

Hennepin County Children's Mental Health Collaborative

Collaborative assessment

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November 2012

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Contents

Background / introduction	4
Description of survey respondents.....	4
Key findings.....	6
Success in achieving mission.....	6
Success of the Collaborative in reaching goals.....	6
Importance of a Collaborative approach.....	11
Collaborative relationships	13
Communication and decision making.....	16
CMHC funding	20
Work groups.....	22
Coordination team.....	24
Research/evaluation priorities.....	26
Overall perspectives about the Collaborative	27
Functioning of the mental health system	30
Recommendations.....	35

Figures

1.	Type of agency represented	4
2.	Familiarity with the Collaborative	5
3.	Frequency of meeting attendance	5
4.	Collaborative success in achieving mission.....	6
5.	Perceived success of the Collaborative – all responses	8
6.	Perceived success of the Collaborative – percentage of respondents agreeing with each item	10
7.	Perceived success of the Collaborative – comparison of the percentage of respondents agreeing with each item across years.....	11
8.	Importance of a collaborative approach – all responses	12
9.	Importance of a collaborative approach – comparison of the percentage of respondents agreeing with each item across years.....	12
10.	Ratings of Collaborative relationships – all responses	13
11.	Ratings of Collaborative relationships – percentage of respondents agreeing with each item	15
12.	Ratings of Collaborative relationships – comparison of the percentage of respondents agreeing with each item across years.....	16
13.	Ratings of Collaborative communication and decision-making – all responses	18
14.	Ratings of Collaborative communication and decision-making – percentage of respondents agreeing with each item	19
15.	Ratings of Collaborative communication and decision-making – comparison of the percentage of respondents agreeing with each item across years.....	20
16.	Ratings of CMHC funding decisions.....	21
17.	Open-ended comments: Other key priority areas for funding	21
18.	Ratings of work groups.....	23
19.	Ratings of work groups – percentage of respondents agreeing with each item.....	23
20.	Ratings of the CMHC Coordination team	25
21.	Open-ended comments: Positive aspects of the coordination team.....	25
22.	Open-ended comments: Recommendations for improving the coordination team performance.....	26
23.	Ratings of research project.....	27
24.	Open-ended comments: Comments about CMHC research project	27
25.	Open-ended comments: Most positive thing resulting from the Collaborative.....	28

Figures (continued)

26. Open-ended comments: Suggestions for changing the Collaborative	29
27. Perceived effectiveness of the children’s mental health system	30
28. Open-ended comments: Most significant access barriers	31
29. Open-ended comments: Steps the CMHC should take to address access barriers ..	33
30. Open-ended comments: Things the CMHC could do to improve the mental health system?	34

Background / introduction

In October 2012, Wilder Research conducted an online survey to assess the functioning and status of the Hennepin County Children’s Mental Health Collaborative. Similar surveys were also conducted in 2009 and 2010. The survey was designed to examine a variety of factors that are key indicators of successful collaboration, including perceptions of the Collaborative’s purpose, representation of key stakeholders, decision-making processes, communication, and leadership. Throughout the survey, respondents had opportunities to indicate how well the Collaborative met their expectations and to provide suggestions to improve the Collaborative’s effectiveness in meeting its goals and addressing the needs of children and families in Hennepin County.

Description of survey respondents

A total of 115 Collaborative stakeholders were invited to respond to the survey. Up to three invitations were sent to each potential respondent. Thirty-one percent of the potential respondents (N=36) began the survey. One person reported being “not very familiar” with the Collaborative, which made them ineligible to continue. The other 35 people were either “somewhat” (36%) or “very familiar” (61%) with the CMHC.

Respondents represented a range of agencies, with most representing non-profit agencies (42%), mental health providers (22%), and school districts (19%). Most said that they attended CMHC meetings “often” (58%) or “sometimes” (14%) (Figures 1-3).

1. Type of agency represented

What type of agency do you represent?	2009 (N=31)		2010 (N=38)		2012 (N=36)	
	N	%	N	%	N	%
School district	8	26%	6	16%	7	19%
Non-profit agency	7	23%	22	58%	15	42%
County government	5	16%	3	8%	3	8%
Mental health provider	1	3%	9	24%	8	22%
Another collaborative or coalition	5	16%	3	8%	1	3%
Parent organization/parent	2	7%	1	3%	3	8%
Other	4	13%	4	11%	3	8%

Respondents were instructed to check all that apply, so totals may exceed 100%. In 2012, the three people who said that they represented “other” types of agencies described themselves as representing a Family Service Collaborative, state government, and adult day care.

2. Familiarity with the Collaborative

How familiar are you with the Hennepin County Children's Mental Health Collaborative?	2009 (N=31)		2010 (N=38)		2012 (N=36)	
	N	%	N	%	N	%
Not at all familiar	1	3%	2	5%	1	3%
Somewhat familiar	12	36%	16	42%	13	36%
Very familiar	18	58%	20	53%	22	61%

Note: Only those individuals who indicated that they were "somewhat familiar" or "very familiar" with the Collaborative were eligible to continue with the survey.

3. Frequency of meeting attendance

How frequently do you attend Hennepin County Children's Mental Health Collaborative meetings (Operations group, Governance Board, Provider's Group)?	2009 (N=24)		2010 (N=31)		2012 (N=36)	
	N	%	N	%	N	%
Never	2	8%	3	10%	4	11%
Rarely	4	17%	4	13%	6	17%
Sometimes	6	25%	10	32%	5	14%
Often	12	50%	14	45%	21	58%

Key findings

Success in achieving mission

There was a large increase in the percentage of people who felt that the CMHC was “very successful” in achieving its mission

Almost all respondents (97%) said that the Collaborative was “very successful” or “somewhat successful” in achieving its mission. The percentage who rated the Collaborative as “very successful” increased from 8-9 percent in the last two survey administrations to 40 percent in 2012. The mission statement was revised in early 2012; the improved ratings on this item may reflect more positive ratings of the Collaborative or the realignment of the mission statement with the Collaborative core goals (Figure 4).

4. Collaborative success in achieving mission

The mission of the Collaborative is “to serve as the catalyst for improving children’s lives by serving as a convener, coordinator, advisor and advocate for community efforts to increase access to and resources for high quality mental health services for children and families.” How successful has the Collaborative been to date in achieving its mission?	2009 (N=24)		2010 (N=32)		2012 (N=35)	
	N	%	N	%	N	%
Not at all successful	3	13%	3	9%	1	3%
Somewhat successful	19	79%	26	81%	20	57%
Very successful	2	8%	3	9%	14	40%

Note: In 2012, the wording of the mission was modified. In previous surveys, respondents were asked whether the CMHC had fulfilled its mission of “serving as the catalyst within Hennepin County for best/promising practices and outcome based applications and system enhancements within the spectrum of children’s mental health services and practices.”

Success of the Collaborative in reaching goals

Collaborative partners were asked to rate the success of the CMHC in achieving a number of its goals. Some of these items have been asked consistently across years, while others were added in 2012 to reflect the revised goals that emerged during the CMHC’s visioning process early in the year.

Most respondents rated the CMHC as successfully meeting its goals

For all items, at least two-thirds of the respondents “agreed strongly” or “agreed somewhat” that the Collaborative had successfully met its stated goals. They were most

likely to “agree strongly” or “agree somewhat” that the CMHC defines and supports the development and ongoing operation of high quality children’s mental health services throughout Hennepin County (88%); has developed and sustained a leadership coalition from key stakeholder groups to provide strategic leadership and decision making (88%); participates in general community education for improved funding of children’s mental health (88%); and increases linkages between the children’s mental health system and other systems serving children and families (88%) (Figures 5-6).

At least one in five respondents did not feel that the CMHC had increased cultural competence of services, effectively integrated efforts from multiple sectors, or advanced a system of care culture

While overall results were very positive, a few items stand out as warranting further discussion or action. Almost one-quarter of the respondents (24%) disagreed at least “somewhat” that the CMHC had increased the cultural competence of services to children and had effectively integrated efforts from multiple sectors to enhance children’s mental health services. Twenty-one percent “disagreed strongly” or “disagreed somewhat” that the CMHC has advanced a system of care culture within the CMHC and Hennepin County (Figures 5-6).

One in five respondents “did not know” if the CMHC meaningfully engages parents as partners to guide the mental health system

Most respondents (67%) “agreed strongly” or “agreed somewhat” that the CMHC meaningfully engages parents as partners to guide the mental health system. Twenty-one percent “did not know” if the CMHC had been successful in this area, higher than the percentage who answered “did not know” for all other items in 2012 (Figure 5).

With the exception of effective integration across multiple sectors, there has been improvement in ratings of the Collaborative’s success in meeting goals

Six goal areas have been included in each of the previous surveys. Responses have varied over time, though not all in a consistent direction. For three of these items (effectively using research to guide recommendations for service and system enhancements, strengthening effective working relationships among partners, and increasing cultural competence of services to children), the percentage of survey participants “agreeing strongly” or “agreeing somewhat” has increased steadily over the past three survey administrations. Two other items (developing clear recommendations and strategies for increasing system coordination and meaningfully engaging parents as partners to guide the mental health system) showed relatively large improvements in 2012 in the percentage of respondents

agreeing at least “somewhat.” Only one item, effectively integrating efforts from multiple sectors, showed decline in 2012, with the percentage of respondents agreeing at least “somewhat” decreasing from 85 percent in 2010 to 75 percent in 2012 (Figure 7).

5. Perceived success of the Collaborative – all responses

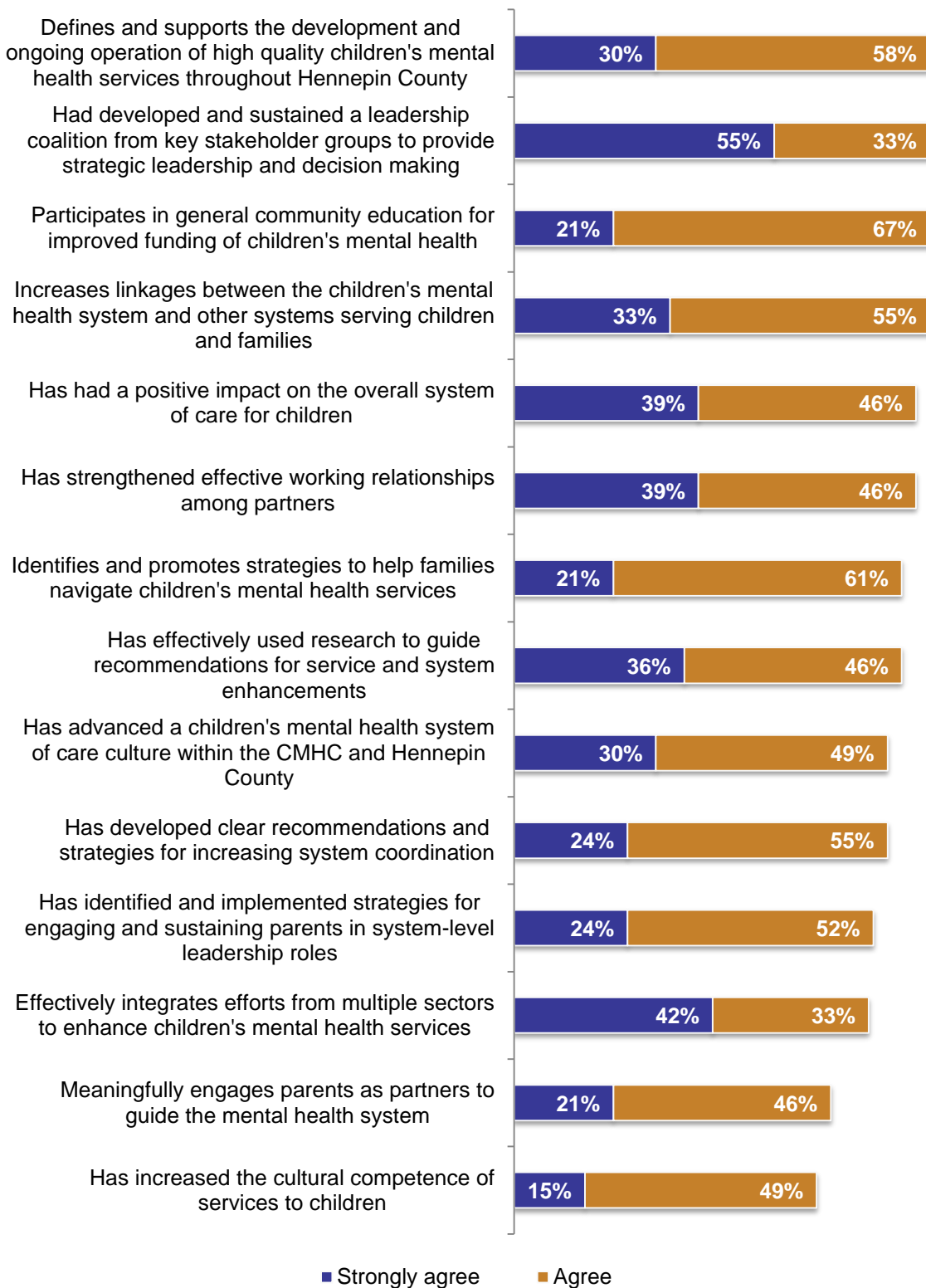
How much do you agree or disagree with each of the following statements?	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
The Collaborative...						
Has developed and sustained a leadership coalition from key stakeholder groups to provide strategic leadership and decision making						
2012	33	6%	6%	33%	55%	0%
Has identified and implemented strategies for engaging and sustaining parents in system-level leadership roles						
2012	33	3%	12%	52%	24%	9%
Has advanced a children's mental health system of care culture within the CMHC and Hennepin County						
2012	33	3%	18%	49%	30%	0%
Participates in general community education for improved funding of children's mental health						
2012	33	3%	9%	67%	21%	0%
Defines and supports the development and ongoing operation of high quality children's mental health services throughout Hennepin County						
2012	33	3%	6%	58%	30%	3%
Identifies and promotes strategies to help families navigate children's mental health services						
2012	33	3%	15%	61%	21%	0%
Increases linkages between the children's mental health system and other systems serving children and families						
2012	33	3%	9%	55%	33%	0%
Has developed clear recommendations and strategies for increasing system coordination						
2009	24	0%	21%	42%	29%	8%
2010	32	0%	13%	50%	19%	19%
2012	33	0%	12%	55%	24%	9%
Effectively integrates efforts from multiple sectors (county, schools, health organizations, providers, parents, collaborative, and community organizations) to enhance children's mental health services						
2009	26	4%	15%	31%	35%	15%
2010	33	3%	9%	46%	39%	3%
2012	33	3%	21%	33%	42%	0%

5. Perceived success of the Collaborative – all responses (continued)

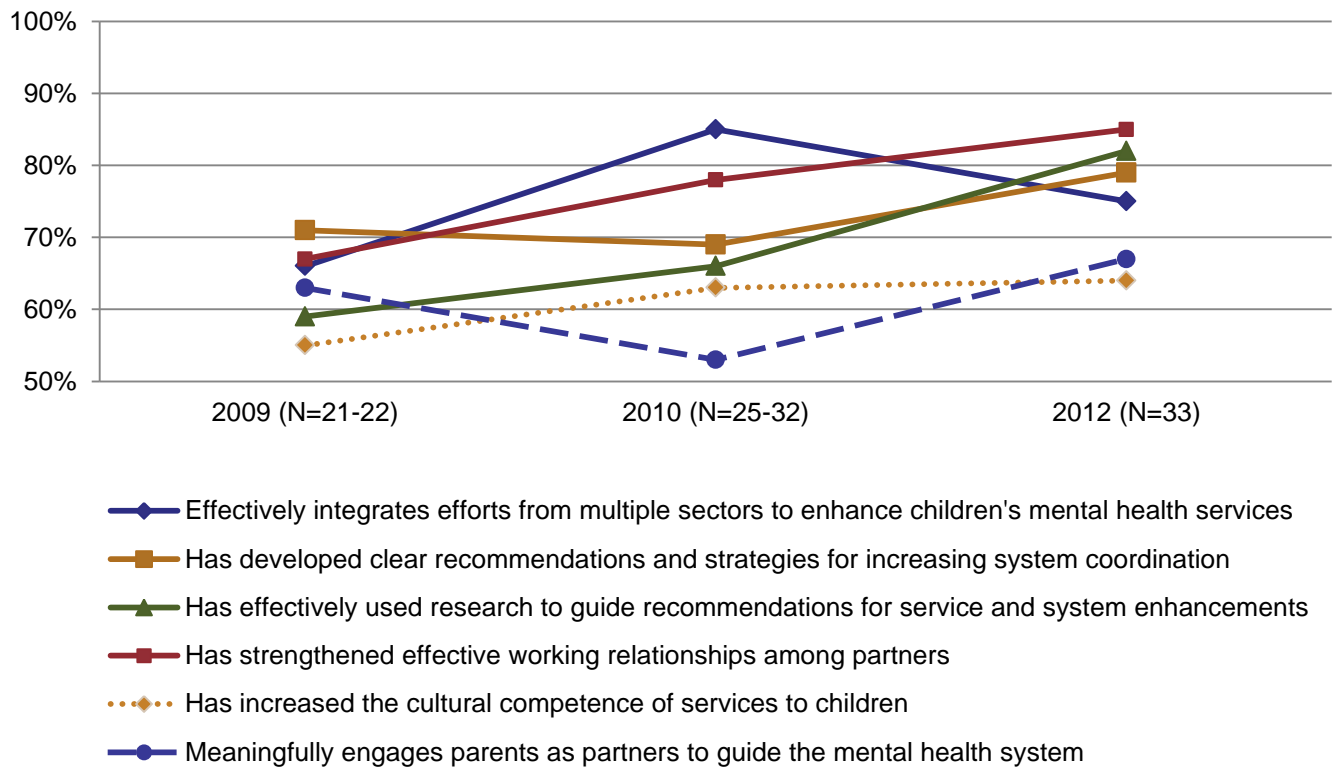
How much do you agree or disagree with each of the following statements?	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
The Collaborative...						
Has had a positive impact on the overall system of care for children						
2012	33	3%	9%	46%	39%	3%
Has effectively used research to guide recommendations for service and system enhancements						
2009	24	8%	21%	38%	21%	13%
2010	32	3%	9%	50%	16%	22%
2012	33	3%	9%	46%	36%	6%
Has strengthened effective working relationships among partners						
2009	24	0%	21%	29%	38%	13%
2010	32	6%	16%	38%	38%	3%
2012	33	6%	9%	46%	39%	0%
Has increased the cultural competence of services to children						
2009	24	13%	21%	38%	17%	13%
2010	32	6%	16%	50%	13%	16%
2012	33	6%	18%	49%	15%	12%
Meaningfully engages parents as partners to guide the mental health system						
2009	24	4%	21%	46%	17%	13%
2010	32	9%	22%	44%	9%	16%
2012	33	3%	9%	46%	21%	21%

Several additional questions were included in the 2009 and 2010 surveys. Only questions included in 2012 are reflected in this report.

6. Perceived success of the Collaborative – percentage of respondents agreeing with each item



7. Perceived success of the Collaborative – comparison of the percentage of respondents agreeing with each item across years



Importance of a Collaborative approach

Most Collaborative members felt that they had something to gain from participating in the CMHC, and that they were more likely to be successful working together

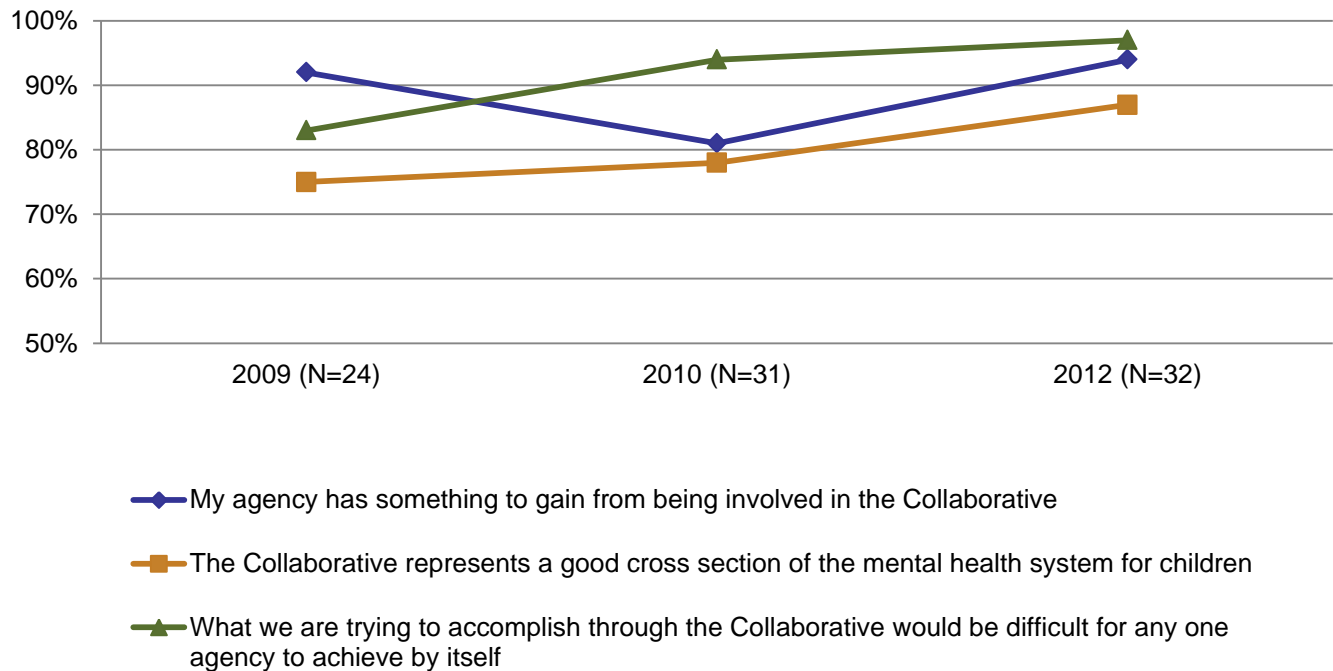
Almost all CMHC members (97%) “agreed strongly” or “agreed somewhat” that it would be difficult for any one agency to achieve what the Collaborative is trying to accomplish. Most also agreed at least “somewhat” that their agency has something to gain from being involved in the Collaborative (94%), and that the Collaborative represents a good cross-section of the mental health system for children (87%).

All three of these items had improved ratings in 2012, relative to 2010. One item, “my agency has something to gain from being involved in the Collaborative, decreased between 2009 and 2010, before increasing in 2012. The other two items have been improving steadily over the past three surveys (Figures 8-9).

8. Importance of a collaborative approach – all responses

How much do you agree or disagree with each of the following statements?	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
My agency has something to gain from being involved in the Collaborative						
2009	24	0%	4%	29%	63%	4%
2010	31	0%	13%	39%	42%	6%
2012	32	0%	3%	25%	69%	3%
The Collaborative represents a good cross section of the mental health system for children						
2009	24	0%	13%	33%	42%	12%
2010	31	0%	13%	39%	39%	10%
2012	32	3%	9%	53%	34%	0%
What we are trying to accomplish through the Collaborative would be difficult for any one agency to achieve by itself						
2009	24	0%	4%	25%	58%	13%
2010	31	3%	0%	13%	81%	3%
2012	32	0%	3%	19%	78%	0%

9. Importance of a collaborative approach – comparison of the percentage of respondents agreeing with each item across years



Collaborative relationships

At least three-quarters of the respondents agreed with all items assessing positive perceptions of CMHC members and relationships

The 2012 survey included nine items assessing positive perceptions of CMHC members and their relationships with each other. At least three-quarters of the respondents “agreed strongly” or “agreed somewhat” with each item. Ratings were highest for items assessing members’ commitment to the process, respect for one another, and appropriateness for being included in the process (Figures 10-11).

Some respondents gave lower ratings to items assessing participation, openness to different approaches, and clarity of roles and responsibilities

Nearly one in five respondents (17-18%) disagreed at least “somewhat” that members fully participate in the group process, are open to different approaches about how the work should be done, and have a clear sense of their roles and responsibilities (Figures 10-11).

Ratings of Collaborative members and relationships improved in 2012, after declining dramatically between 2009 and 2010

The survey items in this section showed a similar pattern. With the exception of two survey items (respect for one another and working together to achieve group goals), all items in this section showed declines between 2009 and 2010 of 12 to 31 points in the percentage of respondents who agreed at least “somewhat.” Between 2010 and 2012, this pattern reversed, with the percentage of respondents agreeing at least “somewhat” increasing by 15 to 33 points. An additional item assessing respect for one another showed a similar pattern, but with smaller amounts of change across years. Ratings for the final item, assessing whether CMHC members work together to achieve group goals, have increased steadily over the past three surveys (Figure 12).

10. Ratings of Collaborative relationships – all responses

To what extent do you agree that that the people involved in the Collaborative:	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
<hr/>						
Are the appropriate people to include in the process						
2009	18	0%	0%	56%	39%	6%
2010	24	0%	17%	46%	29%	8%
2012	32	6%	0%	56%	34%	3%

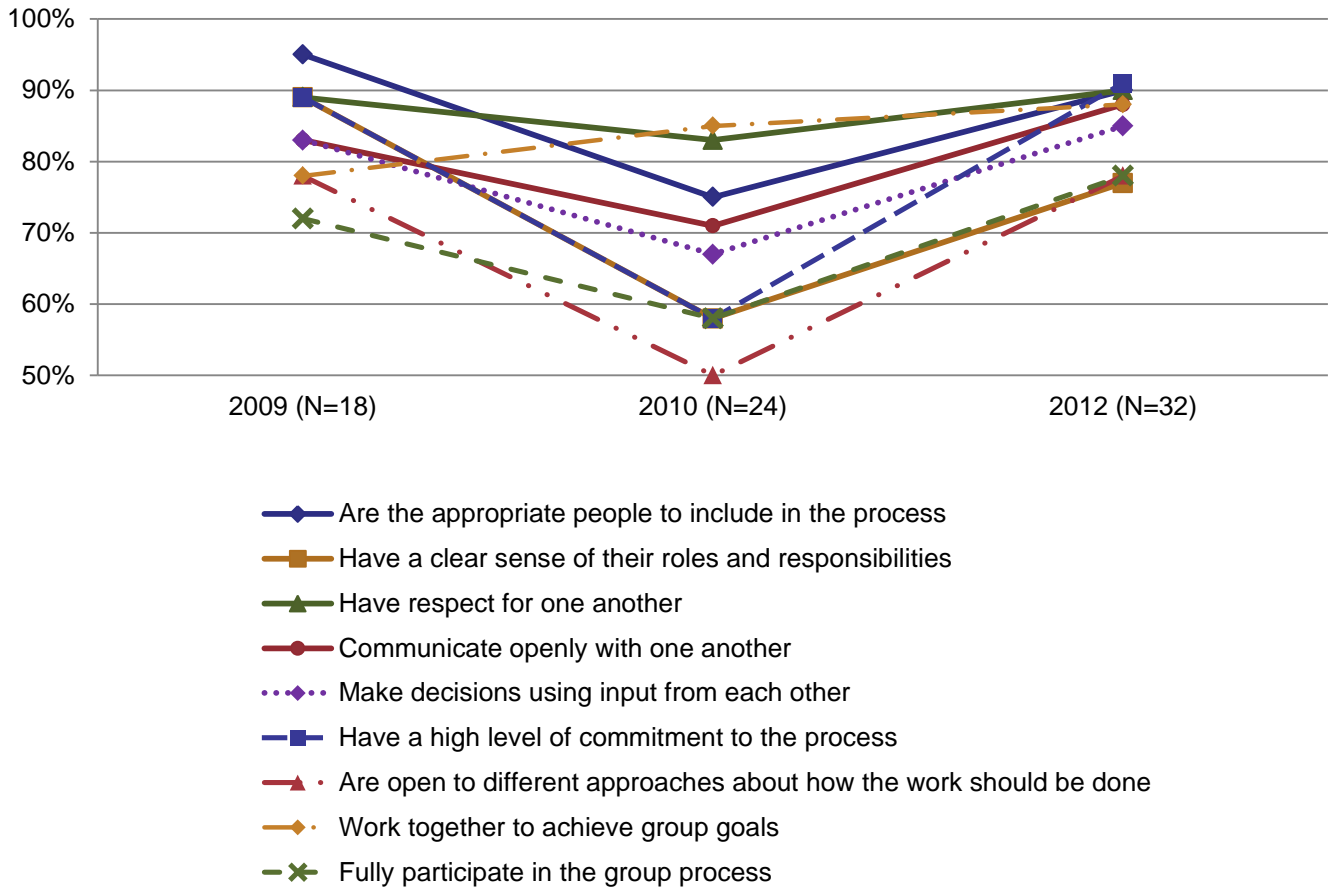
10. Ratings of Collaborative relationships – all responses (continued)

Have a clear sense of their roles and responsibilities						
2009	18	0%	6%	61%	28%	6%
2010	24	0%	29%	46%	12%	12%
2012	31	7%	10%	58%	19%	6%
Have respect for one another						
2009	18	0%	6%	56%	33%	6%
2010	24	0%	8%	25%	58%	8%
2012	32	3%	0%	34%	56%	6%
Communicate openly with one another						
2009	18	0%	6%	61%	22%	11%
2010	24	4%	17%	33%	38%	8%
2012	32	3%	3%	50%	38%	6%
Make decisions using input from each other						
2009	18	0%	11%	50%	33%	6%
2010	24	4%	21%	46%	21%	8%
2012	32	6%	6%	41%	44%	3%
Have a high level of commitment to the process						
2009	18	0%	6%	61%	28%	6%
2010	24	4%	25%	33%	25%	12%
2012	32	0%	3%	38%	53%	6%
Are open to different approaches about how the work should be done						
2009	18	0%	11%	56%	22%	11%
2010	24	4%	29%	33%	17%	17%
2012	32	6%	12%	47%	31%	3%
Work together to achieve group goals						
2009	18	0%	17%	39%	39%	6%
2010	24	0%	17%	46%	29%	8%
2012	32	6%	3%	44%	44%	3%
Fully participate in the group process						
2009	18	0%	17%	39%	33%	11%
2010	24	0%	29%	29%	29%	13%
2012	32	6%	12%	47%	31%	3%

11. Ratings of Collaborative relationships – percentage of respondents agreeing with each item



12. Ratings of Collaborative relationships – comparison of the percentage of respondents agreeing with each item across years



Communication and decision making

Members gave high ratings to the Collaborative’s communications strategies

The survey included a number of items related to communication among Collaborative members. Most respondents agreed at least “somewhat” that effective communication strategies are being used to share information about CMHC activities (85%) and that they are updated often about what goes on in the Collaborative (90%). The percentage of respondents who agreed that they are updated often has improved steadily from 70 percent in 2009 to 90 percent in 2012 (Figures 13-15).

More than one-quarter of the respondents “did not know” if parents are fully included in Collaborative meetings

Only 60 percent of the respondents agreed at least “somewhat” that parents are fully included in Collaborative meetings. Most of the remaining respondents said that they “did not know” if parents were fully included (Figures 13-14).

Most CMHC members are satisfied with the way meetings are conducted

One of the highest rated items related to meetings, with 88 percent of the respondents agreeing at least “somewhat” that agendas reflect the priorities of the group members. A similar percentage (87%) agreed at least “somewhat” that meetings are facilitated effectively (Figures 13-14).

Ratings of decision making have improved since the 2010 survey

In 2012, approximately 8 in 10 respondents “agreed strongly” or “agreed somewhat” that there is a clear method for making decisions among the Collaborative members (78%) and all members have a voice in decision making (82%). Ratings for both of these items fell between 2009 and 2010, reaching a low of 63 percent agreement, but improved in 2012 (Figures 13-15).

One in five respondents do not have a clear understanding of what the Collaborative is trying to accomplish and do not have informal conversations with others

In 2012, 18 percent of the respondents “disagreed somewhat” or “disagreed strongly” that they have a clear understanding of what the Collaborative is trying to accomplish. Similar 22 percent disagreed at least “somewhat” that they have informal conversations with others involved in the CMHC (Figures 13-15).

13. Ratings of Collaborative communication and decision-making – all responses

How much do you agree with each of the following statements about the collaborative?	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
There is a clear method for making decisions among the Collaborative members						
2009	18	0%	11%	44%	44%	0%
2010	24	0%	29%	17%	46%	8%
2012	32	6%	9%	31%	47%	6%
All members have a voice in decision making						
2009	18	0%	28%	22%	50%	0%
2010	24	13%	21%	17%	46%	4%
2012	32	6%	9%	38%	44%	3%
Meetings are facilitated effectively						
2009	18	0%	0%	28%	67%	6%
2010	24	0%	8%	38%	50%	4%
2012	32	0%	3%	28%	59%	9%
Meeting agendas reflect the priorities of the group members						
2009	18	0%	17%	33%	44%	6%
2010	24	0%	17%	46%	25%	13%
2012	32	0%	6%	44%	44%	6%
Parents are fully included in Collaborative meetings						
2009	18	11%	11%	44%	22%	11%
2010	24	13%	29%	25%	25%	8%
2012	32	3%	9%	19%	41%	28%
I have a clear understanding of what the Collaborative is trying to accomplish						
2009	24	8%	17%	25%	50%	0%
2010	31	3%	10%	55%	26%	6%
2012	32	6%	12%	34%	41%	6%
I am updated often about what goes on in the Collaborative						
2009	24	17%	12%	12%	58%	0%
2010	31	3%	13%	26%	58%	0%
2012	32	3%	6%	34%	56%	0%
Effective communication strategies are being used to share information about CMHC activities						
2012	32	3%	9%	41%	44%	3%

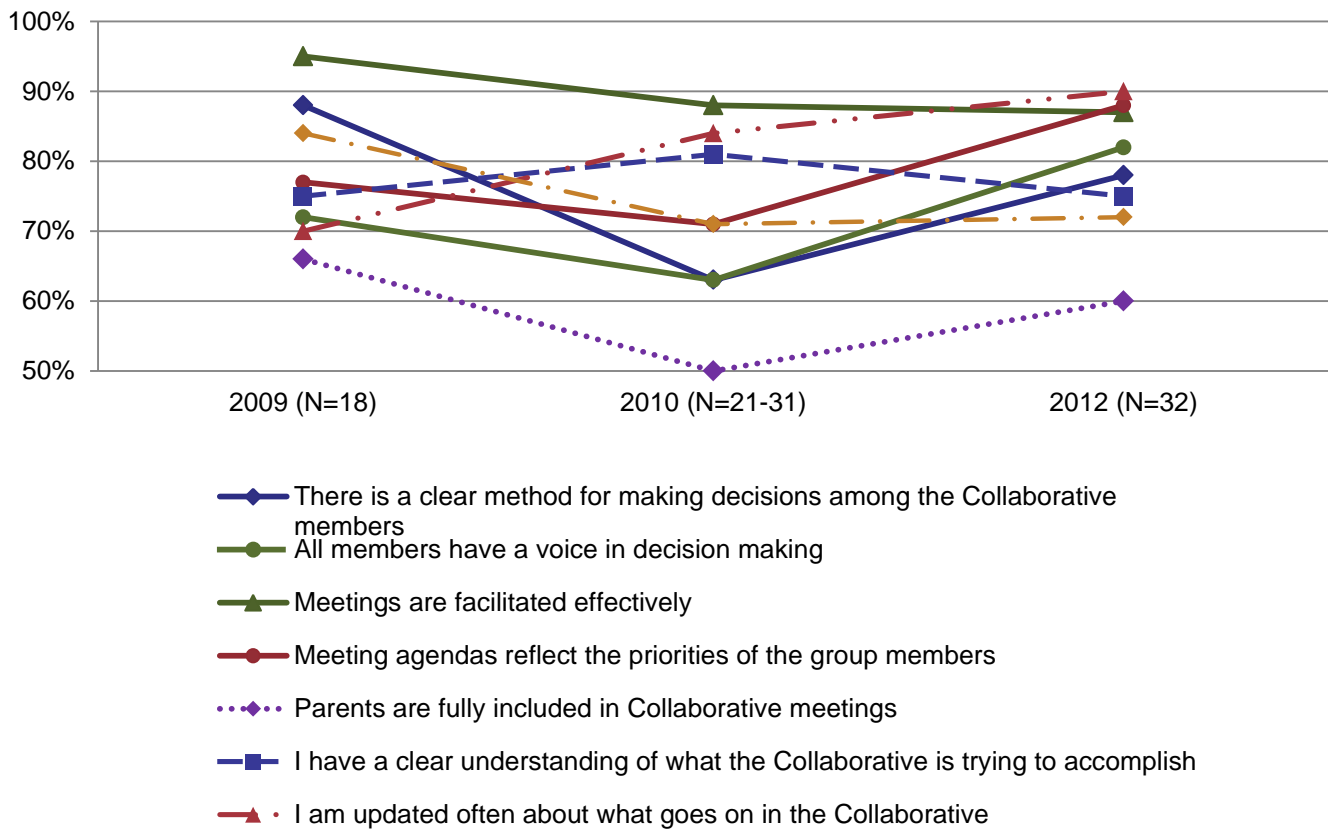
13. Ratings of Collaborative communication and decision-making – all responses (continued)

How much do you agree with each of the following statements about the collaborative?	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
I have informal conversations with others involved in the Collaborative						
2009	24	12%	4%	38%	46%	0%
2010	31	6%	23%	52%	19%	0%
2012	32	6%	16%	41%	31%	6%

14. Ratings of Collaborative communication and decision-making – percentage of respondents agreeing with each item



15. Ratings of Collaborative communication and decision-making – comparison of the percentage of respondents agreeing with each item across years



CMHC funding

In early 2012, the CMHC approved the following allocation of funding to priority children’s mental health areas: school based mental health (45% or \$530,000); early childhood (35% or \$412,000); and cultural competence (20% or \$236,000). Several survey items were added in 2012 to assess respondents’ impressions of these funding allocations.

Most survey respondents felt that the Collaborative’s funding allocations were appropriate

Eight in ten survey respondents (81%) agreed at least “somewhat” that they were aware of the CMHC’s funding allocations. However, nine in ten agreed at least “somewhat” that the CMHC is spending an appropriate amount of its resources on children’s mental health services (90%), that the CMHC is funding appropriate kinds of activities (87%), and that funding is allocated appropriately (87%) (Figure 16).

Survey respondents identified a number of other potential priority areas for funding, though no significant themes emerged

Respondents were asked whether there were other key priority areas for children’s mental health services not represented in the current funding allocations. A few people suggested ideas, including integration with primary care, Native American children, uninsured and underinsured populations, trauma, and public communication/education (Figure 17).

16. Ratings of CMHC funding decisions

Please indicate whether you agree or disagree with the following items.	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don’t know
I was aware that the funding had been allocated by the CMHC in this way	32	6%	12%	22%	59%	0%
The CMHC is spending an appropriate amount of its resources on children's mental health services	32	0%	6%	34%	56%	3%
The CMHC is funding appropriate kinds of activities	32	3%	9%	28%	59%	0%
Funding is allocated appropriately	32	3%	3%	53%	34%	6%

17. Open-ended comments: Other key priority areas for funding

Are there any key priority areas for children’s mental health services that are not represented in the funding decisions? If so, what?

The Native American children of Hennepin County need more representation.

It would be kind of fun to look at primary care again in an inclusive approach (e.g., Have them identify what would work best for them to include comprehensive screening and then how to refer out). Maybe a case coordinator for this type of connection. I just feel we still have a disconnect with primary care providers.

Uninsured and under insured.

Trauma information care organizational efforts.

Primary care and mental health integration.

The funding allocations are consistent with the agreed goals of the CMHC.

Communication to the broader public about the scope of children’s mental health needs and the value of addressing these issues early. Children with unmet mental health needs often become expensive adults.

Work groups

Respondents were generally positive about work groups, though there is room to improve ratings of the clarity and appropriateness of the group roles

Nine in ten respondents (87%) agreed at least “somewhat” that the Collaborative has created appropriate multi-disciplinary work groups. Ratings were lower for other items. Approximately seven in ten respondents agreed that the roles of the standing work groups are clear (74%), the roles of the standing groups are appropriate (71%) (Figures 18-19).

Only half of the respondents felt that diverse communities are represented and that parents have a leadership voice in work groups

The lowest rated items related to representation of diverse communities and parents on work groups. Only half of the respondents agreed at least “somewhat” that diverse communities are represented in workgroups (54%) and that parents have a leadership voice in workgroups (51%) (Figures 18-19).

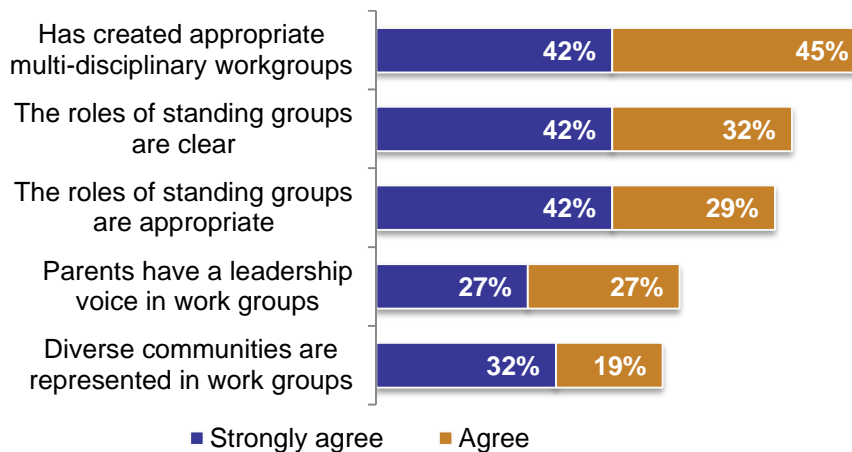
Compared to other survey items, respondents often said that they “did not know” about the workgroups

A significant percentage of respondents responded “don’t know” to the series of questions related to workgroups. Approximately one-quarter of the respondents “don’t know” if the roles of the standing groups are appropriate (23%) or whether diverse communities are represented in work groups (26%). More than one-third (37%) “don’t know” if parents have leadership voice in work groups (Figure 18).

18. Ratings of work groups

How much do you agree or disagree with each of the following statements?	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
Has created appropriate multi-disciplinary community workgroups						
2009	24	0%	12%	38%	42%	8%
2010	32	0%	9%	34%	47%	9%
2012	31	6%	0%	45%	42%	6%
The roles of standing groups (executive, governance, workgroups) are clear						
2009	18	0%	11%	28%	56%	6%
2010	24	0%	17%	46%	33%	4%
2012	31	6%	6%	32%	42%	13%
The roles of the standing groups are appropriate						
2012	31	7%	0%	29%	42%	23%
Parents have leadership voice in work groups						
2012	30	3%	7%	27%	27%	37%
Diverse communities are represented in work groups						
2012	31	10%	13%	32%	19%	26%

19. Ratings of work groups – percentage of respondents agreeing with each item



Coordination team

Ratings of the current coordination team were generally positive

Respondents were asked to provide feedback about the Collaborative's current coordination team, which includes individuals dedicated to overall coordination, administrative/secretarial support, research/evaluation, technical writing/proposal development, and parent involvement. More than three-quarters of the respondents rated the effectiveness of the team as either "good" or "excellent" related to overall coordination (84%), secretarial/administrative (74%), and research/evaluation (74%). Sixty-one percent of the respondents rated technical writing/proposal development as "good" or better (Figure 20).

Communication was identified as a strength of the current coordination team

When asked to identify the most positive aspects of the current coordination team, respondents often highlighted the effectiveness of the communication. Comments focused on the clarity of the communication and the frequency of updates (Figure 21).

Parent involvement received a lower rating, with respondents again noting that they "don't know" how to rate effectiveness

Forty-six percent of the respondents rated the parent involvement function of the coordination team as "good" or better. Most of the other respondents (37%) answered "don't know" when asked to rate this role, higher than for any of the other coordination team members (Figure 20).

A few areas of improvement were noted for the coordination team

A few people identified possible areas of improvement for the coordination team to consider. Comments included recommendations for enhanced coordination with the family service collaboratives, more clarity regarding overall CMHC mission, and more proposal development (Figure 22).

20. Ratings of the CMHC Coordination team

Please rate the effectiveness of the coordination team related to each of their core accountabilities.	N	Excellent	Good	Adequate	Poor	Terrible	Don't know
Overall coordination	31	58%	26%	13%	0%	0%	3%
Secretarial/administrative	31	61%	13%	13%	0%	0%	13%
Research/evaluation	31	45%	29%	10%	3%	0%	13%
Technical writing/proposal development	31	42%	19%	13%	3%	3%	19%
Parent involvement	30	23%	23%	17%	0%	0%	37%

21. Open-ended comments: Positive aspects of the coordination team

What do you find most helpful/beneficial regarding the performance of the current coordination team? What benefits are they providing to the Collaborative?

It is very helpful to get the written reports of data from the schools. The benefits are that these statistics can be used to document needs in the community and request future funding based on these statistics.

Good E-mail communication.

Clear meeting minutes. Frequent updates on areas such as training, state and local mental health related issues. Great coordination by the Collaborative Coordinator.

Information is shared via the list serv and through work groups. Meetings have a clear agenda.

They keep me up to date on everything.

I see no benefit to the current coordination team. Family service collaboratives are not regularly provided with meeting minutes, strategic planning documents, budgets, reports on #/% of students receiving services and services being provided in collaborative service delivery areas, outcomes for # students in collaborative service delivery areas, FY end reports and budgets and so for from the CMHC Governance Group or work group minutes and updates or other.

Both Curt & Pat are very good at getting information out and explaining issues as they pertain to the CMHC. For the most part the work groups are functional and great effort has been placed on the inclusion of parents.

As a society, we do not recognize children's mental health as a significant problem, as a result it is a poorly funded patch work of services rather than a "system". Given that reality, I think the coordination team is doing an excellent job in a difficult environment.

22. Open-ended comments: Recommendations for improving the coordination team performance

Do you have any suggestions for ways that the coordination team could improve?

It has been a big disappointment to me that next to nothing has been done with proposal writing. I think there are opportunities to work through the collaborative to identify and secure additional funds through grants using the infrastructure that is in place through the collaborative, but this hasn't happened.

I think they are doing a great job.

It would be helpful if possible to have some focus on day to day functioning within school settings such as seasonal usage, ramp up, change of staff, staffing patterns, use of interns, how to maximize insurance rates/reimbursement.

Integration with the family service collaboratives. There is a rep from the family service collaboratives on the CMHC but we don't received written reports from anyone with updates, funding and budget information the annual report to DHS etc.

None.

I would like to see more clarity with regards to the overall mission of the CMHC, or in the words of GHW Bush, "That vision thing".

Research/evaluation priorities

In 2012, the evaluation committee launched a project to examine children's mental health issues in Hennepin County. The goal of the project was to assess the social determinants of mental health, create a dashboard of key public health/mental health data, and develop recommendations for improving children's mental health across the county. The project is currently underway, and is scheduled to be completed in December.

Respondents gave positive feedback about the current research project related to social determinants of children's mental health

Most respondents (74%) said that they have received information about the Collaborative's research project. Nine in ten respondents (90%) "agreed strongly" or "agreed somewhat" that this project is a worthwhile undertaking for the CMHC (Figure 23). Only a few people made comments about this project, with all but one making a general positive comment about the project. One person requested more coordination with the family service collaboratives (Figure 24).

23. Ratings of research project

How much do you agree or disagree with each of the following statements?	N	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	Don't know
I have received information about this project	31	13%	10%	29%	45%	3%
I think that this is a worthwhile undertaking for the CMHC	31	3%	0%	19%	71%	7%

24. Open-ended comments: Comments about CMHC research project

Do you have any comments related to this research project?

No.

Thank you for this.

I know nothing about this project and I am a family service collaborative manager. Would like to know more and would strongly suggest that the family service collaboratives be involved in providing information to the project through interviews and/or other since some collaboratives pay for direct mental health services in their service delivery areas.

Wilder Research does a great job.

It's a good start.

Overall perspectives about the Collaborative

Coordination/communication and school-based mental health were often mentioned as the most positive things emerging from the Collaborative

Two main themes emerged when respondents were asked to identify the most positive thing emerging from the Collaborative. First, a number of people highlighted issues around communication and coordination. Comments addressed opportunities for networking and collaboration, and strong communication among members and with other groups. Second, participants highlighted the Collaborative's role in supporting school-based mental health services in Hennepin County (Figure 25).

Respondents suggested a variety of ideas for things to change about the Collaborative, though no strong themes emerged

Respondents were also asked what they would change about the Collaborative. They presented a variety of ideas, though no dominant themes emerged. Sample suggestions included clarifying the CMHC's purpose, making it easier for new members to participate,

engaging in more fundraising, expanding school-based mental health support, doing more to directly increase access to children’s mental health services, and enhancing their cultural competence focus (Figure 26).

25. Open-ended comments: Most positive thing resulting from the Collaborative

What is the most positive thing you have seen resulting from the Collaborative?

Communication/coordination/collaboration

The interaction between the County, collaboratives, and parent groups.

Communication email is strong. Creating a list serve where members could talk with each other might be helpful.

Information exchange & provider collaboration.

Different stakeholders coming together.

Being able to network with each other.

The CMHC have been good stewards of the LCTS funds available for childrens’ mental health projects. There seems to be much better coordination between the CMHC, the Family Service Collaboratives and the County.

Collaboration between the county and other mental health providers. Collaboration between schools, county and the community agencies. Providing key information to providers in areas such as MA rate, updates from DHS and Hennepin County, etc.

School based mental health

I like the positive work around School Linked Mental Health. I think we should continue to put a majority of emphasis on this. I wish we would include better framing around school linked mental health – e.g., including school language around PBIS -- SLMH is really a component of PBIS and could be viewed along the continuum, with majority of emphasis on third tier.

School-based mental health work in Hennepin County supported, in part, by the Collaborative.

I love that school linked MH services and early childhood are a focus for the CMHC and I would like to see it continue.

The huge success to the school-based mental health projects.

Supporting SB MH services.

The push for school based mental health services.

Other

I like the work that Wilder is doing with all of the CMHC priorities/data.

Help that it gives to smaller communities who may not have the resources and/or time to fund someone with the knowledge and time to help/fight for these services. The work they do in striving to be heard and get things done.

Promotion of culturally competent services. Great support for parents.

26. Open-ended comments: Suggestions for changing the Collaborative

What things would you change about the Collaborative?

The provider meetings I have usually are still stuck in the forming stage of group development. Seeking common agenda's, leadership issues and group development issues. I suspect this is frustrating for all involved in the process of the years.

None.

I wish we could develop a methodology where each school district had some SLMH support structures, even if they did not have a dedicated therapist within their district. I also think it would be good to bring SLMH therapists together for educational purposes -- spend some of the education dollars around educating our SLMH therapists during non-clock hours and offer clock hours to them. It is unclear to me how the grantwriting is being incorporated into the CMHC work. Is there a plan for coordinated outreach for integrated funding streams?

Less focus on workplans (wordsmithing, updating) and structures and processes and more focus on DOING things that will increase access for children to quality mental health services.

I would like to know the specifics about how the \$236,000 are used for Cultural Competence. Ultimately, I believe those that are working with and in the Collaborative should be culturally competent especially working with families and children. I wonder if the allocation of these funds can be used differently and incorporated into school based MH and early childhood rather than having it be a separate allocation.

More community or collaborative driven as opposed to heavily directed by county and county staff. Continued support for families. More support and training for small minority agencies and also creating opportunity for them to access the collaborative grants/funds.

Using the group and the coordination team as a foundation to raise additional funds for children's mental health. It could be a great vehicle for applying for a systems of care or other large system wide proposal to a major national funder.

There needs to be intentional, transparent communication between the CMHC and the family service collaboratives. More interaction between the two collaboratives. The CMHC is not able to report on the agencies who have received funding for mental health services in schools and other places with regard to number of children in specific areas, outcomes, budget amount for regions/areas and so forth. This needs to be corrected. There is an experience that family service collaboratives who are providing mental health services in their service delivery areas are not able to apply for grants from the CMHC. There need to be more collaborations between the CMHC and the family service collaboratives on direct mental health services. CMHC population served FSC population served and other coordination.

The CMHC is planning for the continued retraction of funds and being proactive in its planning.

When I have attended, it felt like there was an established "group" and it felt hard to join in and know how to participate.

Clarity of purpose.

Functioning of the mental health system

Respondents have become increasingly likely to rate the children's mental health system as effective

In 2012, almost all respondents (93%) rated the system serving children/youth with mental health issues as at least “somewhat effective.” The percentage rating the system as “very effective” has increased steadily from 4 percent in 2009 to 26 percent in 2012 (Figure 27).

A number of significant barriers to accessibility were identified

The last few questions explored the most prevalent barriers preventing children in Hennepin County from accessing mental health services. Respondents identified a number of barriers, with the most prevalent being a lack of culturally competent services/providers, a lack of available services, stigma, lack of knowledge about services, and transportation (Figure 28).

Respondents identified a number of steps that the CMHC could take to reduce access barriers and improve the mental health system

Survey respondents provided a wide array of recommendations to the CMHC for improving its work. One prevalent theme was to address cultural competency, including identifying ways to build staff cultural proficiency and helping to recruit/train providers. Expanding and sustaining school-based mental health services was also mentioned frequently. Some respondents requested that the CMHC get more involved with providing information to the public about mental health issues, as well as more marketing around how to access available services. Other recommendations included increasing funding (including fundraising) to fill important service gaps, supporting transportation services, providing support to parents, funding staff training, creating a shared definition of the system and the partner needs, and clarifying the purpose of the CMHC (Figures 29-30).

27. Perceived effectiveness of the children's mental health system

In your opinion, how effectively is the system serving children/youth with mental health issues?	2009 (N=24)		2010 (N=31)		2012 (N=31)	
	N	%	N	%	N	%
Not at all effective	3	13%	2	7%	0	0%
Somewhat effective	19	79%	24	77%	21	67%
Very effective	1	4%	3	10%	8	26%
Don't know	1	4%	2	7%	2	7%

An additional 2 respondents in 2012 said that they “did not know”

28. Open-ended comments: Most significant access barriers

In your opinion, what are the three most significant barriers preventing children in Hennepin County from accessing mental health services?

Cultural competence

Cultural competence.

Cultural acceptance.

Cultural/linguistic competence.

Cultural competence and proficiency of staff in the schools and providers.

Not enough diverse and cultural/linguistic competent staff to meet the needs of individual and families.

Lack of cultural trust.

Healers not from or sanctioned by the community.

Language barriers.

Access to services is limited in some minority communities.

Cultural/linguistic issues.

Lack of available services

Lack of available services. (N=4)

Access to providers.

Current capacity is far below the need.

Not enough services such as mentoring, after school program, etc. to help families deal with some practical issues that may not be easily address by therapy.

Lack of available services (funding).

Availability.

Lack of available trauma informed services.

Stigma

Stigma. (N=6)

Stigma associated with accessing services.

Lack of information about services/access

Lack of information.

Path from referral to intake is too complicated and intimidating for many parents. Mental health treatment can be mysterious and scary.

Navigational assistance.

Lack of knowledge about the services.

Lack of parental and provider knowledge about services.

System navigation.

28. Open-ended comments: Most significant access barriers (continued)

In your opinion, what are the three most significant barriers preventing children in Hennepin County from accessing mental health services?

Transportation

Access -- time and transportation.

Geography/logistics/transportation.

Transportation. (N=2)

Lack of transportation.

Funding issues

Lack of direct funding for supportive and ancillary services.

Funding, access.

Reimbursement issues for providers.

Lack of reasonable funding streams (reliance on third party often does not meet the costs of providing the service)-this results in agencies having to be more rigid in terms of expectations of families to attend regularly, come in center for more services, etc.

Cost of services

Unclear about costs for those services.

Financial.

Money to pay for these services, and how to get there.

Cost.

Family stressors

Life stressors, stability in housing and relationships.

Mental health and overburden issues of the parents.

Other

Early detection assistance and difference between ages and stages development/behavior and the need/timing for assessment.

Eligibility.

Accessibility.

Slow response of the "System" (county, CHMC) to intake and providing mental health services.

Easy access to service. Complexity of the mental health needs of children & adolescents.

Lack of resources.

29. Open-ended comments: Steps the CMHC should take to address access barriers

What steps could the CMHC take to reduce these most significant barriers?

Promote cultural competence

Increase representation for Native American children.

Look for ways to build staff cultural proficiency.

Become open to other healing practices; find out how communities define mental health.

Do more to establish/promote access to services in the minority communities. Find ways to support and fund minority agencies in order to enhance their ability to develop their staff and their capacity to serve people in their communities.

Help with recruiting/training culturally competent providers.

Recruiting and retaining more providers that are bicultural.

Expand school-based mental health services

Attempts are being made to increase school based mental health county wide. Discussions are ongoing with the Health Plan Providers and the State.

Commit to the vision that every school needs a school-based mental health effort.

Bring the services to the children and most children are in school, this will take care of all three of the above barriers. Stigma will be whittled away over time as the communities will then see first-hand how children and families benefit from taking care of their mental health.

Continue and increase supports at schools.

Expand social marketing

More cross-system online assistance.

More marketing about how to access services.

It would be fun to have a regularly appearing article or mental health tip that goes system wide and is age appropriate. We could take this far by asking Cub or Rainbow to publish on their grocery bags -- partnering with us across the county. We could purchase regular ads in high school football programs, buses, etc. There could even be an online or somehow confidential access where individuals could do a self-assessment to determine their need for assessment. There is much to be done about reducing stigma but improving understanding of what, why and when to access help.

Your work in making the public and service providers aware of the services is working.

More funding to fill service gaps

Funding to increase staffing patterns.

The collaborative should consider funding services such as mentoring, and after school programs.

Focus support on projects that improve accessibility and increase service capacity.

Transportation

Transportation could be something leveraged out to community resources who provide services. Bus cards, gas cards, perhaps the card must be validated by the medical provider to ensure that they are being used for the right purpose.

29. Open-ended comments: Steps the CMHC should take to address access barriers (continued)

What steps could the CMHC take to reduce these most significant barriers?

More financial support for transportation and more coverage of uninsured and under insured.

Other

Advocacy for improved funding of services. Training opportunities.

Understand ways to provide consultation and direct trauma informed care to children and the school staff.

Embrace the continuum of needs/services for children from prevention to early intervention to treatment.

Brokers were put in place many years ago to reduce the intake time to the CMHC from months to days. This seems to have broken down. Needs to be fixed.

I think the CMHC needs a clearer consensus within itself as to what it is and where it wants to go. From what I have seen of both parents and providers the phrase "Herding cats" comes to mind.

30. Open-ended comments: Things the CMHC could do to improve the mental health system?

What could the CMHC do to help the system/partners better meet the needs of children/youth with mental health issues?

Continue to make sure all partners have the same information regarding systems.

See previous answers.

Better define the "system", to start; who are the partners?; what are their needs?

Provide them with more funds so that they can get mental health workers doing school linked mental health services.

Continue to support families, provide information and updates, and fund staff training.

You are doing a great deal already. If you can reach the parents you can reach the children.

Encourage deep pockets (Insurers) to develop foundational funding for schools to provide MH services to students and families as both an immediate services, and to develop a prevention/resiliency model.

Have a more open, transparent process; provide information, updates, budgets, collaborative service delivery area outcome reports on children served outcomes; allow ability to pull down Targeted Case Management funding other than MH funding; collaborate with the family service collaboratives; provide quicker response to diagnosis/intake.

Continue to support parents through an active parent group. Identify resources and access to services.

Identify common purpose and direction towards a real "system".

More resources for uninsured and underinsured.

Recommendations

Based on the survey results, the following recommendations emerge for CMHC consideration:

- Evaluate the successes and lessons learned from the cultural competence initiatives to be funded in 2013, and use those results to inform future efforts
- Solicit feedback from participating parents regarding the extent to which they feel meaningfully engaged in CMHC activities and share that feedback with the full CMHC
- Provide opportunities for parents to take more visible leadership roles within the CMHC work groups
- Provide clarification regarding the CMHC's overall goals/purpose, as well as the specific roles of the established work groups
- Provide more orientation and welcome to new CMHC members
- Disseminate the results of the special study related to social determinants of children's mental health, and use those results to guide system enhancements
- Identify ways to more effectively integrate efforts across sectors and to broaden representation, including diverse communities
- Continue current communications strategies, including maintaining the current frequencies and types of communications with CMHC stakeholders
- Consider what it means to advance a system of care culture, and identify the steps that the CMHC could take to support this goal
- Identify opportunities to expand/sustain services for children, especially in the area of school-based mental health
- Determine the appropriate role for the CMHC to play related to fund raising and proposal development, and communicate this information to CMHC members
- Provide additional information about children's mental health to children, families, and community members, to help reduce stigma and increase awareness of available services