

Colorado LINKS for Mental Health

Outcome Evaluation: Summary of Key Findings, October 2008

The Colorado LINKS for Mental Health outcome evaluation is a network study of the relationships between 21 key divisions, units, and offices within six State Departments and the Judicial Branch. Using an approach called *social network analysis*, the LINKS evaluation seeks to identify changes in partnership over time.

Social Network Analysis: Network surveys ask respondents to identify the relationships between their organizations or with other individuals, focusing on how partnerships do and do not exist. They are widely used by organizations such as IBM to assess information flow, partnerships, team structures, and barriers to successful integration of efforts within organizations. Network surveys are also used to understand the dynamics between organizations, such as the National Institute of Mental Health study of the networks within mental health service delivery systems and the Annie E. Casey study of community development networks.

For the LINKS initiative, the survey asked 15 state divisions, units, and offices about the influence and importance of different organizational partners, activities undertaken together, barriers to partnership, and future opportunities. Three rounds of the survey were implemented (January 2006, August 2006, and July 2007) with a 100% response rate by 15 organizational representatives. Six new state entities were added to the fourth implementation of the survey (August 2008), five of whom responded. The state entities surveyed include:

- Colorado Department of Human Services (CDHS):
 - Division of Mental Health (DMH);
 - Alcohol and Drug Abuse Division (ADAD);
 - Division of Child Welfare (DCW);
 - Division of Youth Corrections (DYC);
 - Division of Child Care (DCC) (new);
 - Colorado Works Program (CWP) (new);
 - Supportive Housing and Homeless Services Program (SHHP) (new); and
 - Division of Developmental Disabilities (DDD) (new, did not respond);
- Colorado Department of Public Health and the Environment (CDPHE):
 - Child, Adolescent and School Health Section (CASH) ;
 - Children and Youth with Special Health Care Needs Section (CYSHCN); and
 - Injury, Suicide and Violence Prevention Section (ISP);
- Colorado Department of Education (CDE):
 - Exceptional Student Leadership Unit (ESSU); and
 - Prevention Services Unit (PSU);
- Colorado Department of Public Safety (CDPS):
 - Division of Criminal Justice (DCJ);
- Colorado Department of Health Care Policy and Financing (HCPF):
 - Child Health Plan Plus Office (CHP+);
 - Children's Medicaid (CM); and
 - Mental Health Program (MHP).
- Colorado Department of Local Affairs (CDOLA):
 - Office of Workforce Development (OWD) (new); and
- State Judicial's Juvenile Probation Office (SJ).

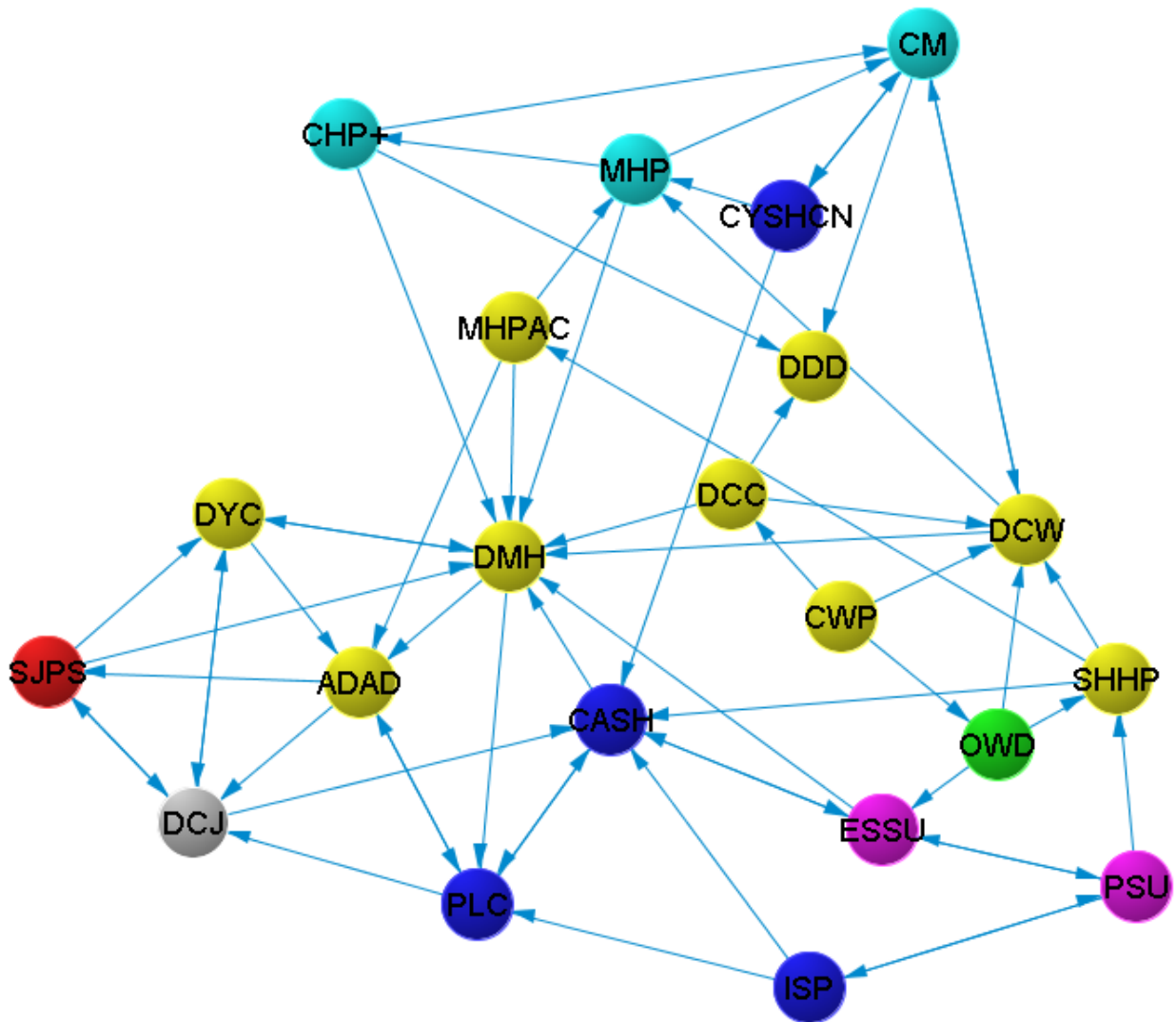
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Additionally, two interagency planning bodies were included in the survey, both of which have focused heavily on kid's mental health:

- Mental Health Planning & Advisory Council (MHPAC), housed in CDHS; and
- Prevention Leadership Council (PLC), housed in CDPHE.

Top Partners

Every year, the participants in the survey are asked to identify their top three partners in meeting *kids' behavioral health needs*. This year, with six new entities included in the survey, some new patterns emerged.



Top Partners, August 2008

- The Division of Mental Health remained the most central partner, but was only selected by 9 of the 20 entities responding (45%).

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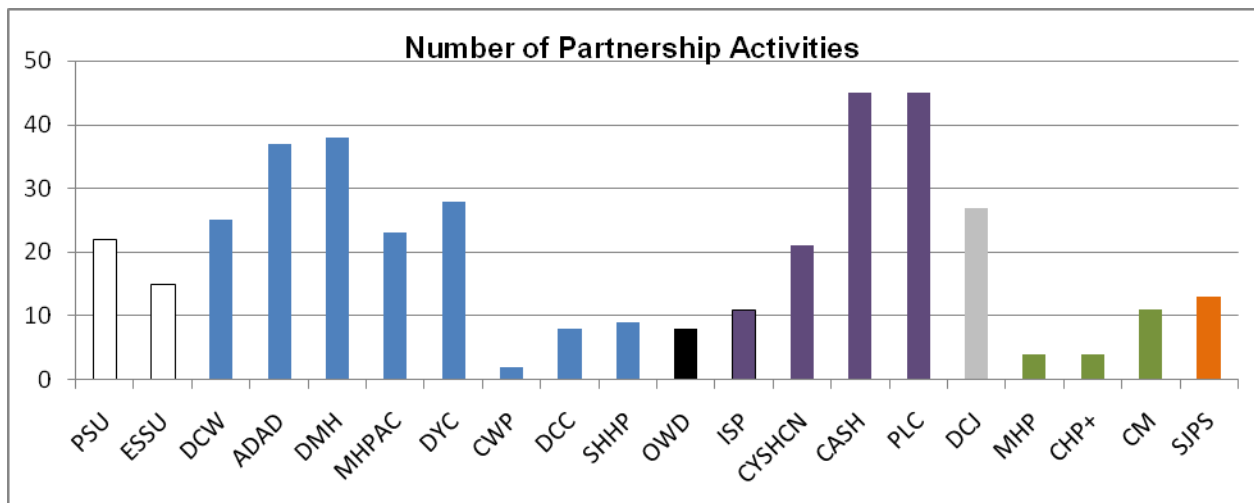
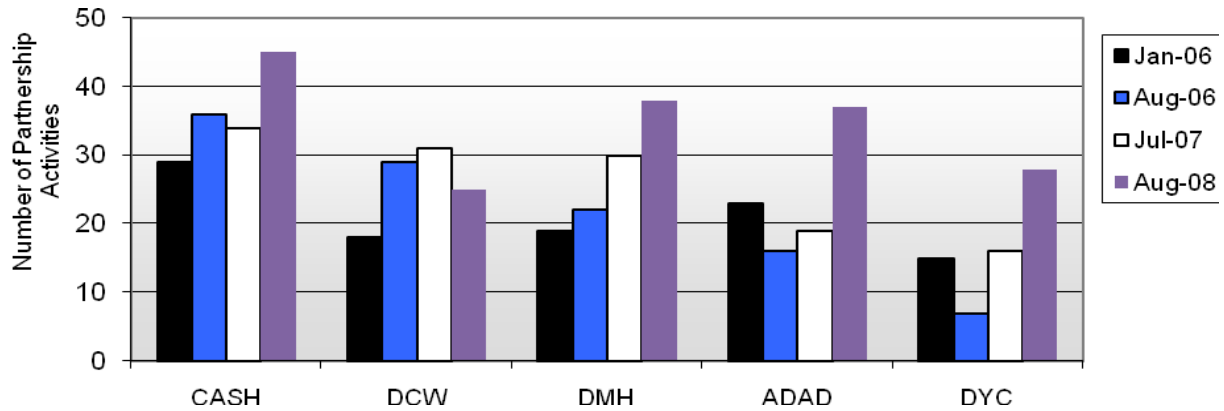
- Other central partners include Child and Adolescent School Health (selected 6 times) and Division of Child Welfare, (selected 5 times). CASH remained a central player within CDPHE as well as across Departments. CDHS, CDE, CDPS, and CDPHE entities all selected CASH as one of their top partners.
- The entities more directly related to the justice system clustered together, with DYJ, State Judicial, DCJ, and ADAD all selecting each other. Of the twelve possible selections by these four entities, ten were to either each other or the Division of Mental Health.
- The three entities within HCPF remained connected to each other, but not as much as in the past. Of the nine choices made by the three entities, only three were to other HCPF entities. The remainder of their selections went to CDHS entities including the Division of Mental Health.
- The two entities within the CDE remained closely connected internally as well as connected with CDPHE entities. One of the offices selected the Division of Mental Health.
- Colorado Works was the only entity in the survey that was not selected by any other entities as a top partner. This may be due to the entity seeing its role as primarily supporting local partnerships and integration, rather than engaging at the state level.
- Entities that were only selected by one other entity as a top partner include the Children's Health Plan +, Children and Youth with Special Healthcare Needs, Injury and Suicide Prevention, Mental Health Planning and Advisory Council, Division of Child Care, and Office of Workforce Development.
- The only entity who did not respond to the survey, the Division of Developmental Disabilities, was selected by two HCPF entities as well as one CDHS entity.
- The nine entities within the CDHS tended to select each other, with all entities selecting at least one entity in their Department as a top partner and one entity, the Division of Child Care, selecting all three top partners from within the Department.

Partnership Activities

Throughout the last three years since the LINKS partnership survey began, partnership activities have been increasing among the partner agencies. From January 2006 to August 2008, reports of partnership activities that both entities agree are occurring have increased by 60%, from 216 to 356. Entities engaging in the most partnership activities have steadily remained the Child and Adolescent School Health Section, Prevention Leadership Council, and Division of Mental Health. In the fourth implementation of the survey, the Alcohol and Drug Abuse Division more than doubled its number of partnership activities as compared to two years earlier.

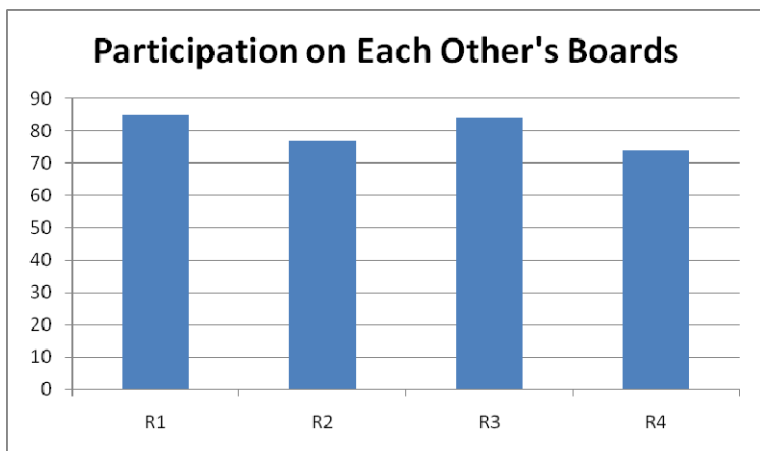
The chart below shows partnership activities as of August 2008 for all participating entities. Entities in CDPHE (purple) and CDHS (blue) are partnering the most, with the exception of some of the entities newly added to the survey from CDHS (CWP, DCC, and SHHP).

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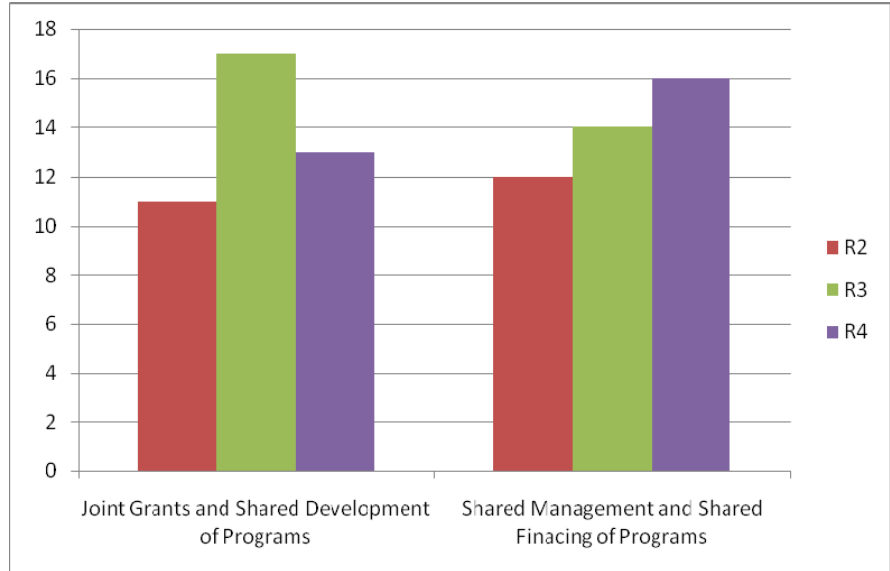
Over the course of the 4 implements, from January 2006 – August 2008, the participation on each other’s boards has remained relatively steady, with the state entities participating on an average of 4 to 5 boards hosted by other entities.

Board participation is an important predictor of whether or not partnership activity is happening! In the summer of 2008, **229 partnership activities** were reported among organizations participating on each other’s boards. They included such things as shared program management, financing, or development; shared personnel or equipment; shared grant applications, shared data, and MOUs specific to kids’ behavioral health. In comparison, only **26 partnership activities** were reported among organizations who did not participate on each other’s boards.

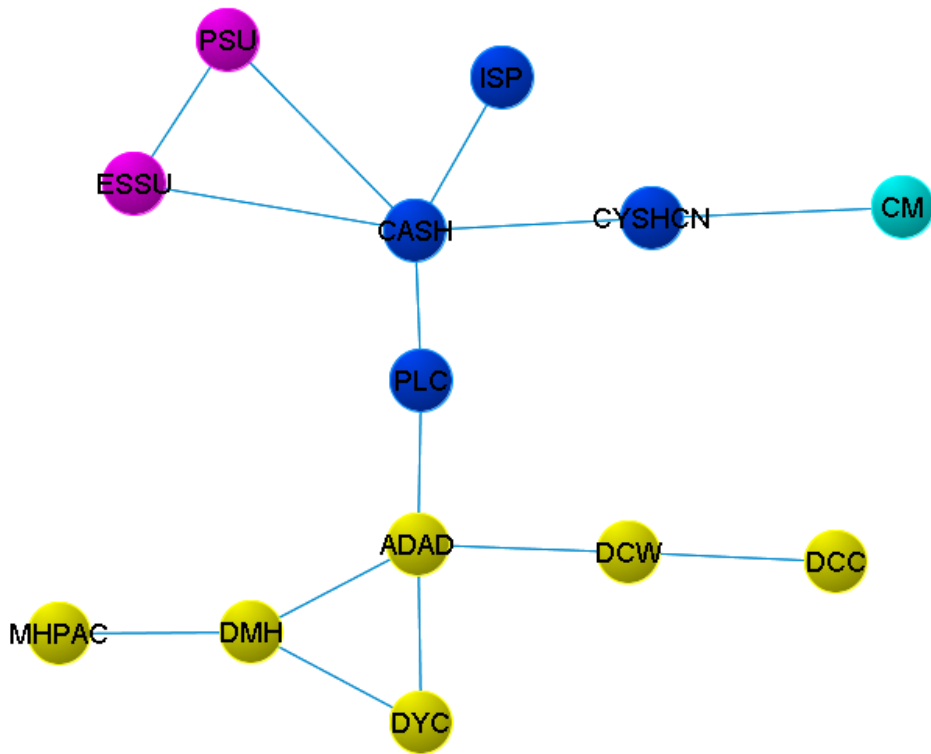


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There was an increase in the number of partnership activities related to developing new programs from the summer of 2006 to the summer of 2007, including jointly submitting grants. A corresponding pattern of increasing shared management and financing of programs from the summer of 2007 to the summer of 2008 suggests that the partnership around developing programs is resulting new joint efforts!



The shared management and financing of programs occurred largely within Departments. CDPHE's entities bridged between CDHS, HCPF, and CDE.

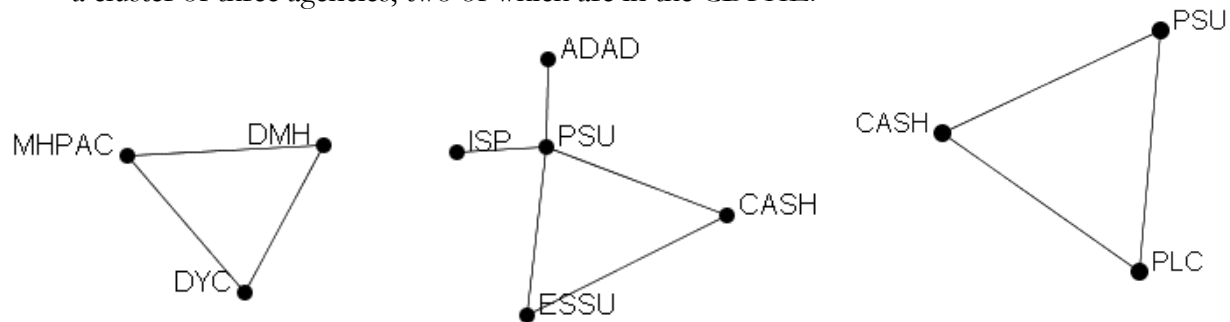


Shared Management and/or Financing of Programs, August 2008

For the first time, the survey asked participants about two activities that are currently a focus of many partnership efforts:

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- *Sharing Data:* Clusters of state entities are actively sharing data related to kids' behavioral health, with one cluster in CDHS and another bridging CDPHE, CDE, and CDHS.
- *MOUs:* MOUs specific to kids' behavioral health are less frequent, currently only occurring within a cluster of three agencies, two of which are in the CDPHE.¹



Sharing Data, August 2008

MOUs, August 2008

Findings on Barriers and Opportunities for Partnership

Since January 2006, the LINKS initiative has collected information on partnership between state entities. Over the course of four surveys, 19 state entities responsible for some component of the kids' behavioral health system have reported barriers that consistently emphasize the structural issues (policies, practices, mandates, and funding) and the interpersonal issues (staff time and resources, turnover, and trust). The results below are from the August 2008 survey.

Structural Barriers: Similar to findings from the previous surveys, structural barriers to partnership include different funding requirements, rules, procedures, practices, outcomes, data collection and data systems, missions, visions, and organizational cultures. Respondents reported that they find the deliverables and priorities of their entities can be in direct conflict with those of their partners.

Interpersonal Barriers: As with previous implementations of the survey, the lack of staff time contributes heavily to limiting partnership opportunities. Additionally, turnover of staff results in loss of institutional memory, champions, and trust, creating the need for renegotiating agreements and overcoming distrust.

Other Barriers: Some entities reported that they have tried to partner by inviting other entities to their table, but with limited success. Others report disenchantment with collaboration because it sometimes feels like their partners are sloughing off work on them. In general, a theme of "distrust" can be found in many of the barriers being reported.

¹ This can be expected to increase in the next year as a current grant initiative that is part of the LINKS Initiative, *Building Bridges for Children's Behavioral Health*, is actively seeking to create MOUs. In addition, the LINKS Initiative is currently signing MOUs with interagency boards working on issues relevant to kids with behavioral health needs.

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Successes: Some entities reported more success at the local level, particularly those that oversee locally administered programs or have many pass-through grant programs. Other partnership successes included specific programs, planning groups, and initiatives:

- Colorado LINKS for Mental Health
- Behavioral Health Coordinating Council
- Medical Home Initiative
- Prevention Leadership Council
- Early Intervention System (Part C)
- Project Bloom & Blue Ribbon Policy Council
- System of Care Collaborative
- New Division of Behavioral Health
- Project LAUNCH
- School-based Health Centers

Opportunities and Recommendations: Respondents had many suggestions of natural opportunities for collaboration, including:

- Specific issues, including youth in transition, child abuse and neglect prevention, cultural responsiveness, supporting families, and homeless and foster care youth.
- Specific infrastructure, including a shared grants management program to increase awareness of funding to specific local partners and a shared data collection program with cross-organization agreement on outcomes and measures.
- Specific activities, including cross-training and shared training programs for local partners, working together to identify best practices, and sharing outreach and public education programs.
- Specific information, such as increased awareness of eligibility requirements across systems;
- Specific capacity building, such as training to state entities on how to collaborate better and technical assistance on identifying key opportunities to connect programs and services.

Overall, the theme was both continued growth and success in collaboration, as well as ongoing barriers that have not yet been overcome. Though distrust is still an issue, many entities reported a willingness and desire to partner more and collaborate more successfully. Some entities did note that there is already too much collaboration underway and it is hard to keep up with it all.

Findings on Family and Youth, Involvement with State Entities

For the first time, the LINKS Outcome Evaluation survey asked the 20 participating entities about how they involve families and youth as partners. The findings indicate that family and youth involvement is inconsistent across state Departments and the entities within the Departments. It ranges from no involvement to primarily supporting involvement at the local level to long-term involvement of both families and youth in governance and decision-making. A number of entities are seeking to expand their family and youth involvement efforts in the future.

Board Involvement: Engagement of the family and youth voice is definitely happening at the state policy level, but it is very inconsistent across entities and boards. Some entities emphasize partnership with family entities, while other focus on engagement of individual families and youth. Opportunities for partnership and learning exist through CDPHE's youth advisory

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board and leadership training, MHPAC's sustained family and youth involvement, and the experiences at the local level with involvement.

- In DOLA and some CDHS and CDPHE entities, family and youth involvement ranges from having required participation levels that are hard to maintain to voluntarily engaging family and youth participants. Includes use of family advocacy entities to represent families and parents to represent the voices of youth.
- MHPAC is the only group to report active involvement of both families and youth.
- CDPHE has a youth advisory board that is active in developing materials on youth involvement as well as informing public health and other programs.
- CDPHE is working on developing leadership capacity among families, which has the potential to increase future participation on boards.
- The PLC is talking about future participation efforts around youth.
- Many entities emphasized how involvement happens in local boards (HCPF, CDE, CDPHE, CDPS, and CDHS). State Judicial also emphasized participation at the case level, but not the governance level.

Feedback: Some state Departments have had success engaging family and youth input through formal mechanisms like focus groups and surveys. Their experiences may be an opportunity for other Departments to learn about how to collect in-depth, one-time input and feedback into their programs and policies.

- CDHS's Colorado Homeless Youth Action Plan was guided by the findings from focus groups and surveys of youth.
- CDE has used focus groups with youth, and engaged youth in evaluation, as part of an effort to understand gaps and services needs, as well as the success of current programs.
- HCPF has solicited feedback from stakeholders including families and consumers.

Local Involvement: For many entities throughout the different Departments, family and youth involvement was reported as primarily an activity required or supported at the local level.

- State Judicial and HCPF focused on local involvement of youth and families at the case level.
- DOLA, CDPHE, and CDHS reported the use of advocates at the local level, grant requirements or recommendations ensuring local involvement, and participation on governance boards at the local level.

Limited Involvement: Multiple entities throughout the Departments reported little to no involvement of families and youth. Some reported they recognize this as a problem and are working on addressing it. Others noted that their partner entities engage families sufficiently. Some shared neither concern nor next steps regarding their lack of involvement.

Future plans: A number of entities in multiple Departments have plans to expand their youth involvement and to provide more training and advocacy for families. Some are also planning to expand their requirements for local level involvement.

For additional information about the Colorado LINKS for Mental Health outcome evaluation, please contact the initiative evaluator, Jenhya Lynn, Research Director, Center for System Integration, Jenyha@CSI-policy.org, 303-455-1740.