Hennepin County Children's Mental Health Collaborative

2014 Collaboration Survey Report

APRIL 2015

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Acknowledgments

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Appreciation is also extended to the evaluation subcommittee of the Hennepin County Children's Mental Health Collaborative members, who provided oversight and support.

Background

Since 2008, the Hennepin County Children's Mental Health Collaborative has conducted periodic assessments of their functioning and status. Surveys of collaborative members were conducted annually from 2008-2010, then moved to a biannual schedule. The current survey was conducted in early 2015, to assess members' perceptions of the Collaborative's functioning through 2014.[1] The survey was administered by Wilder Research, and was designed to examine a variety of factors that are key indicators of successful collaboration, including perceptions of the Collaborative's purpose, representation of key stakeholders, decision-making processes, communication, and leadership. Throughout the survey, respondents had opportunities to indicate how well the Collaborative met their expectations and to provide suggestions to improve the Collaborative's effectiveness in meeting its goals and addressing the needs of children and families in Hennepin County.

Description of survey respondents

A total of 63 Collaborative stakeholders were invited to respond to the survey. Up to four invitations were sent to each potential respondent. Thirty-one percent of the potential respondents (N=19) began the survey. One person reported being "not very familiar" with the Collaborative, which made them ineligible to continue. Two other people started, but did not complete, the survey. The other 16 people completed the survey. It should be noted that this response rate is lower than those obtained in previous administrations of the survey. Because the response rate for 2014 is so low, changes in ratings across years should be viewed with caution.

Respondents represented a range of agencies, with most representing school districts (32%), non-profit agencies (26%), and county government (26%). Respondents also represented other coalitions or collaboratives (16%), parents (5%), and other groups (5%). No mental health providers completed the 2014 survey, though they made up 22-24 percent of the sample in the last two surveys.

Two-thirds of the respondents (63%) described themselves as "very familiar" with the Collaborative; and one-third (32%) described themselves as "somewhat familiar." Most respondents (58%) "often" attend Collaborative meetings (such as the Governance Board or work groups/committees). Most others attend meetings "sometimes" (16%) or "rarely" (21%).

[1] This survey will be referred to throughout this summary as the "2014 survey", to emphasize that the results pertain to 2014, even though it was actually conducted in early 2015.

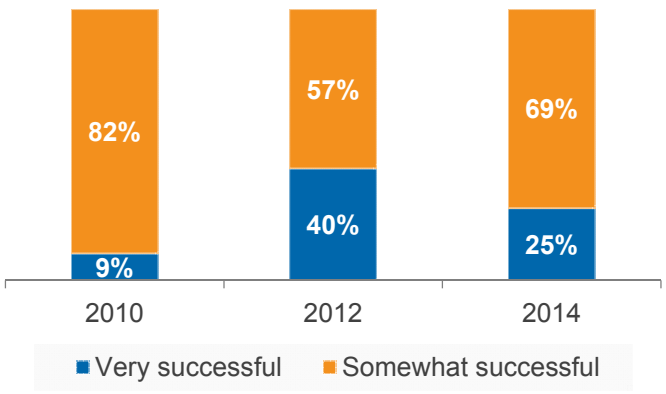
Key findings

Success in achieving mission

Most respondents felt the Collaborative was at least "somewhat successful" in achieving its mission, though the percentage who thought it was "very successful" declined between 2012 and 2014.

Most respondents (94%) said that the Collaborative was "very successful" or "somewhat successful" in achieving its mission. The percentage who rated the Collaborative as "very successful" increased from 9 percent in 2010 to 40 percent in 2012, before falling to 25 percent in 2014. The mission statement was revised in both 2012 and 2014[2], making it difficult to assess trends over time. Changes in ratings may be due to the fact that the Collaborative has had varying levels of success achieving various iterations of the mission (Figure 1).

1. Percentage of Collaborative members who felt that the CMHC was successful in fulfilling its mission



[2] In 2014, respondents were asked to rate the Collaborative's success in their mission "to improve access to and resources for high-quality, trauma-informed mental health services for children, youth, and families in Hennepin County."

Success of the Collaborative in reaching goals

Collaborative partners were asked to rate the success of the CMHC in a number of ways. One set of questions assessed the Collaborative's success in carrying out core intended activities, while a second set asked about success in reach key intended impacts. A few of these items were also included in the 2012 survey, but most were added in 2014 to reflect the revised goals that emerged during the CMHC's visioning process early in the year.

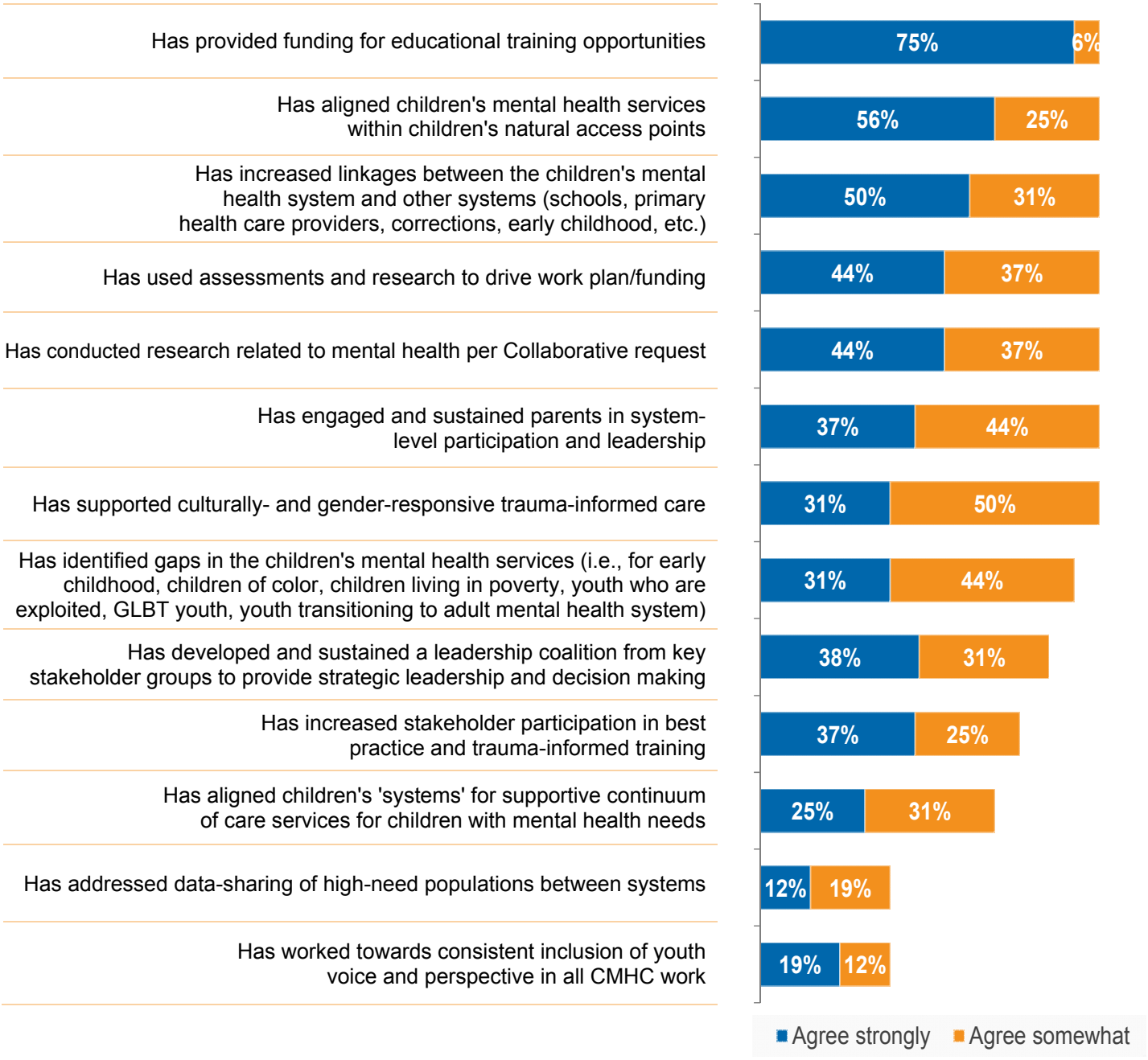
Eighty-one percent of the CMHC members "agreed strongly" or "agreed somewhat" that the Collaborative had successfully carried out seven core activities.

In 2014, members were asked to rate the Collaborative's success in carrying out 13 core activities. For half of these items (7/13), 81 percent of the members "agreed strongly" or "agreed somewhat" that the Collaborative had been successful. They were most positive in their ratings that the Collaborative had provided funding for educational training opportunities, with 75 percent of the respondents "agreeing strongly." Other items with relatively high ratings addressed aligning children's mental health services with natural access points, increasing linkages between the children's mental health system and other systems, using assessments and research to drive work plan/funding, conducting research per Collaborative request, engaging and sustaining parents in system-level participation and leadership, and supporting culturally- and gender-responsive trauma informed care (Figure 2).

CMHC members were least likely to agree that the Collaborative had worked towards consistent inclusion of youth voice and perspective and addressed data sharing between systems.

Other items showed lower levels of agreement. Two items showed especially lower ratings, with only 31 percent of respondents "agreeing strongly" or "agreeing somewhat" that the Collaborative had worked towards consistent inclusion of youth voice and perspective in all CMHC work and had addressed data-sharing of high-need populations between systems. For the item related to data sharing, one-third of the respondents (37%) indicated that they did not know if this had occurred (Figure 2; appendix).

2. Percentage of 2014 Collaborative members who agreed/strongly agreed that the CMHC was successful in carrying out primary functions



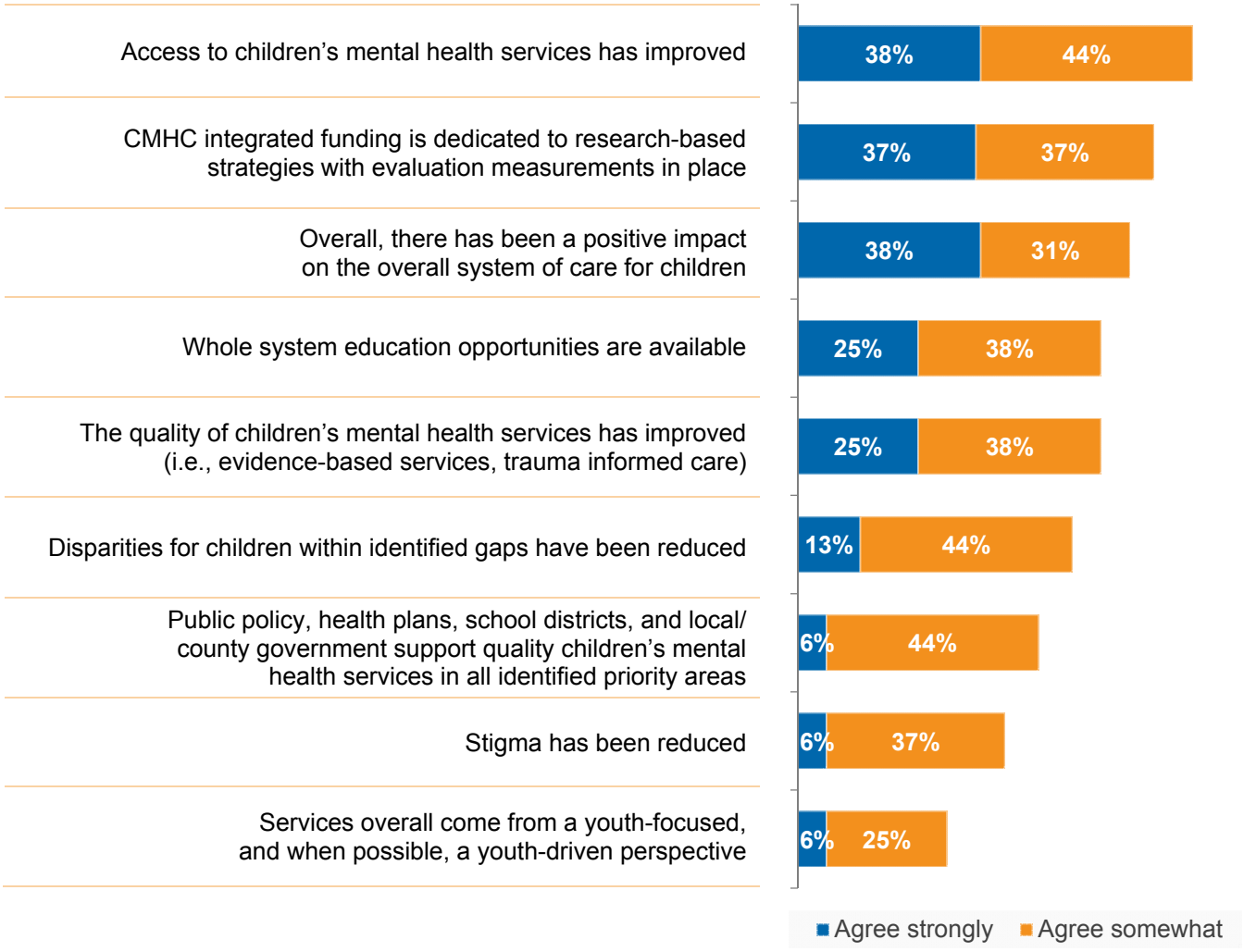
CMHC members were most likely to rate the Collaborative as successfully improving access to children's mental health and dedicating funding to research-based strategies with evaluation measurements.

CMHC members were also asked to rate the Collaborative's success in achieving nine key goals. Ratings varied considerably across items. Respondents were most likely to "agree strongly" or "agree somewhat" that the Collaborative had improved access to children's mental health (82%) and dedicated integrated funding to research-based strategies with evaluation measurements in place (74%) (Figure 3).

Less than half of the CMHC members rated the Collaborative as successfully reducing stigma or promoting youth-driven care.

Two items showed particularly low ratings. Only 31 percent of the survey respondents "agreed strongly or "agreed somewhat" that the Collaborative has reached the goal that services come from a youth-focused, and when possible, a youth-driven perspective. Slightly more (43%) felt that stigma has been reduced through the Collaborative's efforts. For other items, half to two-thirds of the respondents "agreed strongly" or "agreed somewhat" with each item, suggesting that progress is being made but more work may be needed (Figure 3).

3. Percentage of 2014 Collaborative members who agreed /strongly agreed that the CMHC was successful in meeting its primary outcomes



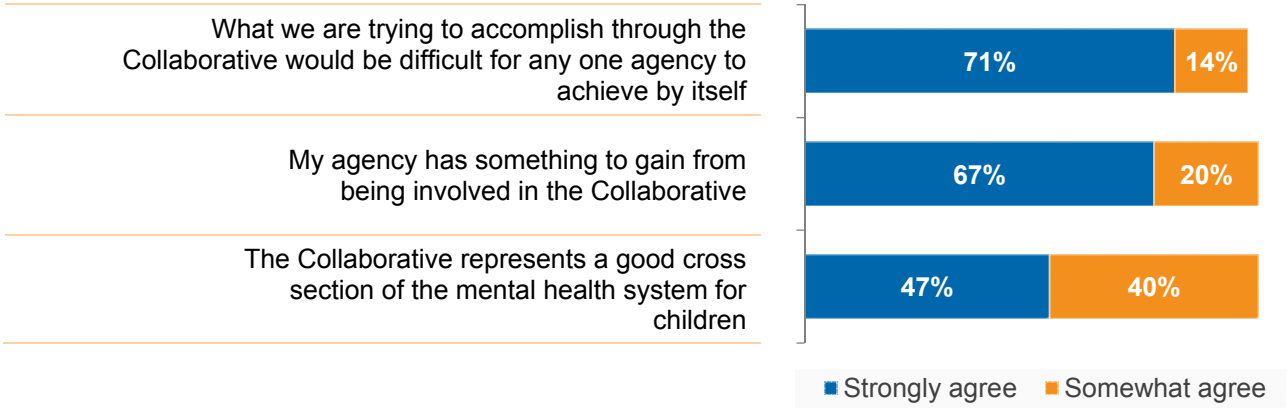
Importance of a collaborative approach

Most Collaborative members felt that they had something to gain from participating in the CMHC, that the CMHC represents a good cross section of the system, and that they were more likely to be successful working together.

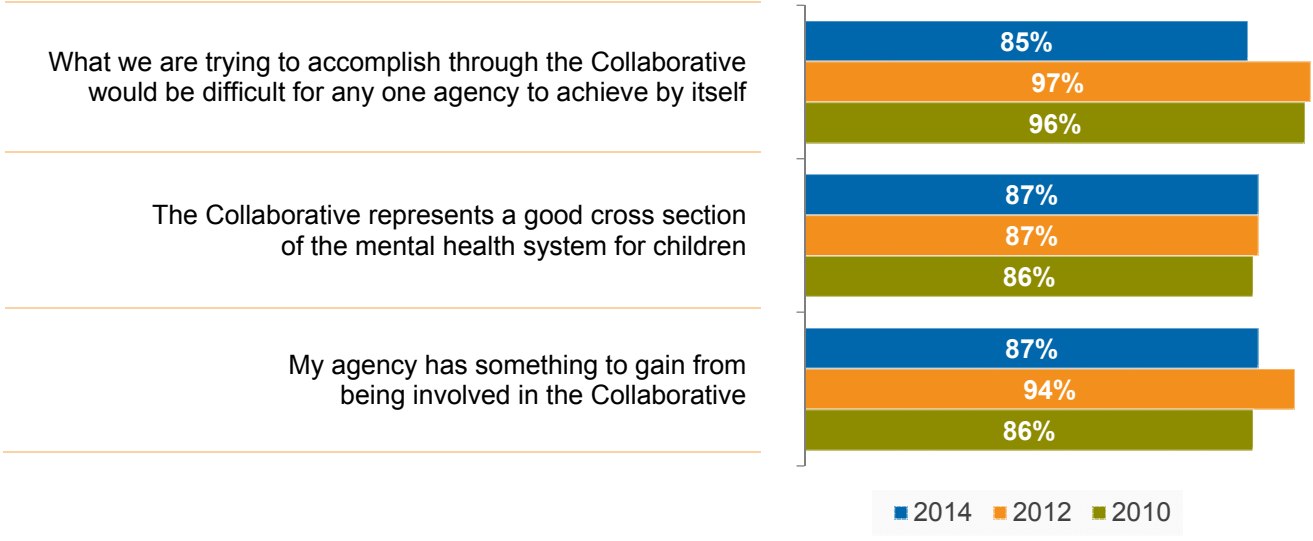
Almost all CMHC members (85%) "agreed strongly" or "agreed somewhat" that it would be difficult for any one agency to achieve what the Collaborative is trying to accomplish. A similar percentage agreed at least "somewhat" that their agency has something to gain from being involved in the Collaborative (87%), and that the Collaborative represents a good cross-section of the mental health system for children (87%). Between 2012 and 2014, there were declines in the percentage of CMHC members who "agreed strongly" or "agreed somewhat" that their agency has something to gain from being involved in the

Collaborative (from 94% to 87%) and that it would be difficult for any one agency to achieve the Collaborative's goals (from 97% to 85%) (Figure 5).

4. Percentage of 2014 Collaborative members who agreed/strongly agreed with items related to the importance of a collaborative approach



5. Percentage of Collaborative members who agreed/strongly agreed with items related to the importance of a collaborative approach – ratings over time

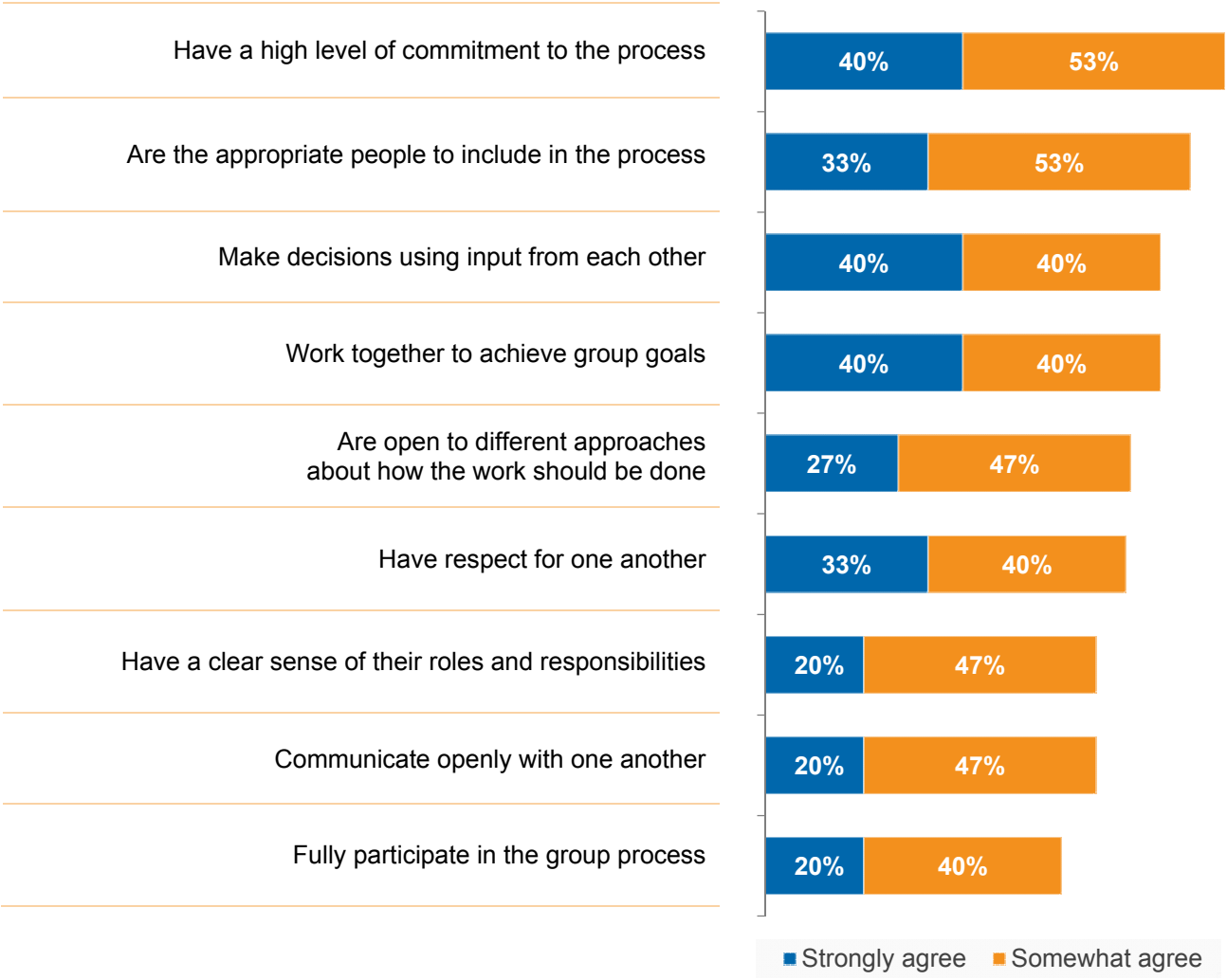


Collaborative relationships

Respondents gave mixed ratings to items related to the Collaborative members and relationships.

The 2014 survey included nine items assessing positive perceptions of CMHC members and their relationships with each other. At least 80 percent of the members "strongly agreed" or "somewhat agreed" that the Collaborative members have a high level of commitment to the process (93%), are the appropriate people to include in the process (86%), make decisions using input from each other (80%), and work together to achieve group goals (80%). Other items had lower ratings, including Collaborative members fully participate in the group process (60%), communicate openly with one another (67%), and have a clear sense of their roles and responsibilities (67%) (Figure 6).

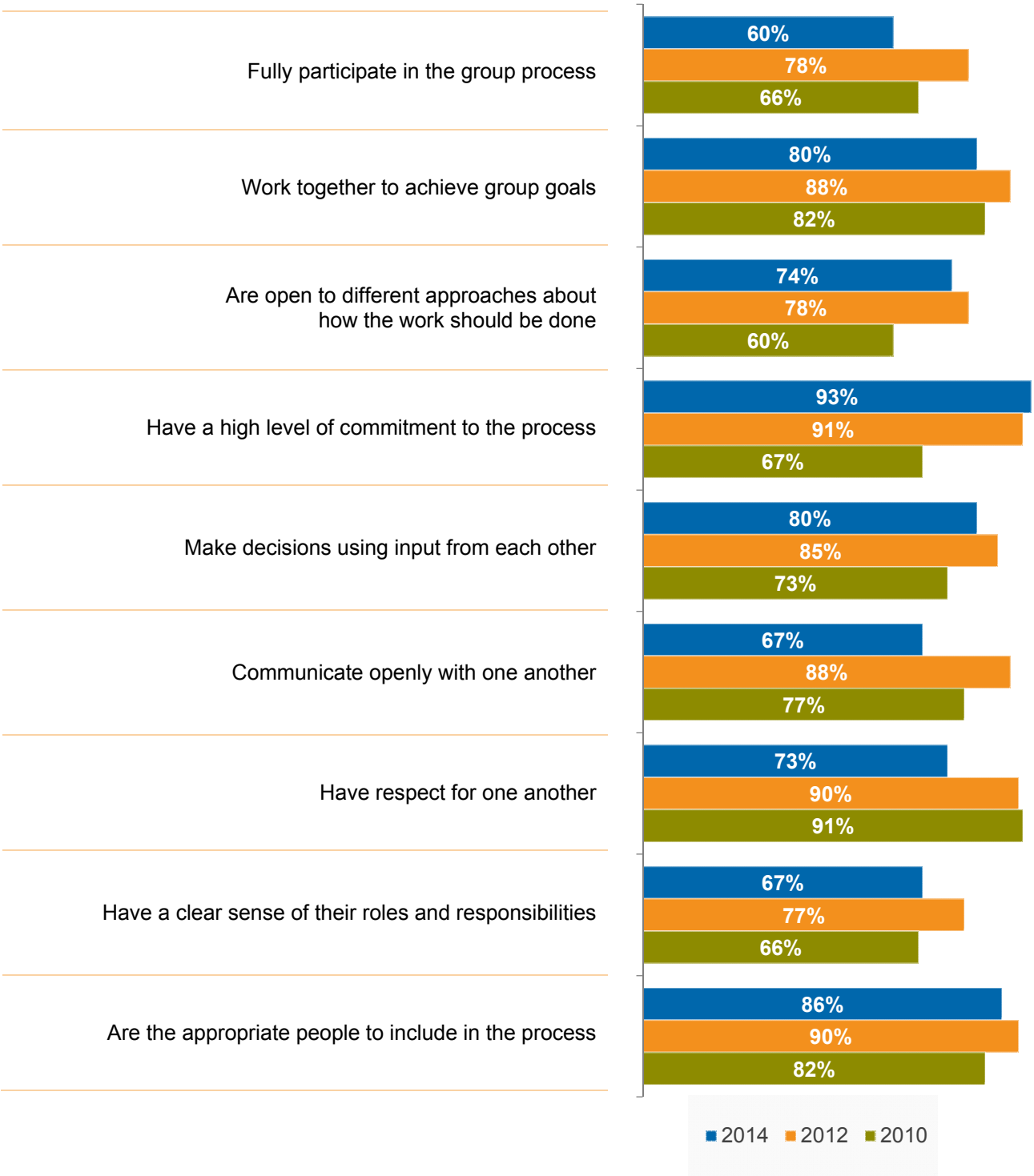
6. Percentage of 2014 Collaborative members who agreed/strongly agreed with items related to the quality of collaborative relationships



Most ratings of Collaborative members and relationships improved between 2010 and 2012, but declined in 2014.

Most ratings of Collaborative members and relationships improved between 2010 and 2012, but declined again in 2014. The largest declines were seen in the percentage of CMHC members who "agreed strongly" or "agreed somewhat" that CMHC members communicate openly with one another (from 88% to 67%), fully participate in the group process (from 78% to 60%), and have respect for one another (from 90% to 73%). Only one item did not show this pattern over time. The percentage of CMCH members who "agreed strongly" or "agreed somewhat" that members have a high level of commitment to the process increased from 67 percent in 2010 to 91 percent in 2012 to 93 percent in 2014 (Figure 7).

7. Percentage of Collaborative members who agreed/strongly agreed with items related to collaborative relationships – ratings over time



Communication and decision making

Ratings of member inclusion and voice have increased over time.

The highest rated item in 2014 related to decision making, with 87 percent of members "agreeing strongly" or "agreeing somewhat" that all members have a voice in making decisions. Ratings on this item have increased steadily from 65 percent in 2010. The percentage of CMHC members "agreeing strongly" or "agreeing somewhat" that parents are fully included in decision making has also increased over time (from 54% in 2010 to 74% in 2014) (Figures 9-10).

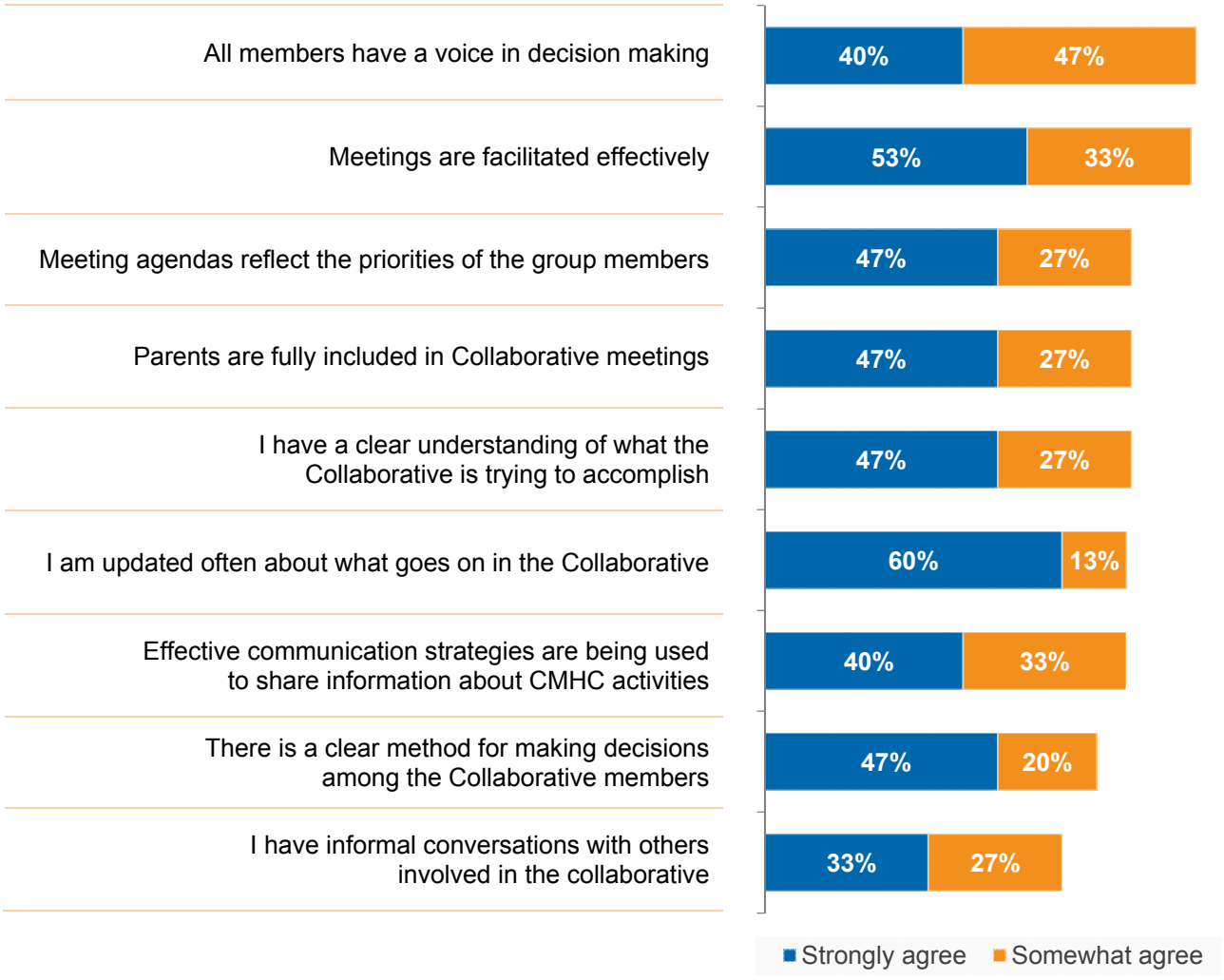
Most members also felt that meetings are facilitated effectively, though there was some decline in the percentage who felt that meeting agendas reflect the priorities of group members.

In 2014, most CMHC members (86%) "agreed strongly" or "agreed somewhat" that meetings are facilitated effectively. Ratings to this item have remained relatively stable over the last three survey administrations. Fewer, though still most, respondents (74%) also "agreed strongly" or "agreed somewhat" that meeting agendas reflect the priorities of group members. Ratings for this item declined between 2012 and 2014 (from 88% to 74% (Figures 9-10).

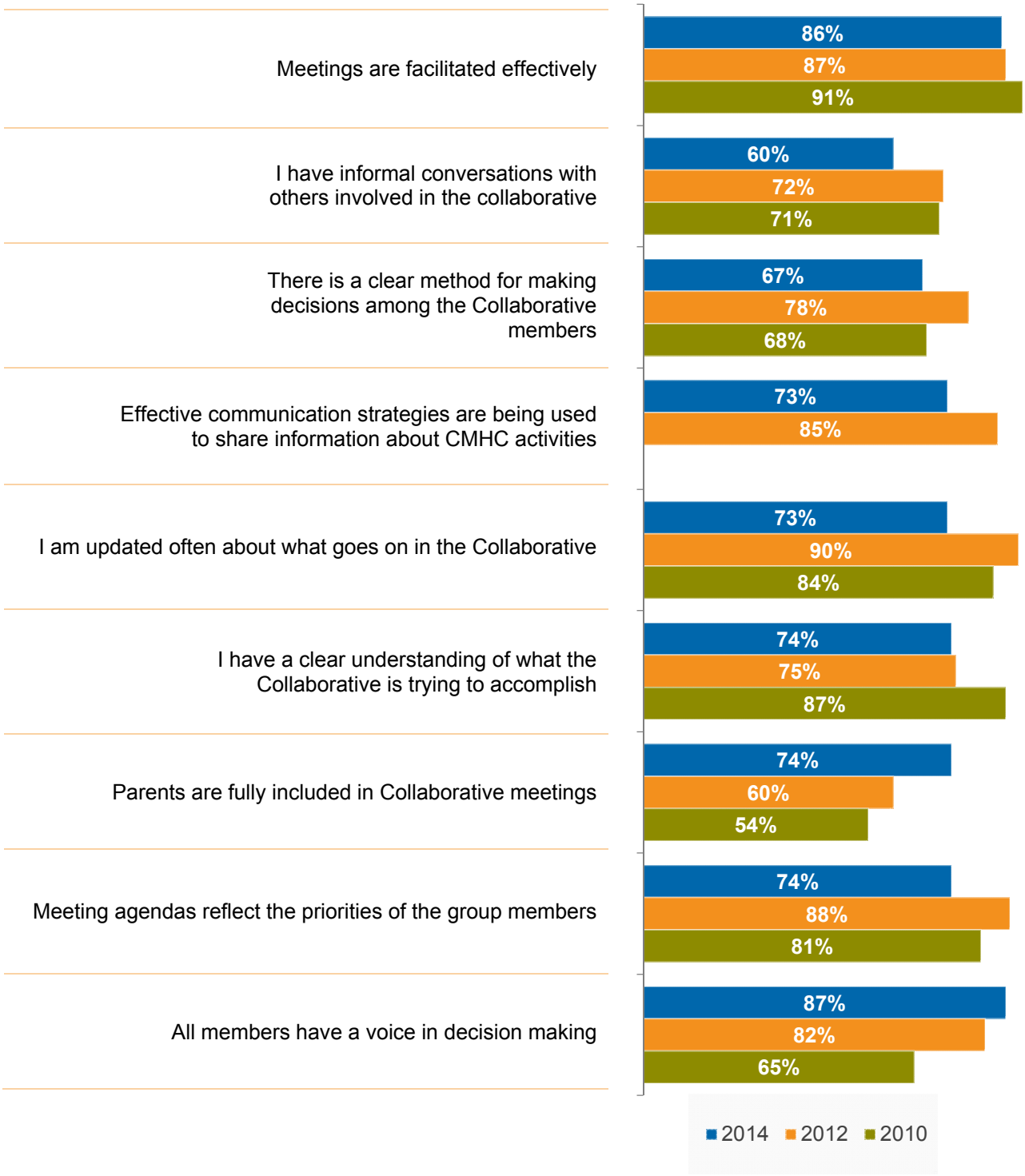
Three-quarters of the CMHC members gave positive ratings to items related to Collaborative communication, with some decline in these ratings over time.

Three-quarters of the survey respondents "agreed strongly" or "agreed somewhat" that they have a clear understanding of what the Collaborative is trying to accomplish (74%), they are updated often on what goes on in the Collaborative (73%), and effective communication strategies are being used to share information about CMHC activities (73%). Ratings for the first item remained relatively steady between 2012 and 2014 (though ratings for both years were lower than those reported in 2010). Ratings for the other two items showed relatively large declines from 2012 (Figures 8-9).

8. Percentage of 2014 Collaborative members who agreed/strongly agreed with items related to collaborative communication and decision making



9. Percentage of Collaborative members who agreed/strongly agreed with items related to collaborative communication and decision making – ratings over time



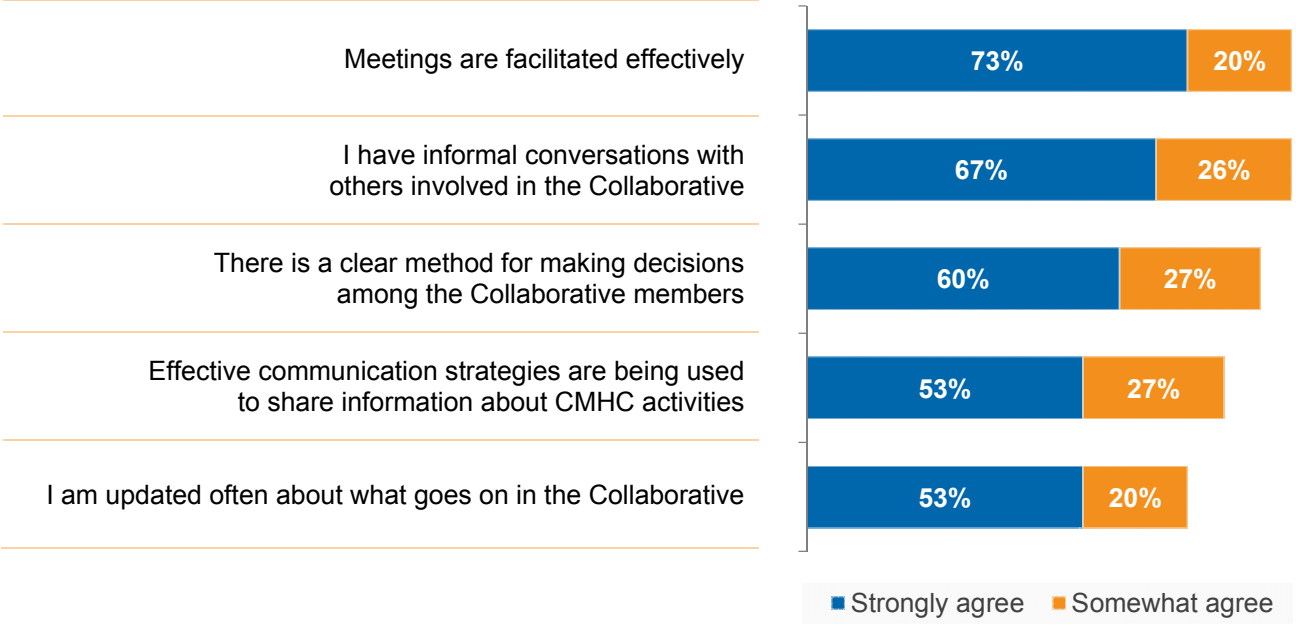
CMHC funding

In 2014, the CMHC continued to invest LCTS funds with the following priority areas: school-based mental health services, cultural competence training for mental health professionals, early childhood mental health screening in primary health care settings, juvenile corrections-based mental health services (through JDAI), shared social worker projects (through District 287), emergency support, and scholarship and training support for mental health training opportunities.

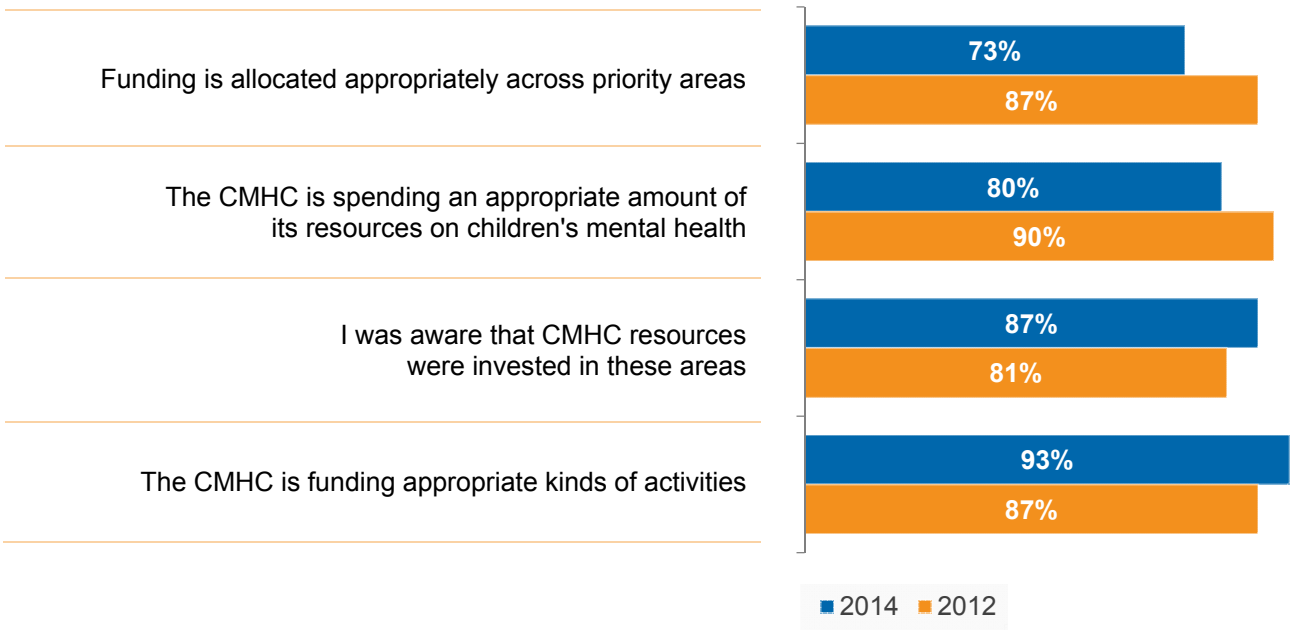
Most survey respondents felt that the Collaborative's funding allocations were appropriate.

At least three-quarters of the CMHC members "agreed strongly" or "agreed somewhat" that the CMHC is funding appropriate kinds of activities (93%), they were aware that CMHC resources were invested in specific areas (87%), the CMHC is spending an appropriate amount of resources on children's mental health services (80%), and funding is allocated appropriately across priority areas (73%). Ratings for the first two items increased from 2012, while the other two ratings declined. In addition 93 percent of the respondents "agreed strongly" or "agreed somewhat" that LCTS funds enhance children's mental health services in our community, a core outcome in the Collaborative's contract with Hennepin County (Figure 10-11).

10. Percentage of 2014 Collaborative members who agreed/strongly agreed with items related to funding allocations



11. Percentage of Collaborative members who agreed/strongly agreed with items related to funding allocations – ratings over time



Survey respondents did not identify many other potential priority areas for funding.

Respondents were asked whether there were other key priority areas for children's mental health services that are not represented in the current funding allocations. One person recommended additional focus on transition-age youth, while another simply noted that all key areas were represented but the work needs to be better defined or executed. In contrast, responses from 2012 covered more topics (e.g., integration with primary care, Native American children, uninsured and underinsured populations, trauma, and public communication/education).

Work groups

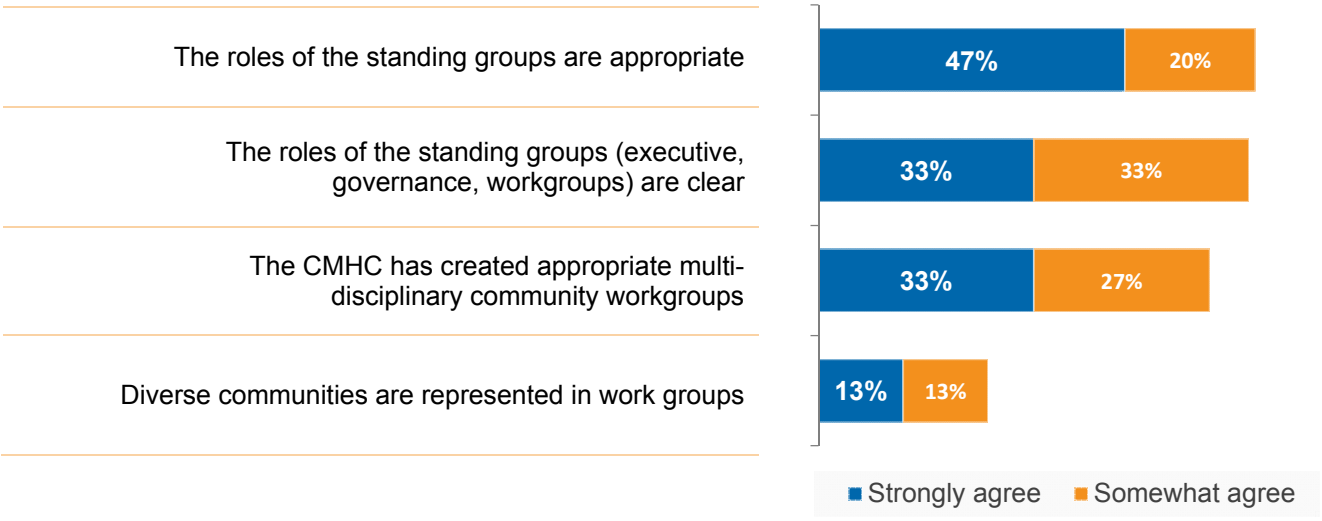
Respondents were generally positive about work groups, though ratings have declined over time.

Most CMHC members "strongly agreed" or "somewhat agreed" that the Collaborative has created appropriate multi-disciplinary community workgroups (60%) and that the roles of the standing groups are appropriate (67%) and clear (66%). Ratings for all of these items declined between 2012 and 2014 (Figures 13-14).

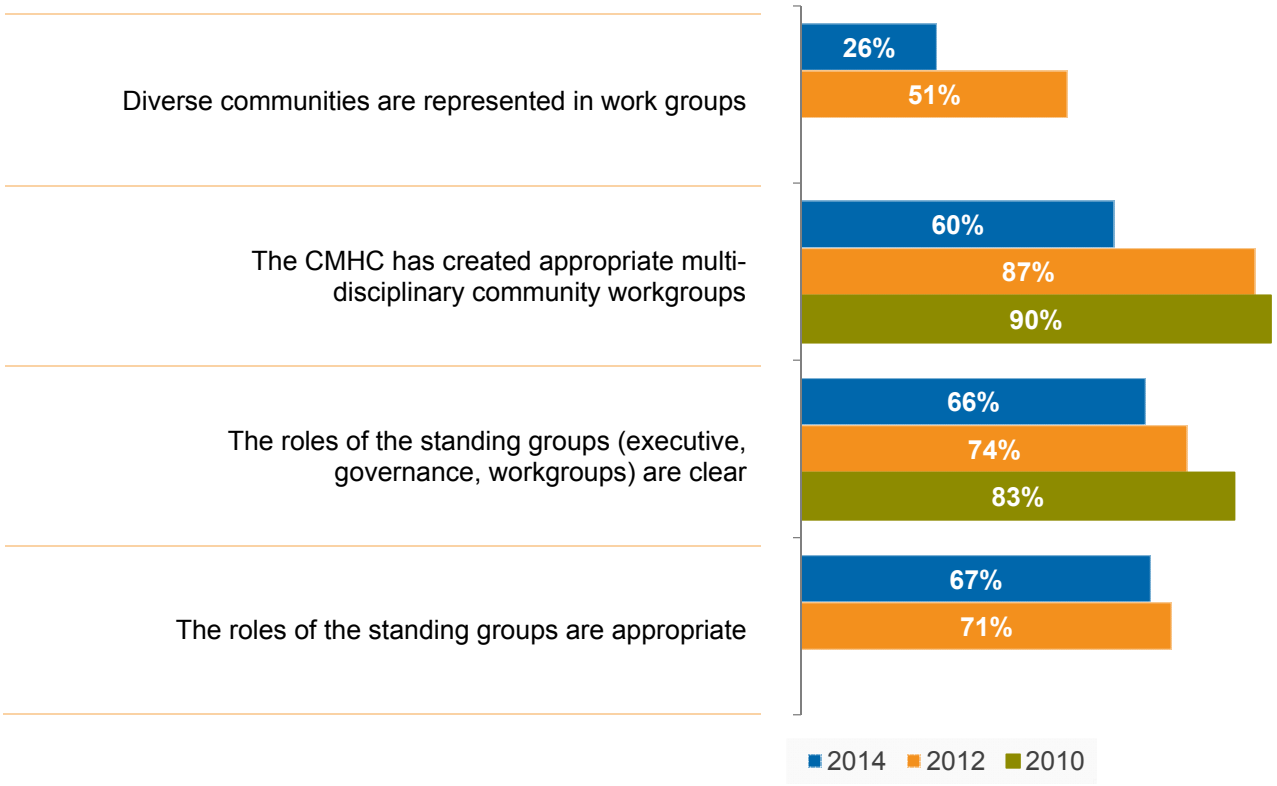
Few respondents felt that diverse communities are represented in Collaborative work groups.

Only one-quarter of the survey respondents "strongly agreed" or "somewhat agreed" that diverse communities are represented in work groups (26%). Ratings on this item decreased from 51 percent in 2012 (Figures 12-13).

12. Percentage of 2014 Collaborative members who agreed/strongly agreed with items related to work groups



13. Percentage of Collaborative members who agreed/strongly agreed with items related to work groups – ratings over time



Coordination team

Ratings of the current coordination team were generally positive.

In 2014, survey respondents were asked to answer two open-ended questions about the Collaborative's current coordination team, which includes individuals dedicated to overall coordination, administrative/secretarial support, research/evaluation, technical writing/proposal development, and parent involvement. Only six people answered a question about what is most helpful/beneficial regarding the coordination team. No consistent themes emerged in their responses, which referenced the value of a core leadership team, meeting efficiency, communication skills, parent involvement, and other benefits. Only two people provided recommendations for improving the coordination team performance, recommending an anonymous mechanism for sharing concerns and increased communication and transparency to the rest of the Collaborative. The full set of responses can be found in the Appendix.

Overall perspectives about the Collaborative

Support for school-based and early childhood mental health were most often mentioned as positive things emerging from the Collaborative.

Only six people answered an open-ended question regarding the most positive thing they have seen resulting from the Collaborative, making it difficult to identify key themes. Several people mentioned the Collaborative's emphasis on school-based and early childhood services and the related expansion of services into school and primary care clinics. Others mentioned the importance of supporting new and innovative projects, the opportunity for people to work together across systems, scholarship dollars, and grants to support minority communities in the area of children's mental health (see Appendix for full list of responses).

Members were most likely to recommend that the Collaborative increase member diversity, strengthen parent/youth involvement, and provide more orientation or support to new members.

Again, relatively few people offered suggestions for changing the Collaborative. A few themes did emerge, however, with a few people each recommending that the Collaborative:

- Support stronger involvement and leadership of parents, but also for youth
- Increase the diversity of members, especially across racial and ethnic communities
- Provide more orientation or mentorship for new Collaborative members

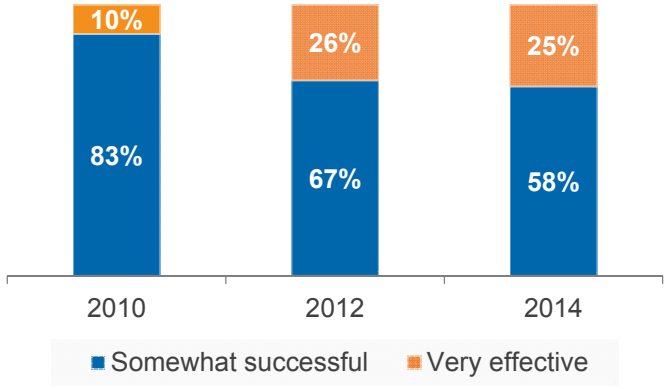
Several other suggestions were also made, including continuing to promote transparency and inclusion in decision making, more clearly advertising or sharing training opportunities, creating a committee to explore links between mental health and sex trafficking or sexual abuse, and offering summer training/networking for school-based therapists (including a repeat of the training on HIPAA/FERPA) (see Appendix for full list of responses).

Functioning of the mental health system

Most respondents rated the children's mental health system as at least "somewhat effective", though this rating did decline from the last survey.

Eighty-three percent of the Collaborative members who completed the survey rated the children's mental health system for children as either "very effective" or "somewhat effective." This rating does represent a decrease from 93 percent in 2012 (Figure 14).

14. Percentage of Collaborative members who felt that the children's mental health system is effective



Collaborative members identified a number of barriers that impact service accessibility, including a general lack of services, limited culturally/linguistically relevant services, and stigma.

CMHC members were asked to identify the top barriers that prevent children from accessing mental health services. Survey respondents were most likely to prioritize:

- Stigma
- Limited availability (in general and specifically for young children)
- Cultural/linguistic competence

An array of other barriers were also mentioned by individual respondents, including a lack of trauma-informed and "user-friendly" services, insurance and eligibility challenges, parent knowledge of available services, a shortage of services in other system areas (legal, medical, educational), a lack of a comprehensive continuum of care, and homelessness and mobility. The full set of responses can be found in the Appendix.

Survey respondents were also asked to suggest steps the CMHC should take to address access barriers. A variety of suggestions were provided (see Appendix for the full list of responses). Suggestions included:

- Coordinating with advocacy groups and supporting legislative agendas (increased reimbursement rates, incentives for mental health professionals to work in impoverished areas, etc.)
- Supporting workforce development to increase access and cultural/linguistic competence
- Providing community education and sharing information, through forums and social messaging
- Promoting and expanding school-based mental health
- Considering the early intervention needs of children and families and the needs of children who are intersecting with other systems (such as juvenile justice)
- Developing best practices for serving youth impacted by sexual or religious terroristic exploitation
- Expanding use of Cultural Liaisons

Recommendations

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

- Provide repeated notification or clarification regarding the CMHC's overall goals/purpose, as well as the specific roles of the established work groups
- Potentially expand the work groups or create other opportunities to address priority issues, such as youth involvement and stigma reduction
- Provide more orientation and welcome to new CMHC members and to individuals who are added on the broader email distribution list
- Identify ways to more effectively integrate efforts across sectors and to broaden representation of individuals nominated to serve on the CMHC across stakeholder groups
- Review current communications strategies to provide updates to and share priorities with CMHC stakeholders
- Continue to encourage parents to take visible roles within the CMHC work groups

Appendix

A1. Type of agency represented

What type of agency do you represent?	2010 (N=38) N	2010 (N=38) %	2012 (N=36) N	2012 (N=36) %	2014 (N=19) N	2014 (N=19) %
School district	6	16%	7	19%	6	32%
Non-profit agency	22	58%	15	42%	5	26%
County government	3	8%	3	8%	5	26%
Mental health provider	9	24%	8	22%	-	-
Another collaborative or coalition	3	8%	1	3%	3	16%
Parent organization/parent	1	3%	3	8%	1	5%
Other	4	10%	3	8%	1	5%

Respondents were instructed to check all that apply, so totals may exceed 100%. In 2012, the three people who said that they represented "other" types of agencies described themselves as representing a Family Service Collaborative, state government, and adult day care. In 2014, the one person who responded "other" identified him/herself as a consumer.

A2. Familiarity with the Collaborative

How familiar are you with the Hennepin County Children's Mental Health Collaborative?	2010 (N=38) N	2010 (N=38) %	2012 (N=36) N	2012 (N=36) %	2014 (N=19) N	2014 (N=19) %
Not at all familiar	2	5%	1	3%	1	5%
Somewhat familiar	16	42%	13	36%	6	32%
Very familiar	20	53%	22	61%	12	63%

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

A3. Frequency of meeting attendance

How frequently do you attend Hennepin County Children's Mental Health Collaborative meetings (such as the Governance Board or work groups/ committees)?	2010 (N=31)		2012 (N=36)		2014 (N=19)	
	N	%	N	%	N	%
Never	3	10%	4	11%	1	5%
Rarely	4	13%	6	17%	4	21%
Sometimes	10	32%	5	14%	3	16%
Often	14	45%	21	58%	11	58%

A4. Collaborative success in achieving mission

How successful has the Collaborative been to date in achieving its mission?	2010 (N=32) "To serve as the catalyst within Hennepin County for best/ promising practices and outcome based application and system enhancements within the spectrum of children's mental health services and practices."		2012 (N=35) "To serve as the catalyst for improving children's lives by serving as a convener, coordinator, advisor and advocate for community efforts to increase access to and resources for high quality mental health services for children and families."		2014 (N=16) "To improve access to and resources for high-quality, trauma-informed mental health services for children, youth, and families in Hennepin County."	
	N	%	N	%	N	%
Not at all successful	3	9%	1	3%	1	6%
Somewhat successful	26	82%	20	57%	11	69%
Very successful	3	9%	14	40%	4	25%

A5. Perceived success of the Collaborative in carrying out key activities

How much do you agree or disagree with each of the following statements? The Collaborative…		N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
Has developed and sustained a leadership coalition from key stakeholder groups to provide strategic leadership and decision making	2012	33	55%	33%	6%	6%	0%
	2014	16	38%	31%	6%	6%	19%
Has engaged and sustained parents in system-level participation and leadership [a]	2012	33	24%	52%	12%	3%	9%
	2014	16	37%	44%	0%	6%	13%
Has used assessments and research to drive work plan/funding.	2014	16	44%	37%	0%	6%	13%
Has conducted research related to mental health per Collaborative request.	2014	16	44%	37%	0%	0%	19%
Has supported culturally- and gender-responsive, trauma-informed care.	2014	16	31%	50%	6%	0%	13%
Has provided funding for educational training opportunities.	2014	16	75%	6%	0%	0%	19%
Has increased linkages between the children's mental health system and other systems (schools, primary health care providers, corrections, early childhood, etc.	2012	33	3%	9%	55%	33%	0%
	2014	16	50%	31%	0%	6%	13%
Has aligned children's mental health services within children's natural access points (schools, primary physicians, clinics, and corrections entry/exit points)	2014	16	56%	25%	0%	6%	13%
Has worked towards consistent inclusion of youth voice and perspective in all CMHC work	2014	16	19%	12%	31%	19%	19%
Has increased stakeholder participation in best practice and trauma-informed care training.	2014	16	37%	25%	19%	0%	19%
Has aligned children's 'systems' for supportive continuum of care services for children with mental health needs	2014	16	25%	31%	6%	6%	31%
Has identified gaps in the children's mental health services (i.e., for early childhood, children of color, children living in poverty, youth who are exploited, GLBT youth, youth transitioning to adult mental health system).	2014	16	31%	44%	13%	0%	13%
Has addressed data-sharing of high-need populations between systems.	2014	16	12%	19%	19%	13%	37%

[a] *In 2012, this question read "has identified and implemented strategies for engaging and sustaining parents in system-level leadership roles"*

A6. Perceived success of the Collaborative in meeting goals

How much do you agree or disagree with each of the following statements? The Collaborative…	N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
CMHC integrated funding is dedicated to research-based strategies with evaluation measurements in place.	16	37%	37%	6%	0%	19%
Whole system education opportunities are available.	16	25%	38%	0%	6%	31%
Stigma has been reduced.	16	6%	37%	13%	13%	31%
Access to children's mental health services has improved.	16	38%	44%	0%	6%	12%
Public policy, health plans, school districts, and local/county government support quality children's mental health services in all identified priority areas.	16	6%	44%	19%	12%	19%
Disparities for children within identified gaps have been reduced.	16	13%	44%	6%	12%	25%
Services overall come from a youth-focused, and when possible, a youth-driven perspective.	16	6%	25%	38%	12%	19%
The quality of children's mental health services has improved (i.e., evidence-based services, trauma informed care)	16	25%	38%	12%	6%	19%
Overall, there has been a positive impact on the overall system of care for children.	16	38%	31%	6%	6%	19%

Several additional questions were included in the previous surveys. Only questions included in 2014 are reflected in this figure.

A7. Importance of a collaborative approach

How much do you agree or disagree with each of the following statements?	N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
My agency has something to gain from being involved in the Collaborative						
2010	29	45%	41%	14%	0%	-
2012	32	69%	25%	3%	0%	3%
2014	15	67%	20%	13%	0%	0%
The Collaborative represents a good cross section of the mental health system for children						
2010	28	43%	43%	14%	0%	-
2012	32	34%	53%	9%	3%	0%
2014	15	47%	40%	0%	13%	0%
What we are trying to accomplish through the Collaborative would be difficult for any one agency to achieve by itself						
2010	30	83%	13%	0%	3%	-
2012	32	78%	19%	3%	0%	0%
2014	14	71%	14%	14%	0%	0%

A8. Ratings of Collaborative relationships – all responses

To what extent do you agree that that the people involved in the Collaborative:	N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
Are the appropriate people to include in the process						
2010	22	32%	50%	18%	0%	-
2012	32	34%	56%	0%	6%	3%
2014	15	33%	53%	7%	7%	0%
Have a clear sense of their roles and responsibilities						
2010	21	14%	52%	33%	0%	-
2012	31	19%	58%	10%	7%	6%
2014	15	20%	47%	20%	7%	7%
Have respect for one another						
2010	22	64%	27%	9%	0%	-
2012	32	56%	34%	0%	3%	6%
2014	15	33%	40%	7%	7%	13%
Communicate openly with one another						
2010	22	41%	36%	18%	5%	-
2012	32	38%	50%	3%	3%	6%
2014	15	20%	47%	13%	7%	13%
Make decisions using input from each other						
2010	22	23%	50%	23%	5%	-
2012	32	44%	41%	6%	6%	3%
2014	15	40%	40%	13%	7%	-
Have a high level of commitment to the process						
2010	21	29%	38%	29%	5%	-
2012	32	53%	38%	3%	0%	6%
2014	15	40%	53%	7%	0%	0%
Are open to different approaches about how the work should be done						
2010	20	20%	40%	35%	5%	-
2012	32	31%	47%	12%	6%	3%
2014	15	27%	47%	13%	7%	7%
Work together to achieve group goals						
2010	22	32%	50%	18%	0%	-
2012	32	44%	44%	3%	6%	3%
2014	15	40%	40%	7%	7%	7%
Fully participate in the group process						
2010	21	33%	33%	33%	0%	-
2012	32	31%	47%	12%	6%	3%
2014	15	20%	40%	33%	7%	0%

A9. Ratings of Collaborative communication and decision-making

How much do you agree with each of the following statements about the collaborative?	N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
There is a clear method for making decisions among the Collaborative members						
2010	22	50%	18%	32%	0%	-
2012	32	47%	31%	9%	6%	6%
2014	15	47%	20%	13%	7%	13%
All members have a voice in decision making						
2010	23	48%	17%	22%	13%	-
2012	32	44%	38%	9%	6%	3%
2014	15	40%	47%	7%	7%	0%
Meetings are facilitated effectively						
2010	23	52%	39%	9%	0%	-
2012	32	59%	28%	3%	0%	9%
2014	15	53%	33%	7%	7%	0%
Meeting agendas reflect the priorities of the group members						
2010	21	29%	52%	19%	0%	-
2012	32	44%	44%	6%	0%	6%
2014	15	47%	27%	7%	7%	13%
Parents are fully included in Collaborative meetings						
2010	22	27%	27%	32%	14%	-
2012	32	41%	19%	9%	3%	28%
2014	15	47%	27%	13%	13%	0%
I have a clear understanding of what the Collaborative is trying to accomplish						
2010	29	28%	59%	10%	3%	0%
2012	32	41%	34%	12%	65	6%
2014	15	47%	27%	13%	7%	7%
I am updated often about what goes on in the Collaborative						
2010	31	58%	26%	13%	3%	-
2012	32	56%	34%	6%	3%	0%
2014	15	60%	13%	20%	7%	0%
Effective communication strategies are being used to share information about CMHC activities						
2012	32	44%	41%	9%	3%	3%
2014	15	40%	33%	13%	7%	7%

A9. Ratings of Collaborative communication and decision-making (continued)

How much do you agree with each of the following statements about the collaborative?	N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
I have informal conversations with others involved in the Collaborative						
2010	31	19%	52%	23%	6%	-
2012	32	31%	41%	16%	6%	6%
2014	15	33%	27%	33%	7%	0%

Percentage of respondents from 2010 who responded "don't know" not currently available

A10. Ratings of CMHC funding decisions

Please indicate whether you agree or disagree with the following items.		N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
I was aware that the funding had been allocated by the CMHC in this way	2012	32	59%	22%	12%	6%	0%
	2014	15	60%	27%	13%	0%	0%
The CMHC is spending an appropriate amount of its resources on children's mental health services	2012	32	56%	34%	6%	0%	3%
	2014	15	53%	27%	0%	0%	20%
The CMHC is funding appropriate kinds of activities	2012	32	59%	28%	9%	3%	0%
	2014	15	73%	20%	0%	7%	0%
Funding is allocated appropriately across priority areas	2012	32	34%	53%	3%	6%	6%
	2014	15	53%	20%	7%	7%	13%
LCTS funds enhance children's mental health services in our community.	2014	15	67%	26%	0%	7%	0%

A11. Open-ended comments: Other key priority areas for funding

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

2012

The Native American children of Hennepin County need more representation.

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

Uninsured and under insured.

Trauma information care organizational efforts.

Primary care and mental health integration.

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

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

2014

I feel all the areas are represented in theory; however the actual work is not as well defined or executed.

Transition age youth.

A12. Ratings of work groups

How much do you agree or disagree with each of the following statements?	N	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
The CMHC has created appropriate multi-disciplinary community workgroups						
2010	29	52%	38%	10%	0%	-
2012	31	42%	45%	0%	6%	6%
2014	15	33%	27%	13%	13%	13%
The roles of standing groups (executive, governance, workgroups) are clear						
2010	23	35%	48%	17%	0%	-
2012	31	42%	32%	6%	6%	13%
2014	15	33%	33%	13%	7%	13%
The roles of the standing groups are appropriate						
2012	31	42%	29%	0%	7%	23%
2014	15	47%	20%	7%	7%	20%
Diverse communities are represented in work groups						
2012	31	19%	32%	13%	10%	26%
2014	15	13%	13%	40%	20%	13%

A13. Open-ended comments: Positive aspects of the coordination team (2014)

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

I think the structure of the coordination team is very helpful. It is important to have a leadership team who works to oversee and link the work of the collaborative.

Knowledgeable, professional, good communications, long track record with collaborative.

Involving parents. Effective use of funding.

??

Good and efficient meetings, good consultation on programs and evaluation.

Very organized

A core team of decision makers and coordinators to improve efficiency and effectiveness.

A14. Open-ended comments: Recommendations for improving the coordination team performance (2014)

Do you have any suggestions for ways that the coordination team could improve?
I am not sure, but feel some sort of "independent" quality assurance (i.e. a way that other collaborative members could voice concerns anonymously).
No
??
More communication and transparency to the rest of the collaborative

A15. Open-ended comments: Most positive thing resulting from the Collaborative (2014)

What is the most positive thing you have seen resulting from the Collaborative?
The grant opportunities they provide to partner and support minority communities in the area of children's mental health.
support of school based mental health; early childhood project; scholarship dollars
School Based Mental Health work. Integrating funding streams in this priority has aligned so nicely with the CMH/FSC legislation.
It's good for people from different backgrounds and knowledge based to come together. There are many systems to touch on and no one person/system understands it all.
Expansion of resources to primary settings for children including school and healthcare clinics.
Many new and innovative projects.

A16. Open-ended comments: Suggestions for changing the Collaborative

What things would you change about the Collaborative?
Instead of the "appearance" that all members have an equal (and respected) voice, it would be nice to really including parents in more leadership roles.
orientation of new members; recruitment of new members, particularly from ethnic and cultural minority communities because several "insiders" see each other at other meetings, it can seem like decision are made elsewhere among an inner circle keep working on transparency and inclusion
It would be good to have the website more clearly communicate opportunities for training, etc. Perhaps a constant contact email list serve or something where blasts are sent to individuals, staff, support staff. It would be good to offer a summer session where the school based therapists could have networking time -- kind of a seminar for the therapists working in schools. It would be good to have the HIPPA/FERPA training for the therapists again. Would love to see additional weaving of supports for families (DD parents who are parenting children with mental health). Would love to see the Collaborative bring cultural leaders to the table in our meetings -- help send the message and reduce stigma
More youth and diversity presence. An orientation to roles and expectations for new members and perhaps a mentor to update on what's happening now and how we can best participate.
Would like more informal meetings to get to know fellow members and understand everyone's role/representation. More parent and consumer involvement.
More diversity.
Form a subcommittee of young people who are struggling with mental illness and siblings of children struggling with mental illness. This would give a voice to the kids that are the subject of this committee (collaborative). Form a sub committee to examine the links between mental illness in young people and the sex trafficking and or sexual abuse of these kids. Especially in the case of Native American girls. The sexual exploitation of minors, especially those with another level of vulnerability (a mental illness) must be of great concern to this committee.

A17. Perceived effectiveness of the children's mental health system

In your opinion, how effectively is the system serving children/youth with mental health issues?	2010 (N=29)		2012 (N=31)		2014 (N=12)	
	N	%	N	%	N	%
Not at all effective	2	7%	0	0%	2	17%
Somewhat effective	24	83%	21	67%	7	58%
Very effective	3	10%	8	26%	3	25%

An additional 2 respondents in 2012 and 1 respondent in 2014 said that they "did not know"

A18. Open-ended comments: Most significant access barriers (2014)

In your opinion, what are the three most significant barriers preventing children in Hennepin County from accessing mental health services?
1) Stigma. 2) Model for obtaining services should be more seamless (too often insurance causes barriers in accessing your preferred service provider). 3) Availability of mental health providers
Cultural/linguistic competence schools that do not have school-linked or school-based services.
1) Access. 2) Stigma. 3) Parental fear of being in a "system."
Cultural/linguistic. Knowledge of available service. Lack of a comprehensive continuum necessary to meet the needs.
Lack of transparency and "user-friendly" system. (not trauma informed) Parents are still seen as a major source of "problems" for children rather than their anchors. Lack of knowledge of these illnesses in the community (pediatricians, teachers, clergy, etc.) means people are unclear when and how to get help and children are often "punished" for things they can't control or don't understand. It's a cycle of trauma that makes a touch situation worse.
1. Lack of available resources and qualified providers 2. Being homeless and highly mobile 3. Stigma.
Insufficient funding for 0-3. Insufficient number of providers for 0-3 clients. More diversity with providers.
1. Stigma!!! 2. Shortage of juvenile and/or pediatric personnel and sevices in legal, medical and educational arenas. 3. Conflicting and overlapping or mutually exclusive criteria that are not always easily explained to family members or concerned friends.

A19. Open-ended comments: Steps the CMHC should take to address access barriers (2014)

What steps could the CMHC take to reduce these most significant barriers?
Work more closely with advocacy groups and legislatures: 1) to make process more seamless (to obtain services); 2) to obtain more funding so there is availability of MH services in ALL schools; and 3) to have some incentives for MH professionals to work in impoverished areas and minority communities.
Support workforce development efforts to increase cultural/linguistic competence. Join forces with "others" to expand school-based mental health to every school in Hennepin County.
Work with social messaging. Bring cultural leaders to our table or us to their table. Working alongside in messaging. Ask youth to be leaders in reducing stigma -- work alongside NAMI in this effort.
Community Forums. Emphasis on School Based Mental Health. Use of Cultural Liaisons to create bridges of communication and understanding.
Consider the "early intervention" needs of kids and families along with the needs of kids well down the line who are intersecting with criminal justice or are using crisis services and failing. What are we doing to catch kids early and support families and the community leaders in supporting these families and helping them get help early?
Recruitment in educational programs to develop the workforce. More funding that allows programs to expand capacity to serve this population.
Lobby for increase in reimbursement for mental health services.
Public, religious groups and family members must be educated to understand the rights of young people with mental illness and also the scientific basis in fact of brain disorders that cause mental illness. Train new MH professionals and hire them. Summarize or commission research on sexual or religious terroristic exploitation of minors and develop best practices to help children avoid or escape these kinds of abuses.

A20. Open-ended comments: Things the CMHC could do to help the system/partners better meet the needs of children/youth with mental health issues (2014)

What could the CMHC do to help the system/partners better meet the needs of children/youth with mental health issues?
(Same answers as previous question)
See previous answer.
Find ways to correlate the services offered through the CMHC with partner goals at their own institutions.
Clear goals and funding contracts based on performance. Address the basic needs' issues of poverty and homelessness that are often prioritized above mental health issues. Community outreach
My suggestions are found in earlier parts of this survey.