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Defining Exemplary Children’s Mental Health Services in Minnesota’s Rural Communities
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Practicum Agency: Blue Earth County Children’s Mental Health

Research Question
Research shows that children’s mental health services in rural areas are not likely to meet all the qualities to be determined ‘exemplary’ with regards to diverse groups and at-risk populations due to:
- limited community resources
- decreased funding and reimbursement rates
- geographic distance from consumers
- lack of collaborations from primary care physicians
- sparse number of adequately trained mental health providers (Fenell & Hovestadt, 2005; Gamm, Stone & Pittman, 2003; Moore et al., 2005; Powell & Dunlap, 2005)

The purpose of the research was to define exemplary services as it applies to rural county children’s mental health services so as to assist county agencies in identifying exemplary services, which Minnesota’s Comprehensive Children’s Mental Health Act mandates case managers to evaluate service providers (Minnesota State Statute 245.487, 1989).

Methodology
A systematic review of the literature was conducted and data were collected from surveys to define and identify criteria of exemplary children’s mental health services in rural Minnesota communities.

A comparison was then made between the literature review and the participants’ responses to the survey describing qualities of exemplary services.

Nine out of 11 county children’s mental health supervisors agreed to allow their employees to participate in the anonymous on-line survey. The county agencies willing to participate in the survey are: Brown, Le Sueur, Watonwan, Freeborn, Faribault/Martin, Sibley, Rice, and Blue Earth.

Participants were asked to define ‘exemplary’ services, describe qualities exemplary services exhibit, identify similarities or differences between the qualities of rural and suburban exemplary services, identify what they consider ‘exemplary’ services/programs, indicate whether if and how their agencies evaluate service providers, what they would find helpful in evaluating service providers, and describe any recommendations they have for rural children’s mental health service providers.

The most frequently indicated qualities in the survey are as listed in Figure 2. Other qualities of exemplary services participants identified were empathy, adequate clinical leadership and supervision, organized and thorough interventions, ability to work well with the family, and resourcefulness. In addition, a participant expressed that any program can be exemplary based on carrying out their mission.

Some examples of exemplary programs noted by survey respondents included the Washburn Child Guidance Center in Minneapolis, Family Group Decision Making with Edith Haenel, Gilbertson’s foster home through PATH, St. Cloud Children’s Home, and Children’s Mental Health [case management] services.

Data/Results
The data from the survey indicated the children’s mental health case managers in rural Minnesota county agencies described 6 out of 8 qualities of ‘exemplary’ services consistent with the review of literature such as: (See Figure 1)

Figure 1
Identified Qualities of Exemplary Services by Participants in Comparison to Literature Review

Figure 2
How would you define ‘exemplary’ children’s mental health services? (cumulative number of defined qualities, N = 14)

<table>
<thead>
<tr>
<th>Individualized Services</th>
<th>Service Coordination &amp; Collaboration</th>
<th>Family Focused</th>
<th>Least Restrictive Intervention</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>21%</td>
<td>29%</td>
<td>29%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Literature Review
A systematic literature review was conducted in the area of children’s mental health services. Researchers have identified 8 consistent qualities for defining services considered to be exemplary – accessibility, coordination and collaboration, interagency services, least restrictive interventions, family focused interventions, individualized interventions, culturally competent services, and utilize strengths based approach. (See Figure 3)

Farmer et al., 2002; Holden et al., 2002; Powell & Dunlap, 2005; Smith – Boydston, 2005; United States Department of Health and Human Services, 1998a; United States Department of Health and Human Services, 1998b)

Fewer social services are provided in rural and small communities, which creates additional barriers to clients that must travel out of their community to access services. These barriers include:
- lack of transportation
- financial need based services
- eligibility for services
- long waiting lists
- less funding available to greater Minnesota
- lack of professional supports
- lack of interpreters and culturally sensitive services
- greater emphasis placed on service delivery costs and/or reimbursement rates

The definition of survey participants and results of the literature review were, for the most part, consistent. Findings indicate that eight criteria for defining exemplary services in children’s mental health can be used to identify existing practices that are exemplary.

Conclusions & Recommendations
It is recommended that county agencies utilize an evaluation form containing the 8 criteria to assist in evaluating both existing rural children’s mental health services and in planning the addition of new services. (See Figure 3)

Implications for Practice
As outlined in the Minnesota Comprehensive Children’s Mental Health Act (Minnesota State Statute 245.487, 1989), case managers are mandated to evaluate service providers. Utilizing an effective working definition of rural exemplary services will assist agencies in developing evaluation criteria to assist in ensuring quality children’s mental health services are provided to clients and client systems. This will also equitably county case managers with the capacity to develop and monitor best practices in compliance with Minnesota mandates.

County agencies can potentially network in an effective manner with other agencies to utilize exemplary services in surrounding areas.

References
References are available from the author upon request.