

# Evaluation of partner collaboration to improve community-based mental health services for low-income minority children and their families<sup>☆</sup>



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## ARTICLE INFO

### Article history:

Received 29 May 2013

Received in revised form 13 March 2014

Accepted 13 March 2014

Available online 23 March 2014

### Keywords:

Mental health services

Health disparities

Collaboration

Program evaluation

Systems of care

## ABSTRACT

This paper describes a mixed methods evaluation of partner agency collaboration within a system of care implemented from 2010 to 2012 in a historically underserved minority community in Houston, Texas. The first section describes the project and the framework for evaluating partner agency collaboration. The second section describes the evaluation methods and presents the baseline and follow-up results of the evaluation. The third section includes a discussion of the evaluation findings, the conclusion, and the lessons learned.

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## 1. Introduction

The President's [New Freedom Commission on Mental Health \(2003\)](#) recommends that children and youth at risk of mental health problems receive mental health screening, assessment, and referral to treatment in order to improve outcomes and decrease the chances of long-term disability ([Shonkoff & Phillips, 2000](#)). For children with multiple and complex mental health needs, or those whose mental health and social needs overlap, multiagency collaborative interventions are recommended ([Bullock & Little, 1999](#); [Miller & Ahmad, 2000](#); [Quinn & Cumblad, 1994](#)). Achieving this goal requires a system of care approach defined as “a spectrum of effective, community-based services and supports for children and youth with mental health challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home,

in school, in the community, and throughout life” ([Stroul & Friedman, 2011, p. 3](#)).

The system of care approach has been shown to improve children's mental health service delivery in the United States by increasing accessibility, responsiveness, and coordination of services ([Ayers & Lyman, 2006](#)). With core values of providing community-based, family-driven, youth-guided, and culturally and linguistically competent services ([Stroul & Friedman, 2011](#); [Stroul, Blau, & Friedman, 2010](#)), the system of care approach may be especially beneficial in historically underserved communities, where an increase in the availability and effectiveness of community-based mental health services is recommended to reduce mental health disparities ([U.S. Department of Health and Human Services, 2011](#)). However, to ensure successful implementation of systems of care in underserved communities, collaboration between partner organizations with continually improving synergy is necessary ([Lasker, Miller, & Weiss, 2001](#); [Lasker, Weiss, & Miller, 2001](#); [Lightburn, 2008](#)).

In Houston, Texas, the Hogg Foundation for Mental Health initiated a request for proposals with the goal of funding a children's mental health service delivery project in a low-income racial and ethnic minority community using a system of care approach. A group of five community-based agencies responded to this request and agreed to collaborate and integrate their services.

<sup>☆</sup> Funding for this project was provided by the Hogg Foundation for Mental Health.

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The project, the South Region Children’s Mental Health Collaborative (SRCMHC), was awarded the Hogg grant in August of 2009, and program implementation began in January 2010.

1.1. South Region Children’s Mental Health Collaborative

The primary aim of the SRCMHC was to prevent mental health problems in children and families before they interfered with success in school. The SRCMHC targeted area had a long history of severe economic and social challenges and limited resources for mental health and social services. Prior to the implementation of the SRCMHC, several community-based organizations were working in the area to improve conditions; however, children’s mental health services were not being addressed in a coordinated way.

According to Woodland and Hutton (2012), “the sine qua non of collaboration is a shared purpose—two or more entities (organizations or people) come together or stay together for a reason—to achieve a vision, or to do something that could not otherwise be accomplished in isolation” (p. 370). The SRCMHC partner agencies came together in order to provide a coordinated continuum of mental health services that included prevention, treatment, and social services. They adopted a system of care model with the intent of improving mental health service delivery among children and families served by the safety net system. The partner organizations participating in the project included a:

- child development agency providing parent education and project administration;
- city health department providing navigation and case management;
- federally funded system of care program providing intensive wrap-around support;
- large non-profit counseling agency;
- university-based department of psychiatry;
- large urban school district; and

- school of public health conducting the program evaluation.

During project planning, SRCMHC partner agencies expressed the desire to develop collaborative relationships that would enable them to accomplish more than would be possible if they were working independently. The agencies defined collaboration as a mutually beneficial endeavor aiming to achieve common goals that could not be accomplished alone. The SRCMHC partners agreed to incorporate a public health approach that included mental health promotion and early identification activities as recommended by Stroul et al. (2010) for system of care programs. The SRCMHC leadership team developed an initial logic model (Hernandez, 2000; Mayeske & Lambur, 2001) depicting linkages between program resources, planned activities, expected outputs, and initial outcomes (Fig. 1). The logic model development process created the opportunity for the partner agencies to articulate the program’s theory of collaboration, specify realistic objectives and outcomes that could be achieved in the first three years of the project, define program activities and strategies, and identify methods and procedures for monitoring and evaluation.

1.2. Partner agency collaboration

According to Butterfoss (2007), community health collaboration “signifies a durable relationship where separate organizations enter into a structural arrangement with formal roles and a full commitment to a common mission” (p. 28). Through collaboration, Woodland and Hutton (2012) propose that organizations can address social issues, accomplish tasks, and reach goals that fall outside the grasp of any individual entity working independently. Woodland and Hutton explain that effective collaboration requires an ongoing cycle of inquiry including: dialog, decision making, action, and evaluation around a shared purpose (Gajda & Koliba, 2007, 2008; Goodlad, Mantle-Bromley, & Goodlad, 2004).

A primary objective among SRCMHC partners was to identify specific ways in which they could work together to form a multi-

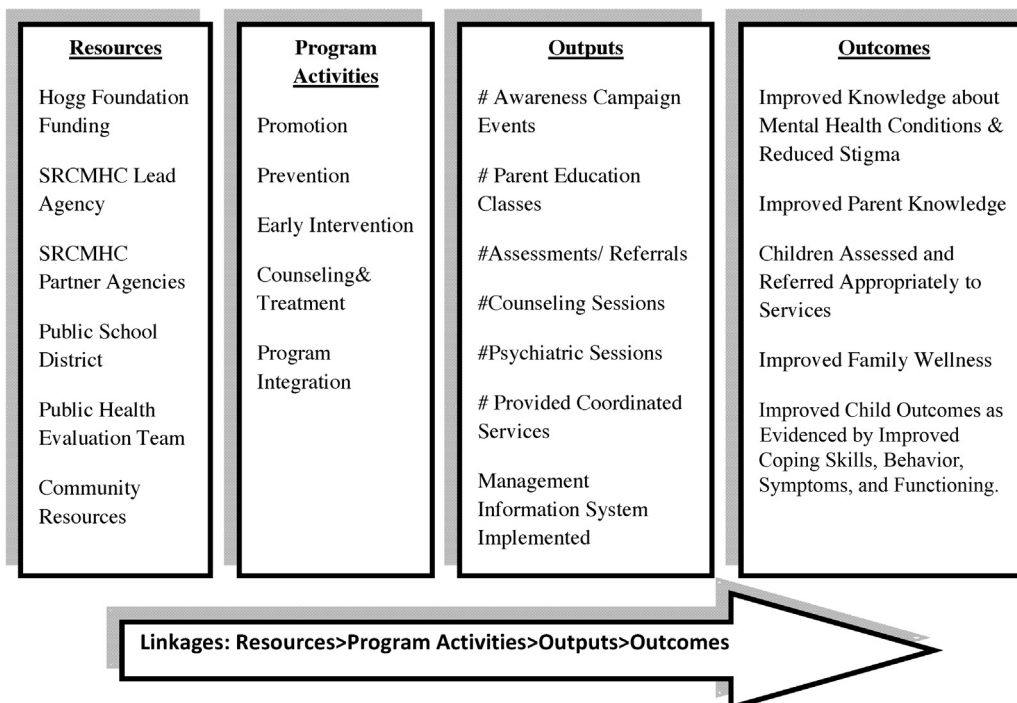


Fig. 1. South Region Children’s Mental Health Collaborative Logic Model.

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