviewing, certificate training, internship placement and/or small group career exploration sessions (*Goal 80%*).
 - **60% (24/40)**

Wellbeing Outputs:

- N/A

Program Considerations/Action Plans:

- Expanded service offering related to workforce development for 18- to 24-year-olds
- Increased contract capacity to serve 18- to 24-year-old clients across juvenile and adult probation divisions.

Brief Intervention and PIE (Prevention, Intervention and Education) – Canvas Health

Description: Canvas Health offers the four-session Brief Intervention (BI) program for Adolescent Alcohol and Drug Use, which was developed by Ken Winters, Ph.D., at the University of Minnesota for adolescents with mild-to-moderate substance use. The BI program bridges the gap between treatment needs and treatment availability for youth who are experiencing mild to moderate substance abuse issues. In addition, Canvas Health offers the substance abuse Prevention, Intervention and Education (PIE) program for youth receiving services from a Hennepin County juvenile sexual health services provider in addition to substance abuse assessments and team consultation.

Overall Success Rate (*Goal 80%*):

- Brief Intervention: **100% (15/15)**
- PIE: **25% (1/4)**

Wellbeing Outcomes:

N/A

Wellbeing Outputs:

Eligible person with:

- Mental health diagnosis at intake: 5
- Mental health needs identified during BI: 1
- Referred to other mental health resources: 2
- Referred to other chemical health resources: 2

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months: 74%**
 - **24 months: 81%**

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<ul style="list-style-type: none">• 2020 Cohort<ul style="list-style-type: none">○ 12 months: 100%
<p>Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)</p> <ul style="list-style-type: none">• 2019 Cohort<ul style="list-style-type: none">○ 12 months: 89%○ 24 months: 96%• 2020 Cohort<ul style="list-style-type: none">○ 12 months: 100%
<p>Program Considerations/Action Plans:</p> <ul style="list-style-type: none">• The use of incentives for session completion increased the overall successful completion rate.

<p>Youth Restorative Justice Disposition Program – Restorative Justice Community Action</p> <p>Description: The Restorative Justice Disposition program allows youth to participate in community-based restorative circles as an alternative to traditional court dispositions. Restorative circles shift traditional decision-making processes to engage youth and family deeply and meaningfully through the restorative practices' framework. Restorative Justice Community Action (RJCA) assigns two community circle keepers, who then conduct the intake and move forward with the community restorative circle process with the youth, family, and other identified participants.</p>
<p>Overall Success Rate (Goal 70%):</p> <ul style="list-style-type: none">• 69% (11/16)
<p>Wellbeing Outcomes:</p> <ul style="list-style-type: none">• Percentage of youth who created and achieved goals in the area of healing (Goal 70%)<ul style="list-style-type: none">○ 75% (12/16)• Percentage of youth who created and achieved goals in the area of future plans (Goal 70%)<ul style="list-style-type: none">○ 75% (12/16)• Percentage of youth who had at least one family member participate meaningfully in the restorative justice program (Goal 80%)<ul style="list-style-type: none">○ 75% (12/16)• Percentage of youth who heard community or family members talk about the impact of harmful actions, who expressed empathy, and/or participated in an action to repair harm as determined appropriate by the circle (Goal 80%)<ul style="list-style-type: none">○ 81% (13/16)
<p>Wellbeing Outputs:</p> <ul style="list-style-type: none">• N/A
<p>Program Considerations/Action Plans:</p> <ul style="list-style-type: none">• The program moved from a pilot to a JP contact in May of 2021• A program evaluation is being conducted by the University of Minnesota and funded by the Legal Rights Center.

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Annex Teen Clinic
<p>Description: Annex Teen clinic delivers sexual exploitation prevention education. Programming is designed to increase young people's knowledge of unhealthy relationships and exploitative situations, self-efficacy to recognize and remove themselves from unhealthy and exploitative situations, or self-efficacy to address these topics with their children. Content includes identifying red flags that indicate risky situations, statistics about sexual exploitation, and interactive activities where participants apply knowledge and skills, as well as reflect on their experiences, values, and choices. Young people will also receive information about community resources and pertinent laws, which includes Safe Harbor and the Minnesota Minor's Consent law, and sexual health information. The intended outcomes are increased awareness and knowledge about sexual exploitation and how to prevent it, increased awareness of community resources, and increased self-efficacy to engage in behaviors that prevent or reduce the impact of sexual exploitation.</p>
<p>Overall Success Rate:</p> <ul style="list-style-type: none">• Number of parent/caregiver presentations: 12• Number of parent/caregiver participants: 56• Number of youth presentations: 27• Number of youth participants: 395 <p>Wellbeing Outcomes:</p> <ul style="list-style-type: none">• Eligible persons (youth) will demonstrate knowledge about sexual exploitation by answering at least 85% of the survey questions correctly (<i>Goal 85%</i>)<ul style="list-style-type: none">○ 82% (135/164)• Eligible persons (parents/caregivers) will demonstrate knowledge about sexual exploitation, by answering at least 85% of the survey questions correctly (<i>Goal 85%</i>)<ul style="list-style-type: none">○ 0% - unable to obtain from parents/caregivers• Eligible persons (youth) demonstrate agreement for healthy and protective norms (<i>Goal 85%</i>)<ul style="list-style-type: none">○ 94% (153/162)• Eligible persons (youth) agree that they have committed to make protective and preventative choices in sexually exploitative situations (<i>Goal 85%</i>)<ul style="list-style-type: none">○ 85% (121/142)• Eligible persons (parents/caregivers) respond that they have increased comfort and confidence for talking with their children about sexual exploitation and healthy behaviors that reduce their risk of being exploited (<i>Goal 85%</i>)<ul style="list-style-type: none">○ 0% - unable to obtain from parents/caregivers• Eligible persons (parents/caregivers) agree that they have committed to talk with their children about sexual exploitation and healthy behaviors that reduce their risk of being exploited (<i>Goal 85%</i>)<ul style="list-style-type: none">○ 0% - unable to obtain from parents/caregivers• Eligible persons (youth) who complete the survey (<i>Goal 100%</i>)<ul style="list-style-type: none">○ 42% (164/395)• Eligible persons (youth) who successfully complete the single-session programming (<i>Goal 85%</i>)<ul style="list-style-type: none">○ 100% (395/395)• Eligible persons (parents/caregivers) who complete the survey (<i>Goal 100%</i>)<ul style="list-style-type: none">○ 0% - unable to obtain from parents/caregivers• Eligible persons (parents/caregivers) who successfully complete the single-session programming (<i>Goal 85%</i>)

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<ul style="list-style-type: none">○ 100% (56/56)
Wellbeing Outputs: <ul style="list-style-type: none">● N/A
Program Considerations/Action Plans: <ul style="list-style-type: none">● Strategies have been implemented to increase participant survey completion, especially in a virtual platform.● Continued collaboration is important to ensure that presentations are being shared in different networks to increase participant access.● Regaining momentum to hold in person presentations and groups in previously established school partnerships has been a challenge with the continued impacts of the pandemic on school settings.● This remains one of the few available options for parent/caregiver educational opportunities for identifying warning signs and resources for potential risk of exploitation, sexual harm, and trafficking.● Annex will be doing a professional development training for stakeholders to provide tips and strategies for having difficult conversations with young people around risk factors of exploitation and trafficking.

Pride – The Family Partnership
Description: Pride case managers work with youth and young adults 1-3 hours per week to provide safety planning; education support and information around risk factors; advocacy – including legal/court support; connection to other resources and programs that may include housing, economic empowerment, individual counseling, and other supportive services. Individual and group programming are available. The new Family Partnership building on Lake Street offers a safe space for Pride participants to obtain basic needs, shower, sleep and do laundry.
Overall Success Rate (Goal 70%): <ul style="list-style-type: none">● N/A for 2021
Note: In 2021, referrals to Pride were all self-referrals that remained open with the program at the close of the year. There were no referral closures to report on the above outcomes.
Wellbeing Outcomes: <ul style="list-style-type: none">● Eligible persons with an ongoing safety plan, living in a safe environment and scored at 12 or above on the assessment (<i>Goal 70%</i>).● Eligible persons who can rely on networks to provide useful advice, guidance and supports and scored at six or above on the assessment (<i>Goal 70%</i>).
Note: In 2021, referrals to Pride were all self-referrals that remained open with the program at the close of the year. There were no referral closures to report on the above outcomes.
Wellbeing Outputs: <ul style="list-style-type: none">● Referrals to other resources

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- Number of referrals connected to housing resources
- Number of referrals connected to employment resources
- Number of referrals who improve education engagement
- Number of referrals to mental health resources
- Number of referrals to healthcare services

Note: In 2021, referrals to Pride were all self-referrals that remained open with the program at the close of the year. There were no referral closures to report on the above outcomes.

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- 2020 Cohort
 - 12 months: 100%

Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)

- 2020 Cohort
 - 12 months: 100%

Program Considerations/Action Plans:

- Of the self-referrals:
 - 91% (10/11) identified as African American
 - 73% (8/11) identified as male
 - 55% (6/11) identified as LGBTQ+
- While we do not have data for resource connection due to no closures within the year, the following supports have been offered:
 - Safe Housing Options: Housing resources, rent assistance, transitional living, including temporary shelters and hotel stays, housing tours, connection to programs for furniture, household goods, etc.
 - Connections to Vital Documents/Benefits: Application assistance to SNAP, MFIP, insurance, state ID's and driver's license, social security cards, birth certificates.
 - Educational and Workforce Development Support: educational resources, post-secondary options, assisting with scholarships and financial aid, connection with employment and employment training resources, exploration of trade schools and cosmetology schools.
 - Other Supports: Connection to mental health and therapeutic resources, chemical health support and resources, legal advocacy, childcare assistance.
- Considerations are being made to increase program access to adult probation for young people 18- to 24-years-old, increase the staffing to include an additional .6 FTE position and increasing capacity to serve 18 participants. While the original advocate to participant ratio was 1:15, the program has found that given the pandemic and increased needs, that the average caseload size needs to be reduced.

Runaway Intervention Program - Midwest Children's Resource Center

Description: The Runaway Intervention Program uses Advanced Practice Nurses (APN's) to provide health care resources, education, and case management for youth of all genders that absent home on a frequent basis. Youth that absent home frequently are more likely to be victims of sexual assault, exploitation, trafficking, higher rates of suicide, chemical addiction, and self-harming behaviors. The

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goals of the program include improving health and protective factors; increasing opportunities for education and harm reduction; developing skills for self-advocacy; decreasing risks of victimization, traumatic experiences, STD's/pregnancy; and advocacy in school systems and increased connection to a caregiver/stable living environment . RIP offers health care connection, access to a trauma therapist and a girl's empowerment group. Targeted focus on prevention and intervention of sexual exploitation and trafficking. Pregnant and/or parenting youth are an exclusionary criteria to this program; however, if a youth does become pregnant, or parenting, during their time in the program, the APN's will work with the young person to ensure they are connected with the appropriate resources.

Overall Success Rate (*Goal 80%*):

- **100% (5/5) DOCCR Only**
- **67% (22/33) DOCCR and HHS combined**

Wellbeing Outcomes:

- Eligible persons admitted to the program who do not become pregnant, or parenting, while enrolled in the program (*Goal 80%*).
 - **100% (5/5) – DOCCR Only**
 - **88% (21/24) – DOCCR and HHS combined**
- Eligible persons admitted to the program who do not have new STI's while enrolled in the program (*Goal 80%*).
 - **50% (2/4) – DOCCR Only**
 - **63% (10/16) – DOCCR and HHS combined**
- Eligible persons admitted to the program who exhibit a decrease in emotional distress while enrolled in the program (*Goal 70%*).
 - UCLA PTSD Trauma Screen
 - **100% (5/5) – DOCCR Only**
 - **63% (12/19) – DOCCR and HHS combined**
 - Beck Depression Inventory
 - **100% (5/5) – DOCCR Only**
 - **82% (14/17) – DOCCR and HHS combined**
 - Overall Emotional Distress Score
 - **100% (5/5) – DOCCR Only**
 - **56% (9/16) – DOCCR and HHS combined**
- Eligible persons admitted to the program who improve substance abuse score as measured within the Minnesota Student Survey while enrolled in the program (*Goal 50%*).
 - **80% (4/5) – DOCCR Only**
 - **75% (12/16) – DOCCR and HHS combined**

Wellbeing Outputs:

- N/A

Recidivism (Percentage of youth who did not receive a new adjudication or conviction)

- **2019 Cohort**
 - **12 months: 83%**
 - **24 months: 83%**
- **2020 Cohort**
 - **12 months: 56%**

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<p>Out-of-Home Placement (Percentage of youth who were not ordered by the court into an OHP)</p> <ul style="list-style-type: none">• 2019 Cohort<ul style="list-style-type: none">○ 12 months: 100%○ 24 months: 100%• 2020 Cohort<ul style="list-style-type: none">○ 12 months: 78%
<p>Program Considerations/Action Plans:</p> <ul style="list-style-type: none">• 85% (17/20) of new referrals to The Runaway Intervention Program in 2021 identified as BIPOC.• Given that the program intervention can last up to one year, and youth do not need to remain justice involved, or connected to HHS to continue services, future consideration is being given to not separate outcome reporting by referral source. Many times, RIP youth are involved in both systems, or start in one system, and transfer to another system. This makes it more difficult for the community provider to track data and outcome reporting.• Conversations have occurred with Be@School to re-engage as a referral source. Since reconnecting to educational systems is an important goal of RIP, re-engaging with schools and early intervention is hoped to build future protective factors and reduce possible exploitation risks through school connection and collaboration.• RIP has noted that participants' mental health needs have increased dramatically during the pandemic.

<p>Ujima - Rebound</p> <p>Description: Rebound provides a multi week, multifamily skill building group to 8- to 11-year-old black males and families, with aftercare case management. The goal of this program is to prevent youth from having behaviors escalate to the point of juvenile justice system involvement. Rebound will administer the evidenced based <i>Strengthening Family Coping Resources (SFCR)</i> curriculum to provide psychoeducation and skill development to families in the program. The <i>Strengthening Family Coping Resources (SFCR)</i> curriculum is divided into three modules designed to "use family coping resources as mechanisms for change, strengthen family processes impacted by urban poverty and chronic trauma, and address trauma-specific treatment goals." Modules include Rituals and Routines, Strengthening Family Coping, and Trauma Resolution and Consolidation. Rebound is responsible for recruiting a diverse array of mental health practitioners to support the program. Three 15-week sessions of the group will be administered per year.</p> <p>Overall Success Rate (Goal 70%): 66% (4/6 families)</p> <p>Program Considerations/Action Plans:</p> <ul style="list-style-type: none">• 100% (35/35) of accepted referrals identified as BIPOC• 26 youth and nine adults participated in the Ujima program• Decision was made to extend contract until 12/31/2023

Highlights/Accomplishments:

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For many of our community partners, this is the inaugural attempt of collecting and reporting well-being outcomes. Despite challenges faced with the pandemic, changes in service delivery and treatment modality and showing up for young people and families in different ways, the results of the outcome reporting highlight the positive impacts of community interventions. While there are several highlights and accomplishments that can be noted within the data, some key components include:

1. All community partners met the outcome goal of 70% of all youth admitted to the program will not be ordered by the court to an out-of-Home Residential Treatment Center or short-term out of home placement within 12 months of program start date; and 60% of all youth admitted to the program will not be ordered by the court into an out-of-Home Residential Treatment Center or short term placement within 24 months of program start date for the 12 and 24 month 2019 cohorts, and 12 month 2020 cohort.
2. Although some interventions have been met by challenges around utilization and fluctuating capacity due to staffing shortages, outcome indicators are still meeting the established goals in many areas.
3. Outcome reporting offers a collaborative look between DOCCR, community partners, and contracts during quarterly provider meetings by reviewing data results, outcome grids, and utilization and capacity. Identifying trends, shifting needs, and problem-solving barriers help support increased success in outcomes and programming.
4. The pandemic has shifted educational spaces, ways of learning, and success for young people. Many of our community partners work to support the educational achievement and growth of justice involved youth. When looking at those community providers (MRYC, MST, Wraparound, POWER, Community Resource Navigators and Pathways) that have specific outcome indicators for educational growth and success, 81% (154/191) of young people achieved outcome goals related to successful educational progress and achievement.
5. Community-Based Array of Services acknowledges its role in reducing racial disparities. In 2021, 84% of supervised youth in Juvenile Probation identified as BIPOC. When reviewing the total number of community-based array of services interventions utilized during 2021, approximately 86% of youth referred to contracted community-based programs identified as BIPOC.

Recommendations/Lessons Learned:

As we look to develop new RFP's/contract with community partners, there are several opportunities for growth in future outcome indicator development that should be considered:

1. The use of self-assessments, particularly pre and post-tests for wellbeing outcome measures have been difficult to consistently collect. Determine way to get responses from youth who are unsuccessfully discharged from the program to ensure data integrity.
2. Develop a standard outcome measurement across all contracts for desistance.
3. Develop outcome indicators in juvenile contracts that include measurement of identity formation and are in alignment with the Growth Focused Case Management framework.
4. When adding target populations to contracts, ensure that the well-being outcomes are representative of all target populations and do not skew data if the indicator is not relevant to a certain level of probation, age range, or gender identity.

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5. If asking community partners to disaggregate data by specific populations or age range, ensure that this request is not causing an undue strain of data collection and reporting on the provider's part.
6. Ensure that outputs/demographic options are gender affirming. Use evolving best practices to adjust gender identification options on contract outcome grids.
7. Continue dialogue with community partners and stakeholders regarding the collection of racial and ethnic identity as it relates to how this information is collected in contract outcome grids. Can it be standardized across all contracts, and can it be standardized across all departments and divisions? If Hennepin County is truly looking at the reduction of racial disparities, there is a need to better identify and understand how race and ethnicity is being collected and reported, both in internal data systems, and by community partners.
8. Consider how to incorporate domains of the REACT, Self Sufficiency Matrix (SSM) and other assessment tools to align and guide the development of outcome indicators in contract grids.
9. Continue the practice of ensuring community partner voice in the process of contract outcome development. Ask the questions regarding what does their infrastructure look like for the collection of data? What type of support(s) would be helpful? Can the agency collect outcome/output data in a manner that allows focus to be placed on providing the supportive intervention and not spending an extraordinary amount of time collecting the data? Is the outcome and output data helpful to the community partner? What are we hoping the outcome data will tell us? Is this the narrative that will best help explain how the program impacts the well-being of youth/young people, families, and community?
10. There is a lack of consistency amongst contracts in regard to the successful/program completion goal rates. Many of the established contracts have a target successful completion rate of 80%, while newer contracts have a successful complete rate goal of 70%. While there may be several reasons for this occurring (national model standards for EBP programs, changes in contract manager roles, shifts in development of outcome grid indicators to include more dialogue and input from community partners), conversations around consistent successful/program completion outcome indicators should take place during development of amending contracts and/or selection of new contracts.