

Hennepin County Children's Mental Health Collaborative

Overview of Collaborative assessment results

In fall 2012, Wilder Research conducted an online survey to assess the functioning and status of the Hennepin County Children's Mental Health Collaborative (CMHC). Similar surveys were also conducted in 2009 and 2010. A total of 115 Collaborative stakeholders were invited to participate, and 35 respondents (or 30% of those invited) completed the survey. 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."

CMHC strengths

The percentage of people who felt that the CMHC was "very successful" in achieving its mission increased. Almost all respondents (97%) said that the CMHC was "very successful" or "somewhat successful" in achieving its mission. The percentage who rated the CMHC as "very successful" increased from 8-9 percent in the last two surveys to 40 percent in 2012. The mission was revised in early 2012; the improvement may reflect more positive ratings of the Collaborative or the realignment of the mission statement.

Most respondents rated the CMHC as successfully meeting its goals. At least two-thirds of the respondents "agreed strongly" or "agreed somewhat" that the CMHC had met each stated goal. They were most likely to agree that the CMHC:

- defines and supports the development and ongoing operation of high quality children's mental health services (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%).

The percentage of respondents who agreed at least "somewhat" that the CMHC is meeting its goals increased for all but one item in 2012.

Most people felt that they had something to gain from participating, and that they were more likely to be successful working together. Almost all respondents (97%) "agreed strongly" or "agreed somewhat" that it would be difficult for any one agency to achieve what the CMHC is trying to accomplish. Most also agreed at least "somewhat" that their agency has something to gain from being involved (94%), and that the CMHC represents a good cross-section of the mental health system for children (87%). Ratings to these items have been improving over time.

At least three-quarters of the respondents gave positive ratings of CMHC members and relationships. Ratings were highest for items assessing members' commitment to the process, respect for one another, and appropriateness for being included in the process. Most of these items improved in 2012, after showing large declines between 2009 and 2010.

Members gave high ratings to the CMHC's communications strategies. 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 CMHC (90%). The percentage who agreed that they are updated often has improved from 70 percent in 2009 to 90 percent in 2012. Communication was also identified as a strength of the coordination team, with comments focusing on the clarity of communications and frequency of updates. Communication and coordination were also frequently mentioned as positive things emerging from the Collaborative.

Ratings of decision making have improved. In 2012, approximately 8 in 10 respondents “agreed strongly” or “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, but improved in 2012.

Most respondents felt that the CMHC’s funding allocations were appropriate. Eight in ten respondents (81%) agreed at least “somewhat” that they were aware of CMHC’s funding allocations. 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%).

Ratings of the current coordination team were generally positive. More than three-quarters of the respondents rated the coordination team as “good” or “excellent” related to overall coordination (84%), secretarial/administrative (74%), and research/evaluation (74%). Sixty-one percent rated technical writing/proposal development as “good” or better.

Respondents gave positive feedback about the research project related to social determinants of children’s mental health. Most respondents (74%) 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.

School-based mental health was often mentioned as the most positive thing emerging from the Collaborative. Along with communication/coordination, the CMHC’s support for school-based mental health services in Hennepin County was frequently mentioned as a positive outcome of the CMHC.

Respondents have become increasingly likely to rate the children’s mental health system as effective. In 2012, almost all respondents (93%) rated the system 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.

Respondents were satisfied with CMHC meetings. One of the highest rated items related to meetings, with 88 percent 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.

Issues and opportunities

Respondents often did not know how to rate parent engagement/leadership. Most people (67%) “agreed strongly” or “somewhat” that the CMHC meaningfully engages parents as partners to guide the mental health system; 21 percent “did not know.” Similarly, 60 percent of the respondents agreed at least “somewhat” that parents are fully included in Collaborative meetings; almost all others “did not know.” Finally, 46 percent of the respondents rated the parent involvement function of the CMHC coordination team as “good” or better; 37 percent “did not know.”

At least one in five respondents did not feel that the CMHC has increased cultural competence, effectively integrated efforts from multiple sectors, or advanced a system of care culture. One-quarter of the respondents (24%) disagreed at least “somewhat” that the CMHC has increased the cultural competence of services and has effectively integrated efforts from multiple sectors to enhance children’s mental health. Twenty-one percent “disagreed strongly” or “disagreed somewhat” that the CMHC has advanced a system of care culture within the CMHC and Hennepin County. The item related to effectively integrating efforts from multiple sectors showed decline between 2010 and 2012.

Respondents identified a number of other potential funding priorities, though no significant themes emerged. Respondents were asked whether there were other key priorities 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 communication.

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.

One in five respondents (18%) disagreed at least “somewhat” that they have a clear understanding of what the CMHC is trying to accomplish.

In 2012, three-quarters of the respondents (75%) “agreed strongly” or “somewhat” that they have a clear understanding of what the CMHC is trying to accomplish.

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

Nine in ten respondents (87%) agreed at least “somewhat” that the CMHC has created appropriate multi-disciplinary work groups. Seven in ten respondents agreed that the roles of the standing work groups are clear (74%) and the roles of the standing groups are appropriate (71%).

Compared to other items, respondents often “did not know” about the 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 (26%). More than one-third (37%) “don’t know” if parents have leadership voice in work groups.

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

Fifty-four percent of the respondents agreed at least “somewhat” that diverse communities are represented in work groups, and 51 percent agreed at least “somewhat” that parents have leadership opportunities.

A few people identified possible areas of improvement for the coordination team.

Comments included recommendations for enhanced coordination with family service collaboratives, more clarity regarding CMHC mission, and more proposal development.

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

A number of significant barriers to accessibility were identified.

When asked to identify the most prevalent barriers preventing children from accessing mental health services, respondents identified barriers such as a lack of culturally competent services/providers, a lack of available services, stigma, lack of knowledge about services, and transportation.

Respondents identified a number of ideas for reducing access barriers and improving the mental health system.

One theme was to address cultural competency, including building 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 provide information to the public about mental health issues and 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.

Recommendations

- 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 visible leadership roles within 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
- Continue current communications strategies, including the current frequencies and types of communications
- 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 help reduce stigma and increase awareness of available services

Wilder Research

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451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700

www.wilderresearch.org



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For more information

This summary presents highlights of the Hennepin County Children's Mental Health Collaborative November 2012 overview of results. For more information about this report, contact Cheryl Holm-Hansen at Wilder Research, 651-280-2708.

Author: Cheryl Holm-Hansen
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