# Hennepin County Children's Mental Health Collaborative

*Collaborative assessment*

SEPTEMBER 2008

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**September 2008**

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# Summary

*Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.*

-Mattessich & Monsey (2001)

In summer 2008, Wilder Research conducted an assessment on behalf of the Hennepin County Children's Mental Health Collaborative. The purpose of this assessment was to explore the Collaborative's operations and functioning, from the perspective of its key stakeholders. A review of the literature on effective collaboration was also conducted, with an emphasis on collaboration within the children's mental health community.

To assess the functioning and status of the Collaborative, a total of 177 stakeholders were invited to respond to an online survey. The list of potential respondents was developed by combining the following membership lists: standing Collaborative committees (governance board, operations group, and providers group), the Juvenile Justice Coalition steering committee, the Local Collaborative Time Study work group, the Alliance for Families and Children, and the Minneapolis Public Schools special education directors. Up to three invitations were sent to each potential respondent.

Thirty-eight percent of the potential respondents (N=69) completed the survey. They represented a range of professional/system stakeholders, including school districts (31%), non-profit agencies (25%), county government (19%), mental health providers (16%), and other collaboratives/coalitions (12%). Because no parents or representatives of parent organizations completed the surveys, their perspectives are not represented in this report. Most respondents (94%) were at least "somewhat familiar" with the Collaborative; 37% were "very familiar."

## *Key findings*

### The role of the Collaborative was not clear to all stakeholders

Research on effective collaboration highlights the importance of a shared purpose. To be successful, collaborative partners must share a vision that is shared by all partners and extends beyond the mission or purpose of any single agency. By focusing on the overall issues addressed by the collaborative, individual members may be less likely to focus on the individual benefits they hope their organization will gain through the collaborative and instead, consider ways in which their participation in the collaboration will result in changes that positively impact the target population. As a collaborative defines its

purpose, it is important that concrete, attainable goals and objectives are identified and clearly understood by all partners.

Throughout the survey, issues emerged related to the clarity of the Collaborative's mission. Almost half of the respondents (45%) disagreed at least "somewhat" that they have a clear understanding of what the Collaborative is trying to accomplish. This lack of clarity also emerged when they were asked to describe the purpose of the Collaborative. Responses varied widely, ranging from providing services to youth to promoting more coordinated services to engaging in system-level efforts (such as planning, sharing information, and building relationships). When asked for suggestions to improve the Collaborative's functioning, respondents requested additional efforts to clarify the mission/vision of the Collaborative or to revise the strategic plan. Their suggestions included a direct effort to identify and prioritize gaps and to align the efforts of core partners. Others felt that the existing mission and goals need to be more clearly communicated to stakeholders. Some respondents specifically mentioned a need for the Collaborative to identify specific goals/objectives and to make public reports on their outcomes/successes.

### Respondents provided mixed feedback regarding the success of the Collaborative in promoting effective mental health services

Most respondents (71%) felt that the Collaborative had been "somewhat successful" in achieving 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;" most of the others (26%) felt that the Collaborative had been "not at all successful." These mixed perceptions of success were seen in respondents' ratings in a number for areas. For example, respondents were almost evenly divided in the percentage who agreed ("somewhat" or "strongly") and disagreed ("somewhat" or "strongly") that the Collaborative successfully raised funds to enhance services, disseminates information related to evidence-based and promising practices, has increased access to a continuum of appropriate and effective community mental health services, has developed clear recommendations and strategies for increasing system coordination, and provides a continuum of services for children and youth ranging from prevention through treatment.

### The opportunity for system-wide relationships/networking was perceived as a strength of the Collaborative

When asked to identify the most positive thing that has emerged from the Collaborative, the opportunity to build professional networks and relationships was mentioned most often. Similarly, most respondents "agreed somewhat" or "agreed strongly" that the Collaborative had created appropriate multi-disciplinary community workgroups (77%),

strengthened effective working relationships among agencies (73%), and increased or improved communication among agencies (68%).

### Survey respondents were generally invested in the Collaborative process

Most respondents also agreed ("somewhat" or "strongly") that the Collaborative goals would be difficult for any one agency to achieve by itself (98%) and that their agency has something to gain from being involved in the Collaborative (91%). Similarly, most respondents agreed that the people involved in the Collaborative have a high level of commitment to the process (88%), have respect for one another (81%), and communicate openly with one another (77%).

### While relationships/networking was generally seen as a strength, the Collaborative was sometimes perceived as being driven by large systems, rather than by parents and the community

Research indicates that successful collaboratives regularly reassess their membership and consider whether new groups should be brought into the partnership. Key representatives to the collaborative should include individuals who have important influence on the issue being addressed by the partnership. A lack of input from all collaborative partners can lead to decisions that do not adequately address all aspects of a problem. Although program administrators may have greater clout in developing policies or securing funding, successful partnerships include representatives that understand how broad policy decisions will impact day-to-day service delivery, such as direct service staff and service recipients. It is also essential to ensure the perspectives of families are represented, so that the impact of any decision is understood from the perspective of those who will ultimately receive services.

Concerns regarding stakeholder representation emerged during the survey, with six out of ten participants disagreeing ("somewhat" or "strongly") that the Collaborative meaningfully engages parents as partners to guide the mental health system (59%) and includes parents meaningfully in Collaborative meetings (63%). When asked for recommendations for improving the Collaborative, a common suggestion was to increase the role of the community. In addition to parents, this also included communities of color and service providers. Although respondents identified specific populations that were not well represented in the Collaborative, they did not describe specific strategies that could be adopted by the Collaborative to achieve this goal.

## A number of suggestions were provided for improving the system of care for children with mental health issues in Hennepin County

Most respondents (78%) felt that the system is "somewhat effective" in serving children/youth with mental health issues; all of the remaining individuals rated the system as "not at all effective." When asked to identify the most pressing unmet needs of children/youth with mental health issues in Hennepin County, many people highlighted limited access to services (due to limited availability, lack of insurance, limited cultural appropriateness, and other barriers to access). Others identified services that were perceived as lacking, ranging from prevention and early intervention through more intensive options for children with severe issues. Some highlighted difficulty finding services that meet the needs of children with family situations such as parental mental health issues, violence, and poverty. Cultural competence was seen as an area of concern, with 54 percent of the respondents disagreeing that the Collaborative has increased the cultural competence of services to children.

## Most felt that the Collaborative uses research effectively, but could play a stronger role in sharing information with the community

Successful collaboratives utilize frequent and open communication to keep all partners informed and discuss possible approaches to addressing problems. Although it is important to use a variety of communication strategies to reflect the preferences of the group, it is important that these different approaches are offered as communication strategies to all members. Effective communication strategies should be encouraged throughout collaboratives, with all partners having the opportunity and responsibility of providing feedback to discussions and decisions.

Three-quarters of the respondents (77%) agreed that the Collaborative effectively used research to guide recommendations for service and system enhancement. Ratings were lower related to communication, however, with 58 percent agreeing ("somewhat" or "strongly") that they are updated often about what goes on in the Collaborative. In open-ended comments, some respondents suggested a need to share more information with each other and the community as a whole regarding effective service delivery. Increased communication/advocacy efforts were mentioned relatively frequently as a way that the Collaborative could help to improve the system for kids, including legislative advocacy regarding funding and promoting community education.

### While most felt that meetings were coordinated effectively, there were some concerns about the decision making process used by the Collaborative

Most respondents agreed ("somewhat" or "strongly") that the meeting agendas reflect the priorities of group members (77%) and that meetings are facilitated effectively (75%). There was more disagreement about decision-making, with almost even numbers of respondents agreeing and disagreeing that there is a clear method for making decisions among the Collaborative members and that all members have a voice in decision making. Concerns about how decisions were made also emerged in open ended comments, with some people mentioning conflict during meetings, a failure of some entities to respect input from other groups, and domination of several larger partners in decision making.

Research suggests that successful collaboration relies on partners having joint decision-making authority about the rules and standards that govern the behavior of the group and relationships between agencies. A successful governance structure is one that shares decision-making authority and responsibility for adhering to decisions across the entire group.

## *Recommendations*

Based on the literature review and online survey results, the following recommendations emerge for consideration by the Hennepin County Children's Mental Health Collaborative:

- Clarify the role of the Collaborative, by engaging in additional strategic planning to achieve a shared vision and by clearly and consistently communicating the mission to key community stakeholders.
- Establish clear and measurable goals for the Collaborative, and provide ongoing feedback to all partners regarding success and challenges in meeting these goals.
- Identify stakeholder groups that are currently underrepresented in the Collaborative and implement strategies to increase their involvement in the partnership.
- Ensure that all stakeholders are engaged in prioritizing and acting on recommendations, including parents/representatives of parent organizations.
- Review decision-making protocols, to ensure that the process is clear and provides opportunities for all stakeholders to have meaningful involvement.
- Identify effective strategies for sharing information about Collaborative activities with members and provide the broader community with information about children's mental health issues.

# Background/introduction

In early summer 2008, Wilder Research conducted an assessment on behalf of the Hennepin County Children's Mental Health Collaborative. The purpose of this assessment was to explore the Collaborative's operations and functioning, from the perspective of its key stakeholders. A review of the literature on effective collaboration was also conducted, with an emphasis on collaboration within the children's mental health community. This report summarizes the results of the literature review and an online survey with Collaborative partners. A series of recommendations are also provided.

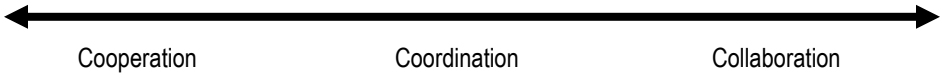
# Literature review

*Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.*

-Mattessich & Monsey (2001)

Collaboration between agencies is an important, if not essential, element in the field of children's mental health. A holistic approach is needed to meet the many needs of youth and families and limited resources make it difficult or any single agency to address these needs alone. Although collaboration and cooperation are terms often used interchangeably, they reflect different levels along a continuum of agency interaction and coordination (Thomson & Perry, 2006). As seen in Figure 1, this spectrum of interactions can range from informal partnerships between agencies (cooperation) to a system where all partners share existing resources, authority, and rewards (collaboration) (Selden, et al., 2006). Each level of interaction contains strategies to increase communication, shared decision-making, and trust, with the intensity of these efforts increasing as partners move towards full collaboration.

**1. Levels of inter-agency interactions**




A significant body of literature identifies the key characteristics of successful collaboration, common barriers to collaborative efforts, and strategies to prevent or minimize the impact of these challenges. There are many similarities in how collaboration is approached across disciplines, providing examples of effective partnerships both within and beyond the field of children's mental health. This summary utilizes this framework to highlight key strategies to achieve collaboration, including examples of practices and policies that have been successful approaches for existing collaborations and strategies that increase a collaborative's resiliency.

## *Challenges to collaboration*

Collaboration is difficult to achieve. Often, collaborative efforts are initiated in response to a complex problem that a single agency cannot address alone, a need to provide integrated services to address a target population's broad range of needs, or a perceived opportunity to make significant changes and improvements to existing systems. Regardless of whether the collaborative is formed to respond to a crisis or opportunity, the work of the group to address these broad issues is often complicated and time-consuming. Although a number of stakeholders may be interested in working together to address a shared concern, many groups find is difficult to enter true collaborative partnerships where there are common goals, mutually-understood relationships, and sharing of decision-making authority, accountability, and resources.

There are a number of common challenges that must be overcome before effective collaboration can occur. In a recent study of collaboration among children's mental health collaborations, the four barriers most often identified by collaborative partners included: (1) varying commitment to collaborative efforts; (2) distrust among partners; (3) resistance to change; and (4) concerns regarding time requirements (Hodges et al., 1999). Although all partners may enter the collaboration at different stages of readiness or comfort working with others, it is essential that there are processes in place to address these barriers by building trust and developing shared expectations and accountabilities across all partners.

## *Characteristics of successful collaboration*

In 2001, an extensive review of cross-disciplinary literature describing effective collaboration was conducted, leading to the identification of 20 factors that influence the success of collaboration (Mattessich, et al., 2001). Although each of these factors are important, the unique characteristics of each collaborative require a different blend of strategies to strengthen current partnerships and address barriers that are impeding the work of the collaborative. Some of the most important factors that may be relevant to the Hennepin County Children's Mental Health Collaborative (HCCMHC) can be grouped into five main categories: (1) purpose; (2) representation; (3) communication; (4) decision-making; and (5) resiliency.

## Purpose

A key distinction made between true collaborative efforts and other, less integrated partnerships, is the relationship between mutual benefits and individual gains. When agencies choose to partner, they negotiate strategies that are beneficial to themselves and the mission of their agency. However, collaborative partners share a vision that is shared by all partners and extends beyond the mission or purpose of any single agency. The mission and goals of the collaborative are identified as one source as the group's "sphere of activity" (Mattessich, et al., 2001). Although this sphere may overlap with the goals and mission of a partner organization, it should also contain components that are shared by other organizations or unique to the collaborative itself.

One of the most important factors that help collaboratives stay together is the commitment all partners have in serving a specific target population (Thomson & Perry, 2006). By focusing on the larger issues being addressed by the collaborative, individual members may be less likely to focus on the individual benefits they hope their organization will gain through the collaborative and instead, consider ways in which their participation in the collaboration will result in changes that positively impact the target population.

As the collaborative defines its purpose, it is important that concrete, attainable goals and objectives are identified and clearly understood by all partners (Mattessich, et al., 2001). By identifying both short- and long-term goals, the collaborative will have opportunities to building on early successes and maintain enthusiasm for the more challenging long-term goals.

## Representation

Successful collaboration requires representation from all community stakeholder groups who will be affected by its activities. Although the collaborative membership must be large enough to allow for representation of all perspectives, it is important that the size of the collaborative does not become so great that it becomes burdensome to make decisions and otherwise unmanageable (Mattessich, et al., 2001). Successful collaboratives regularly reassess their membership and consider whether new groups should be brought into the partnership. Key representatives to the collaborative should include individuals who have important influence on the issue being addressed by the partnership. If identified stakeholders are not interested in participating in the collaborative directly, it may be helpful to identify other ways to inform these key individuals of the collaborative's work and consider other opportunities for stakeholder involvement (Mattessich, et al., 2001).

Although collaboration between competing organizations is possible and can lead to successful outcomes, it may not be advisable to have competing players at the table if the goals of the collaborative mirror the goals and activities of individual organizations (Mattessich, et al., 2001). This may lead to "turf wars" or other disagreements among partners who feel too much of their agency's work is at stake. To avoid this type of conflict between partners, there must be clear understanding of the services each type of agency provides, how they currently coordinate with other organizations to meet the needs of children and families, and consensus on the best ways for the collaborative to address existing service gaps (Darlington & Feeney, 2008).

A lack of input from all collaborative partners can lead to decisions that do not adequately address all aspects of a problem. Although program administrators may have greater clout in developing policies or securing funding, successful collaboratives also include representatives that understand how broad policy decisions will impact day-to-day service delivery, such as direct service staff and service recipients (Hodges, et al., 1999). Some collaborative groups have also found it useful to rotate leadership roles when multiple agencies are involved to promote shared ownership across all partners (Armstrong & Evans, 2006).

Just as it is important to gather input from agencies and organizations, it is also essential to ensure the perspectives of families are represented so that the impact of any decision is understood from the perspective of those who will ultimately receive services. Family advocates argue that without ongoing communication and opportunities for family feedback "ineffective and inadequate services and supports are designed and implemented" (Federation of Families for Children's Mental Health, 1998).

## Communication

Successful collaboratives utilize frequent and open communication to keep all partners informed and discuss possible approaches to addressing problems. Although it is important to use a variety of communication strategies to reflect the preferences of the group, it is important that these different approaches are offered as communication strategies to all members. If different communication occurs with various types of collaborative partners, such as oral communication only being used for meetings with a small group of stakeholders, splintering of the group may occur (Mattessich, et al., 2001). Effective communication strategies should be encouraged throughout the collaborative, with all partners having the opportunity and responsibility of providing feedback to discussions and decisions.

Many collaboratives rely on a blend of formal and informal communication strategies to enhance existing partnerships and strengthen coordination across agencies (Darlington &

Feeney, 2008). Although relationships between individual partners are essential, communication strategies that rely on the characteristics and effort of individuals can be difficult to maintain through transitions in staffing or other barriers. Therefore, it is also important to establish common expectations among all collaborative partners and develop consistent communication processes.

In order for open, honest dialogue to occur, there must be trust among all collaborative partners. Successful collaboratives often hold individual meetings with potential and existing partners to build personal relationships outside of regular group meetings (US Department of Health and Human Services, 2002). This not only creates an opportunity to build trust between partners, but also allows individuals to discuss and resolve issues they may not feel comfortable discussing in large group settings.

### Decision-making

There are three major types of decision-making structures: autocratic systems where one person makes the decision; democratic systems where all partners have a vote on each issue; and a diffused system where small groups have autonomy to make decisions assigned to them (Ray, 2002). These different types of structures are appropriate to collaborations at varying levels of maturity, however different situations may require a unique type of decision-making approach. Figure 2 describes each type of decision-making structure and when it may be most useful to a collaborative.

## 2. Advantages and disadvantages of collaborative decision-making styles

| Type of decision-making system | System characteristics | Advantages/disadvantages |
|---|---|---|
| Autocratic | Decisions are made by a small group of individuals | Early decisions can be made quickly<br>Although useful for getting started, the approach does not align with a truly collaborative approach |
| Democratic | The votes of all partners carry equal weight, with the decision representing the perspectives of the group majority<br>All partners make decisions on all issues | Provides opportunities to increase trust, communication, and positive relationships among partners<br>Can be used to increase buy-in when important topics are being discussed by the collaborative<br>May be a useful approach when critical decisions affecting the direction of the collaborative are being made<br>The decision-making process can be delayed to allow all partners to share their perspectives<br>Large face-to-face meetings are often required to allow opportunities for discussion and debate |
| Diffused | Many small groups operate simultaneously to make decisions on specific issues<br>Core members have responsibility for communicating decisions back to all key stakeholders<br>People and agencies who are not part of the collaborative can provide input to small group decisions, when appropriate | Decisions are made by stakeholders most informed and invested in key topics<br>Perspectives from stakeholders outside the collaborative can add to the small group discussions<br>Meetings are often smaller in size and more manageable<br>All small groups need a shared understanding of the decisions that can be made independently or require additional input from the full collaborative |

Successful collaboration relies on partners having joint decision-making authority about the rules and standards that govern the behavior of the group and relationships between agencies (Thomson & Perry, 2006). A successful governance structure is one that shares decision-making authority and responsibility for adhering to decisions across the entire group. Although it is essential that agreement is reached when decisions are made, this does not mean that each decision will be identified as the best possible solution for each individual agency.

## Resiliency

As collaboratives mature and become increasingly well-established, it is also important for the partnership to consider how adaptive they are to changes in political climate, community needs, funding, and leadership. Strong communication, shared leadership, efficient decision-making and conflict-resolution processes, and a common sense of accountability and responsibility among partners are all important elements in an adaptive collaboration models (Ray, 2002). As the collaborative grows, the vision, mission, and activities of the collaborative may change to reflect emerging community needs or adapt to shifts in funding or the political climate. When decisions are made that affect the core activities of the collaborative, internal and external documents used by the collaborative should be revised to accurately reflect changes in the organization's work.

Over time, the level of involvement across partners and degree to which the work of each agency intersects with the mission of the collaborative may also evolve (Ray, 2002). Agencies who are engaged in a collaborative should recognize that their contribution to the larger effort may change over time. Although each partner must be recognized with equal respect and fairness, successful collaboratives recognize that that each partner organization holds a unique role. Whereas some partners may be intimately tied to the key activities of the collaborative, others may contribute less directly. This means that the influence and involvement of each partner may not be equal, but is equitable. Partners can work more effectively and efficiently by focusing their efforts in areas where they can provide the most insight and support.

In addition, partner agencies should expect that their internal policies, procedures, and protocols will also change over time to reflect the work of the collaborative. Although each collaborative partner represents a unique agency with specific goals and purpose, agency-level changes should occur when the work of the collaborative focuses on system change. While maintaining their own autonomy in the services they provide, agencies who fully contribute to the collaborative will begin to make changes to their own policies, procedures, protocols, and priorities that allow the agency to more strongly align with the work of the collaborative.

# Collaborative survey

In summer 2008, Wilder Research conducted an online survey to assess the functioning and status of the Hennepin County Children's Mental Health Collaborative. 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. The survey was designed for individuals with first-hand knowledge about the Collaborative. It was not intended to gather community feedback regarding the accessibility or quality of mental health services for children in Hennepin County.

## *Description of survey respondents*

A total of 177 Collaborative stakeholders were invited to respond to the survey. The list of potential respondents was developed by combining the following membership lists: standing Collaborative committees (governance board, operations group, and providers group), the Juvenile Justice Coalition steering committee, the Local Collaborative Time Study work group, the Alliance for Families and Children, and the Minneapolis Public Schools special education directors. Up to three invitations were sent to each potential respondent.

Thirty-eight percent of the potential respondents (N=69) completed the survey. They represented a range of professional/system stakeholders, including school districts (31%), non-profit agencies (25%), county government (19%), mental health providers (16%), and other collaboratives/coalitions (12%). Because no parents or representatives of parent organizations completed the surveys, their perspectives are not represented in this report. Most respondents (94%) were at least "somewhat familiar" with the Collaborative; 37 percent were "very familiar" (Figures 3-4).

### 3. Type of agency represented (N=68)

| What type of agency do you represent? | N | % |
|---|---|---|
| School district | 21 | 31% |
| Non-profit agency | 17 | 25% |
| County government | 13 | 19% |
| Mental health provider | 11 | 16% |
| Another collaborative or coalition | 8 | 12% |
| Parent organization/parent | 0 | 0% |
| Other | 7 | 10% |

" *Other" responses included the State, Collaborative staff, Family Service Collaborative, City Public Health, medical clinics, health plan, and contracted by CMHC.*

### 4. Familiarity with the Collaborative (N=68)

| How familiar are you with the Hennepin County Children's Mental Health Collaborative? | N | % |
|---|---|---|
| Not at all familiar | 4 | 6% |
| Somewhat familiar | 39 | 57% |
| Very familiar | 25 | 37% |

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

## *Perceived purpose of the Collaborative*

When asked to describe the purpose of the Collaborative, most respondents highlighted issues around promoting more coordinated services to youth (e.g., increasing access, coordinating services across providers/systems). A few focused on direct service delivery, though most comments emphasized system-level efforts. Several respondents identified other potential roles the Collaborative may have, such as providing funding (Figure 5).

## 5. Open-ended comments: Perceived purpose of the Collaborative

| How would you describe the purpose of the Collaborative? |
|---|
| **Service delivery/coordination/accessibility** |
| To provide wraparound services to children and their families that need mental health services. |
| To serve children with identified severe mental health needs. |
| [The Collaborative is] driven to provide mental health within the school and community settings effectively. |
| To help to coordinate mental health services for youth in Hennepin County. |
| To work together to ensure that mental health services are available for children in Hennepin County. |
| To ensure that children with SED and their families have ready access to an array of mental health services. |
| To provide integrated services to maintain a county-wide, comprehensive children's mental health system. |
| To ensure there is an effective community response for addressing Hennepin County children's mental health issues. |
| To improve access mental health services for children in Hennepin County. That includes identification, outreach, and systems change strategies. |
| It's supposed to help children who are at risk of out of home placement receive services through school districts and other agencies working with children who are at risk. |
| This structure has been changing over the past decade. I originally was involved in the local district and larger levels. It was extremely difficult to access services for our students with mental health needs. The purpose of the collaborative was the spirit of working together to reduce redundancies and to create easier access and service delivery to our students with disabilities. |
| The purpose is to provide an opportunity/venue for multiple agencies to learn and work together to improve access and services for children with mental health concerns. It is also to reduce duplication of services and to learn how to leverage the funds that are available. |
| To bring partners together in order to develop and implement strategies to better serve children in our community in need of mental health and related services. |
| To address the mental health needs of children county-wide by bringing together key players and organizations related to the mental health system for planning, coordination of efforts and service delivery. |
| The purpose of the collaborative is to assist the community in providing mental health services in Hennepin County. |
| The collection of different agencies and providers for the benefit of children's mental health and their families and schools. |

## 5. Open-ended comments: Perceived purpose of the Collaborative (continued)

| How would you describe the purpose of the Collaborative? |
|---|
| **Service delivery/coordination/accessibility (continued)** |
| To help create, facilitate, and maintain a comprehensive Children's Mental Health system that integrates efforts from multiple sectors – county, schools, health organizations, providers, parents, collaborative and community organizations – and provides a continuum of services from prevention through treatment |
| To share process, communications and issues relevant to providing successful mental health services for youth and their families. |
| Addressing the mental health needs of children, and doing so by reducing barriers to services in different venues and modalities. |
| Pooling of HC resources and expertise to provide a comprehensive group of mental health services to children with mental health diagnoses. |
| Multiple agencies working together to provide mental health services to children and families |
| To coordinate children's mental health services between the county, school districts, and providers |
| Bridge resources and communications to provide a holistic approach to clients seeking mental health services. |
| To assist families in accessing mental health and other services. |
| To provide central intake and wraparound mental health case management for children in Hennepin County. To provide support services to schools and families with children who have one or more mental health diagnoses. |
| Providing non-educational services, such as mental health services ,for students and to assist parents with necessary services for their child. |
| To identify resources, problem solve around access issues, and develop a more comprehensive system of care for children's' mental health resources. |
| To coordinate mental health services in local communities. |
| To provide wraparound services to assist children and their families in accessing mental health services. |
| To assure provision of mental health services to those children and families needing them in order to promote mental health and reduce social costs. |
| To facilitate access to mental health services for families and their children with severe emotional disturbances. |
| Theoretically it was to be an entity of combined funding sources to work on providing mental health services to children. |
| To improve coordination of mental health services for children. |
| The collaborative serves families/children with diagnosed mental health needs at the request of parents. |
| To increase children's access to mental health services. To find bigger, better and more creative solutions through collaboration. To provide Hennepin County with a way to say they have input from families and providers. |

## 5. Open-ended comments: Perceived purpose of the Collaborative (continued)

| How would you describe the purpose of the Collaborative? |
|---|
| **Service delivery/coordination/accessibility (continued)** |
| To collaborate (simply yet profoundly). To find "collaborative" ways to funnel whatever money they have access to for the benefit of the Hennepin County children who need mental health interventions. |
| To collaborate with various stakeholders (government agencies, public agencies, contracted vendors, private citizens) to integrate how various CMH services are delivered to clients; and how those services should be funded. |
| The Hennepin Children's Mental Health Collaborative is a partnership between Hennepin County, school districts, parents, friends, and family, service providers, and other community members. It is a way of bringing together all the people, services and supports children with severe emotional disturbances and their families need to improve their care and quality of life. The process uses the wraparound method where people who are involved with the family sit at the same table and discuss the strengths of the child and family, concerns and needs. The collaborative stresses the process rather than service as it is the hope that community resources along with the family's support network can provide most of what the family needs. The process involves family team meetings which can be equated to "brain storming sessions" and the help is provided based on the need. If necessary, referrals are made to formal services. The process is family centered, with the family identifying what they feel they need, and as such, the plan is an individualized care plan, where specific goals are set and everyone has a role. It is as creative as the family team members want it to be. To qualify for the collaborative, the family or child must live in Hennepin County, be up to 17 years old, and be diagnosed with or be evaluated as having a severe emotional disturbance. The child also must be involved in more than one system such as special education, juvenile corrections, mental health services and / or medical assistance. A family can call intake, or they can be referred. The intake is free and subsequent services, if needed, may be funded by insurance, medical assistance, or a sliding fee scale. |
| To facilitate joint initiatives with providers, schools and government around children's mental health and work toward systems change. |
| Bring all type of providers together to get on the same page when delivering services. |
| To address service needs for children whose MH issues require involvement in more than one system (i.e., education, justice, etc.). It focuses on system coordination and funding gaps. |
| To bring together providers, the County (social services and corrections), schools, parents, interested persons, funders… anyone who is working with kids who have mental health issues or concerns. Work together to develop plans or solutions to address the barriers that prevent treatment or support for the kid(s) and families. |
| To bridge, provide, and secure new funding, to promote collaboration and partnerships. |
| To deliver MH services to children outside the usual county systems; to identify better services; to facilitate more collaboration across public/private service delivery systems so that more efficient and better service is delivered to children within the decreasing funding stream; to make services available to children who normally cannot access MH because of barriers created by where they live in county, or what other systems children are 'in'; to serve more children than previously served through 'regular county systems' that existed in the past. |
| To provide opportunities and guidance in incorporating mental health oversight in primary care clinics. |
| Unite multiple organizations together for a common cause – improving mental health services. |

## 5. Open-ended comments: Perceived purpose of the Collaborative (continued)

| How would you describe the purpose of the Collaborative? |
|---|
| **Funding** |
| It seems to be a grant maker. |
| To disperse funds in a collaborative process based on priority and need in communities. |
| To allocate funds primarily for the purpose of supporting programming that will improve the integration of services. |
| To allocate funds to fill systems gaps in priority areas. |
| To provide funding for improved services for children in Hennepin County. |
| Until this year "I don't know"; this year they have funded school based mental health initiatives. |
| **Other** |
| Don’t know. (N=3) |
| To make sure that people and programs are aware of the programs and services offered through this initiative. |
| To set priorities for children's mental health services in Hennepin County and advocate for these priorities with Hennepin County. |
| Not sure. |
| Representatives from children's mental health service organizations, school districts, parents groups, etc coming together to be one voice for children's mental health in Hennepin County. |
| [The Collaborative is] very helpful with upcoming information. |
| A community collaborative that advocates and monitors public funds for Mental Health services in communities. |

## *Distinction between Collaborative and county government*

Approximately two-thirds of the respondents (67%) agreed at least "somewhat" that they understand the role of the Collaborative as separate from county government. Only 17 percent "agreed strongly" (Figure 6).

**6. Distinction between Collaborative and county government (N=58)**

| How much do you agree or disagree with the following statement: I understand the role of the Children's Mental Health Collaborative as separate from Hennepin County government? | N | % |
|---|---|---|
| Disagree strongly | 3 | 5% |
| Disagree somewhat | 16 | 28% |
| Agree somewhat | 29 | 50% |
| Agree strongly | 10 | 17% |

## *Success of the Collaborative in reaching goals*

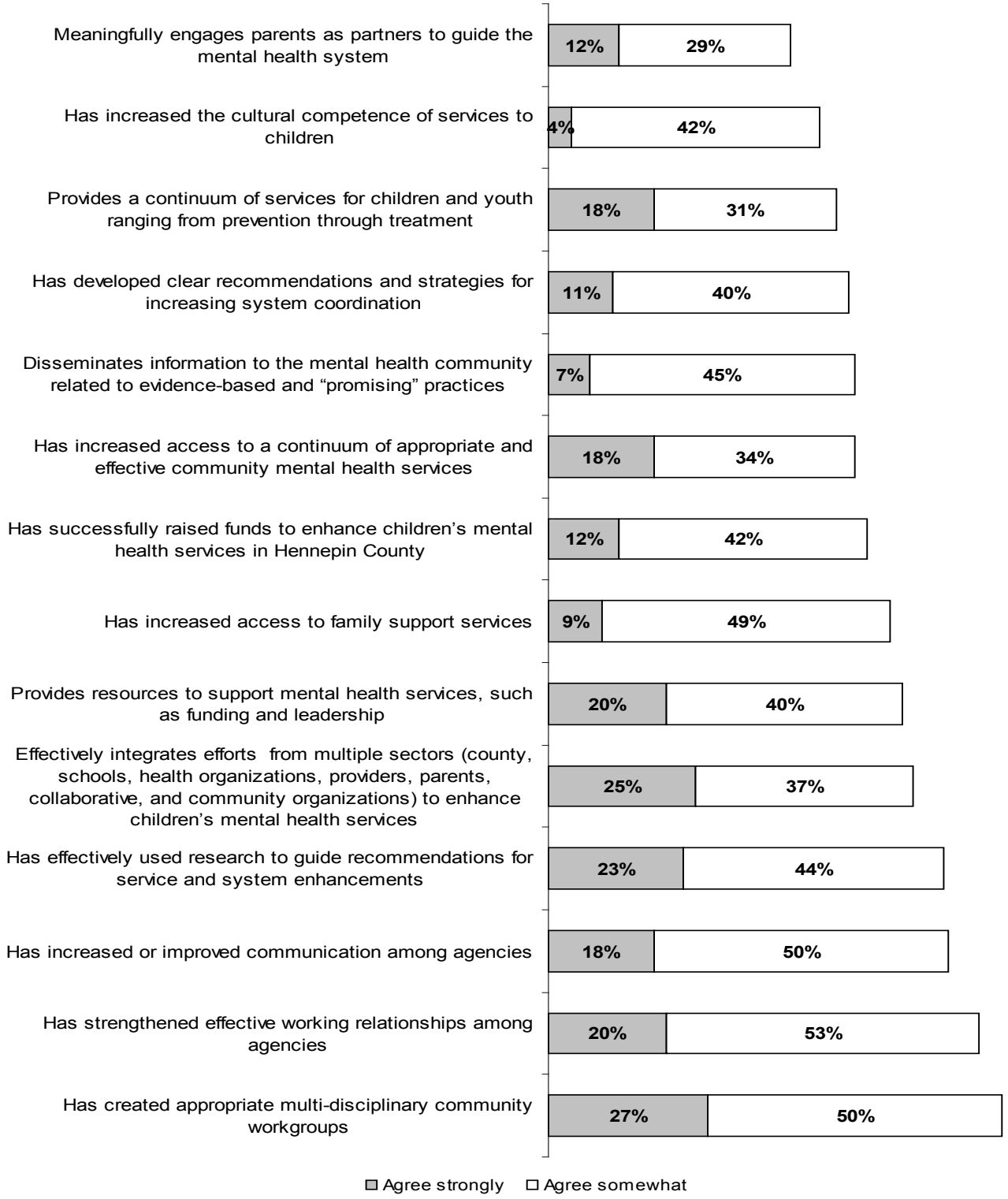
### Key finding: Respondents provided mixed feedback regarding the success of the Collaborative in promoting effective mental health services

Respondents were asked a series of questions regarding the stated or implicit goals of the Collaborative. Stakeholders were most likely to identify success related to the creation of appropriate multi-disciplinary work groups, strengthening of effective working relationships among agencies, increased or improved communication across agencies, and effective use of research to guide recommendations for service and system improvements (with 67% to 77% "agreeing somewhat" or "agreeing strongly" with each item). They were least likely to "agree" that the Collaborative meaningfully engages parents, has increased cultural competence of services, and provides a continuum of services to children (41% to 49%) (Figures 7-8).

## 7. Perceived success of the Collaborative (N=58)

| How much do you agree or disagree with each of the following statements? The Collaborative… | N | Disagree strongly | Disagree somewhat | Agree somewhat | Agree strongly |
|---|---|---|---|---|---|
| Disseminates information to the mental health community related to evidence-based and "promising" practices | 44 | 23% | 25% | 45% | 7% |
| Effectively integrates efforts from multiple sectors (county, schools, health organizations, providers, parents, collaborative, and community organizations) to enhance children's mental health services | 52 | 11% | 27% | 37% | 25% |
| Provides a continuum of services for children and youth ranging from prevention through treatment | 51 | 22% | 29% | 31% | 18% |
| Has increased access to a continuum of appropriate and effective community mental health services | 50 | 20% | 28% | 34% | 18% |
| Has increased access to family support services | 45 | 11% | 31% | 49% | 9% |
| Has successfully raised funds to enhance children's mental health services in Hennepin County | 48 | 17% | 29% | 42% | 12% |
| Has developed clear recommendations and strategies for increasing system coordination | 47 | 21% | 28% | 40% | 11% |
| Has effectively used research to guide recommendations for service and system enhancements | 39 | 5% | 28% | 44% | 23% |
| Has created appropriate multi-disciplinary community workgroups | 48 | 8% | 15% | 50% | 27% |
| Has strengthened effective working relationships among agencies | 49 | 10% | 16% | 53% | 20% |
| Has increased or improved communication among agencies | 50 | 14% | 18% | 50% | 18% |
| Has increased the cultural competence of services to children | 45 | 16% | 38% | 42% | 4% |
| Meaningfully engages parents as partners to guide the mental health system | 48 | 17% | 42% | 29% | 12% |
| Provides resources to support mental health services, such as funding and leadership | 45 | 9% | 31% | 40% | 20% |

## 8. Agreement with Collaborative goals (N=58)



## *Success in achieving mission*

Most respondents (71%) felt that the Collaborative had been "somewhat successful" in achieving 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." Most of the remaining respondents (26%) felt that the Collaborative had been "not at all successful" (Figure 9).

**9. Collaborative success in achieving mission**

| | N | Not at all successful | Somewhat successful | Very successful |
|---|---|---|---|---|
| The mission of the Collaborative is "to serve 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". How successful has the Collaborative been to date in achieving its mission? | 58 | 26% | 71% | 3% |

When asked to provide suggestions for increasing the Collaborative's success, some respondents focused on changing the role of key stakeholders. For example, some suggested increasing representation of parents or communities of color, while reducing the role of county government. Others talked about the need for better communication about children's' mental health and the Collaborative, promoting effective programs, and taking steps to clarify the vision/strategic plan for the Collaborative (Figure 10).

## 10. Open-ended comments: Suggestions for increasing the Collaborative's success in fulfilling its mission

**What suggestions do you have for increasing the Collaborative's success in fulfilling this mission?**

**Expand representation/role of core stakeholders**

Expand parent representation and better support those who are trying to develop parent leadership.

The collaborative needs to get fair representation from all the communities of color, not just black communities.

Improve communications with communities of color.

I am very concerned that the collaborative has put very little emphasis on making mental health services more relevant and culturally friendly for diverse communities. There is little representation on the collaborative board of racially and culturally diverse individuals. I found that there is minute importance given to evidence based practice and research in relation to diverse populations. This is a critical concern given the ongoing racial disparities that exist in child welfare, corrections, and unemployment. Until this issue is ranked at a higher priority level I am hard pressed to believe the existing board and strategic direction is serious about making sustainable long term systemic changes.

Make sure that the collaborative is inclusive of all communities within Hennepin County. Visibility is important and will be an ongoing challenge as well as access.

Truly involving parents and listening to them.

Limit the County influence over all decisions.

Better communication with providers regarding intent, challenges, and problems to be solved. Better working relationships with DHS and joint problem solving regarding financing services.

Reach out more to the court and corrections systems.

Go grassroots – provide more outreach in underserved communities and partner with non-traditional community entities such as churches and neighborhood associations.

The collaborative needs to have more leadership then just Minneapolis public schools and Hennepin County children's mental health managers. The present leadership needs to know when to step aside and let the mental health providers take the lead. Not all the answers are with government.

Reduce the subtle control that the county has on the collaborative's operations.

When the SOI's were being created, community members and county workers were a part of the group to develop the SOI and the process. When you have a range of managers (high up to middle) working with line workers, the focus changes from community (different races, ethnicities who live in HC) to systems only (sometimes not considering people of color who are in need).

## 10. Open-ended comments: Suggestions for increasing the Collaborative's success in fulfilling its mission (continued)

**What suggestions do you have for increasing the Collaborative's success in fulfilling this mission?**

| |
|---|
| **Increase communication/information sharing/visibility** |
| Use money to sponsor some top-of-the-line conferences/educational opportunities in our area at a reasonable fee. Provide incentives for agencies to attend. Make the "carrot" knowledge – not "money." Couldn't this bring about change? |
| Improve the external communication to stakeholders concerning successes. |
| I think that the CMHC needs to increase visibility to systems outside of county related organizations or contractees and Alliance. |
| Schools have little or no confidence that the collaborative will assist children/families. There needs to be a strong communication and outreach to effectively build trust and relationships with school personnel so that they may refer children/families. |
| Needs to be made more public and transparent. Needs to present goals and objectives to the community with regular report cards on the progress made in achieving the goals. Need more public/parent input. |
| Based on how many questions I've answered with 'DK' – maybe a communication/PR strategy would be a good idea; maybe good work is being done, but I don't think it's widely known. |
| If there is research on best practices – disseminate it to a wider range of providers and agencies than those directly involved [in the Collaborative]. |
| **Clarify mission/vision or revise strategic plan** |
| Continue to work on clarifying the role and better inform schools so they can assist in the Collaborative's effort to strengthen community, family, and services for children. |
| Increasing clarity about its role (as defined previously in this assessment) and relationship with Hennepin County. Being clearer about its defined purposes. Also, more clarity about its relationship or connection with the Alliance would be helpful. |
| We have representation on the Collaborative. With the federal government determining the return of the LCTS dollars, where is the coordination going to occur? There is a need to continue to the spirit of the law – where is the vision? |
| Clearly define the mission - i.e., what does that really mean? Develop a strategic plan on how to fulfill the mission. |
| Move beyond the focus of passing out funds and start to address policy and practice issues and the unmet needs of specific populations in the county. |
| Re-organize, streamline existing meeting groups into a simpler framework, build new plan from the results of this survey. |
| Connect the actions better to the mission of the collaborative. Create real reform in how children access mental health services in the county. |

## 10. Open-ended comments: Suggestions for increasing the Collaborative's success in fulfilling its mission (continued)

**What suggestions do you have for increasing the Collaborative's success in fulfilling this mission?**

| |
|---|
| **Promote effective services** |
| The collaborative appears to utilize its resources to develop more innovative services while proven services (e.g. day treatment programming) continue to lose funding. The collaborative's efforts should go more towards supporting existing beneficial services. |
| After working with other collaboratives in Hennepin County for over 10 years, it is news to me that CMHC is not part of the county. County personnel lead and direct CMHC resources. Collaborative partners have never been given clear outcomes or meaningful service data. It maintains a large fund balance and limits service to those children with a medical diagnosis whose parents manage to navigate and access the system. "Prevention" is narrowly defined as keeping already-diagnosed children from out-of-home placement. In the more than 10 years I have been involved, no CMHC funds have ever been available for any innovative, research-based, community-based prevention program. I suggest using the CMHC substantial fund balance for credible community-based prevention efforts. |
| Share reports of successful programs funded by CMHC dollars. Then share funding sources and a way to implement those successful programs across the county. Perhaps this is done by improving the current county services for children's mental health so all children can access successful programs no matter where they live in the county. |
| **Other** |
| Moving ahead the Collaborative needs to focus more on leveraging its collective strength as a multisystem group with expertise in grant writing, evaluation, leadership, school services and CMH services to engage health plans and secure larger scale funding to support its goals. |
| This is a difficult question. The collaborative has been successful in bringing different stakeholders to the meetings - but many activities and ideas are limited due to lack of funding resources. I don't know how to solve this issue – but anticipate that if/when there are no financial incentives for participation it will be difficult to keep the group viable. |
| They are heading in a better direction this year with the reorganization – I truly hope it continues. |
| The collaborative has no capacity, financial resources, or staff expertise in these areas at this time. Also, other systems appear to have little interest in evidence based practice or new research. |
| As a person who has worked with Hennepin County and area collaboratives for a long time, I am obligated to say I don't know much about the work of the CMHC and do not see evidence of their work in our area. Children and families remain unserved and the needs are great. |
| Don't know. (N=20) |
| Don't know – it seems like Mission Impossible. |
| Develop clear lines of communication and stick to them, develop a clear purpose and practice it, clarify the role of the parent group. |
| The players remain siloed and resistant to addressing the issues in a true county wide systemic manner. The collaboration does not have the visibility, the political or social mandate to achieve the mission. |
| The collaborative is doing a good job! |
| I think we need to think about who facilitates the meeting and how to get collaboration and integration within the meetings. |

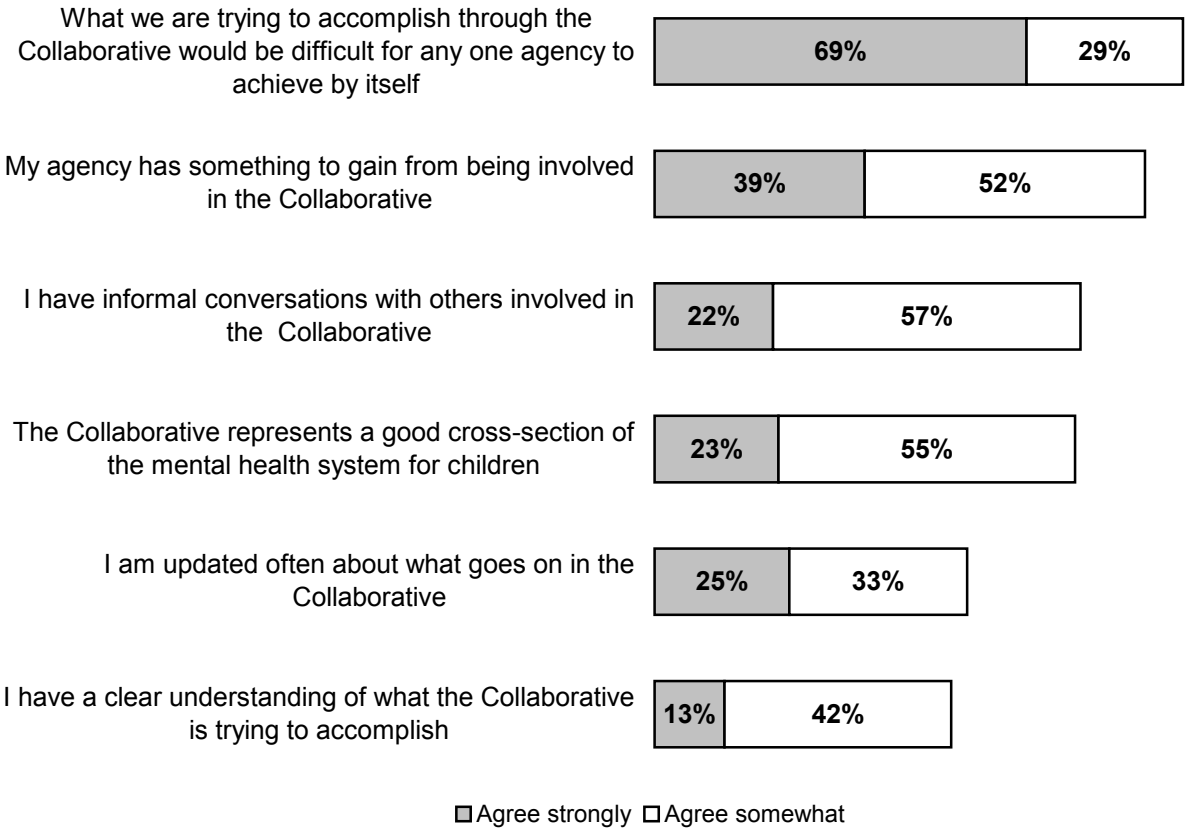
## *Agency investment/interest in the Collaborative*

Respondents were most likely to "agree" (somewhat or strongly) that the goals of the Collaborative would be difficult for any one agency to achieve on their own and that their agency has something to gain through their involvement with the Collaborative. They were least likely to "agree" that they have a clear understanding of what the Collaborative is trying to accomplish and that they receive frequent updates regarding the Collaborative activities (Figures 11-12).

### 11. Agency investment/interest in the Collaborative

| How much do you agree or disagree with each of the following statements? | N | Disagree strongly | Disagree somewhat | Agree somewhat | Agree strongly |
|---|---|---|---|---|---|
| My agency has something to gain from being involved in the Collaborative | 54 | 4% | 6% | 52% | 39% |
| The Collaborative represents a good cross section of the mental health system for children | 51 | 6% | 16% | 55% | 23% |
| I have a clear understanding of what the Collaborative is trying to accomplish | 53 | 11% | 34% | 42% | 13% |
| I am updated often about what goes on in the Collaborative | 55 | 17% | 25% | 33% | 25% |
| I have informal conversations with others involved in the Collaborative | 54 | 7% | 13% | 57% | 22% |
| What we are trying to accomplish through the Collaborative would be difficult for any one agency to achieve by itself | 52 | 0% | 2% | 29% | 69% |

**12. Agreement with items related to agency investment/interest in the Collaborative**




## *Ratings of Collaborative operations*

Respondents were relatively evenly mixed in terms of the frequency of their meeting attendance. Those who attended sometimes (22%) or often (28%) were asked a variety of follow-up questions regarding the meetings and Collaborative processes (Figure 13).

Most respondents "agreed" (strongly or somewhat) that participants have a high level of commitment to the process, have respect for one another, make decisions using input from each other, and communicate openly with one another (77% to 88%). Most also felt that meeting agendas reflect the priorities of the group members (77%). In contrast, fewer respondents "agreed" (strongly or somewhat) that parents are fully included (37%), all members have a voice in decision making (54%), and there is a clear method for making decisions among the members (54%) (Figures 14-15).

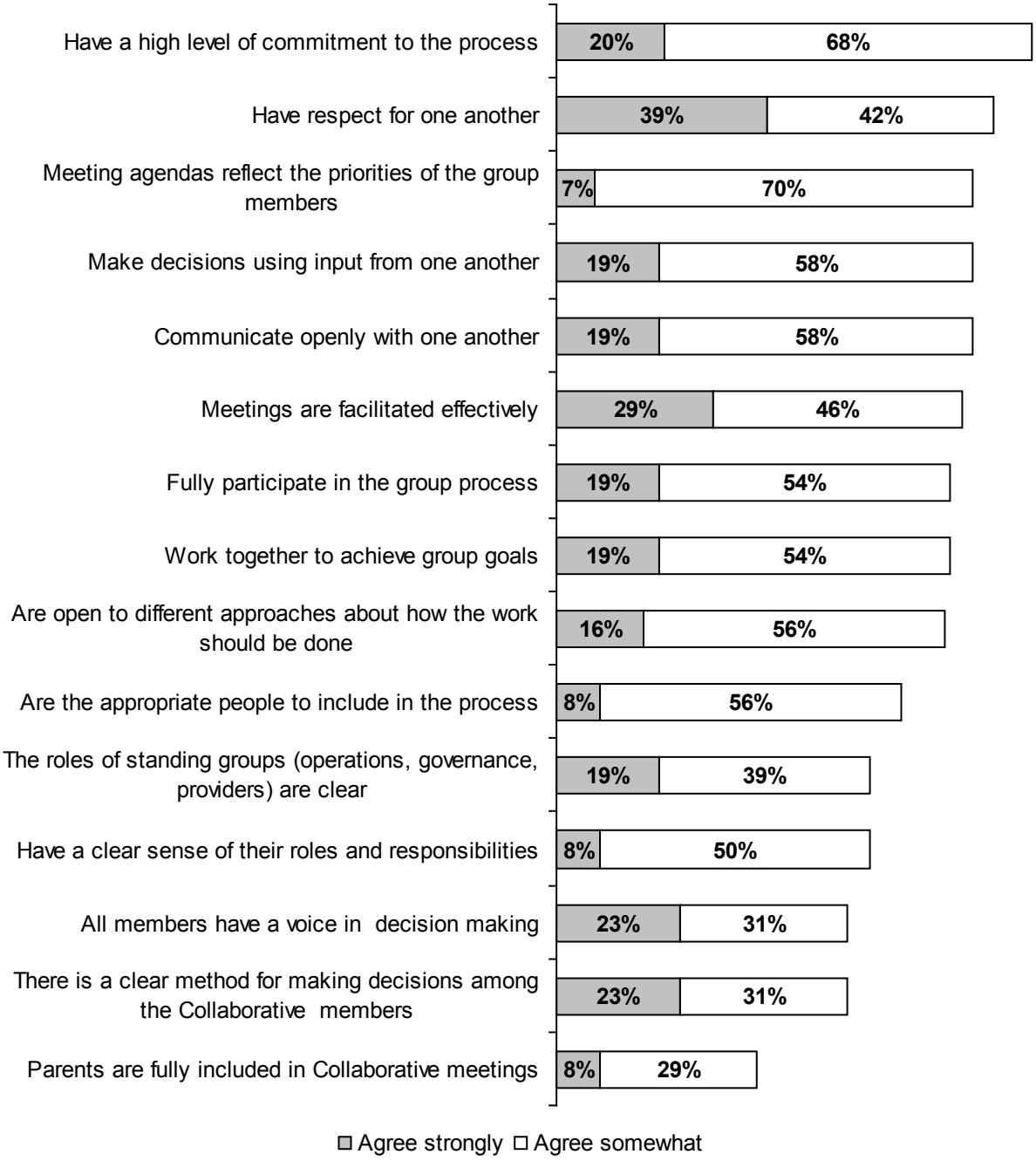
## 13. Frequency of meeting attendance

| | N | Never | Rarely | Sometimes | Often |
|---|---|---|---|---|---|
| How frequently do you attend Hennepin County Children's Mental Health Collaborative meetings (Operations group, Governance Board, Provider's Group) | 48 | 29% | 21% | 22% | 28% |

## 14. Ratings of Collaborative operations

| | N | Disagree strongly | Disagree somewhat | Agree somewhat | Agree strongly |
|---|---|---|---|---|---|
| **How much do you agree with each of the following statements about the collaborative?** | | | | | |
| There is a clear method for making decisions among the Collaborative members | 26 | 11% | 35% | 31% | 23% |
| All members have a voice in decision making | 25 | 15% | 31% | 31% | 23% |
| Meetings are facilitated effectively | 28 | 4% | 21% | 46% | 29% |
| The roles of standing groups (operations, governance, providers) are clear | 26 | 15% | 27% | 39% | 19% |
| Meeting agendas reflect the priorities of the group members | 27 | 4% | 19% | 70% | 7% |
| Parents are fully included in Collaborative meetings | 24 | 21% | 42% | 29% | 8% |
| **To what extent do you agree that that the people involved in the Collaborative:** | | | | | |
| Are the appropriate people to include in the process | 25 | 4% | 32% | 56% | 8% |
| Have a clear sense of their roles and responsibilities | 26 | 4% | 38% | 50% | 8% |
| Have respect for one another | 26 | 0% | 19% | 42% | 39% |
| Communicate openly with one another | 26 | 0% | 23% | 58% | 19% |
| Make decisions using input from each other | 26 | 4% | 19% | 58% | 19% |
| Have a high level of commitment to the process | 25 | 0% | 12% | 68% | 20% |
| Are open to different approaches about how the work should be done | 25 | 4% | 24% | 56% | 16% |
| Work together to achieve group goals | 26 | 0% | 27% | 54% | 19% |
| Fully participate in the group process | 26 | 0% | 27% | 54% | 19% |

## 15. Ratings of agreement with items related to Collaborative operations



## *Alignment of Collaborative with expectations*

Each survey respondent was asked whether or not their involvement with the Collaborative had met their expectations. While a few individuals said that their expectations had been met, more said that their expectations had not been met or had mixed responses to the question. Some said that the group has not been successful in improving mental health services, while others felt that the group processes had been disappointing (e.g., conflict among members, failure to engage all relevant stakeholder groups) (Figure 16).

### 16. Open-ended comments: Alignment of collaborative involvement with expectations

| Has your involvement in the Collaborative met your expectations? Why or why not? |
|---|
| **Yes** |
| Yes. The meetings offer significant opportunities for dialogue. |
| Yes. Another staff in my agency has attended meetings, so I have not been more involved. I appreciate the work that the collaborative has been doing to advocate for the needs of agencies and our clients. |
| Yes, but again, we had funds that were available to drive our activities/purpose. If/when the funds are not available, I am not sure the goal of improving access to mental health services will be achieved. |
| Yes, the collaborative has increased service coordination for children and families. |
| Yes. The Collaborative keeps me aware of its activities and opportunities, and gives me an opportunity to provide input. |
| **No** |
| No. It is difficult to ascertain what we have accomplished. |
| No. It seems like not much has been done outside of organizational/structural work – as I hear through the Alliance. |
| No. (N=3) |
| No. Too much time is spent talking and arguing among the stakeholders over limited funds and not enough time spent on actually making the mental health system accessible for children and their families. |
| No. Often, one person would make a comment or suggestion and then that would be the final decision, instead of asking the whole group if they agree or not. Often these groups were Caucasian people making decisions for people of color, which as we know hasn't worked in the past if no one listens to the community who are actually going to use the services. |
| No, because as I have shared before, the two big government agencies run the show. We may have meetings and have group discussions, but bottom line - if you don't follow the lead of the County or Minneapolis school person, you get stepped on and are accused of being a trouble maker. |
| I fail to see how this group intersects with the other providers (such as primary pediatrics, preschools, head start, dental providers etc) who are also involved in providing care to these children. The CMH Collaborative appears isolated. |
| No. My participation is lacking. |
| No. We do not see evidence of improved access, additional services, or the involvement of parents and providers in our area. |

## 16. Open-ended comments: Alignment of collaborative involvement with expectations (continued)

| Has your involvement in the Collaborative met your expectations? Why or why not? |
|---|
| **No (continued)** |
| No. There is not enough feedback to the schools. Strong marketing, relationship building, and/or outreach needs to happen. |
| No. When new or creative ideas are discussed they are often dismissed by the County staff or others. Groups meet, but the decisions are made by a different group without much response to the lower-level group. Also cultural and ethnic concerns are generally ignored. |
| No. Suggestions from meetings of providers seem not to carry much weight with the governance group. |
| Not at all. I strongly disagree that the CMHC engages in "prevention." Its focus is too narrow and is driven by county personnel toward very high -nd services only to children with a mental health diagnosis. A "spectrum" of services does not exist. A very small number of families is served. |
| Not yet, The focus has been on implementing a spending plan for the reserves. It hasn't become a conduit yet for supporting the implementation of EBPs. Health plan representation has been very minimal which is a huge gap given the major role the health plans have in children's mental health services. |
| It all moves too slow. For all the years CMHC has been in existence, there is not much change to the complicated, unworking system of services. From the real person perspective – “how do I get services for my child." That has never been a clear process or concept that can be shared with families and human service agencies that work with finding these resources. The CMHC is important, but more improvements in the system, accessing services, or "results" must be forthcoming. |
| We have representatives who attend and brief our group. It has been a frustrating process over the past decade. This process keeps changing. |
| I was involved in the development of the Collaborative but in the past years have not been able to find ways in which we can link because there are no communications. Public health nurses could be a referral source for families, especially those with young children. We also provide nursing services in an alternative high school. Students might benefit from Collaborative services, but there is no awareness or marketing of what those services might be. |
| **Mixed** |
| Yes and no. It seems as if the goals for some do not match the goals for others. |
| At times. It’s not always clear that the purpose we think we are meeting for is the real purpose or that we really have a say. |
| Yes and no. They have made very good progress to date, but they need to now ask tough questions about how to be even more effective, strategic, and REAL about what they can accomplish. |
| The collaborative has partially met my expectations. I would hope we can have more fruitful engagement of key partners at a high level to discuss pressing concerns and potential solutions, not just spending money. |
| In some ways yes, due to the diversity of folks who attend. Partly this is due to the fact I attend several of the meetings provider, governance and operations groups. In some ways no. There is a significant reluctance from all players to truly collaborate and look at issues without representing an agency, a kid, or a system. |
| Yes, but my expectations were pretty low. I don't think the collaborative is seen as having much impact, power, etc. |

### 16. Open-ended comments: Alignment of collaborative involvement with expectations (continued)

| Has your involvement in the Collaborative met your expectations? Why or why not? |
|---|
| **Other** |
| Don't know/no response. (N=17) |
| Not applicable. |
| I used to be involved before the recent change. I have not found much reason to attend currently. This may change. As a school employee, I don't need referrals or money. I need strong, effective treatment options for students. |
| I am not sure I had expectations related to my involvement. |
| It's too early for me to evaluate. |
| I haven't really been involved. |
| I'm not directly involved. |
| I just take notes at the meetings. |
| My involvement is through updates – they seem to only come from the coordinator of the Alliance, Curt Peterson, if they come at all. |
| I would like to attend if I know when the meetings are and if I consult with our rep from our school district or collaborative. |
| I was more involved before we became one collaborative. I think we have lost some of the local involvement and ownership. |
| It's been hard to say due to issues relative to lack of clarity, that is, the Collaborative's purposes, it's relationship to the members around the table (or theirs with it), and the relationships between the governance, providers and operations groups. Meetings attended can break down when the attendees stay in their own perspectives, don't understand the purpose of the specific meeting, or convey a specific-to-them agenda. |

## *Most positive features of the Collaborative*

When asked to identify the most positive thing that has resulted from the Collaborative, respondents were most likely to mention the opportunities to network and build relationships with other partners. Others mentioned the Collaborative's role in funding services or felt that the Collaborative had increased access to services. Some also highlighted the recent restructuring of the Collaborative (Figure 17).

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

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

**Services for children**

More children with mental health issues getting the services they need.

Programs and services for kids, especially at-risk kids.

More resources for kids.

Mental health providers in the school setting.

The support for school based MH.

School based mental health programs.

Improved access to mental health services.

**Networking/relationships**

Getting various stakeholders at the table, and being able to achieve some consensus on some issues.

Networking with other agencies.

Meeting people who represent a variety of perspectives.

It is a forum for people to get together to discuss children's mental health issues. The exchange of ideas and common issues is a good thing.

Different stakeholders working together – schools and providers, specifically.

Collaboration of many high quality mental health agencies and providers.

Interacting with other providers.

Strengthening formal and informal relationships between county and agencies to serve kids.

Some effort to work with the multiple entities involved.

The building of relationships amongst the different districts, agencies, and resources.

Regular conversation and discussion with leaders from multiple systems and organizations.

Building relationships amongst attendees and their respective organizations.

Communication between service providers.

Bringing partners together.

The conversations that take place between the different players.

## 17. Open-ended comments: Most positive thing resulting from the Collaborative (continued)

| What is the most positive thing you have seen resulting from the Collaborative? |
|---|
| **Giving/receiving funding** |
| The development of the clear SOI process. |
| LCTS funds are getting out to the community to community vendors for programs for kids. |
| The YES Grant and Court FASD grant being secured. |
| Having funding available to implement evidence-based practices. |
| Some funding has been made available to actually help children and families receive mental health services. |
| Funding for a particular pilot. |
| Disbursement of monies ultimately to help children. |
| The SOI process. |
| The most recent proposals from the SOIs. Systems level discussions that have taken place identifying the needs and opportunities for coordination of work and collaboration. |
| **Organization/structure/coordination** |
| The reorganization. |
| Restructure/reorganization. |
| Recent restructuring holds some slight hope. |
| Simplified structure, group decisions, priority setting, and investment decisions. |
| Work groups. |
| The development of committees and key people to organize and coordinate meetings. |
| It has been much more successful after better coordination team was on board. |
| **Other** |
| Don't know/no response. (N=15) |
| Innovations here and there that rise and fall are causing some subtle trends of change. |
| New synergy. |
| Steve Lepinski's letter. |
| A clear purpose. |
| A system was established. |
| I think there is finally some momentum to move the work forward. There is still disparity with regard to available services and access for families. |
| That we got the HCCMC to open up the process and not just have two people making all the funding decisions. |
| Evaluation training. |

## *Suggestions for change*

Survey respondents were also asked what they would change about the Collaborative. A common suggestion was for the Collaborative to increase the representation and strengthen the role of parents/consumers or service providers. Other themes addressed increasing the amount of information shared with stakeholders, engaging in strategic planning efforts, and revising the leadership or decision-making structure (Figure 18).

### 18. Open-ended comments: Suggestions for changing the Collaborative

| What things would you change about the Collaborative? |
|---|
| **Increase parent/community/provider involvement** |
| 1) I would find a different way to involve parents other than a small core group that meets periodically (has this changed?). Instead, I would explore a way to gather parental feedback on a much broader scale (i.e., questionnaires, surveys, short term focus groups). 2) I would try to find a sustainable incentive for the widest participation possible (not money). My idea: sponsor conferences, get the best and the brightest to come, and provide incentives for attendance. |
| Particularly the parent involvement piece...'once upon a time' the collaborative had much higher participation of parents...now it only has narrow numbers participating. |
| More parent/community involvement. |
| I would focus on a bottom up model instead of top down. I would give more control to appropriate community members than county staff and contracted agencies. |
| Strengthen the parent and consumer input. The professionals and policy makers dominate process and decisions. |
| Make it more inclusive. It seems like the mental health agencies run the show. There should be some good for everyone (schools, primary care, child cares). |
| Include local stakeholders in a meaningful way. Respect the parent's circle and make sure their voice is heard and validated. |
| Find some ways that community organizations can be linked in to the Collaborative. Although we are not a mental health provider, there are many ways in which public health nurses work with families who have children experiencing mental health disturbances or issues. Bloomington public health nurses provide services to families and children in their homes, schools, and community sites. They provide assessments, health counseling, service coordination, and referrals to resources. Strong linkages with community based services benefit families through more effective referrals and coordination of services. |
| That we have more mental health providers at the table and the committees are more race-balanced. Almost all committees are 90 % white so when we talk about culture, the HCCMC still does the same thing that has been going on forever. |
| Input from providers should be taken more seriously. |
| Give the PLG some staff assistance and help with their plan and stop letting them flounder. Make sure they are connected with like-minded groups doing similar things - don't duplicate or re-invent the wheel. |
| Providers, agencies and parents would be listened to more and be able to be more involved in decision making. |

## 18. Open-ended comments: Suggestions for changing the Collaborative (continued)

**What things would you change about the Collaborative?**

**Address strategic plan/mission issues**

Develop a strategic plan for what the collaborative wants to accomplish and how to do it.

Provide more clarity about what is possible without funding sources.

Affirm guiding purpose and vision and then make sure all participants are on board. I realize some players may not come aboard if there is a "central vision" that they do not believe adequately represents their interests.

There is not coherent vision on what the collaborative wants the children's mental health system to look like and no strategy on how to get there. The work is very piecemeal.

It needs clarity. Perhaps a booklet for new attendees could identify players (HC, HCCMHC, The Alliance, agencies), groups (governance, operations, providers) with the defined goals of the Collaborative and how it is supposed to achieve them. This would have been very helpful to this writer when first attending collaborative meetings.

Establish a 3-year plan for sustaining itself.

**Increase communication/accountability**

Continue getting information out there about the Collaborative.

Have a clear line of communication (which is becoming better).

Needs better financial reporting to all stakeholders.

More accountability of how the dollars are spent.

More transparency/full disclosure and better communication.

Better accountability, which could be accomplished by effective outreach/marketing.

Better communication.

**Revise leadership/organizational/decision-making structure**

Ensure that all agendas are created within the executive committee, not a sub group. Ensure that all resources disseminated (grant writing resources) are endorsed by the collaborative before they are used.

Not have the same people be the leadership.

More rapid decision making and clarification of why participants were chosen for pilot dollars.

Clearer understanding of the goals and mission is and what role each partner plays.

Give the collaborative some authority/teeth. Making decisions about marginal $30K grants and no ability to drive system change in the broader systems results in little attention to the collaborative.

Merge Gov/Operations and assign new lead county staff leadership. It's time for change.

## 18. Open-ended comments: Suggestions for changing the Collaborative (continued)

| What things would you change about the Collaborative? |
|---|
| **Specific recommendations regarding direction/emphasis** |
| Some focus should be given to the ability of providers to understand and respond to the diverse cultural contexts of patients they see. |
| More focus on improving the system for families in tough spots due to housing location, poverty, lack of follow through, etc. More focus on early intervention and prevention. |
| Focus on large, system-level grants. |
| I would focus attention on the "spectrum" of services referred to in the mission, especially community-based education/prevention/stigma reduction programs. |
| **Increase involvement of other systems** |
| Develop stronger connections to schools. |
| A key player is the health insurance companies – we had some representation but I would push for more conversations with this group. |
| A much stronger effort to get health plan involvement. |
| More inclusion of health plans – they are the future of the MH system. |
| **Other** |
| Don't know/no response. (N=16) |
| I'd dissolve it. |
| Nothing for now. |
| I don't know - I haven't had an update. |
| Bigger space to meet and time is difficult. |
| Less drama and conflict, more positive working relationships/trust. |
| I would wish to see dedicated investment in a primary project program. |
| Meeting agenda and directions could be clearer. |
| More funding from the State and Feds. |
| Less money would be used for planning and meetings and more would be used to actually help children and families. |

## *Perceived challenges or barriers*

Most respondents (93%) agreed ("somewhat" or "strongly") that the Collaborative has experienced challenges or barriers over the past year, with half (49%) stating they "agreed strongly." When asked to describe these challenges, many respondents mentioned inadequate or reduced funding. Others identified concerns with limited input from key stakeholders, conflictual Collaborative relationships, and issues related to communication and accountability (Figures 19-20).

### 19. Perceived challenges or barriers

| | N | Disagree strongly | Disagree somewhat | Agree somewhat | Agree strongly |
|---|---|---|---|---|---|
| The Hennepin County Children's Mental Health Collaborative has experienced challenges or barriers over the past year | 57 | 2% | 5% | 44% | 49% |

### 20. Open-ended comments: What kinds of challenges or barriers?

| What kinds of challenges or barriers? |
|---|
| **Funding issues** |
| Reduction of LCTS funds |
| Funding, particularly the decline in LCTS revenues. Also changes in TCM rate setting methodology. The collaborative needs to identify replacement revenue sources. |
| Funding concerns. |
| Lack of funding. |
| Funding cuts. |
| Funding. Decreases in services. |
| Funding. Agencies are struggling to maintain services. |
| Lack of funding and resources to be shared by many. |
| Inadequate funding for the breadth of organizational mission. |
| Primarily finances. |
| Reduced funding across the board has increased the efforts of the various entities involved in the collaborative to shift funding responsibilities. |
| Everyone wants a piece of the pie but the slivers are too small to constitute a real dessert. As long as we have an underfunded mental health system for children and their families, I don't think that the collaborative can be effective. |
| Funding decreases have been a challenge. Dealing with the loss of funding will require redesign. |

## 20. Open-ended comments: What kinds of challenges or barriers? (continued)

| What kinds of challenges or barriers? |
|---|
| **Funding issues (continued)** |
| Funding. (N=2) |
| Funding; The intricate nature of budgeting for case loads with uncertainties in the time children will need in the collaborative and the intensity of services. |
| Funding challenges. |
| Giving away funds complicates the work, making more competition than partnerships. |
| Reduced LCTS funding and continued deterioration of Hennepin County's children's mental health focus. HC needs to decide CMH is of greater importance and respond appropriately – the collaborative would benefit from this. |
| Funding freezes after SOIs have been submitted. The funding freezes are beyond the collaborative's control. |
| **Relationships/conflict** |
| Trust and communication. |
| Self interest of certain parties, meeting disruption that is counter-productive to moving ahead. |
| Drama and conflict around the parent organization. |
| Some participants are too micro in their view. There are some personalities that take over meetings and defeat dialogue regarding differences. Dividing up money has been a barrier/challenge. |
| There is still a lot of mistrust of Hennepin County Children's Mental Health and their role in the collaborative. |
| Lack of support from key stakeholders. |
| **Decision making process/input from key stakeholders** |
| Groups keep forming and then when it becomes clear to group members that they are not listened to, people drop out the group disbands, and then new groups are formed. I have seen this happen over the last 8 years. It would make more sense just to say who will make the decisions and let them do that. |
| The payback of LCTS dollars and making decisions about funding without input from every-one have all been issues. Plus, I believe as time goes on and people see less and less value in participation, they drop out. This results in very few people controlling what happens. |
| The issue of input from providers; how to get more effective dialogue with governance group. |
| County bureaucracy. Reduce county influence, and increase engagement of community-based partners. |
| I will sound like a broken record here – Increase local participation and services to those in all areas of the county. |
| Lack of participation from the medical community, and confusion regarding funding. |
| One barrier is communities of color – there are two people of color on committees. We need to change systems, but the two major players have system set up that we can't add to. [There is a lack of] parent participation, everything done in English, and we are not including all the cultural communities. This is not the responsibility of parent circle, but the leadership of Hennepin county and Minneapolis Public schools - they push it off. |

## 20. Open-ended comments: What kinds of challenges or barriers? (continued)

| What kinds of challenges or barriers? |
|---|
| **Decision making process/input from key stakeholders (continued)** |
| Resentment began when funds were distributed to programs without and open RFP. It is an "ol boys network", led by a few people. These are the people who also get the funding. |
| Challenges to agency representation in different groups. Agency representation, it seems, will only occur more when there is a deeper 'buy-in" by those agencies. |
| **Communication/reporting/accountability** |
| Letting different organizations know what the mission and goals are. |
| Lack of accountability. |
| Reporting. |
| There is no communication going out to people trying to access MH services. The work done in the CMHC is great but it needs to be shared with all service providers, schools, cities, etc. |
| **Redesign/reorganization** |
| Major children's redesign efforts. |
| The collaborative was operating before clear policies and procedures were established and continued to operate as it had when it was run by the County. |
| **Other** |
| Don't know/no response. (N=11) |
| I really don't know but I assume that the collaboration is constantly struggling with loss of funds, developing a wide representative base, and encouraging participation that does not suffer from attrition and increasingly narrowed self-interest. |
| Challenges with reorganization, the impact of fed/state probable changes, relationship and participation with a phasing out Alliance, and impact of County retrenches. |
| Complexity of the system and unclear accountability and reporting of outcomes. There was no consideration given or linkage with existing interagency collaborative, such as the early childhood system, which has an effective intake process. No roles were given to community partners. Communications were not clear. |
| Leadership change. |
| Control by Hennepin County and refusal by the County, service providers, and other systems to change how they do their jobs. An over-dependence on seeing more funding as the solution to all of the problems. A reluctance on the part of the County and providers on implementing evidence-based practices. |
| Committee retention, lack of coordination. |
| Financial, personalities, changes in staff, changes in legislation - I am not sure what the best way to address these are. |

## *Functioning of the mental health system*

The final questions on the survey were used to assess stakeholders' perceptions of the overall mental health system in Hennepin County. When asked to identify the most pressing unmet needs of children/youth with mental health issues, many people identified concerns related to access to services. In addition to comments regarding overall access, specific concerns were mentioned, such as the availability of culturally appropriate services or the ability of uninsured/underinsured youth to receive care (29). Relatedly, some people mentioned shortages of specific services, ranging from prevention and early intervention through intensive interventions. Others described concerns about meeting the needs of families experiencing issues such as domestic violence, poverty, and parental mental health or substance use concerns (Figure 21).

### 21. Open-ended comments: Most pressing unmet needs of children/youth

| In your opinion, what are the most pressing unmet needs of children/youth with mental health issues in Hennepin County? |
|---|
| **Limited access to services (overall as well as culturally appropriate/competent/specific)** |
| Access to services. |
| Systems navigation – it takes too long to access services & is too frustrating, especially if [the family is] already on the brink. |
| Efficient access to resources. This means information, evaluation, education, and support. |
| Getting access to services. |
| Timely access to quality assessment and treatment services; the capacity is still far below the demand. |
| How to access services if they have barriers like no medical insurance, no ability to pay for services or prescriptions, or limited access across the county. |
| The system is too complicated and not accessible for families to access needed services. A family's access to services depends completely on who is paying for the service and whether or not a family or an individual or organization knows how to access the services needed. It should not be as difficult as it is to access mental health services for children and their families. |
| There are too many uninsured or underinsured children. |
| The uninsured and underinsured. |
| Many parents are unable to get, or don't have insurance and consequently don't get their kids the help they need. |
| There are tremendous needs. Children and youth needs in this area continue to go unmet. Access is very difficult and is somewhat random. If you know the right people you might get access. There aren't enough services and by the time families have access sometimes the crisis is past. The system is very broken and continues to be. It takes severe circumstances for families to get help. |

## 21. Open-ended comments: Most pressing unmet needs of children/youth (continued)

**In your opinion, what are the most pressing unmet needs of children/youth with mental health issues in Hennepin County?**

**Limited access to services (overall as well as culturally appropriate/competent/specific) (continued)**

| |
|---|
| Access - including finding a provider and paying for the service |
| Access to affordable treatment/management, especially for those with minimal health insurance coverage and not able to qualify for state support. |
| Transportation for therapy, quicker availability of services. |
| Children who exist outside the narrow 'id'd rules and structure; the increasing wait for affordable and no charge care; growing lack of or retrenchment of insurance (third party payers) coverage; lack of access (transit to services), living in the outer rings of Hennepin County; advocates to help facilitate children's (families) entrance into private/public service. |
| Not getting services, and being unaware of all the providers that can offer services. |
| Timely mental health services. |
| Medical insurance, especially for children who are undocumented. |
| Efficient intake and response to crises and prevention. |
| Hospital beds are not available for emergencies - most programs have waiting lists and the families with the fewest resources cannot afford even transportation costs to get to services. I think the needs are significant and widespread. |
| Availability of services that are not impaired by inadequate funding and thus have a chance of meeting the needs of children. |
| Access and coordination of service. Services too often are built from a "siloed" government or organizational perspective rather than from a perspective of the client or family being able to easily access them in a timely way that does not create an undue burden on the rest of the family's life. |
| Children of color getting the services that they need and not having to go through all the hoops that the system makes them go through. We have agencies that can provide the service but system won't allow them. |
| Access to community-based culturally competent services. |
| Accessibility of culturally appropriate resources. |
| Lack of funding for appropriate community based services that are evidence based and culturally proficient. |
| The most pressing unmet need is that there are pressing unmet needs. The "system" is designed by middle class professionals who don't understand families from diverse communities; many of whom mistrust government funded services The paperwork, waiting times, and unfamiliar lingo are off-putting to families with needs. |
| Multicultural needs, better communication with families in the community, and helping them to understand mental health issues. |
| Available psychiatric care. Spanish speaking mental health providers. |

## 21. Open-ended comments: Most pressing unmet needs of children/youth (continued)

| In your opinion, what are the most pressing unmet needs of children/youth with mental health issues in Hennepin County? |
|---|
| **Shortage of specific service options along the continuum** |
| Early assessment and services (before they hit the courthouse door). |
| Education of parents, educators, youth service providers and the broader community to very early warning signs. Reduce the stigma of seeking/providing mental health services. Coordinate county-wide early prevention efforts. |
| Service provision for children under age 3 using the DC:0-3. |
| Programs to identify and address MH issues early and offering these services for all children in an existing structure. |
| Day treatment options. |
| Lack of appropriate placements for the most severely affected kids. |
| Children, especially very young children, with high mental health needs. There is little available for them. |
| The other unmet need is having treatments and services available that actually work for children and their families, along the continuum of services needed. |
| School based/linked mental health services. |
| Intensive treatments for those children needing it. Schools are reluctant to make referrals and they often see the problems first. |
| Appropriate intensive community based options for children at risk for out of home placement. |
| The capacity to serve SED kids has continued to shrink while school districts and counties have also lost revenue – so supports that might have been in place 5 years ago are no longer in place. |
| Respite, and in-home services. |
| Lack of intensive MH care locally for children and juveniles. |
| The infrastructure of the mental health system for children/youth is wearing away. Fewer agencies have the resources to continue many needed services. Children and youth need the full range of mental health services from individual therapy to day treatment to hospitalization and residential treatment. |
| Development of targeted interventions for specific populations, such as children of immigrants and minorities, and children in corrections. Also, the erosion of early intervention services due to reductions in other funding. |
| There is a lack of a continuum of mental health services. For example, uninsured or underinsured children have difficulty accessing outpatient services. Day treatment services are grossly under funded. There's a lack of culturally competent and quality in-home providers. |
| We have students with significant and severe mental health diagnoses that are returned to the schools after hospitalizations. There is no long term transition plan built with the schools to create successful transitions into schools and back into their communities. Where is the support to maintain the successful treatment? We also have students who need residential treatment and remain in schools. There are needs for more partnerships with shared funding sources. There is a need for more medical homes for our students without insurance. There is a need for service coordination for our students and their families. We have school nurses who are consistently working with physicians and psychiatrists to make sure that the medications and the treatment plans are ongoing. We need physicians to understand the feedback from schools and to help students to make medication changes that are working. It would be great to have co-located mental health services in our schools. |

## 21. Open-ended comments: Most pressing unmet needs of children/youth (continued)

| In your opinion, what are the most pressing unmet needs of children/youth with mental health issues in Hennepin County? |
|---|
| **Services that address complex family/community situations** |
| Counseling and services for children and their families who are not ID Special Education, especially for adolescents and children from homes where domestic violence is occurring, children whose parents were victims of torture or come from cultures where severe corporal punishment and spousal abuse is common. |
| Mental health and severe chemical issues with students and parents. Students often become a product of their environment. We need to work to break the chain or our society is going to suffer even more! |
| Addressing the needs of children who live in blighted neighborhoods and are victims of environmental stress related issues. |
| Unmet mental health issues with the adult(s) in the home. |
| It is extremely difficult to support students with parents who have mental health problems – the parents are quite challenging. |
| **Service coordination/case management** |
| Continuing to maintain availability of mental health case management services through a network of contracted providers. |
| Collaboration and integration of services for children. |
| **Other** |
| Getting vendors to share turf, and work together from a best practices perspective, and to secure more funding for more programs. |
| A community that loves them and interventions that work. (Sorry for such a naive and idealistic answer). |
| A) How little money in the big picture is actually available to [children/youth]; and B) How long and through how many processes, no matter how well intended, it finally takes to get to them. |
| Don't know/not applicable. (N=8) |

Four in five survey respondents (78%) said that the system is "somewhat effective" in serving children/youth with mental health issues; all of the remaining stakeholders said that the system is "not at all effective." A wide range of suggestions for ways the Collaborative could help the system better meet the needs of children/youth were provided. Many respondents encouraged the Collaborative to strengthen its community education and advocacy roles and develop strategies for promoting access to mental health services. Another common theme addressed relationship-building, with recommendations that the Collaborative promote stronger relationships across systems (Figures 22-23).

## 22. Perceived effectiveness of the children's mental health system

| | N | Not at all effective | Somewhat effective | Very effective |
|---|---|---|---|---|
| In your opinion, how effectively is the system serving children/youth with mental health issues? | 49 | 22% | 78% | 0% |

## 23. Open-ended comments: What could the Collaborative do to help the system better meet the needs of children/ youth with mental health issues?

| What could the Collaborative do to help the system better meet the needs of children/ youth with mental health issues? |
|---|
| **Build networks/relationships and promote coordination** |
| Create a clearer agreement among the schools, county, and health plans regarding roles in supporting the different pieces of the system. |
| Build stronger relationships with schools. |
| Better communication between member groups. |
| Not put up so many silos. |
| Closer partnership with school based/linked initiatives. |
| By meeting them more where they are at, as is currently being attempted, e.g., Primary Care and Schools. This is a good trend and more of it would be helpful. For example, wouldn't it be great if there was a clinic within every high school (serving mental and physical health needs of youth). |
| I would like to see the county work with schools proactively about in-home supports to prevent out of home placements. |
| Establish / publicize systems navigation help; establish broader and effective parent to parent support for informal system navigation (online/by city). |
| **Expand education/advocacy/planning efforts** |
| Drive the advocacy and planning for more investment in local intensive services. |
| Significantly broaden prevention/education efforts in addition to meeting the needs of children/youth who are already diagnosed. |
| Lobby the legislature to gets rates increased so providers can continue to serve kids; also lobby to get insurance for all kids in the state. Build on the infrastructure we already have as opposed to starting new projects. |
| Advocate at the legislature for the funding sources to actually meet the significant and severe mental health needs of our students. |
| Organize community members to advocate for funding and programming. Provide more education on MH within all communities. |
| Speak up for those community services providers doing a good job. |
| Provide research results to a wider group of professionals in the community. |
| The barriers seem to be primarily financial and alternate ways to provide services to kids with families who are resistant, which also has financial implications. Perhaps increased advocacy at the funding sources (legislature) and building community support for children's mental health initiatives [are ways to address these barriers] |
| Design a comprehensive approach (i.e., Where will we focus? How will we get all of the partners on the same page?) then develop and implement a communications campaign (legislative, foundations, health plans) that gets everyone aware of the issues and all of us communicating the same message. Seek funding from outside sources. |

## 23. Open-ended comments: What could the Collaborative do to help the system better meet the needs of children/ youth with mental health issues? (continued)

| What could the Collaborative do to help the system better meet the needs of children/ youth with mental health issues? |
|---|
| **Improve service delivery system/promote access** |
| Increase mental health service options. |
| Really work to unify the system and develop an appropriate service array to meet the needs of our children. |
| Continue to raise these concerns but provide solutions that could have significant impact. |
| Facilitate and push for more access and provision of MH services for children and juveniles, especially in the outer county communities/suburbs. |
| Continue to work for a robust and coordinated service delivery system. |
| Easier access and more local services. |
| The children are not getting screened when they come into the county system and, in turn, are not seeking the proper help needed. Also with the budget cuts, the county is going to lay off up to 200 social workers (SWs) in the children's area, making the residing SWs' case loads increase even more. My question is: When is the worker going to have time to have a child screened, when it's already difficult to have children screened now, without layoffs? |
| Simplify how children and families access services. Improve the services available by actually funding and requiring services to use evidence-based practices instead of continuing to fund agencies because they complain the loudest and have always been funded. Identify children earlier in the process. |
| Find ways to fund existing programs and help families access existing services. |
| Improve access to health insurance. |
| **Nothing** |
| I don't think that the collaborative is an effective entity to get much of anything accomplished. |
| With the current culture and directives for slashing funds and programs, I am not sure that the Collaborative will ever have any effectiveness in making the "system" better. Not with Hennepin County. |
| It is unclear to me – the collaborative does not have much influence or impact. |
| **Other** |
| See previous answers. |
| Don't know/no response. (N=16) |
| Not sure. |
| The collaborative should assist the mental health providers do their job and not get in the way and make them compete against each other. Listen to providers because they are the experts. |
| Conduct a case study of a real family trying to access services. Where are the cracks? |
| Be more specific about what area or approach they are taking to resolve mental health concerns for youth. This is a huge complex task! |
| Settle on a vision that is measurable and encompassing of the geographic, socioeconomic and ethnic differences in Hennepin County. |

# Recommendations

Based on the literature review and online survey results, the following recommendations emerge for consideration by the Hennepin County Children's Mental Health Collaborative:

- Clarify the role of the Collaborative, by engaging in additional strategic planning to achieve a shared vision and by clearly and consistently communicating the mission to key community stakeholders.
- Establish clear and measurable goals for the Collaborative, and provide ongoing feedback to all partners regarding success and challenges in meeting these goals.
- Identify stakeholder groups that currently underrepresented in the Collaborative and implement strategies to increase their involvement in the partnership.
- Ensure that all stakeholders are engaged in prioritizing and acting on recommendations, including parents/representatives of parent organizations.
- Review decision-making protocols, to ensure that the process is clear and provides opportunities for all stakeholders to have meaningful involvement.
- Identify effective strategies for sharing information about Collaborative activities with members and provide the broader community with information about children's mental health issues.

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