ILLINOIS
CFRC | Children & Family Research Center
SCHOOL OF SOCIAL WORK

Children's Mental Health Initiative 2.0 Evaluation: 2022 Stakeholder Survey Results

Tamara L. Fuller, Ph.D.
Steve Tran, Ph.D.
Yu-Ling Chiu, Ph.D.
Kirsten Havig, Ph.D.

September 2022

Table of Contents

1. Background and Overview

1.1   Overview of the Children's Mental Health Initiative (CMHI) 2.0

On October 1, 2018, the Illinois Children's Healthcare Foundation (ILCHF) awarded 13-month planning grants to five Illinois communities[1] to develop partnerships and strategies to build children's mental health systems of care (SOC). ILCHF defines systems of care using the definition developed by Stroul, Blau, and Friedman (2010): "a spectrum of effective community-based services and supports for children and youth with or at risk for mental health or other 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."[2] Children and youth with or at risk of mental health disorders and their families need supports and services from many different child- and family-serving agencies. By creating partnerships and integration among agencies and organizations, systems of care are able to coordinate services and supports to meet the needs of children and families, which leads to improved outcomes.[3]

Upon successful completion of the planning phase, each of the five CMHI 2.0 sites was awarded a 6-year implementation grant to build or enhance an effective and sustainable children's mental health system of care. Although ILCHF expected that these plans would be unique to each community, the implementation plans must be consistent with the Child and Adolescent Service System Principles (CASSP) outlined by Stroul, Blau, and Friedman (2010):[4]

1. Family driven and youth guided, with the strengths and needs of the child and family determining the type and mix of services and supports provided.
2. Community-based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

---

[1] *Building Compassionate Communities* covers Franklin, Jackson, Perry, and Williamson counties. *Community Together* covers Macon County. *The Kane County System of Care Project* serves Kane County, and *Project SUN* covers Kankakee County. *Kids Connected* covers metropolitan Chicago/Cook County and has a more specialized target population than is characteristic of the other sites. Its target population consists of homeless children and young adults (0-21) with social-emotional challenges and their families.

[2] Stroul, B.A., Blau, G.M., & Friedman, R.M. (2010). *Updating the System of Care Concept and Philosophy.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.

[3] Illinois Children's Healthcare Foundation. (2019). Children's Mental Health Initiative 2.0 Targeted Invitation for Applications. Oak Brook, IL: Author.

[4] Stroul, et al. (2010), ibid.

The goals of the CMHI 2.0 are to impact the following outcomes related to effective service systems and child and family well-being:

1. Early identification of children and youth for whom there is concern about possible mental health disorders.
2. Increased capacity in the service system to provide families with evidence-based clinical interventions.
3. Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.
4. Effective local use of outcomes measurement data to inform operations and changes in the system, including sharing data between service provider systems.
5. Understanding the costs of service provision.
6. Increased service integration among service providers in the community.
7. Development of a well-prepared mental health workforce.
8. Improvement in life domain functioning for children with and at-risk of serious emotional disturbance; including school participation and academic success variables.
9. Strengthened parenting practices and caregiver-child relationships.
10. Reduction in caregiver related stress for parents/primary caregivers of children with mental health disorders; reduction in parental depression.
11. Reduction in unmet basic needs of families participating in the mental health service system.

1.2   Description and Purpose of the Stakeholder Survey

ILCHF has partnered with the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign to design and conduct a comprehensive evaluation of the CMHI 2.1. The evaluation has several components, some of which were adapted from those utilized in the national evaluation of the Children's Mental Health Initiative (CMHI).[5] The components of the CMHI 2.0 evaluation include:

- An *implementation study* that documents the processes used to implement systems of care in the five communities. The sustainability of the system of care implementation efforts will be assessed toward the end of the evaluation period.
- A *system of care fidelity assessment* examines whether the five communities implement services in accordance with the system of care principles outlined by CASSP.
- A *descriptive study of the children and families* served by the systems of care in the five ILCHF-funded communities. In the descriptive study, information is gathered about the demographic characteristics, living arrangements, child and family risk factors, presenting problems and clinical diagnoses, functional status, and mental

---

[5] ICF Macro. (2011). The Comprehensive Community Mental Health Services for Children and Their Families Program Evaluation Findings – Annual Report to Congress. Washington, DC: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

health service histories of the children served in the systems of care in the five communities.

- A *descriptive services study* describes the types of services used by families, their patterns of service use, and their satisfaction with services.
- A *longitudinal outcome study* assesses change over time among the children, youth, families, and systems of care in the five communities.
- A *cost analysis* describes the costs associated with systems of care services.

The Stakeholder Survey is an integral component of the overall CMHI 2.0 evaluation. It gathers information that is utilized in the implementation evaluation, the systems of care (SOC) fidelity assessment, and the longitudinal outcome study. The original version of the Stakeholder Survey that was developed in 2020 was based largely on the Georgetown Rating Tool for Implementation of the System of Care Approach for Children, Youth, and Young Adults,[6] although several additional items were added to gather information on domains of importance to the CMHI 2.0 evaluation (see Appendix B for a copy of the Stakeholder Survey).

The first section of the survey contains questions about *implementation supports and activities*, such as a strategic plan that guides implementation activities and a steering committee that meets frequently, and assesses the extent to which these supports have been implemented. The following sections assess *fidelity to SOC principles* in the service delivery system, including the extent to which services are individualized, family-driven, youth-guided, coordinated, culturally and linguistically competent, based on evidence-informed and promising practices, least restrictive, and comprehensive. Questions also assess whether there is fidelity to SOC principles across elements of the system infrastructure, including the financing systems, processes for workforce development, and use of data for continuous quality improvement. Finally, the Stakeholder Survey includes sections that measure several system-level outcomes, including availability of specific home- and community-based services, residential and non- residential treatment services; coordination among various child- and family-serving systems (child welfare, education, public health, juvenile justice, primary health, substance abuse, and mental and behavioral health); and commitment to the SOC philosophy and approach.

Items in the Stakeholder Survey measure 6 of the 11 CMHI 2.0 outcome goals[7], including:

1. Early identification of children and youth for whom there is concern about possible mental health disorders.
2. Increased capacity in the service system to provide families with evidence-based clinical interventions.
3. Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.

---

[6] National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development. (2015). *Rating Tool for the Implementation of the System of Care Approach for Children, Youth, and Young Adults.* Available online: https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource14.pdf

[7] These ILCHF goals are noted in parentheses throughout the report.

4. Effective local use of outcomes measurement data to inform operations and changes in the system, including sharing data between service provider systems.
5. Increased service integration among service providers in the community.
6. Development of a well-prepared mental health workforce.

After the first administration of the Stakeholder Survey in 2020, parents who took the survey provided feedback to the evaluation team that many of the items were difficult to understand. The evaluation team therefore created a Parent/Youth[8] Stakeholder Survey by eliminating the items with the highest percentages of "don't know" responses from parents. In addition, the items that remained on the survey were revised to make them easier to understand. The resulting Parent/Youth Stakeholder Survey contains 25 items related to the fidelity of system of care services (the extent to which services are individualized, family-driven, youth-guided, coordinated, culturally and linguistically competent, based on evidence-informed and promising practices, least restrictive, and comprehensive), 2 items related to parent and youth involvement in implementation activities, 24 items related to specific service availability, 6 items related to service coordination with other child-serving systems, and an overall assessment of the level of implementation of systems of care in their community.

After the 2021 administration of the survey, feedback from participants suggested that the survey was too long, which may have prevented some people from taking it. Numerous items were therefore removed from the provider version of the survey, which shortened the administration time from 30-40 minutes to 15-20 minutes. The Parent/Youth Stakeholder Survey remained the same in 2021 and 2022.

2.   Data Collection Procedures

All data collection procedures for the Stakeholder Surveys were reviewed and approved by the University of Illinois Institutional Review Board (IRB). Project directors in each of the sites identified and provided contact information for stakeholders in their community, with the guidance that a stakeholder is "anyone who has been involved in the implementation of systems of care." Sites were asked to identify parent and youth stakeholders; they were compensated $25 for completing the survey. No other survey participants received compensation.

Project directors at each site provided a list of stakeholders to CFRC in March 2022; these stakeholders were not necessarily the same individuals who were invited to take the survey in 2020 or 2021. Prior to the sending the initial recruitment email, the project manager in each site sent a "heads-up" email to their stakeholders letting them know the survey was coming. After the initial invitation was sent, three reminder emails were sent to participants, and the survey was closed in May 2022.

---

[8] Youth must 18 years or older to participate in the survey.

The total numbers of individuals invited to take the survey in each site for each of the three administrations of the survey are shown in Table 2.1, as well as the number who responded to the invitation and took at least the first page of the survey,[9] and the resulting response rate. Site response rates ranged from 18% to 61% in 2020, from 21% to 56% in 2021, and from 17% to 55% in 2022. No youth were invited to take the survey in 2020 and 2021.

---

[9] Some people responded to the invitation but did not answer more than the first question, which asked them to specific their role within the SOC implementation. These individuals were not counted in the number of completed surveys.

Table 2.1 Stakeholder Survey Response Rates

2020	Provider			Parent			Total		
	Invited	Response	Rate	Invited	Response	Rate	Invited	Response	Rate
Centerstone	51	14	**27%**	6	2	**33%**	57	16	**28%**
Heritage	20	13	**65%**	3	1	**33%**	23	14	**61%**
Kane County	16	7	**44%**	5	3	**60%**	21	10	**48%**
Kankakee	41	17	**41%**	11	9	**82%**	52	26	**50%**
Primo Center	44	8	**18%**	6	1	**17%**	50	9	**18%**
Total	172	59	**34%**	31	16	**52%**	203	75	**37%**

2021	Provider			Parent			Total		
	Invited	Response	Rate	Invited	Response	Rate	Invited	Response	Rate
Centerstone	11	8	**73%**	9	3	**33%**	20	11	**55%**
Heritage	25	14	**56%**	9	5	**56%**	34	19	**56%**
Kane County	85	33	**39%**	5	4	**80%**	90	37	**41%**
Kankakee	82	23	**28%**	9	8	**89%**	91	31	**34%**
Primo Center	49	11	**22%**	9	1	**11%**	58	12	**21%**
Total	252	89	**35%**	41	21	**51%**	293	110	**38%**

2022	Provider			Parent/Youth			Total		
	Invited	Response	Rate	Invited	Response	Rate	Invited	Response	Rate
Centerstone	50	9	**18%**	8	1	**13%**	58	10	**17%**
Heritage	17	9	**53%**	12	7	**58%**	29	16	**55%**
Kane County	23	8	**5%**	5	3	**60%**	28	11	**39%**
Kankakee	31	16	**52%**	6	4	**67%**	37	20	**54%**
Primo Center	46	9	**20%**	7	4	**57%**	53	13	**25%**
Total	167	51	**31%**	38	19	**50%**	205	70	**34%**

The purpose of the Stakeholder Survey is to assess change over time within each site rather than to compare scores among the five sites. Each of the CMHI 2.0 sites is located in a unique community, serving a unique population, and with unique resources. The following sections therefore present the results of the survey separately for each site. For each site, there are four sections of results related to 1) System of Care Implementation Processes, 2) System of Care Service Outcomes, 3) System of Care Infrastructure Outcomes, and 4) Parent/Youth Survey Results.

3.   Project SUN

The sample size and composition of the first and second administrations of the stakeholder survey for Project SUN were similar. The 2020 sample consisted of 26 respondents that included parents, providers from social services, homelessness services, healthcare, education, juvenile justice, child protection, members of the religious community, and other community members. The 2021 sample consisted of 23 respondents that included parents, providers from social services, healthcare, education, law enforcement, juvenile justice, members of the religious community, and other community members. The 2022 sample was smaller, consisting of 16 individuals from social services, homelessness services, healthcare, education, juvenile justice, religious community, community members, and others. Since the 2022 sample is smaller, differences in the results may be partially attributed to the fact that different individuals with different knowledge and experiences were taking the surveys.

It is also important to note that the sample sizes for the stakeholder survey in most sites were small, which means that changes in percentages should be interpreted with caution because small changes in the number of respondents who give a particular answer can result in large changes in percentages. For example, in a sample of 10 respondents, a change in the response of 3 individuals will change the percentage in a distribution by 30%, which seems like a large change but needs to be interpreted with care. Finally, the stakeholder survey assesses respondents' *perceptions* of the system of care and the results should not be interpreted as objective measures of service availability, coordination, or implementation status.

The following sections provide detailed descriptions of Project SUN stakeholder perceptions of the overall implementation of systems of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; capacity to provide evidence-based mental health services; effective local use of data to inform decision-making; and the development of a well-prepared mental health workforce. Detailed information is provided in numerous figures and tables; a summary is provided here:

- Assessment of the overall progress of the system of care implementation indicated that the percentage of stakeholders who felt that SOC was widely implemented decreased from 2021 to 2022 and the percentage who felt that it was somewhat implemented increased. Three quarters of the respondents in 2022 felt that the SOC was somewhat or widely implemented.
- When asked about specific implementation supports and activities, the percentage of stakeholders who reported that a strategic plan was fully in place decreased between 2021 and 2022. Conversely, a greater percentage felt that the strategic plan was partially in place in 2022 compared to 2021.
- Similarly, a smaller percentage felt that a steering committee was fully in place in 2022 compared to 2021.

- A smaller percentage of stakeholders perceived that leadership and buy-in from multiple service systems were present in 2022 compared to 2020 or 2021.
- Between 60 and 75% of stakeholders each year felt that clear communication channels in the SOC were fully in place.
- The percentage of stakeholders that felt that technical assistance opportunities were in place to support implementation decreased from 2021 to 2022.
- Stakeholders' assessment of parent involvement in SOC implementation decreased from 2021 to 2022; however, almost all respondents reported that parent involvement was either in place or partially in place in both years.
- Stakeholder perceptions of youth involvement did not substantially change from 2021 to 2022. Three quarters of stakeholders felt that youth involvement was either in place or partially in place in 2022.
- Stakeholders felt that the level of commitment from most child-serving systems was about the same in 2021 and 2022, with a slight decrease in perceived commitment from the mental health and child welfare systems as well as direct service providers.
- Stakeholders were asked about the extent to which service delivery was guided by the principles of systems of care, including the extent to which they are individualized, family-driven, youth-guided, coordinated, culturally and linguistically competent, evidence-informed, least restrictive, and include a broad array of different services. There was little change in stakeholder perceptions of the SOC principles from 2021 to 2022, most of them were perceived as being slightly or moderately implemented. The lowest rated principles were "youth-guided" and "culturally and linguistically competent" and the highest rated were "least restrictive" and "evidence-informed."
- There was little change in the perceived availability of most community-based services from 2021 to 2022, with the exception of increases in the perceived availability of school-based prevention services and school-based behavioral health services and a decrease in the perceived availability of youth and family education.
- The perceived availability of most out-of-home treatment services remained about the same in 2021 and 2022. These services were perceived as being less widely available than home- and community-based services.
- The perceived availability of both youth and caregiver peer-provided services was about the same in 2021 and 2022.
- There was little change in the level of service coordination between the mental health and other child-serving systems from 2021 to 2022, with the exception of a perceived decrease in coordination between mental health and child welfare and a perceived increase in coordination with public health.
- Stakeholders were asked about the implementation of several components of the SOC infrastructure; there was little change between 2021 and 2022 in the perceived availability of screening for behavioral health needs, the use of data to inform decision-making, capacity to provide evidence-based interventions, and availability of training opportunities to develop a well-prepared mental health workforce. Average ratings indicated that stakeholders felt these infrastructure components were somewhat implemented.

3.1 System of Care Implementation Processes

3.1.1 Overall System of Care Implementation

Stakeholders were asked, "To what extent do you believe that the system of care approach is being implemented in your community?" and the response options were "don't know," "not at all," "slightly," "somewhat," and "widely." The distribution of responses for 2020, 2021, and 2022 are shown in Figure 3.1. The percentage of stakeholders who felt that SOC was widely implemented decreased from 2021 to 2022, and the percentage who felt that it was somewhat implemented increased. Three quarters of the respondents in 2022 felt that the SOC was somewhat or widely implemented.

Figure 3.1 Overall Assessment of System of Care Implementation
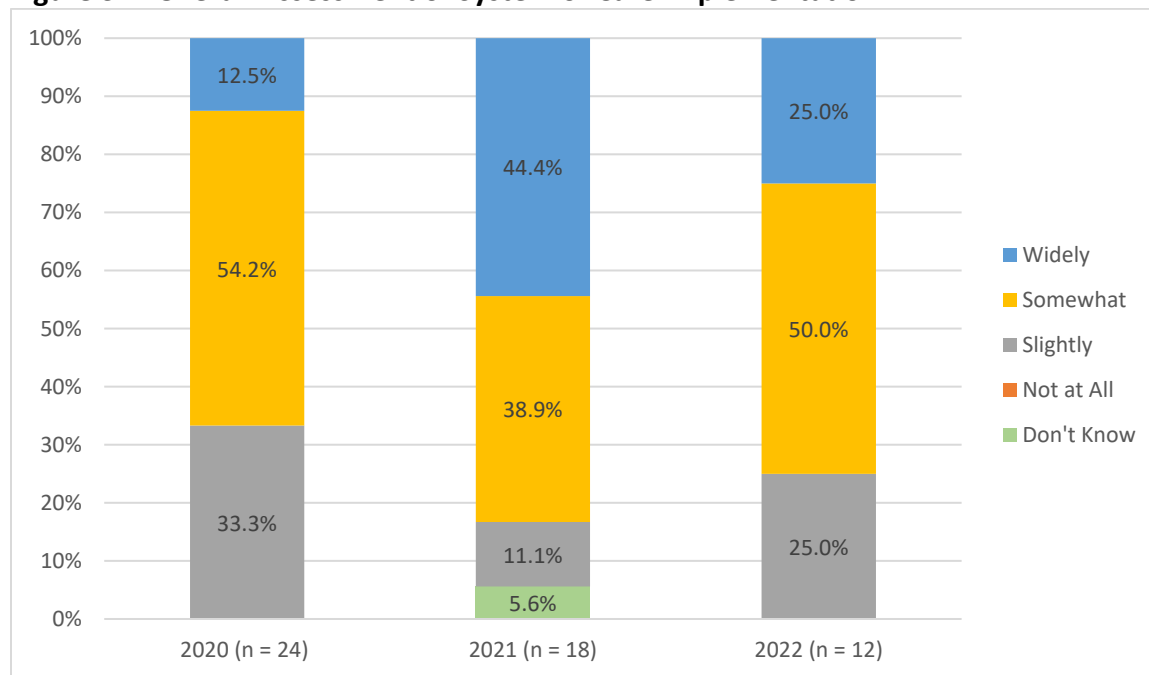
3.1.2 System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2020, 2021, and 2022. The percentage of Project SUN stakeholders who reported that a strategic plan was fully in place decreased between 2021 and 2022; conversely, a greater percentage felt that the strategic plan was partially in place in 2022 compared to 2021.

Figure 3.2 Strategic Plan That Guides System of Care Implementation Activities
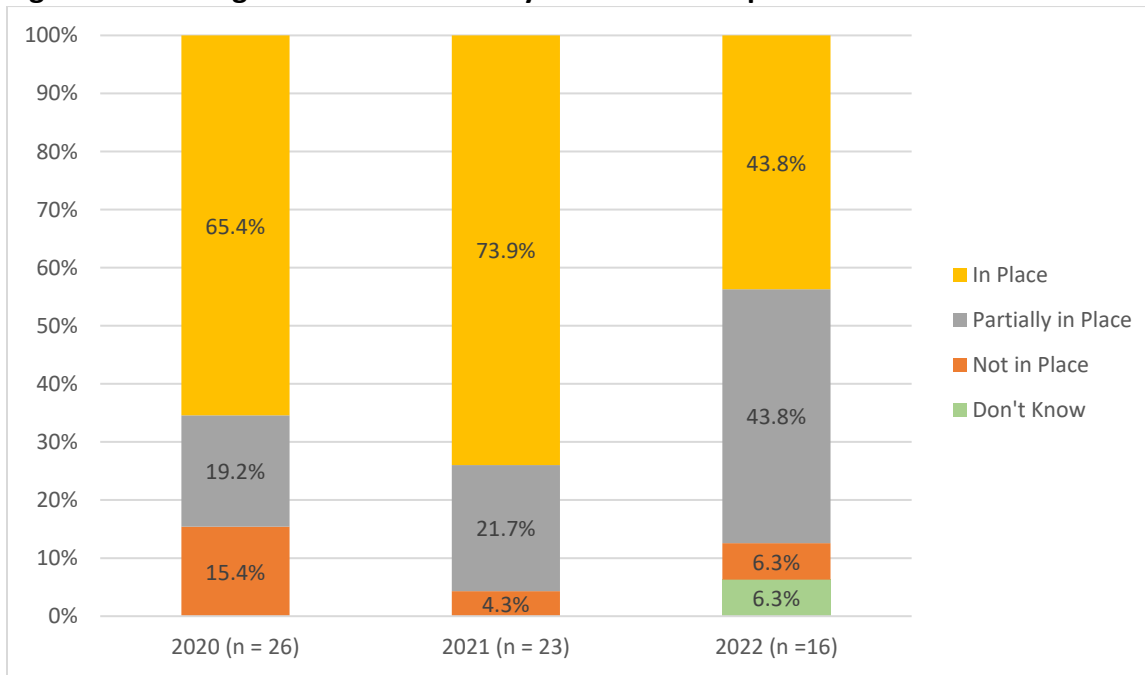
Similarly, a smaller percentage felt that a steering committee was fully in place in 2022 compared to 2021.

Figure 3.3 Steering or Planning Committee That Meets Frequently to Guide Implementation Activities
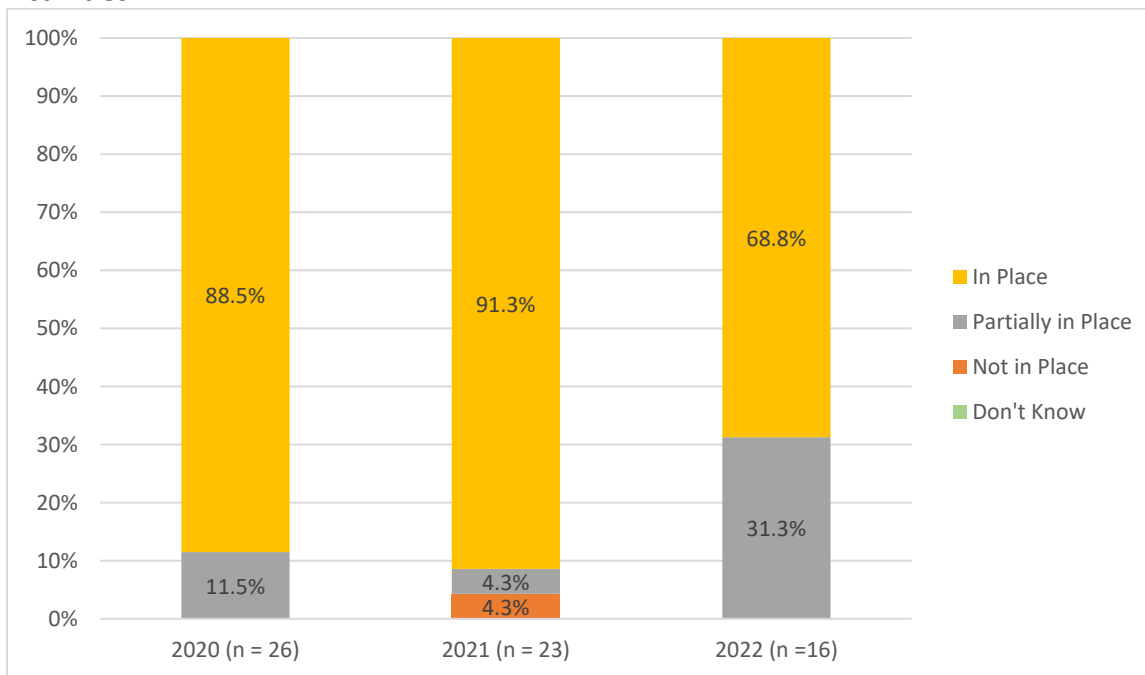
A smaller percentage of stakeholders perceived that leadership and buy-in from multiple service systems was fully in place in 2022 compared to 2020 or 2021.

Figure 3.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems
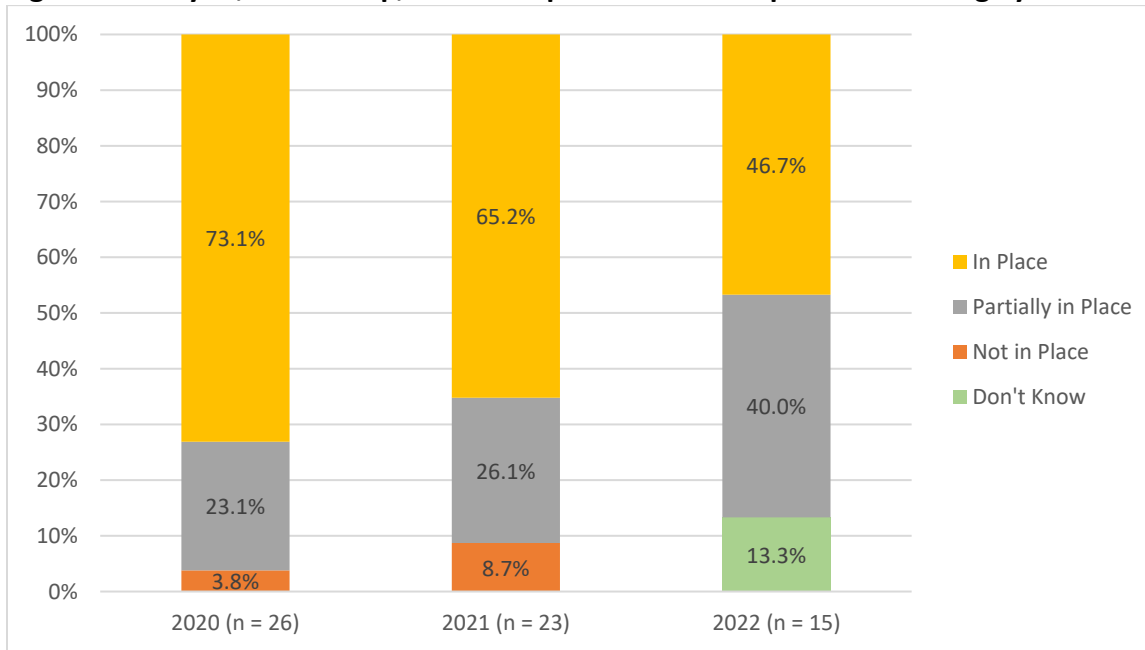
Between 60 and 75% of stakeholders each year felt that clear communication channels in the SOC were fully in place.

Figure 3.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders
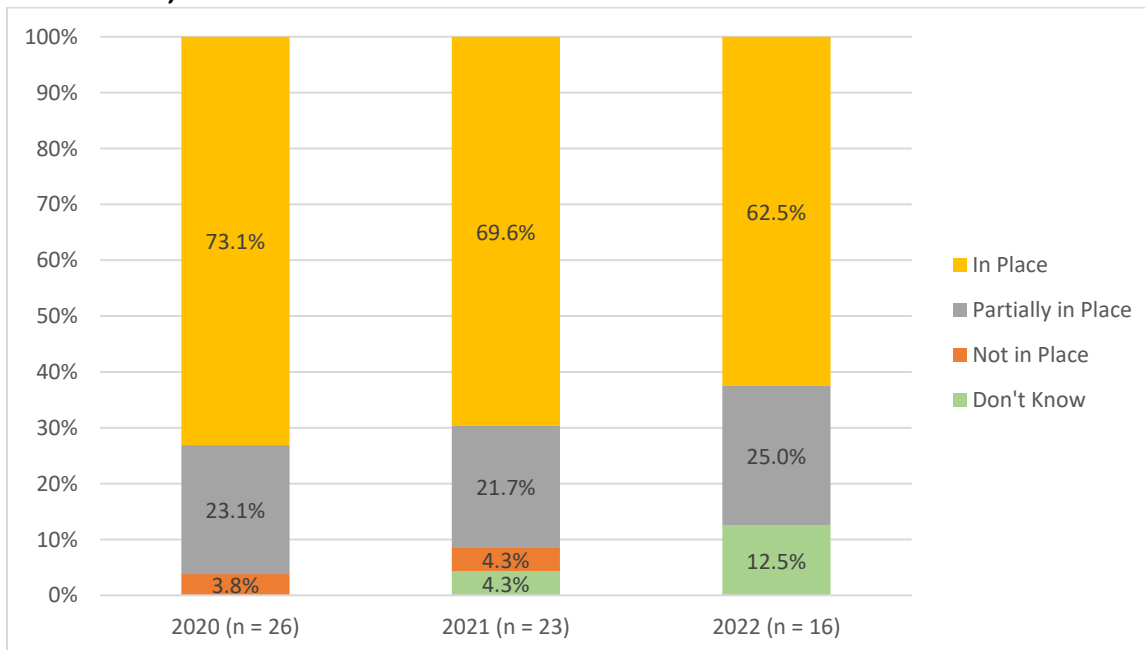
The percentage of stakeholders that felt that technical assistance opportunities were in place to support implementation decreased from 2021 to 2022.

Figure 3.6 Technical Assistance Opportunities to Support Implementation
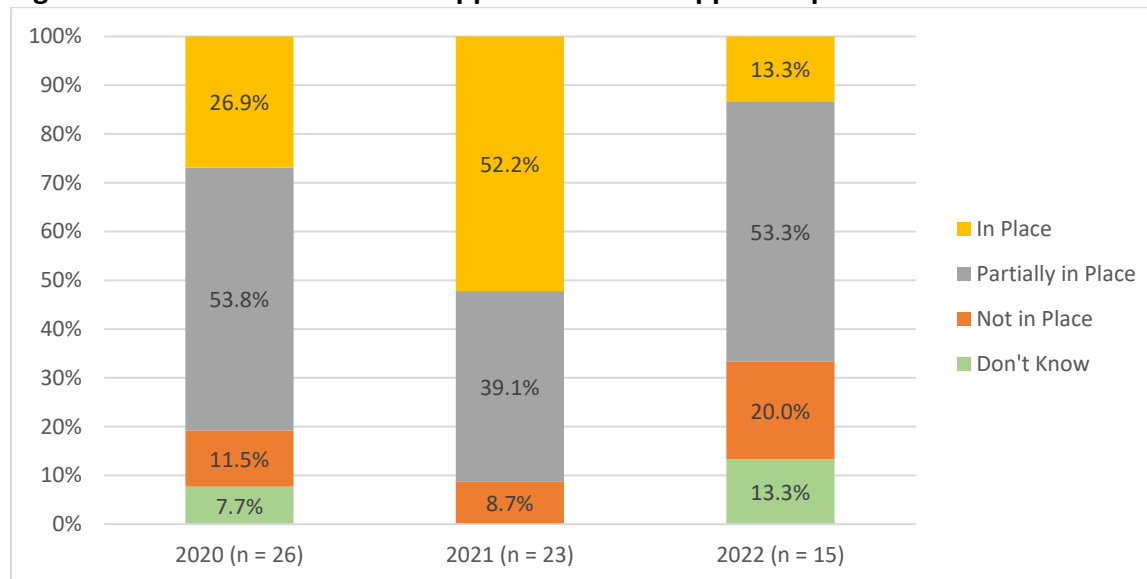
3.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were asked to rate the extent to which parents and youth had been involved in system of care implementation activities. Stakeholders' assessment of parent involvement in SOC implementation decreased slightly from 2021 to 2022; although almost all respondents reported that parent involvement was either in place or partially in place in both years.

Figure 3.7 Parent Involvement in System of Care Implementation Activities
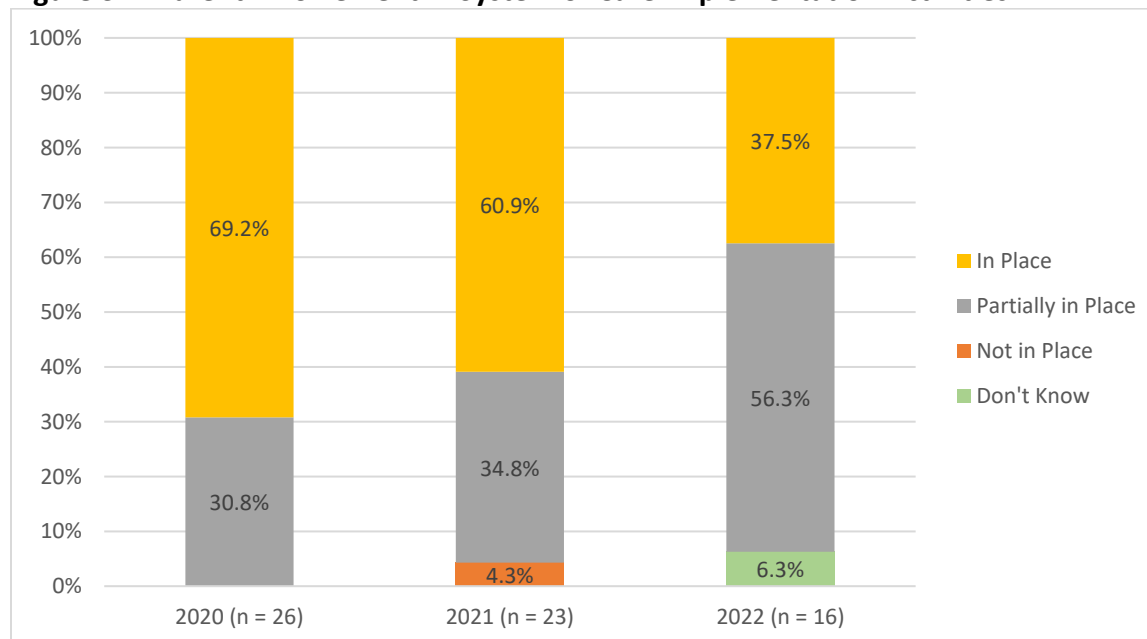
Stakeholder perceptions of youth involvement did not substantially change from 2021 to 2022. Three quarters of stakeholders felt that youth involvement was either in place or partially in place in 2022.

Figure 3.8 Youth Involvement in System of Care Implementation Activities
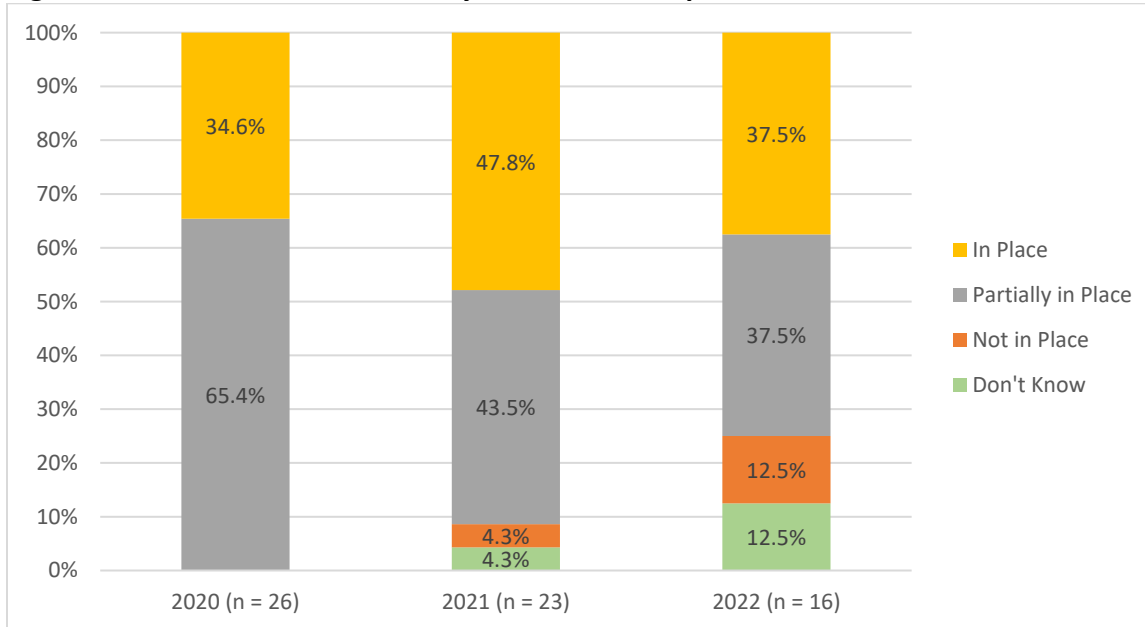
3.1.4   Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 3.9 shows the mean scores for the perceived commitment of each child-serving system in 2020, 2021, and 2022. Stakeholders felt that the level of commitment from most child-serving systems was about the same in 2021 and 2022, with a slight decrease in perceived commitment from the mental health and child welfare systems as well as direct service providers.

Figure 3.9 Commitment to System of Care Philosophy and Approach
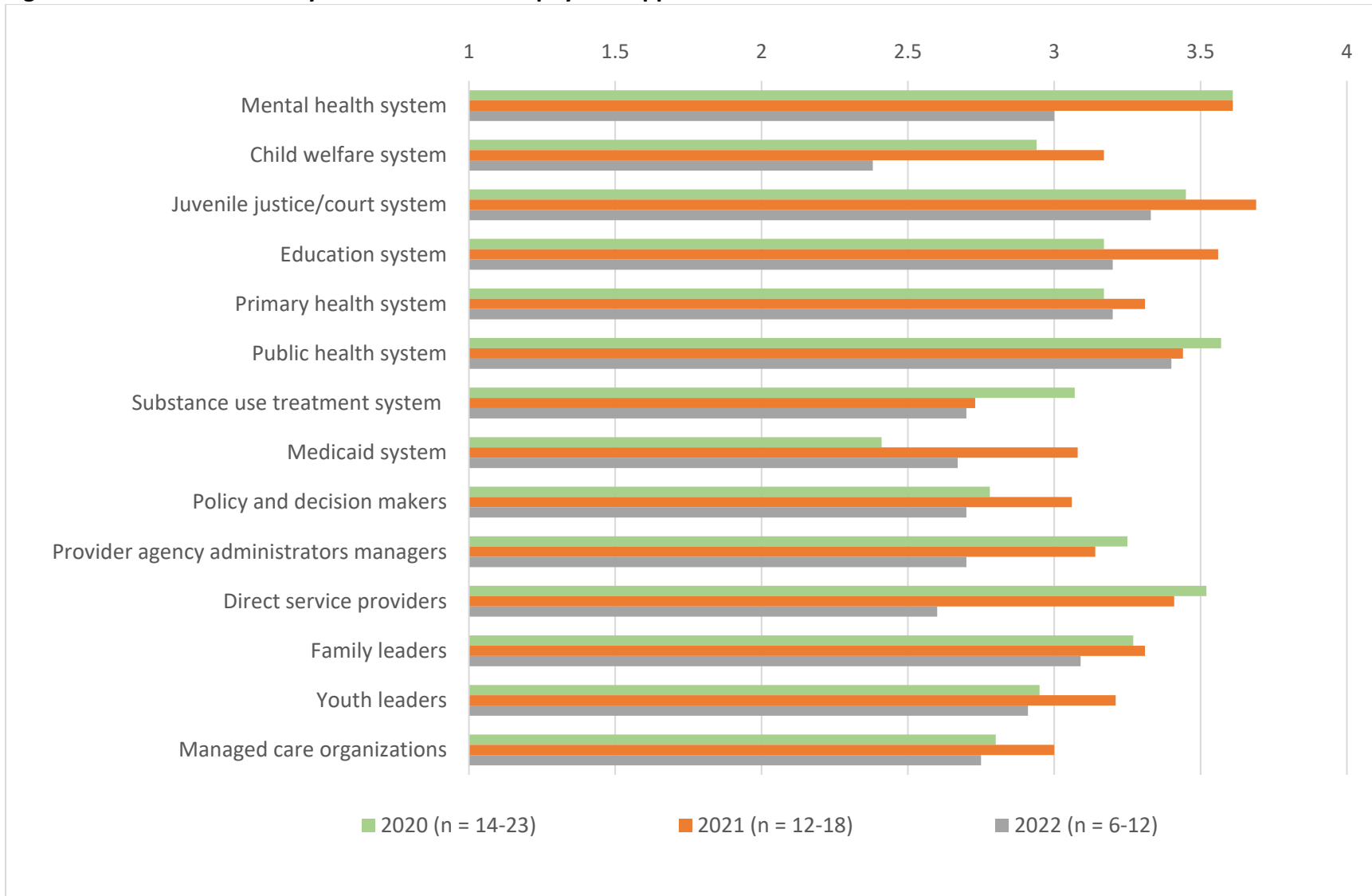
Note: "Don't know" responses were not included when calculating the mean scores.

3.2   System of Care Service Outcomes

3.2.1   Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these eight principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale are shown in Figure 3.10. There was little change in stakeholder perceptions of the SOC principles from 2021 to 2022, most of them were perceived as being slightly or moderately implemented. The lowest rated principles were "youth-guided" and "culturally and linguistically competent" and the highest rated were "least restrictive" and "evidence-informed practices."

Figure 3.10 Service Delivery Guided by System of Care Values and Principles
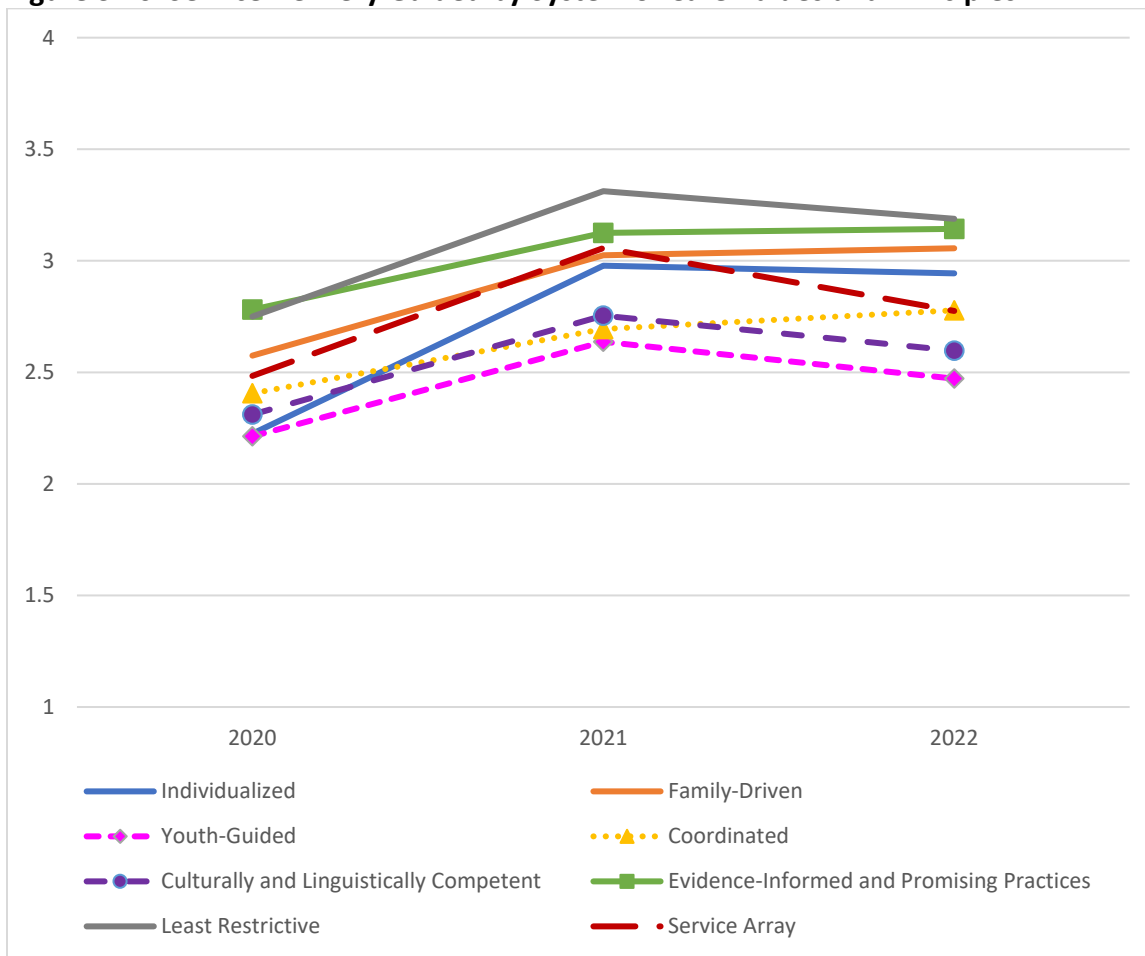
3.2.2 Service Availability – Home and Community-Based Treatment and Support Services

Survey participants were provided with a list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. There was little change in the perceived availability of most community-based services from 2021 to 2022, with the exception of increases in the perceived availability of school-based prevention services and school-based behavioral health services and a decrease in the perceived availability of youth and family education.

Figure 3.11 School-based Prevention Services
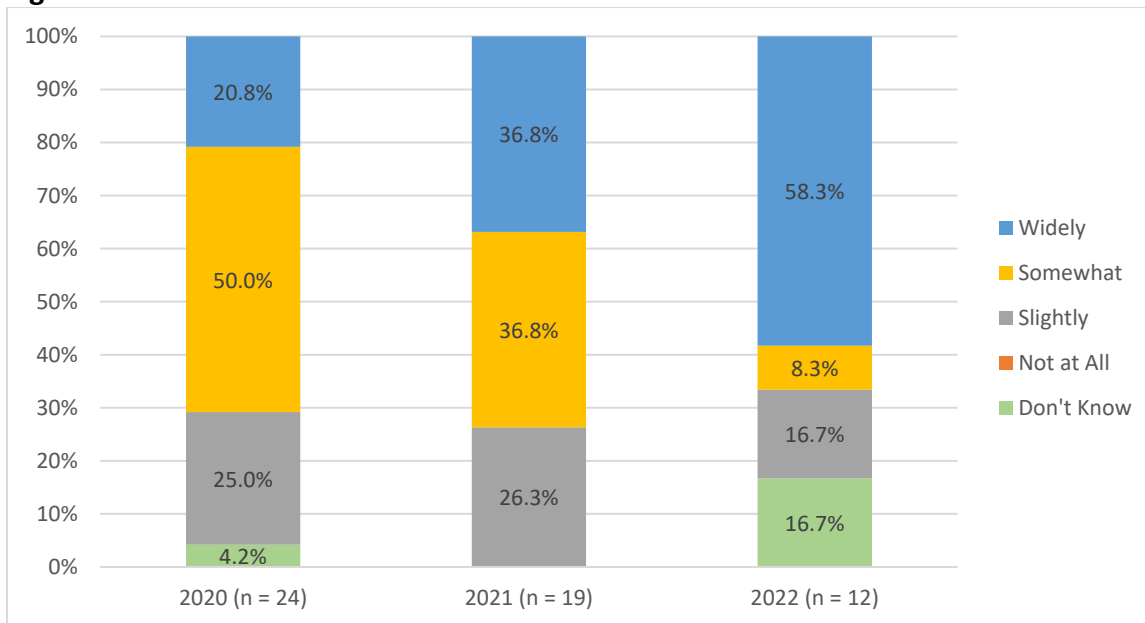
Figure 3.12 Community-based Prevention Services
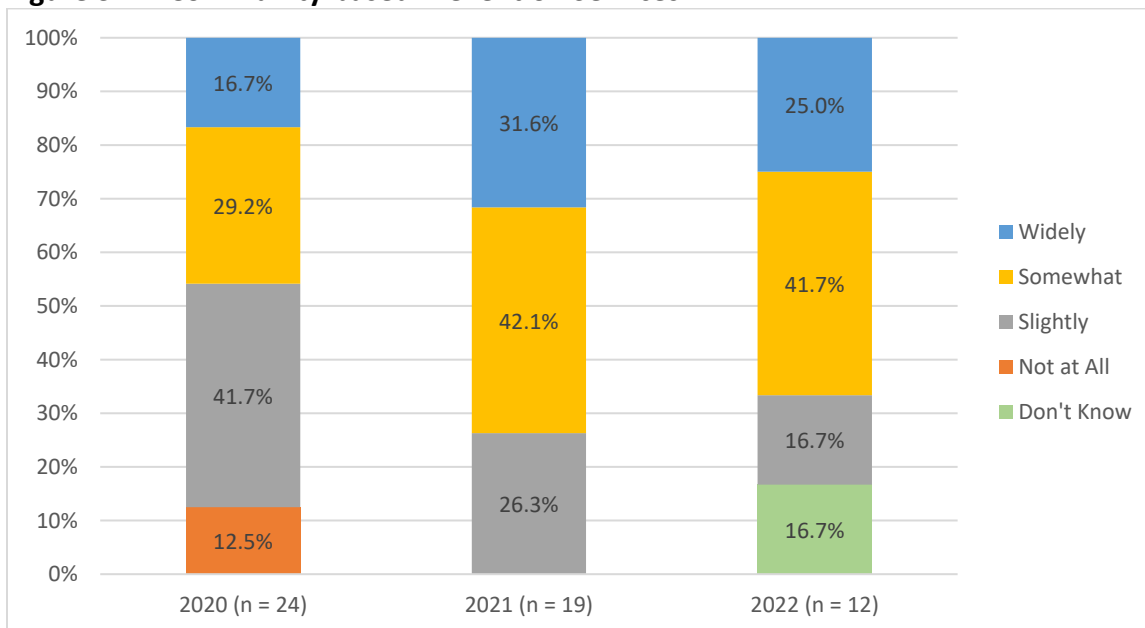
Figure 3.13 Early Intervention Services
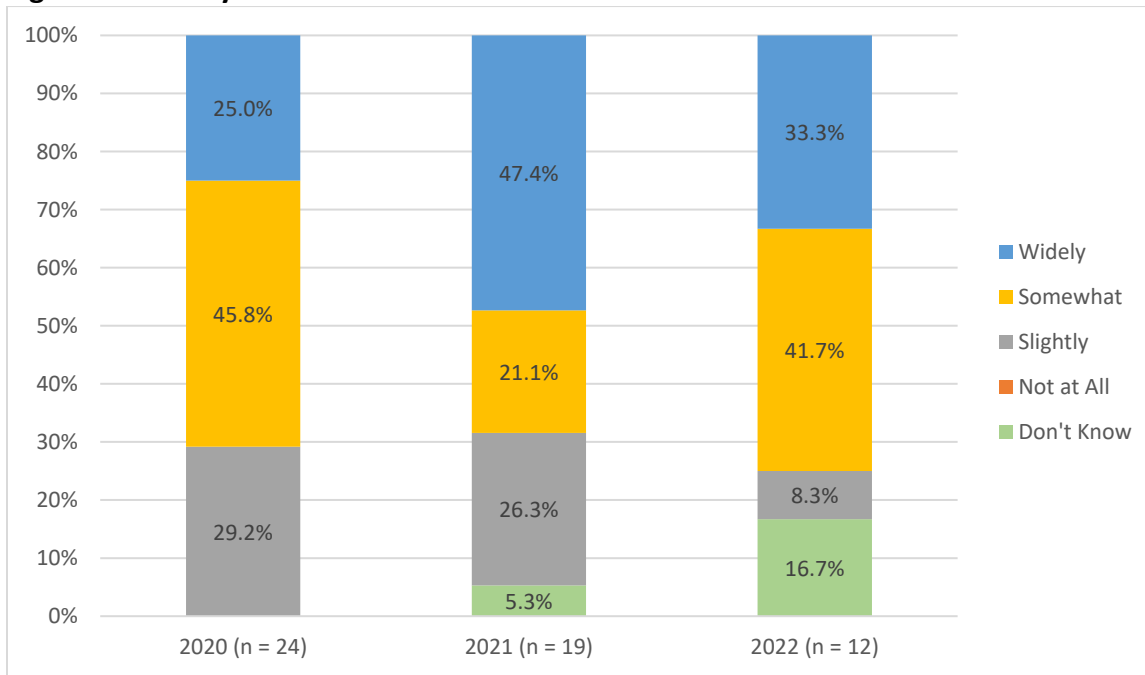
Figure 3.14 Assessment
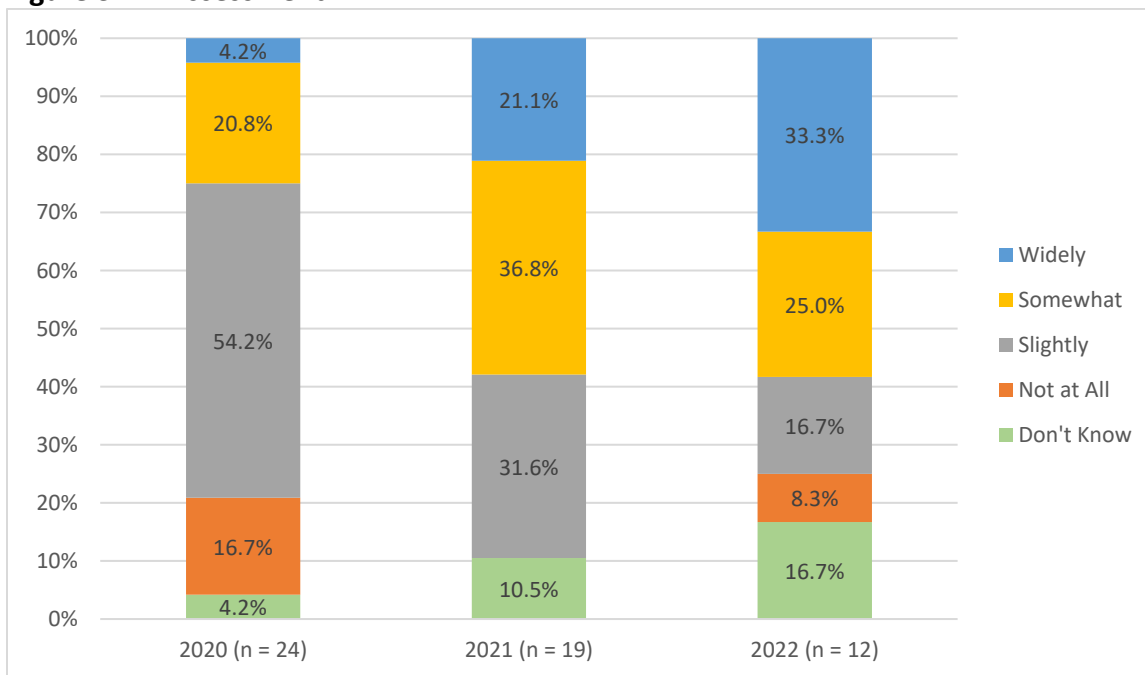
Figure 3.15 Individualized Service Planning
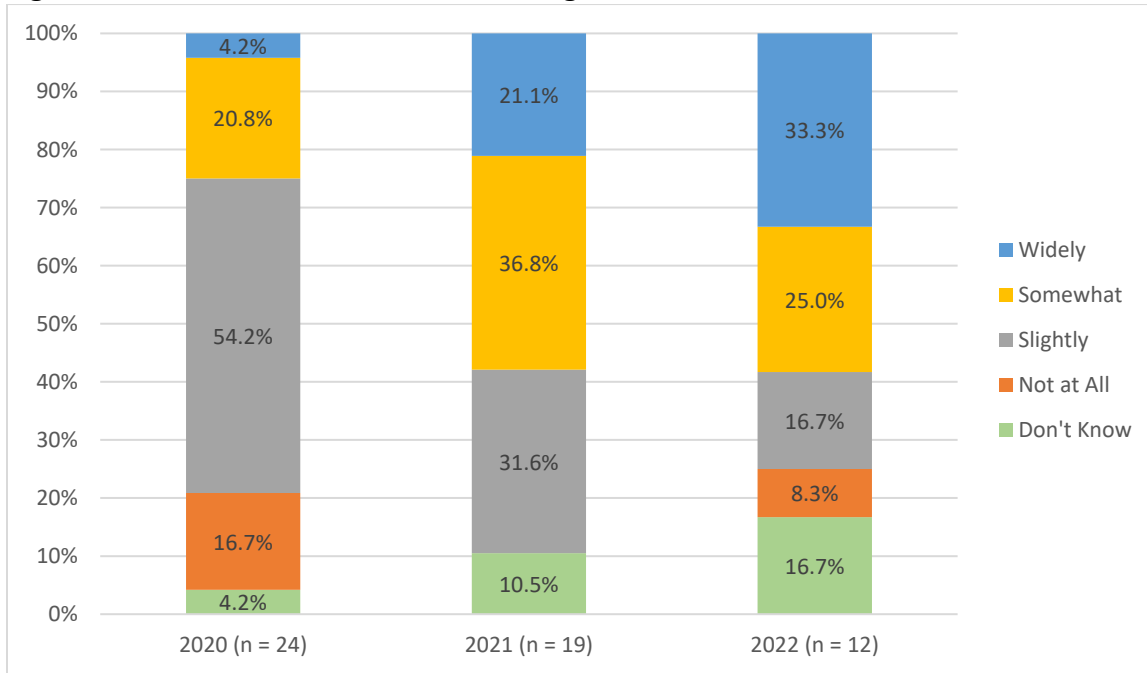
Figure 3.16 Intensive Care Management
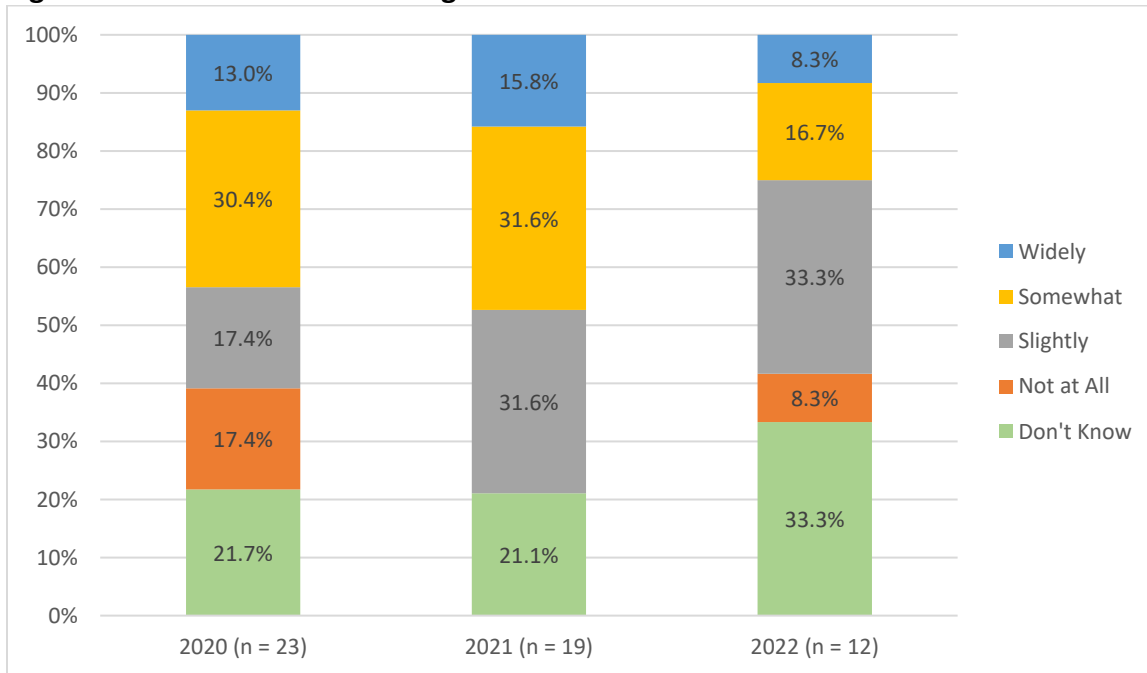
Figure 3.17 Outpatient Therapy

Stacked bar chart showing responses by year:

Category	2020 (n = 23)	2021 (n = 19)	2022 (n = 12)
Widely	13.0%	36.8%	16.7%
Somewhat	47.8%	36.8%	41.7%
Slightly	34.8%	21.1%	25.0%
Not at All			
Don't Know	4.3%	5.3%	16.7%
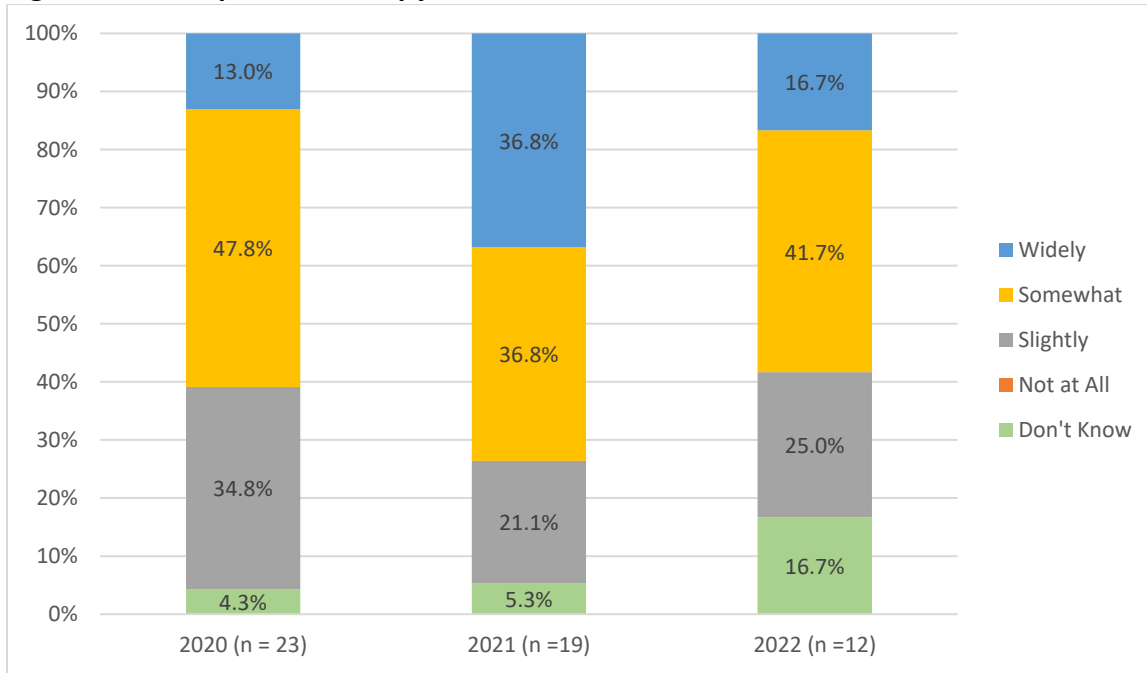
Figure 3.18 Medication Treatment/Management

Stacked bar chart showing responses by year:

Category	2020 (n = 24)	2021 (n = 19)	2022 (n = 12)
Widely	29.2%	26.3%	16.7%
Somewhat	45.8%	36.8%	41.7%
Slightly	8.3%	21.1%	25.0%
Not at All	4.2%		
Don't Know	12.5%	15.8%	16.7%

19
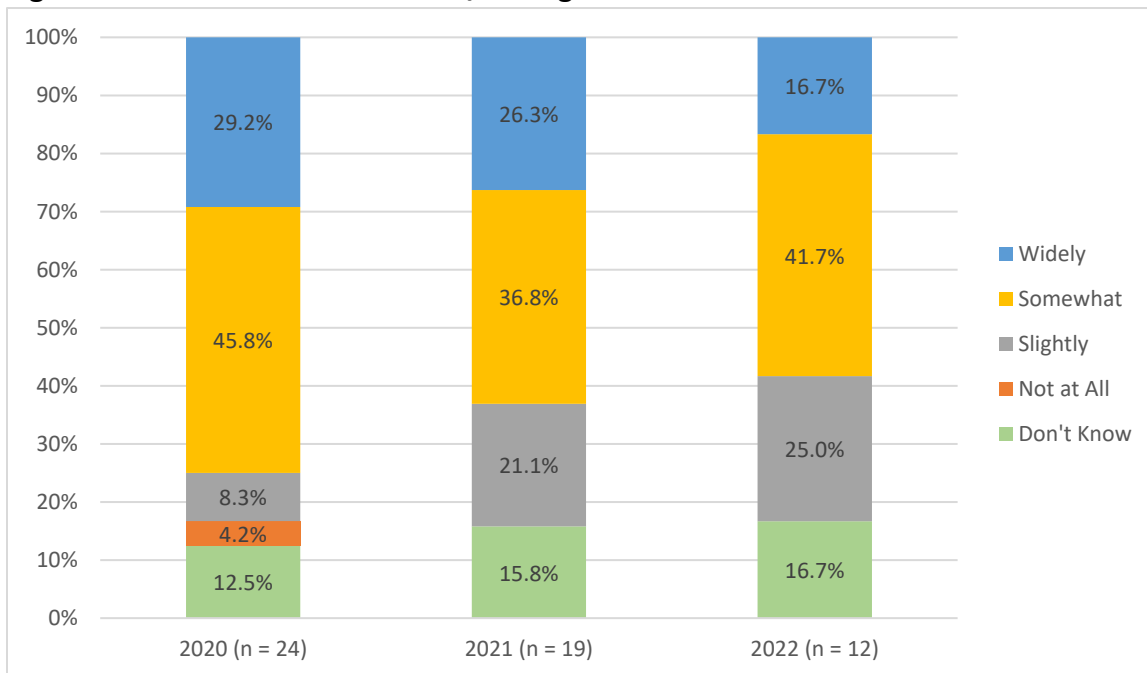
Figure 3.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)
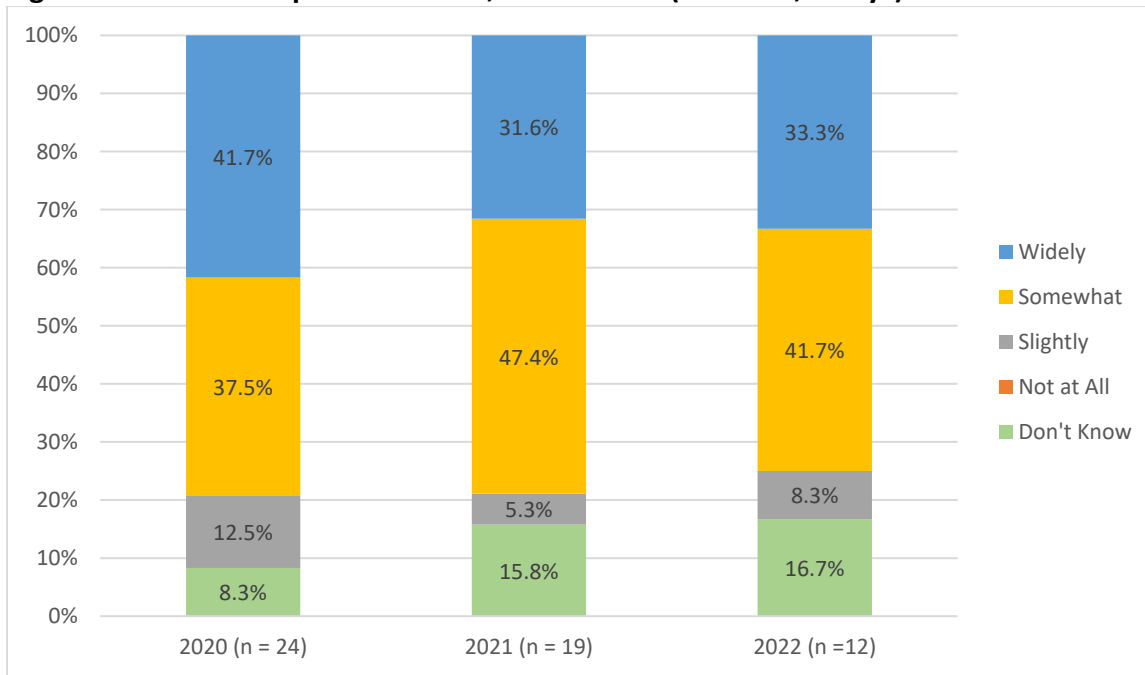
Figure 3.20 Intensive In-Home Services
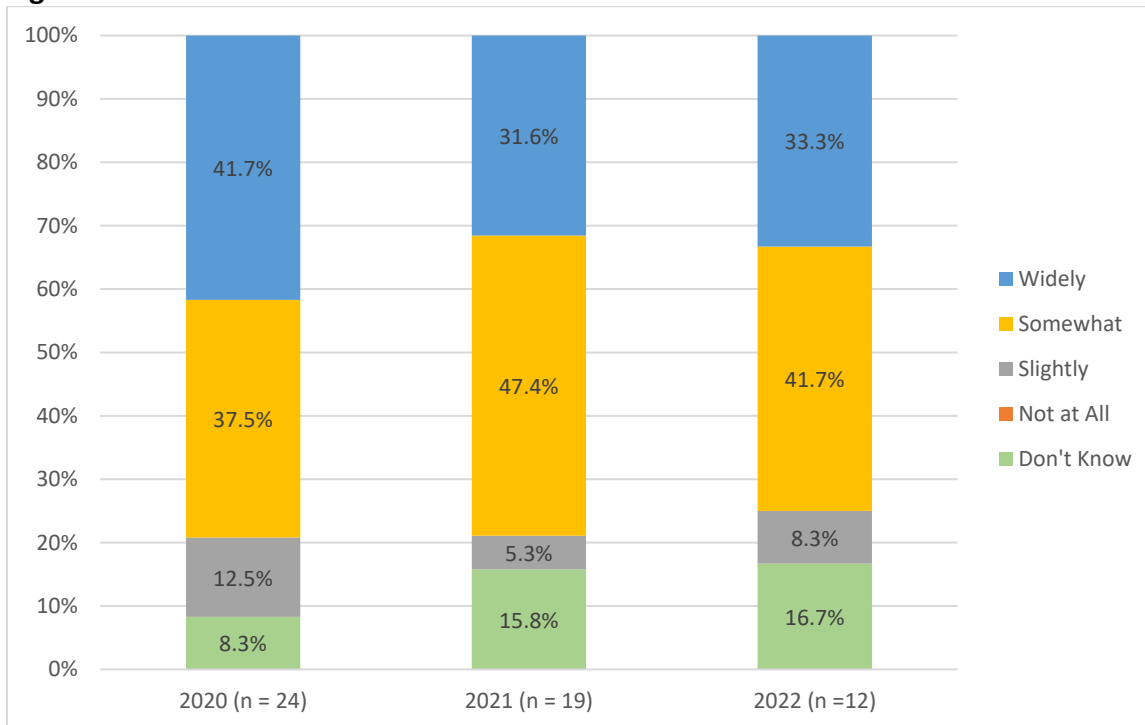
Figure 3.21 School-Based Behavioral Health Services
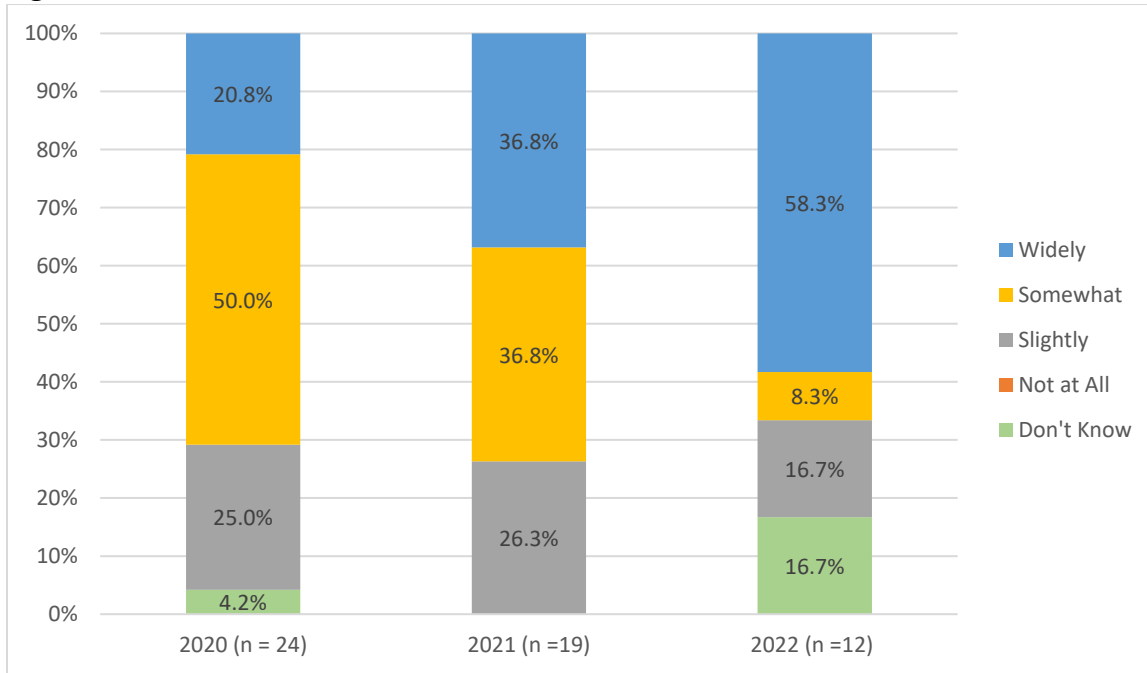
Figure 3.22 Substance Use Treatment
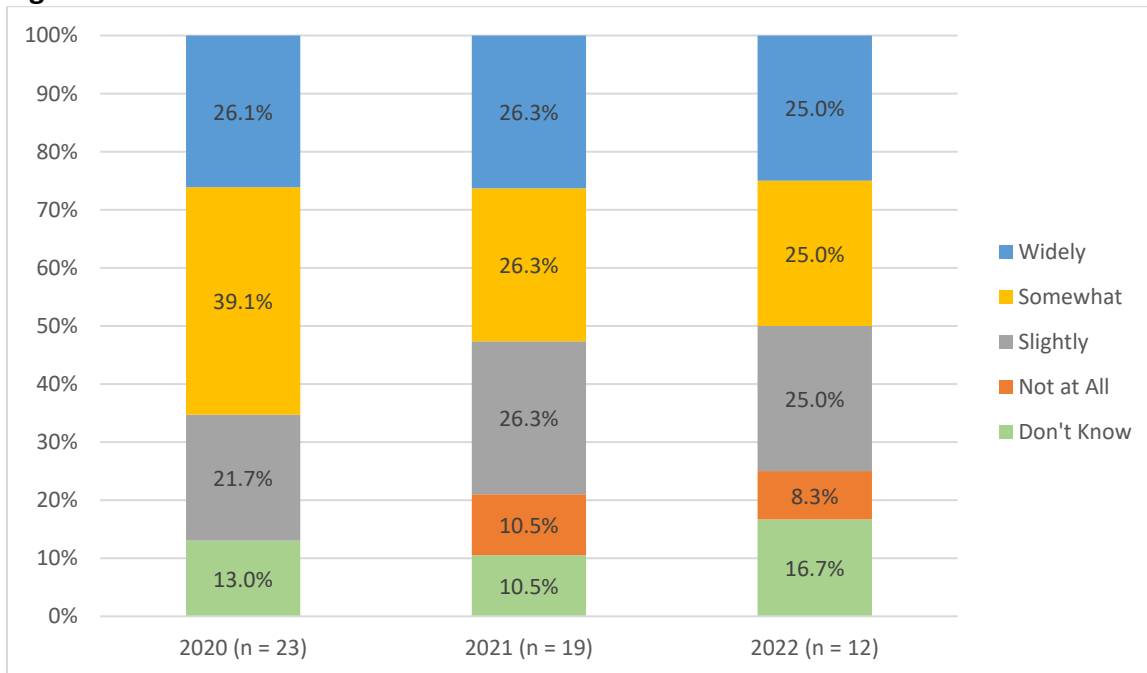
Figure 3.23 Behavior Management Skills Training

	2020 (n =24)	2021 (n = 19)	2022 (n =12)
Widely	8.3%	21.1%	16.7%
Somewhat	29.2%	36.8%	33.3%
Slightly	37.5%	31.6%	16.7%
Not at All	12.5%		8.3%
Don't Know	12.5%	10.5%	25.0%
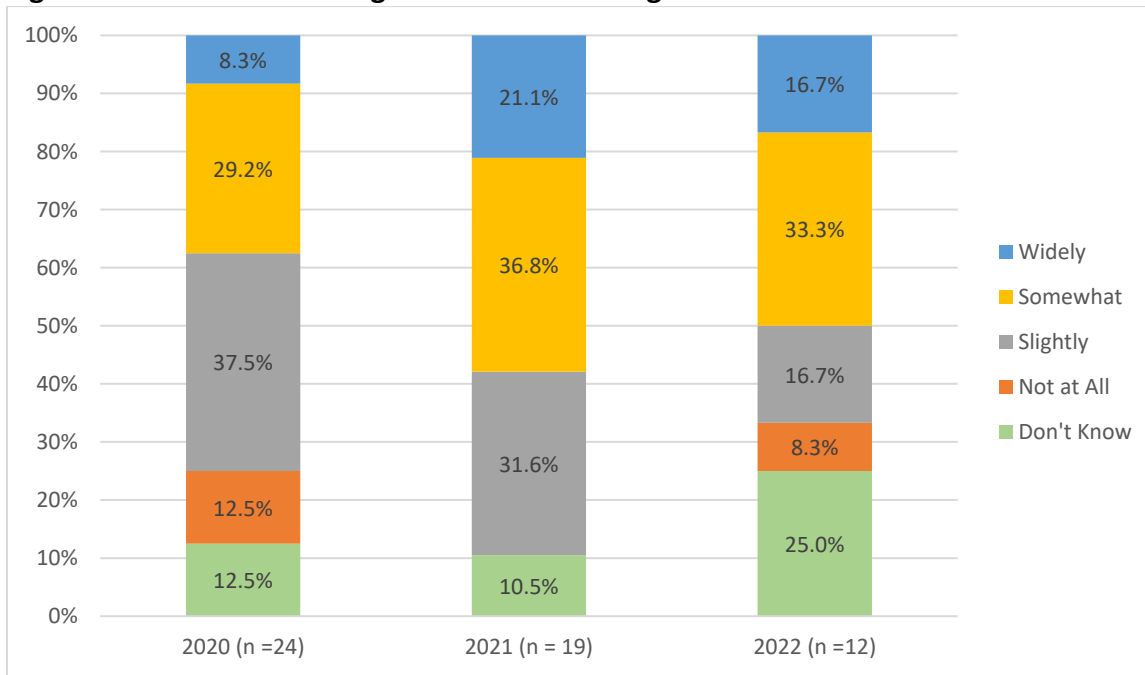
Figure 3.24 Tele-Behavioral Health Services

	2020 (n =23)	2021 (n =19)	2022 (n = 12)
Widely	8.7%	26.3%	16.7%
Somewhat	4.3%	47.4%	50.0%
Slightly	30.4%	15.8%	16.7%
Not at All	21.7%	5.3%	
Don't Know	34.8%	5.3%	16.7%
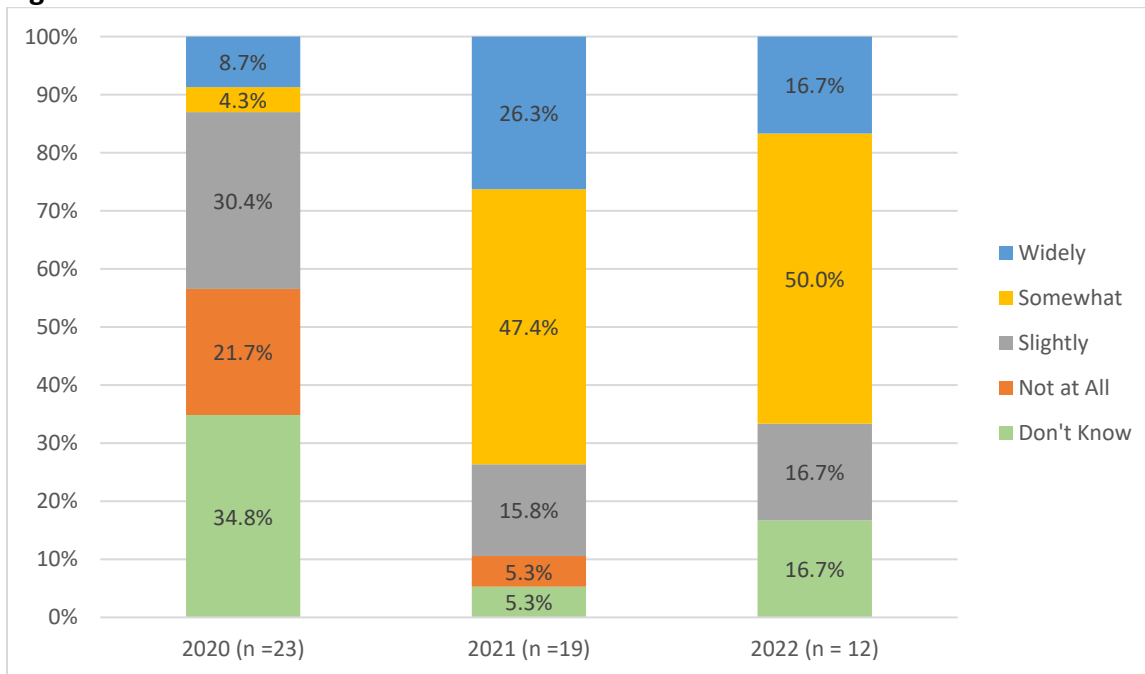
Figure 3.25 Youth and Family Education
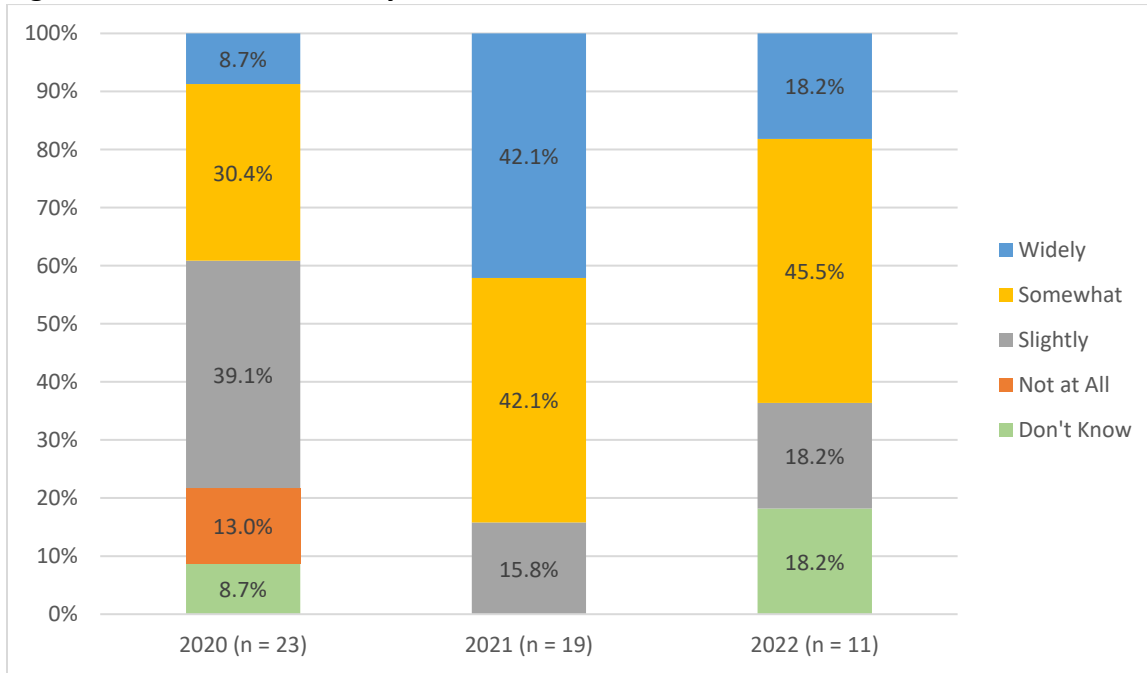
Figure 3.26 Respite Services
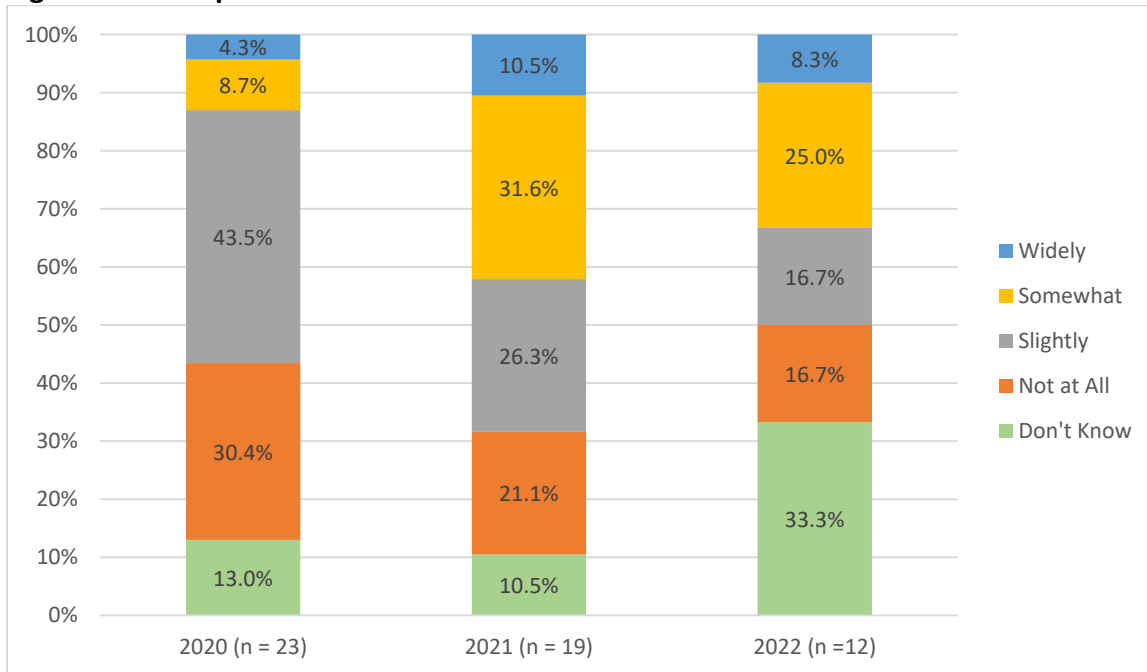
Figure 3.27 Mental Health Consultation
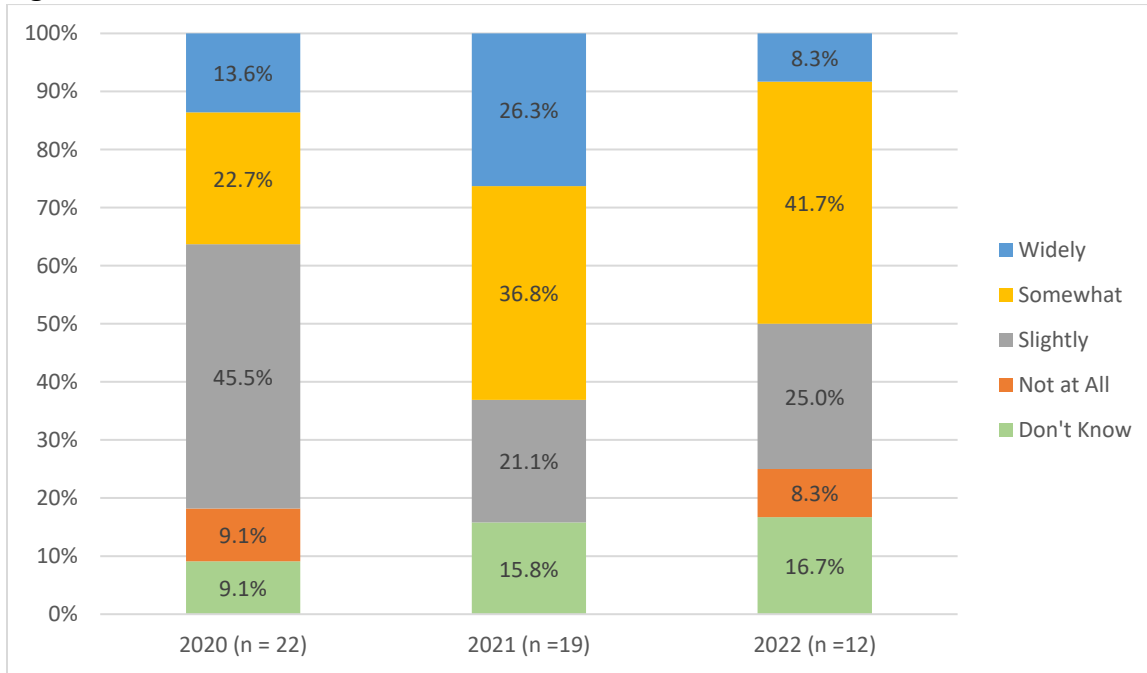
Figure 3.28 Transportation
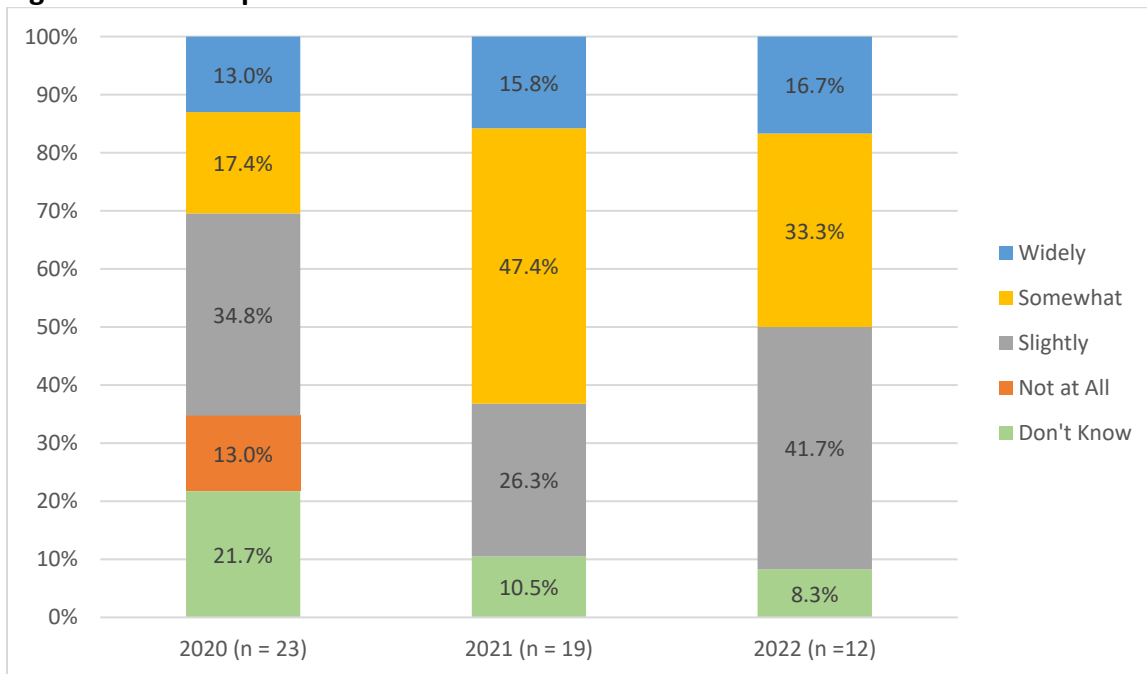
3.2.3 Out-of-Home Treatment Services

The perceived availability of most out-of-home treatment services remained about the same in 2021 and 2022. These services were perceived as being less widely available than home- and community-based services.

Figure 3.29 Substance Use Residential Treatment
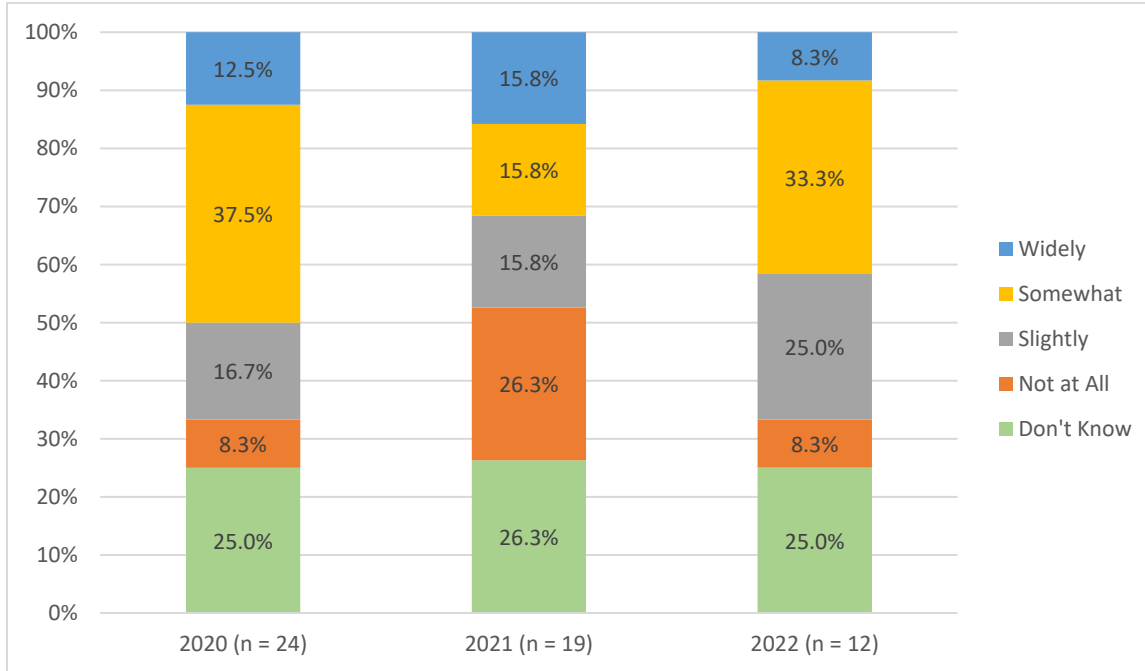
Figure 3.30 Residential Treatment
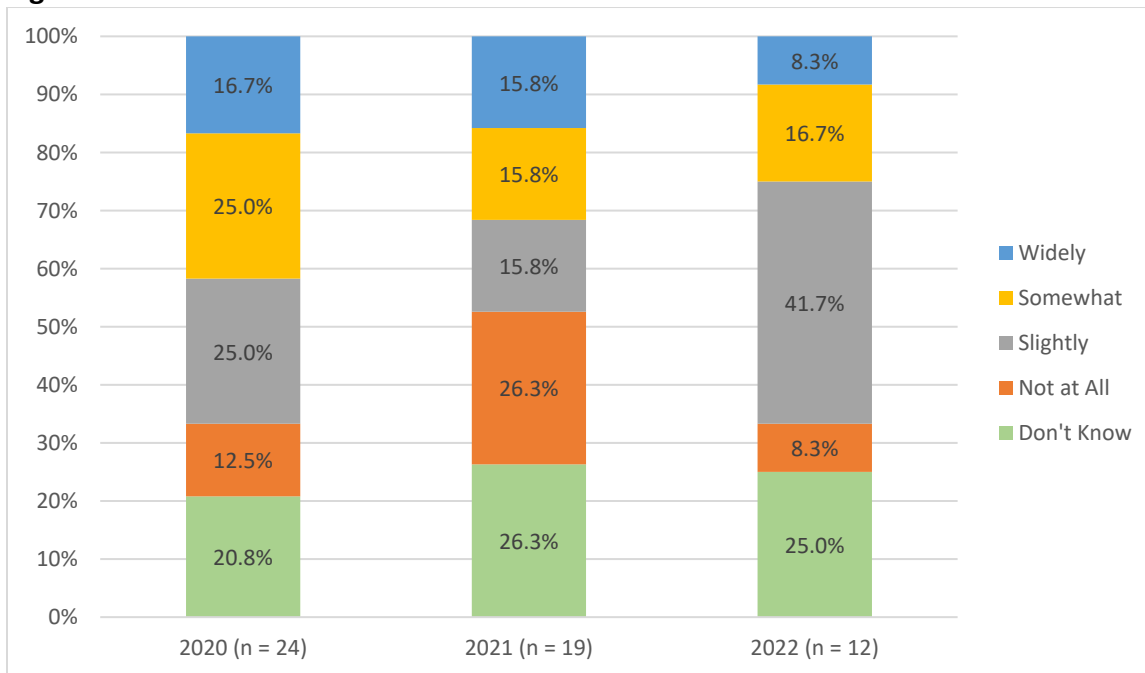
Figure 3.31 Inpatient Hospitalization
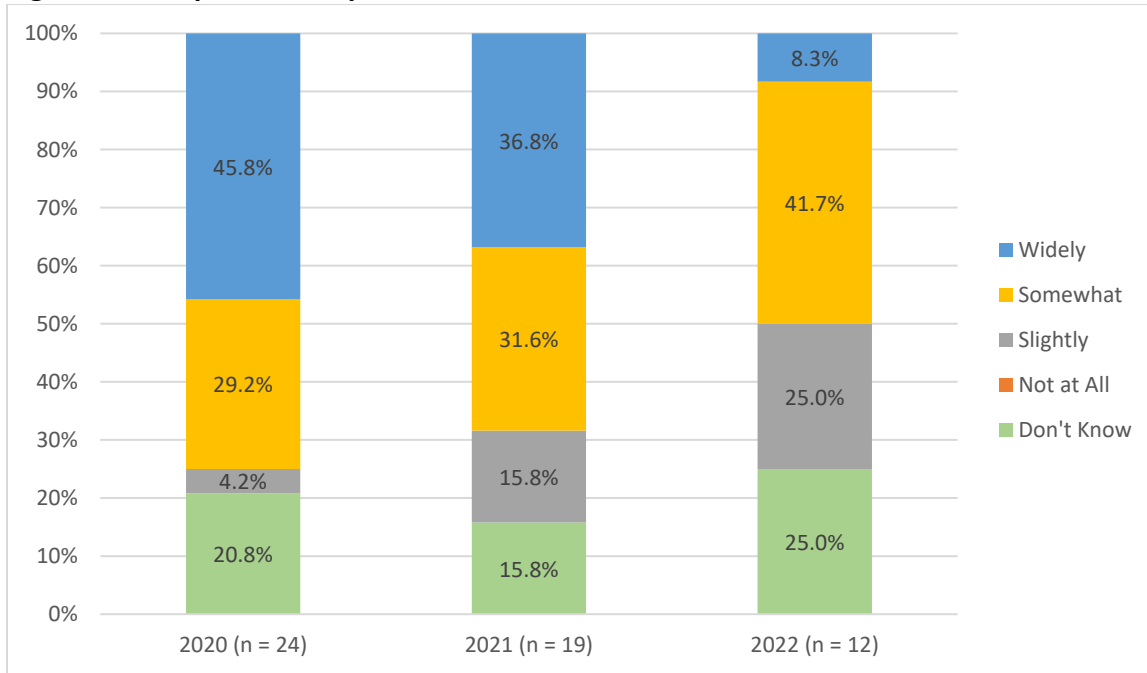
3.2.4   Peer-Provided Services (ILCHF Outcome)

The perceived availability of both youth and caregiver peer-provided services was about the same in 2021 and 2022.

Figure 3.32 Youth Peer-Provided Services
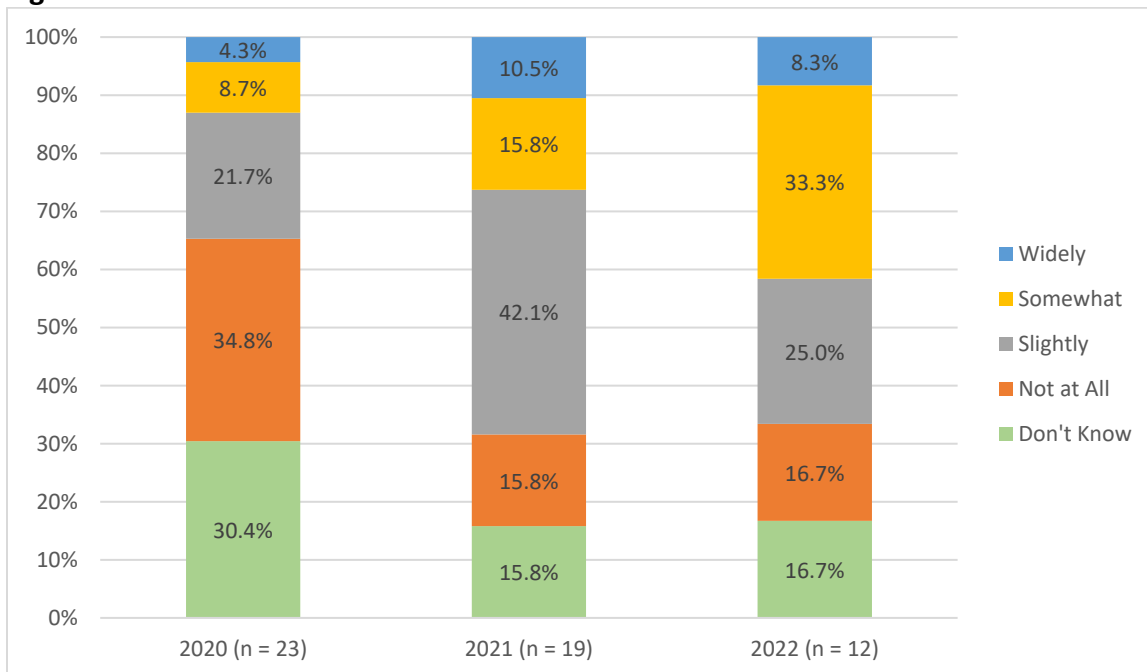
Figure 3.33 Caregiver Peer-Provided Services
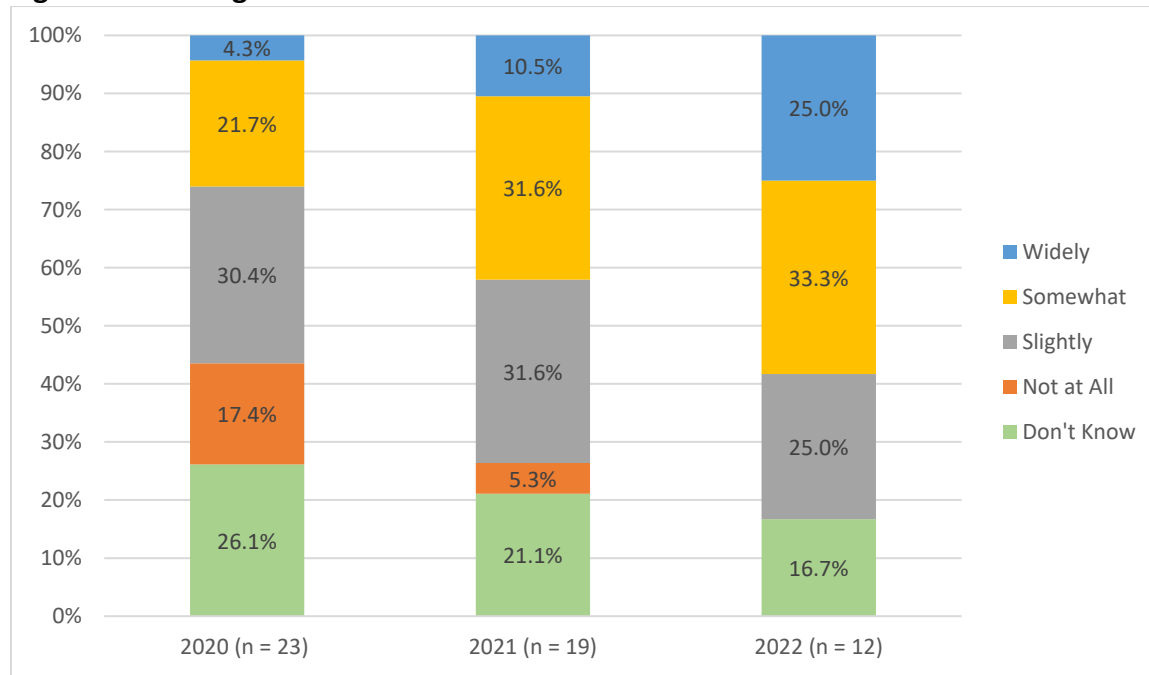
3.2.5   Service Coordination and Integration (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase service coordination among providers in the community. Table 3.1 shows the mean scores on the individual items of the service coordination subscale in 2020, 2021, and 2022. There was little change on these items.

Table 3.1 Service Coordination and Integration

	2020 Mean (n = 17-19)	2021 Mean (n = 18-19)	2021 Mean (n = 9-13)
Care is coordinated across multiple child-serving agencies and systems	2.47 (0.91)	2.84 (0.83)	2.92 (0.86)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	2.24 (1.03)	2.56 (1.10)	2.67 (1.00)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020 – 2022 are shown in Table 3.2. There was little change in the level of service coordination between the mental health and other child-serving systems from 2021 to 2022, with the exception of a perceived decrease in coordination between mental health and child welfare and a perceived increase in coordination with public health.

Table 3.2 Service Coordination with Children's Mental Health System

	2020 Mean (n = 15-21)	2021 Mean (n = 15-17)	2022 Mean (n = 8-9)
Child welfare system	2.80 (0.89)	3.12 (0.93)	2.75 (1.17)
Juvenile justice/court system	3.22 (0.73)	3.29 (0.69)	3.33 (0.87)
Education system	3.00 (0.98)	3.59 (0.51)	3.44 (0.88)
Primary health system	2.95 (0.72)	3.29 (0.69)	3.22 (0.67)
Public health system	3.05 (0.79)	3.18 (0.73)	3.44 (0.73)
Substance use treatment system	2.88 (0.81)	2.60 (1.06)	2.75 (1.17)

Note: "I Don't Know" responses were excluded when calculating the mean

3.3   System of Care Infrastructure

3.3.1   Early Identification of Children and Youth With Mental Health Disorders (ILCHF Outcome)

Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages; there was little change in the perceived availability of these services from 2021 to 2022.

Figure 3.34 Services for Early Identification of Mental Health Problems
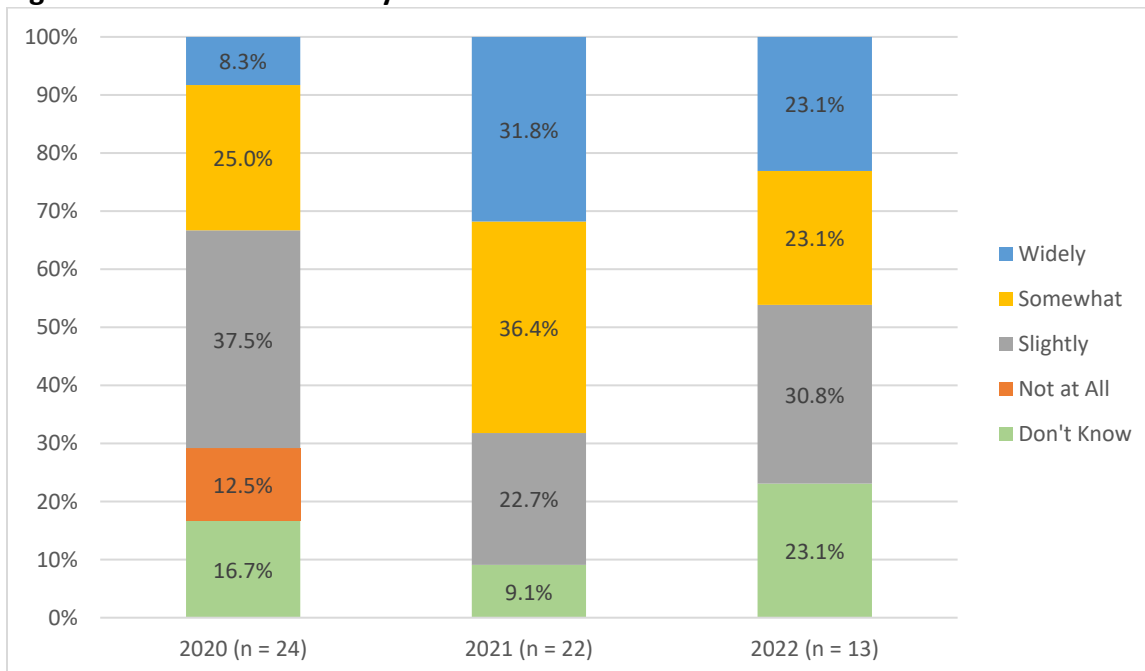
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). There was little change from 2021 to 2022.

Figure 3.35 Screening for Behavioral Health Needs
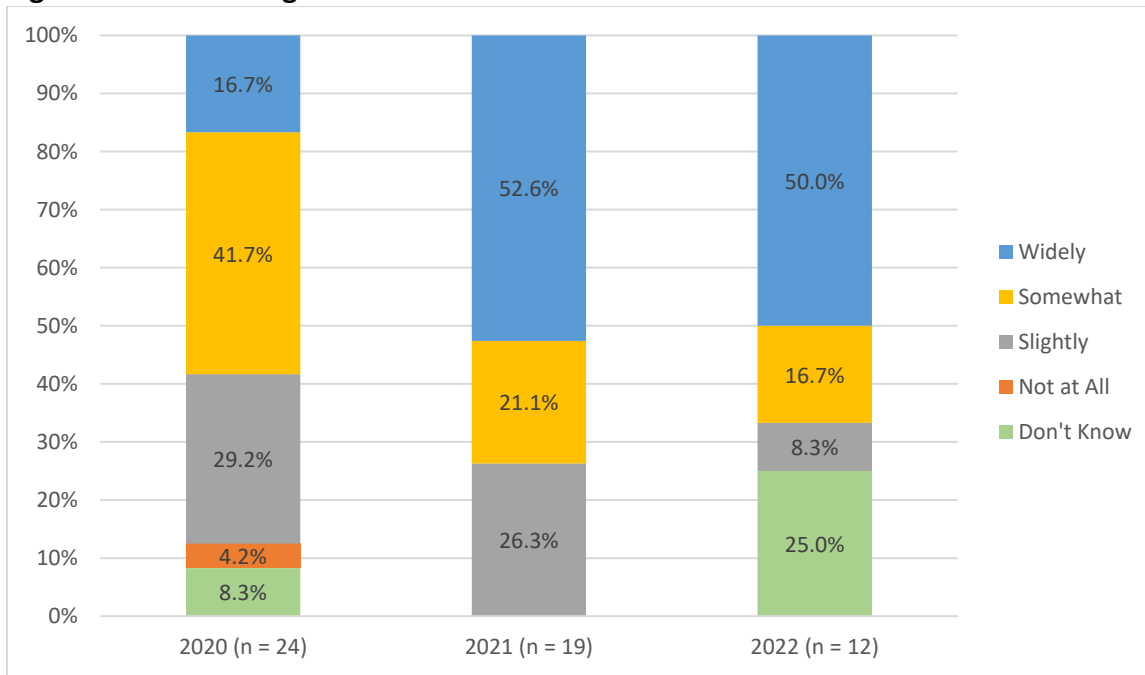
3.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Table 3.3 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was little change from 2021 to 2022, almost all of the items were rated between "slightly" and "moderately" implemented.

Table 3.3 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 16-20)	2021 Mean (n = 20-21)	2021 Mean (n = 20-21)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	2.80 (0.89)	3.10 (0.77)	3.11 (0.93)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.69 (0.79)	3.15 (0.81)	3.25 (0.87)

3.3.3 Effective Local Use of Data to Inform Decision-Making (ILCHF Outcome)

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to this infrastructure component was present in their community each year. The results show little change in this outcome over time.

Figure 3.36 Use of Local Outcome Data to Inform Decision-making
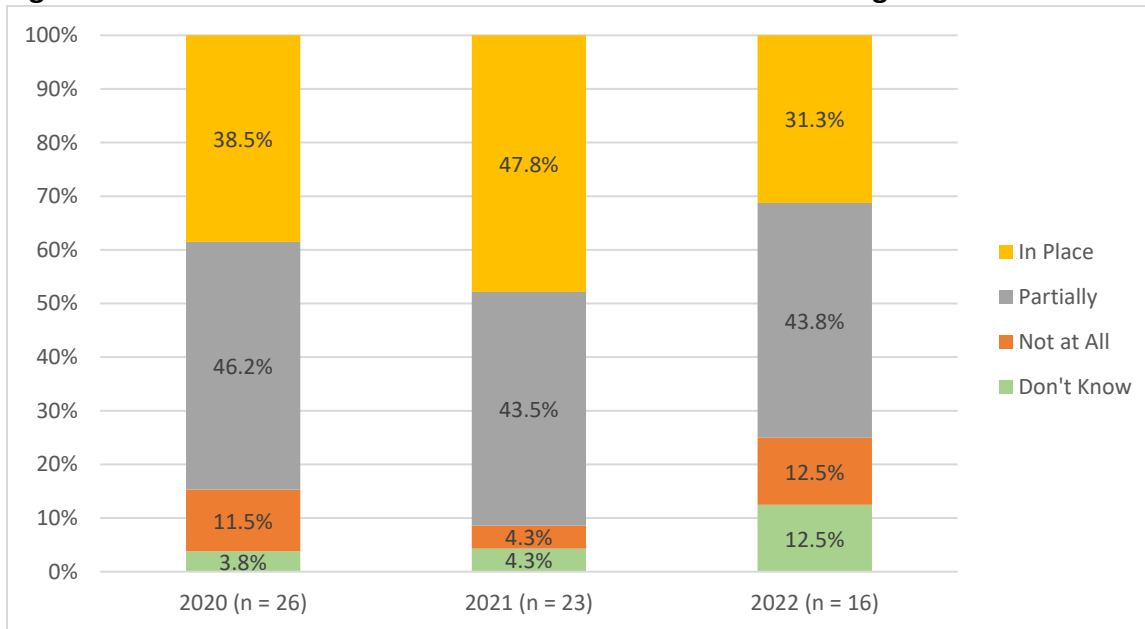
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. The results show little change across years.

Figure 3.37 Capacity for Gather Data for Continuous Quality Improvement
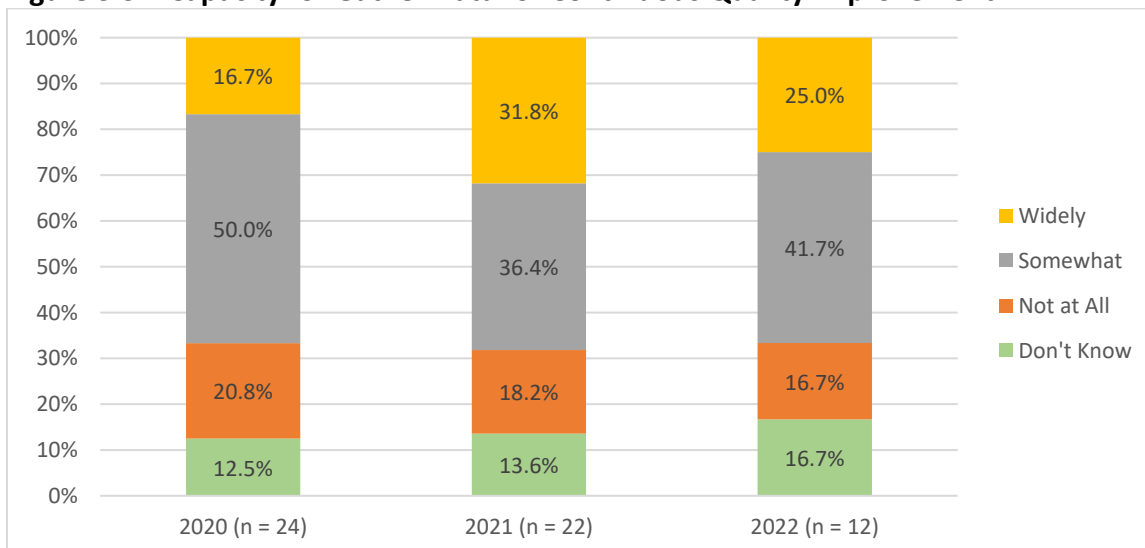
3.3.4 Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce; the results show little change across years.

Figure 3.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce
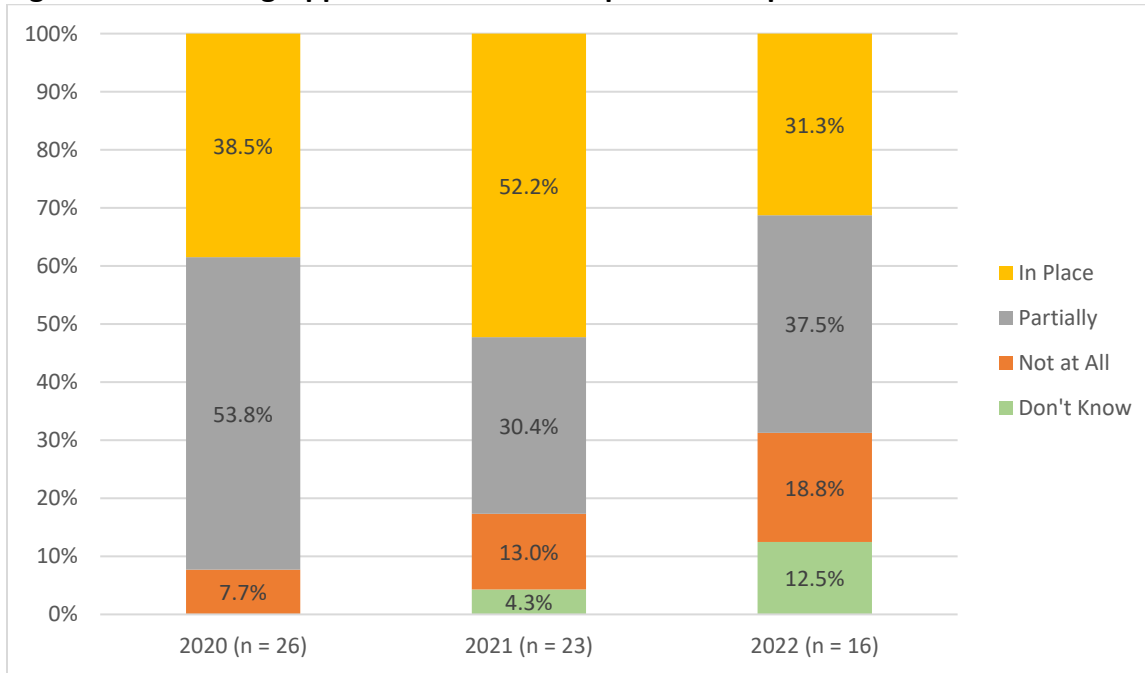
3.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. The rating scale for these questions was 1 = not at all or slightly implemented, 2 = somewhat implemented, and 3 = widely implemented. There was little change in these infrastructure components across the three years; average ratings indicated that stakeholders felt these infrastructure components were somewhat implemented.

Figure 3.39 System of Care Infrastructure Components

Note: "I Don't Know" responses were excluded when calculating the means

3.4   Parent/Youth Survey Results

Eight parents involved with Project SUN completed the parent version of the stakeholder survey in 2021 and four parents completed the survey in 2022. Sample sizes that small can produce percentages that fluctuate widely, so the results are presented in Table 3.4 rather than in figures.

Table 3.4 Parent/Youth Survey Results

	Year	Don't Know	Not at All	Slightly	Moderately	Widely
Parent and Child Involvement in Planning						
How involved have parents of children with mental health problems been in planning the system of care in your community?	2021 (n=8)	0	0	2	3	3
	2022 (n=4)	0	0	2	2	0
How involved have youth with mental health problems been in planning the system of care in your community?	2021 (n=8)	0	0	2	5	1
	2022 (n=4)	0	0	4	0	0
Individualized Services						
Are child and family teams used to develop service plans for children?	2021 (n=8)	0	0	3	5	0
	2022 (n=4)	2	0	1	1	0
Are the service plans individualized to address children's unique needs?	2021 (n=8)	0	1	0	5	2
	2022 (n=4)	1	0	1	2	0
Are individualized assessments and tests used to plan children's services and supports?	2021 (n=8)	0	1	1	4	2
	2022 (n=4)	2	0	1	0	1
Do children's service plans address more than one area of their life (for example, school plus physical health plus mental health)?	2021 (n=8)	0	0	1	6	1
	2022 (n=4)	1	0	0	2	1
Do children's service plans include informal supports (for example, help from neighbors, family friends, or church members) in addition to formal services and treatments?	2021 (n=8)	0	1	3	4	0
	2022 (n=4)	1	0	2	0	1

Family Voice						
Do families have the most say in deciding which services and support their child gets?	2021 (n=8)	0	1	2	3	2
	2022 (n=4)	0	0	1	1	2
Do children's services make use of their family's strengths?	2021 (n=8)	0	1	1	6	0
	2022 (n=4)	0	0	2	2	0
Do families have a real choice about what services and supports the child and family receive?	2021 (n=8)	0	1	3	4	0
	2022 (n=4)	0	1	2	1	0
Do parents have access to support from other parents who have children with mental health needs?	2021 (n=8)	0	2	5	1	0
	2022 (n=4)	0	1	2	0	1
Are there organizations that support family involvement in children's mental health services?	2021 (n=8)	0	0	3	4	1
	2022 (n=4)	0	0	3	0	1
Youth Voice						
Do children and youth have a say in what services they get?	2021 (n=8)	0	1	6	1	0
	2022 (n=4)	0	1	1	2	0
Do children's services make use of their strengths and interests?	2021 (n=8)	0	0	5	3	0
	2022 (n=4)	0	1	2	1	0
Do youth have a real choice between different services and supports?	2021 (n=8)	0	1	6	1	0
	2022 (n=4)	0	1	3	0	0
Do youth have access to support from other youth who have mental health needs?	2021 (n=8)	0	2	6	0	0
	2022 (n=4)	0	2	1	1	0
Are there organizations that support youth involvement in service planning and delivery?	2021 (n=8)	0	0	8	0	0
	2022 (n=4)	0	2	1	1	0

Coordinated Services						
Do different agencies work together as a team to provide services?	2021 (n=8)	0	0	3	3	2
	2022 (n=4)	0	0	2	2	0
Culture-specific Services						
Are services and supports available that are a good match for families of different cultures?	2021 (n=8)	1	1	3	2	1
	2022 (n=4)	0	0	3	1	0
Are service providers available for families who don't speak English?	2021 (n=8)	1	0	4	3	0
	2022 (n=4)	1	0	2	1	0
Community-based Services						
Are children served at home rather than a group home or residential treatment center?	2021 (n=8)	2	1	3	1	1
	2022 (n=4)	1	0	0	1	2
Service Variety						
Are many different types of services and supports available?	2021 (n=8)	0	1	3	4	0
	2022 (n=4)	0	0	3	1	0
Are services available for children age 5 and younger?	2021 (n=8)	1	1	4	2	0
	2022 (n=4)	2	1	0	1	0
Are services available for young adults who are transitioning to adulthood?	2021 (n=8)	1	0	6	1	0
	2022 (n=4)	0	1	3	0	0
Finding Services						
There is a place that families can go when they decide to start getting mental health services for their child.	2021 (n=8)	0	0	3	5	0
	2022 (n=4)	0	0	2	2	0
Service Availability						
Screening children to see if they need mental health services	2021 (n=8)	0	1	2	4	1
	2022 (n=4)	1	0	1	2	0

School-based prevention services	2021 (n=8)	2	0	3	3	0
	2022 (n=4)	1	0	2	1	0
Community-based prevention services	2021 (n=8)	1	1	4	1	1
	2022 (n=4)	1	0	2	1	0
Early intervention services to help children under age 5 who need help	2021 (n=8)	1	2	2	2	1
	2022 (n=4)	2	0	0	2	0
Assessment and testing to decide what services children need	2021 (n=8)	0	1	4	2	1
	2022 (n=3)	1	0	2	0	0
Individualized service planning (planning services to meet children's needs)	2021 (n=8)	1	0	4	3	0
	2022 (n=4)	0	0	3	1	0
Coordination between different services so they work together well	2021 (n=8)	0	0	6	2	0
	2022 (n=4)	0	1	2	1	0
Outpatient therapy	2021 (n=7)	0	0	2	3	2
	2022 (n=4)	0	0	3	1	0
Medication treatment/management	2021 (n=8)	0	0	2	4	2
	2022 (n=4)	1	1	2	0	0
Crisis response services (24 hours, 7 days)	2021 (n=8)	2	0	2	1	3
	2022 (n=4)	2	1	1	0	0
School-based mental health services	2021 (n=8)	1	1	1	4	0
	2022 (n=4)	0	1	2	1	0
Behavior management skills training	2021 (n=8)	3	1	4	0	0

Service	Year					
	2022 (n=4)	1	1	2	0	0
Day treatment	2021 (n=8)	0	0	4	2	2
	2022 (n=4)	1	1	1	1	0
Substance use treatment	2021 (n=8)	1	0	2	4	1
	2022 (n=4)	2	0	2	0	0
Substance use residential treatment	2021 (n=8)	3	1	1	1	1
	2022 (n=4)	2	0	2	0	0
Tele-behavioral health services (services provided by telephone or video call)	2021 (n=8)	1	0	2	2	3
	2022 (n=4)	0	0	1	2	1
Youth peer provided services (support from other youth)	2021 (n=8)	3	3	2	0	0
	2022 (n=4)	0	3	1	0	0
Caregiver peer provided services (support from other parents)	2021 (n=8)	0	3	3	2	0
	2022 (n=4)	0	1	2	1	0
Respite services (to give a parent and a child a night off from each other if they need it)	2021 (n=8)	2	2	4	0	0
	2022 (n=4)	2	1	0	0	0
Supported education and employment	2021 (n=8)	4	1	2	1	0
	2022 (n=4)	1	1	2	0	0
Supported independent living	2021 (n=8)	3	2	3	0	0
	2022 (n=4)	3	1	0	0	0
Transportation	2021 (n=8)	3	1	3	1	0
	2022 (n=4)	1	2	1	0	0

Residential treatment for mental health problems	2021 (n=8)	0	3	2	1	2
	2022 (n=4)	0	3	0	1	0
Inpatient hospitalization	2021 (n=8)	0	0	4	0	4
	2022 (n=4)	0	1	2	1	0
Service Coordination: How much do the following agencies coordinate with mental health agencies to provide system of care services to children and families in your community?						
Education system	2021 (n=8)	1	0	3	1	3
	2022 (n=4)	0	1	2	0	1
Health care (hospital) system	2021 (n=8)	0	0	2	4	2
	2022 (n=4)	0	2	1	0	1
Public health system	2021 (n=8)	0	0	3	3	2
	2022 (n=4)	0	2	1	1	0
Child welfare system	2021 (n=8)	0	0	2	3	3
	2022 (n=4)	1	2	1	0	0
Juvenile justice/court system	2021 (n=8)	4	0	0	2	2
	2022 (n=4)	2	1	0	1	0
Substance use treatment system	2021 (n=8)	4	0	1	2	1
	2022 (n=4)	2	1	0	1	0
Overall Assessment						
Overall, how much has your community created a system of care?	2021 (n=8)	0	0	2	4	2
	2022 (n=4)	0	0	2	1	1

4.   Kane County System of Care

The sample size and composition of the three administrations of the stakeholder survey for the Kane County System of Care (KCSOC) project were different. The first administration consisted of 10 respondents that included parents, social service, and juvenile justice service providers, community members, and others. The second administration consisted of a much larger sample (4 parents and 33 providers) and a broader representation of provider sectors including social service, health care, education, law enforcement, juvenile justice, religious community, community member, and other. In 2022, there were only eight participants that included social service and juvenile justice providers, as well as some who selected an "other role" within the SOC. Since the surveys were anonymous, there is no way to know if the same individuals took the survey each year, and in fact, it is likely that the samples consisted of different individuals. Differences in the results of the surveys may therefore partially be attributed to the fact that different individuals with different knowledge and experiences were taking the surveys. Changes in the results from 2021 to 2022 should be interpreted with some caution due to the much smaller sample size in 2022.

It is also important to note that the sample sizes for the stakeholder survey in most sites were small, which means that changes in percentages across the three data points should be interpreted with caution because small changes in the number of respondents who give a particular answer can result in large changes in percentages. For example, in a sample of 10 respondents, a change in the response of three individuals will change the percentage in a distribution by 30%, which seems like a large change but needs to be interpreted with care. Finally, the stakeholder survey assesses respondents' perceptions of the system of care and the results should not be interpreted as objective measures of service availability, coordination, or implementation status. This is especially important to keep in mind when reviewing results from the parent survey.

The following sections provide detailed descriptions of KCSOC stakeholder perceptions of the overall implementation of their system of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; capacity to provide evidence-based mental health services; effective local use of data to inform decision-making; and the development of a well-prepared mental health workforce. Detailed information is provided in numerous figures and tables; a summary is provided here.

- Assessments of the overall level of the system of care implementation were similar in 2020 and 2021; over half of the respondents thought the system of care was somewhat or widely implemented in both years. In 2022, all respondents felt that the SOC was somewhat or widely implemented.
- Stakeholders were asked about the presence of several implementation supports, such as a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication; and technical

assistance opportunities. For all of the implementation supports, the findings show that the majority of stakeholders perceive them as widely or partially in place in each year, although a few respondents in 2021 were uncertain or reported the absence of these elements.

- In both 2020 and 2022, the majority of the stakeholders reported that parent and youth involvement was in place or partially in place. Responses in 2021 were more varied; some stakeholders perceived that parent and youth involvement was not in place or they did not know.
- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Perceived commitment to the SOC increased for several of the service systems in 2022. Systems with the highest levels of perceived commitment included mental health, public health, direct service providers, agency administrators, and youth and family leaders. Primary health systems and managed care organizations were perceived as less committed.
- Stakeholder perceptions of the degree to which services were guided by each of the eight SOC values and principles showed slight increases from 2021 to 2022. In 2022, all of the principles were seen as between moderately to widely implemented.
- Survey participants were provided with a list of home- and community-based services and asked to rate the availability of each during the prior 12 months. There was little change in the perceived availability of most services from 2021 to 2022. Most services were perceived as being somewhat or widely available in all three years, except for intensive care management, intensive in-home services, respite services, and transportation.
- In general, out-of-home treatment services were perceived as less widely available than community- and home-based services.
- There were a wide variety of perceptions in 2020, 2021, and 2022 about the availability of caregiver and youth peer-provided services. The most noticeable change from 2021 to 2022 is that over one-third of respondents in 2021 did not know about the availability of peer-provided services but in 2022 no respondents gave this answer.
- The perception of service coordination and integration in the community remained relatively the same in 2020 and 2021 but increased in 2022. There was slight upward change across the three years in terms of perceptions of the extent to which other child-serving systems coordinate with mental health providers to provide services to children and families in their community.
- There was little change between 2021 and 2022 in stakeholders' perceived availability of screening and early identification of behavioral health problems. Most stakeholders felt these services were somewhat or widely available.
- There was little change on perceptions of the capacity to provide evidence-based services from 2020 to 2021, and a slight increase in perceived capacity from 2021 to 2022.
- There was little change in perceptions of use of local data to inform decision-making, while results for use of data for continuous improvement increased slightly.

- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce within the system of care and perceptions were essentially the same across 2020 and 2021 with mixed responses, compared with 2022 where all stakeholders reported them to be either widely in place or partially in place.
- Perceptions of system of care infrastructure components in 2020 and 2021 were similar, with average ratings indicating that they were somewhat implemented. Perceptions of the implementation of all the system infrastructure components increased in 2022; average ratings were between somewhat and widely implemented.

4.1   System of Care Implementation Processes

4.1.1   Overall System of Care Implementation

Stakeholders were asked, "To what extent do you believe that the system of care approach is being implemented in your community?" and the response options were "not at all," "slightly," "somewhat," and "widely." The distributions of responses for 2020, 2021, and 2022 are shown in Figure 4.1. Stakeholder perceptions of the overall level of the system of care implementation were similar in 2020 and 2021; over half of the respondents thought the system of care was somewhat or widely implemented in both years. In 2022, all respondents felt that the SOC was somewhat or widely implemented.

Figure 4.1 Overall Assessment of System of Care Implementation
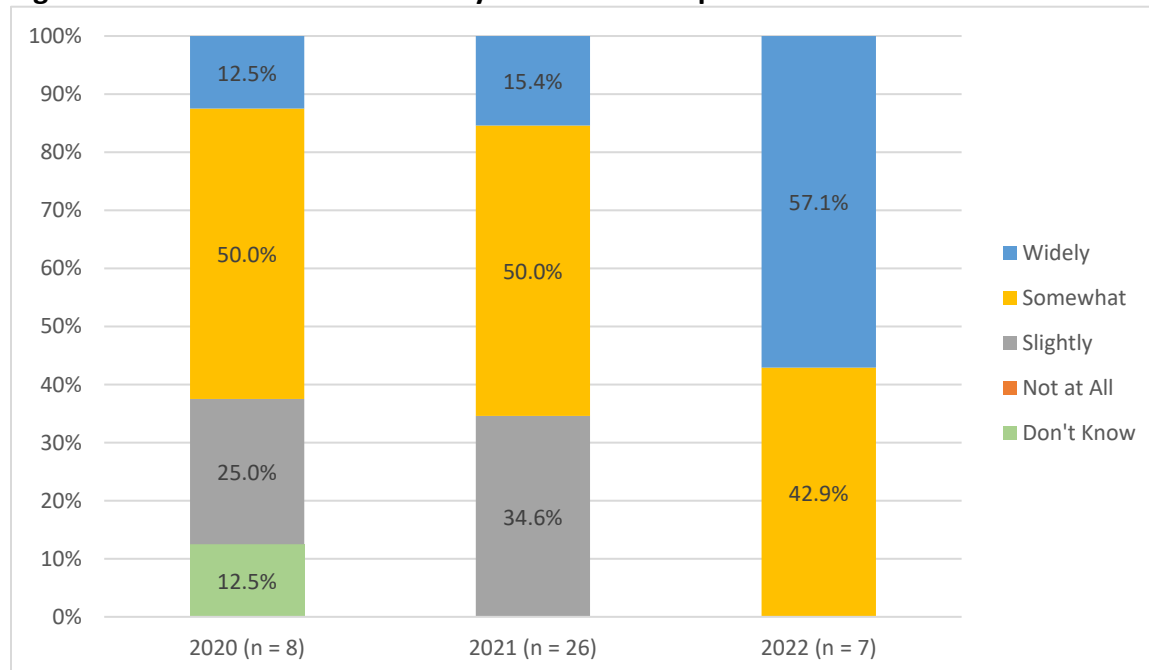
4.1.2   System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2020, 2021, and 2022. For all of the implementation supports, the findings show that the majority of stakeholders perceive them as widely or partially in place with a few respondents in 2021 being uncertain or reporting the absence of these elements. Additionally, there is consistently more variability of responses for the year 2021, perhaps due to the higher number of participants that year; 2020 and 2022 both had significantly lower response rates.

Figure 4.2 Strategic Plan That Guides System of Care Implementation Activities
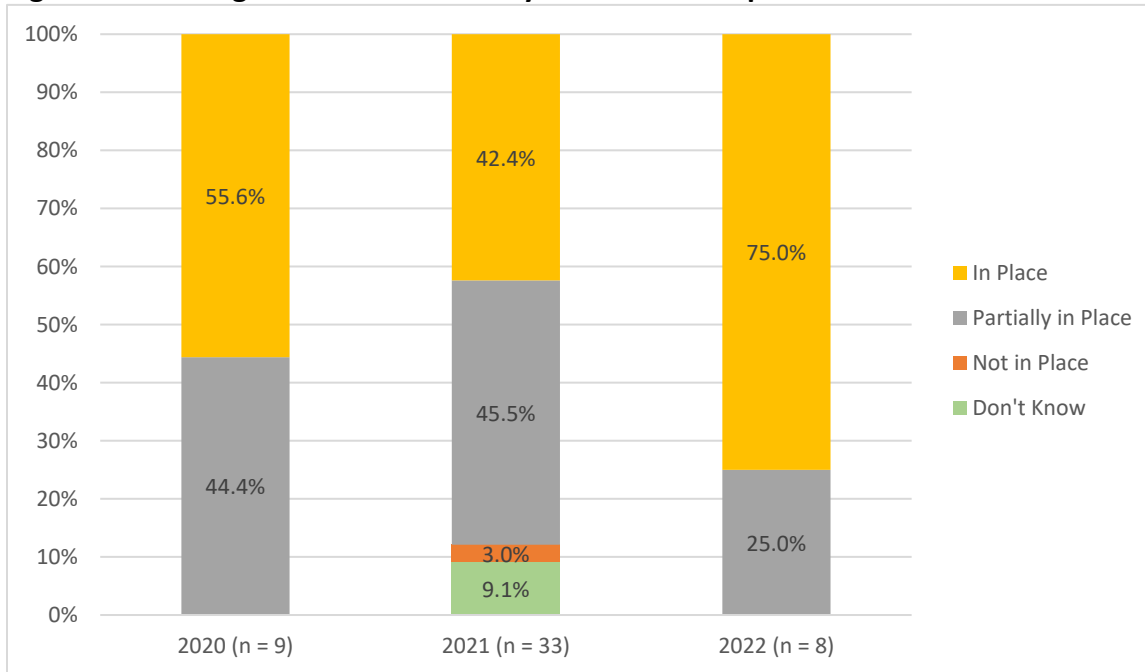
Figure 4.3 A Steering Committee That Meets Frequently to Guide Implementation Activities
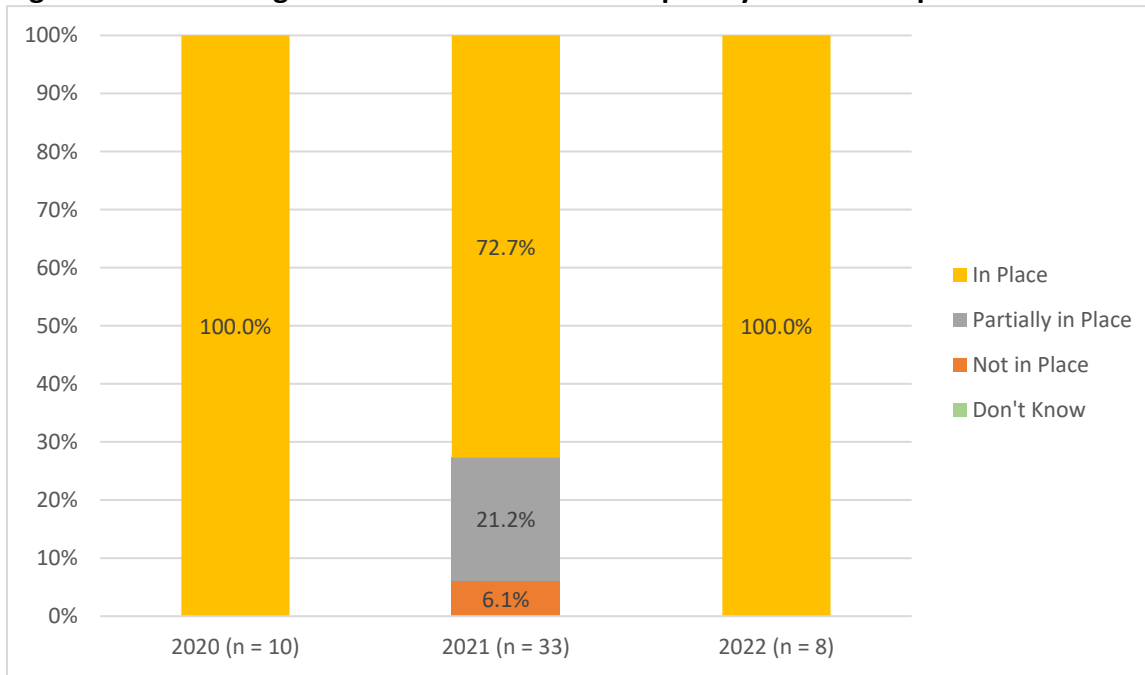
Figure 4.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems
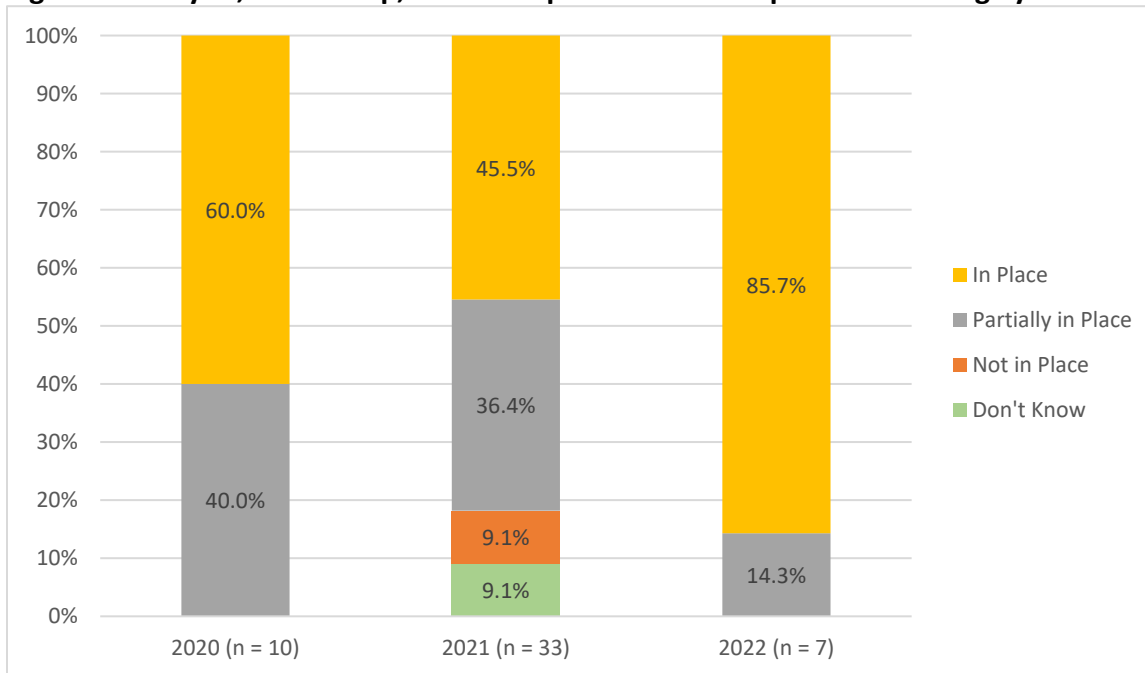
Figure 4.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders
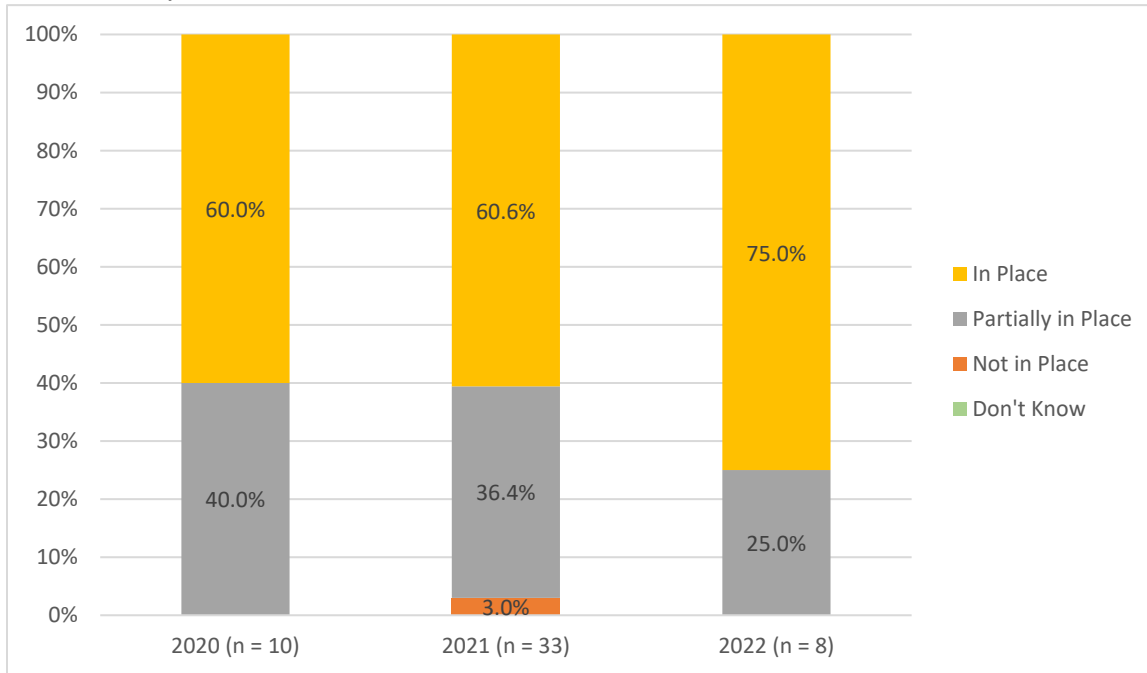
Figure 4.6 Technical Assistance Opportunities to Support Implementation
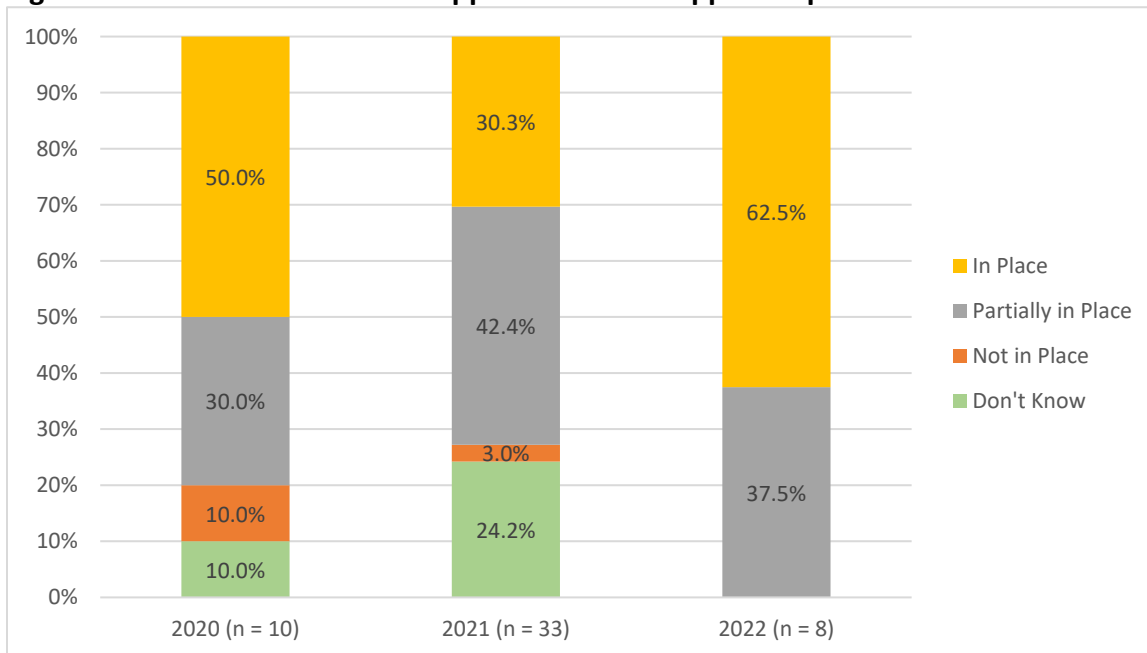
4.1.3 Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities across the three years. In both 2020 and 2022, the majority of the stakeholders reported that parent and youth involvement was in place or partially in place. Responses in 2021 were more varied; some stakeholders perceived that parent and youth involvement was not in place or they did not know.

Figure 4.7 Parent Involvement in System of Care Implementation Activities
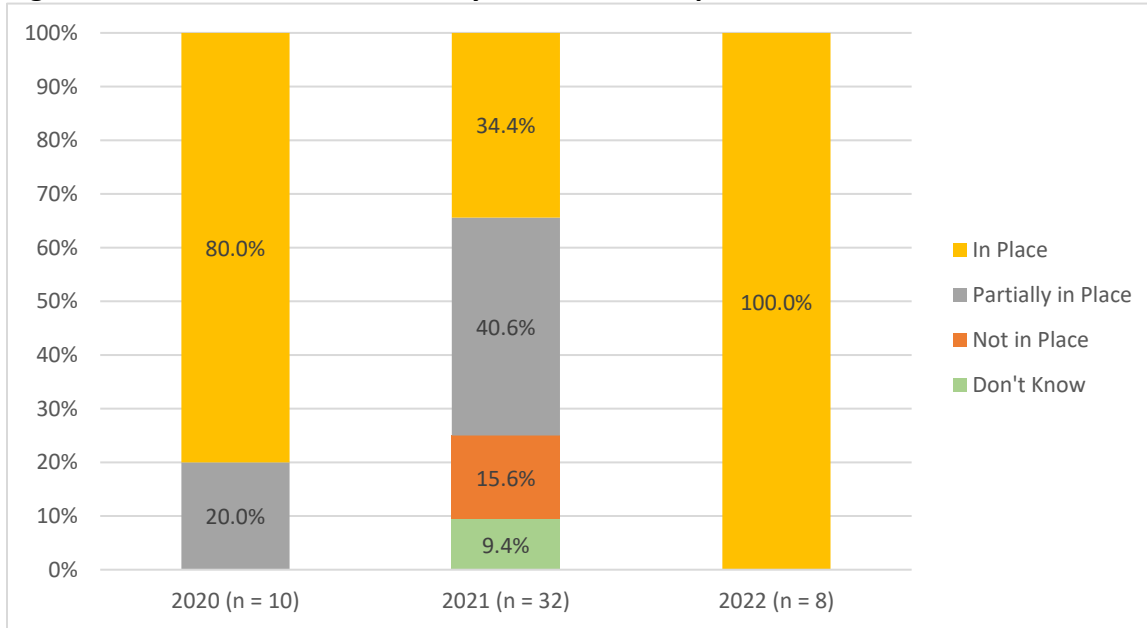
Figure 4.8 Youth Involvement in System of Care Implementation Activities
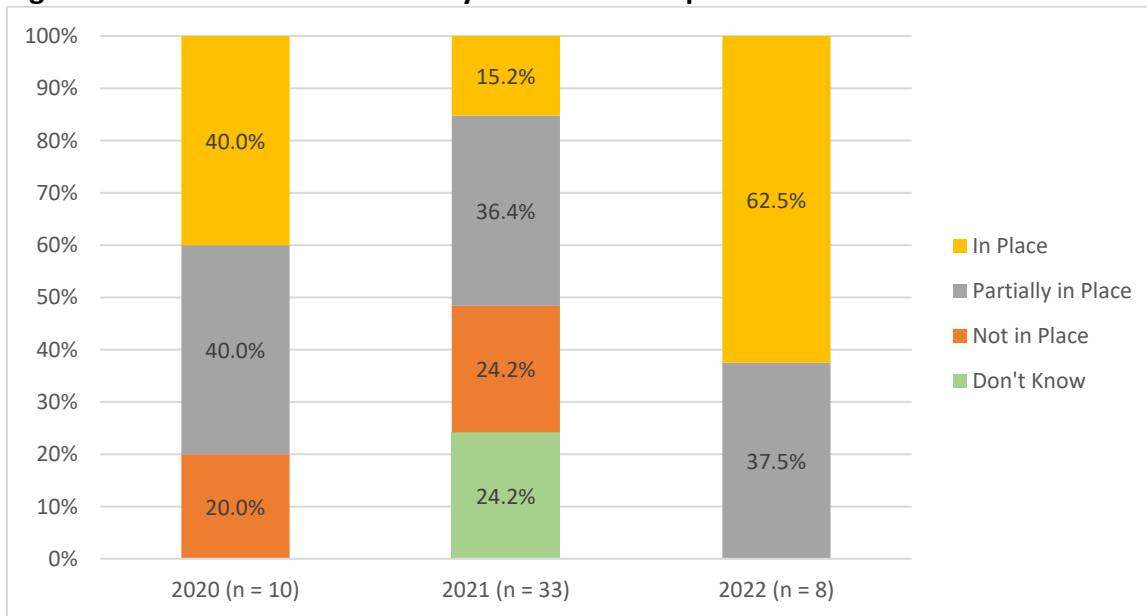
4.1.4 Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 4.9 shows the mean scores for the perceived commitment of each child-serving system in 2020, 2021, and 2022. Stakeholder perceptions of the level of commitment from most child-serving systems were about the same in 2020 and 2021; most were perceived as being between slightly and somewhat committed. Perceived commitment to the SOC increased for several of the service systems in 2022. Systems with the highest levels of perceived commitment included mental health, public health, direct service providers, agency administrators, and youth and family leaders. Primary health systems and managed care organizations were perceived as less committed.

Figure 4.9 Commitment to System of Care Philosophy and Approach
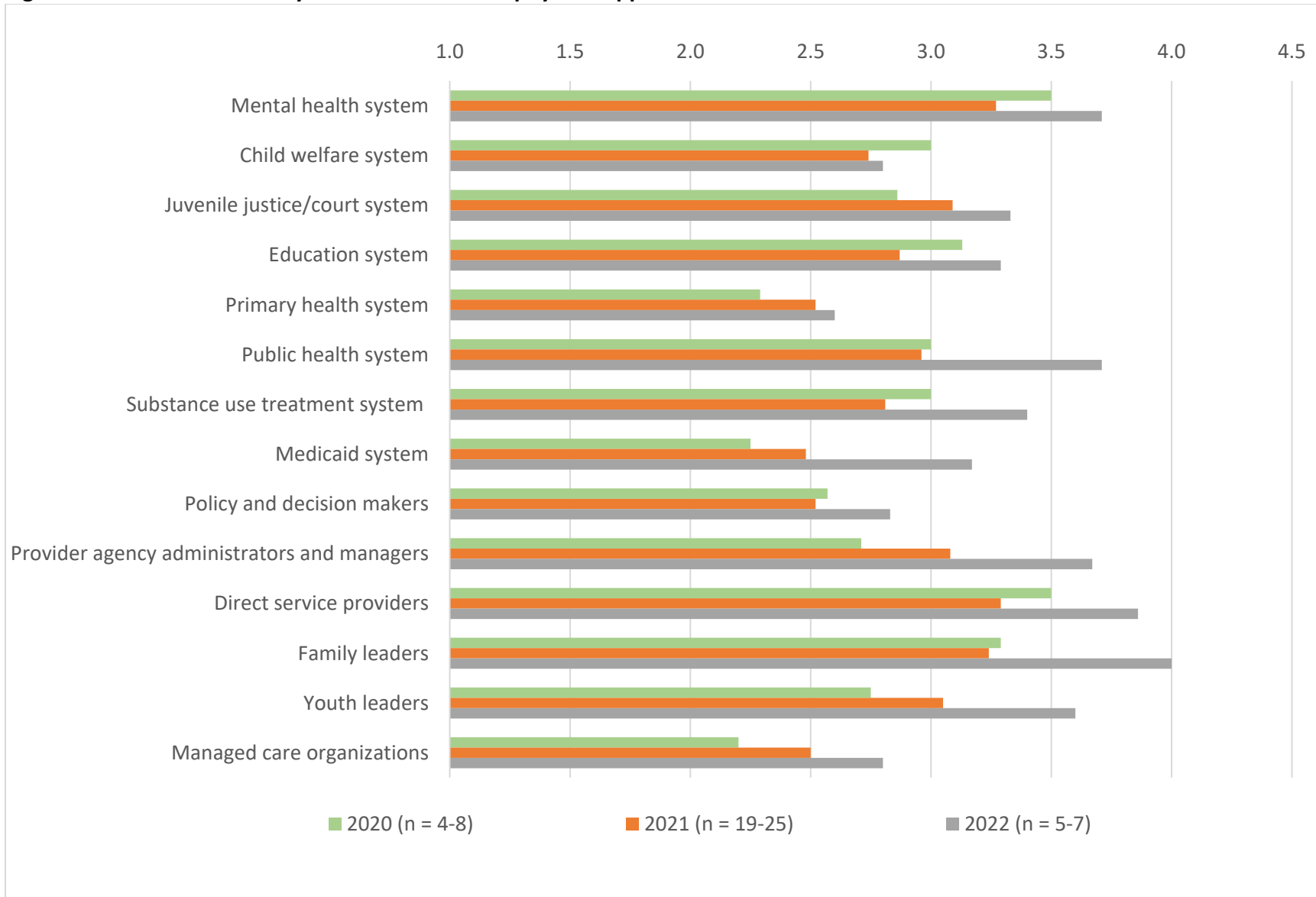
Note: "Don't know" responses were not included when calculating the mean scores.

4.2   System of Care Service Outcomes

4.2.1   Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these eight principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2020, 2021, and 2022 are shown in Figure 4.10. Stakeholder perceptions of the degree to which these principles were implemented showed slight increases from 2021 to 2022. In 2022, all of the principles were seen as between moderately to widely implemented.

Figure 4.10 Service Delivery Guided by System of Care Values and Principles
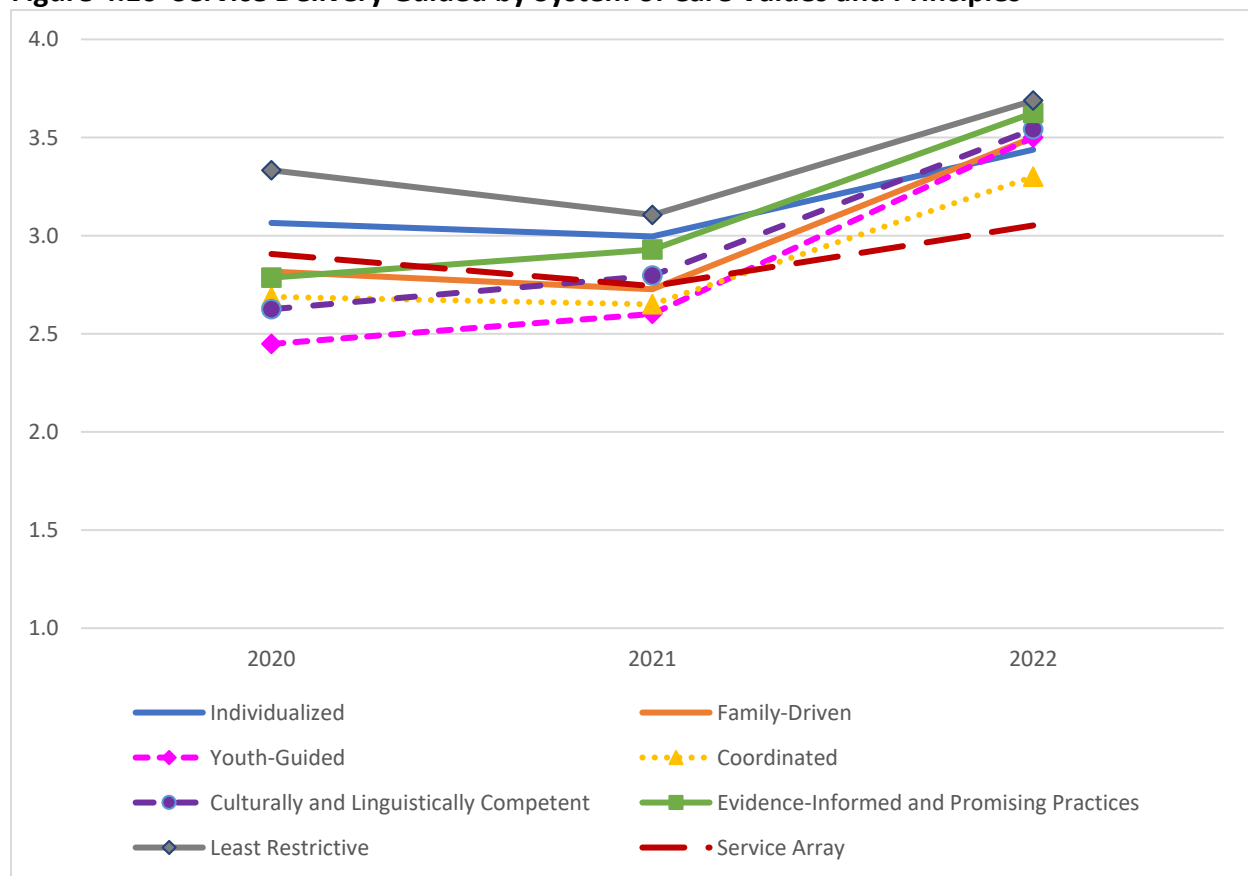
4.2.2 Service Availability – Home and Community-Based Treatment and Support Services

Survey participants were provided with a long list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. There was little change in the perceived availability of most services from 2021 to 2022. Most services were perceived as being somewhat or widely available in all three years, except for intensive care management, intensive in-home services, respite services, and transportation.

Figure 4.11 School-based Prevention Services
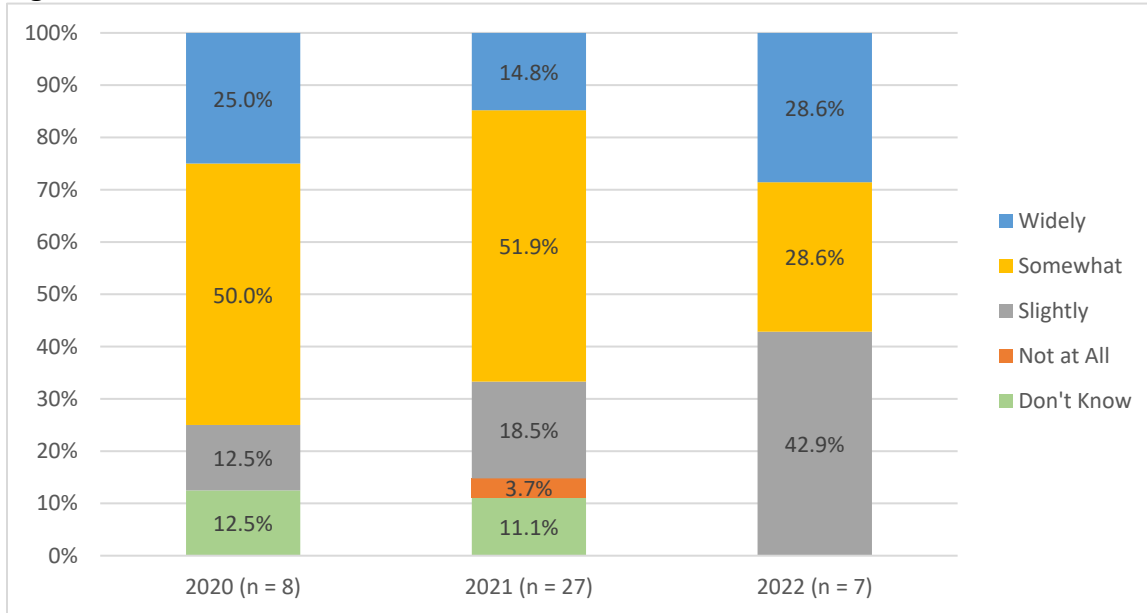
Figure 4.12 Community-based Prevention Services
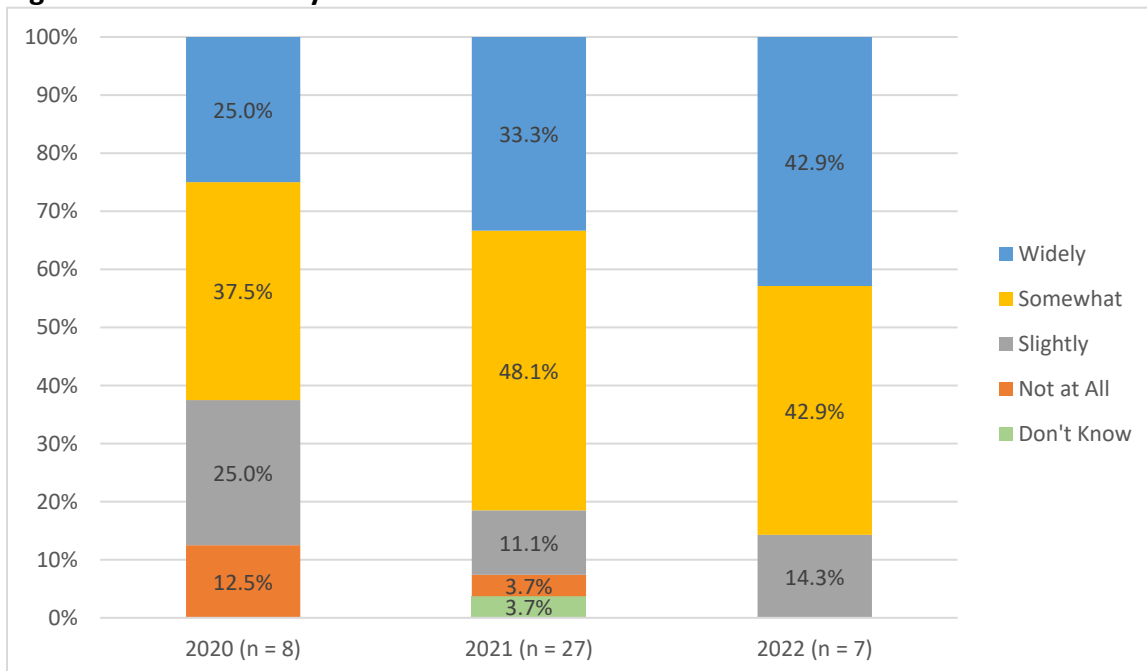
Figure 4.13 Early intervention Services
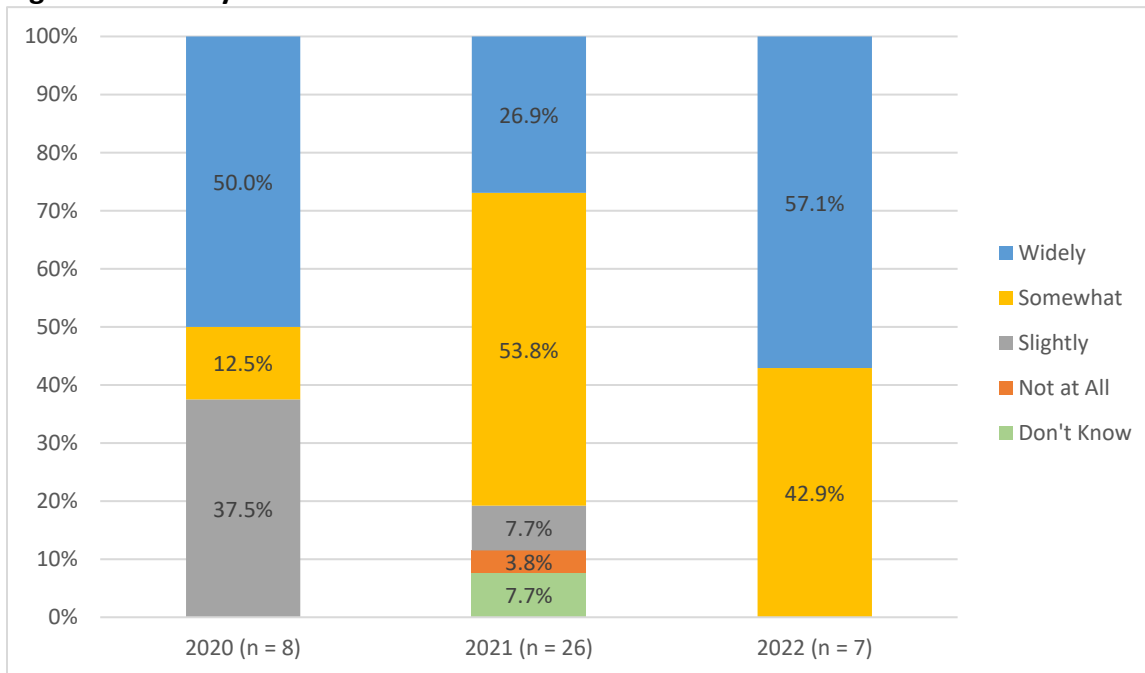
Figure 4.14 Assessment
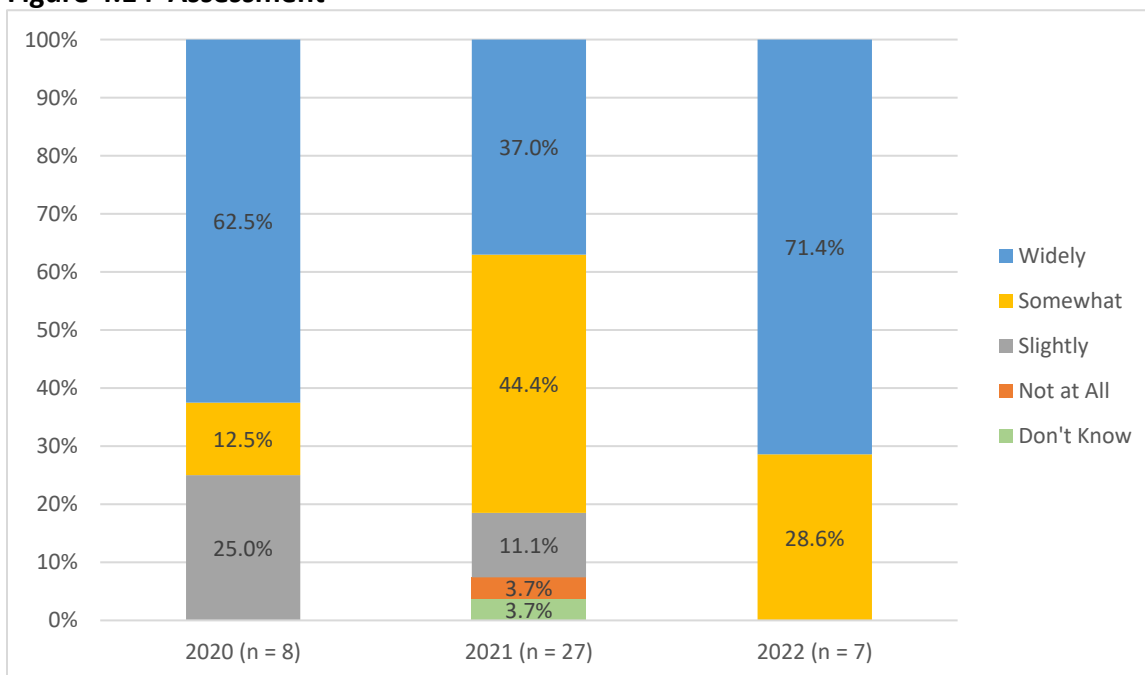
Figure 4.15 Individualized Service Planning
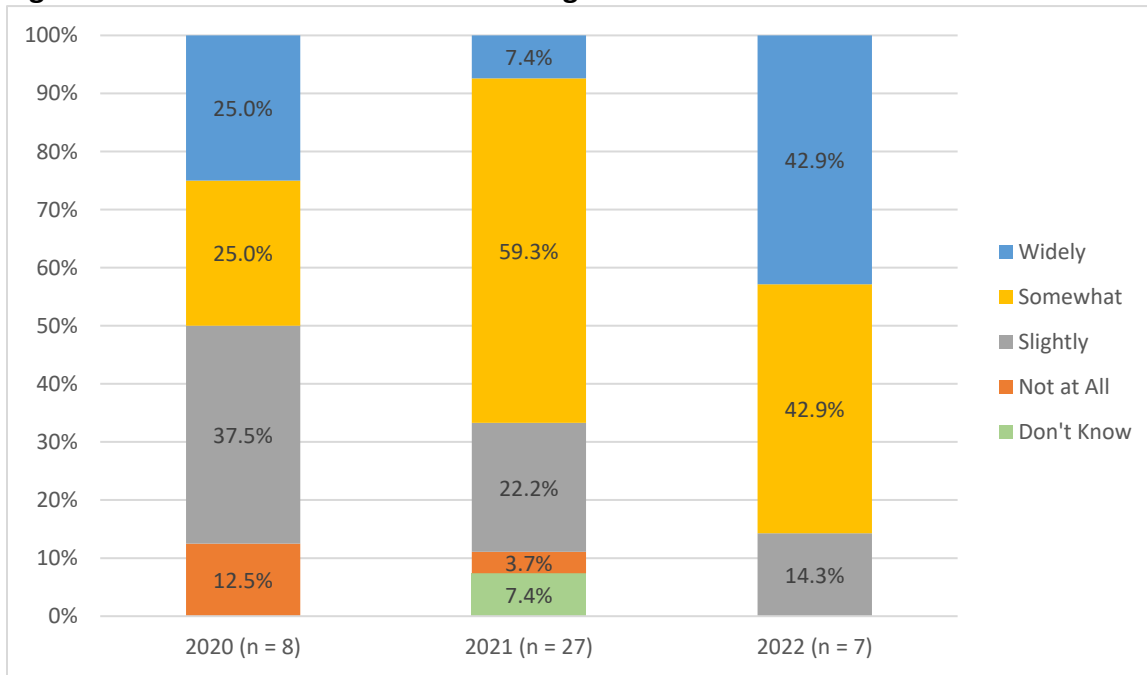
Figure 4.16 Intensive Care Management
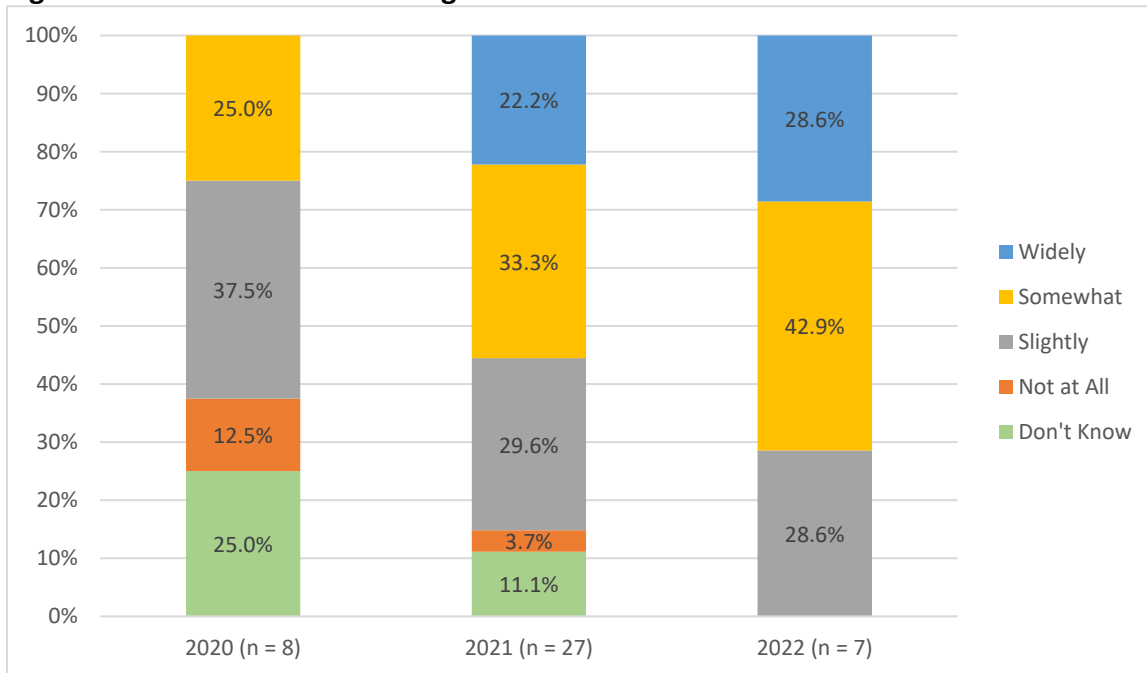
Figure 4.17 Outpatient Therapy
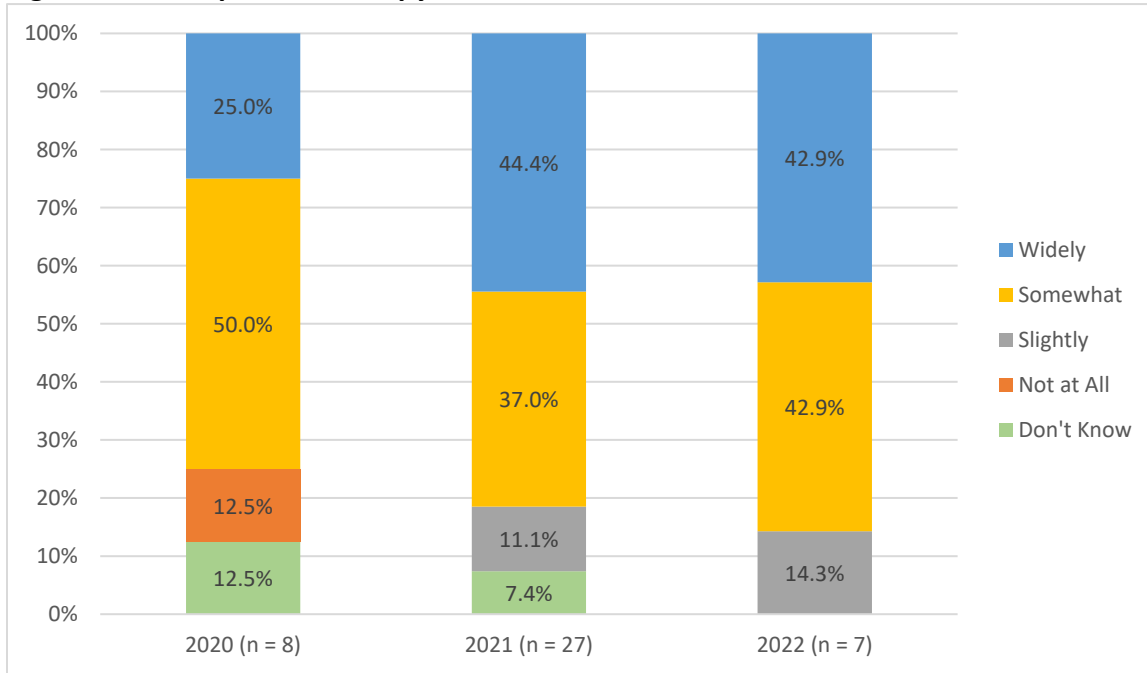
Figure 4.18 Medication Treatment/Management
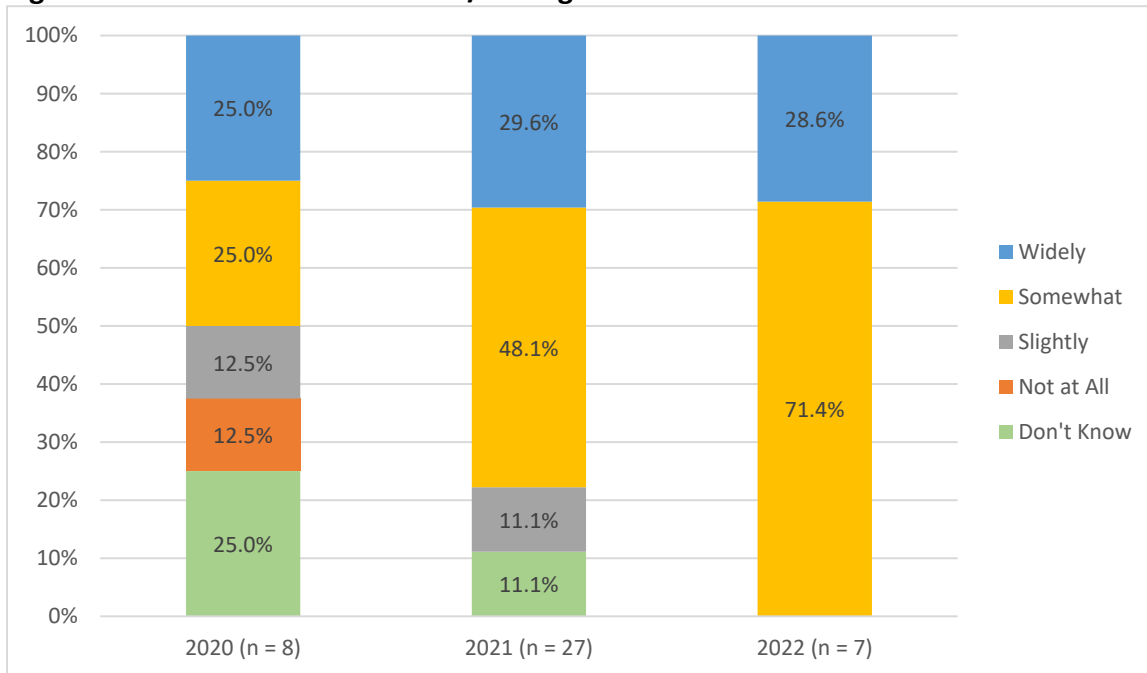
Figure 4.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)
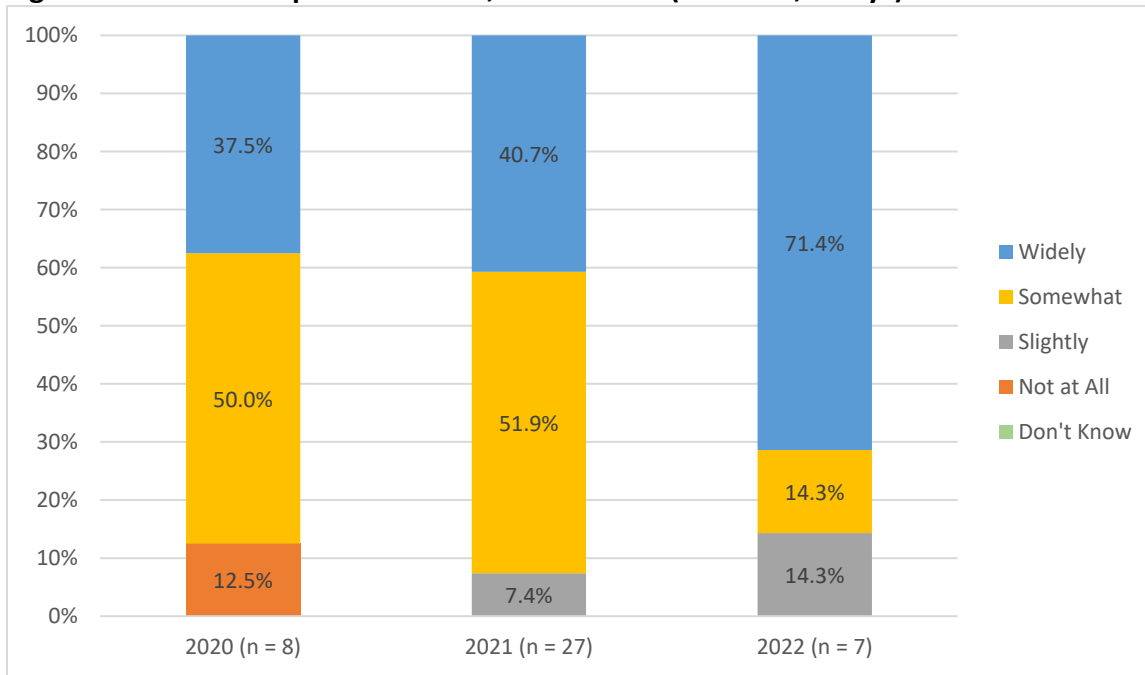
Figure 4.20 Intensive In-Home Services
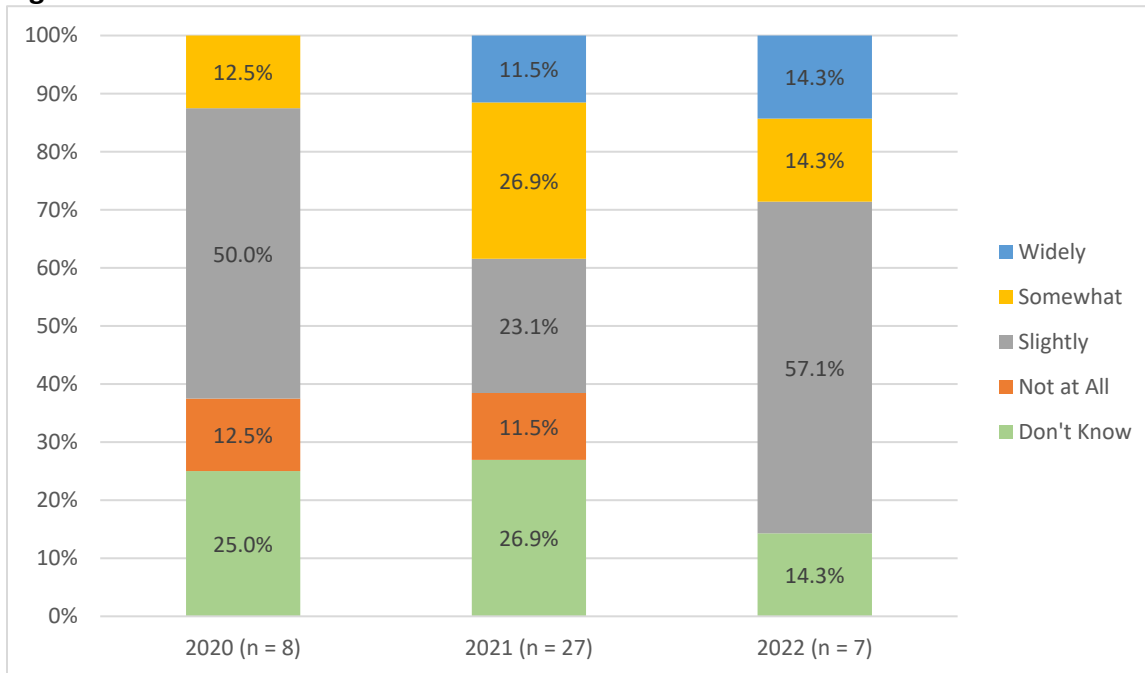
Figure 4.21 School-based Behavioral Health Services
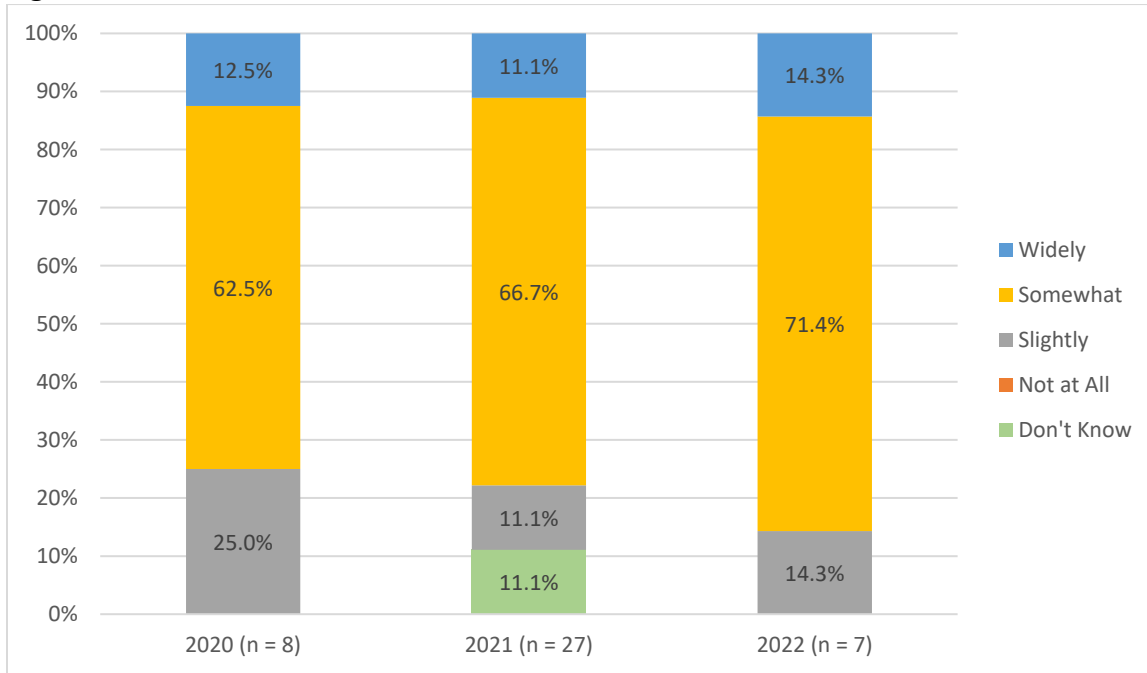
Figure 4.22 Substance Use Treatment
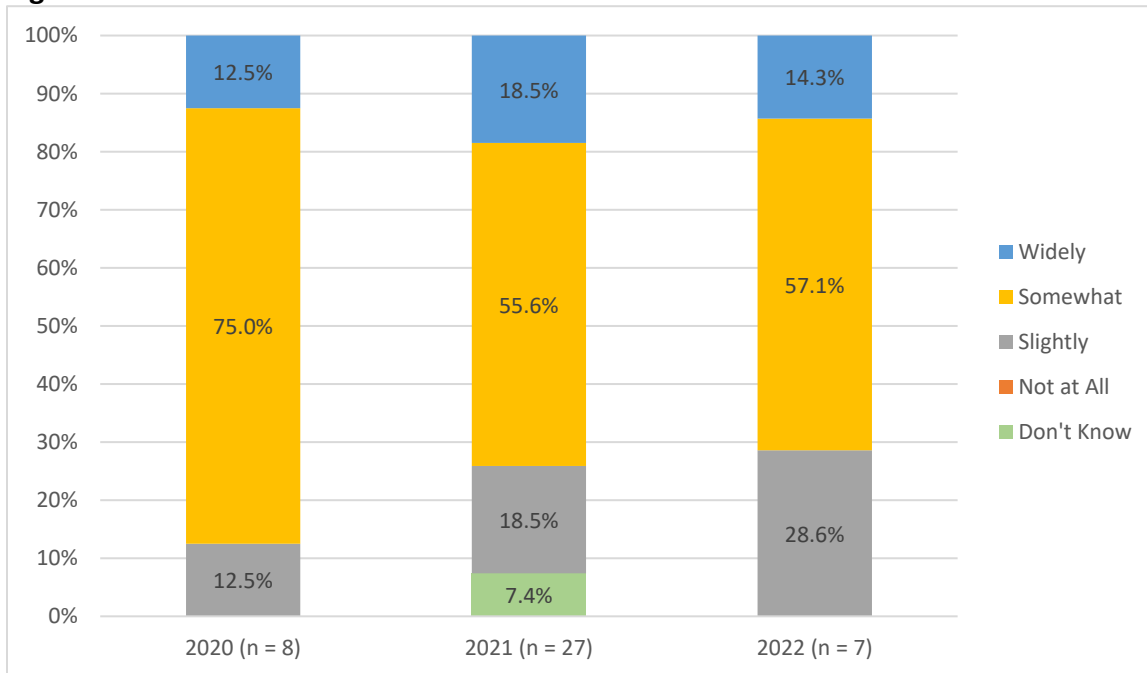
Figure 4.23 Behavior Management Skills Training
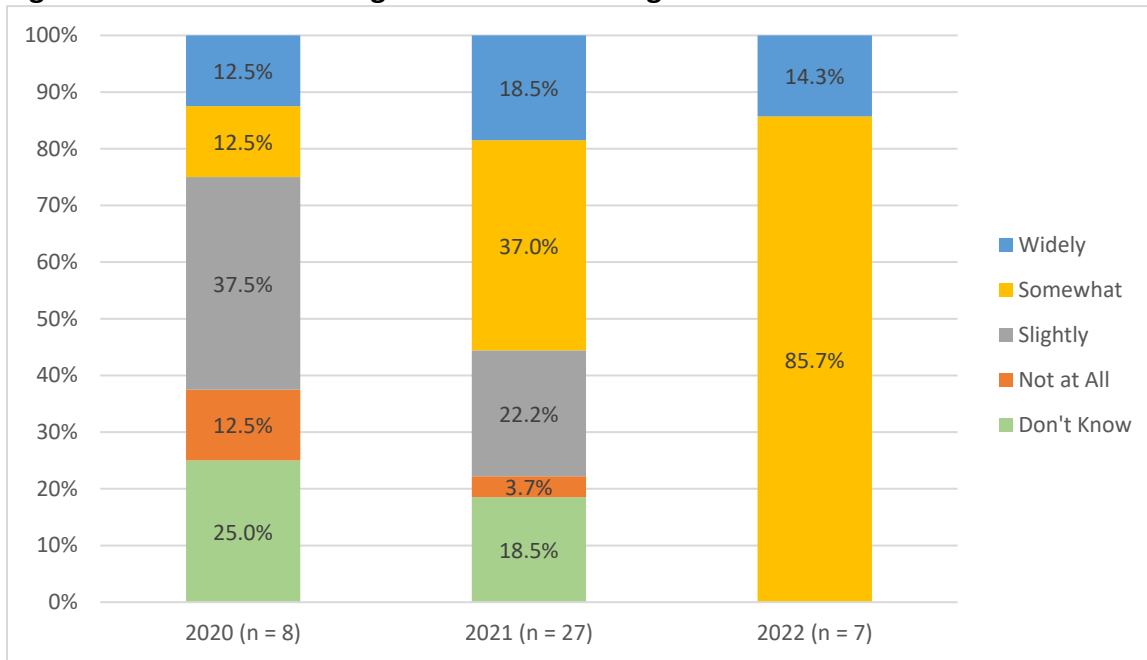
Figure 4.24 Tele-Behavioral Health Services
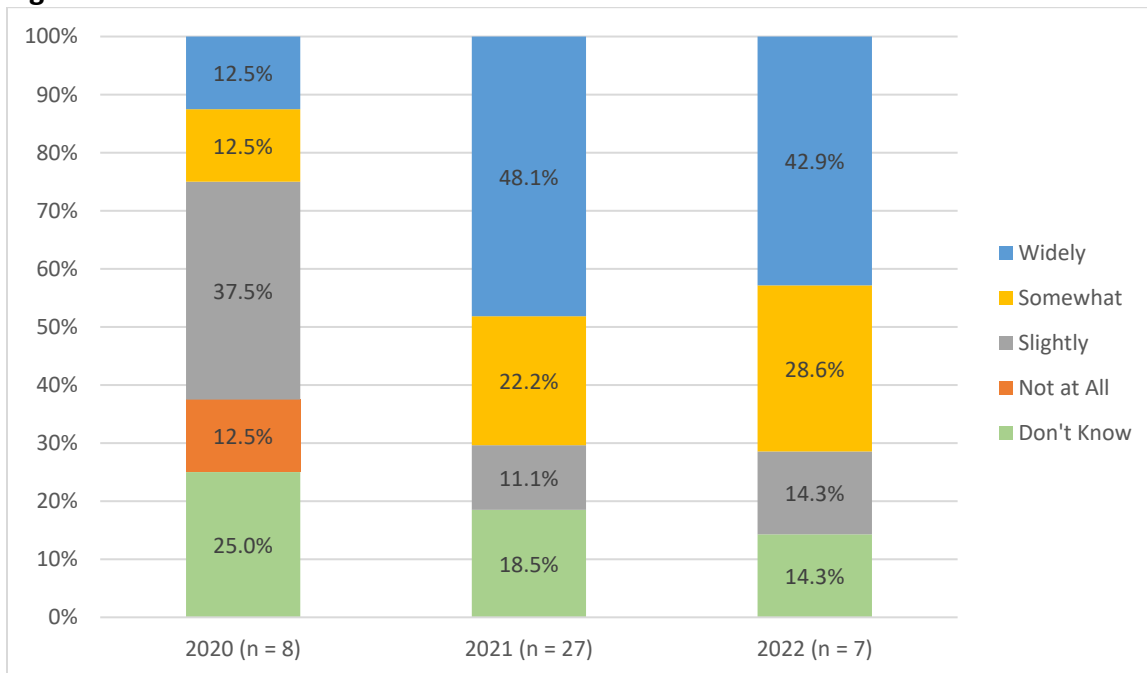
Figure 4.25 Youth and Family Education
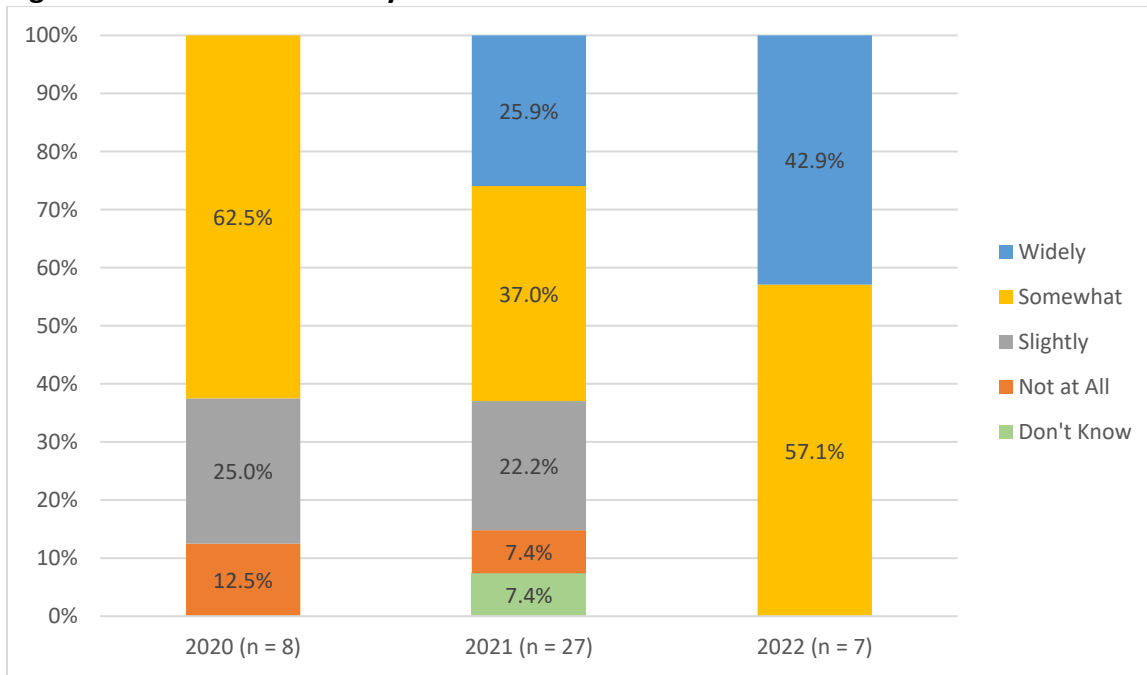
Figure 4.26 Respite Services
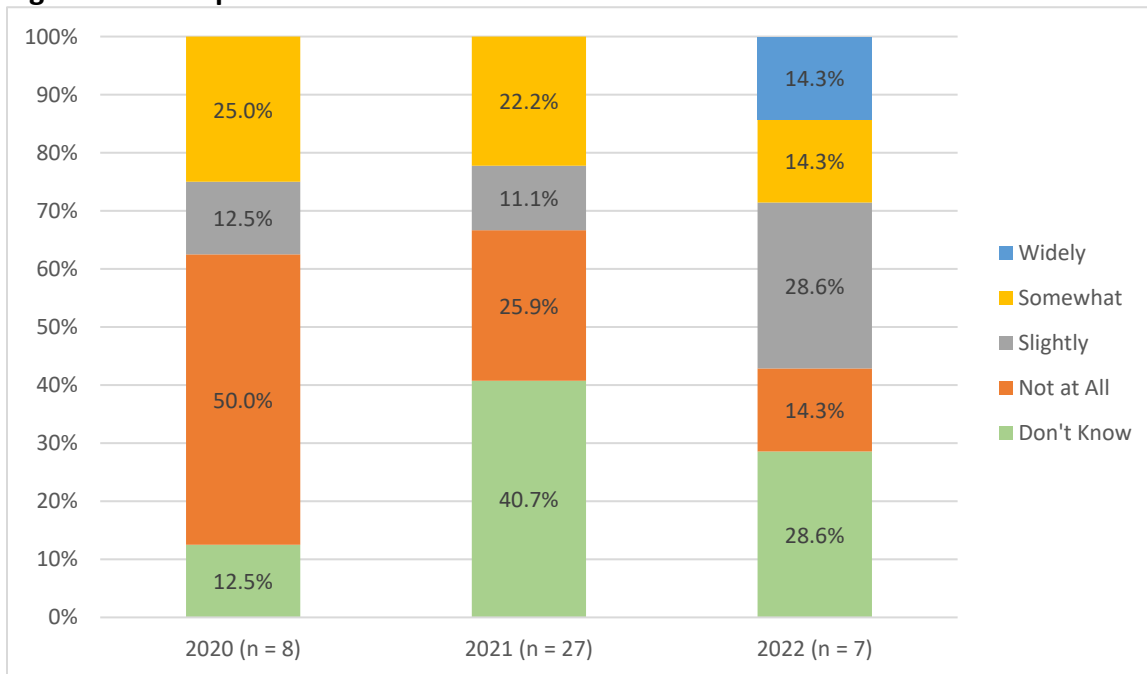
Figure 4.27 Mental Health Consultation
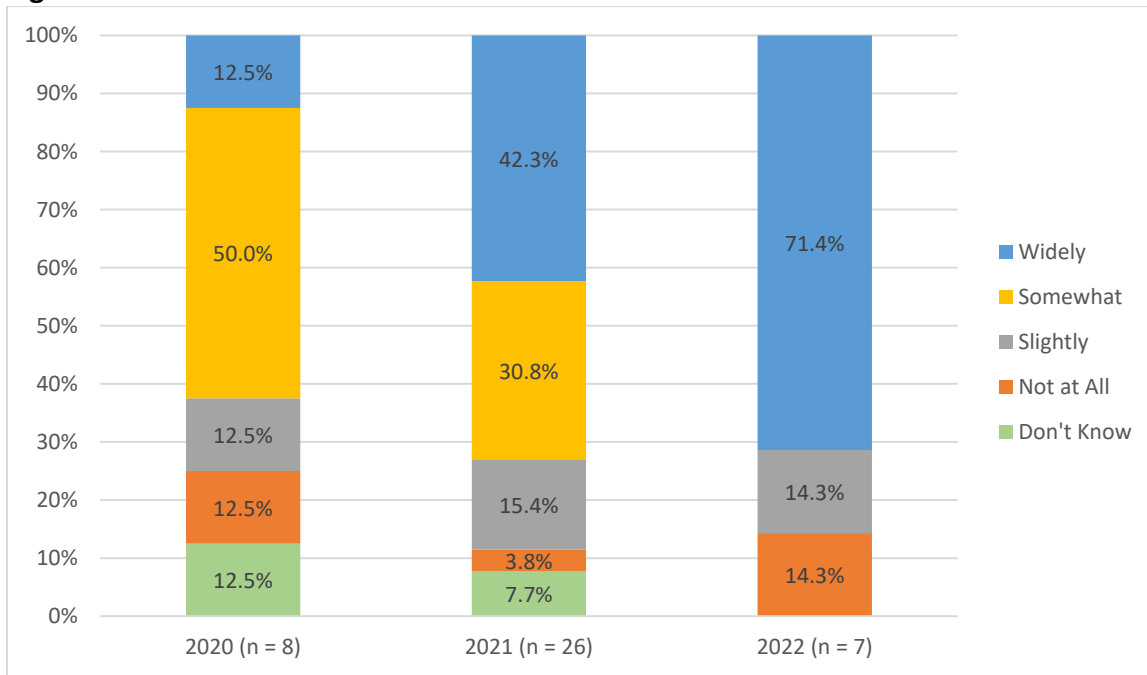
Figure 4.28 Transportation
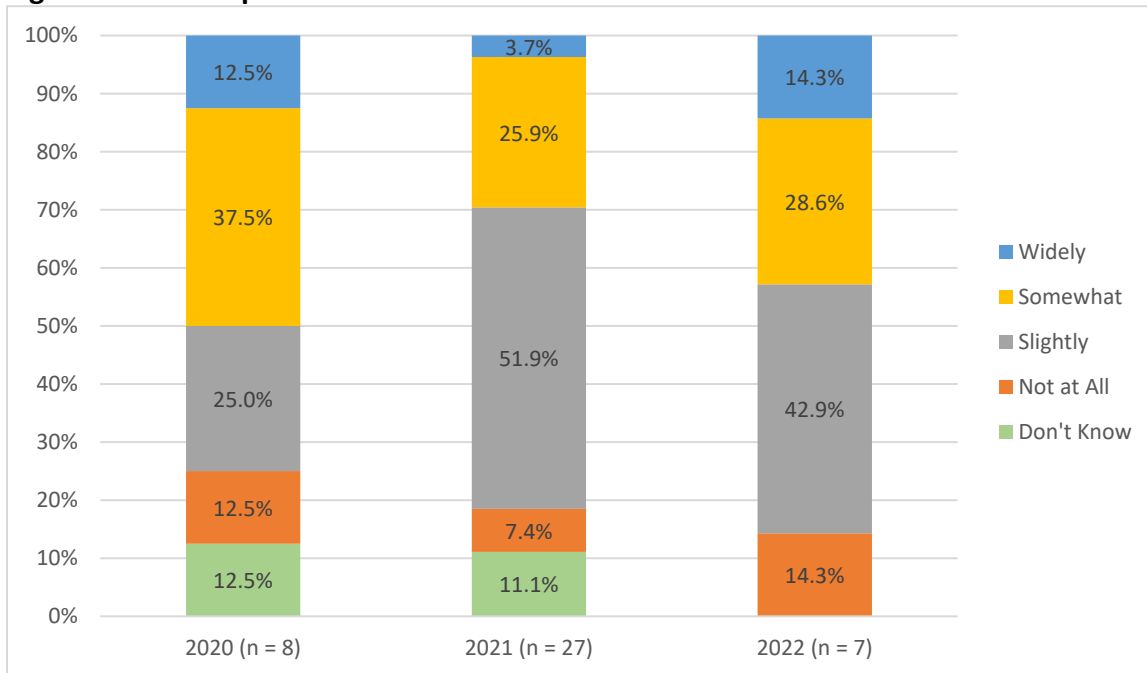
4.2.3 Out-of-Home Treatment Services

Perceptions of the availability of out-of-home services in 2022 were different than those reported in 2020 and 2021, which may be due to the smaller sample size in 2022. In general, out-of-home treatment services were perceived as less widely available than community- and home-based services.

Figure 4.29 Substance Use Residential Treatment
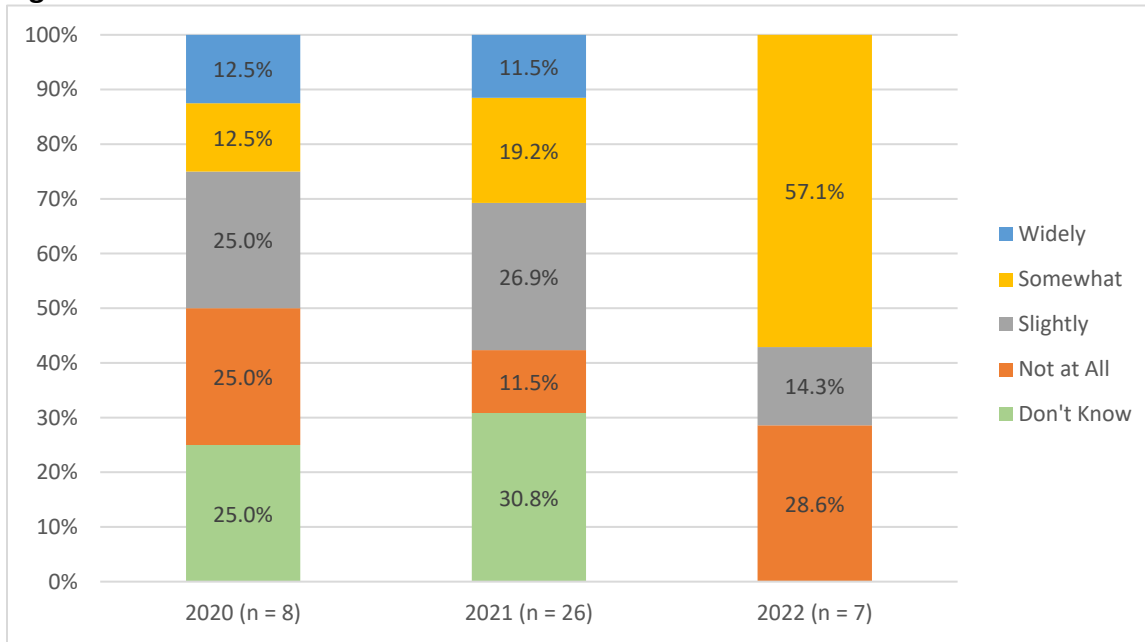
Figure 4.30 Residential Treatment
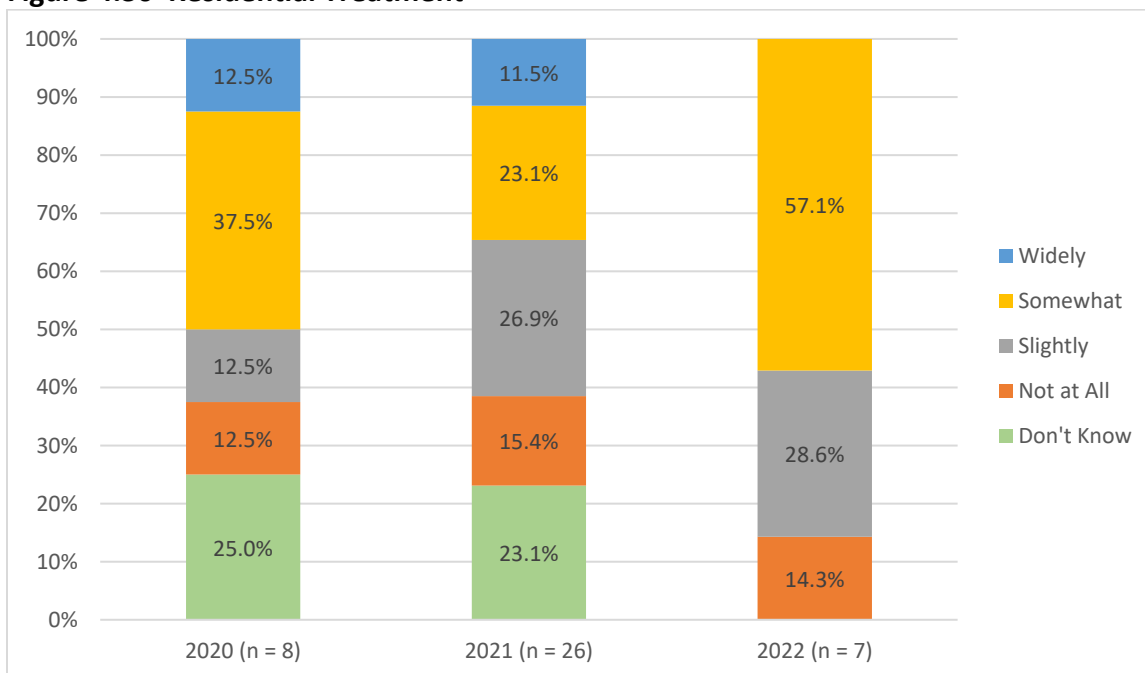
Figure 4.31 Inpatient Hospitalization
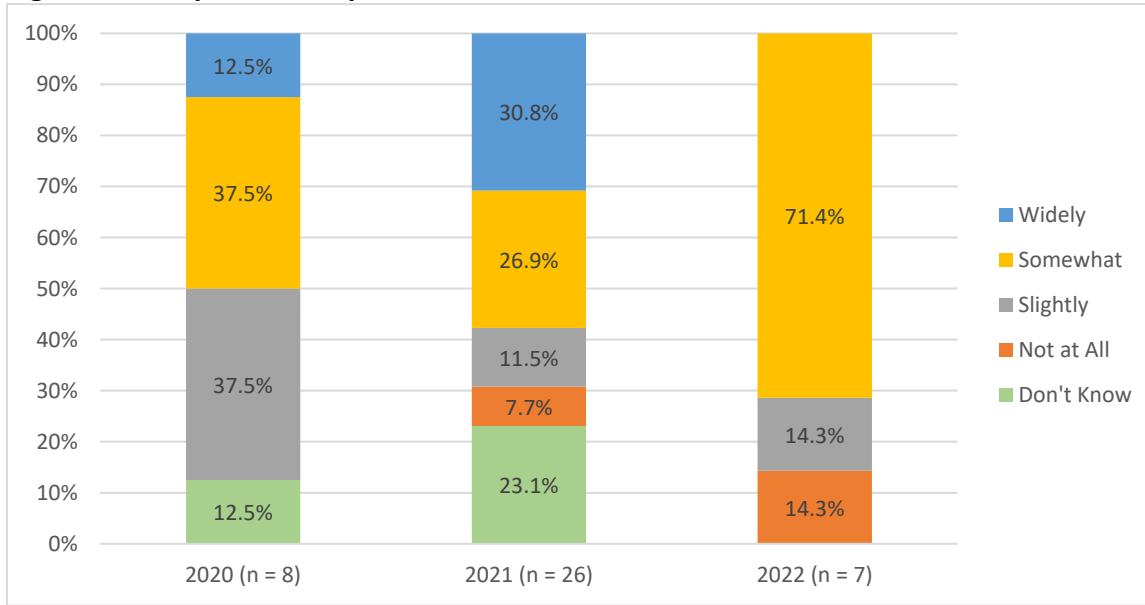
4.2.4   Peer-Provided Services (ILCHF Outcome)

There were a wide variety of perceptions in 2020, 2021, and 2022 about the availability of caregiver and youth peer-provided services. The most noticeable change from 2021 to 2022 is that over one-third of respondents in 2021 did not know about the availability of peer-provided services and no respondents gave this answer in 2022.

Figure 4.32 Youth Peer-provided Services
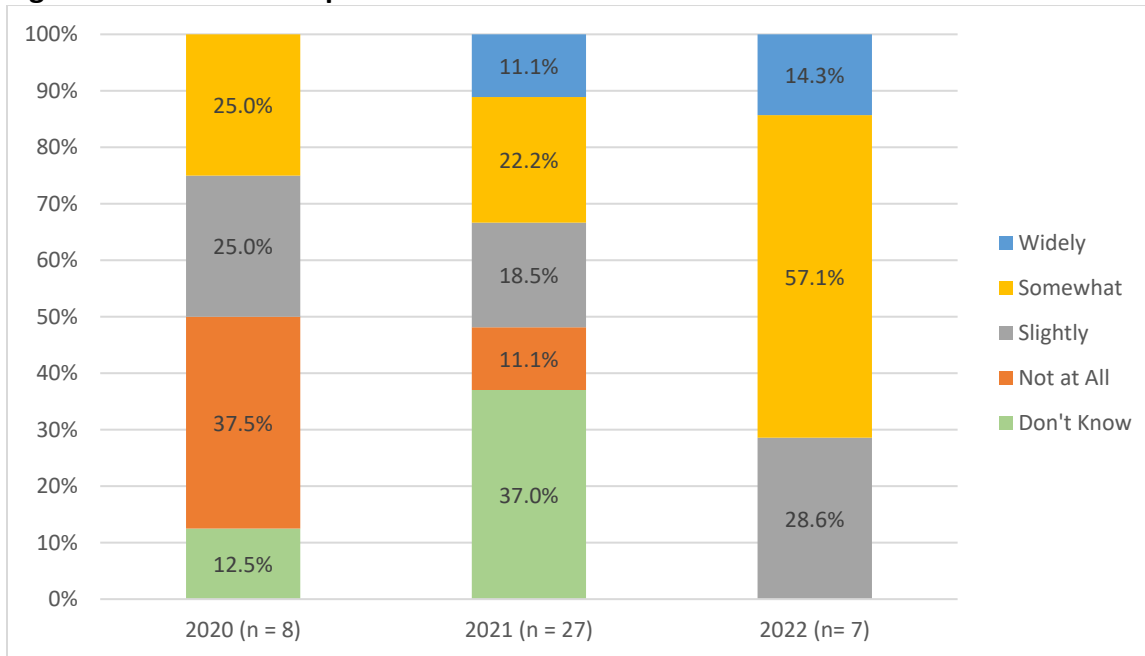
Figure 4.33 Caregiver Peer-provided Services
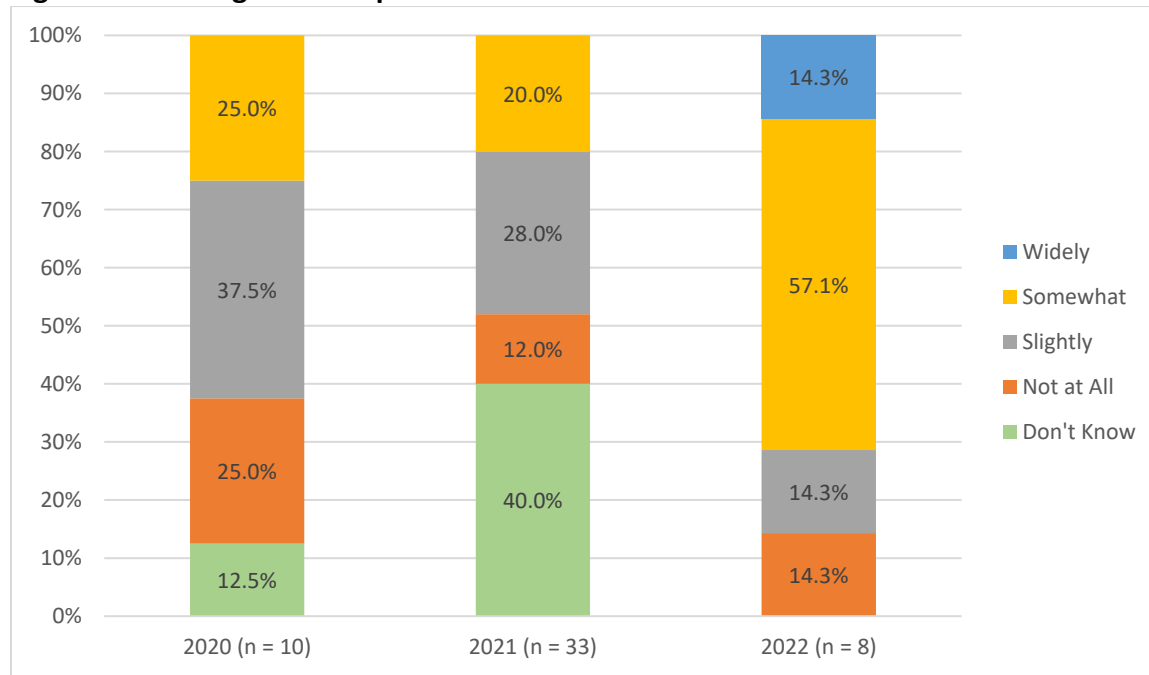
4.2.5   Service Coordination and Integration (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase service coordination among providers in the community. Table 4.1 shows the mean scores on the individual items of the service coordination subscale in 2020, 2021, and 2022. The perception of service coordination and integration in the community remained relatively the same in 2020 and 2021, but increased in 2022.

Table 4.1 Service Coordination and Integration

	2020 Mean (n = 8)	2021 Mean (n = 21)	2022 Mean (n = 5-8)
Care is coordinated across multiple child-serving agencies and systems	2.87 (1.13)	2.67 (0.91)	3.63 (0.52)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	2.50 (1.41)	2.57 (1.08)	3.20 (0.84)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020, 2021, and 2022 are shown in Table 4.2. There was a slight upward change across the three years. Again, note the difference in sample size for 2021 compared with 2020 and 2022, and the impact for interpreting these results.

Table 4.2 Service Coordination with Children's Mental Health System

	2020 Mean (n = 6-8)	2021 Mean (n = 22-25)	2022 Mean (n = 6-7)
Child welfare system	2.50 (1.23)	2.78 (0.85)	2.86 (0.90)
Juvenile justice/court system	2.83 (1.17)	3.17 (0.70)	3.57 (0.78)
Education system	2.88 (0.84)	3.08 (0.76)	3.29 (0.75)
Primary health system	2.43 (1.13)	2.65 (0.78)	2.71 (0.95)
Public health system	2.57 (1.40)	2.95 (0.72)	3.71 (0.48)
Substance use treatment system	2.67 (1.03)	2.86 (0.77)	3.50 (0.54)

Note: "I Don't Know" responses were excluded when calculating the mean

4.3   System of Care Infrastructure

4.3.1   Early Identification of Children and Youth with Mental Health Disorders (ILCHF Outcome)

Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages. There was little change in the perceived availability of these services from 2021 to 2022.

Figure 4.34 Services for Early Identification of Mental Health Problems
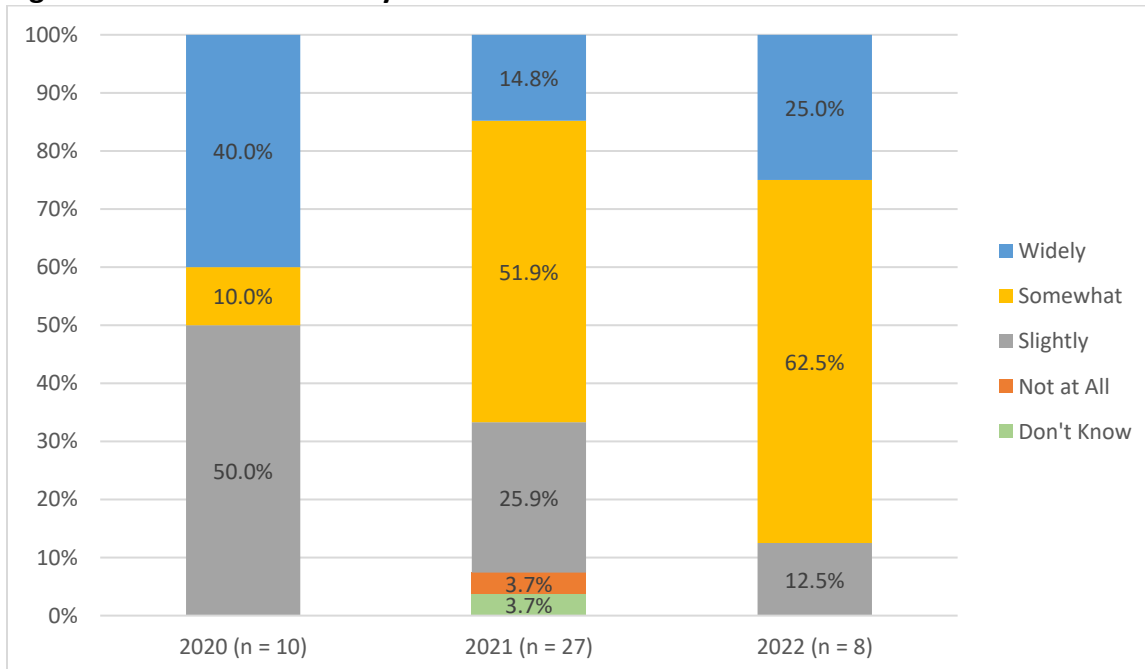
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). There was little change in this item across all three

time points; most stakeholders perceived that screening is somewhat to widely available in the community.

Figure 4.35 Screening for Behavioral Health Needs
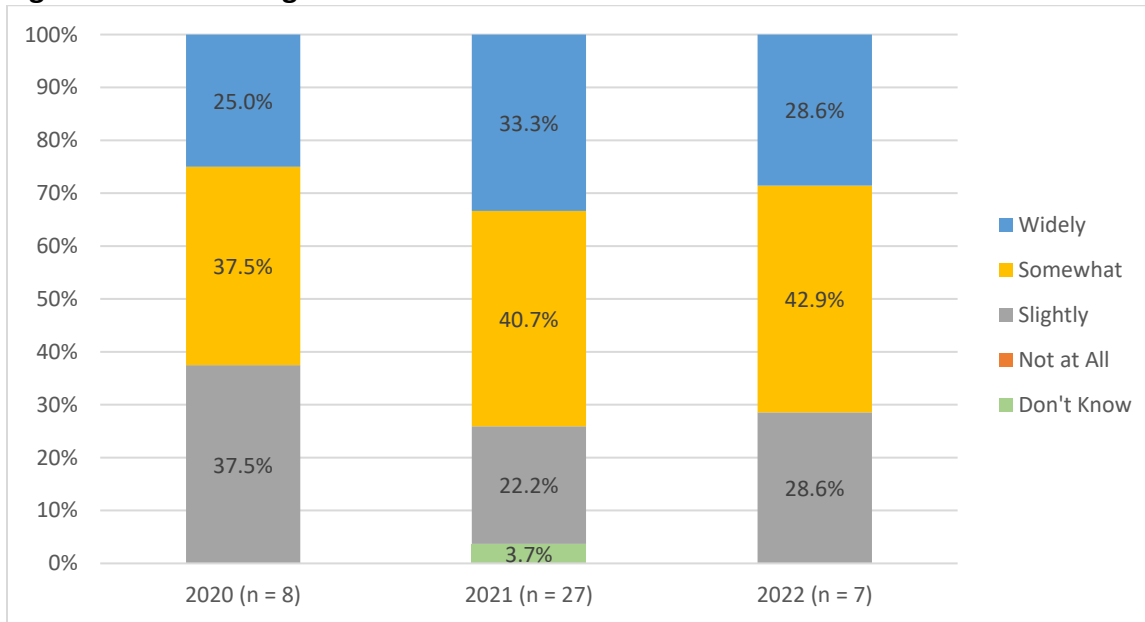
4.3.2   Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Table 4.3 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was little change from 2020 to 2021, and a slight increase in perceived capacity from 2021 to 2022.

Table 4.3 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 7)	2021 Mean (n = 22)	2022 Mean (n = 8)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	2.71 (0.49)	3.00 (0.69)	3.63 (0.52)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.86 (0.38)	2.82 (0.73)	3.63 (0.52)

4.3.3 Effective Local Use of Data to Inform Decision-Making (ILCHF Outcome)

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent that this infrastructure component was present in their community each year. The majority felt this component was in place or partially in place in all three years.

Figure 4.36 Use of Local Outcome Data to Inform Decision-making
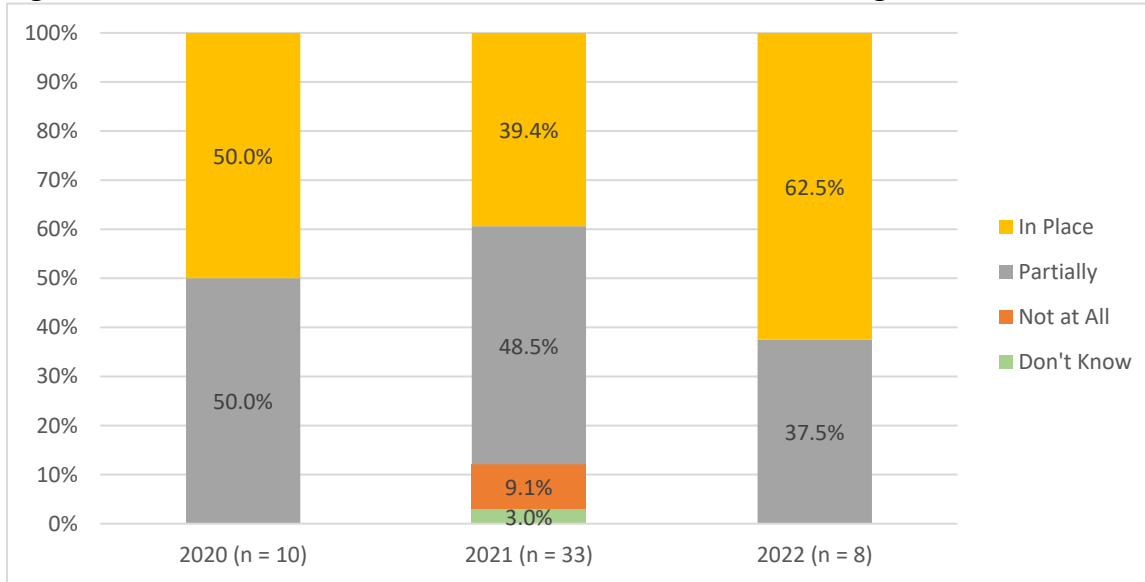
Stakeholders were also asked the extent to which their community had implemented a structure or process for using data for continuous quality improvement. The results show an increase in perceptions of this implementation component from 2021 to 2022.

Figure 4.37 Capacity for Gather Data for Continuous Quality Improvement
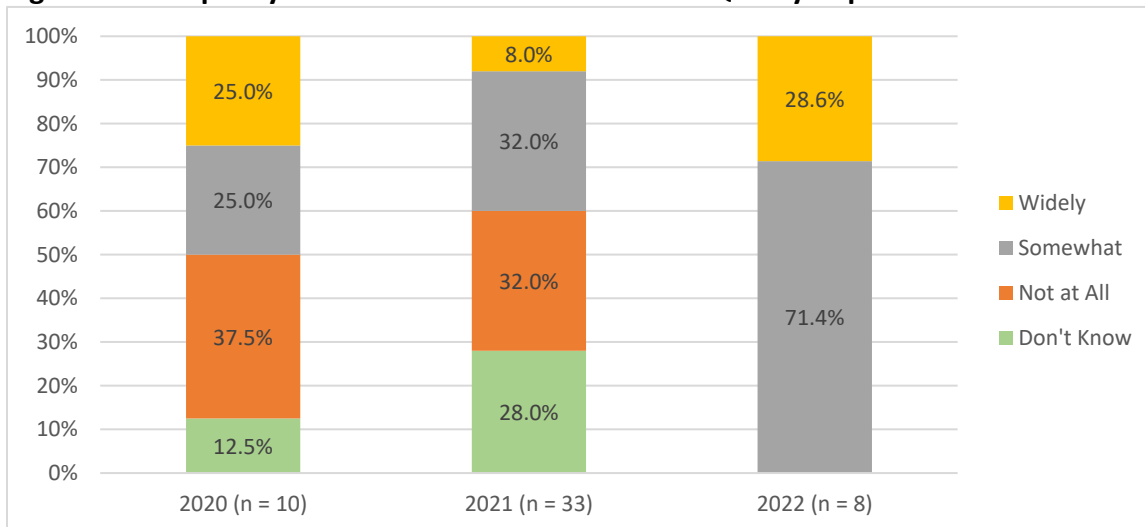
4.3.4 Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce within the system of care. Stakeholder perceptions were essentially the same across 2020 and 2021 with responses in all four categories, compared with 2022 where stakeholders reported them to be either widely in place or partially in place.

Figure 4.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

4.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2020, 2021, and 2022 with response options of 1 = not at all or slightly implemented, 2 = somewhat implemented, 3 = widely implemented, and 0 = don't know. The perceptions of the system of care infrastructure components in 2020 and 2021 were similar, with average ratings around 2 (somewhat implemented). Perceptions of the implementation of all the system infrastructure components increased in 2022; average ratings were around 2.5 (between somewhat and widely implemented).

Figure 4.39 System of Care Infrastructure Components

Legend: ■ 2020 (n = 6-8) ■ 2021 (n = 18-25) ■ 2022 (n = 5-7)

Categories (top to bottom):
- Financing for system of care services
- Structure to manage care for high-need populations
- Structure for interagency partnerships and agreements
- Structure for partnerships with family organizations and leaders
- Structure for partnerships with youth organizations and leaders
- Defined access/entry points to care
- Extensive provider network
- Structure for training, TA, and workforce development
- Structure for strategic communications/social marketing
- Structure for strategic planning, identifying, and resolving barriers

Note: "I Don't Know" responses were excluded when calculating the means

4.4 Parent/Youth Survey Results

Four parents completed the parent version of the stakeholder survey in 2021 and three parents completed the survey in 2022. Sample sizes that small can produce percentages that fluctuate widely, so the results are presented in Table 4.4 rather than in figures.

Table 4.4 Parent/Youth Survey Results

	Year	Don't Know	Not at All	Slightly	Moderately	Widely
Parent and Child Involvement in Planning						
How involved have parents of children with mental health problems been in planning the system of care in your community?	2021 (n=4)	0	0	0	1	3
	2022 (n=3)	0	0	0	1	2
How involved have youth with mental health problems been in planning the system of care in your community?	2021 (n=4)	0	0	2	2	0
	2022 (n=3)	0	1	0	2	0
Individualized Services						
Are child and family teams used to develop service plans for children?	2021 (n=4)	2	0	0	0	2
	2022 (n=3)	0	0	2	0	1
Are the service plans individualized to address children's unique needs?	2021 (n=4)	2	0	0	0	2
	2022 (n=3)	0	0	2	0	1
Are individualized assessments and tests used to plan children's services and supports?	2021 (n=4)	1	0	0	2	1
	2022 (n=3)	0	0	0	2	1
Do children's service plans address more than one area of their life (for example, school plus physical health plus mental health)?	2021 (n=4)	1	0	0	1	2
	2022 (n=3)	0	0	2	1	0
Do children's service plans include informal supports (for example, help from neighbors, family friends, or church members) in addition to formal services and treatments?	2021 (n=4)	3	0	0	0	1
	2022 (n=3)	0	2	0	0	1

Family Voice						
Do families have the most say in deciding which services and support their child gets?	2021 (n=4)	0	0	1	1	2
	2022 (n=3)	0	1	1	1	0
Do children's services make use of their family's strengths?	2021 (n=4)	0	0	0	1	3
	2022 (n=3)	0	0	2	0	1
Do families have a real choice about what services and supports the child and family receive?	2021 (n=4)	1	0	1	0	2
	2022 (n=3)	0	1	2	0	0
Do parents have access to support from other parents who have children with mental health needs?	2021 (n=4)	1	0	0	0	3
	2022 (n=3)	0	1	1	0	1
Are there organizations that support family involvement in children's mental health services?	2021 (n=4)	0	0	0	2	2
	2022 (n=3)	0	0	1	1	1
Youth Voice						
Do children and youth have a say in what services they get?	2021 (n=4)	1	0	1	2	0
	2022 (n=3)	0	0	2	1	0
Do children's services make use of their strengths and interests?	2021 (n=4)	0	0	1	3	0
	2022 (n=3)	0	1	1	1	0
Do youth have a real choice between different services and supports?	2021 (n=4)	0	0	2	2	0
	2022 (n=3)	0	0	3	0	0
Do youth have access to support from other youth who have mental health needs?	2021 (n=4)	1	0	2	0	1
	2022 (n=3)	1	0	2	0	0
Are there organizations that support youth involvement in service planning and delivery?	2021 (n=4)	1	0	1	1	1
	2022 (n=3)	1	0	1	1	0

Coordinated Services						
Do different agencies work together as a team to provide services?	2021 (n=4)	0	0	1	0	3
	2022 (n=3)	0	0	1	1	1
Culture-specific Services						
Are services and supports available that are a good match for families of different cultures?	2021 (n=4)	0	0	2	1	1
	2022 (n=3)	0	0	0	3	0
Are service providers available for families who don't speak English?	2021 (n=4)	0	0	2	0	2
	2022 (n=3)	0	0	1	1	1
Community-based Services						
Are children served at home rather than a group home or residential treatment center?	2021 (n=4)	3	0	0	0	1
	2022 (n=3)	1	0	1	1	0
Service Variety						
Are many different types of services and supports available?	2021 (n=4)	0	0	0	2	2
	2022 (n=3)	0	1	1	0	1
Are services available for children age 5 and younger?	2021 (n=4)	1	0	2	0	1
	2022 (n=3)	0	0	2	0	1
Are services available for young adults who are transitioning to adulthood?	2021 (n=4)	1	0	1	1	1
	2022 (n=3)	0	0	2	0	1
Finding Services						
There is a place that families can go when they decide to start getting mental health services for their child.	2021 (n=4)	1	0	1	1	1
	2022 (n=3)	0	0	1	2	0
Service Availability						
Screening children to see if they need mental health services	2021 (n=4)	2	0	1	0	1
	2022 (n=3)	1	1	1	0	0

School-based prevention services	2021 (n=4)	1	0	1	1	1
	2022 (n=3)	0	0	1	2	0
Community-based prevention services	2021 (n=4)	1	0	1	1	1
	2022 (n=2)	0	0	1	1	0
Early intervention services to help children under age 5 who need help	2021 (n=4)	2	0	0	0	2
	2022 (n=3)	0	0	1	0	2
Assessment and testing to decide what services children need	2021 (n=4)	0	0	1	1	2
	2022 (n=3)	0	0	0	1	2
Individualized service planning (planning services to meet children's needs)	2021 (n=4)	1	0	0	1	2
	2022 (n=3)	0	0	1	1	1
Coordination between different services so they work together well	2021 (n=4)	2	0	0	1	1
	2022 (n=3)	0	0	2	1	0
Outpatient therapy	2021 (n=4)	3	0	0	0	1
	2022 (n=3)	0	0	2	1	0
Medication treatment/management	2021 (n=4)	2	0	0	1	1
	2022 (n=3)	1	0	1	1	0
Crisis response services (24 hours, 7 days)	2021 (n=4)	1	0	1	0	2
	2022 (n=3)	0	0	1	1	1
School-based mental health services	2021 (n=4)	0	0	2	0	2
	2022 (n=3)	0	0	1	2	0
Behavior management skills training	2021 (n=4)	2	0	1	1	0

	2022 (n=3)	1	0	2	0	0
Day treatment	2021 (n=4)	2	0	1	0	1
	2022 (n=3)	1	0	0	2	0
Substance use treatment	2021 (n=4)	1	0	1	1	1
	2022 (n=3)	1	0	1	1	0
Substance use residential treatment	2021 (n=4)	1	0	1	1	1
	2022 (n=3)	1	0	1	1	0
Tele-behavioral health services (services provided by telephone or video call)	2021 (n=4)	0	0	0	1	3
	2022 (n=3)	0	0	2	0	1
Youth peer provided services (support from other youth)	2021 (n=4)	2	0	0	0	1
	2022 (n=3)	0	0	3	0	1
Caregiver peer provided services (support from other parents)	2021 (n=4)	2	0	1	0	1
	2022 (n=3)	0	0	0	2	1
Respite services (to give a parent and a child a night off from each other if they need it)	2021 (n=4)	3	0	0	0	1
	2022 (n=3)	1	0	2	0	0
Supported education and employment	2021 (n=4)	2	0	0	0	2
	2022 (n=3)	0	0	2	0	1
Supported independent living	2021 (n=4)	3	0	0	0	1
	2022 (n=3)	0	0	1	1	1
Transportation	2021 (n=4)	1	0	0	1	2
	2022 (n=3)	0	0	1	1	1

Residential treatment for mental health problems	2021 (n=4)	2	0	0	1	1
	2022 (n=3)	1	0	1	1	0
Inpatient hospitalization	2021 (n=4)	1	0	0	2	1
	2022 (n=3)	1	0	0	2	0
Service Coordination: How much do the following agencies coordinate with mental health agencies to provide system of care services to children and families in your community?						
Education system	2021 (n=4)	0	1	0	1	2
	2022 (n=3)	0	0	2	1	0
Health care (hospital) system	2021 (n=4)	2	0	0	0	1
	2022 (n=3)	1	0	0	2	0
Public health system	2021 (n=4)	1	0	0	1	2
	2022 (n=3)	0	0	0	2	1
Child welfare system	2021 (n=4)	1	0	0	1	2
	2022 (n=3)	1	0	1	1	0
Juvenile justice/court system	2021 (n=4)	1	0	0	1	2
	2022 (n=3)	1	0	0	2	0
Substance use treatment system	2021 (n=4)	1	0	1	0	1
	2022 (n=3)	1	0	1	1	0
Overall Assessment						
Overall, how much has your community created a system of care?	2021 (n=4)	0	0	1	2	1
	2022 (n=3)	0	0	0	2	1

5.   Community Together

The sample size and composition of the first and second administrations of the stakeholder survey for Community Together were similar. Both the 2020 and 2021 samples consisted of 14 respondents that included parents, providers from social services, homelessness services, healthcare, education, juvenile justice, child protection, community members and those who classified themselves as "other." The sample size was slightly smaller in 2022; nine stakeholders completed the survey, including those working in social services, health care settings, education, child welfare, and community members. Since the surveys were anonymous, there is no way to know if the same individuals took the survey each year, and in fact, it is likely that the samples consisted of different individuals. Differences in the results of the surveys may therefore partially be attributed to the fact that different individuals with different knowledge and experiences were taking the surveys.

It is also important to note that the sample sizes for the stakeholder survey in most sites were small, which means that changes in percentages should be interpreted with caution because small changes in the number of respondents who give a particular answer can result in large changes in percentages. For example, in a sample of 10 respondents, a change in the response of three individuals will change the percentage in a distribution by 30%, which seems like a large change but needs to be interpreted with care. Finally, the stakeholder survey assesses respondents' *perceptions* of the system of care and the results should not be interpreted as objective measures of service availability, coordination, or implementation status.

The following sections provide detailed descriptions of Community Together stakeholder perceptions of the overall implementation of systems of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; capacity to provide evidence-based mental health services; effective local use of data to inform decision-making; and the development of a well-prepared mental health workforce. Detailed information is provided in numerous figures and tables; a summary is provided here:

- Stakeholders were asked "to what extent do you believe that the system of care approach is being implemented in your community?" Almost all of the respondents in 2020 and 2022 reported that the SOC was somewhat implemented; responses in 2021 were more varied.
- Stakeholders were asked about the presence of several implementation supports, such as a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication; and technical assistance opportunities. In 2020, about a quarter of the sample answered that they did not know about the presence of the implementation supports, but most reported that the supports were in place or partially in place. There were small increases and decreases in the percentage of respondents that perceived the supports as partially or widely in place, but overall, the results were similar in 2020 and 2021. In contrast, the

2022 results indicated that almost all stakeholders felt that the implementation supports were fully in place. The final item in this domain, the presence of technical assistance opportunities, showed more mixed perceptions from stakeholders, but was still seen as being in place or partially in place by most stakeholders.

- Stakeholder perceptions of parent involvement in the SOC have increased across the three years; in 2022 all stakeholders viewed this as partially or fully in place. Perceptions of youth involvement in the SOC also increased across the three years, but to a smaller degree than parent involvement.
- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Stakeholder perceptions of the level of commitment from most child-serving systems were about the same across the three years; however, there was a notable decrease in perceived commitment from the juvenile justice system between 2021 and 2022 and an increase in perceived commitment from family leaders.
- Stakeholders provided responses about whether service delivery was guided by each of the eight SOC values and principles. Stakeholder perceptions of almost all of the SOC principles increased from 2021 to 2022. The lowest rated principle in each year was youth-guided services, and the highest rated were least restrictive and evidence-informed services.
- Survey participants were provided with a list of home- and community-based services and asked to rate the availability of each during the prior 12 months. There were increases in the perceived availability of many home- and community-based services from 2021 to 2022; stakeholders reported that most services were somewhat to widely available. The exceptions were intensive in-home services, respite services, and transportation, which were viewed as only slightly to somewhat available.
- There was little change in the perceived availability of out-of-home treatment services across the three years and were viewed as less widely available than community-based services.
- The perceived availability of parent and youth peer-provided services did not substantially change across the three years; approximately one-third reported that they did not know about the availability of these services.
- There was little change in the level of service coordination between the mental health system and other child-serving systems between 2021 and 2022, with the exception of perceived increases in coordination with the public health and substance use treatment systems.
- Most stakeholders reported that screening for behavioral health needs was somewhat or widely available across all three time points.
- There was an increase over the three years in the perception that providers have the capacity to provide evidence-informed practices.
- Between 2021 and 2022, there was an increase in the perception that the SOC used data to inform decision-making and had the capacity to gather data for quality improvement.

- Results show a perceived increase in the availability of trainings between 2021 and 2022; all stakeholders felt these were widely available in 2022.
- Stakeholder perceptions of the level of implementation of key infrastructure components did not substantially change between 2020 and 2021; most stakeholders rated these infrastructure components as somewhat implemented. In 2022, stakeholder perceptions of the level of implementation of several infrastructure components increased. Specifically, they reported that structures for interagency partnerships and agreements; trainings, technical assistance, and workforce development; and strategic planning , identifying, and resolving barriers were widely in place.

5.1 System of Care Implementation Processes

5.1.1 Overall System of Care Implementation

Stakeholders were asked "to what extent do you believe that the system of care approach is being implemented in your community?" and the response options were "not at all," "slightly," "somewhat," and "widely." The distribution of responses in 2020, 2021, and 2022 are shown in Figure 5.1. Almost all of the respondents in 2020 and 2022 reported that the SOC was somewhat implemented. Responses in 2021 were more varied.

Figure 5.1 Overall Assessment of System of Care Implementation
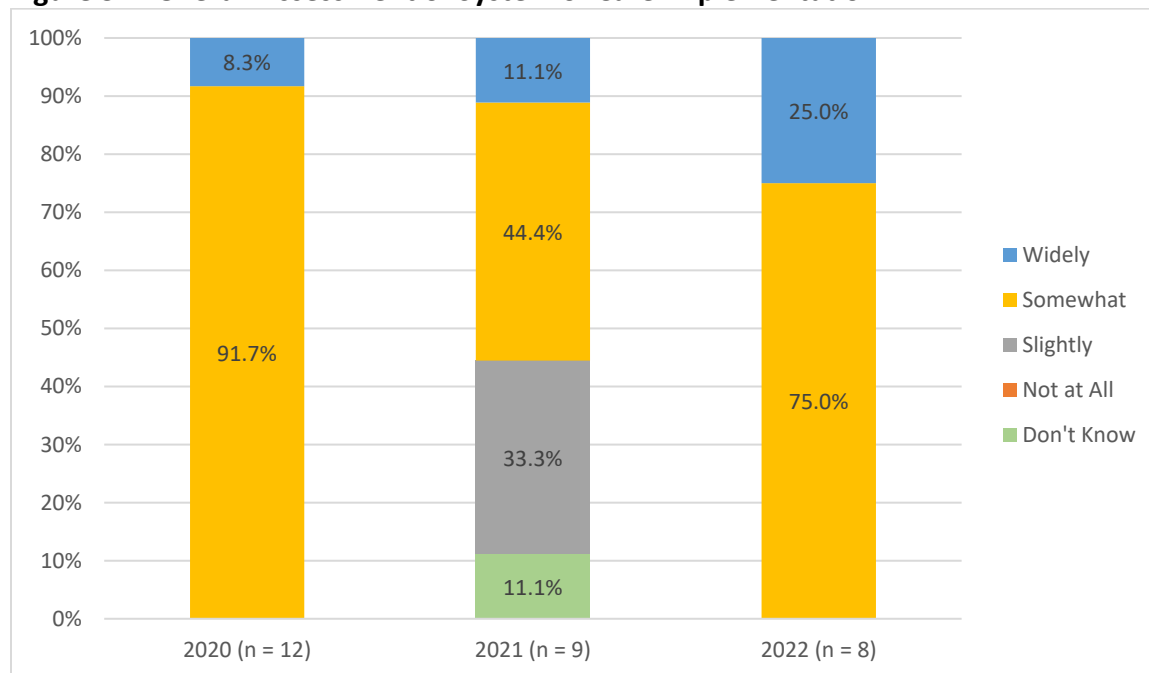
5.1.2 System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, steering/planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2020, 2021, and 2022.

In the 2020 administration of the survey, about a quarter of the sample answered that they did not know about the presence of the implementation supports, but most reported that the supports were in place or partially in place. There were small increases and decreases in the percentage of respondents that perceived the supports as partially or widely in place, but overall, the results were similar in 2020 and 2021. In contrast, the 2022 results indicated that almost all stakeholders felt that the implementation supports were fully in place. The final item in this domain, the presence of technical assistance opportunities, showed more mixed perceptions from stakeholders, but was still seen as being in place or partially in place by most stakeholders.

Figure 5.2 Strategic Plan That Guides System of Care Implementation Activities
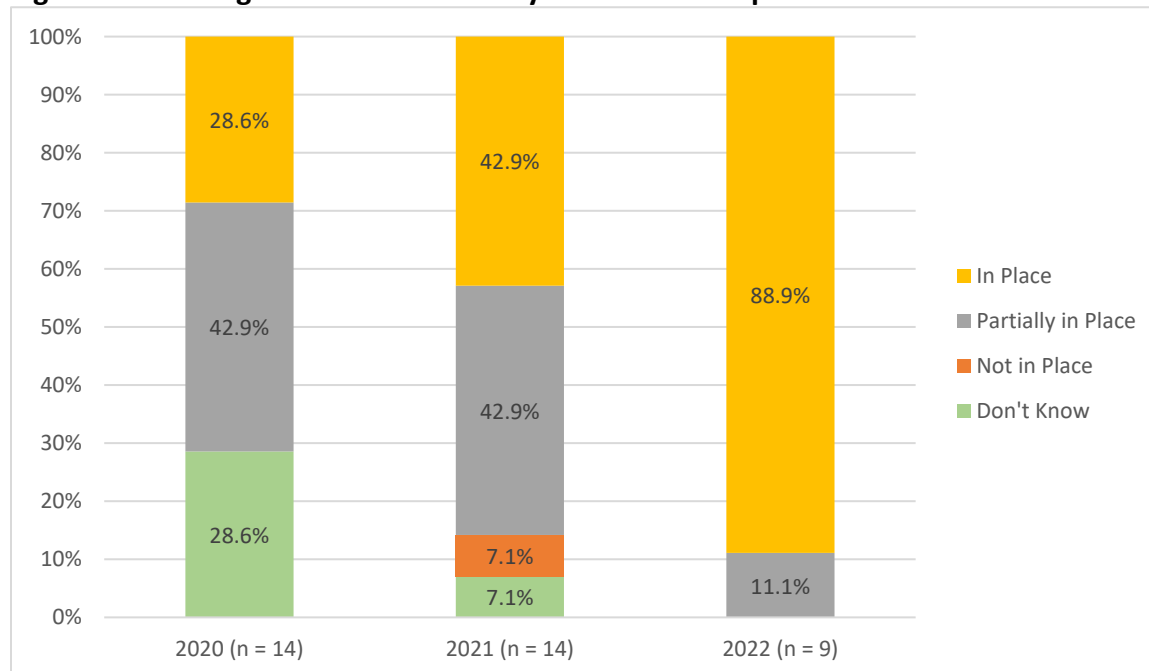
Figure 5.3 Steering/Planning Committee That Meets Frequently to Guide Implementation Activities
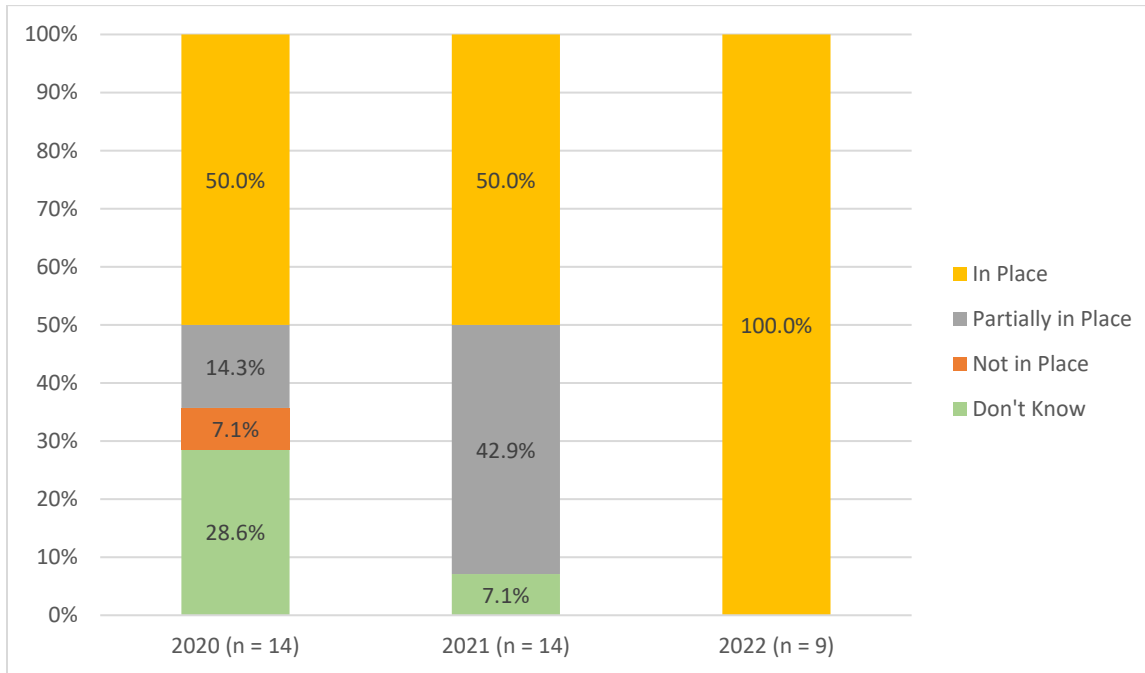

Figure 5.4 Buy-in, Leadership, and Champions From Multiple Child-Serving Systems
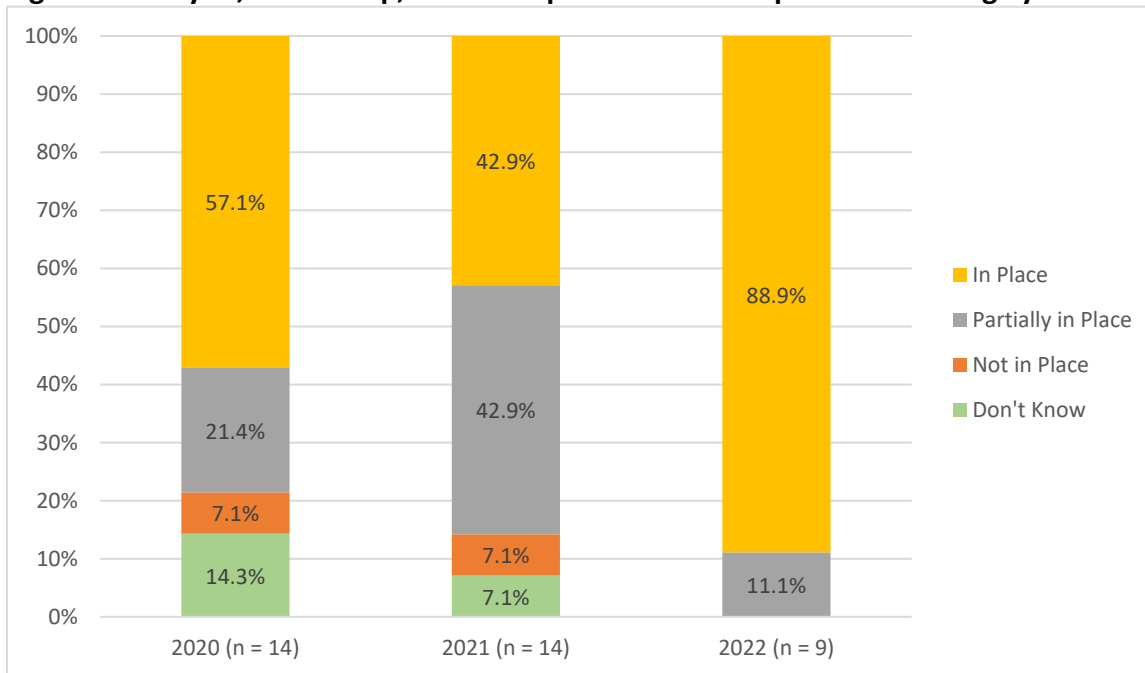
Figure 5.5 Clear and Frequent Communication Channels Between Leadership, Steering/Planning Committees, and Stakeholders
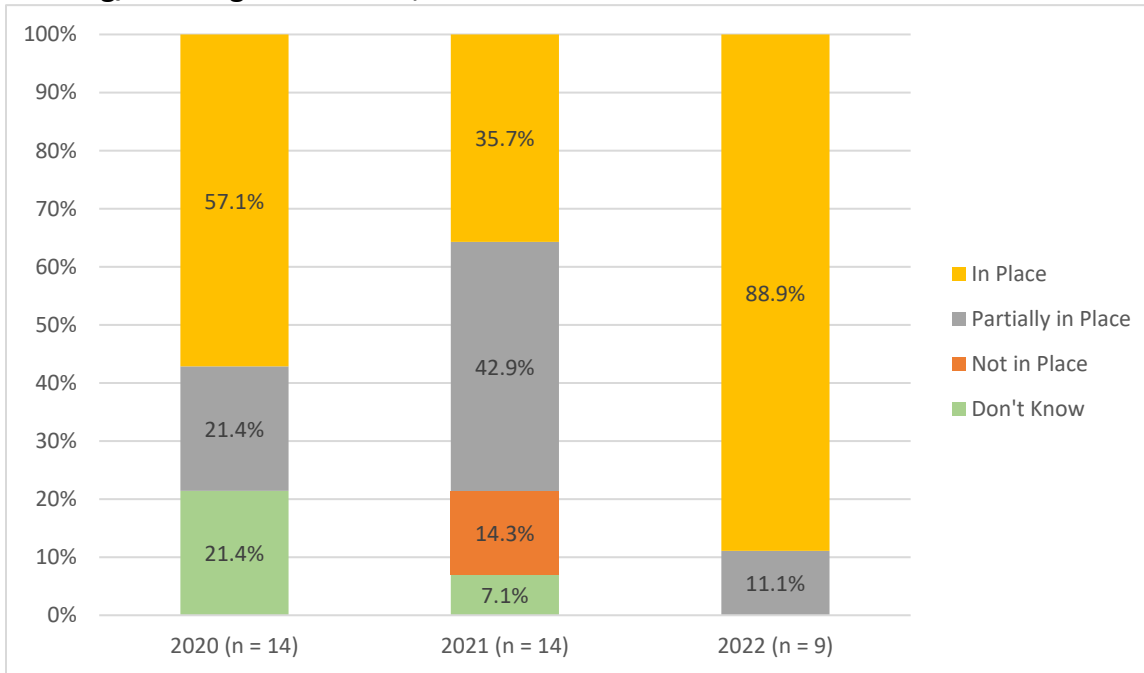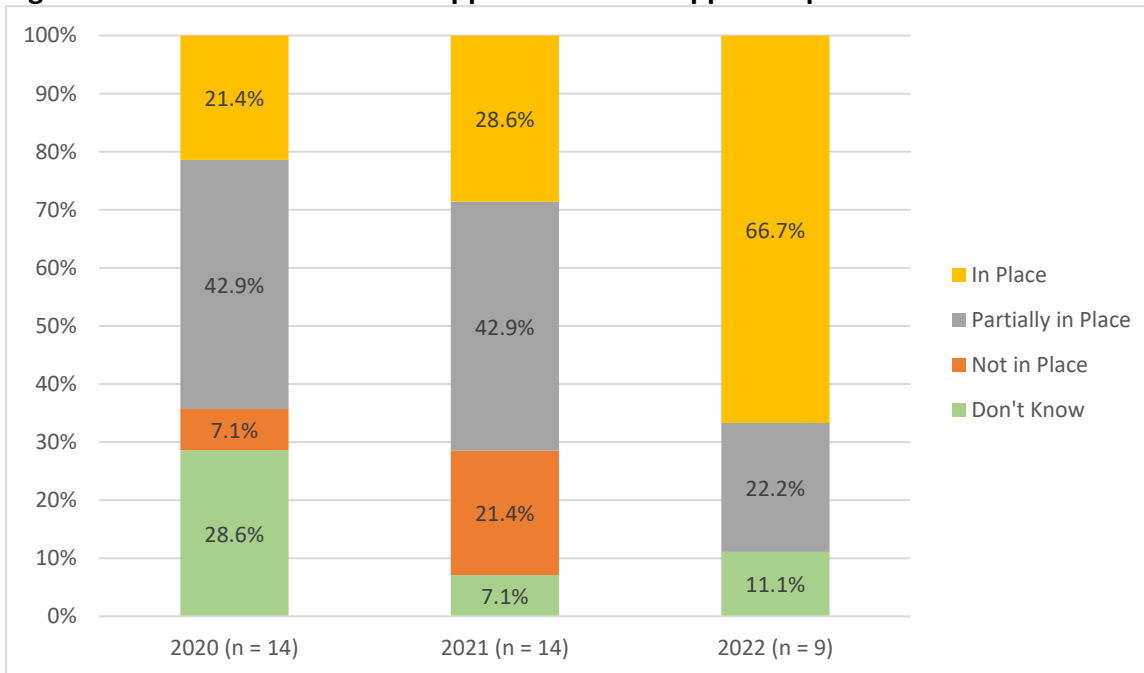

Figure 5.6 Technical Assistance Opportunities to Support Implementation

5.1.3 Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were asked to rate the extent to which parents and youth had been involved in system of care implementation activities. In 2020, around one-third of the sample reported that they did not know the extent to which parents and youth were involved, the others reported that parent involvement was either partially or fully in place and youth involvement was less so. Stakeholder perceptions of parent involvement in the SOC have increased across the three years; in 2022 all stakeholders viewed this as partially or fully in place.

Figure 5.7 Parent Involvement in System of Care Implementation Activities
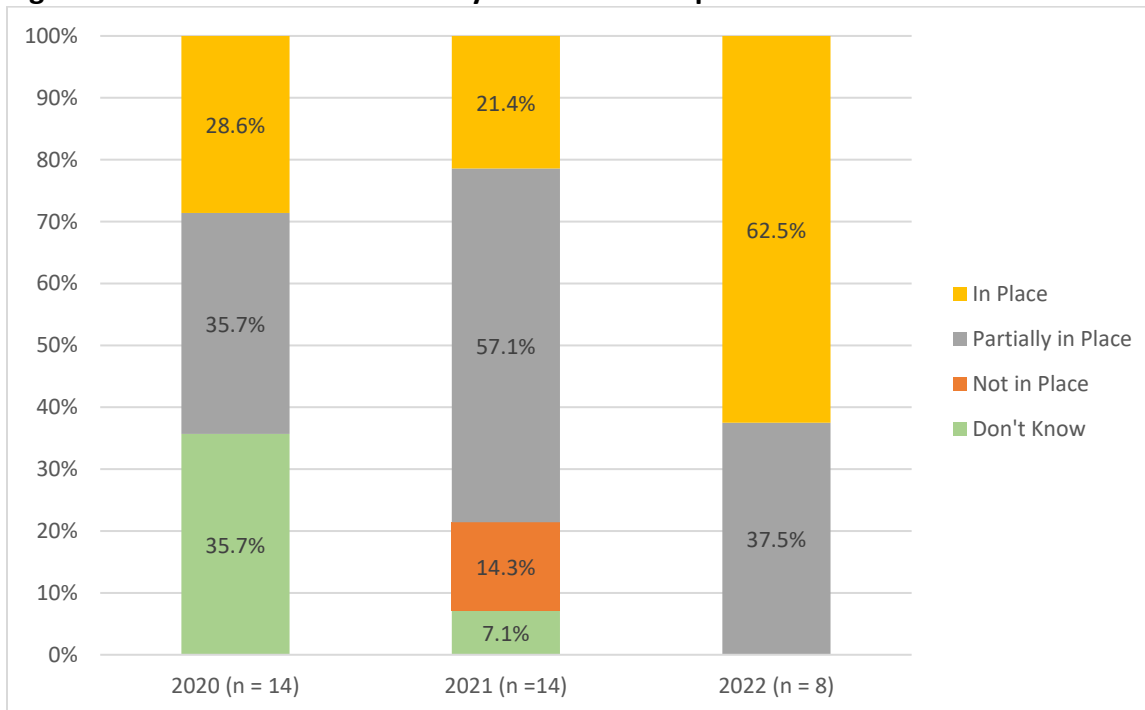
Perceptions of youth involvement in the SOC also increased across the three years, but to a smaller degree than parent involvement.

Figure 5.8 Youth Involvement in System of Care Implementation Activities
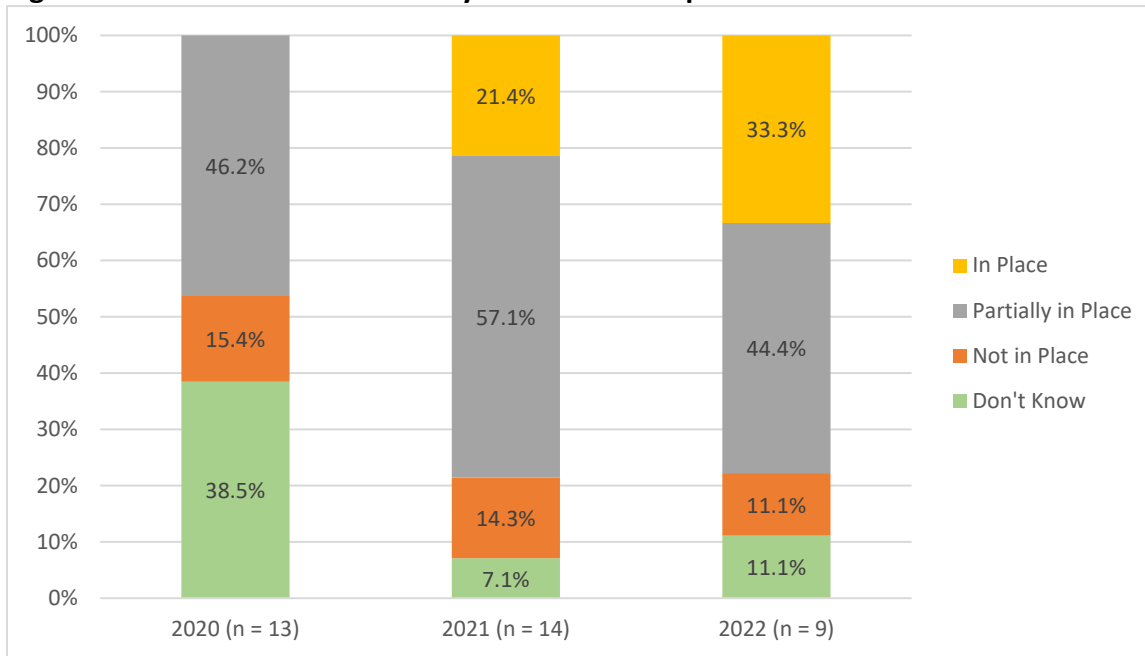
5.1.4   Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months at each of the timepoints. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know.

Figure 5.9 shows the mean scores for the perceived commitment of each child-serving system for 2020, 2021, and 2022. Stakeholder perceptions of the level of commitment from most child-serving systems were about the same across the three years. However, there was a notable decrease in perceived commitment from the juvenile justice system between 2021 and 2022 and an increase in perceived commitment from family leaders.

Figure 5.9 Commitment to System of Care Philosophy and Approach
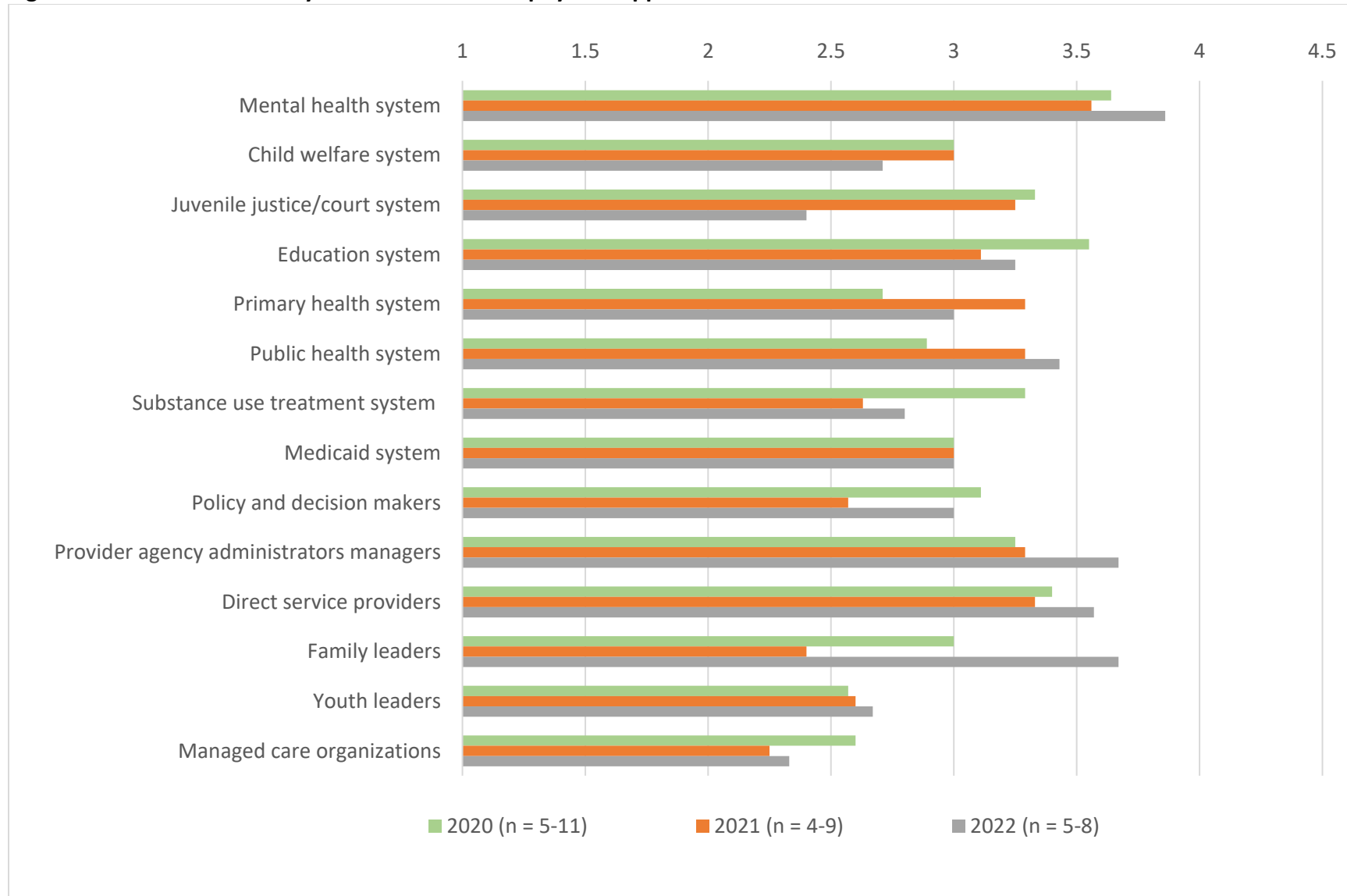
Note: "Don't know" responses were not included when calculating the mean scores.

5.2   System of Care Service Outcomes

5.2.1   Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these eight principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2020, 2021, and 2022 are shown in Figure 5.10.

The mean scores indicated that stakeholders perceived that service delivery was guided by most system of care values and principles to a slight or moderate degree. Stakeholder perceptions of almost all of the SOC principles increased from 2021 to 2022. The lowest rated principle in each year was youth-guided services, and the highest rated were least restrictive and evidence-informed services.

Figure 5.10 Service Delivery Guided by System of Care Values and Principles
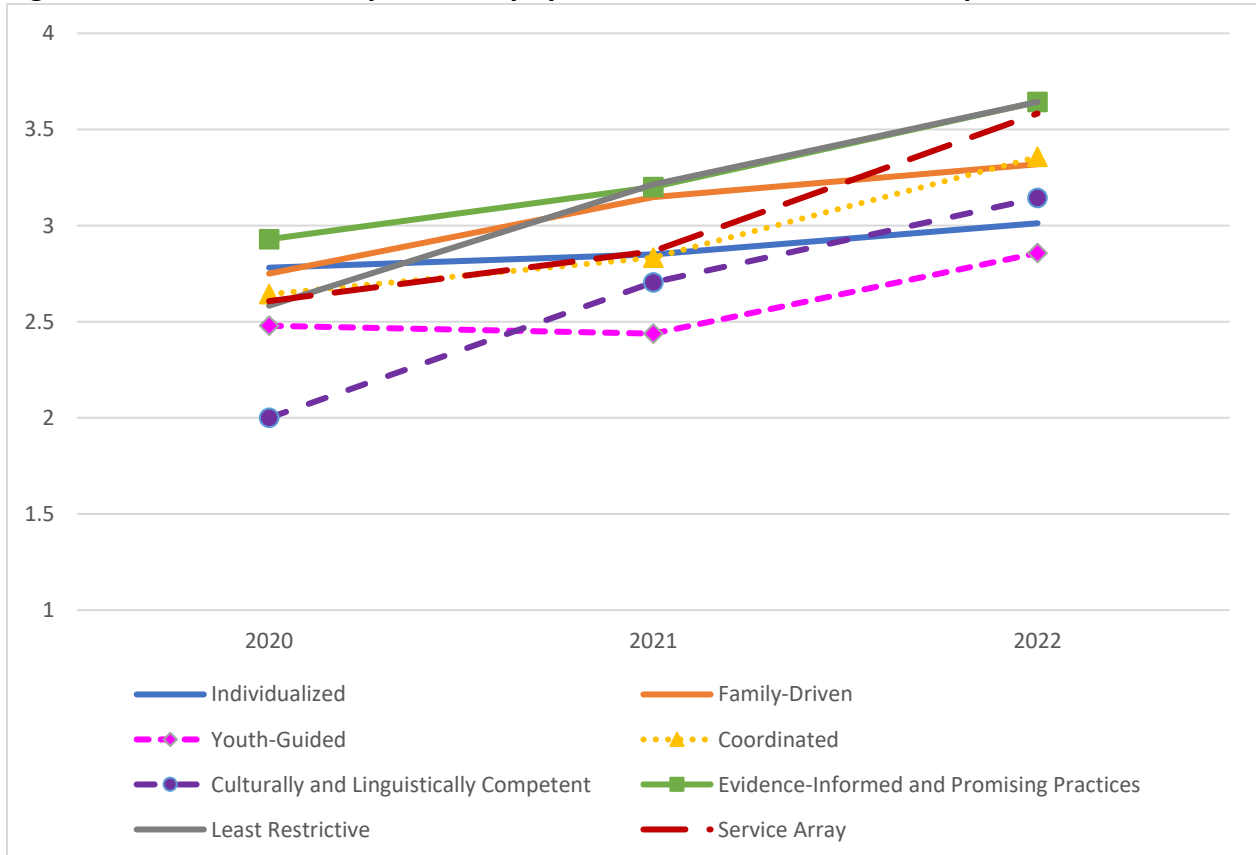
5.2.2 Service Availability – Home and Community-Based Treatment and Support Services

Survey participants were provided with a list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. There were increases in the perceived availability of many community-based services from 2021 to 2022; stakeholders reported that most services were somewhat to widely available. The exceptions were intensive in-home services, respite services, and transportation, which were viewed as only slightly to somewhat available.

Figure 5.11 School-based Prevention Services
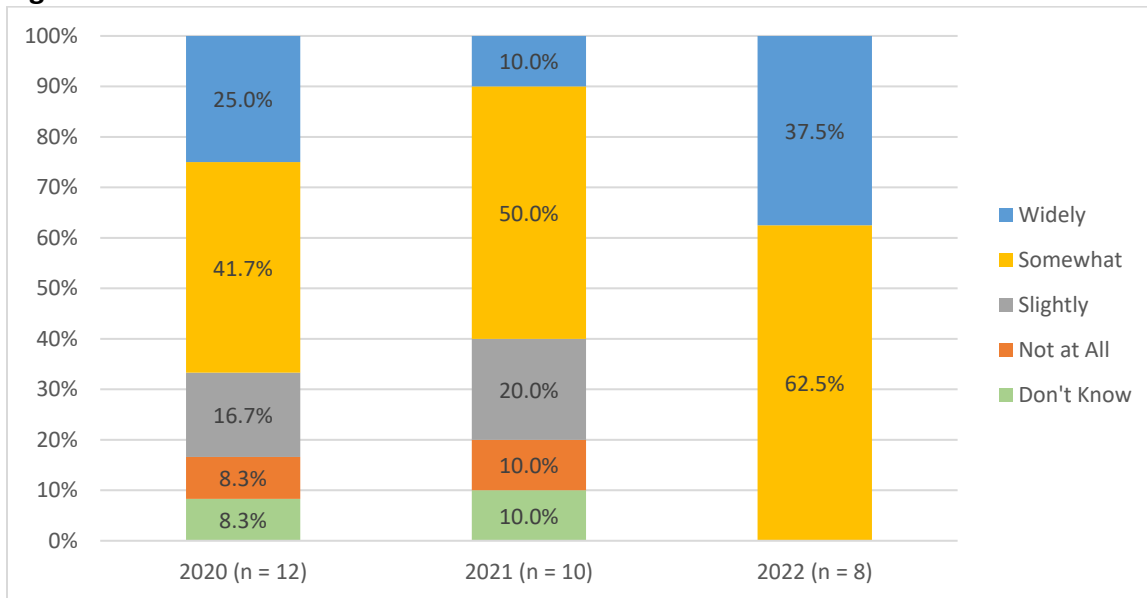
Figure 5.12 Community-based Prevention Services
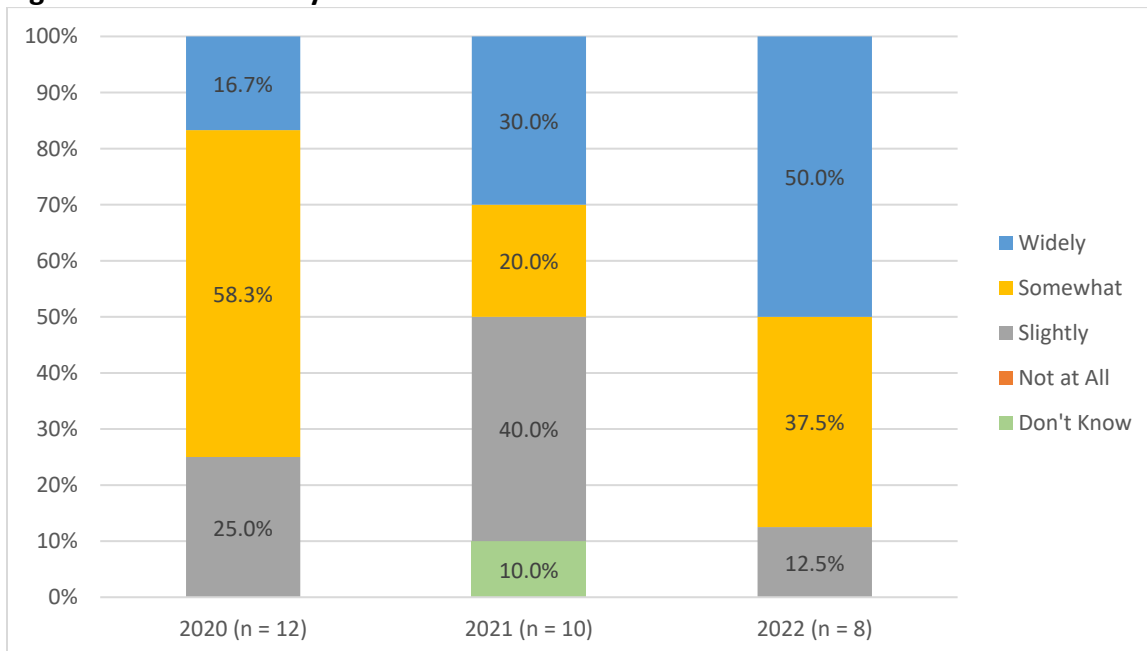
Figure 5.13 Early intervention Services
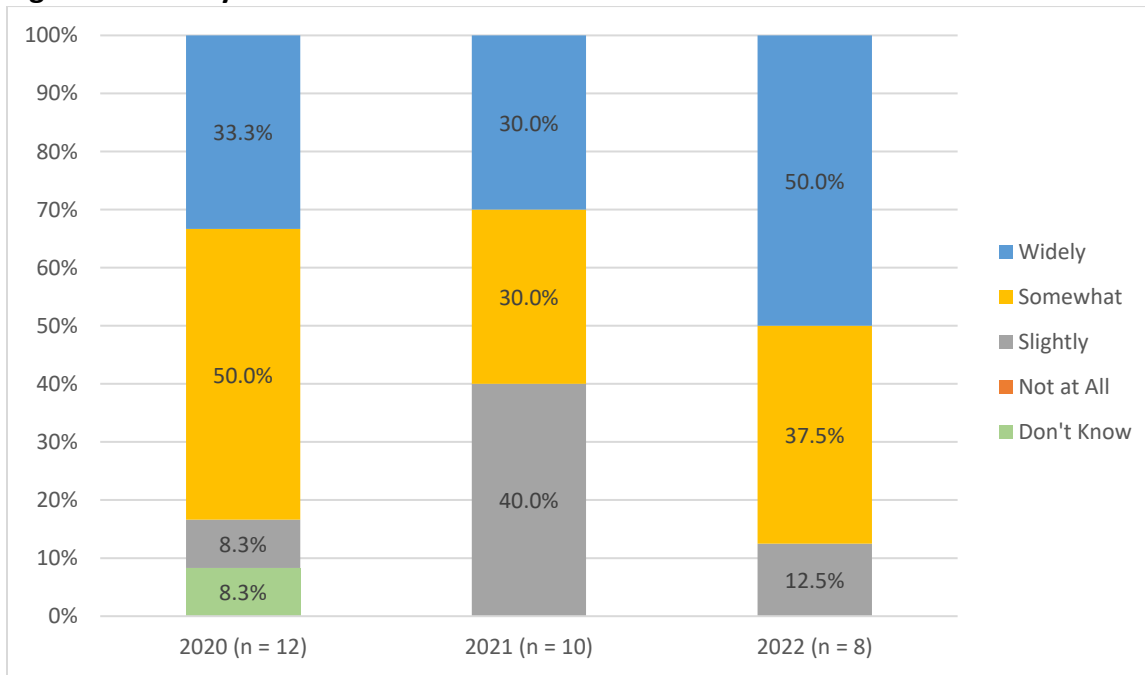
Figure 5.14 Assessment
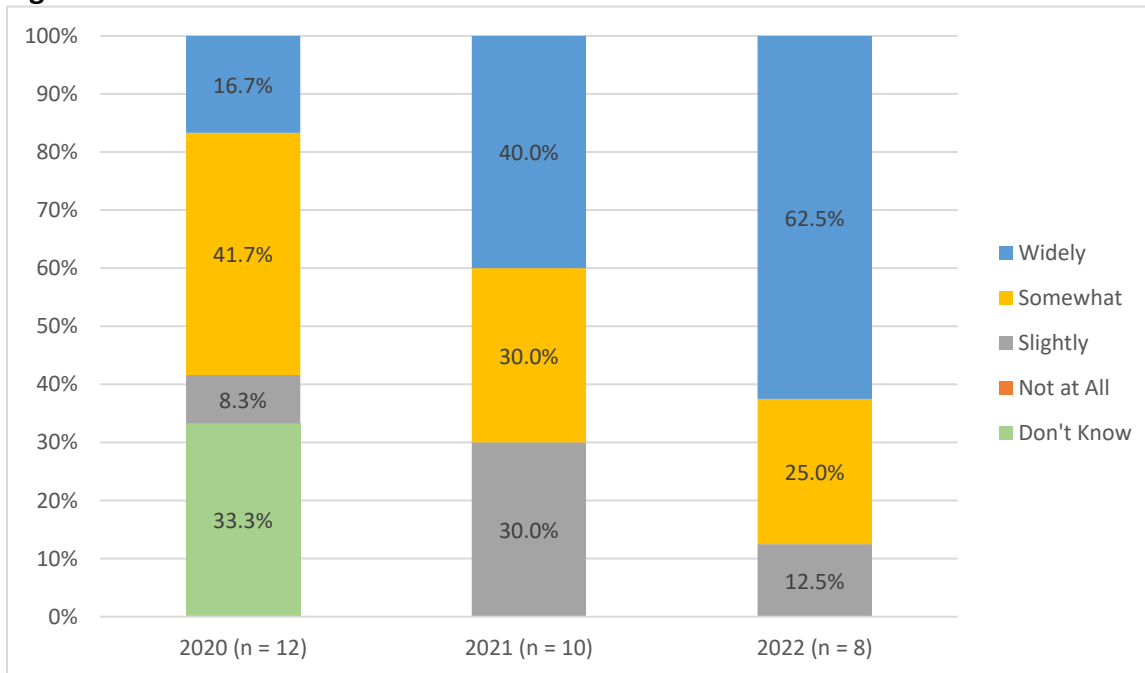
Figure 5.15 Individualized Service Planning
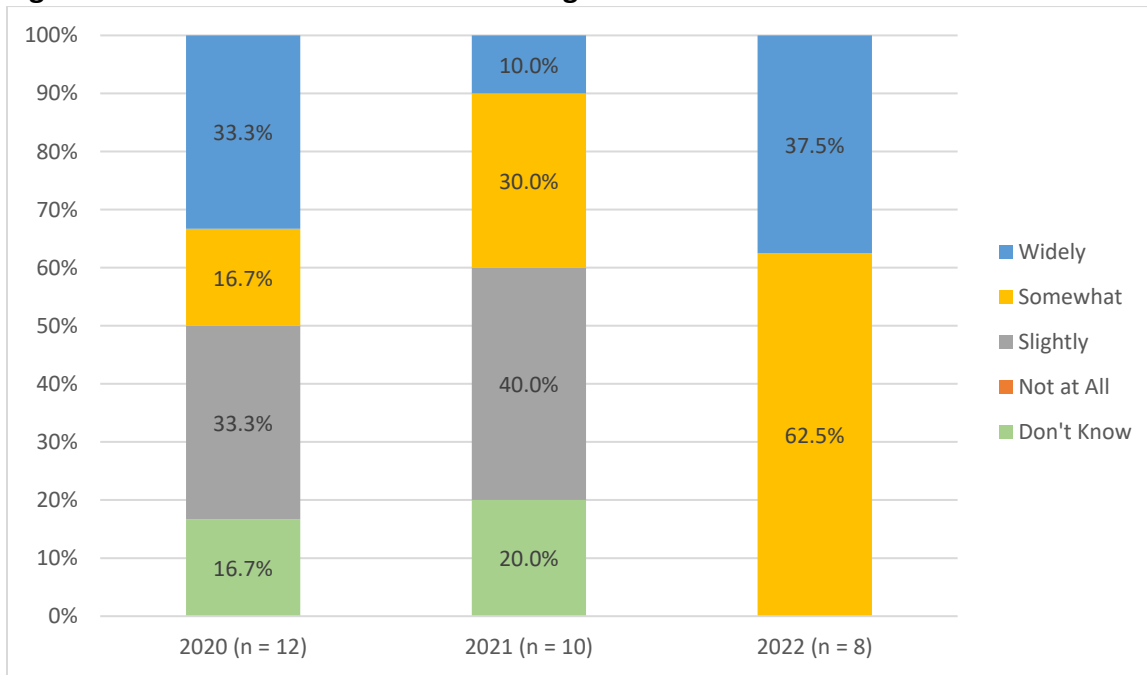
Figure 5.16 Intensive Care Management
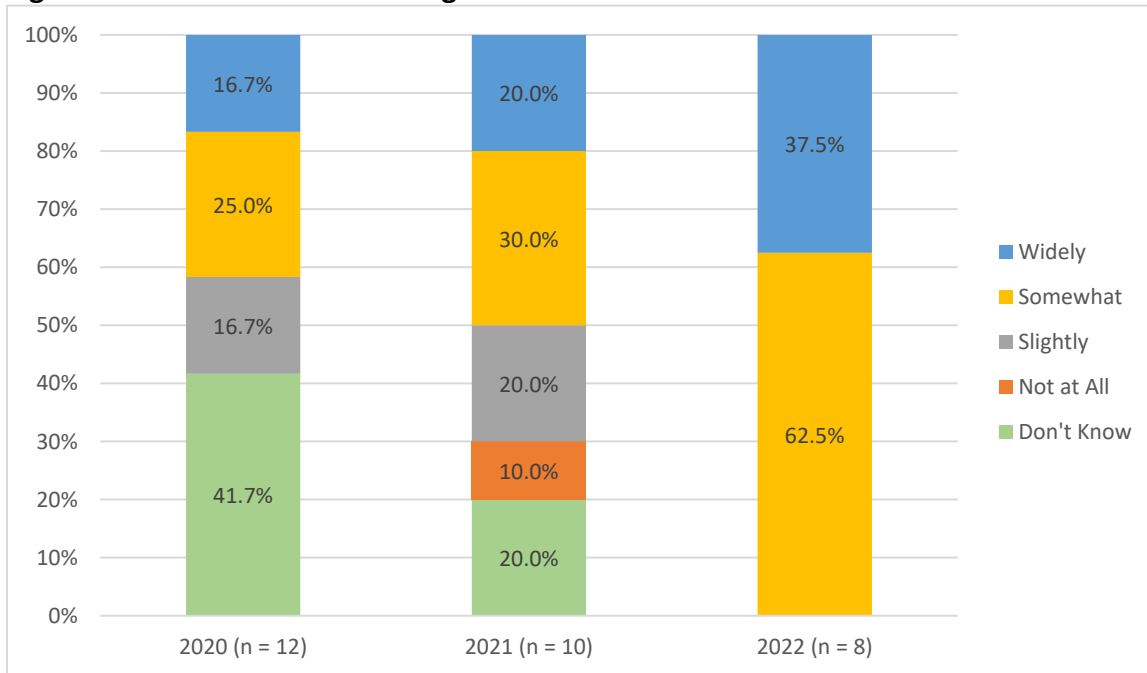
Figure 5.17 Outpatient Therapy
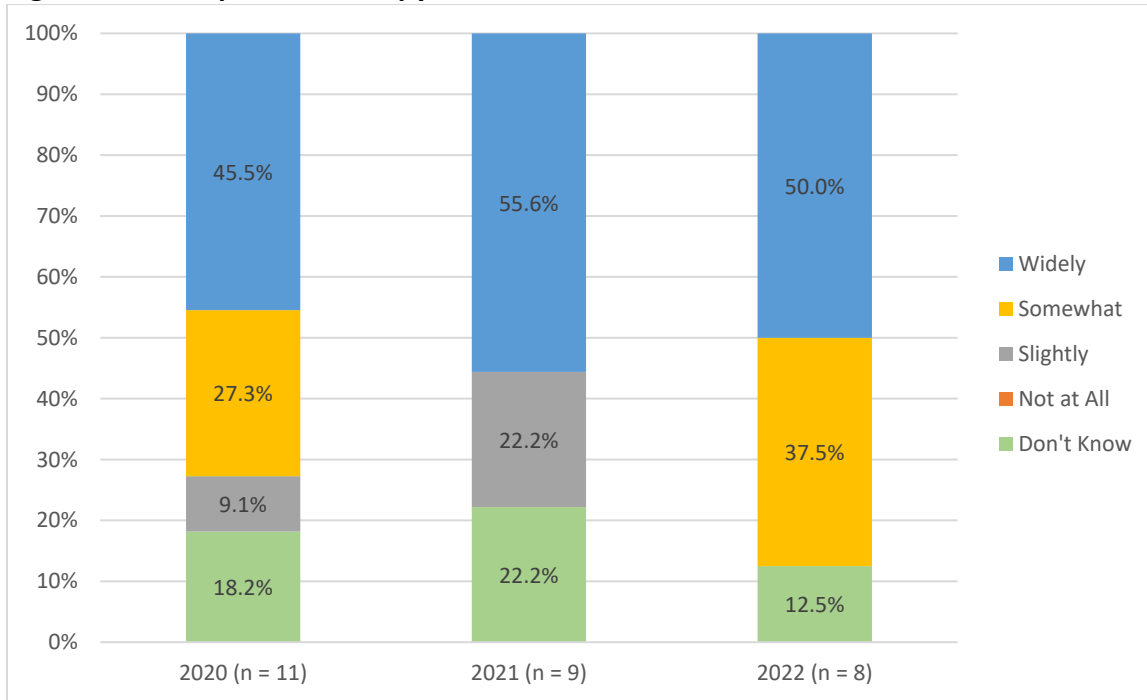
Figure 5.18 Medication Treatment/Management
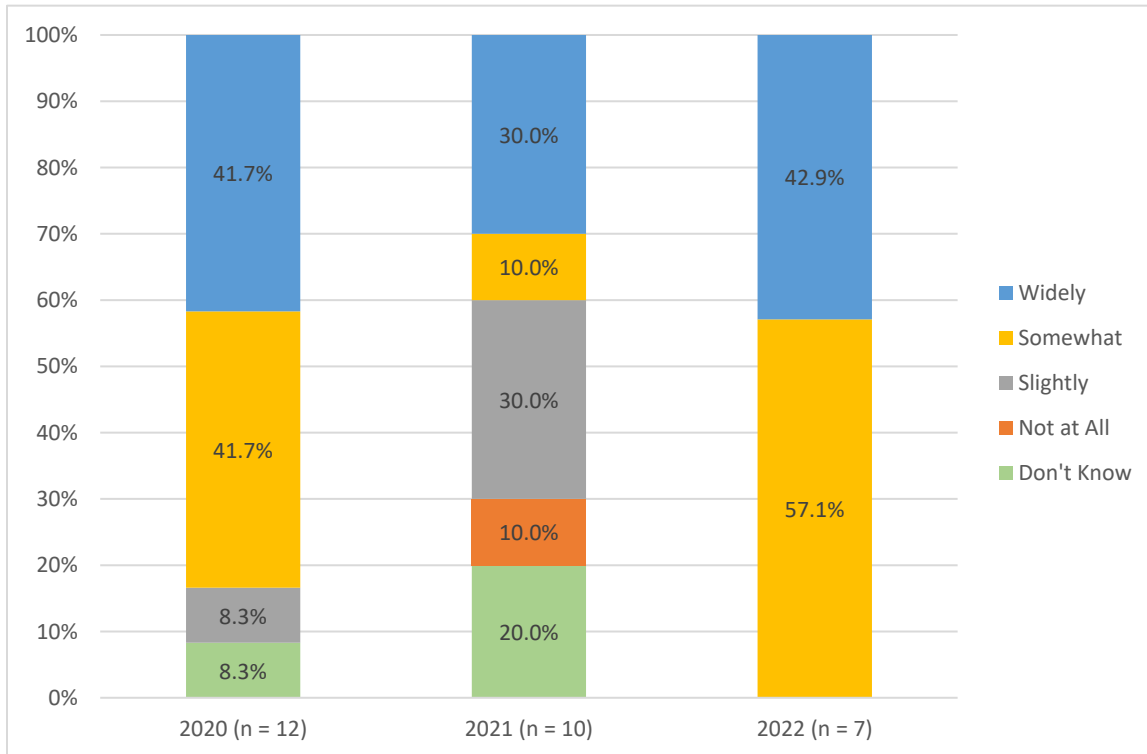
Figure 5.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)
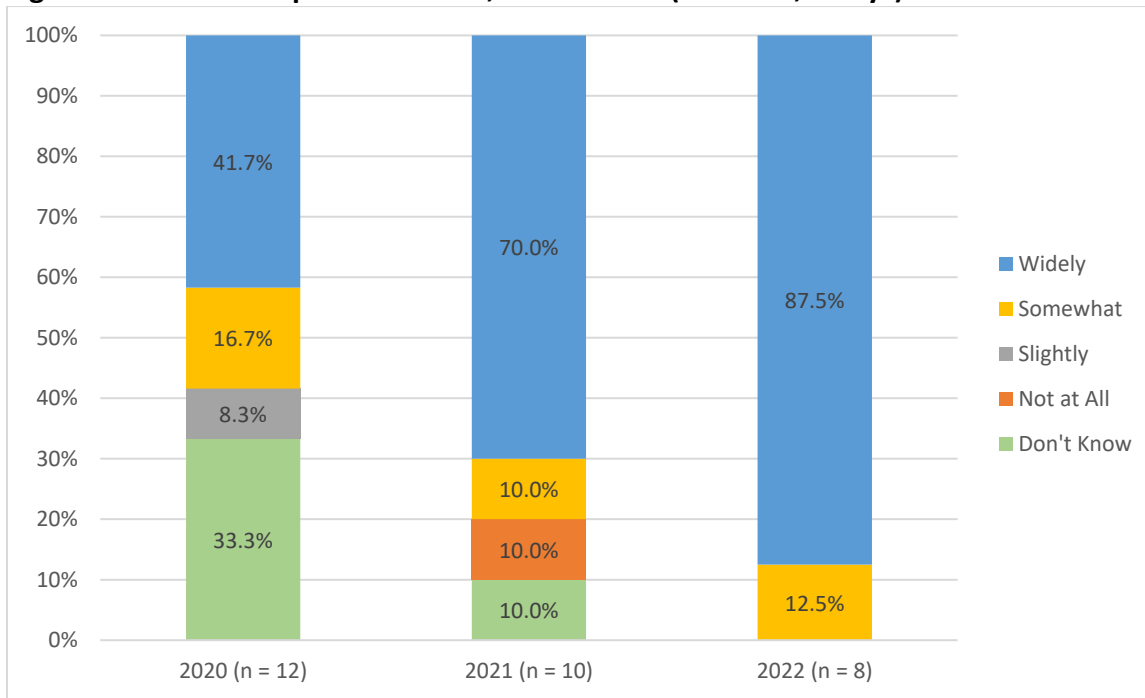
Figure 5.20 Intensive In-Home Services
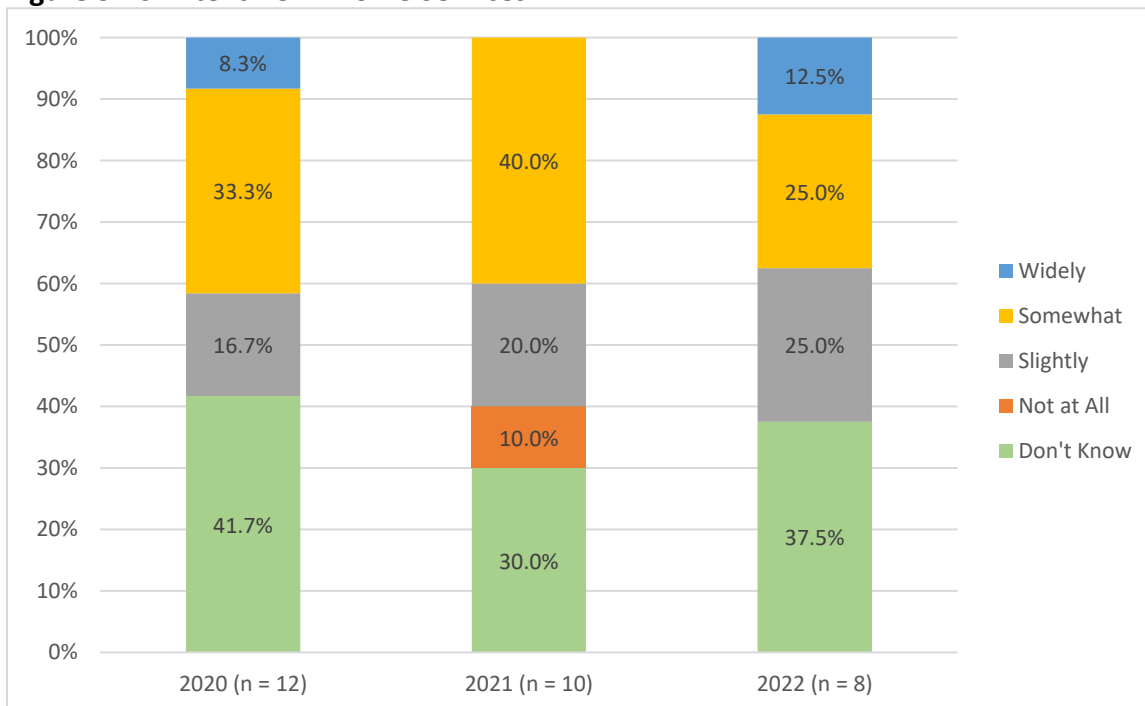
Figure 5.21 School-based Behavioral Health Services
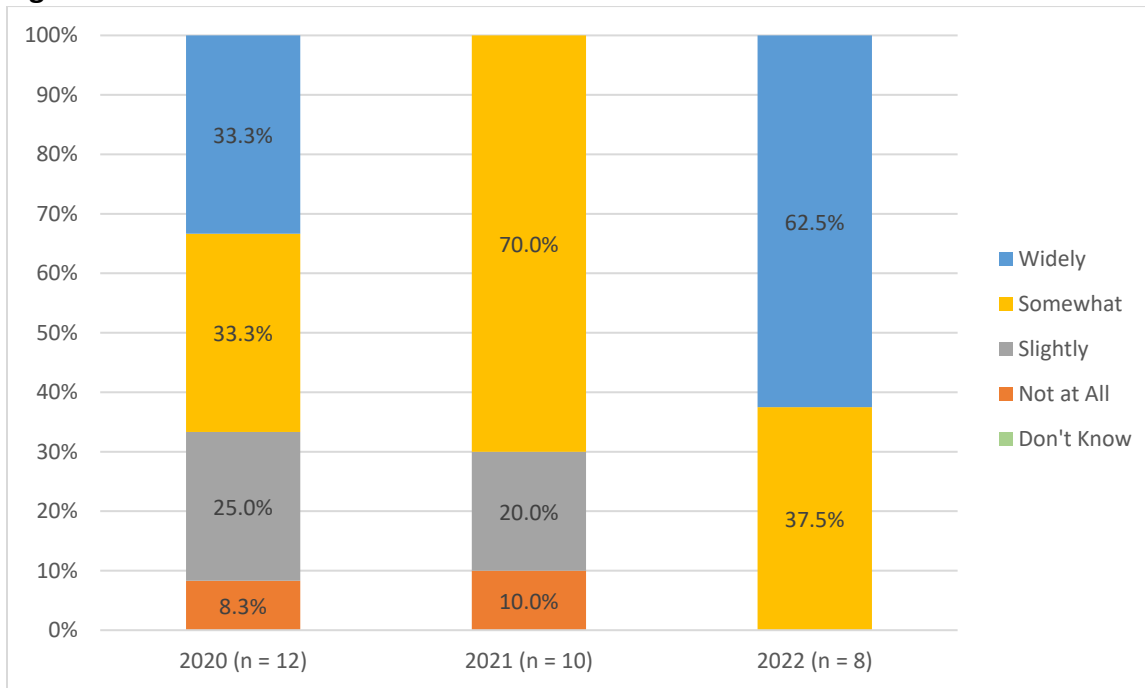
Figure 5.22 Substance Use Treatment
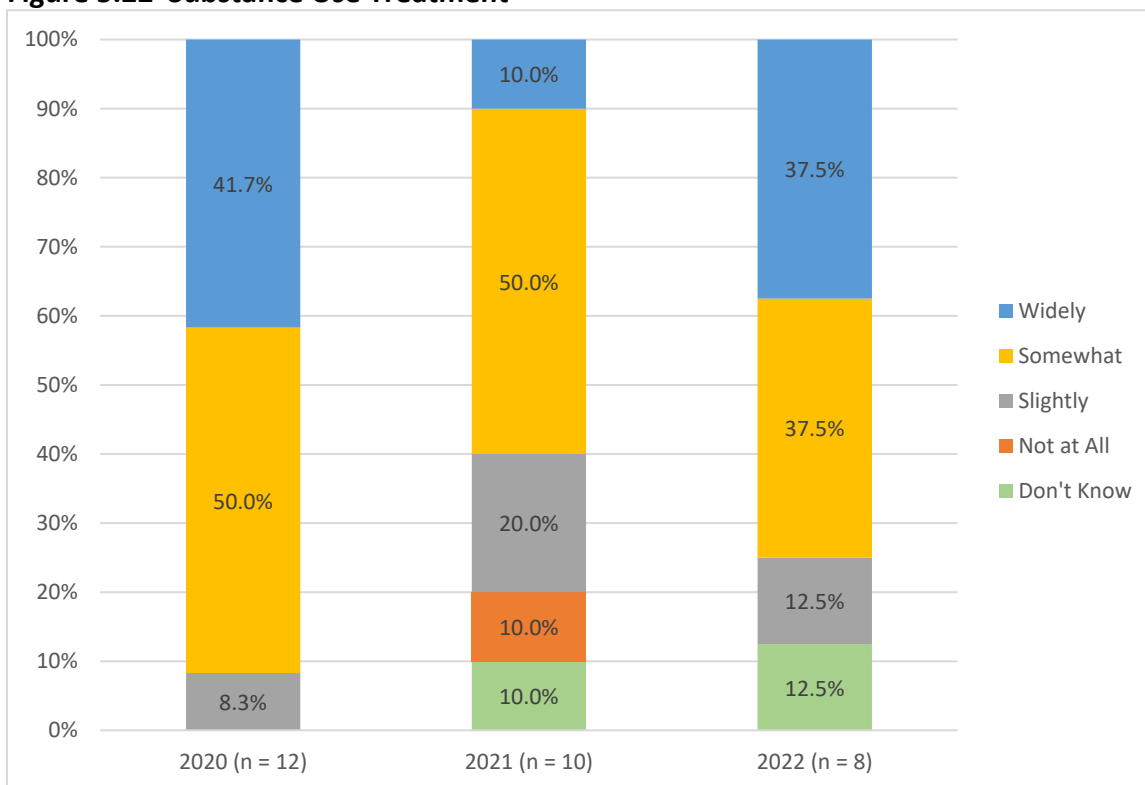
Figure 5.23 Behavior Management Skills Training

	2020 (n = 12)	2021 (n = 10)	2022 (n = 8)
Widely	16.7%	10.0%	37.5%
Somewhat	33.3%	20.0%	12.5%
Slightly	25.0%	20.0%	12.5%
Not at All			
Don't Know	25.0%	50.0%	37.5%
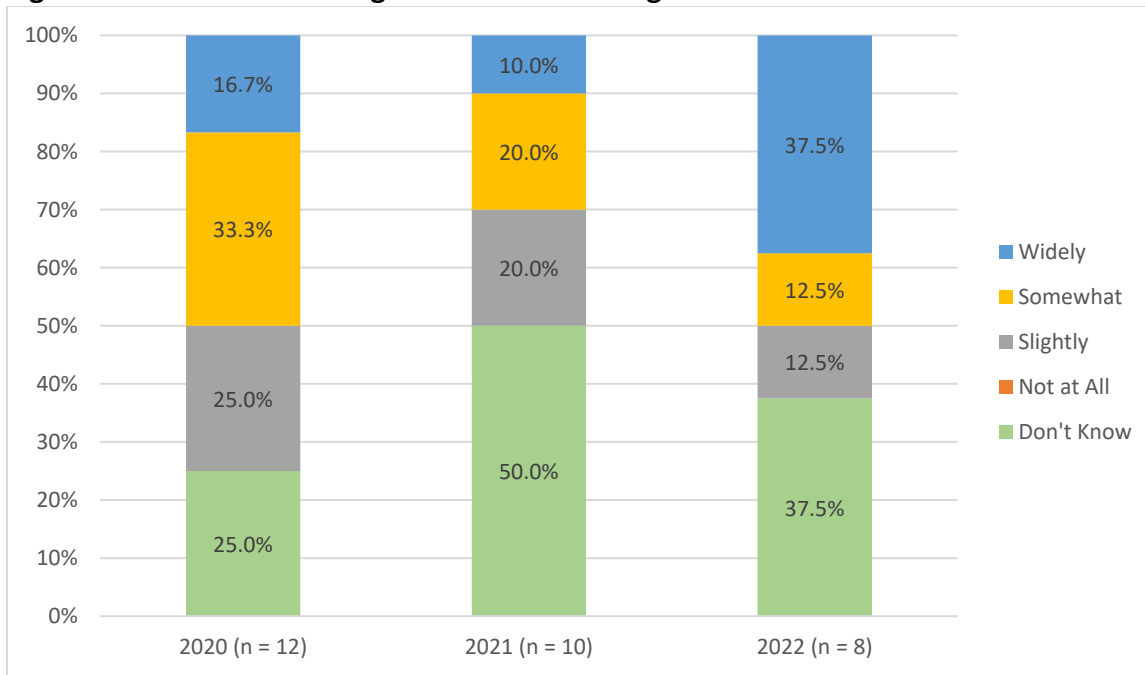
Figure 5.24 Tele-Behavioral Health Services

	2020 (n = 12)	2021 (n = 10)	2022 (n = 8)
Widely	8.3%	40.0%	62.5%
Somewhat	25.0%	20.0%	12.5%
Slightly		10.0%	
Not at All	25.0%	10.0%	
Don't Know	41.7%	20.0%	25.0%
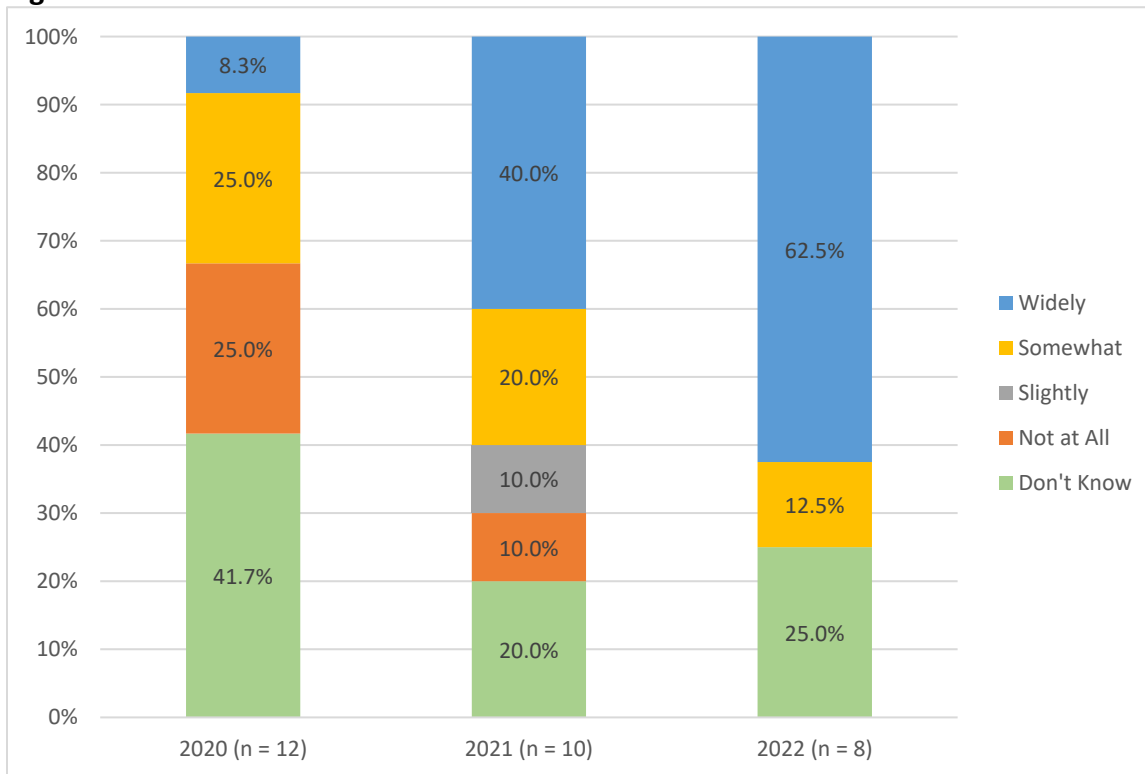
Figure 5.25 Youth and Family Education
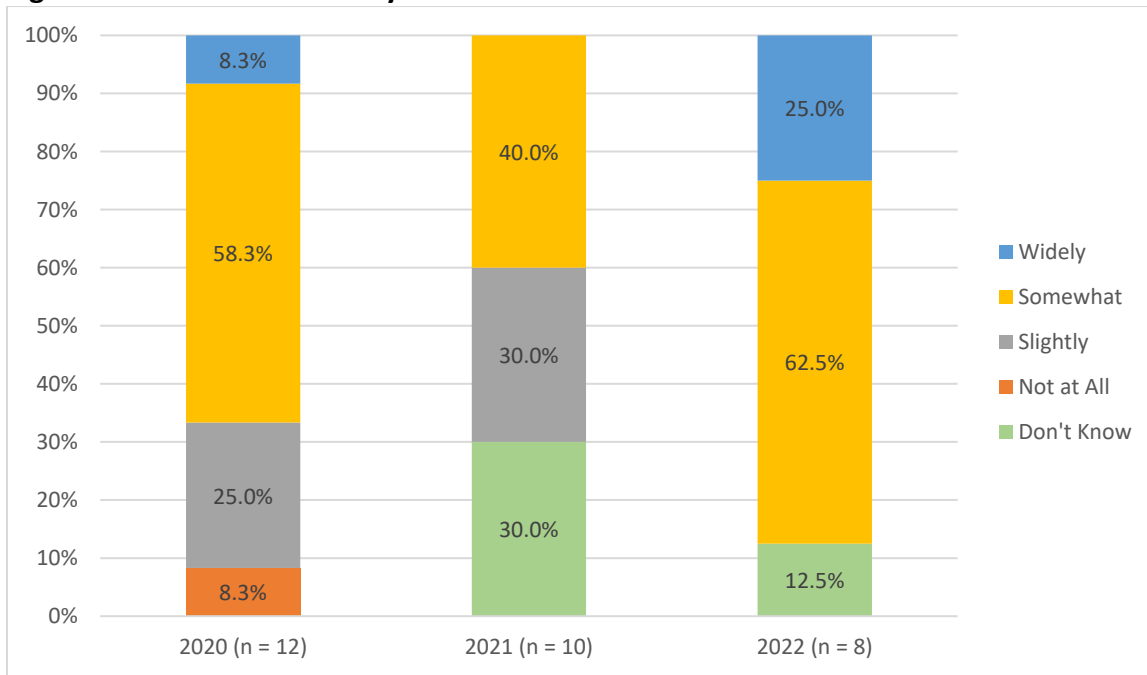
Figure 5.26 Respite Services
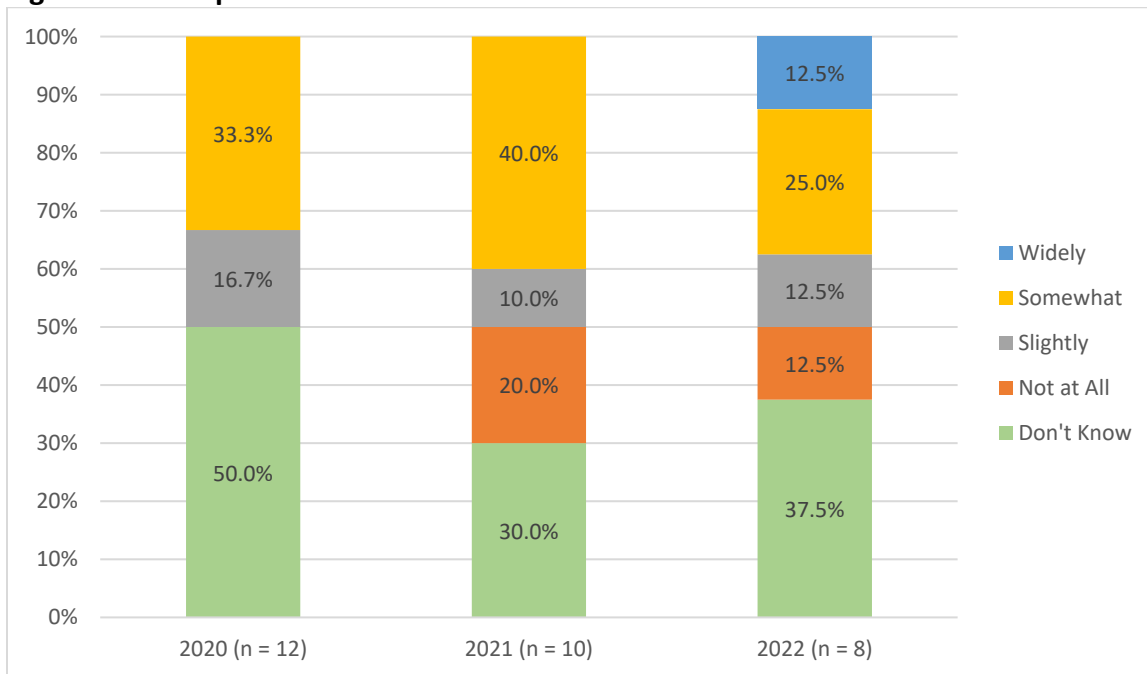
Figure 5.27 Mental Health Consultation
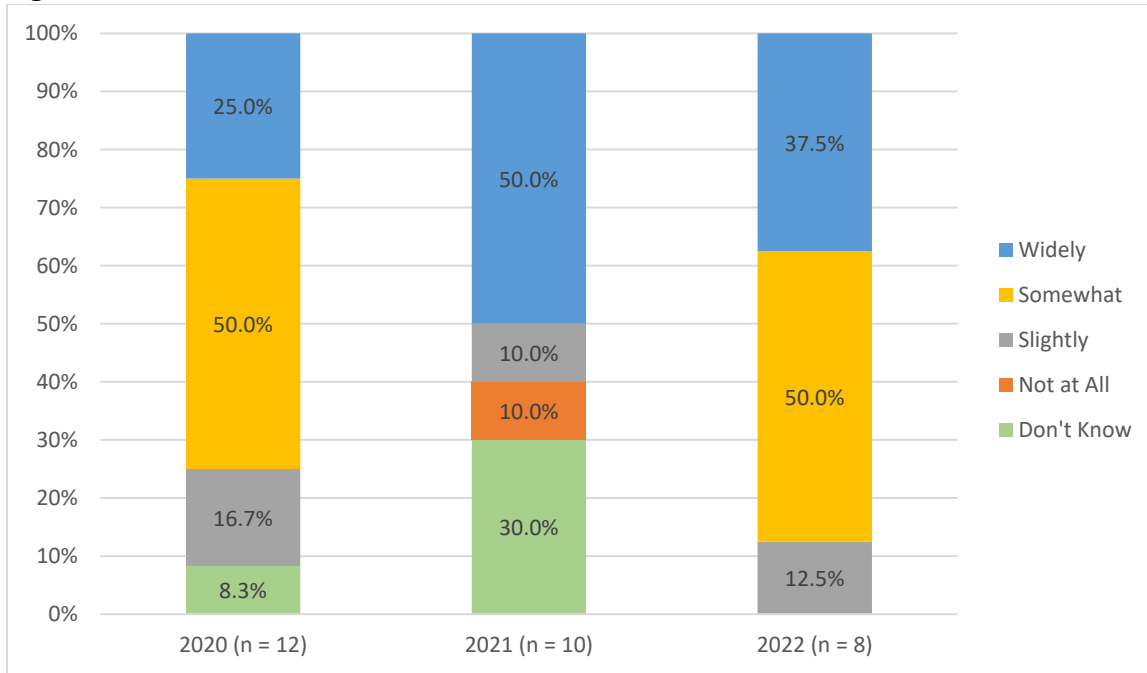
Figure 5.28 Transportation
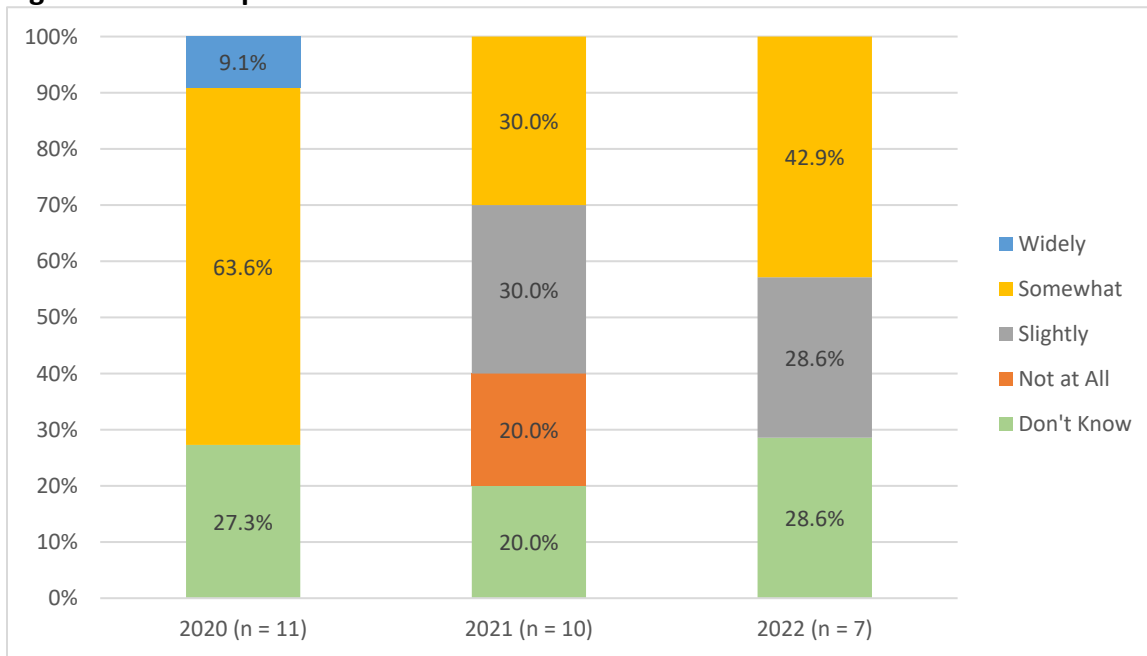
5.2.3 Out-of-Home Treatment Services

There was little change in the perceived availability of the out-of-home treatment services across the three years. These services were viewed as less widely available than home- and community-based services.

Figure 5.29 Substance Use Residential Treatment
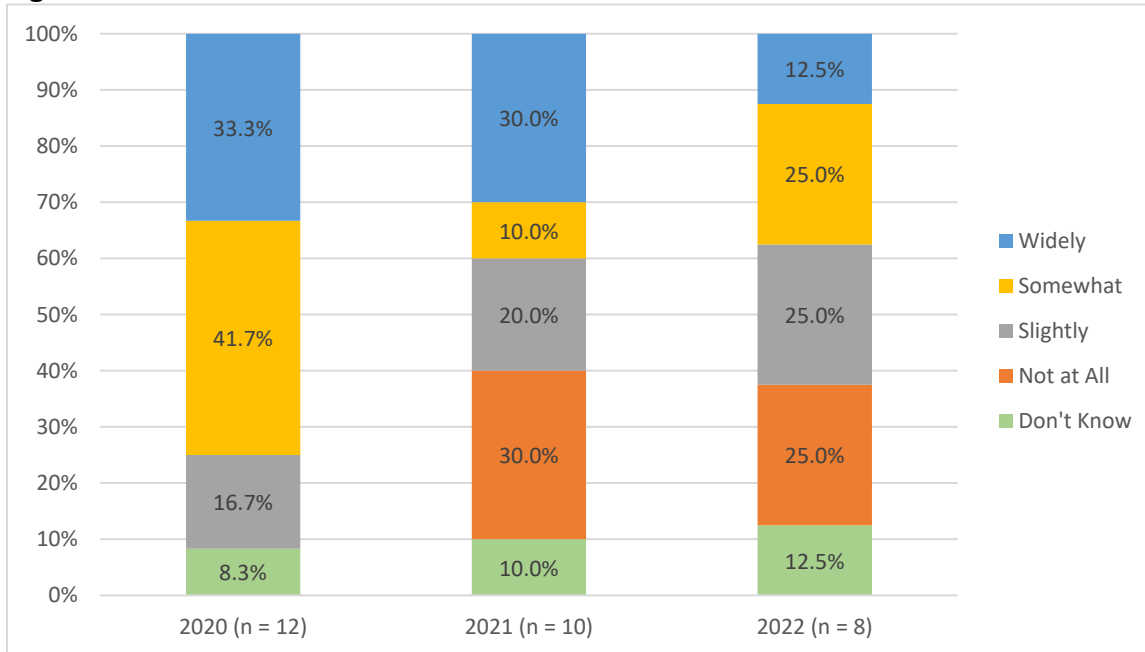
Figure 5.30 Residential Treatment
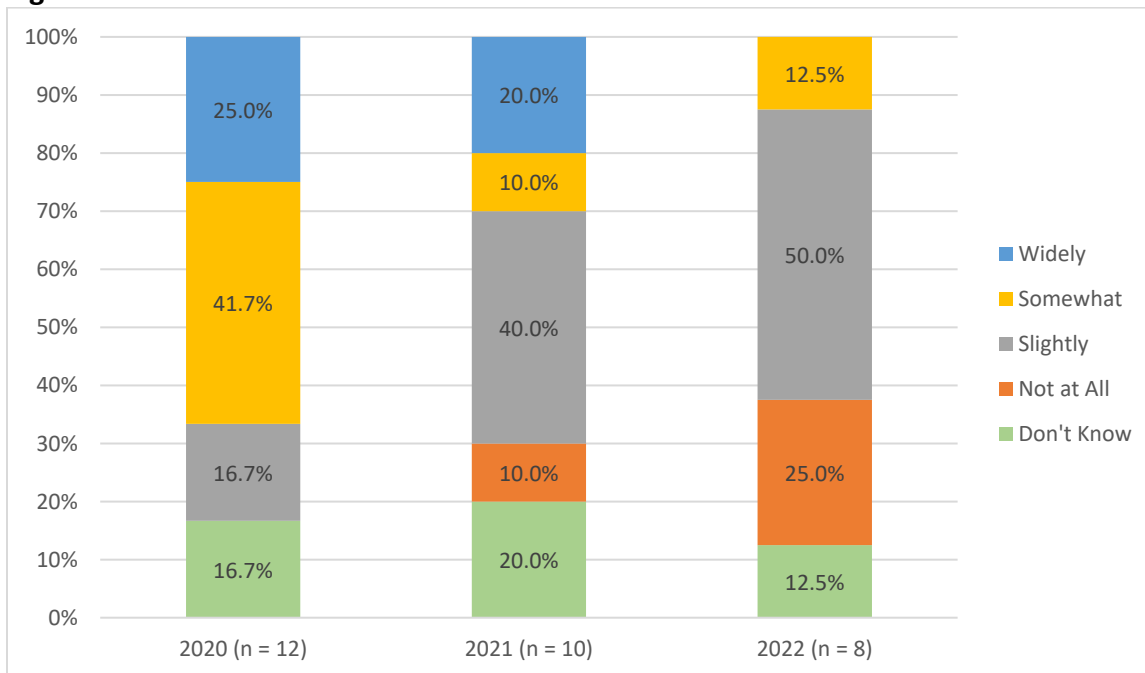
Figure 5.31 Inpatient Hospitalization
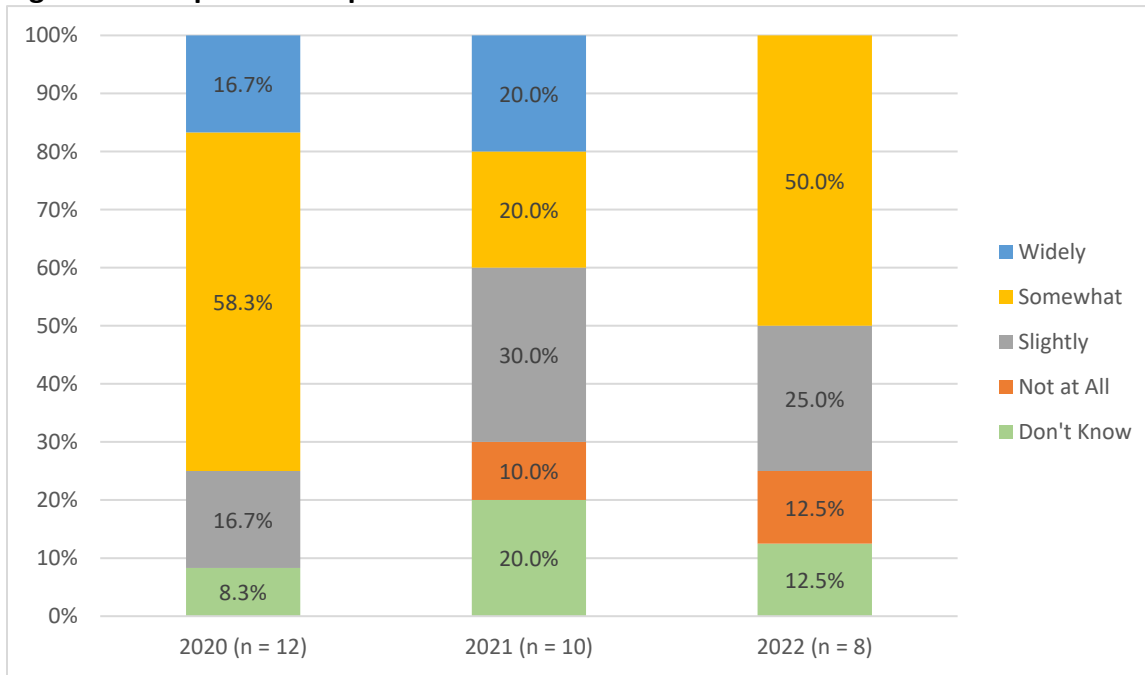
5.2.4   Peer-Provided Services (ILCHF Outcome)

The perceived availability of parent and youth peer-provided services did not substantially change across the three years. Approximately one-third of the respondents each year reported that they did not know about the availability of these services.

Figure 5.32 Youth Peer-provided Services
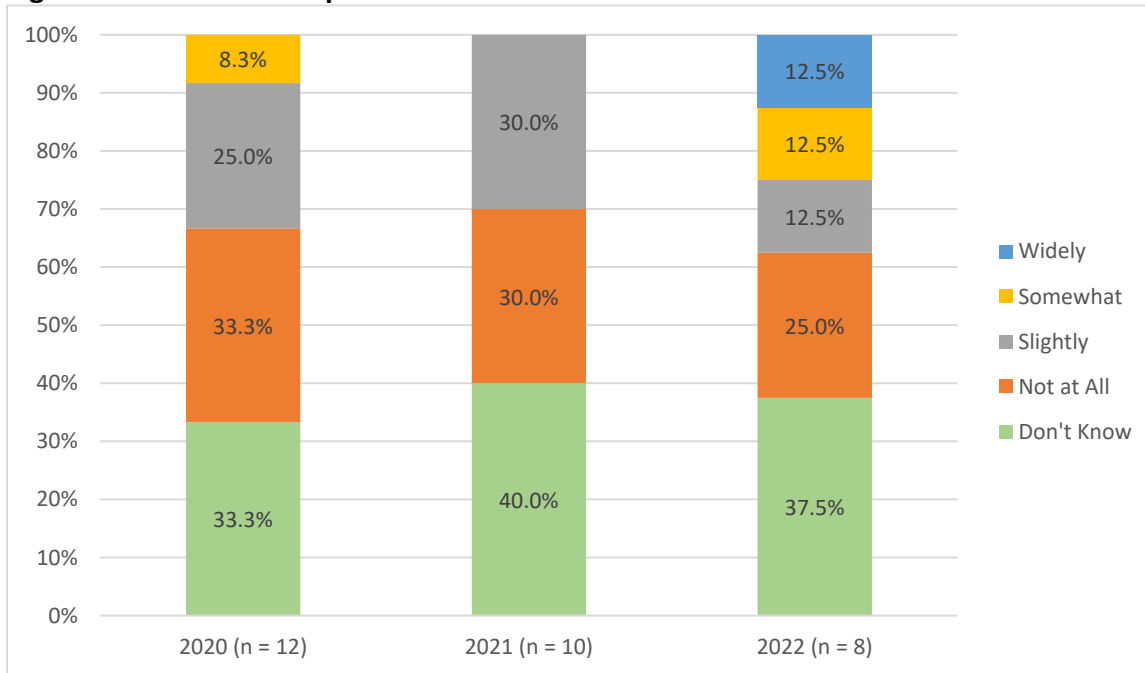
Figure 5.33 Caregiver Peer-provided Services
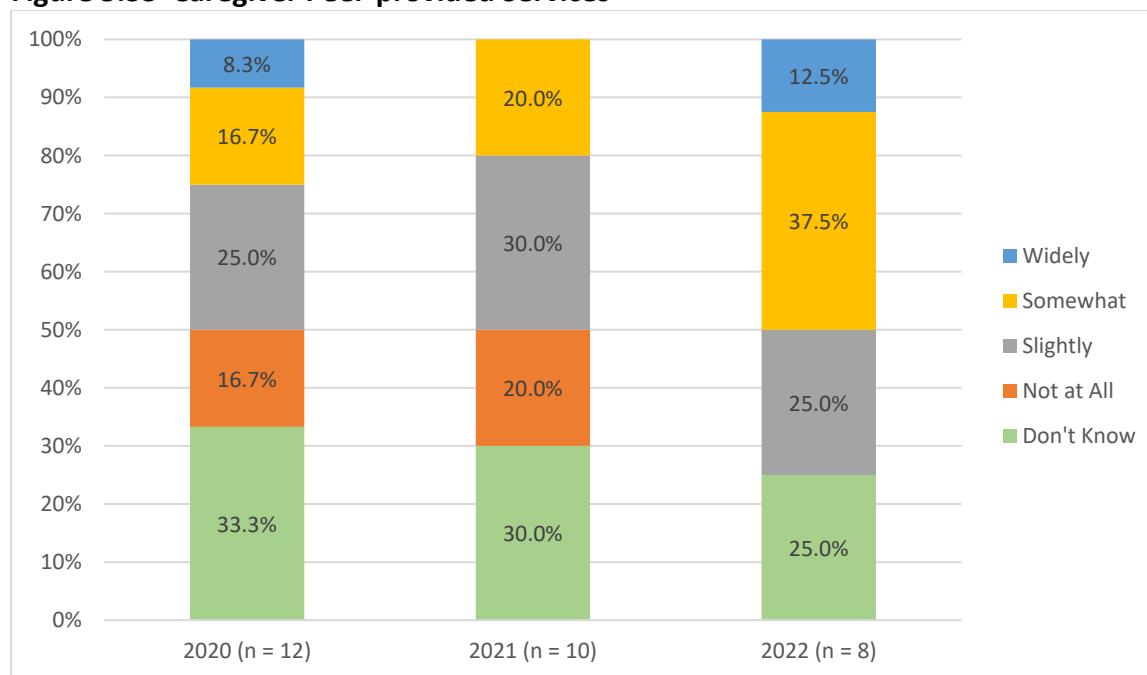
5.2.5   Service Coordination and Integration (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase service coordination among providers in the community. Table 5.1 shows the mean scores on the individual items of the service coordination subscale in 2020, 2021, and 2022. There was a slight increase in perceived service availability from 2021 to 2022.

Table 5.1 Service Coordination and Integration

	2020 Mean (n = 7-9)	2021 Mean (n = 9-10)	2022 Mean (n = 7-8)
Care is coordinated across multiple child-serving agencies and systems	2.89 (0.93)	3.00 (0.67)	3.50 (0.54)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	2.43 (0.79)	2.67 (1.00)	3.14 (0.69)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020, 2021, and 2022 are shown in Table 5.2. There was little change in the level of service coordination between the mental health system and other child-serving systems between 2021 and 2022, with the exception of perceived increases in coordination with the public health and substance use treatment systems.

Table 5.2 Service Coordination with Children's Mental Health System

	2020 Mean (n = 7-10)	2021 Mean (n = 7-9)	2022 Mean (n = 5-8)
Child welfare system	3.29 (0.76)	3.25 (0.71)	3.17 (0.75)
Juvenile justice/court system	3.13 (0.84)	3.43 (0.79)	3.20 (0.48)
Education system	3.00 (0.94)	3.11 (0.60)	3.38 (0.52)
Primary health system	2.80 (0.63)	3.00 (0.76)	3.33 (0.52)
Public health system	2.70 (0.68)	2.88 (0.99)	3.29 (0.49)
Substance use treatment system	3.22 (0.83)	2.75 (1.17)	3.33 (0.52)

Note: "I Don't Know" responses were excluded when calculating the mean

5.3   System of Care Infrastructure

5.3.1   Early Identification of Children and Youth With Mental Health Disorders (ILCHF Outcome)

Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages. There was a perceived increase in these services from 2021 to 2022.

Figure 5.34 Services for Early Identification of Mental Health Problems
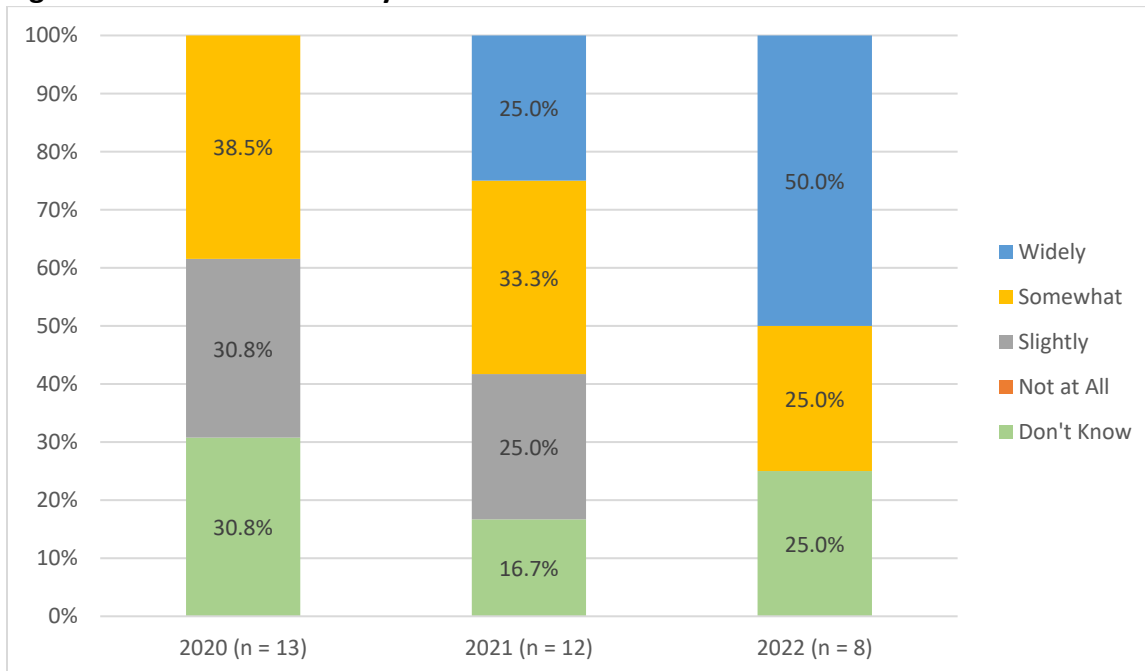
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). Most stakeholders reported that screening for behavioral health needs was somewhat to widely available in 2020, 2021, and 2022.

Figure 5.35 Screening for Behavioral Health Needs
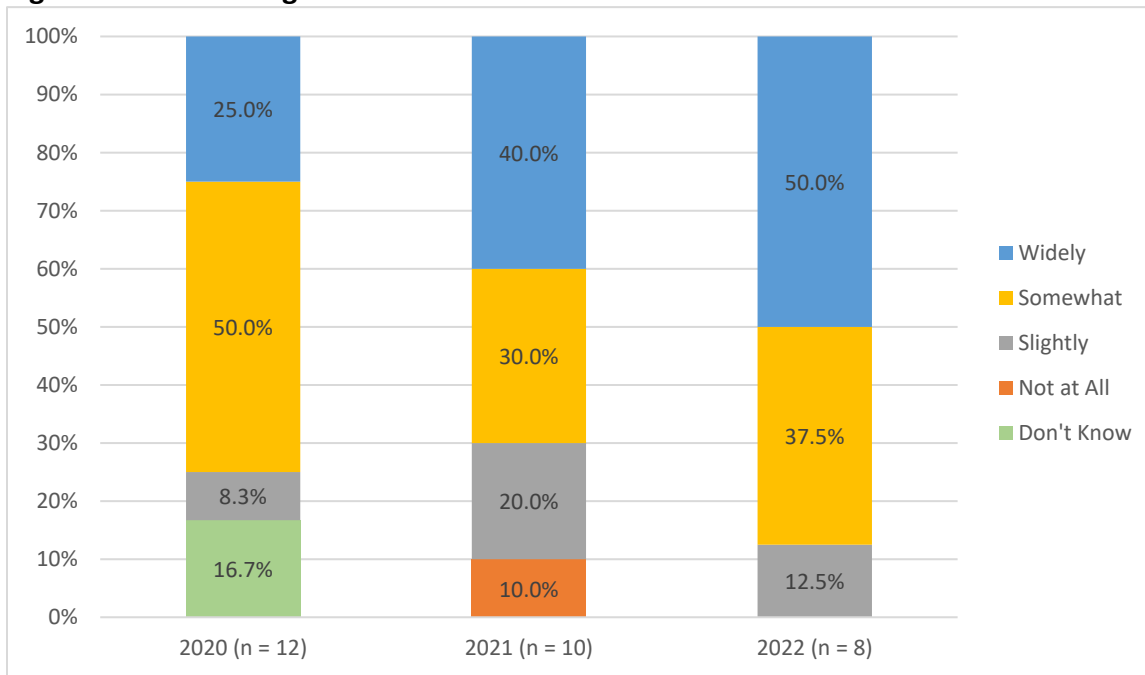
5.3.2   Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Table 5.3 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was an increase in the perception that providers are trained in specific evidence-informed practices over the three years.

Table 5.3 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 8-9)	2021 Mean (n = 10)	2022 Mean (n = 7)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.13 (0.64)	3.30 (0.48)	3.57 (0.54)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.78 (0.67)	3.10 (0.74)	3.71 (0.49)

5.3.3   Effective Local Use of Data to Inform Decision-Making (ILCHF Outcome)

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to this infrastructure component was present in their community in 2020, 2021, and 2022. Between 2021 and 2022, there was an increase in the perception that the SOC used data to inform decision-making.

Figure 5.36 Use of Local Outcome Data to Inform Decision-making
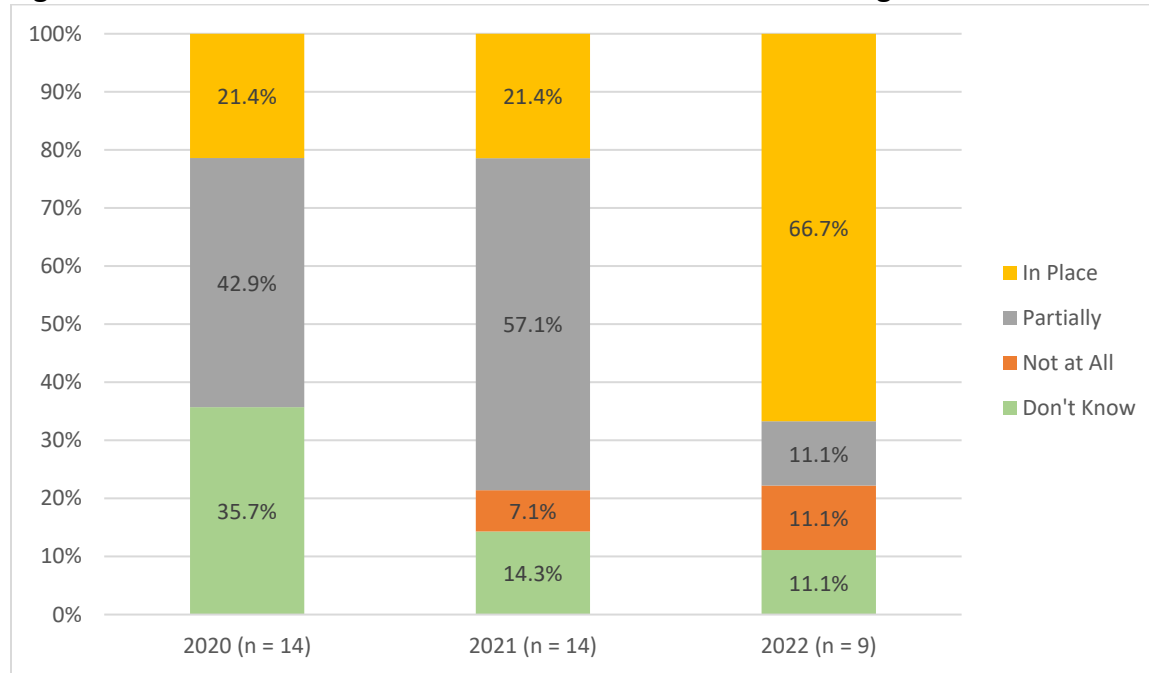
Stakeholders were also asked their site's capacity for gathering data for continuous quality improvement. Perceptions of this capacity increased between 2021 and 2022, with the majority of stakeholders reporting that this was widely in place in 2022.

Figure 5.37 Capacity for Gathering Data for Continuous Quality Improvement
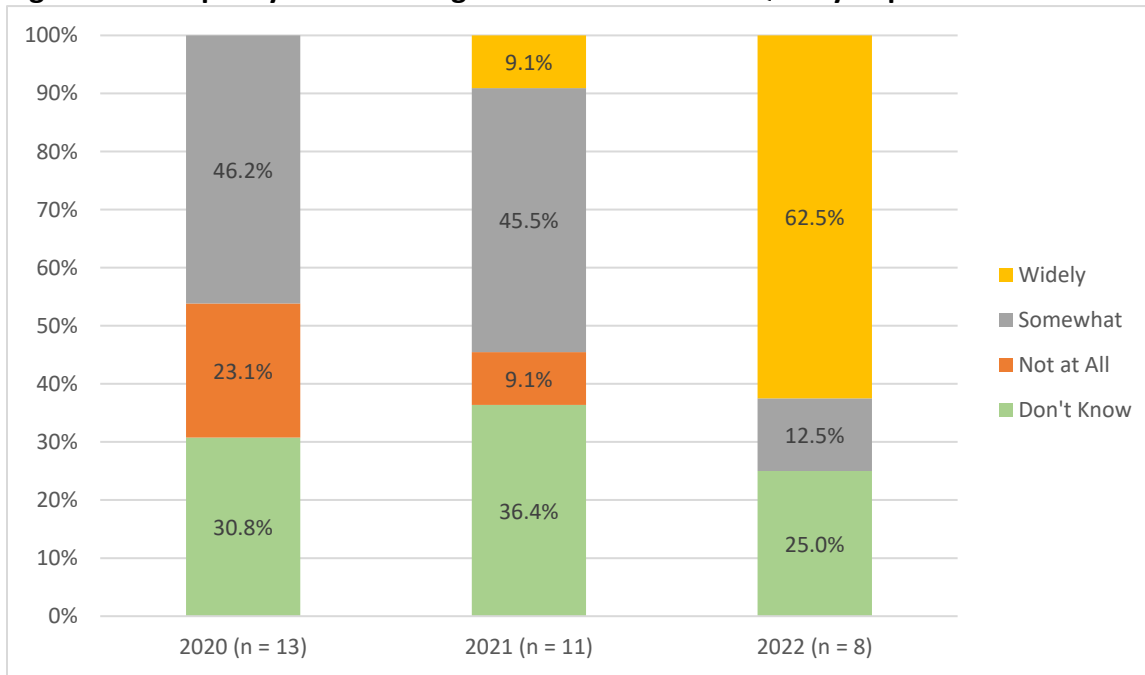
5.3.4   Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. Results show a perceived increase in the availability of trainings between 2021 and 2022; all stakeholders felt these were widely available in 2022.

Figure 5.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce
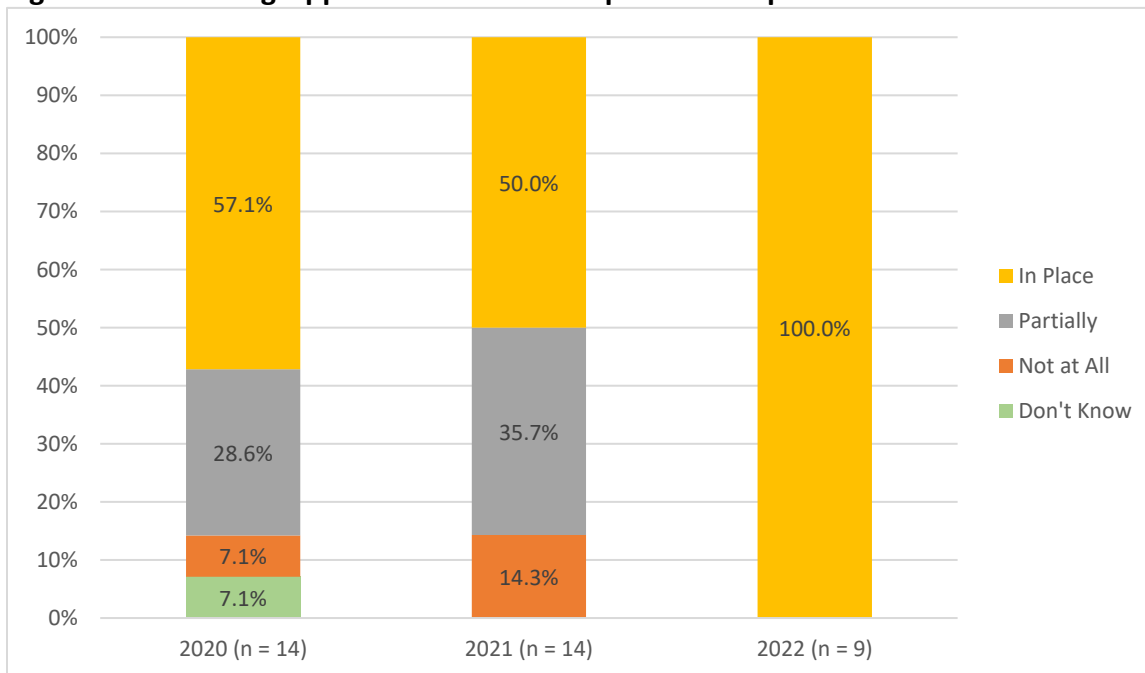
5.3.5   System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented at the three time points. Response options included 1 = not at all or slightly, 2 = somewhat, and 3 = widely. Scores for most items did not substantially change between 2020 and 2021; most stakeholders rated these infrastructure components as somewhat implemented in 2021. In 2022, stakeholder perceptions of the level of implementation of several infrastructure components increased. Specifically, they reported that structures for interagency partnerships and agreements; trainings, technical assistance, and workforce development; and strategic planning , identifying, and resolving barriers were widely in place.

Figure 5.39 System of Care Infrastructure Components
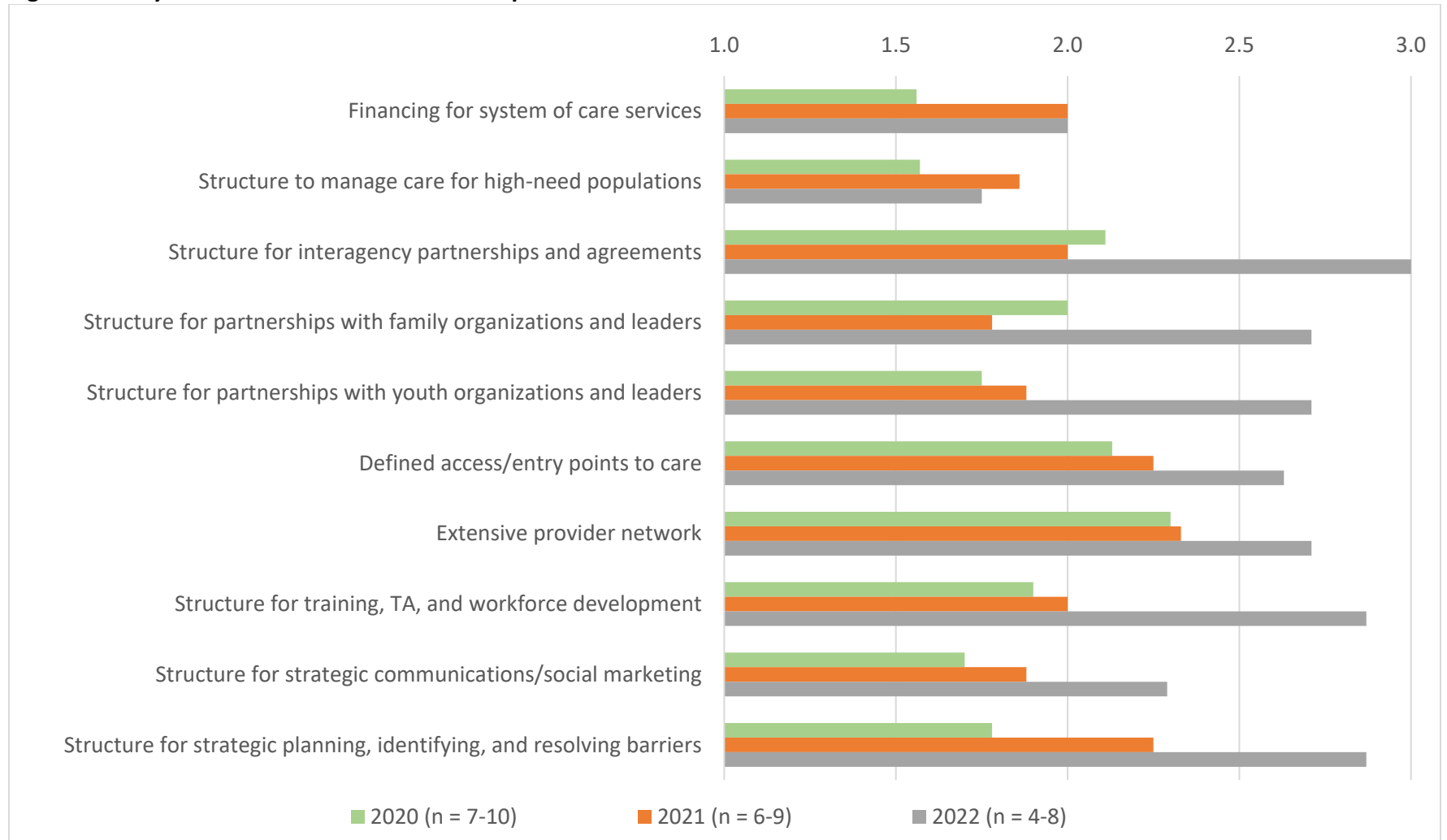
Note: "Don't know" responses were not included when calculating the mean scores.

5.4   Parent/Youth Survey Results

Five parents/youth completed the parent/youth version of the stakeholder survey in 2021 and seven completed it in 2022. Sample sizes that small can produce percentages that fluctuate widely, so the results are presented in Table 5.4 rather than in figures.

Table 5.4 Parent/Youth Survey Results

	Year	Don't Know	Not at All	Slightly	Moderately	Widely
Parent and Child Involvement in Planning						
How involved have parents of children with mental health problems been in planning the system of care in your community?	2021 (n=5)	0	0	1	2	2
	2022 (n=7)	0	1	2	0	4
How involved have youth with mental health problems been in planning the system of care in your community?	2021 (n=5)	1	1	2	1	0
	2022 (n=7)	1	2	2	1	1
Individualized Services						
Are child and family teams used to develop service plans for children?	2021 (n=5)	2	0	1	0	2
	2022 (n=7)	1	2	2	1	1
Are the service plans individualized to address children's unique needs?	2021 (n=5)	2	0	1	0	2
	2022 (n=7)	1	0	0	1	5
Are individualized assessments and tests used to plan children's services and supports?	2021 (n=5)	2	0	1	0	2
	2022 (n=7)	1	0	0	3	3
Do children's service plans address more than one area of their life (for example, school plus physical health plus mental health)?	2021 (n=5)	1	1	0	0	3
	2022 (n=7)	1	0	0	2	4
Do children's service plans include informal supports (for example, help from neighbors, family friends, or church members) in addition to formal services and treatments?	2021 (n=5)	2	1	0	0	2
	2022 (n=7)	2	0	0	2	3

Family Voice						
Do families have the most say in deciding which services and support their child gets?	2021 (n=5)	0	0	1	0	4
	2022 (n=7)	0	0	2	0	5
Do children's services make use of their family's strengths?	2021 (n=5)	0	1	0	0	4
	2022 (n=7)	1	0	1	1	4
Do families have a real choice about what services and supports the child and family receive?	2021 (n=5)	0	0	1	0	4
	2022 (n=7)	0	0	1	2	4
Do parents have access to support from other parents who have children with mental health needs?	2021 (n=5)	0	0	2	1	2
	2022 (n=7)	0	2	0	3	2
Are there organizations that support family involvement in children's mental health services?	2021 (n=5)	0	0	1	0	4
	2022 (n=7)	0	1	2	1	3
Youth Voice						
Do children and youth have a say in what services they get?	2021 (n=5)	0	0	0	4	1
	2022 (n=7)	1	0	2	2	2
Do children's services make use of their strengths and interests?	2021 (n=5)	1	0	1	0	3
	2022 (n=7)	1	0	1	2	3
Do youth have a real choice between different services and supports?	2021 (n=5)	1	0	1	1	2
	2022 (n=7)	1	0	1	3	2
Do youth have access to support from other youth who have mental health needs?	2021 (n=5)	0	0	1	2	2
	2022 (n=7)	1	2	1	2	1
Are there organizations that support youth involvement in service planning and delivery?	2021 (n=5)	1	0	1	0	3
	2022 (n=7)	0	0	3	1	3

Coordinated Services						
Do different agencies work together as a team to provide services?	2021 (n=5)	0	1	1	0	3
	2022 (n=7)	0	0	0	3	4
Culture-specific Services						
Are services and supports available that are a good match for families of different cultures?	2021 (n=5)	2	1	0	1	1
	2022 (n=7)	0	1	0	4	2
Are service providers available for families who don't speak English?	2021 (n=5)	4	0	0	1	0
	2022 (n=7)	2	1	1	2	1
Community-based Services						
Are children served at home rather than a group home or residential treatment center?	2021 (n=5)	0	0	0	1	4
	2022 (n=7)	2	0	0	1	4
Service Variety						
Are many different types of services and supports available?	2021 (n=5)	0	0	0	2	3
	2022 (n=7)	0	0	2	2	3
Are services available for children age 5 and younger?	2021 (n=5)	0	0	1	3	1
	2022 (n=7)	1	0	2	2	2
Are services available for young adults who are transitioning to adulthood?	2021 (n=5)	2	0	1	2	0
	2022 (n=7)	2	0	3	1	1
Finding Services						
There is a place that families can go when they decide to start getting mental health services for their child.	2021 (n=5)	0	0	0	0	5
	2022 (n=7)	0	0	0	2	5
Service Availability						
Screening children to see if they need mental health services	2021 (n=5)	0	0	1	3	1
	2022 (n=7)	0	0	2	3	2

School-based prevention services	2021 (n=5)	1	0	0	2	2
	2022 (n=7)	0	0	1	4	2
Community-based prevention services	2021 (n=5)	1	0	1	2	1
	2022 (n=7)	0	0	2	4	1
Early intervention services to help children under age 5 who need help	2021 (n=5)	1	0	1	2	1
	2022 (n=7)	2	0	2	2	1
Assessment and testing to decide what services children need	2021 (n=5)	0	0	1	1	3
	2022 (n=7)	1	0	2	2	2
Individualized service planning (planning services to meet children's needs)	2021 (n=5)	0	0	1	1	3
	2022 (n=7)	1	0	1	2	3
Coordination between different services so they work together well	2021 (n=5)	0	1	0	3	1
	2022 (n=7)	1	0	0	3	3
Outpatient therapy	2021 (n=5)	1	0	0	2	2
	2022 (n=7)	1	0	0	3	3
Medication treatment/management	2021 (n=5)	1	0	1	2	1
	2022 (n=7)	1	0	1	3	2
Crisis response services (24 hours, 7 days)	2021 (n=5)	1	0	0	1	3
	2022 (n=7)	0	0	0	2	5
School-based mental health services	2021 (n=5)	0	0	1	3	1
	2022 (n=7)	0	0	2	2	2
Behavior management skills training	2021 (n=5)	1	0	2	2	0

	2022 (n=7)	2	0	2	3	0
Day treatment	2021 (n=5)	4	0	1	0	0
	2022 (n=7)	3	0	2	2	0
Substance use treatment	2021 (n=5)	1	0	0	2	2
	2022 (n=7)	1	0	3	1	2
Substance use residential treatment	2021 (n=5)	3	0	0	0	2
	2022 (n=7)	2	2	2	0	1
Tele-behavioral health services (services provided by telephone or video call)	2021 (n=5)	0	0	1	1	3
	2022 (n=6)	1	0	2	0	3
Youth peer provided services (support from other youth)	2021 (n=5)	1	3	1	0	0
	2022 (n=7)	3	3	0	1	0
Caregiver peer provided services (support from other parents)	2021 (n=5)	1	0	3	1	0
	2022 (n=7)	0	2	3	0	2
Respite services (to give a parent and a child a night off from each other if they need it)	2021 (n=4)	1	2	0	1	0
	2022 (n=7)	0	2	2	2	1
Supported education and employment	2021 (n=5)	1	1	0	3	0
	2022 (n=7)	2	0	2	3	0
Supported independent living	2021 (n=5)	1	1	1	1	1
	2022 (n=7)	3	0	2	2	0
Transportation	2021 (n=5)	2	1	1	0	1
	2022 (n=7)	2	0	4	0	1

Residential treatment for mental health problems	2021 (n=5)	2	1	2	0	0
	2022 (n=7)	2	1	3	0	1
Inpatient hospitalization	2021 (n=5)	1	0	2	1	1
	2022 (n=7)	1	0	3	1	2
Service Coordination: How much do the following agencies coordinate with mental health agencies to provide system of care services to children and families in your community?						
Education system	2021 (n=5)	1	1	0	0	3
	2022 (n=7)	0	0	1	2	4
Health care (hospital) system	2021 (n=5)	0	1	0	1	3
	2022 (n=7)	1	0	1	3	2
Public health system	2021 (n=5)	0	0	1	1	3
	2022 (n=7)	2	0	2	2	1
Child welfare system	2021 (n=5)	1	1	0	1	2
	2022 (n=7)	2	1	1	3	0
Juvenile justice/court system	2021 (n=5)	1	1	0	1	2
	2022 (n=7)	4	0	1	2	0
Substance use treatment system	2021 (n=5)	0	1	0	1	3
	2022 (n=7)	4	0	1	1	1
Overall Assessment						
Overall, how much has your community created a system of care?	2021 (n=5)	0	0	1	2	2
	2022 (n=7)	0	0	2	4	1

6.   Building Compassionate Communities

The number of people who participated in the stakeholder survey for the Building Compassionate Communities project varied over the three years, as did the types of stakeholders that participated. The first administration (2020) consisted of 16 respondents that included parents, social service providers, healthcare workers, educators, juvenile justice and child protection representatives, community members, and those who classified themselves as "other." The second administration (2021) consisted of a smaller sample of eight respondents and had less diverse representation of service sectors including social services, healthcare, education, child protection, and others. The third survey administration (2022) had nine respondents representing social services, healthcare, education, child welfare, religion, and community members. Differences in the responses from year to year may be attributable to the different types of individuals who took the survey.

It is also important to note that the sample sizes for the Building Compassionate Communities stakeholder survey were quite small (less than 10 in 2021 and 2022), which means that changes in percentages should be interpreted with much caution because small changes in the number of respondents who give a particular answer can result in large changes in percentages. For example, in a sample of 10 respondents, a change in the response of 3 individuals will change the percentage in a distribution by 30%, which seems like a large change but needs to be interpreted with care. Finally, the stakeholder survey assesses respondents' *perceptions* of the system of care and the results should not be interpreted as objective measures of service availability, coordination, or implementation status.

The following sections provide detailed descriptions of the stakeholder perceptions of the overall implementation of systems of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; effective local use of data to inform decision-making; and the development of a well-prepared mental health workforce. In general, stakeholders who took the survey in 2022 perceived that the Building Compassionate Communities SOC was less fully implemented in almost every area than those who took the survey in 2020 or 2021. It is important to note that the survey measures stakeholder perceptions, and the individuals who took the survey in 2022 may not be the same as those who took it in earlier years. In addition, the number of people who took the survey in 2022 is very small, which makes the percentages included in the figures somewhat unreliable. However, it should be considered that the implementation of SOC at this site may have stalled or even regressed during 2021 (the 2022 survey reports on the previous year). A brief summary of the results is provided here; more detailed information is provided in numerous figures and tables in this chapter.

- Assessment of the overall progress of the system of care implementation indicated that the percentage of stakeholders who felt that SOC was widely implemented increased from 2020 to 2021, but then decreased in 2022. In 2022, the most frequent response to

this question was that SOC was slightly implemented (4 of 9 respondents). Two respondents felt that the SOC was not at all implemented in 2022.

- The percentage of stakeholders who reported that a strategic plan was fully in place decreased over time; one-third of the respondents in 2022 felt that a strategic plan was not in place at all.
- All respondents perceived that a planning/steering committee that guided implementation was fully in place in 2020 and 2021. In 2022, one-third of the respondents felt that a steering committee was in place, but one-third felt that it was not at all in place.
- In both 2020 and 2021, stakeholders perceived a high level of buy-in and leadership from child-serving systems in the SOC. However, in 2022, two-thirds of survey respondents felt that this buy-in was only partially in place or not in place.
- Similarly, the percentage of respondents that believed clear communication from leadership was in place decreased from 2021 to 2022.
- About three-quarters of stakeholders in 2020 and 2021 felt that technical assistance opportunities were fully or partially in place. This decreased in 2022, and one-third of stakeholders felt that TA opportunities were not at all in place.
- Perceptions of the level of parent involvement in implementation decreased in 2022; one-third of stakeholders felt it was not in place at all. Perceptions of youth involvement in the SOC were similar to those of parent involvement; with one-third of the stakeholders reporting it was partially in place and one-third not in place in 2022.
- The perceived level of commitment of all the child-serving systems decreased between 2021 and 2022; most systems were perceived as slightly committed in 2022.
- Stakeholders were asked about the extent to which service delivery was guided by the principles of systems of care, including the extent to which they are individualized, family-driven, youth-guided, coordinated, culturally and linguistically competent, evidence-informed, least restrictive, and include a broad array of different services. Stakeholder perceptions of all eight of the SOC values dropped between 2021 and 2022. The highest rated principle in 2022 was for the use of evidence-informed and promising practices and the lowest rated principles were youth-guided services and culturally and linguistically competent services.
- Stakeholders indicated their perceptions of the availability of community-based treatment and support services; perceived availability of most decreased from 2021 to 2022. Fewer respondents in 2022 felt that services were widely available, and more respondents felt that services were slightly or not at all available.
- There was a perceived decrease in the availability of some out-of-home treatment services, including substance use residential treatment and residential treatment.
- The perceived availability of both youth and caregiver peer-provided services decreased from 2021 to 2022.
- Perceived levels of service coordination decreased from 2021 to 2022.
- Stakeholders were asked about the availability of screening services for behavioral health needs. There was little change across years; 40-50% of stakeholders felt that screening services were somewhat or widely available.
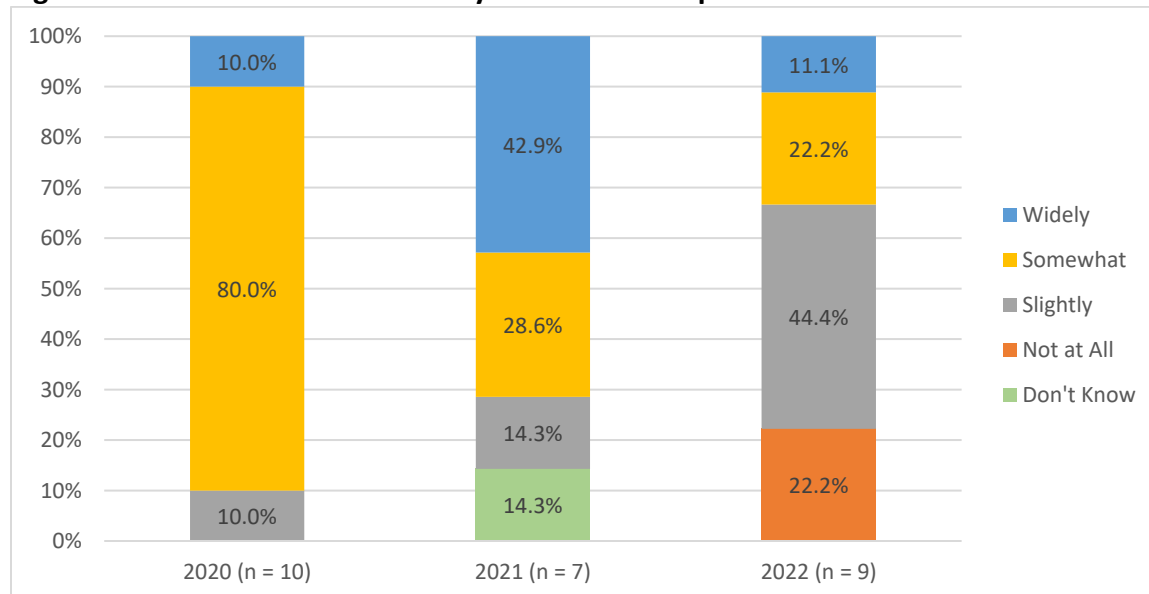
- Stakeholders' perceptions of the use of local outcomes to inform decision-making decreased from 2021 to 2022, as did their perceptions of the system's capacity to gather data for continuous quality improvement.
- Regarding perceptions of a well-prepared mental health workforce, stakeholders indicated a decrease in training opportunities from 2021 to 2022, although one-third of the respondents in 2022 indicated they did not know.
- There was little change in the perception of SOC infrastructure implementation from 2020 to 2021, but there were perceived decreases between 2021 and 2022 in the level of implementation of each infrastructure component.

6.1 System of Care Implementation Processes

6.1.1 Overall System of Care Implementation

Stakeholders were asked "to what extent do you believe that the system of care approach is being implemented in your community?" and the response options were "don't know," "not at all," "slightly," "somewhat," and "widely." The distribution of responses in each year are shown in Figure 6.1. The percentage of stakeholders who felt that SOC was widely implemented increased from 2020 to 2021, but then decreased in 2022. In 2022, the most frequent response to this question was that SOC was slightly implemented (4 of 9 respondents). Two respondents felt that the SOC was not at all implemented in 2022.

Figure 6.1 Overall Assessment of System of Care Implementation

## 6.1.2 System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, steering/planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2020, 2021, and 2022. The percentage of stakeholders who reported that a strategic plan was fully in place decreased over time; one-third of the respondents in 2022 felt that a strategic plan was not in place at all.

**Figure 6.2 Strategic Plan That Guides System of Care Implementation Activities**
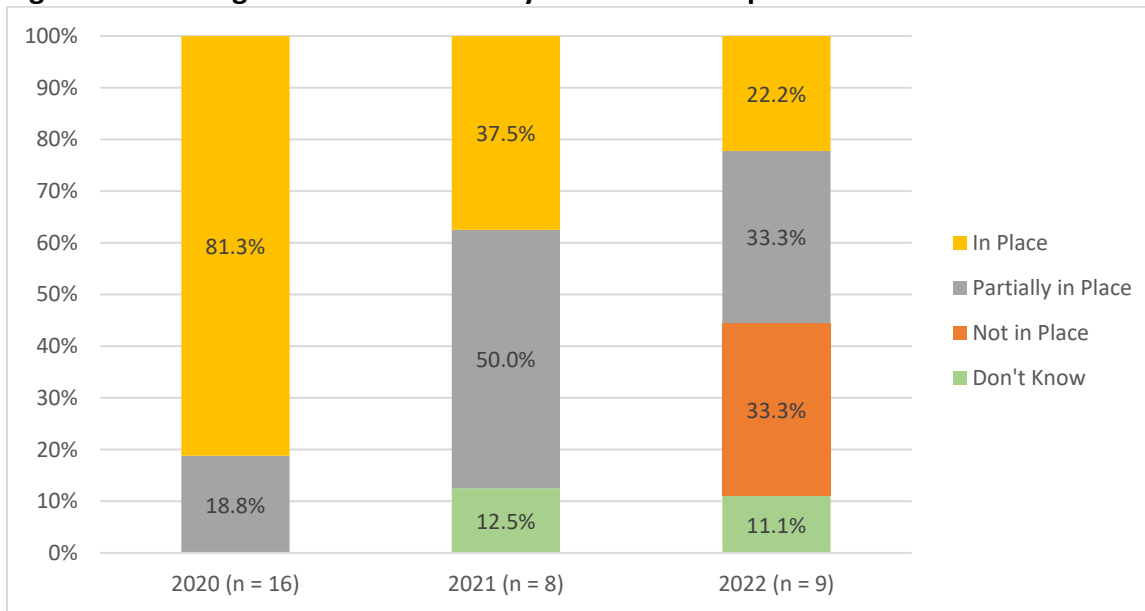
All respondents perceived that a planning/steering committee that guided implementation was fully in place in 2020 and 2021. In 2022, one-third of the respondents felt that a steering committee was in place, but one-third felt that it was not at all in place.

**Figure 6.3 Steering or Planning Committee That Meets Frequently to Guide Implementation Activities**
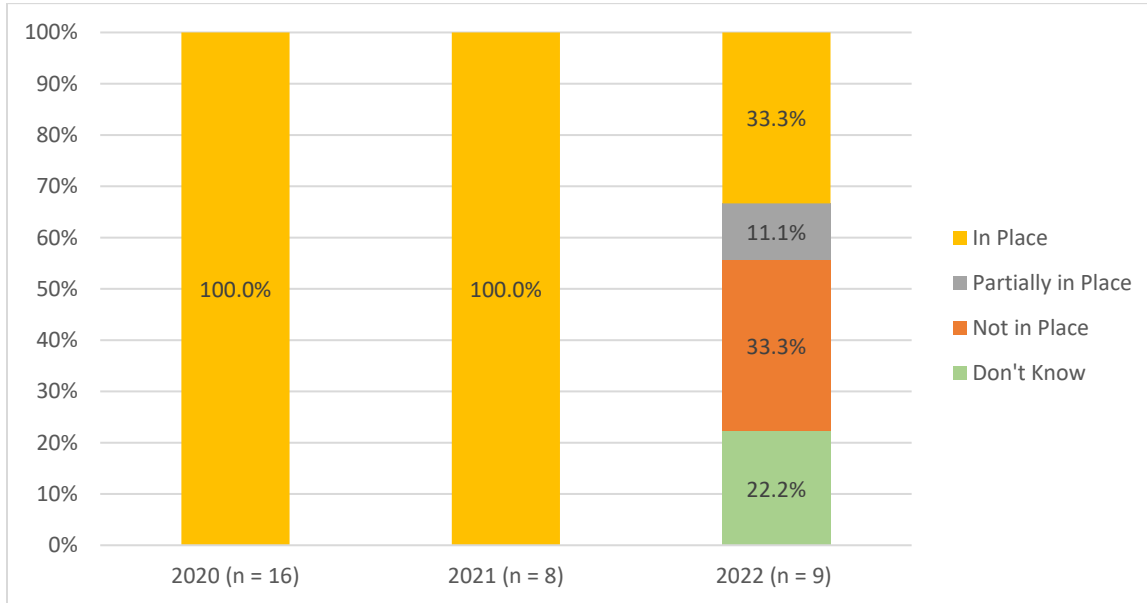
In both 2020 and 2021, stakeholders perceived a high level of buy-in and leadership from child-serving systems in the SOC. However, in 2022, two-thirds of survey respondents felt that this buy-in was only partially in place or not in place.

Figure 6.4 Buy-in, Leadership, and Champions from Multiple Child-Serving Systems
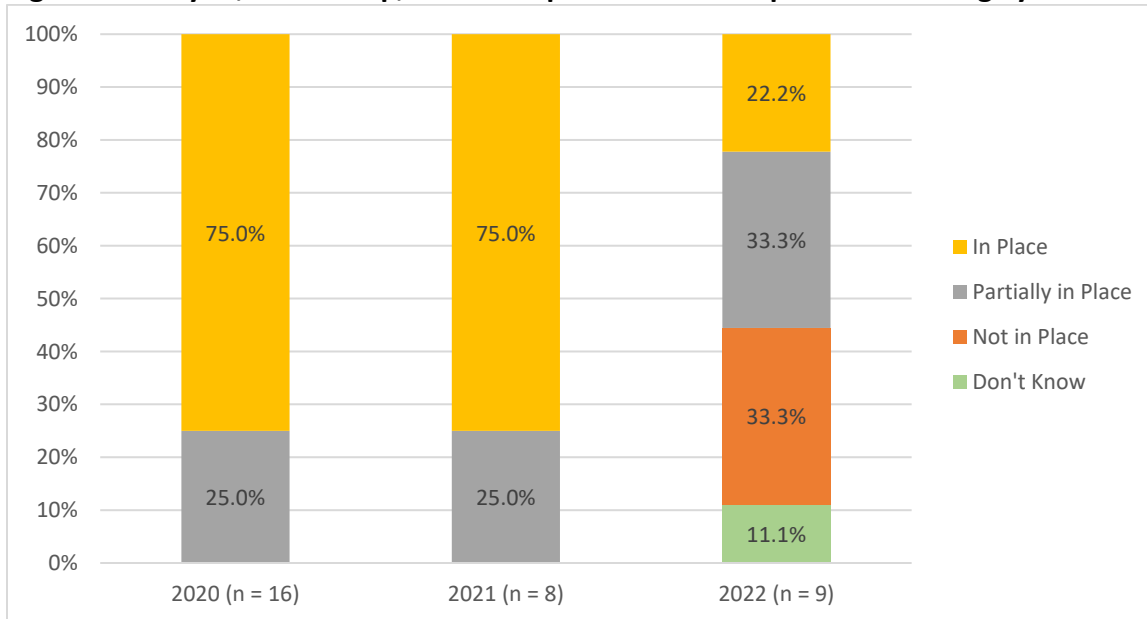
Similarly, the percentage of respondents that believed clear communication from leadership was in place decreased from 2021 to 2022.

Figure 6.5 Clear and Frequent Communication Channels Between Leadership, Steering/Planning Committees, and Stakeholders
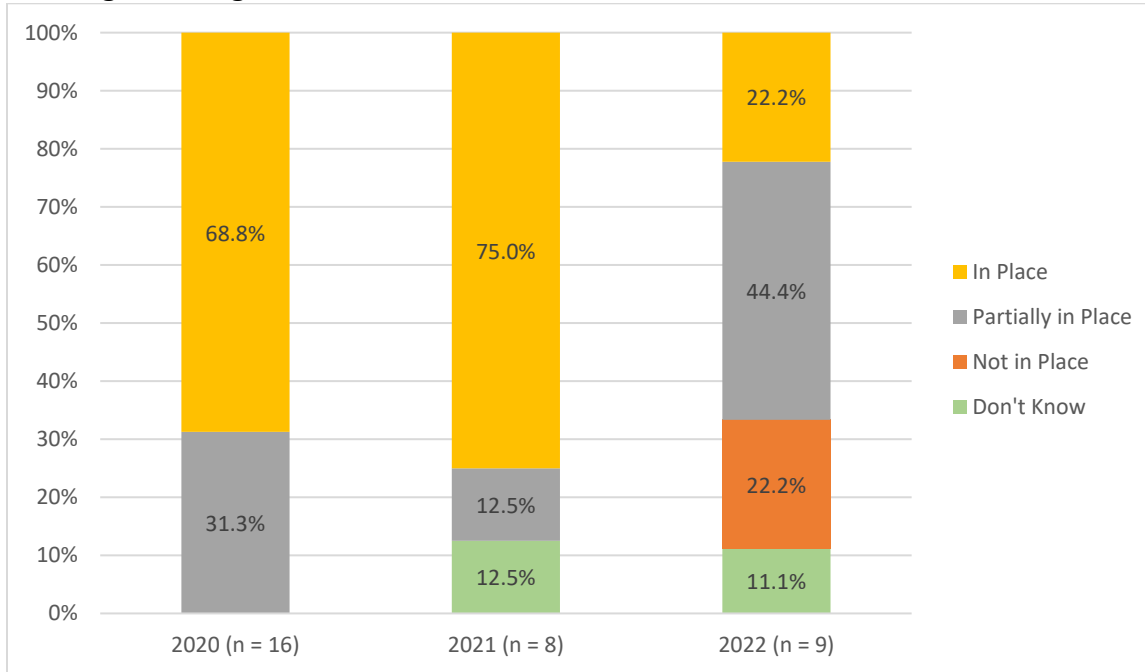
About three-quarters of stakeholders in 2020 and 2021 felt that technical assistance opportunities were fully or partially in place. This decreased in 2022, and one-third of stakeholders felt that TA opportunities were not at all in place.

Figure 6.6 Technical Assistance Opportunities to Support Implementation
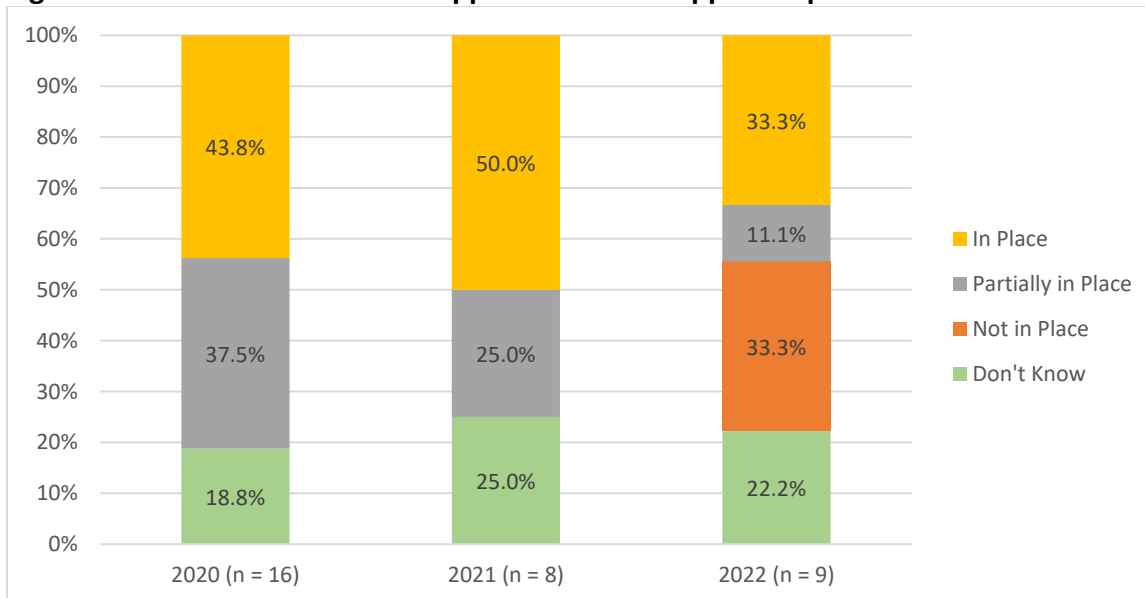
6.1.3 Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)
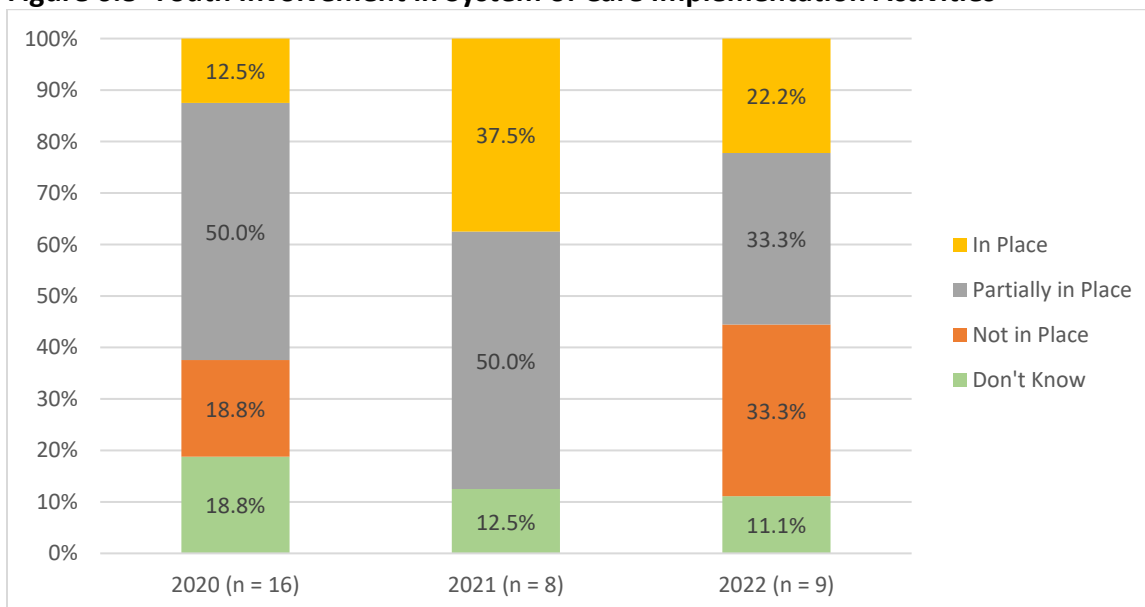
Stakeholders were asked to rate the extent to which parents and youth had been involved in system of care implementation activities each year. Perceptions of the level of parent involvement in implementation decreased in 2022; one-third of stakeholders felt it was not in place at all.

Figure 6.7 Parent Involvement in System of Care Implementation Activities
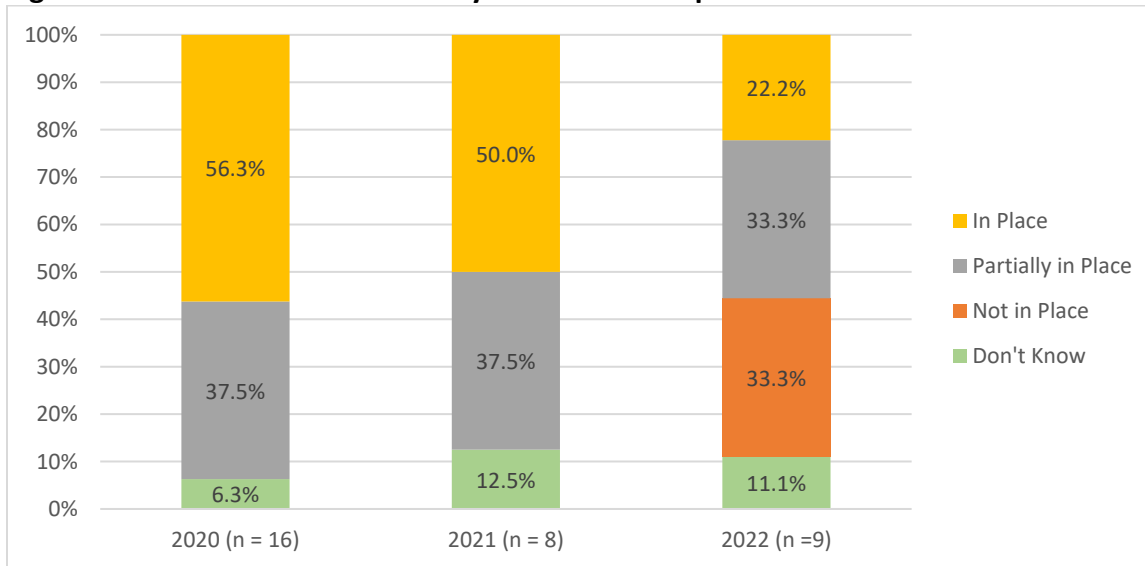
Perceptions of youth involvement in the SOC were similar to those of parent involvement; with one-third of the stakeholders reporting it was partially in place and one-third not in place in 2022.

Figure 6.8 Youth Involvement in System of Care Implementation Activities

6.1.4   Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 6.9 shows the mean scores for the perceived commitment of each child-serving system in 2020, 2021, and 2022. The perceived level of commitment of all the child-serving systems decreased between 2021 and 2022; most systems were perceived as slightly committed in 2022.

**Figure 6.9 Commitment to System of Care Philosophy and Approach**
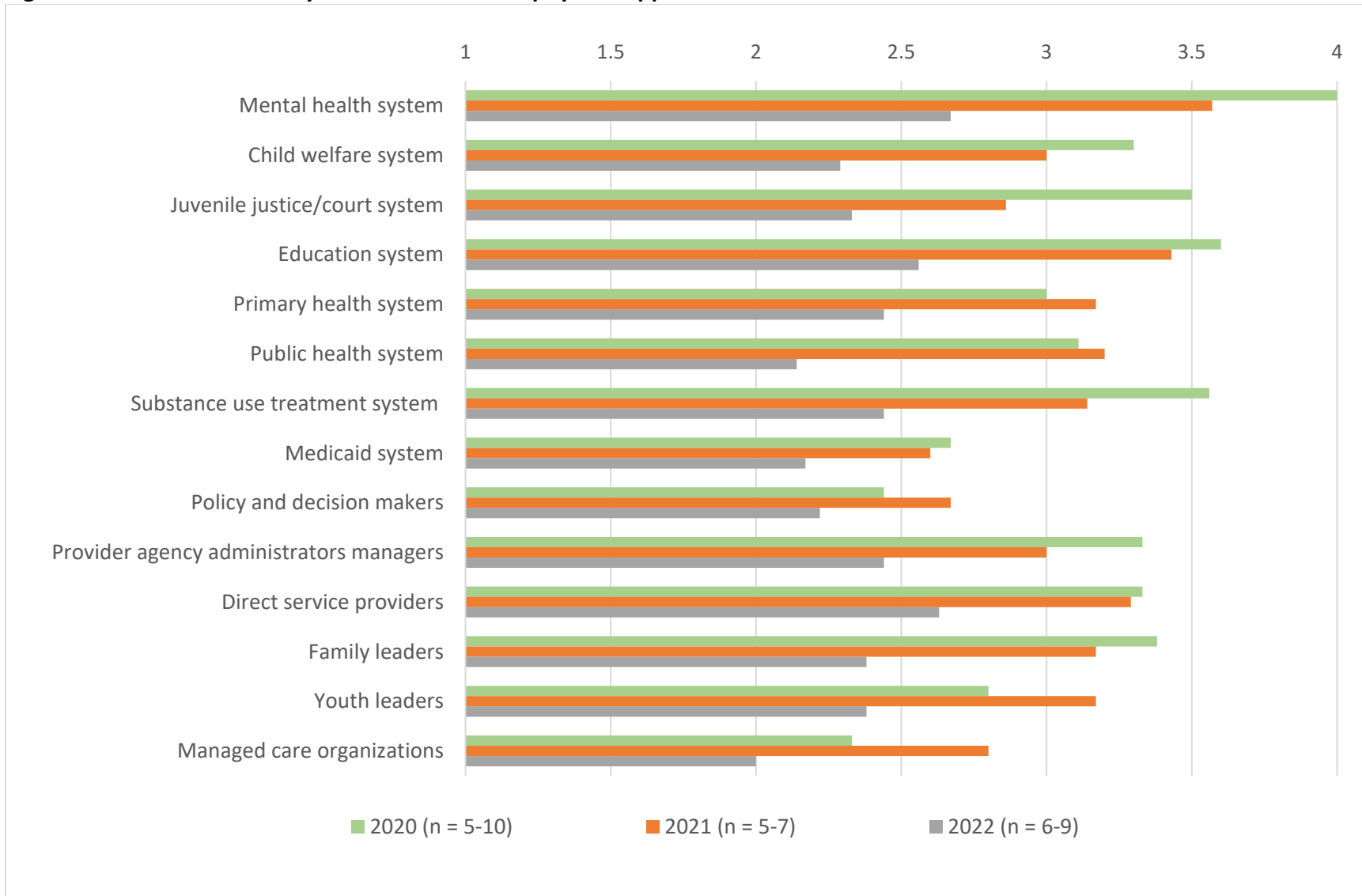
Note: "Don't know" responses were not included when calculating the mean scores.

6.2 System of Care Service Outcomes

6.2.1 Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these 8 principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2020-2022 are shown in Figure 6.10. Stakeholder perceptions of all eight of the SOC values dropped between 2021 and 2022. The highest rated principle in 2022 was for the use of evidence-informed and promising practices and the lowest rated principles were youth-guided services and culturally and linguistically competent services.

Figure 6.10 Service Delivery Guided by System of Care Values and Principles
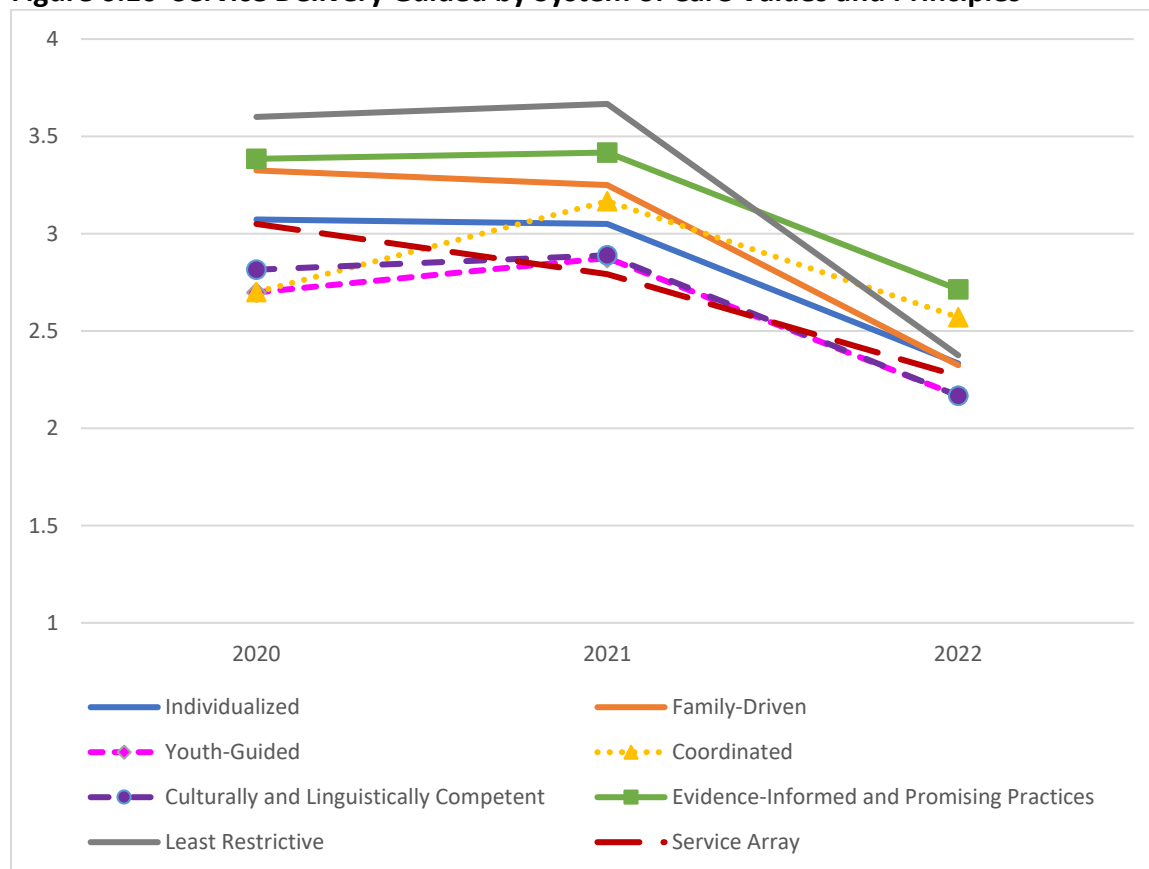
6.2.2 Service Availability – Home and Community-based Treatment and Support Services

Survey participants were provided with a list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. The small number of respondents who answered these questions makes it difficult to assess the amount of actual change that occurred in service availability, but in general, the perception of the respondents was that service availability for community-based services decreased between 2021 and 2022. For most services, fewer respondents felt that services were widely available, and more respondents felt that services were slightly or not at all available.

Figure 6.11 School-based Prevention Services
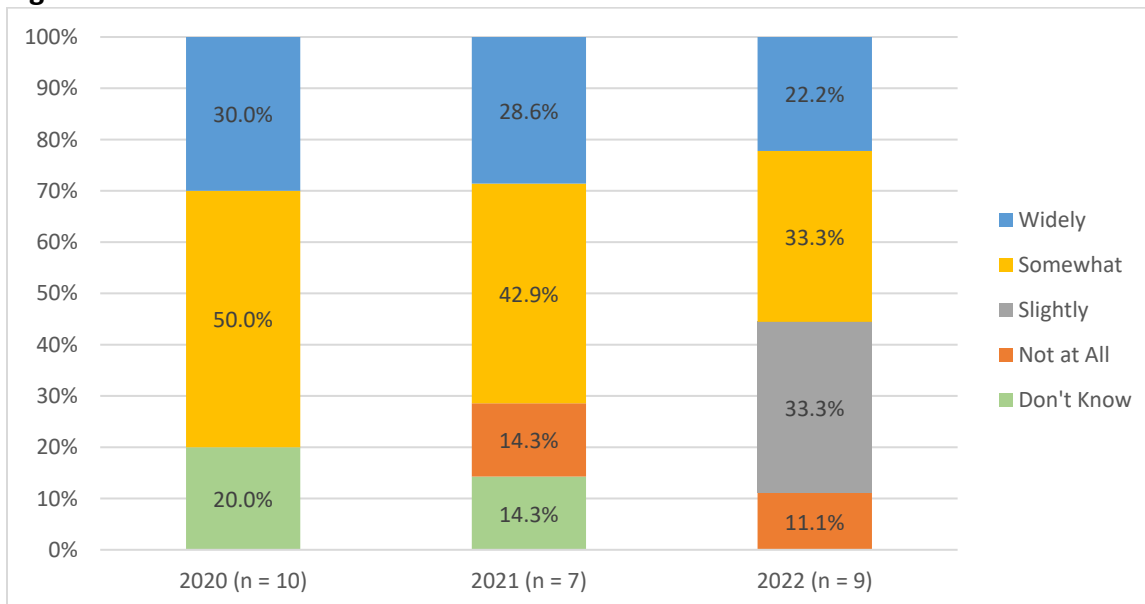

Figure 6.12 Community-based Prevention Services
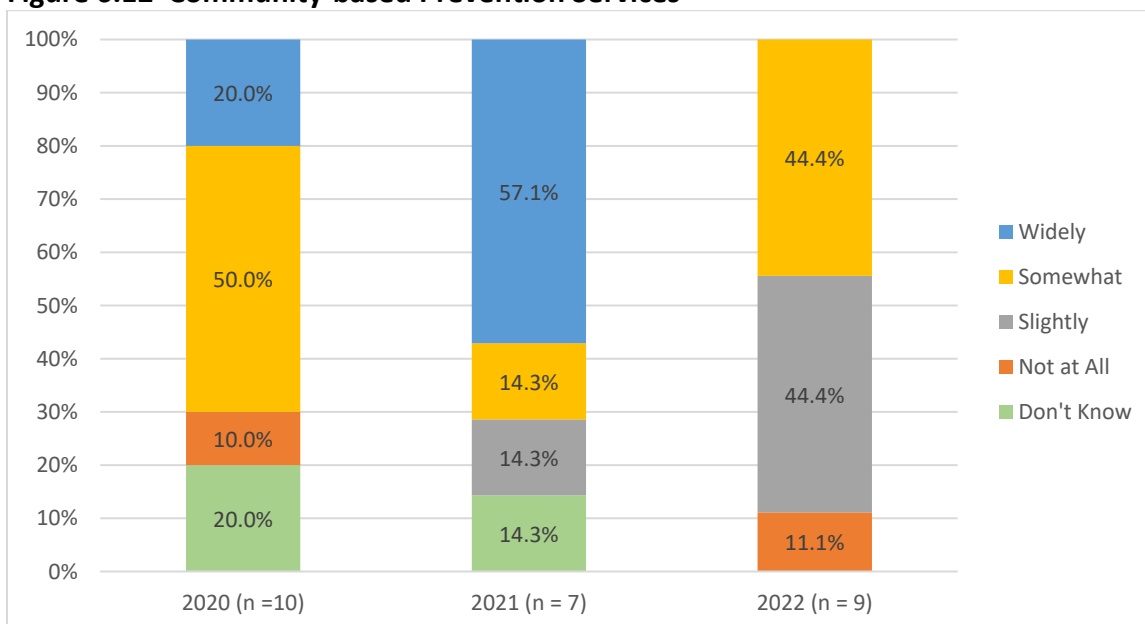
Figure 6.13 Early Intervention Services
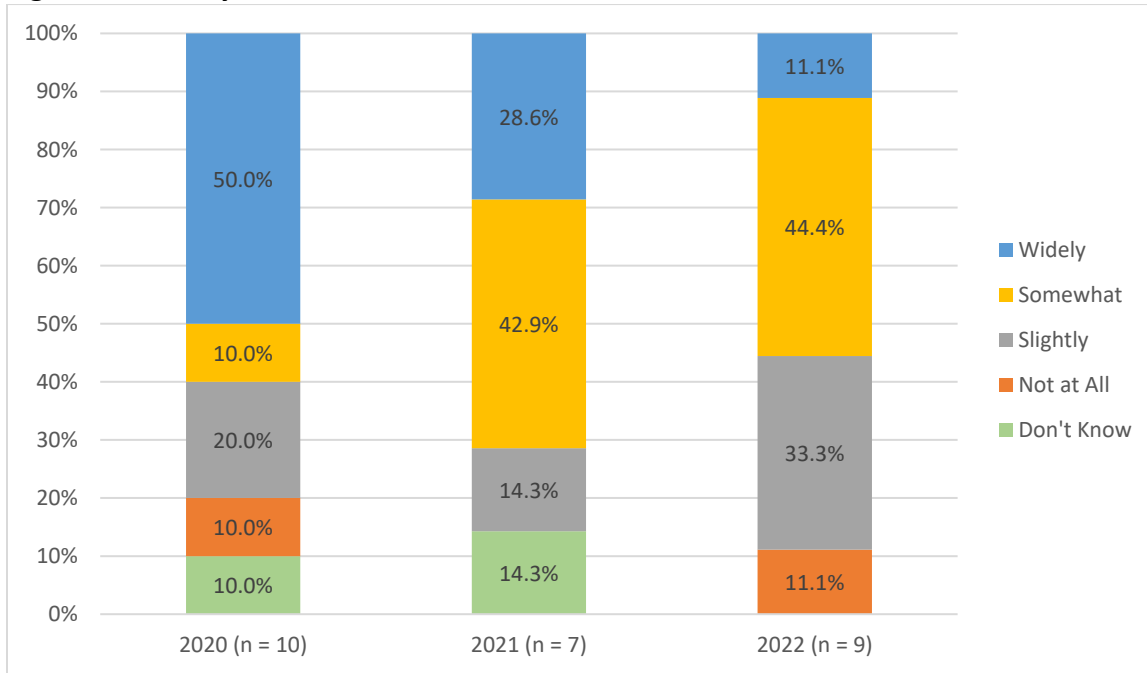
Figure 6.14 Assessment
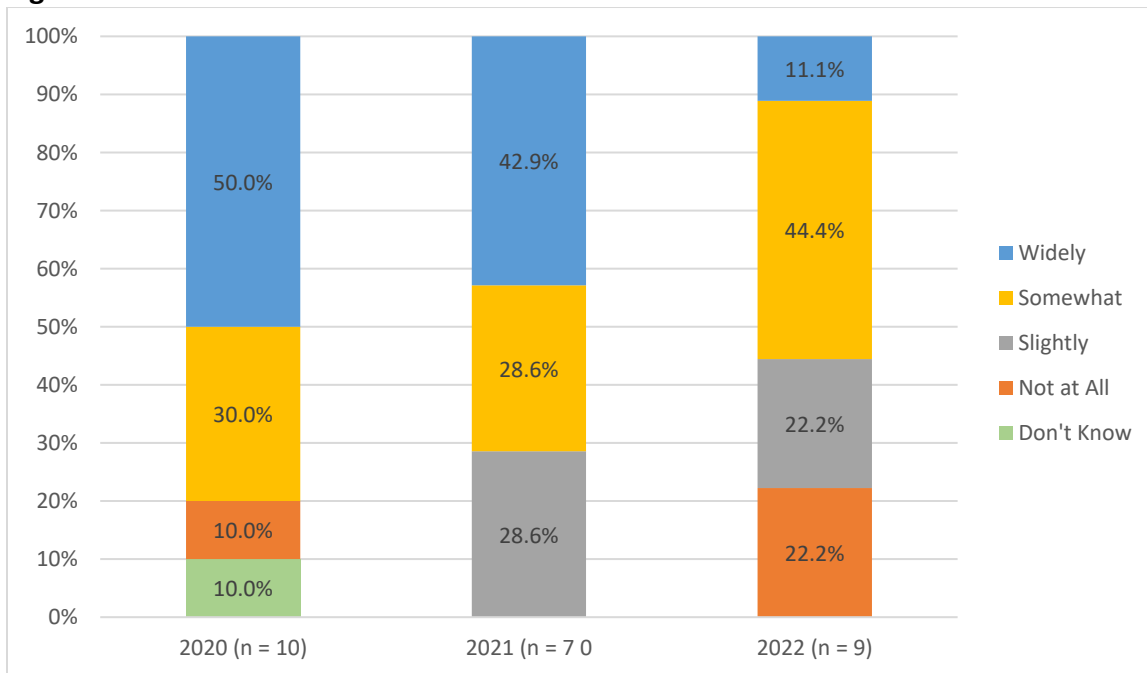
Figure 6.15 Individualized Service Planning
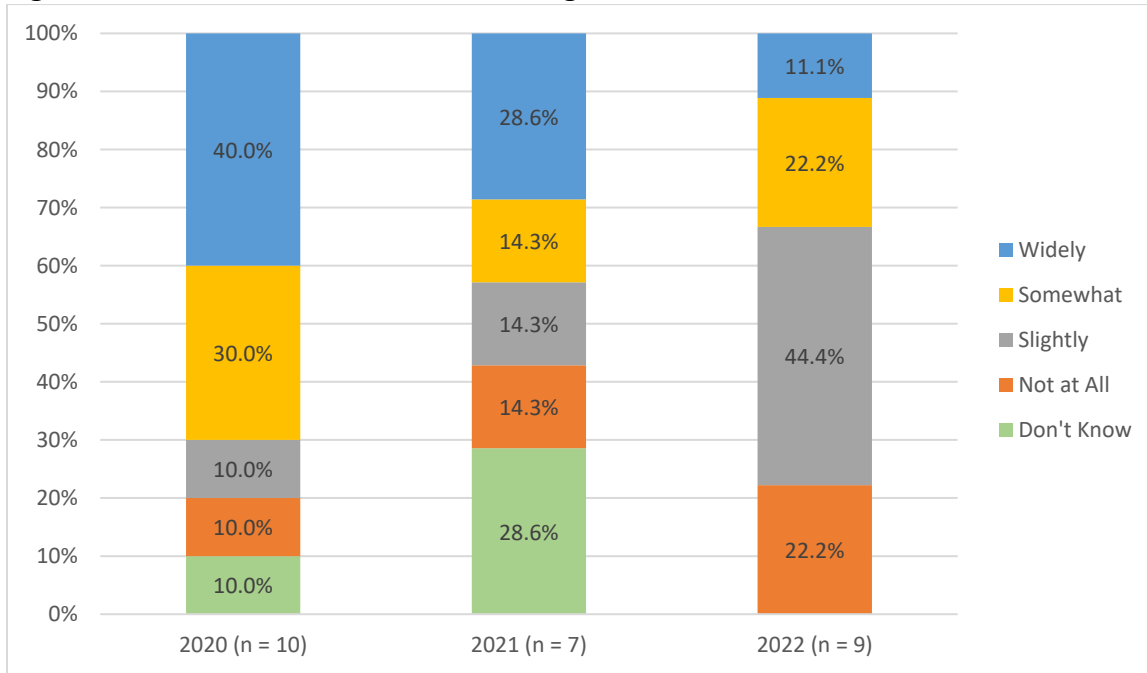
Figure 6.16 Intensive Care Management
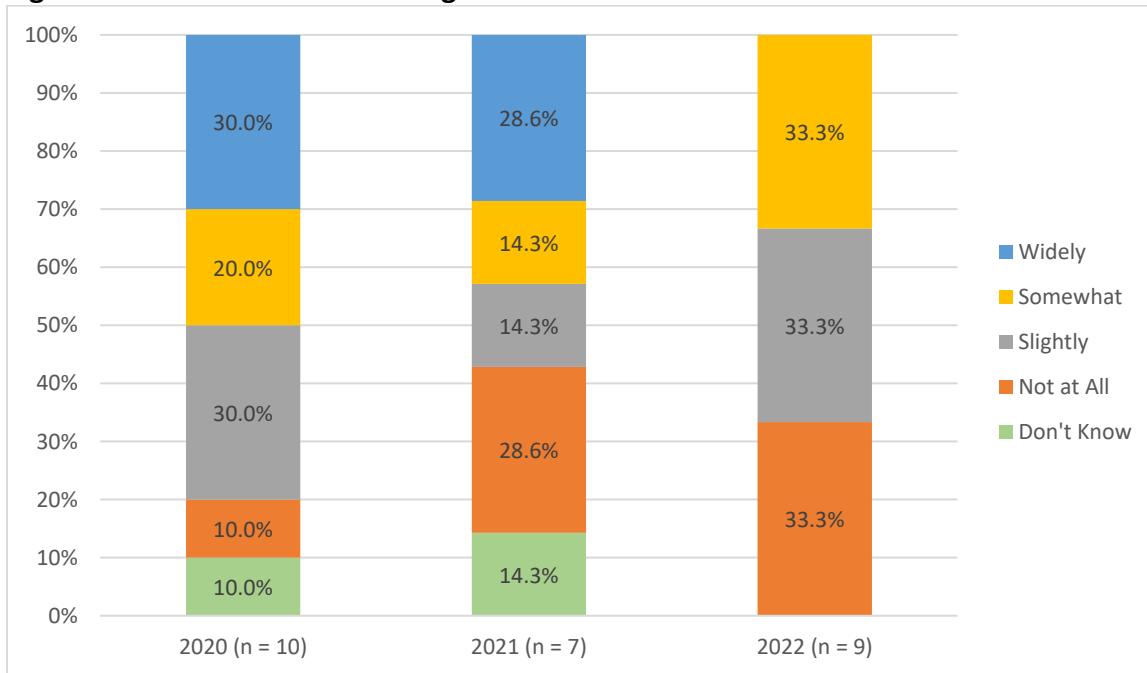
Figure 6.17 Outpatient Therapy
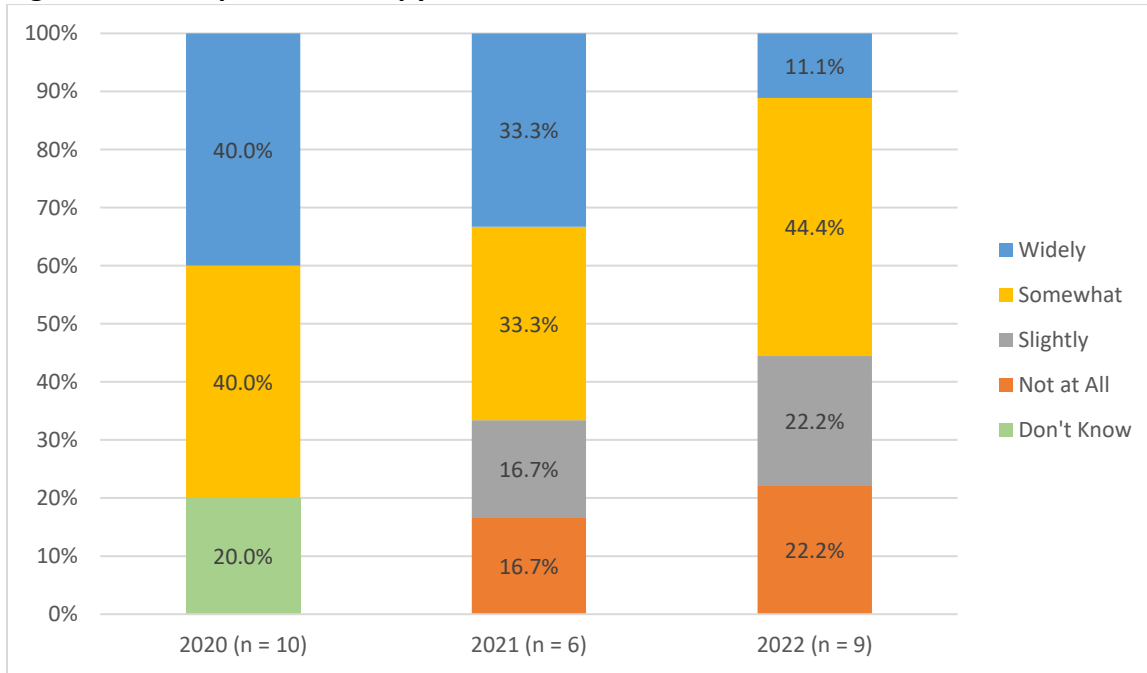
Figure 6.18 Medication Treatment/Management
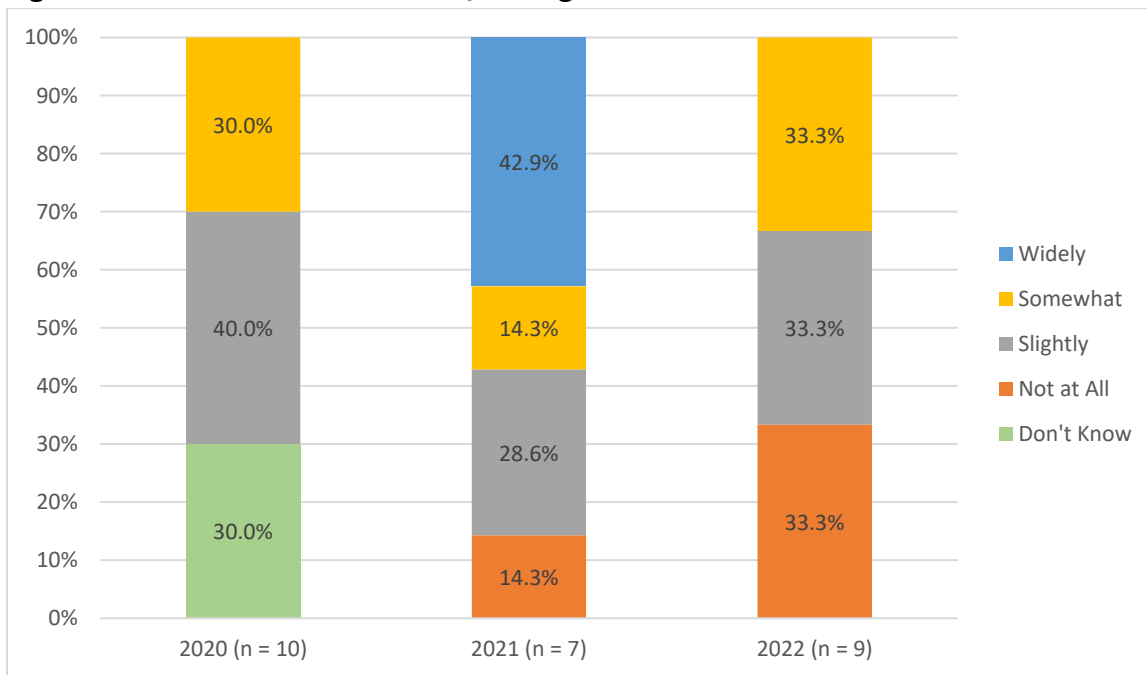
Figure 6.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)
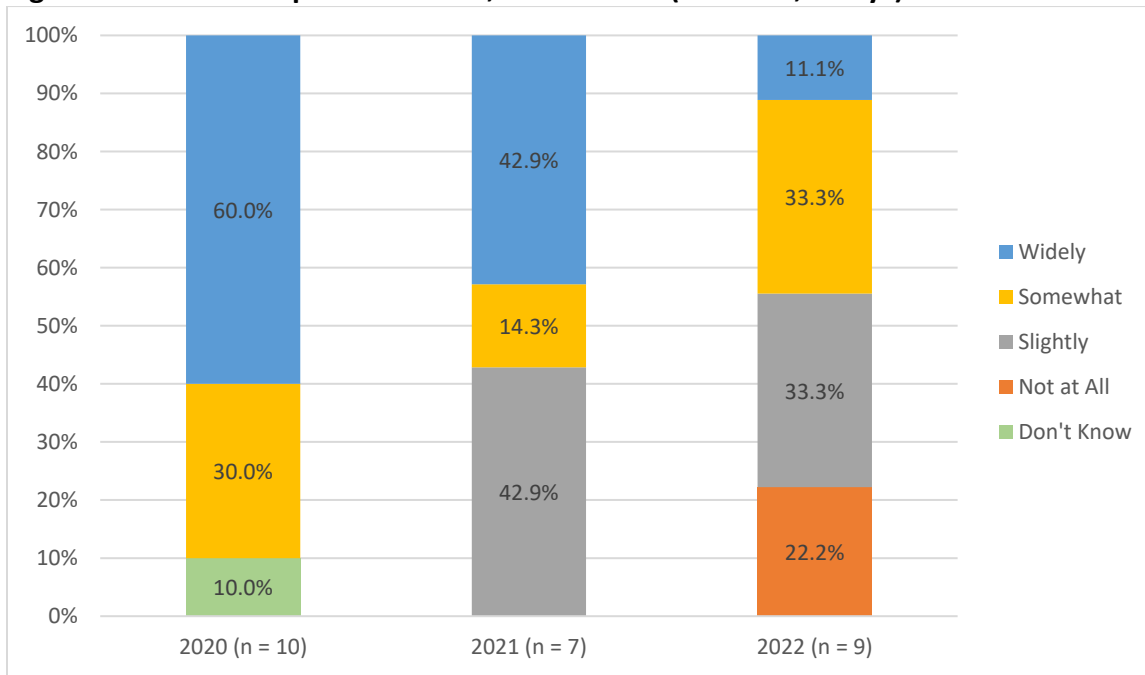
Figure 6.20 Intensive In-Home Services
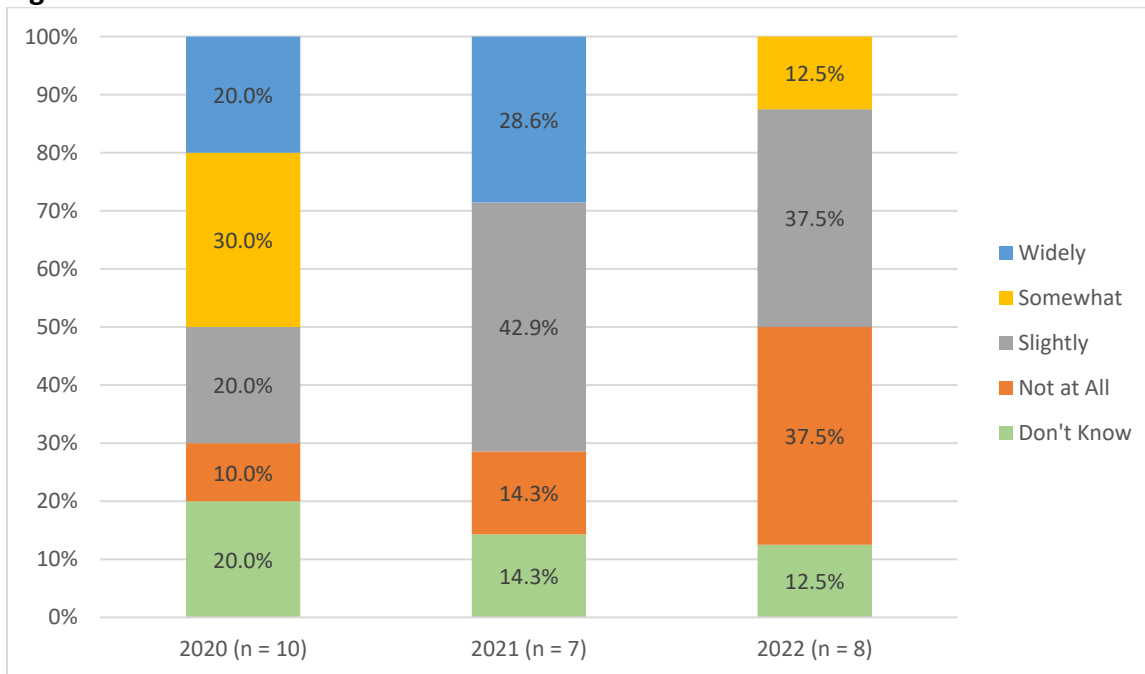
Figure 6.21 School-based Behavioral Health Services
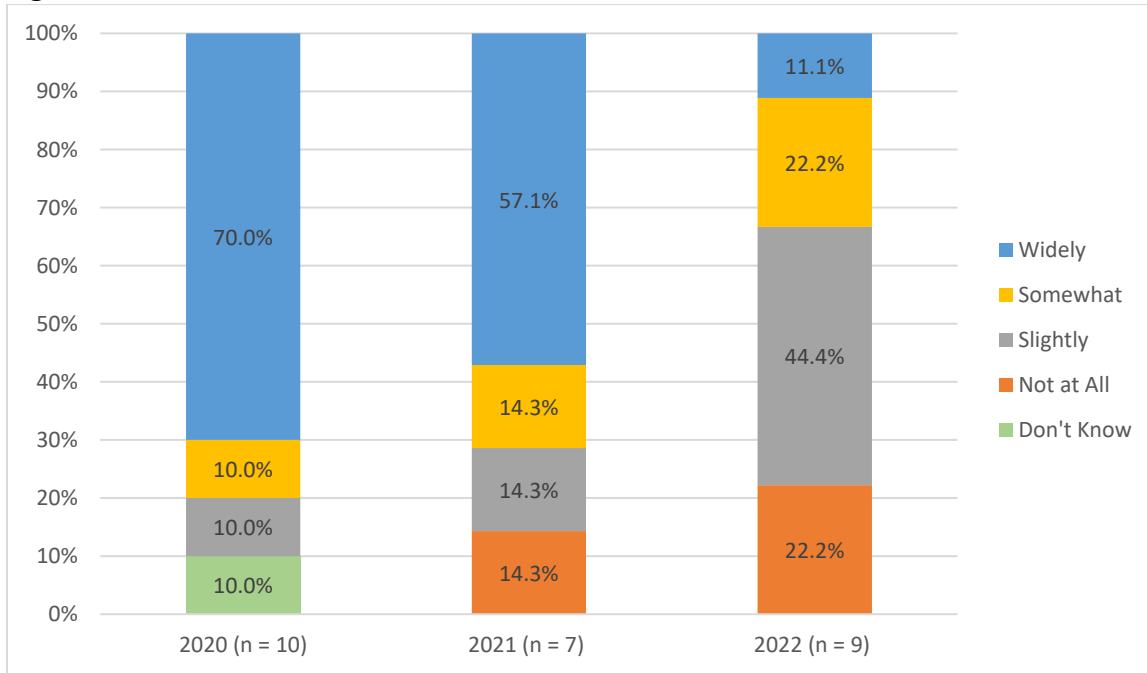
Figure 6.22 Substance Use Treatment
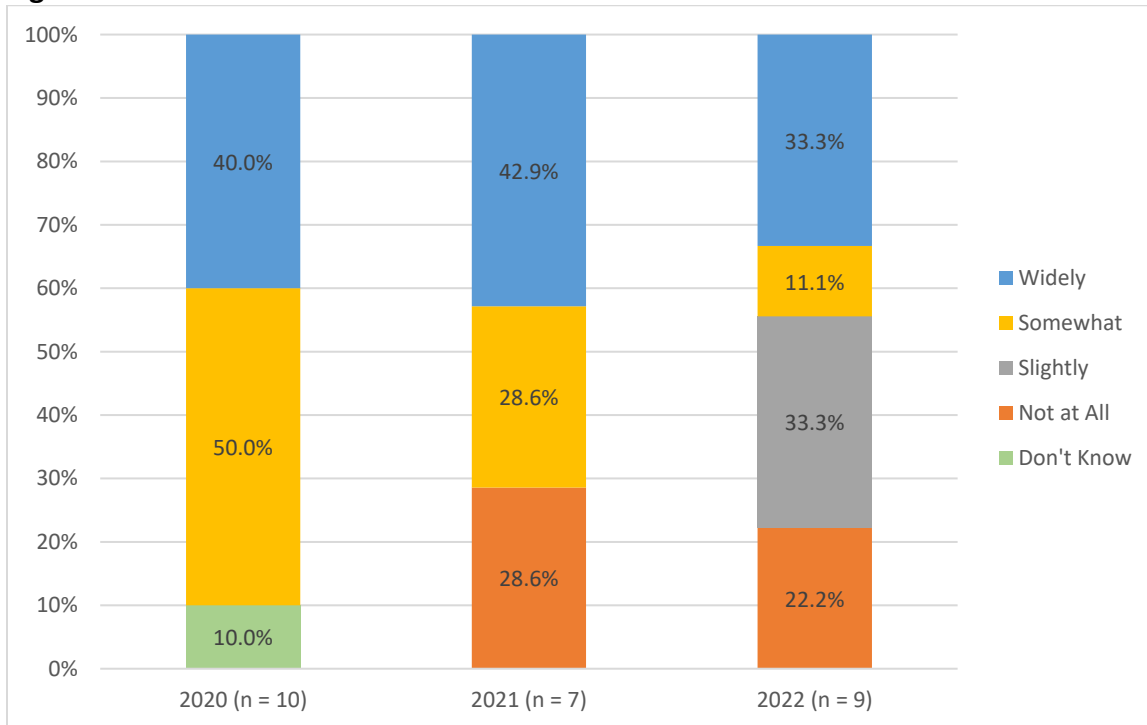
Figure 6.23 Behavior Management Skills Training
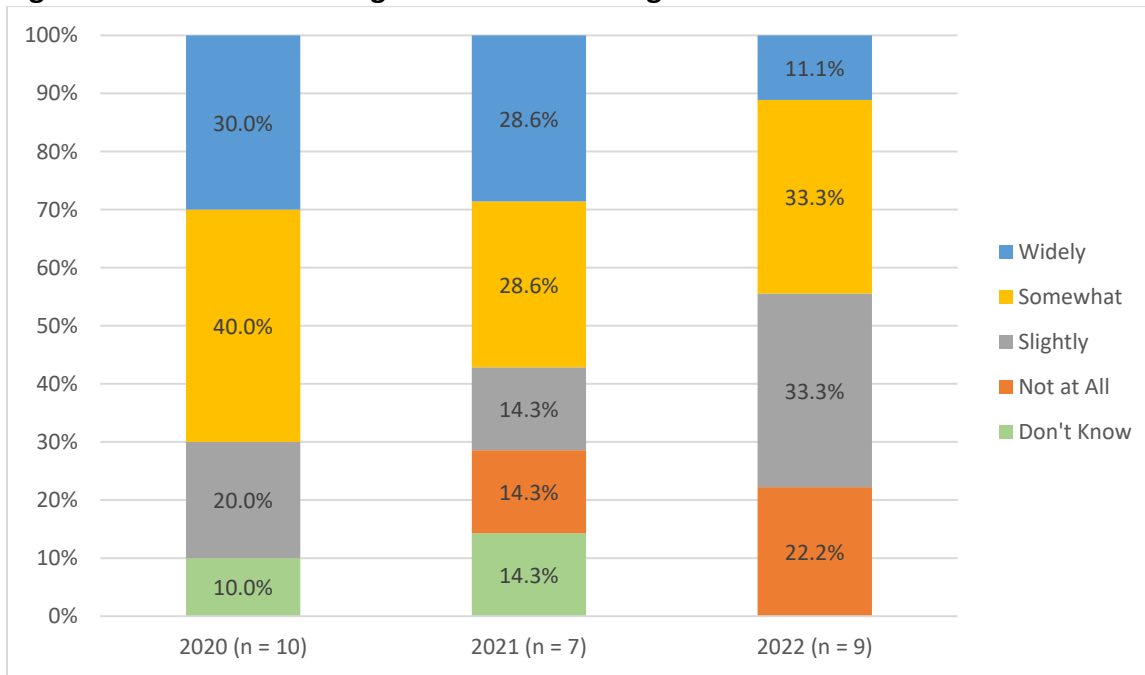
Figure 6.24 Tele-Behavioral Health Services
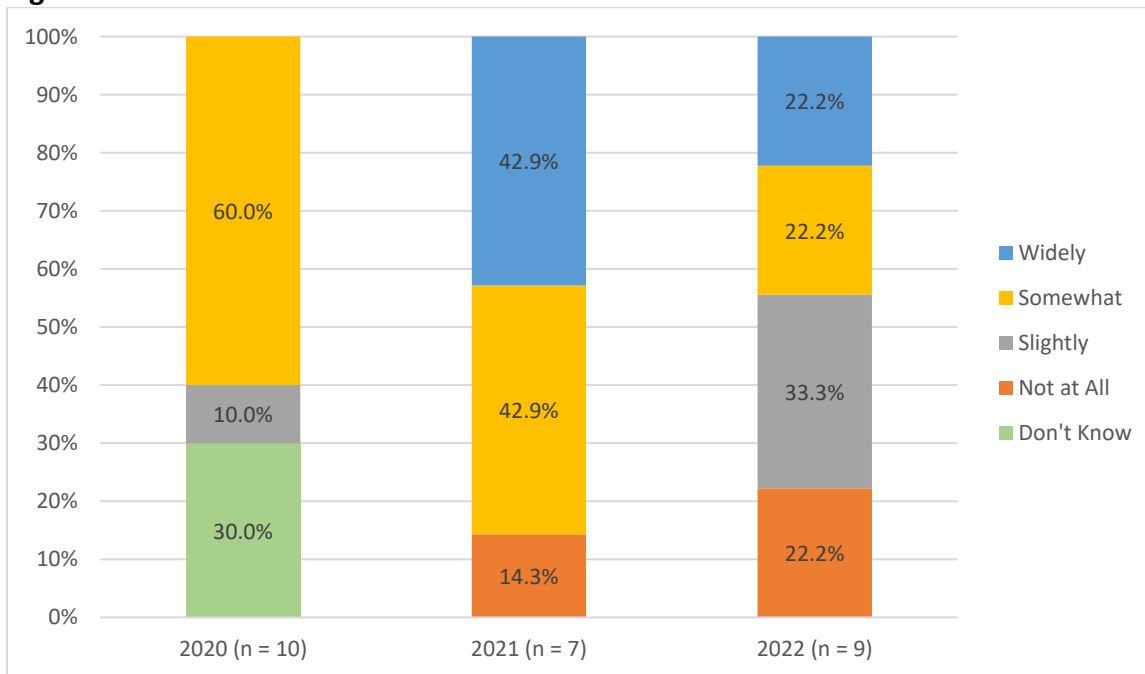
Figure 6.25 Youth and Family Education
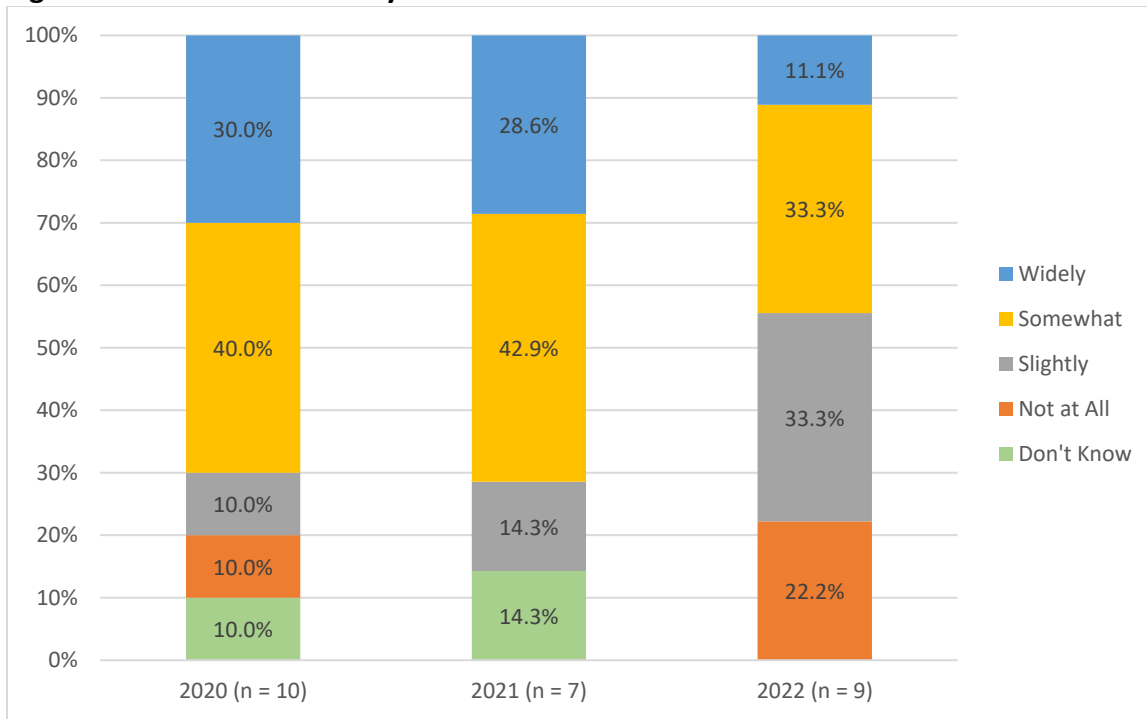
Figure 6.26 Respite Services
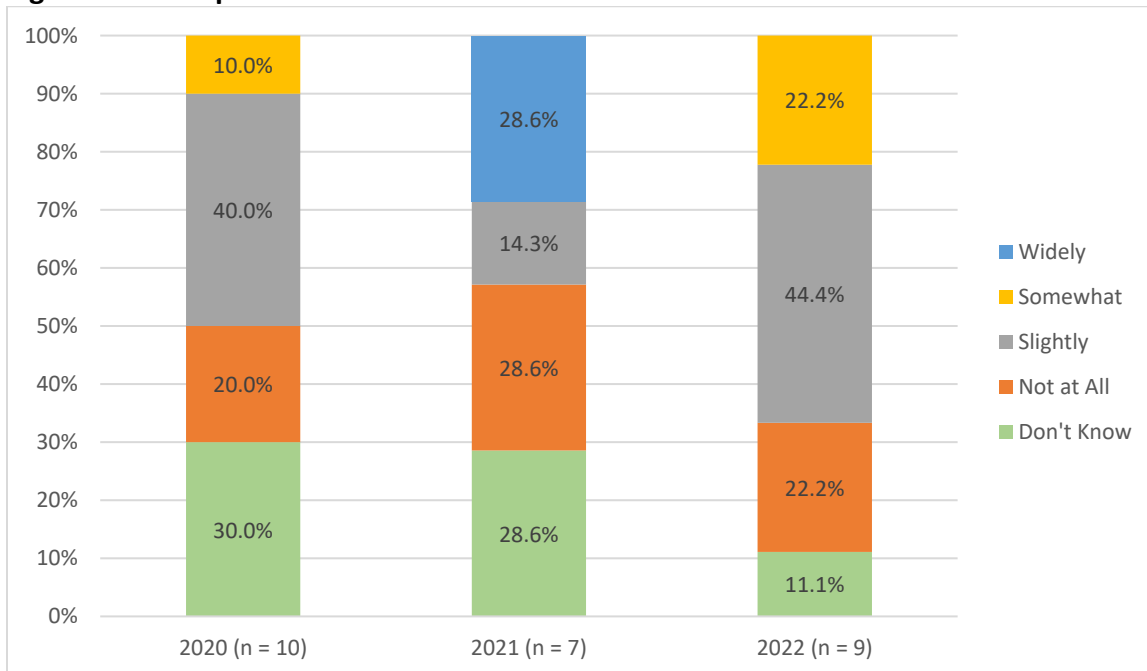
Figure 6.27 Mental Health Consultation
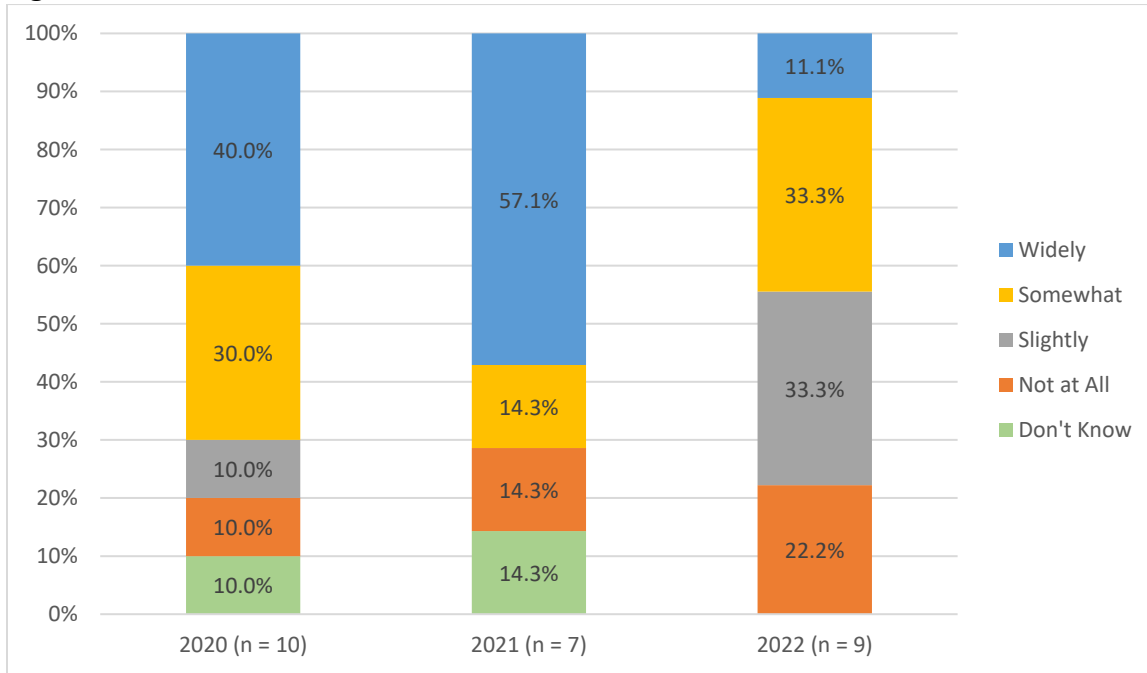
Figure 6.28 Transportation
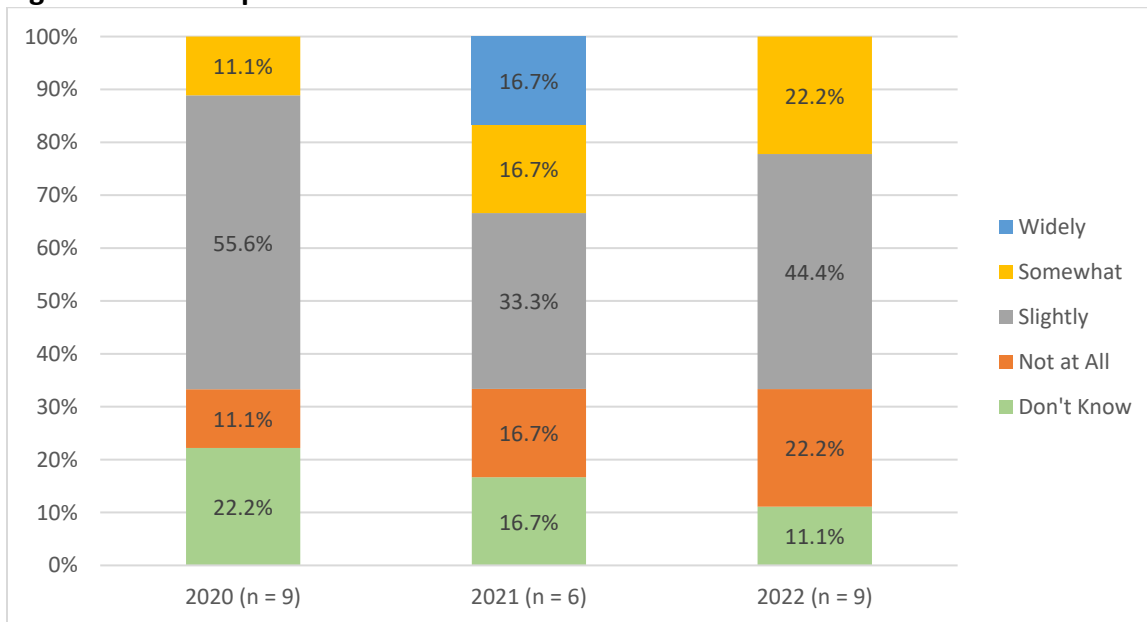
6.2.3   Out-of-Home Treatment Services

The perceived availability of out-of-home treatment services also decreased between 2021 and 2022. Fewer stakeholders felt these services were widely available and more thought that they were slightly or not at all available.

Figure 6.29 Substance Use Residential Treatment
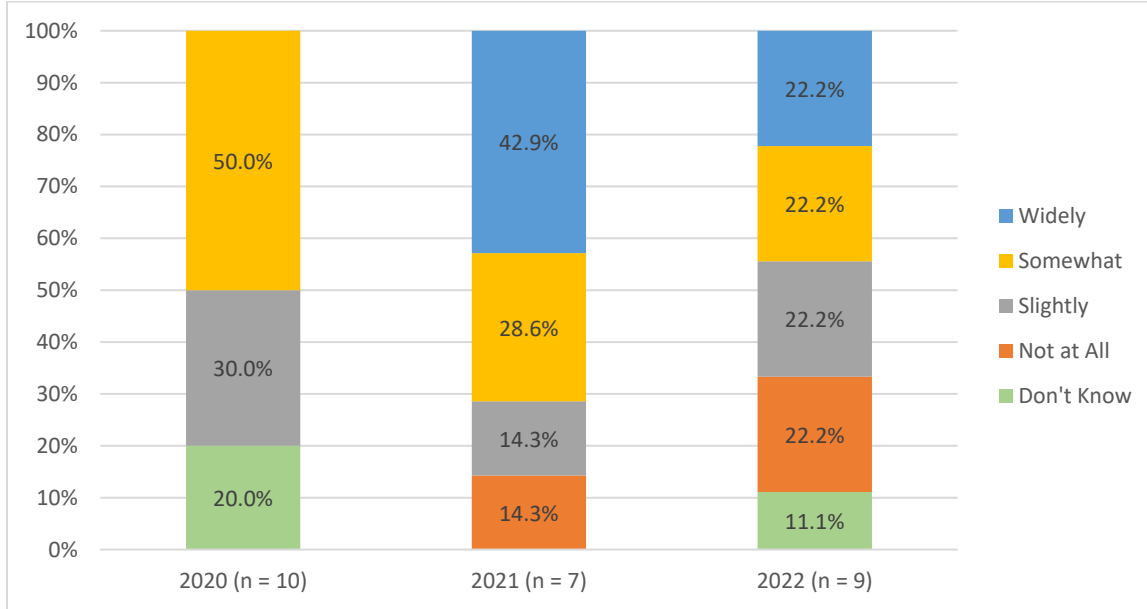
Figure 6.30 Residential Treatment
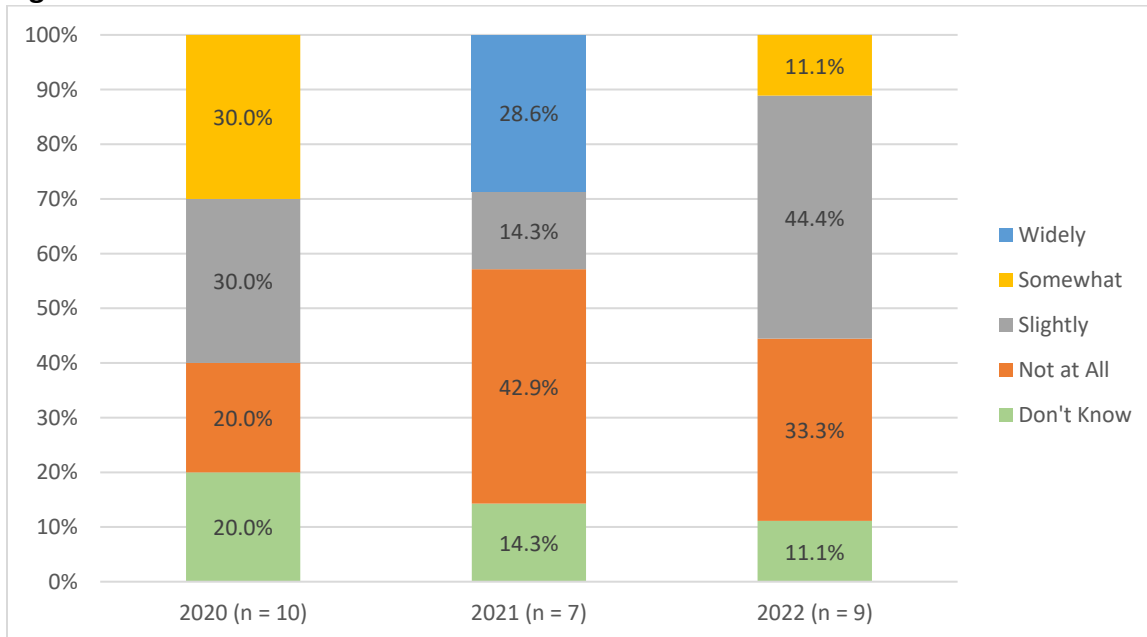
Figure 6.31 Inpatient Hospitalization
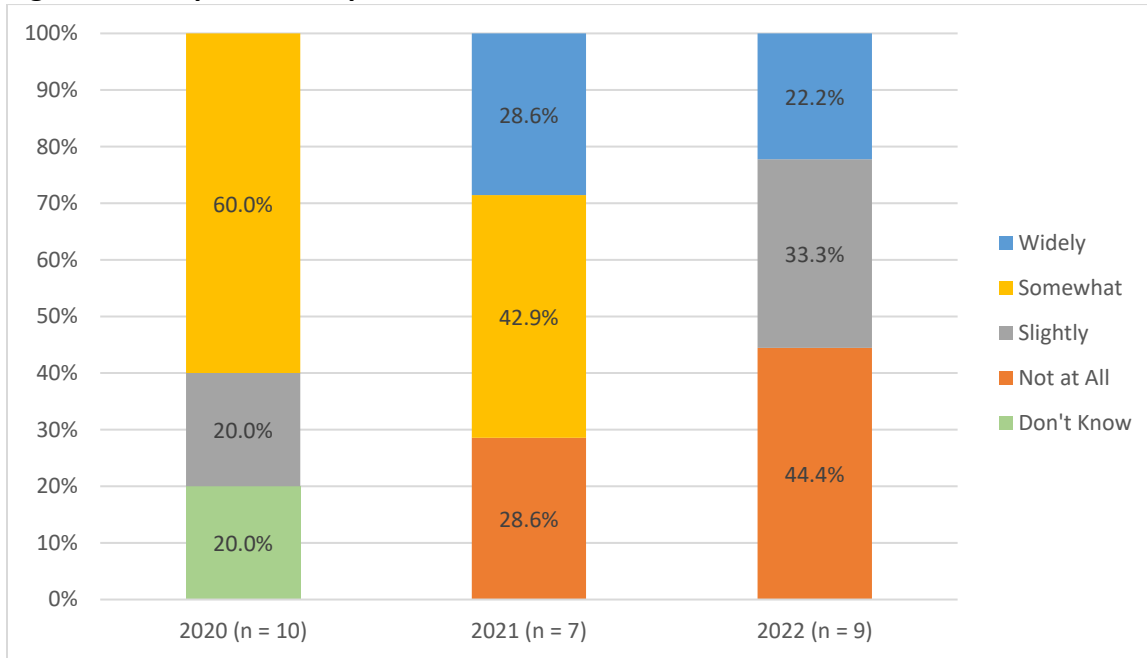
6.2.4   Peer-provided Services (ILCHF Outcome)

The perceived availability of both youth and caregiver peer-provided services decreased from 2021 to 2022. The perception that youth peer-provided services were not at all implemented increased from 2021 to 2022. The same was true for perceptions of caregiver peer support services.

Figure 6.32 Youth Peer-provided Services
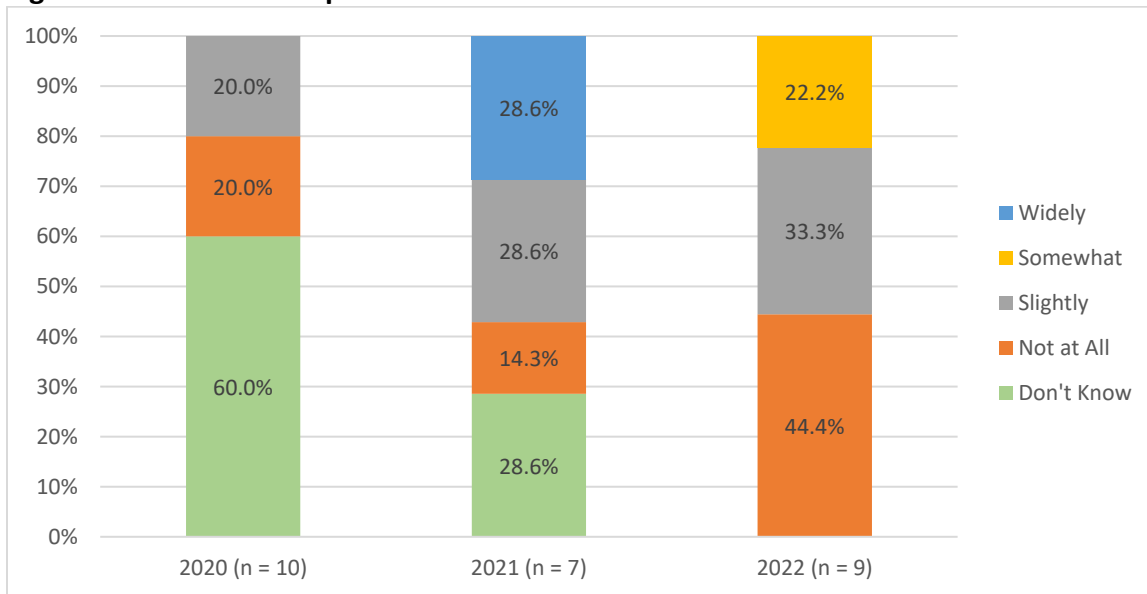
Figure 6.33 Caregiver Peer-provided Services
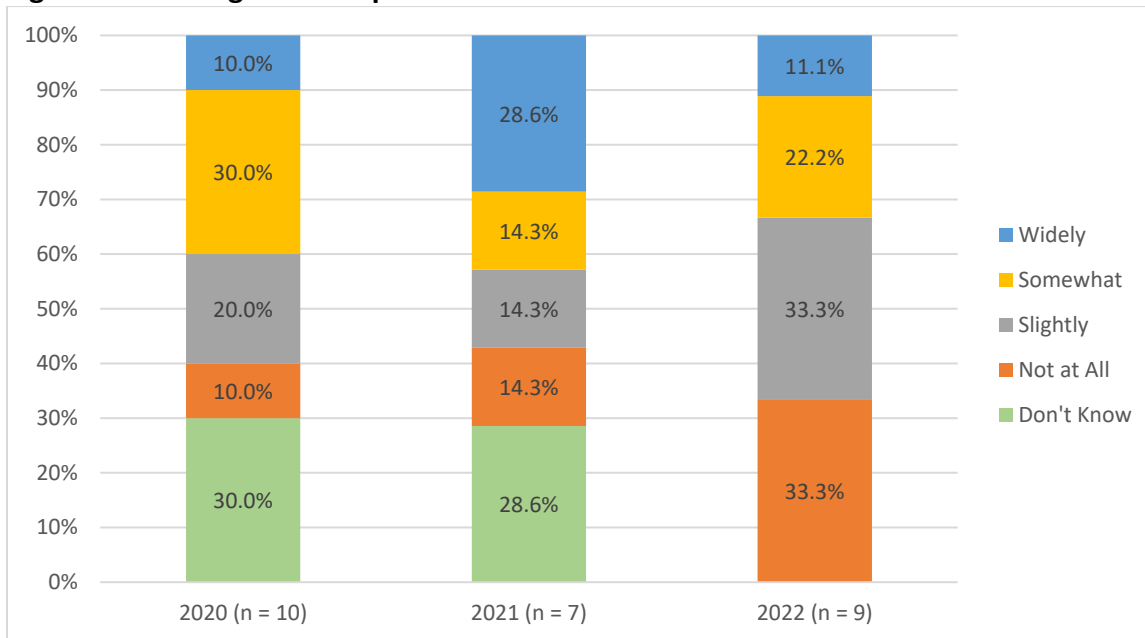
6.2.5   Service Coordination and Integration (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase service coordination among providers in the community. Table 6.1 shows the mean scores on the individual items of the service coordination subscale from Figure 6.10. Perceptions of service coordination increased from 2020 to 2021, but then decreased 2021 to 2022.

Table 6.1 Service Coordination and Integration

	2020 Mean (n = 10-12)	2021 Mean (n = 9-10)	2021 Mean (n = 7-9)
Care is coordinated across multiple child-serving agencies and systems	2.92 (1.00)	3.17 (0.75)	2.44 (1.01)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	2.60 (1.08)	3.17 (0.75)	2.57 (1.40)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020, 2021, and 2022 are shown in Table 6.2. Perceived service coordination with children's mental health services decreased from 2021 to 2022, particularly for the education and public health systems.

Table 6.2 Service Coordination with Children's Mental Health System

	2020 Mean (n = 8-9)	**2021 Mean (n = 5-7)**	**2022 Mean (n = 9)**
Child welfare system	2.89 (0.93)	2.50 (0.55)	2.22 (0.83)
Juvenile justice/court system	3.00 (0.50)	2.40 (0.89)	2.22 (0.83)
Education system	3.22 (0.44)	3.43 (0.54)	2.44 (1.13)
Primary health system	2.88 (0.64)	2.83 (0.75)	2.44 (1.01)
Public health system	2.88 (0.64)	3.00 (1.00)	2.22 (0.83)
Substance use treatment system	3.50 (0.54)	3.00 (1.10)	2.44 (1.13)

Note: "I Don't Know" responses were excluded when calculating the mean

6.3   System of Care Infrastructure

6.3.1   Early Identification of Children and Youth with Mental Health Disorders (ILCHF Outcome)

Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services to identify behavioral health problems at earlier ages. The perceived availability of screening for early identification of mental health problems remained about the same each year.

Figure 6.34 Services for Early Identification of Mental Health Problems
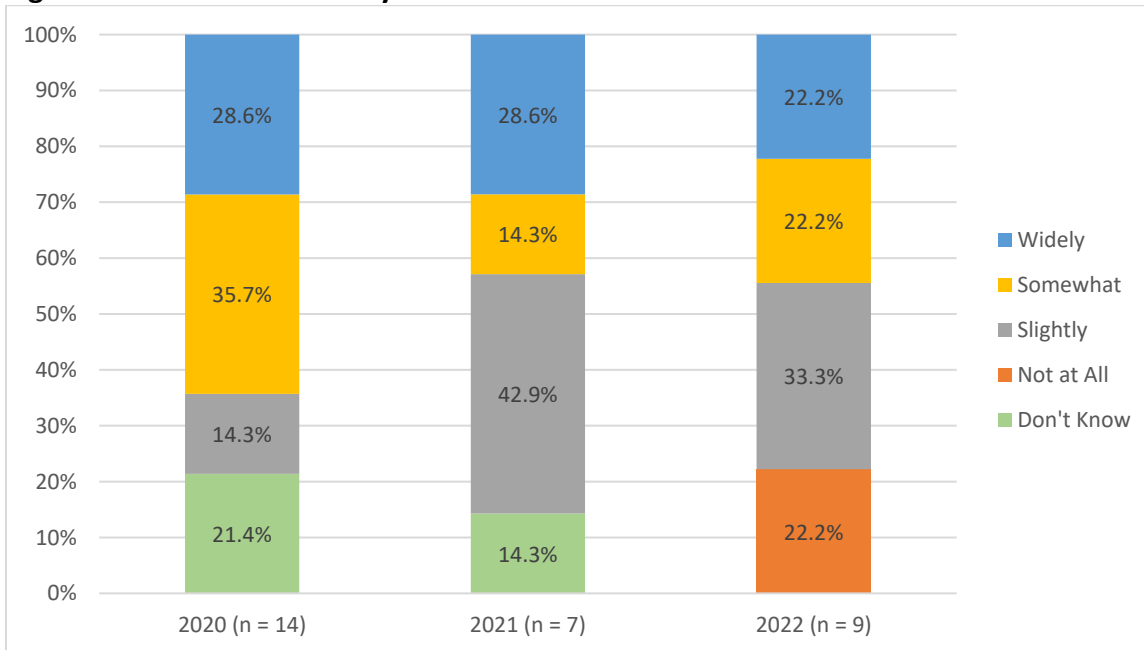
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). There was little change across years; 40-50% of stakeholders felt that screening services were somewhat or widely available.

Figure 6.35 Screening for Behavioral Health Needs
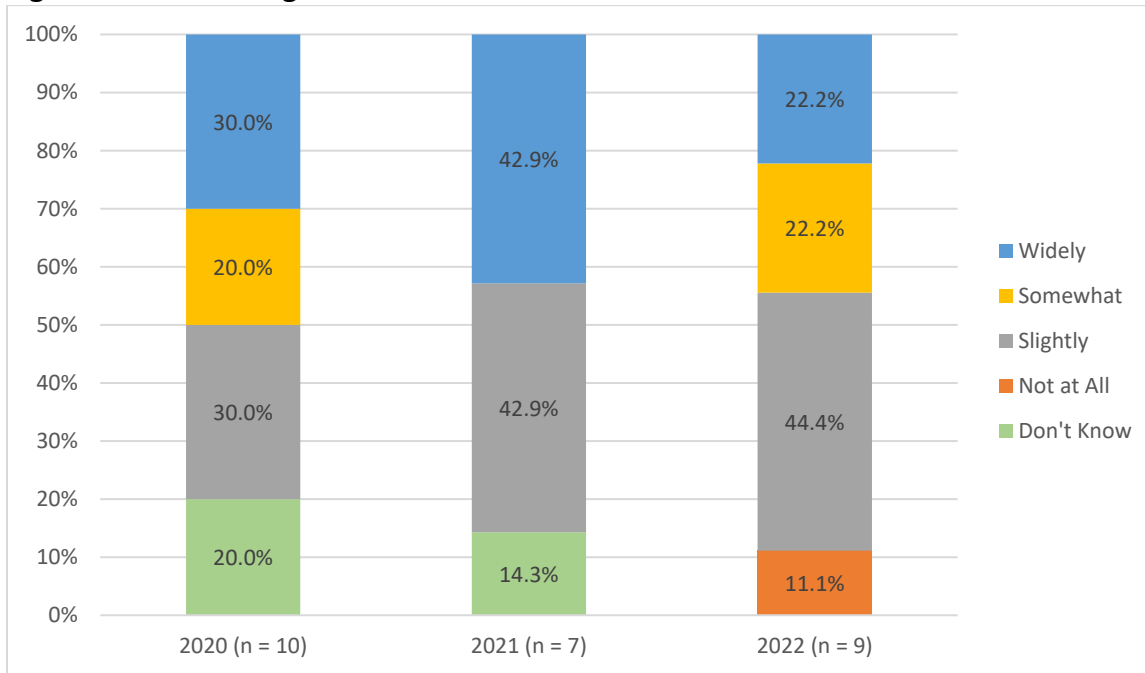
6.3.2   Increased Capacity in the Service System to Provide Evidence-based Clinical Interventions (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Table 6.3 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was a decrease in the perceived capacity of the system to provide evidence-based clinical interventions between 2021 and 2022.

Table 6.3 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 13)	2021 Mean (n = 6)	2022 Mean (n = 7-8)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.38 (0.65)	3.50 (0.84)	2.63 (1.19)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	3.38 (0.65)	3.33 (1.03)	2.71 (1.25)

6.3.3 Effective Local Use of Data to Inform Decision-Making (ILCHF Outcome)

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to this infrastructure component was present in their community; stakeholders perceived a significant decrease in the use of local outcomes to inform decision-making between 2021 and 2022.

Figure 6.36 Use of Local Outcome Data to Inform Decision-making
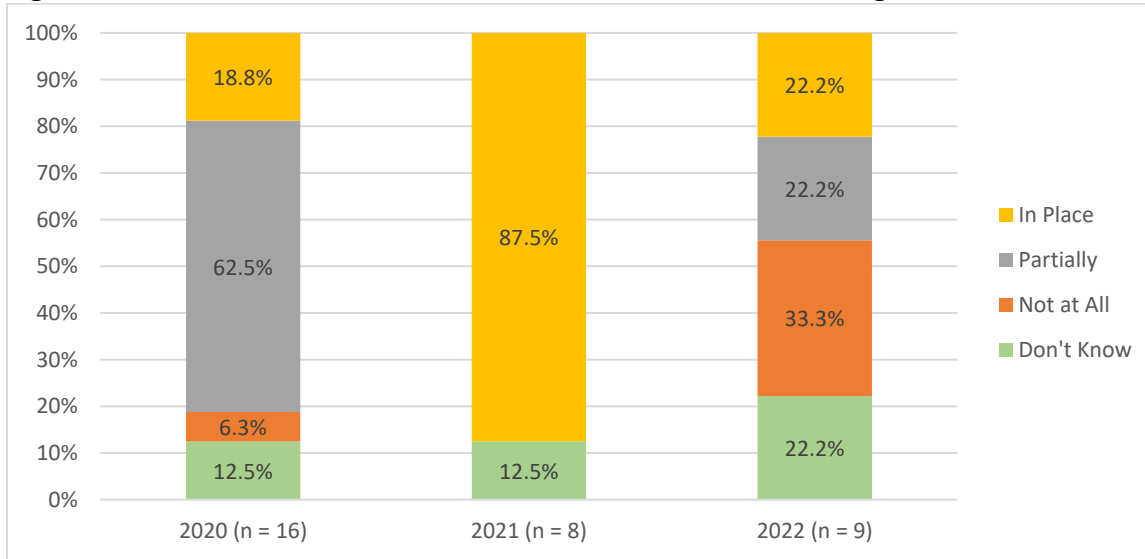
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. The perceived capacity to gather data for continuous quality improvement decreased between 2021 and 2022.

Figure 6.37 Capacity for Gather Data for Continuous Quality Improvement
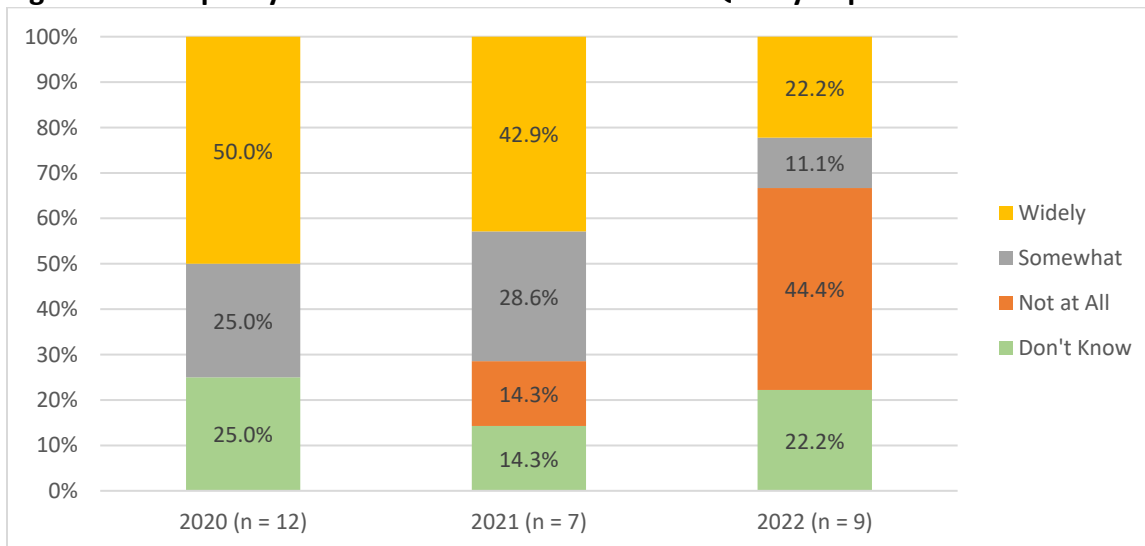
6.3.4 Development of a Well-Prepared Mental Health Workforce

Regarding perceptions of a well-prepared mental health workforce, stakeholders indicated a decrease in training opportunities from 2021 to 2022, although one-third of the respondents indicated they did not know.

Figure 6.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce
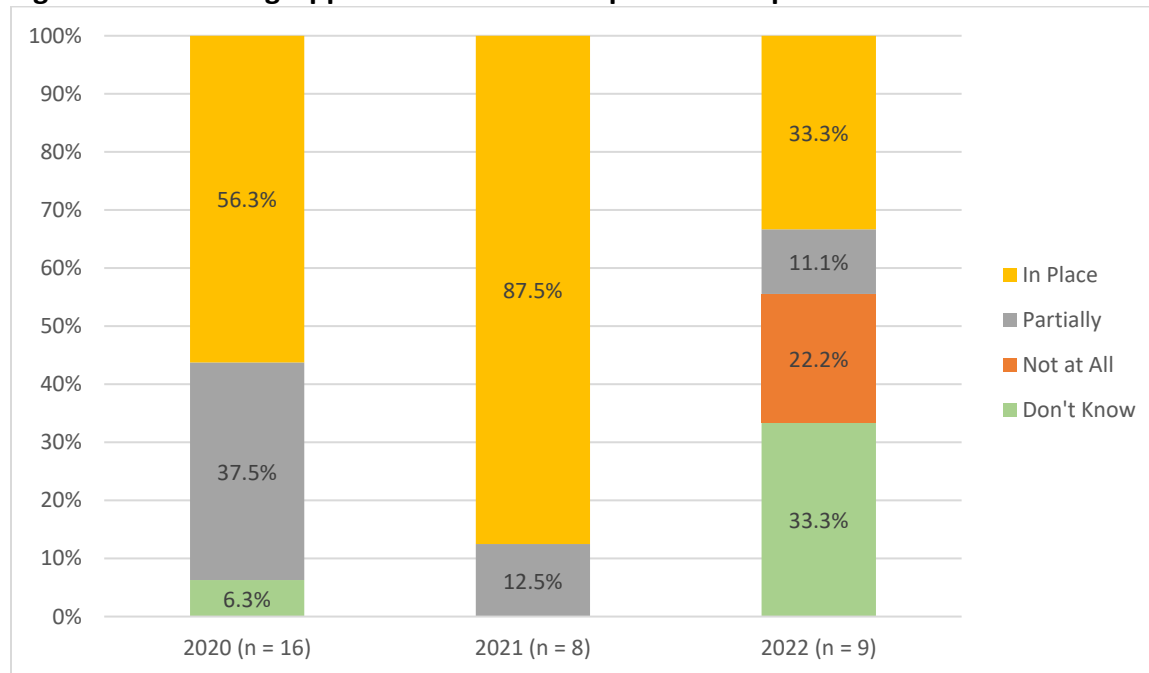
6.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. The rating scale for these questions was 1 = not at all or slightly implemented, 2 = somewhat implemented, and 3 = widely implemented. There was little change from 2020 to 2021 on these infrastructure components, but there were perceived decreases between 2021 and 2022 in the level of implementation of each infrastructure component. Please note the small sample sizes for these items.

Figure 6.39 System of Care Infrastructure Components

Note: "Don't know" responses were not included when calculating the mean scores.

6.4　Parent/Youth Survey Results

Three parents completed the parent version of the stakeholder survey in 2021 and one parent completed it in 2022. Due to the small sample sizes, results are presented in tables rather than figures.

Table 6.4 Parent/Youth Stakeholder Survey Results

	Year	Don't Know	Not at All	Slightly	Moderately	Widely
Parent and Child Involvement in Planning						
How involved have parents of children with mental health problems been in planning the system of care in your community?	2021 (n=3)	0	0	2	0	1
	2022 (n=1)	0	0	0	0	1
How involved have youth with mental health problems been in planning the system of care in your community?	2021 (n=3)	0	0	3	0	0
	2022 (n=1)	0	0	0	0	1
Individualized Services						
Are child and family teams used to develop service plans for children?	2021 (n=3)	0	0	0	1	2
	2022 (n=1)	0	0	0	0	1
Are the service plans individualized to address children's unique needs?	2021 (n=3)	0	0	1	0	2
	2022 (n=1)	0	0	0	0	1
Are individualized assessments and tests used to plan children's services and supports?	2021 (n=3)	0	0	0	2	1
	2022 (n=1)	0	0	0	0	1
Do children's service plans address more than one area of their life (for example, school plus physical health plus mental health)?	2021 (n=3)	0	0	0	1	2
	2022 (n=1)	0	0	0	0	1
Do children's service plans include informal supports (for example, help from neighbors, family friends, or church members) in addition to formal services and treatments?	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	0	1

Family Voice						
Do families have the most say in deciding which services and support their child gets?	2021 (n=3)	0	0	1	0	2
	2022 (n=1)	0	0	0	0	1
Do children's services make use of their family's strengths?	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	0	1
Do families have a real choice about what services and supports the child and family receive?	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	0	1
Do parents have access to support from other parents who have children with mental health needs?	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	0	1
Are there organizations that support family involvement in children's mental health services?	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	1	0
Youth Voice						
Do children and youth have a say in what services they get?	2021 (n=3)	0	0	2	1	0
	2022 (n=1)	0	0	0	0	1
Do children's services make use of their strengths and interests?	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	0	1
Do youth have a real choice between different services and supports?	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	0	1
Do youth have access to support from other youth who have mental health needs?	2021 (n=3)	0	0	2	1	0
	2022 (n=1)	0	0	0	0	1
Are there organizations that support youth involvement in service planning and delivery?	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	1	0

Coordinated Services						
Do different agencies work together as a team to provide services?	2021 (n=3)	0	0	2	1	0
	2022 (n=1)	0	0	0	0	1
Culture-specific Services						
Are services and supports available that are a good match for families of different cultures?	2021 (n=3)	0	1	0	2	0
	2022 (n=1)	0	0	1	0	0
Are service providers available for families who don't speak English?	2021 (n=3)	0	1	0	1	1
	2022 (n=1)	1	0	0	0	0
Community-based Services						
Are children served at home rather than a group home or residential treatment center?	2021 (n=3)	0	1	0	0	2
	2022 (n=1)	0	0	0	1	0
Service Variety						
Are many different types of services and supports available?	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	1	0	0
Are services available for children age 5 and younger?	2021 (n=3)	0	1	0	0	2
	2022 (n=1)	0	0	0	1	0
Are services available for young adults who are transitioning to adulthood?	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	1	0	0
Finding Services						
There is a place that families can go when they decide to start getting mental health services for their child.	2021 (n=3)	0	1	0	2	0
	2022 (n=1)	0	0	0	1	0
Service Availability						
Screening children to see if they need mental health services	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	1	0

School-based prevention services	2021 (n=3)	0	1	0	1	1
	2022 (n=1)	0	0	0	1	0
Community-based prevention services	2021 (n=3)	0	1	0	1	1
	2022 (n=1)	0	0	0	1	0
Early intervention services to help children under age 5 who need help	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	1	0
Assessment and testing to decide what services children need	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	1	0
Individualized service planning (planning services to meet children's needs)	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	1	0
Coordination between different services so they work together well	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	1	0
Outpatient therapy	2021 (n=3)	1	0	1	0	1
	2022 (n=1)	0	0	0	1	0
Medication treatment/management	2021 (n=3)	1	0	1	0	1
	2022 (n=1)	0	0	0	1	0
Crisis response services (24 hours, 7 days)	2021 (n=3)	0	0	1	0	2
	2022 (n=1)	0	0	0	1	0
School-based mental health services	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	1	0
Behavior management skills training	2021 (n=3)	0	0	1	2	0

	2022 (n=1)	0	0	0	1	0
Day treatment	2021 (n=3)	1	0	2	0	0
	2022 (n=1)	1	0	0	0	0
Substance use treatment	2021 (n=3)	0	0	1	0	2
	2022 (n=1)	0	0	0	1	0
Substance use residential treatment	2021 (n=3)	0	0	2	0	1
	2022 (n=1)	1	0	0	0	0
Tele-behavioral health services (services provided by telephone or video call)	2021 (n=3)	0	0	1	0	2
	2022 (n=1)	0	0	0	1	0
Youth peer provided services (support from other youth)	2021 (n=3)	1	1	1	0	0
	2022 (n=1)	1	0	0	0	0
Caregiver peer provided services (support from other parents)	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	1	0	0	0	0
Respite services (to give a parent and a child a night off from each other if they need it)	2021 (n=3)	1	1	1	0	0
	2022 (n=1)	0	1	0	0	0
Supported education and employment	2021 (n=3)	0	0	1	2	0
	2022 (n=0)	0	0	0	0	0
Supported independent living	2021 (n=3)	1	0	1	1	0
	2022 (n=1)	1	0	0	0	0
Transportation	2021 (n=3)	1	1	0	1	0
	2022 (n=1)	1	0	0	0	0

Residential treatment for mental health problems	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	1	0	0
Inpatient hospitalization	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	1	0	0
Service Coordination: How much do the following agencies coordinate with mental health agencies to provide system of care services to children and families in your community?						
Education system	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	0	1
Health care (hospital) system	2021 (n=3)	0	1	0	1	1
	2022 (n=1)	0	0	0	0	1
Public health system	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	0	0	1
Child welfare system	2021 (n=3)	0	0	1	2	0
	2022 (n=1)	0	0	1	0	0
Juvenile justice/court system	2021 (n=3)	1	0	2	0	0
	2022 (n=1)	0	0	1	0	0
Substance use treatment system	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	0	1
Overall Assessment						
Overall, how much has your community created a system of care?	2021 (n=3)	0	0	1	1	1
	2022 (n=1)	0	0	0	0	1

7.   Kids Connected

The sample sizes of the three administrations of the stakeholder survey for Kids Connected were small. The first administration (in 2020) consisted of nine respondents that included social service providers, housing services providers, homelessness services providers, healthcare providers, members of the religious community, and community members. The second administration consisted of 11 providers and a slightly broader representation of provider sectors including social service, housing and homelessness, education, child protection, religious community, and community members. The third administration consisted of three parents and nine providers with representation of provider sectors including social service, homelessness, parent liaison, housing services, members of the religious community, and community members. Although the sample sizes were roughly equivalent, most of the survey questions were completed by only five respondents in the 2020 survey sample, which means that differences between the first administration and the latter two administrations of the survey may be attributed to the more diverse group of stakeholders that answered the individual survey items in 2021 and 2022.

It is also important to note that the sample sizes for the stakeholder survey at this site were small, which means that changes in percentages should be interpreted with caution because small changes in the number of respondents who give a particular answer can result in large changes in percentages. For example, in a sample of 10 respondents, a change in the response of 3 individuals will change the percentage in a distribution by 30%, which seems like a large change but needs to be interpreted with care. Finally, the stakeholder survey assesses respondent *perceptions* of the system of care and the results should not be interpreted as objective measures of service availability, coordination, or implementation status.

The following sections provide detailed descriptions of Kids Connected System of Care stakeholder perceptions of the overall implementation of systems of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; effective local use of data to inform decision-making; and the development of a well-prepared mental health workforce. Detailed information is provided in numerous figures and tables; a summary is provided here.

- The majority of stakeholders reported that the system of care approach was either somewhat or widely implemented each year; however, the percentage that felt the SOC was widely implemented decreased each year.
- Almost all respondents in each of the three years felt that a strategic plan was partially or fully in place. In addition, the majority of stakeholders in each year reported that a steering/planning committee and buy-in, leadership, and champions from multiple child-serving systems were fully in place. About half of the stakeholders each year felt that clear communication was in place. There was little change in stakeholder

perceptions of technical assistance opportunities to support implementation; around two-thirds of the respondents felt these were in place or partially in place.

- Stakeholder perceptions of parent involvement in system of care implementation activities were largely consistent across the three years, with around half reporting that this was in place. Youth involvement was perceived as less widely in place; about one-quarter of respondents in 2022 felt this was fully in place.

- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. There was little change from 2021 to 2022 in the perceived commitment of most child-serving systems, although there was a slight increase in the perceived commitment in the substance use treatment system and managed care system and a slight decrease in perceived commitment from family leaders. Most of these systems were perceived to be somewhat committed to the SOC approach.

- Stakeholders' mean ratings of the extent to which services in their community are guided by each of the eight system of care principles did not change significantly across time; stakeholders perceived that services were moderately or widely guided by SOC values.

- Survey participants were provided with a list of home- and community-based services and asked to rate the availability of each during the prior 12 months. A small number of respondents answered these survey items in 2020 (n = 5) and most of them thought that these community-based services were widely available. There was little change in stakeholder perceptions of community-based service availability from 2021 to 2022; the majority of stakeholders felt that most services were either somewhat or widely available. There was a slight increase in perceived availability of school-based prevention services between 2021 and 2022, and a slight decrease in the perceived availability of respite services.

- The perceived availability of out-of-home treatment services decreased from 2021 to 2022. The majority of stakeholders in 2022 felt that these services were slightly or somewhat available, although about one-quarter of survey respondents did not know about the availability of these services.

- The perceived availability of both youth and caregiver peer-provided services decreased slightly from 2021 to 2022, although one-third of the sample in 2022 reported that they did not know about the availability of these services.

- The mean rankings of stakeholders' perceptions on the level of service coordination increased slightly; stakeholders felt that care coordination was somewhat implemented.

- Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide services to children and families in their community. There was little change between 2021 and 2022 in perceived coordination of services between most systems, with the exception of the education system, which showed an increase in coordination.

- Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health

problems at earlier stages and at earlier ages. Stakeholder perceptions that these services were widely implemented increased between 2021 and 2022.

- There was little change in stakeholders' perceptions of the availability of screening services for behavioral health needs between 2021 and 2022.
- Stakeholders perceived a moderate capacity of the SOC to provide evidence-based interventions; there was little change in these rating over time.
- Stakeholders' ratings of the effective use of data for decision-making did not change from 2021 to 2022; most stakeholders felt that it was partially in place.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. There was little change in this outcome between 2021 and 2022; the majority of stakeholders reported that this was either partially in place or in place.
- Stakeholders were asked to rate the extent to which each of system of care infrastructure components had been implemented in 2020, 2021, and 2022. There was little change in perceptions between 2021 and 2022; most stakeholders felt that these structures were between somewhat and widely implemented.
- In 2021, one parent completed the parent version of the stakeholder survey; while four parents completed the survey in 2022. The results are provided in the section 7.4.

7.1   System of Care Implementation Processes

7.1.1   Overall System of Care Implementation

Stakeholders were asked "to what extent do you believe that the system of care approach is being implemented in your community?" and the response options were "don't know," "not at all," "slightly," "somewhat," and "widely." The distribution of responses in 2020, 2021, and 2022 are shown in Figure 7.1. The percentage of stakeholders that felt the SOC was widely implemented decreased each year; however, the majority of stakeholders each year felt that it was either somewhat or widely implemented.

Figure 7.1 Overall Assessment of System of Care Implementation
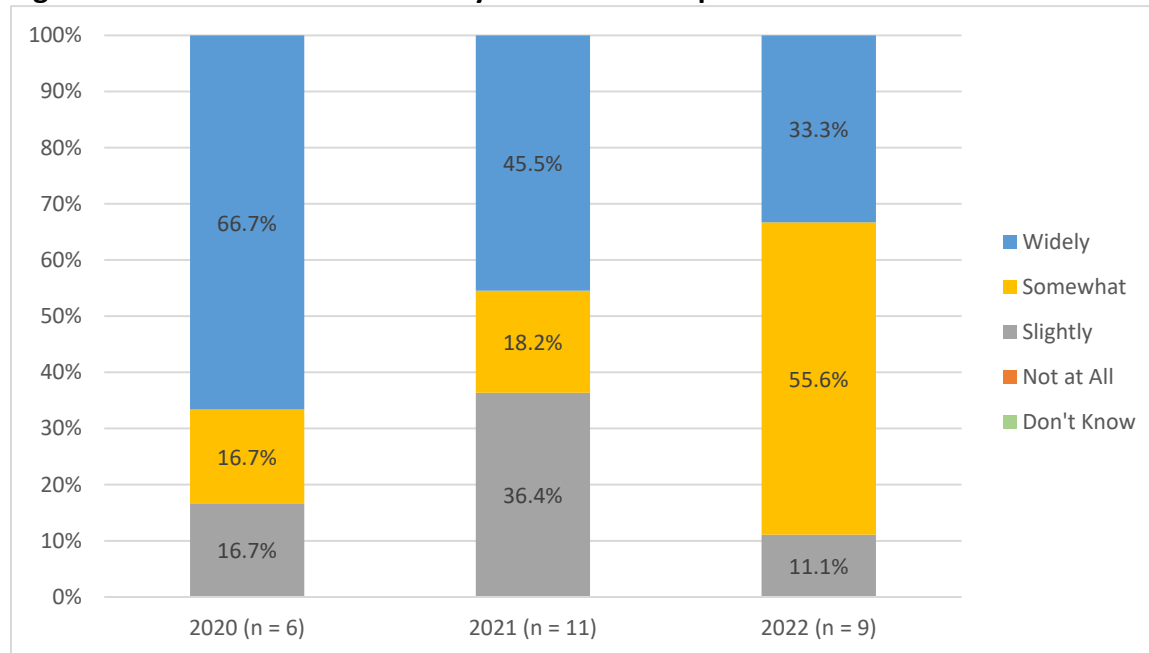
7.1.2 System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2020, 2021, and 2022. Almost all respondents in each of the three years felt that a strategic plan was partially or fully in place. In addition, the majority of stakeholders in each year reported that a steering/planning committee and buy-in, leadership, and champions from multiple child-serving systems were fully in place. About half of the stakeholders each year felt that clear communication was in place. There was little change in stakeholder perceptions of technical assistance opportunities to support implementation; around two-thirds of the respondents felt these were in place or partially in place.

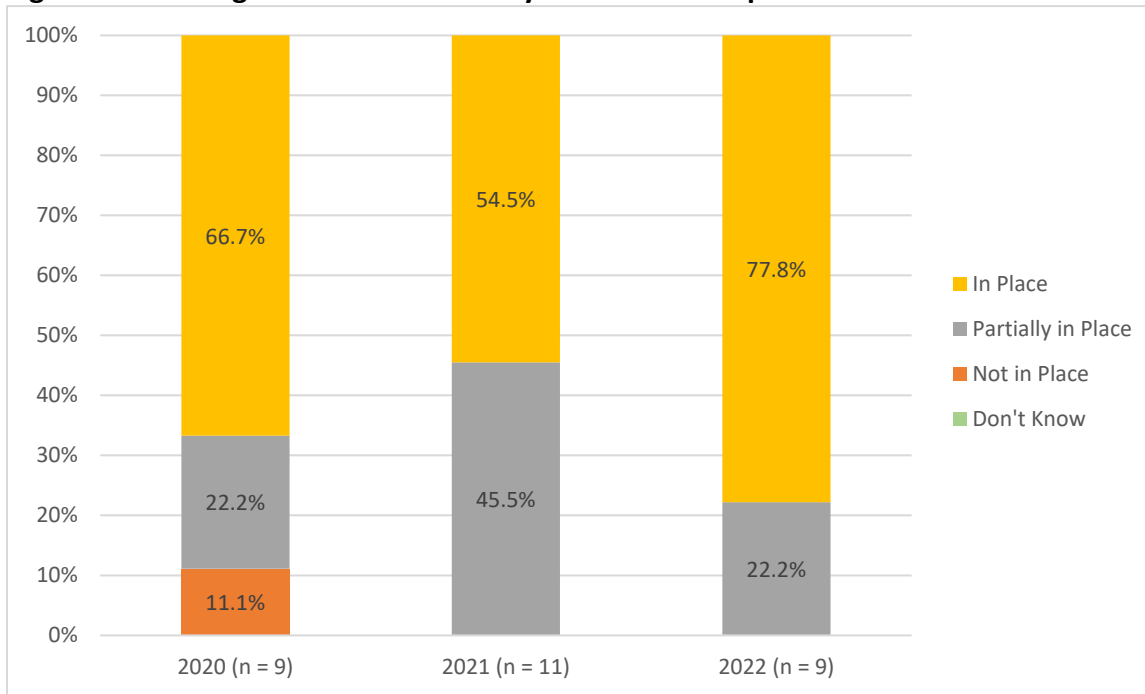**Figure 7.2 Strategic Plan That Guides System of Care Implementation Activities**

Figure 7.3 Steering or Planning Committee That Meets Frequently to Guide Implementation Activities
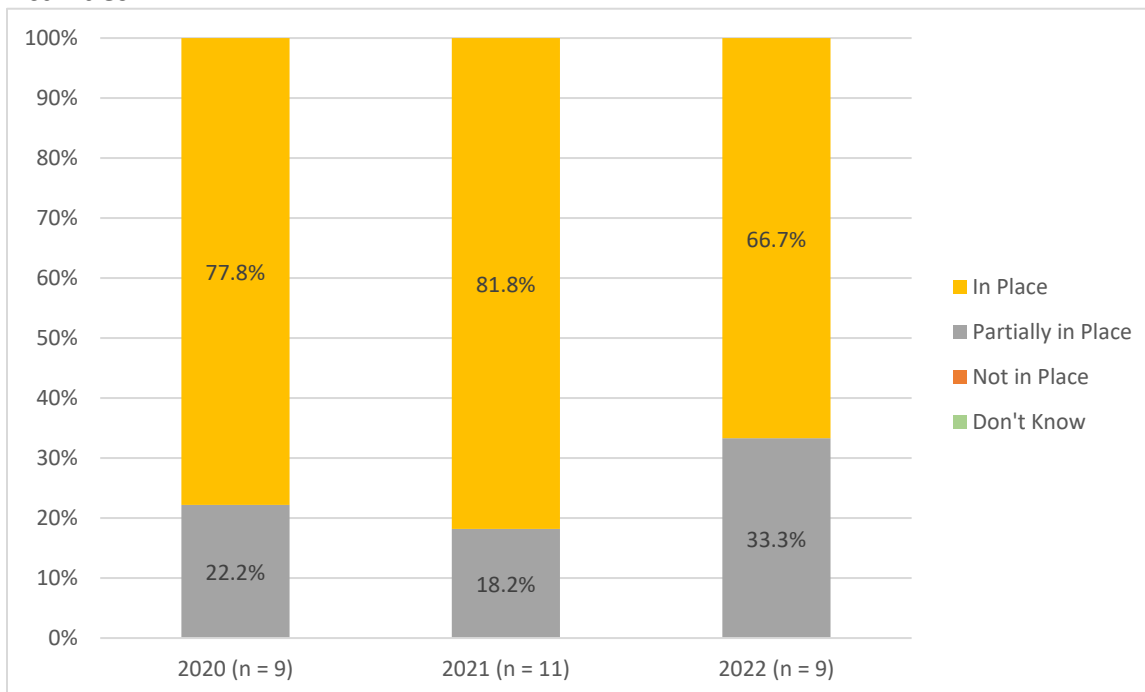
Figure 7.4 Buy-in, Leadership, and Champions from Multiple Child-Serving Systems
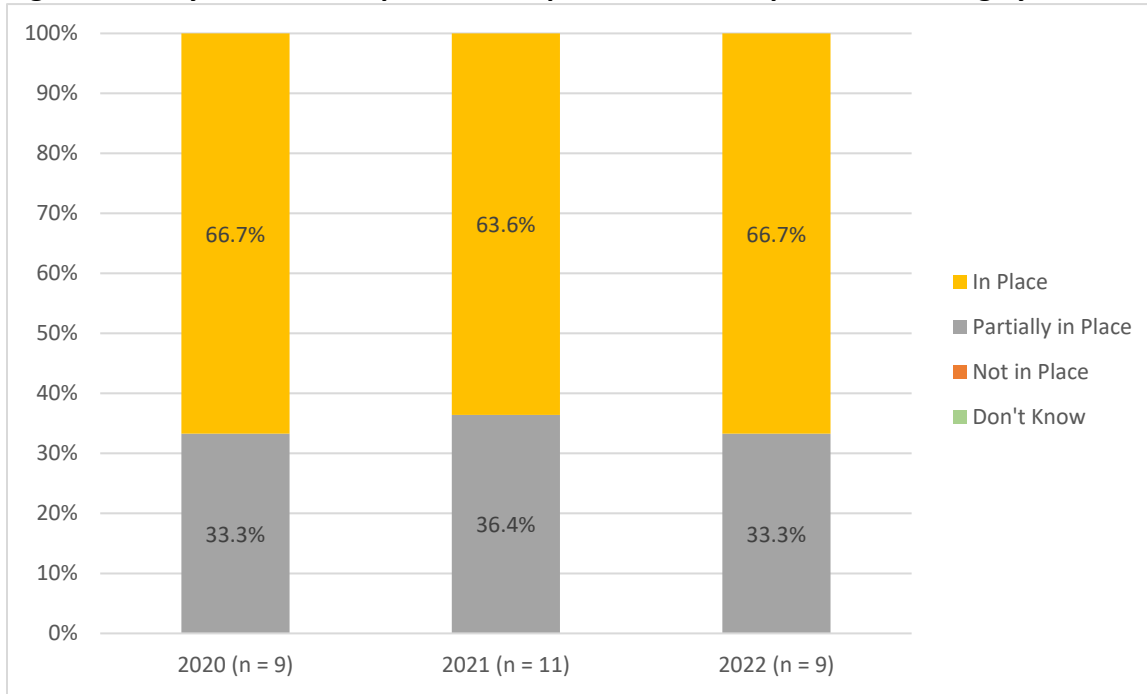

Figure 7.5 Clear and Frequent Communication Channels Between Leadership, Steering/Planning Committees, and Stakeholders
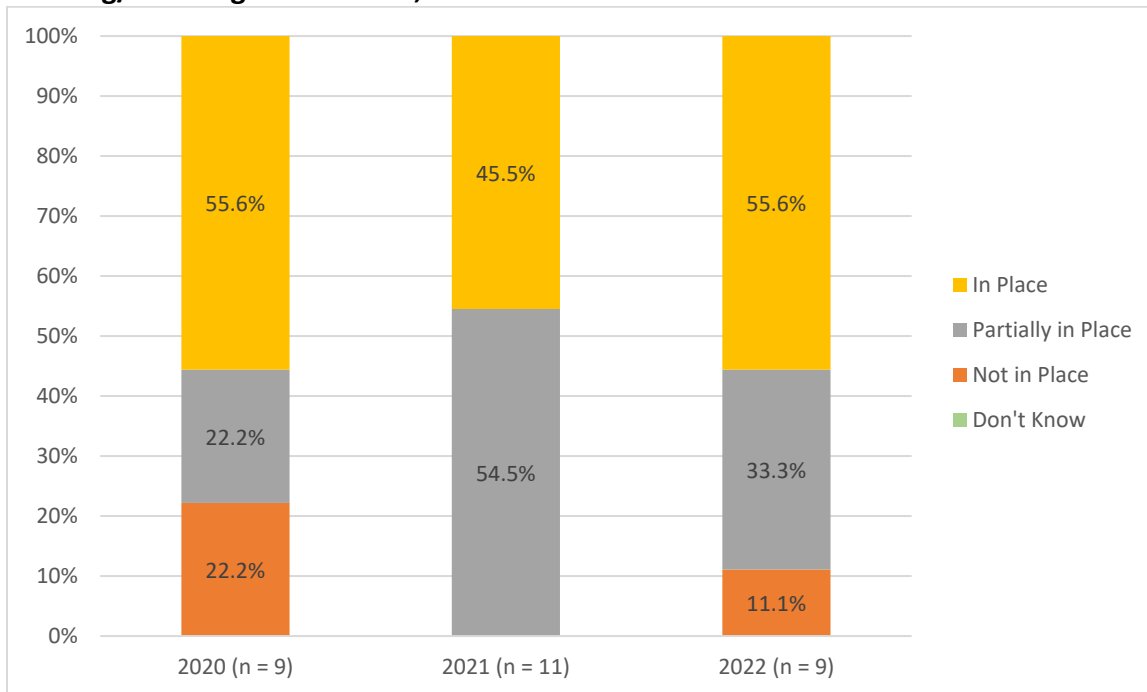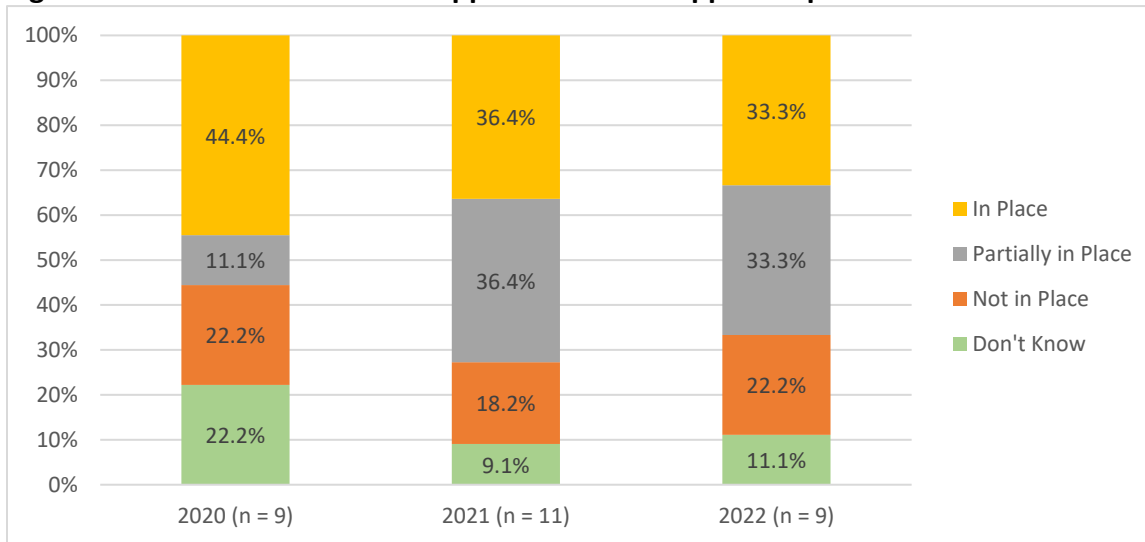
Figure 7.6 Technical Assistance Opportunities to Support Implementation

7.1.3 Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2020, 2021, and 2022. Stakeholder perceptions of parent involvement in system of care implementation activities were largely consistent across the three years, with around half reporting that this was in place. Youth involvement was perceived as less widely in place; about one-quarter of respondents in 2022 felt this was fully in place.

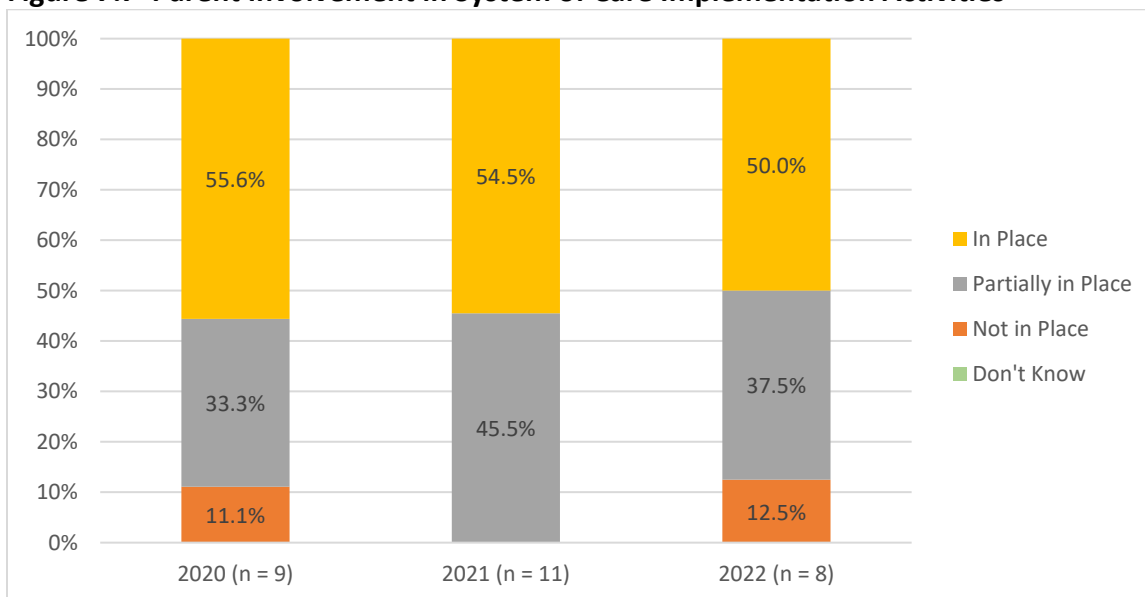**Figure 7.7 Parent Involvement in System of Care Implementation Activities**
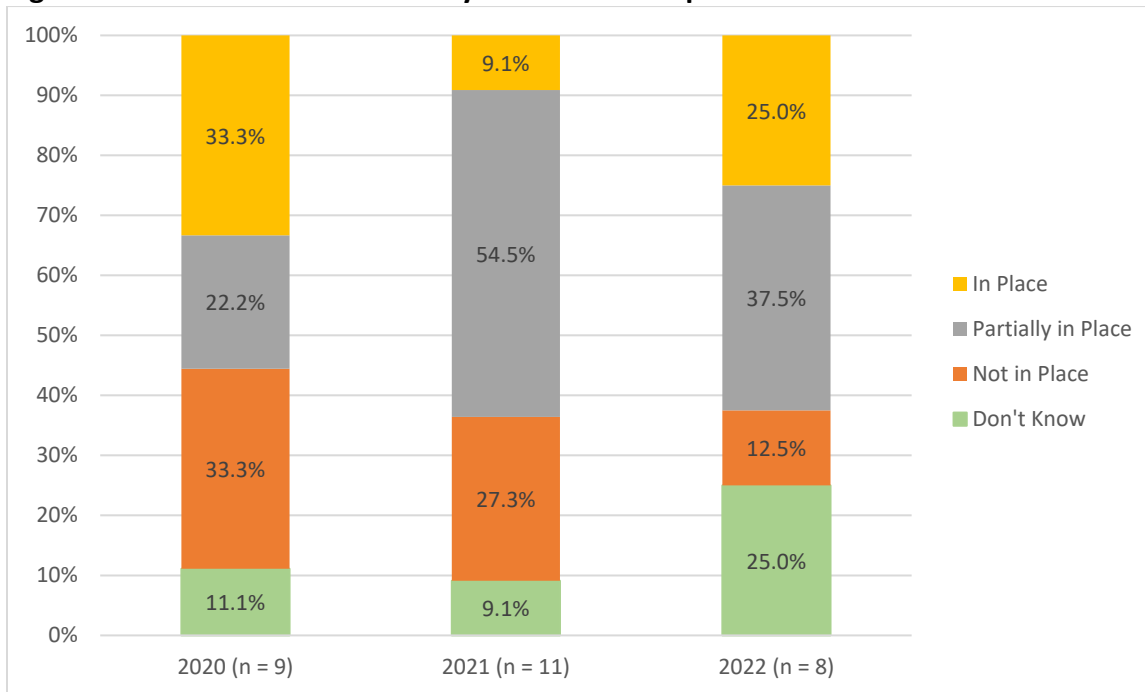
Figure 7.8 Youth Involvement in System of Care Implementation Activities

7.1.4   Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 7.9 shows the mean scores for the perceived commitment of each child-serving system in 2020, 2021, and 2022. There was little change from 2021 to 2022 in the perceived commitment of most child-serving systems, although there was a slight increase in the perceived commitment in the substance use treatment system and managed care system and a slight decrease in perceived commitment from family leaders. Most of these systems were perceived to be somewhat committed to the SOC approach.

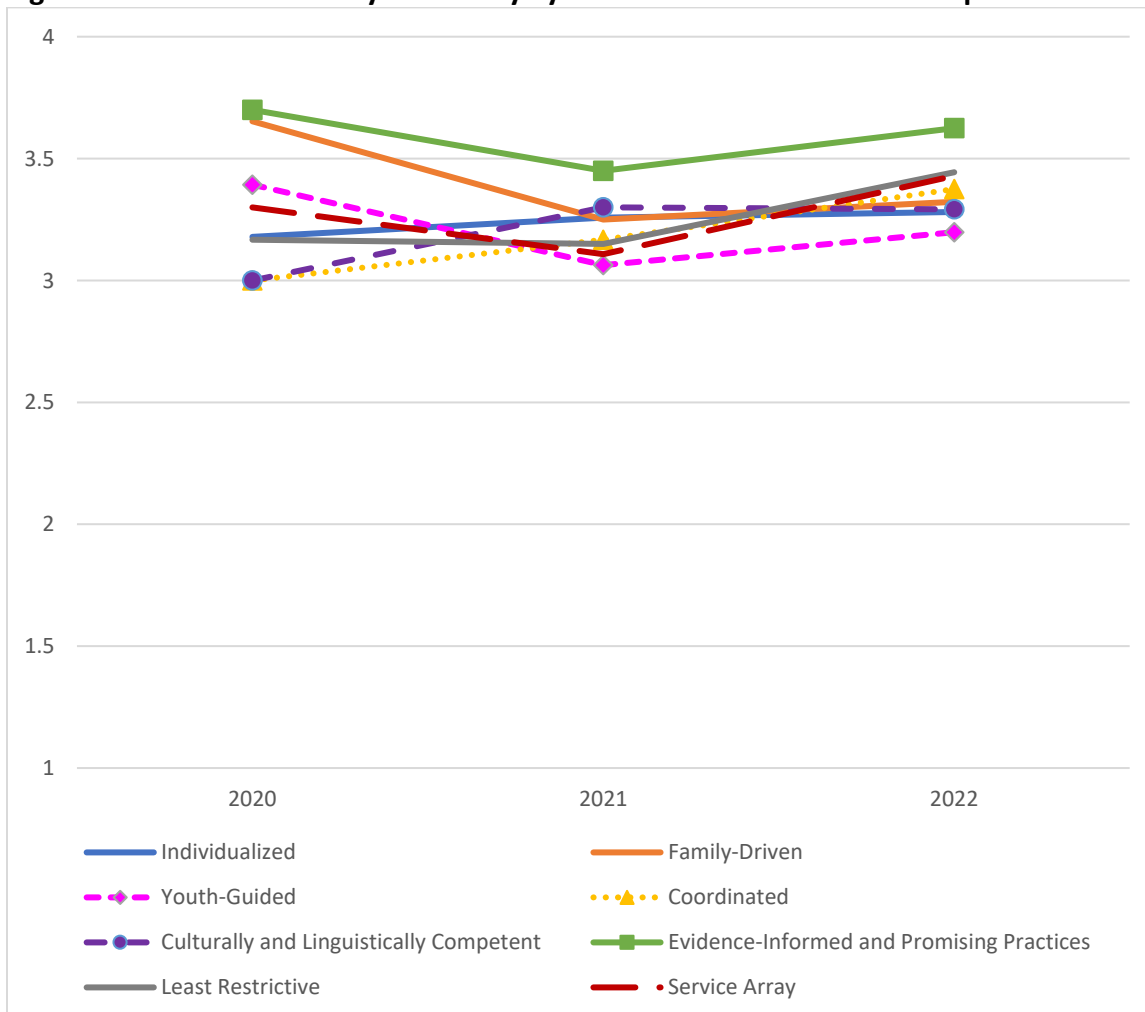**Figure 7.9 Commitment to System of Care Philosophy and Approach**
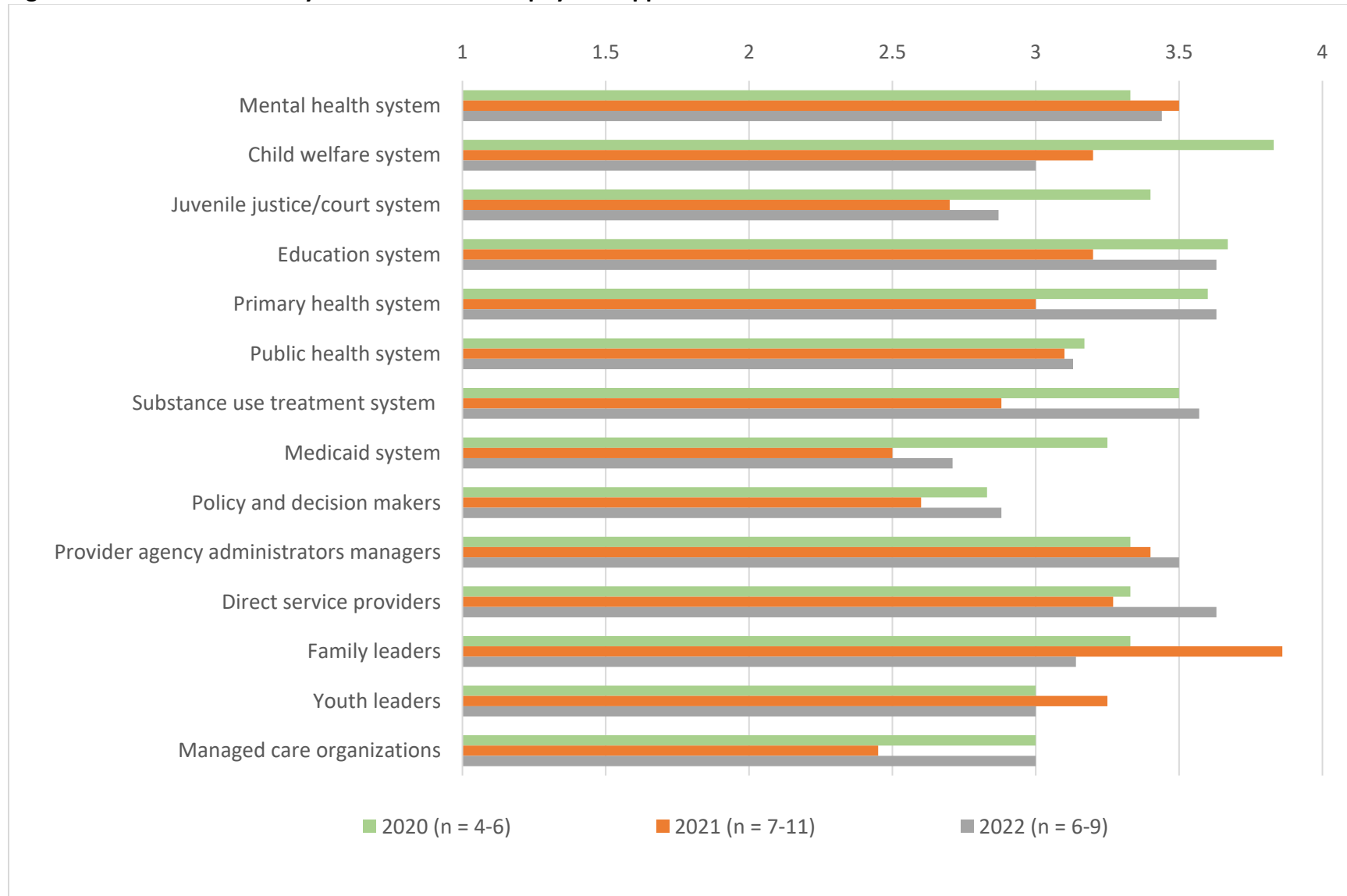
Note: "Don't know" responses were not included when calculating the mean scores.

7.2   System of Care Service Outcomes

7.2.1   Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these 8 principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2020, 2021, and 2022 are shown in Figure 7.10. There was little change in stakeholders' perceptions of the service delivery system across the three years; stakeholders perceived that services were moderately or widely guided by SOC values.

Figure 7.10 Service Delivery Guided by System of Care Values and Principles

7.2.2 Service Availability – Home and Community-Based Treatment and Support Services

Survey participants were provided with a list of home- and community-based services and asked to rate the availability of each during the prior 12 months. A small number of respondents answered these survey items in 2020 (n = 5) and most of them thought that these community-based services were widely available. There was little change in stakeholder perceptions of community-based service availability from 2021 to 2022; the majority of stakeholders felt that most services were either somewhat or widely available. There was a slight increase in perceived availability of school-based prevention services between 2021 and 2022, and a slight decrease in the perceived availability of respite services.

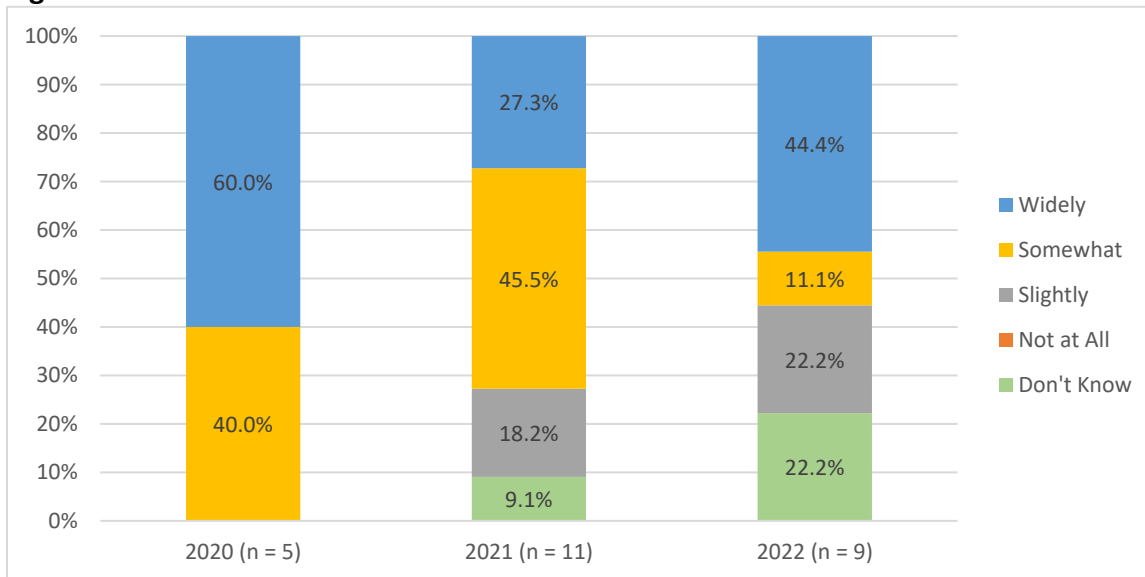**Figure 7.11 School-based Prevention Services**

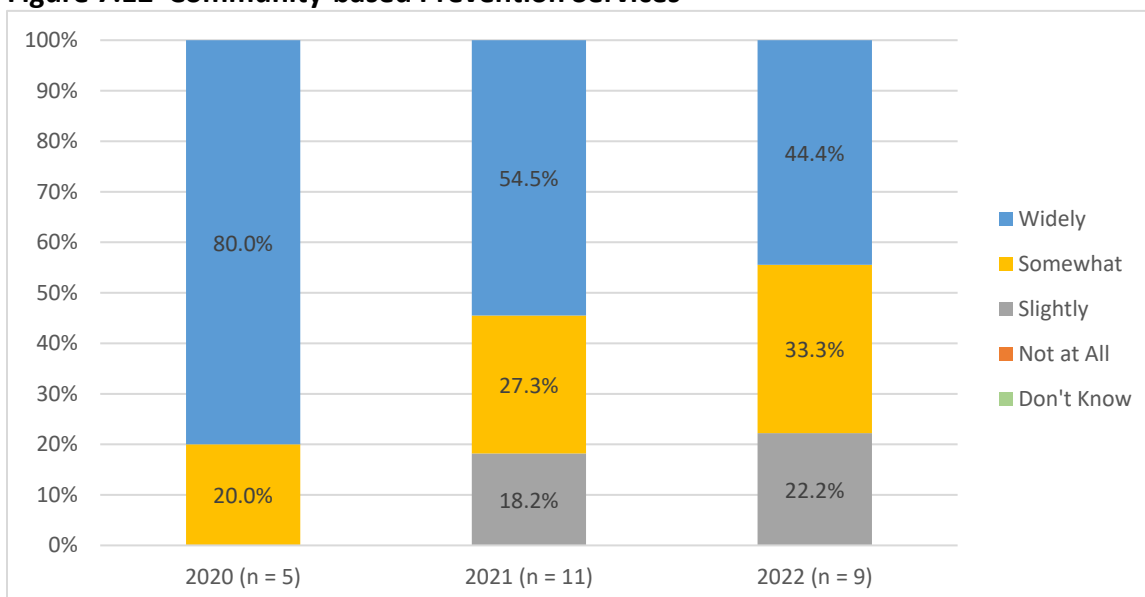**Figure 7.12 Community-based Prevention Services**

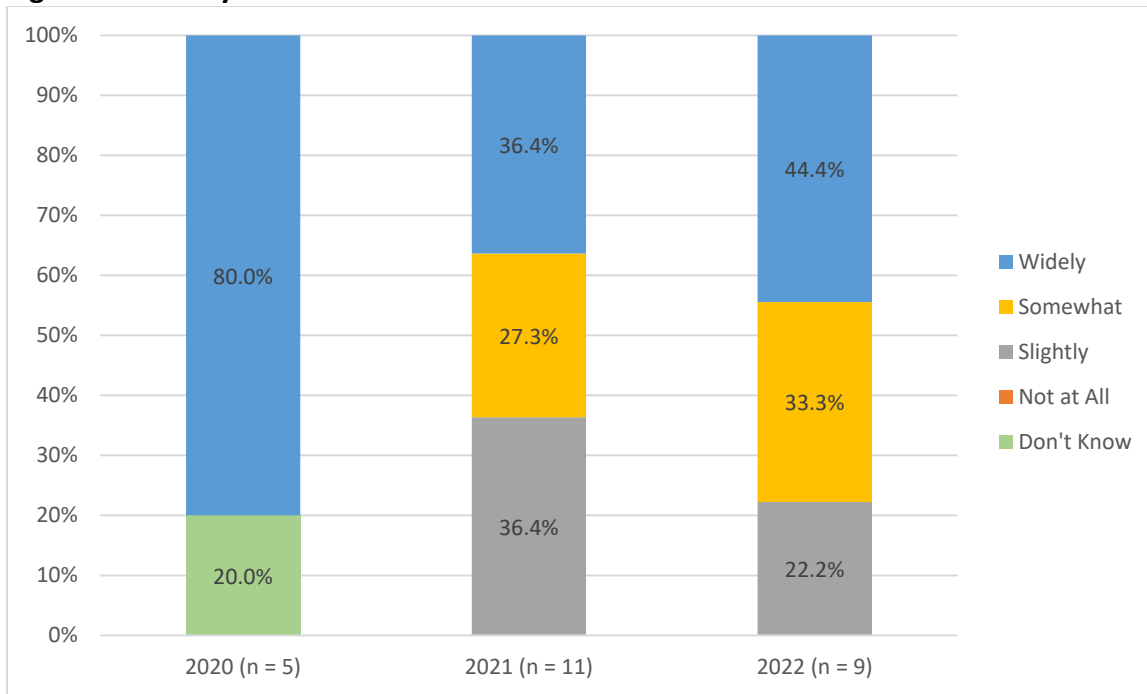**Figure 7.13 Early Intervention Services**

Figure 7.14 Assessment

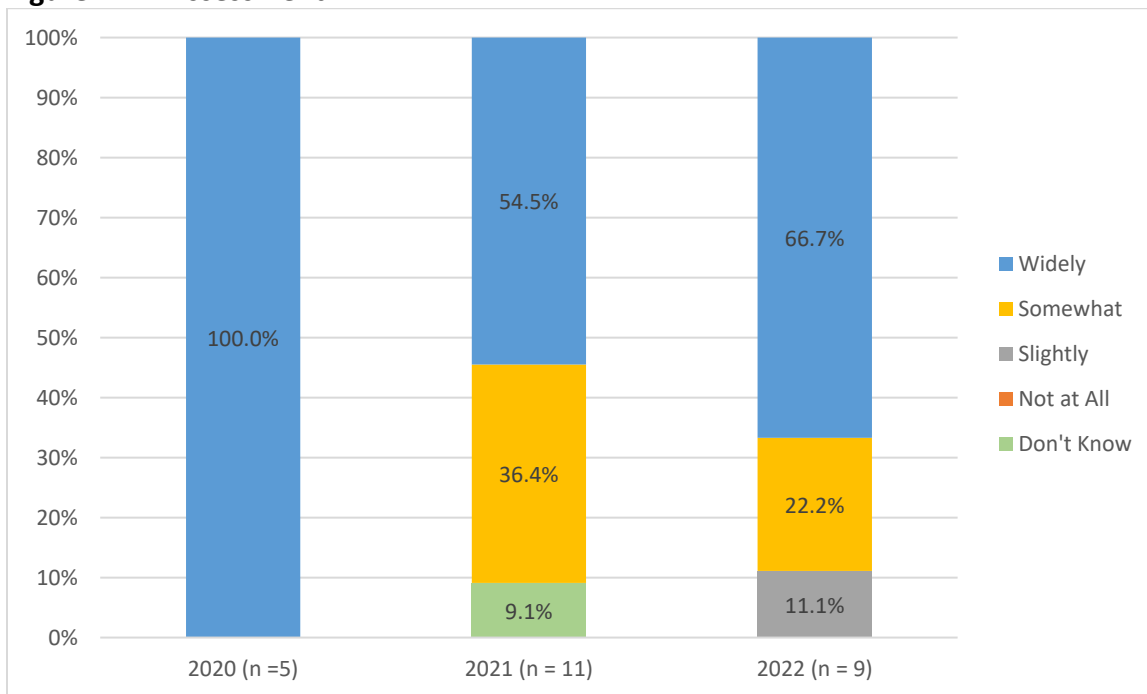**Figure 7.15 Individualized Service Planning**
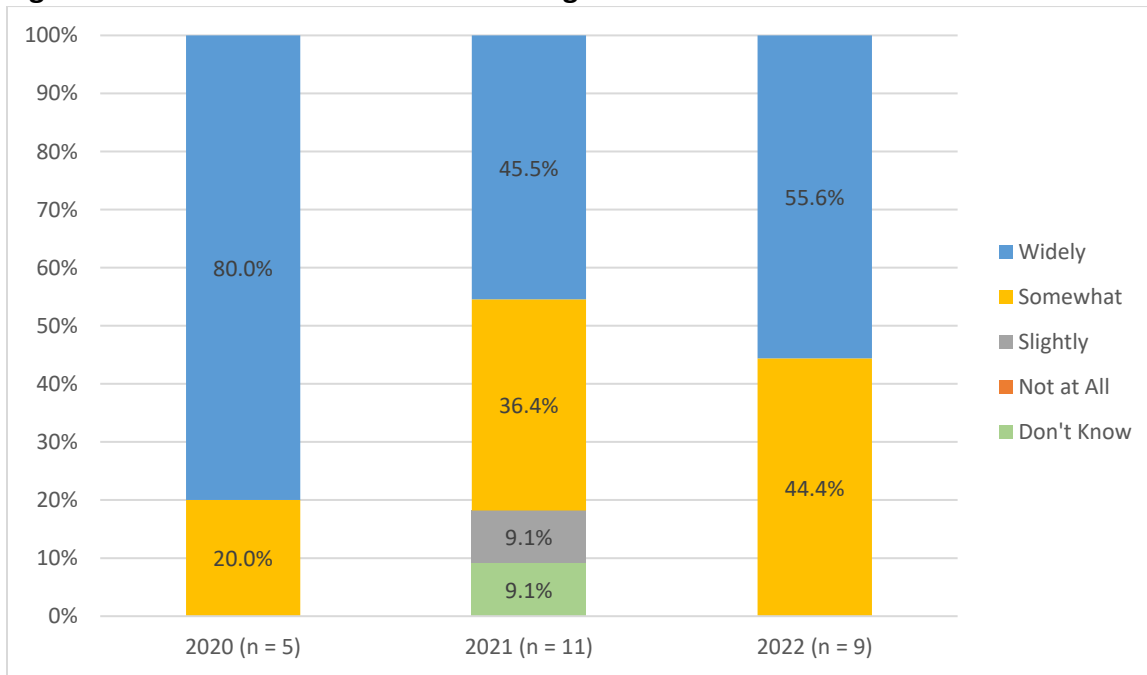
Figure 7.16 Intensive Care Management
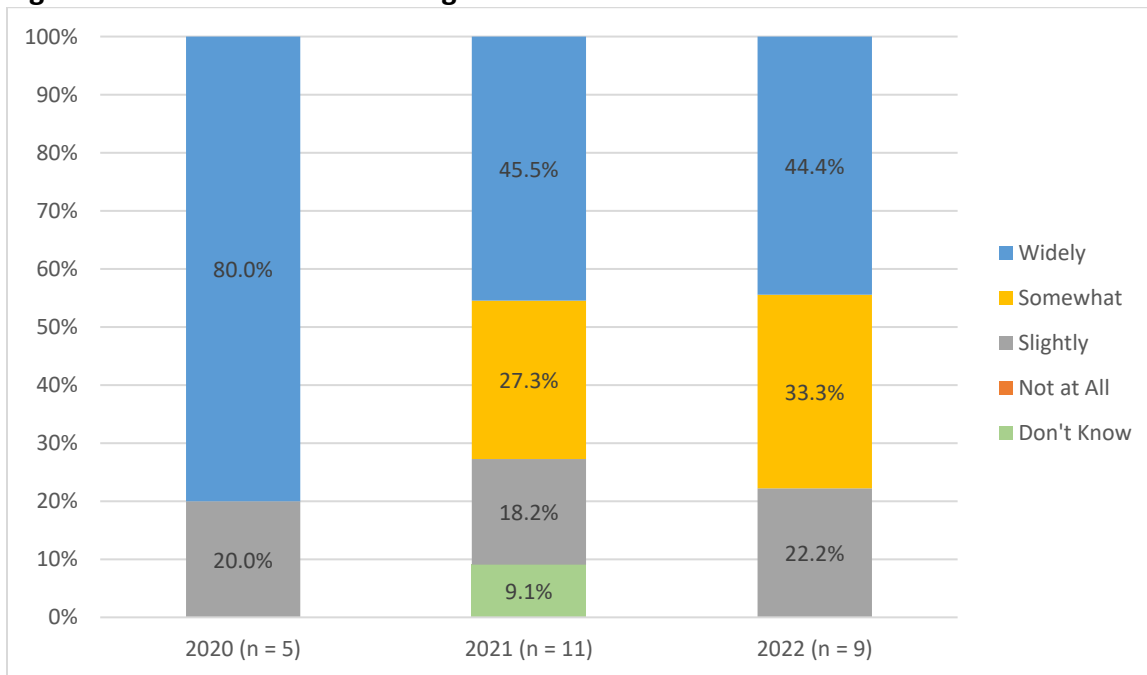
Figure 7.17 Outpatient Therapy
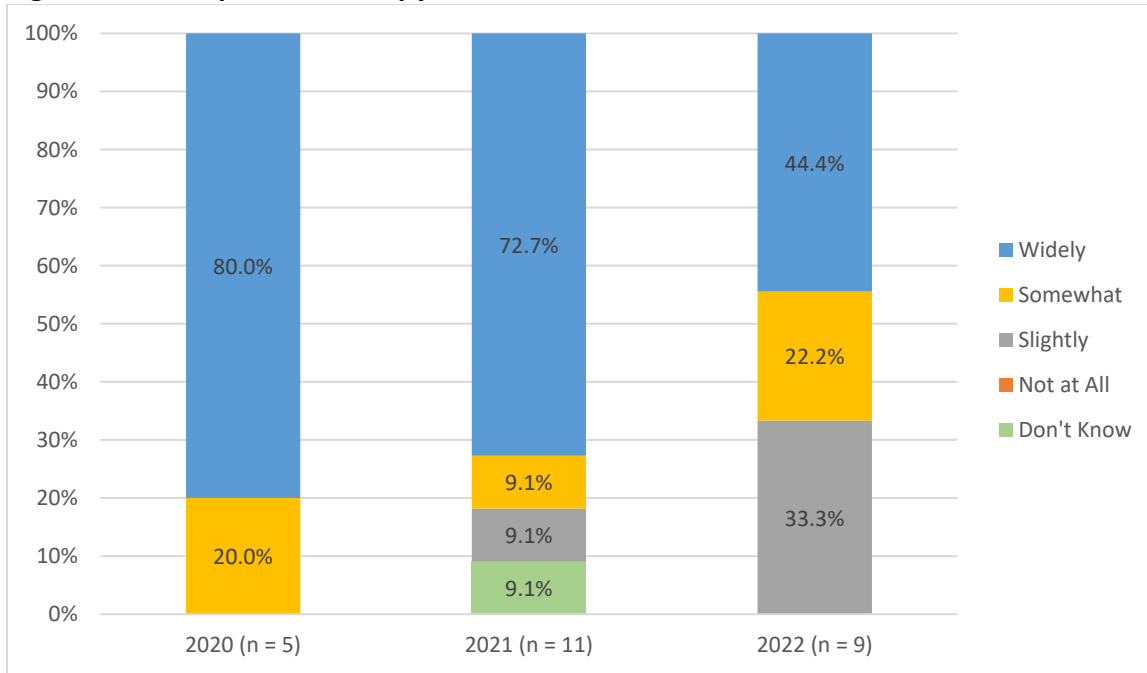
Figure 7.18 Medication Treatment/Management
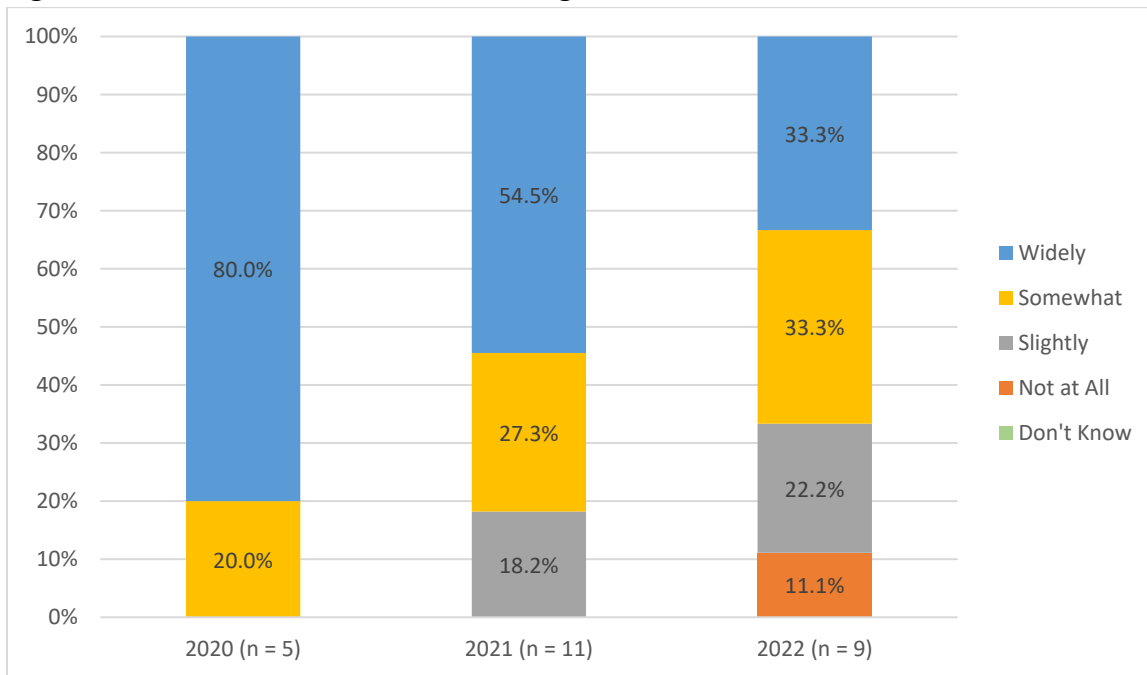
Figure 7.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)
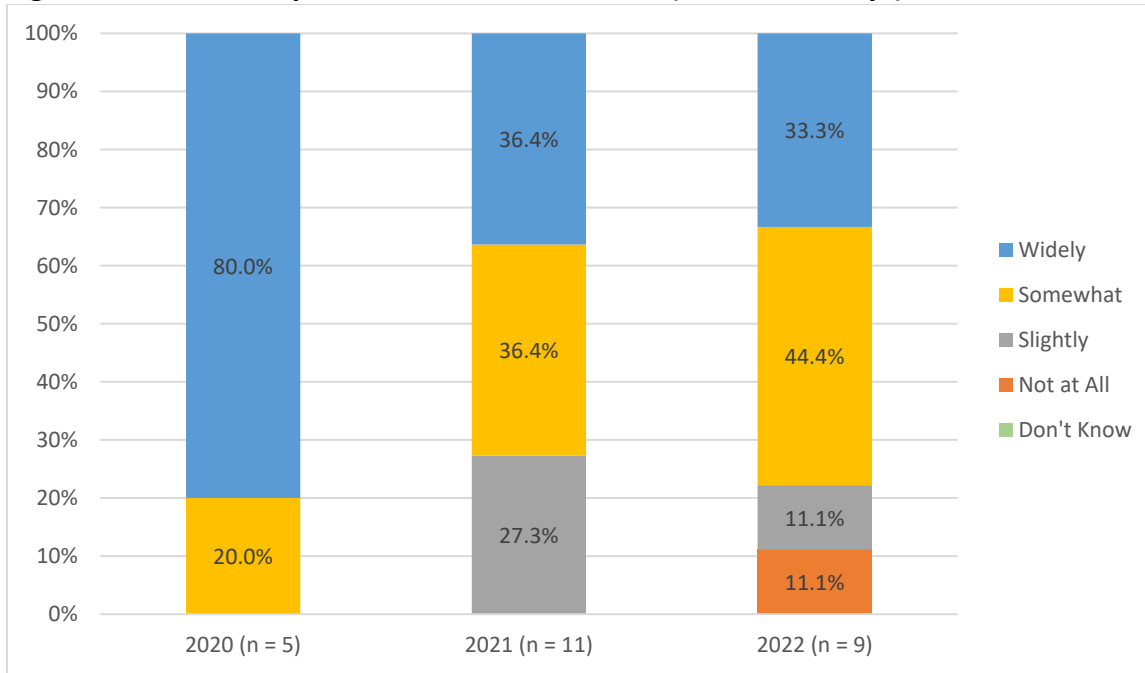
Figure 7.20 Intensive In-Home Services
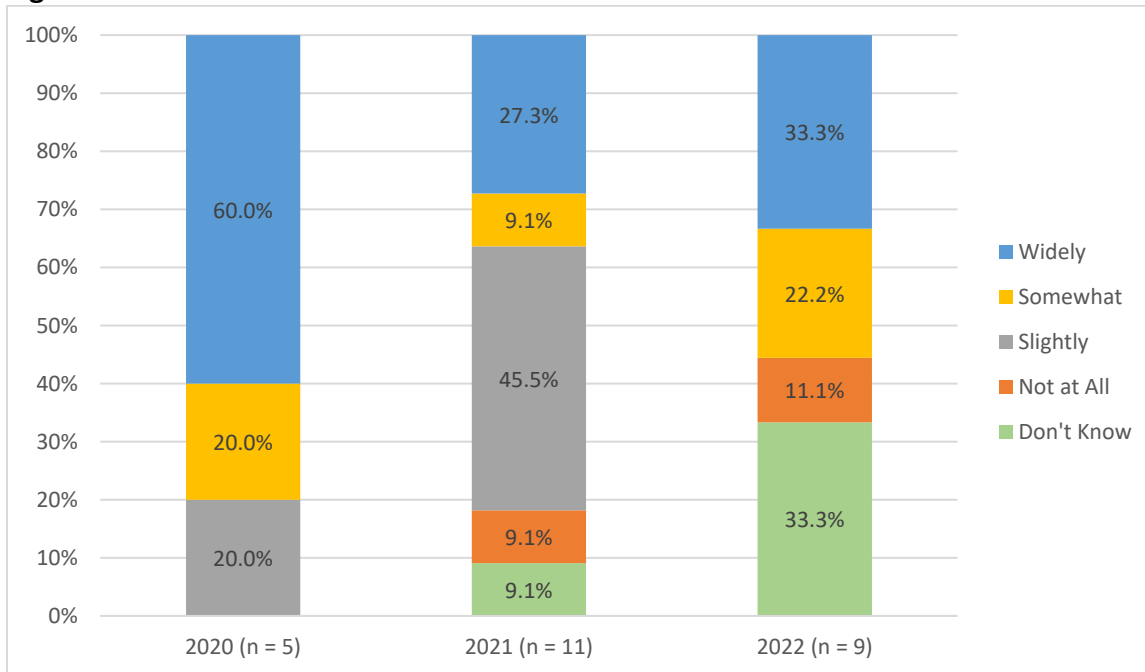
Figure 7.21 School-based Behavioral Health Services
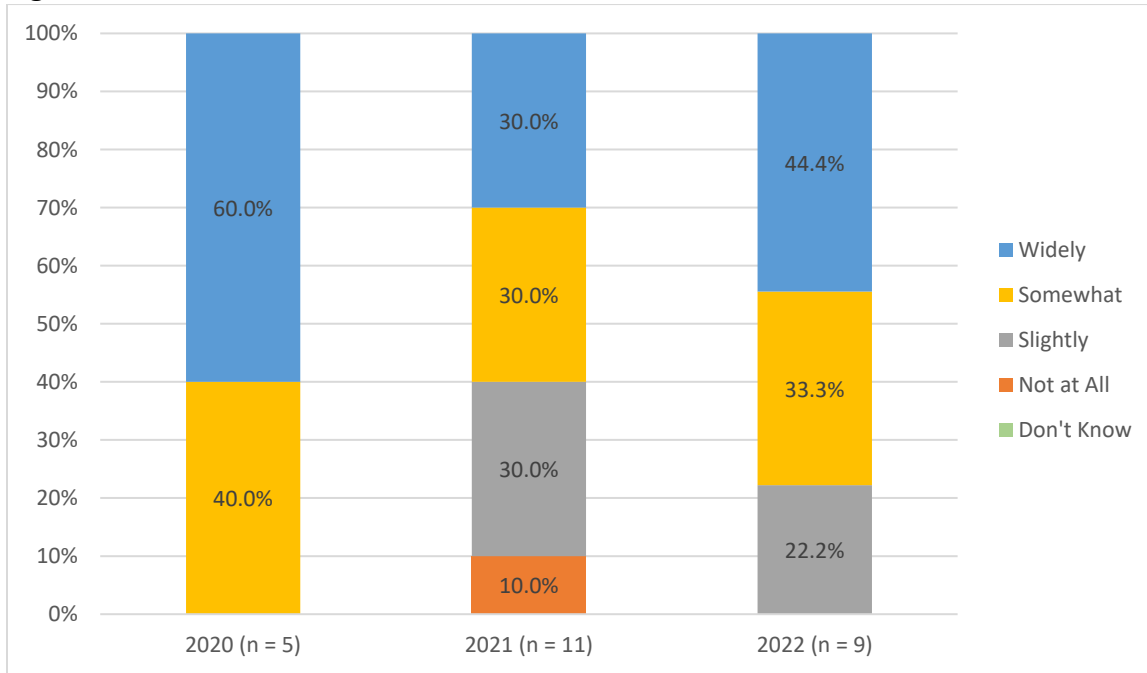
Figure 7.22 Substance Use Treatment
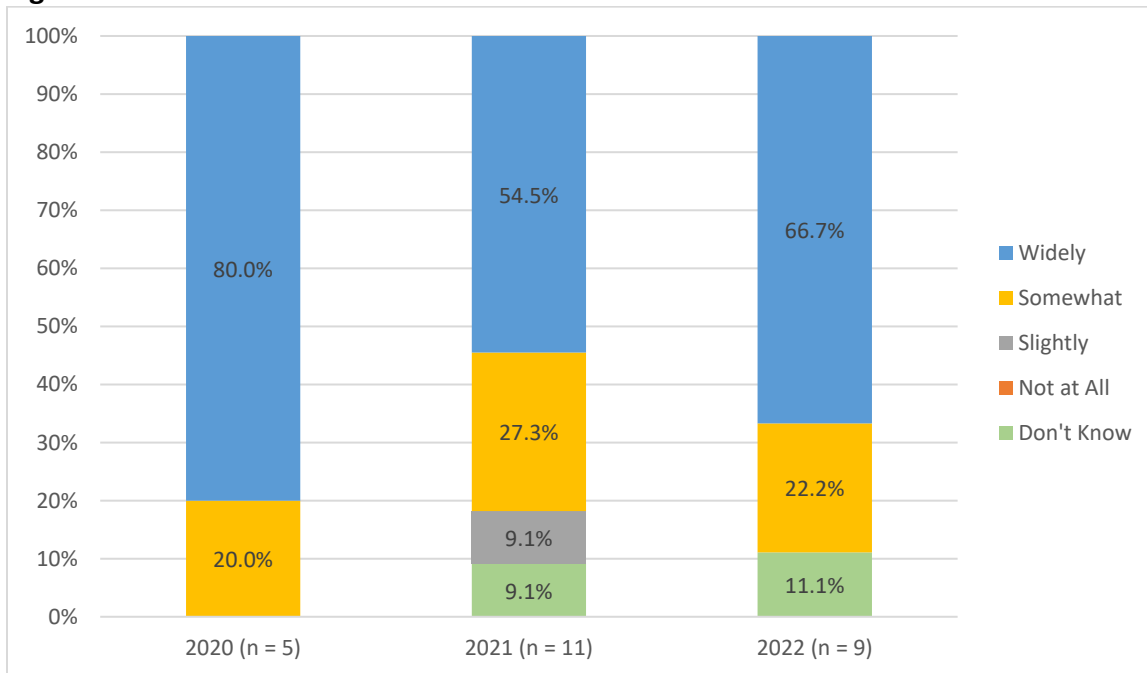
Figure 7.23 Behavior Management Skills Training
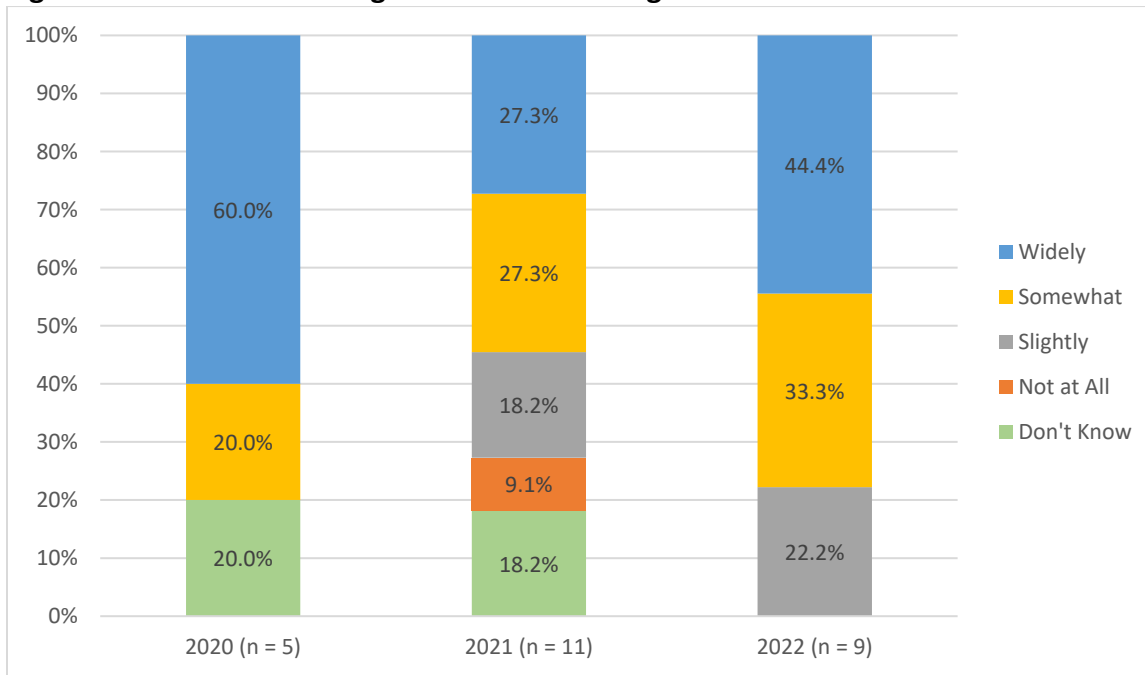
Figure 7.24 Tele-Behavioral Health Services
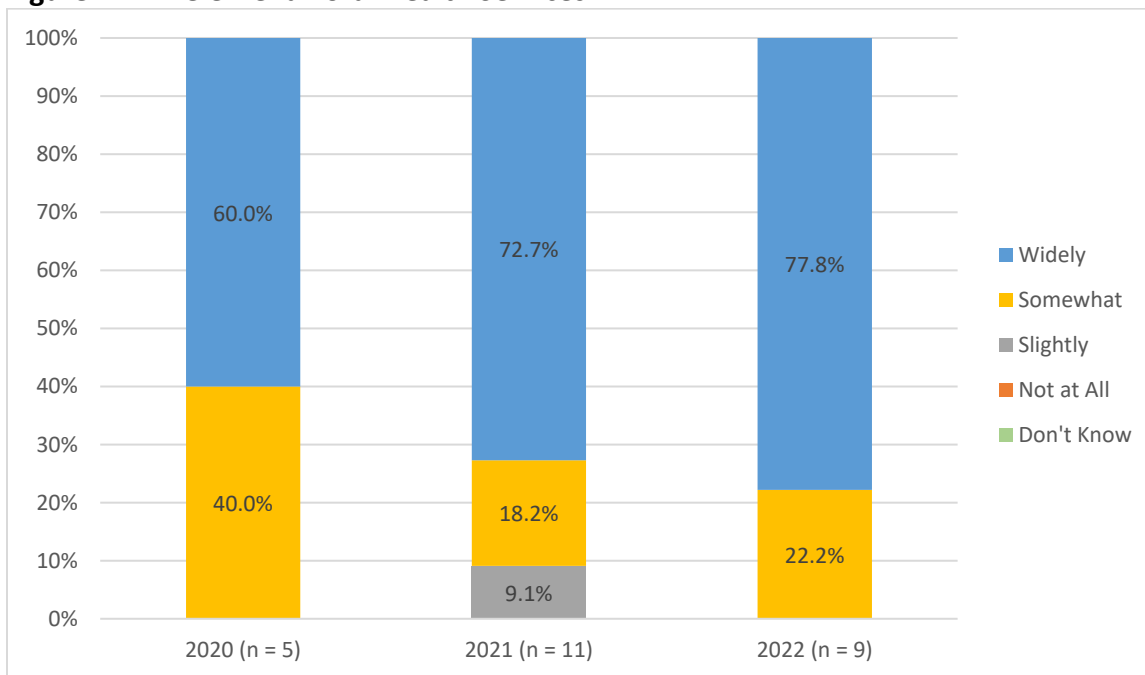
Figure 7.25 Youth and Family Education
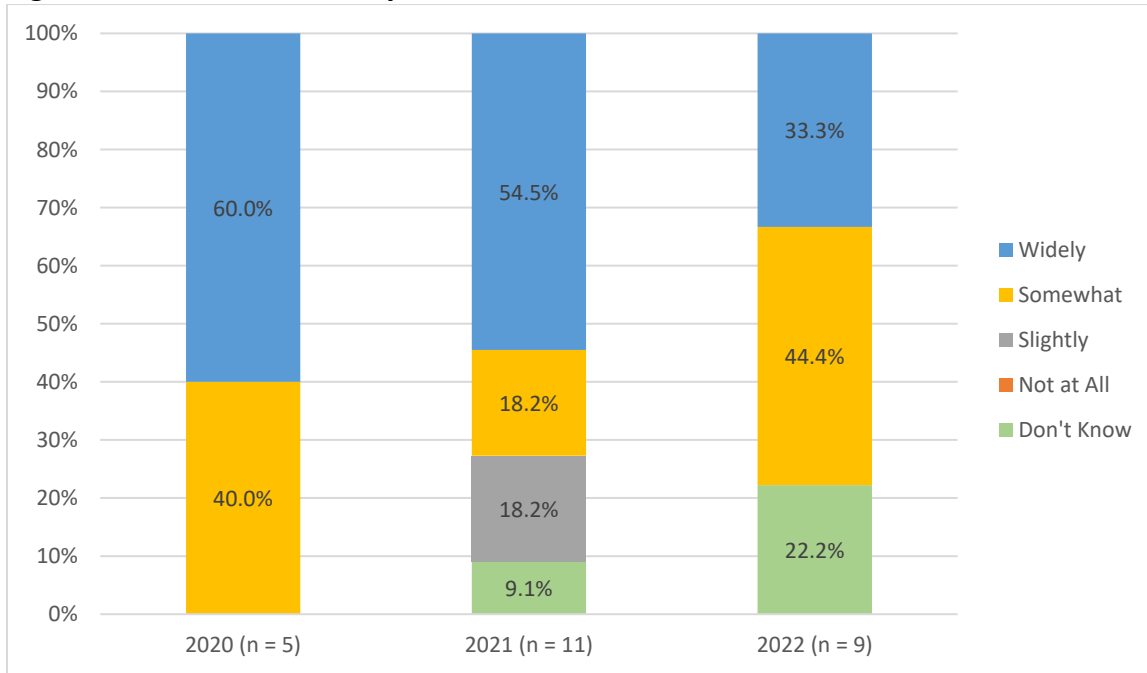
Figure 7.26 Respite Services
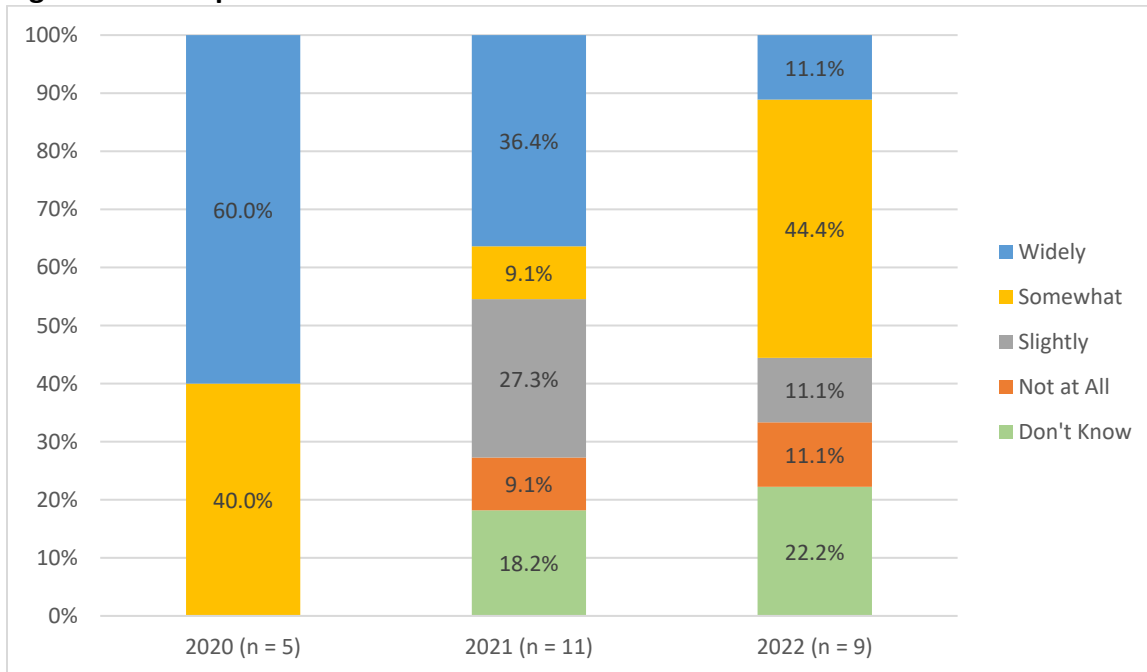
Figure 7.27 Mental Health Consultation
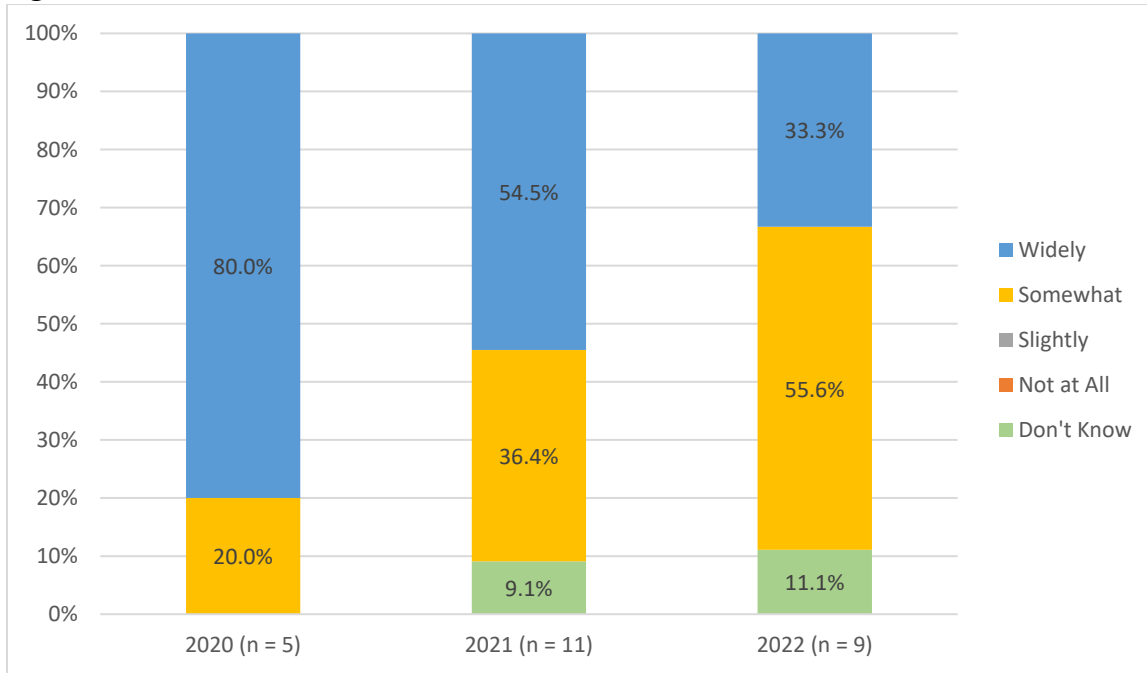
Figure 7.28 Transportation
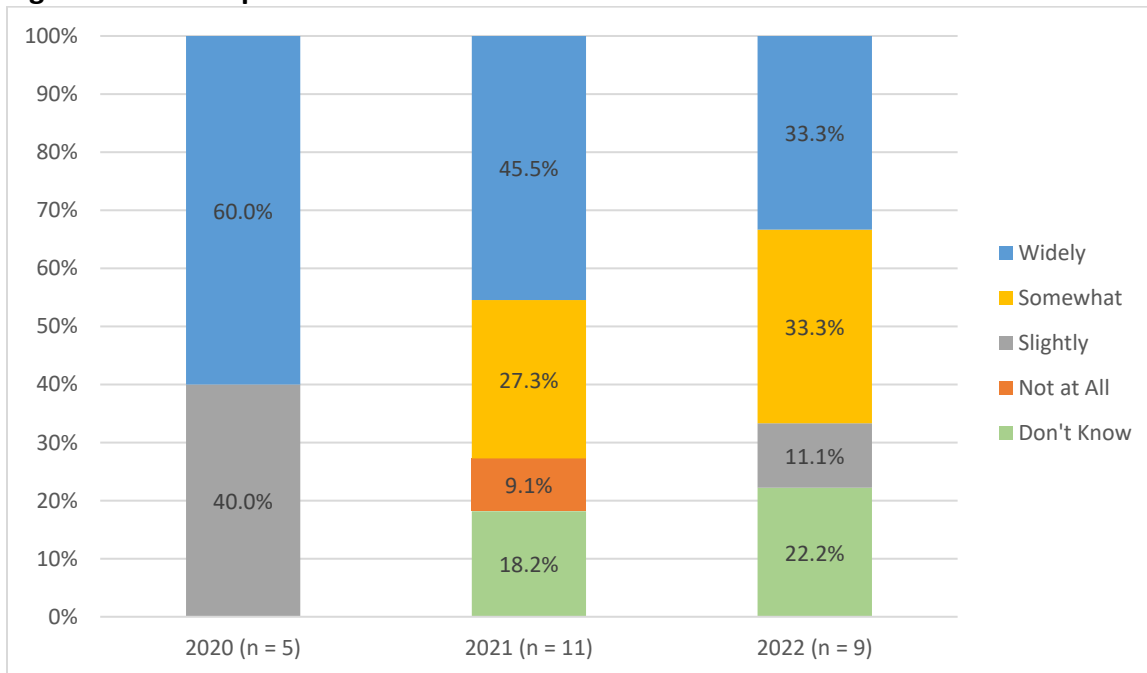
7.2.3 Out-of-Home Treatment Services

The perceived availability of out-of-home treatment services decreased from 2021 to 2022. The majority of stakeholders in 2022 felt that these services were slightly or somewhat available, although about one-quarter of survey respondents did not know about the availability of these services.

Figure 7.29 Substance Use Residential Treatment
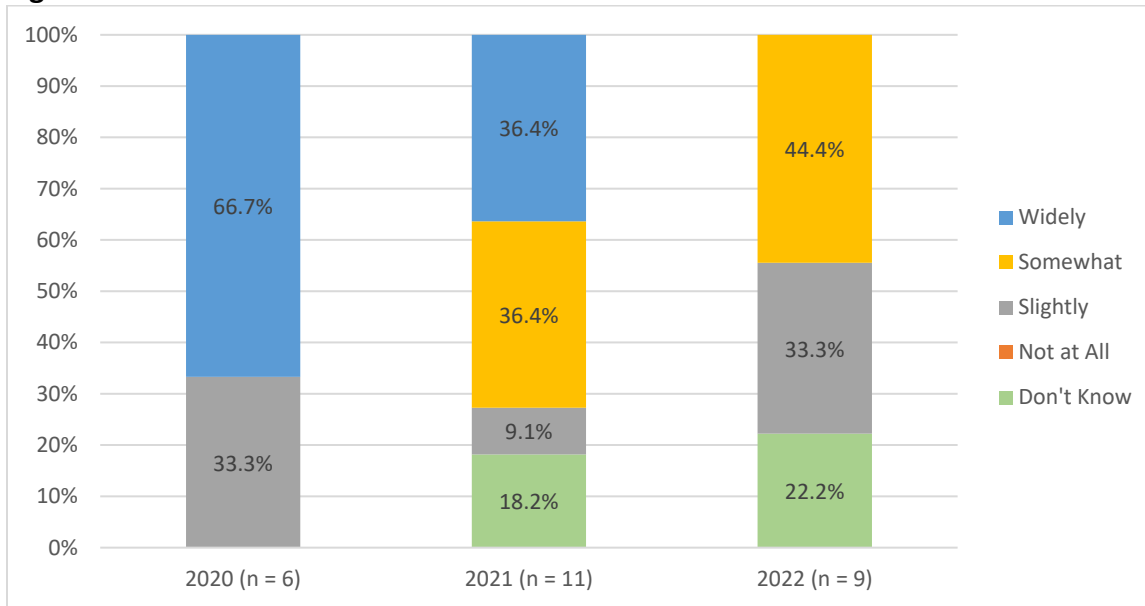
Figure 7.30 Residential Treatment
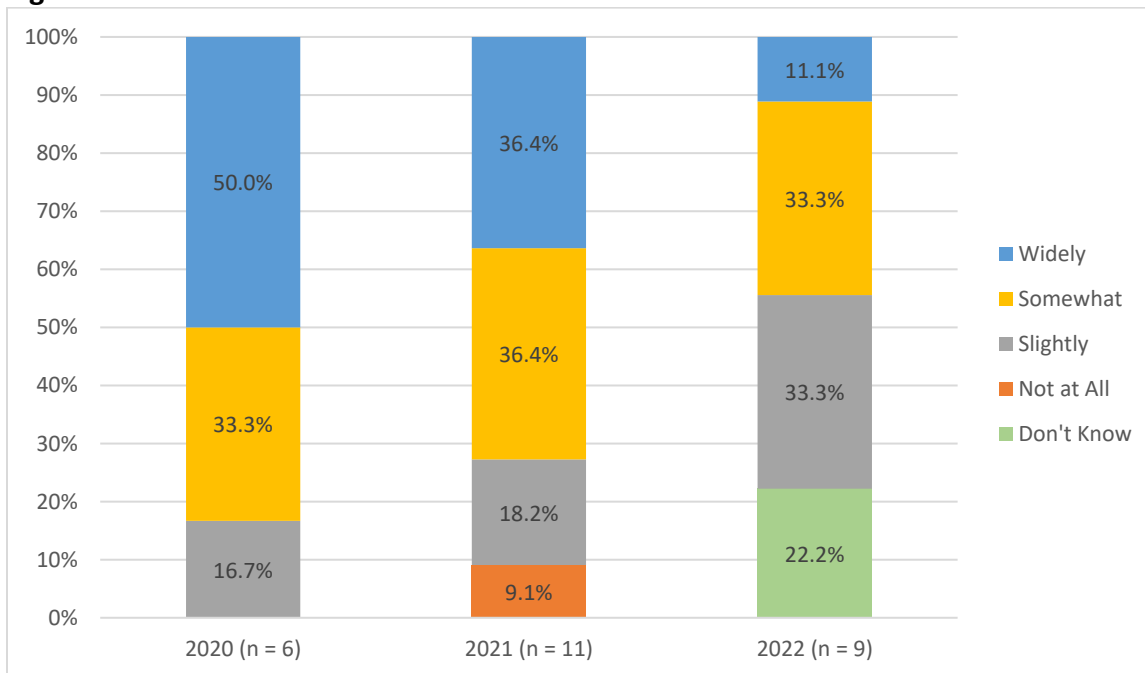
Figure 7.31 Inpatient Hospitalization
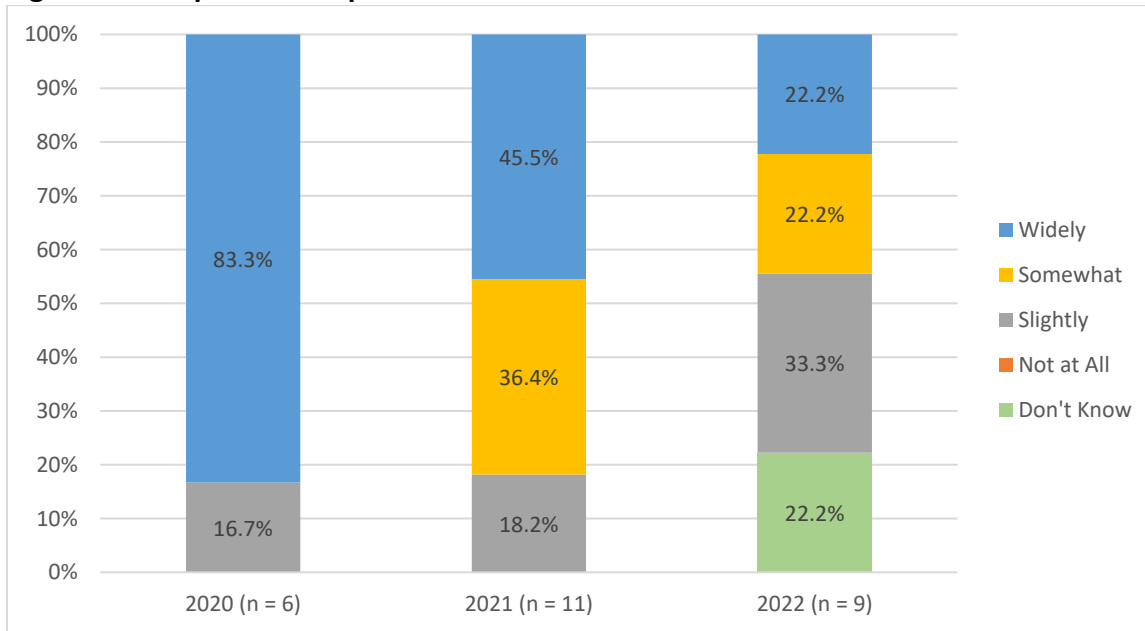
7.2.4   Peer-Provided Services (ILCHF Outcome)

The perceived availability of both youth and caregiver peer-provided services decreased slightly from 2021 to 2022, although one-third of the sample in 2022 reported that they did not know about the availability of these services.

Figure 7.32 Youth Peer-provided Services
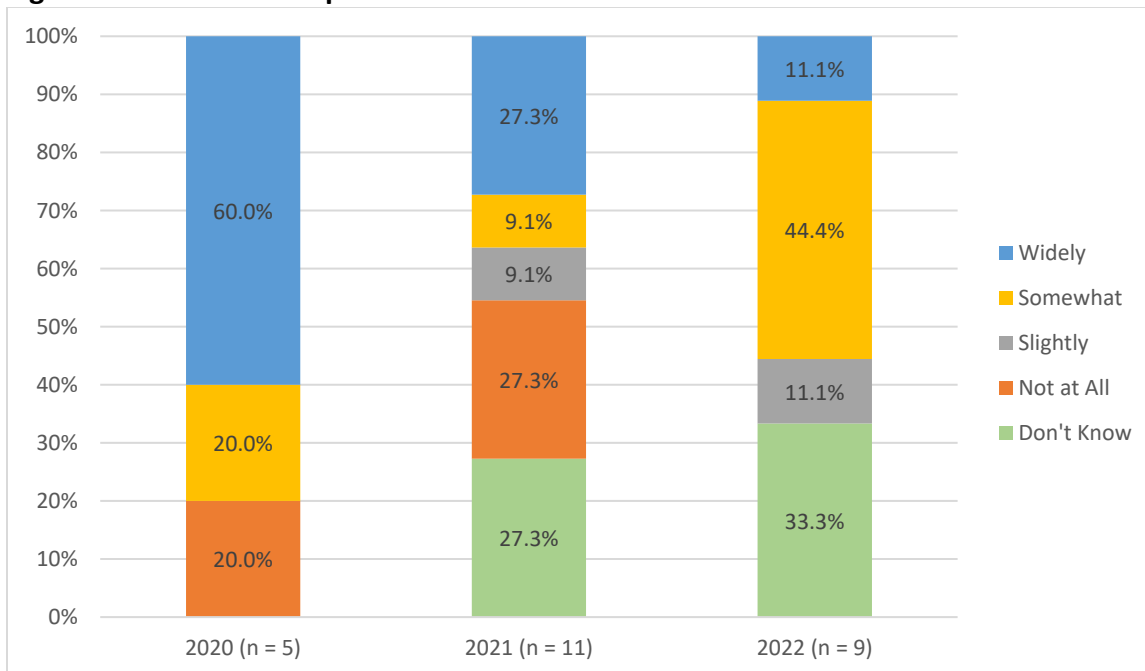
Figure 7.33 Caregiver Peer-provided Services
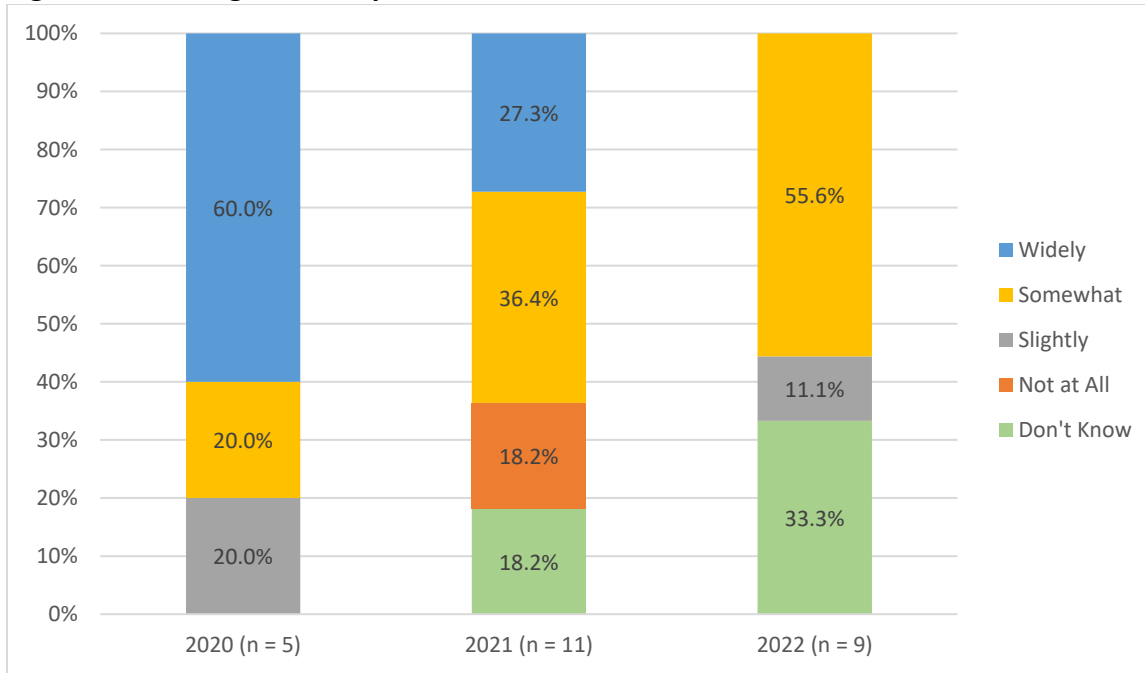
7.2.5   Service Coordination and Integration (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase service coordination among providers in the community. Table 7.1 shows the mean scores on the individual items of the service coordination subscale from Figure 7.10. There were slight increases in the items; stakeholders felt that care coordination was somewhat implemented.

Table 7.1 Service Coordination and Integration

	2020 Mean (n = 7)	2021 Mean (n = 9-10)	2021 Mean (n = 8)
Care is coordinated across multiple child-serving agencies and systems	3.00 (1.16)	3.10 (0.88)	3.50 (0.54)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	3.00 (1.16)	3.11 (1.17)	3.25 (0.71)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020 and 2022 are shown in Table 7.2. There was little change between 2021 and 2022 in perceived coordination of services between most systems, with the exception of the education system, which showed an increase in coordination.

Table 7.2 Service Coordination with Children's Mental Health System

	2020 Mean	2021 Mean	2022 Mean

	(n = 5)	(n = 10-11)	(n = 7-9)
Child welfare system	3.80 (0.45)	3.18 (0.87)	3.22 (0.67)
Juvenile justice/court system	3.60 (0.89)	2.73 (0.91)	3.00 (0.71)
Education system	3.60 (0.55)	3.00 (0.89)	3.56 (0.53)
Primary health system	3.60 (0.89)	3.10 (0.88)	3.22 (0.67)
Public health system	3.60 (0.89)	2.90 (0.99)	3.25 (0.71)
Substance use treatment system	3.40 (0.89)	3.20 (0.79)	3.00 (0.82)

Note: "I Don't Know" responses were excluded when calculating the mean

7.3   System of Care Infrastructure

7.3.1   Early Identification of Children and Youth With Mental Health Disorders (ILCHF Outcome)

Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages. Stakeholder perceptions that these services were widely implemented increased between 2021 and 2022.

Figure 7.34 Services for Early Identification of Mental Health Problems
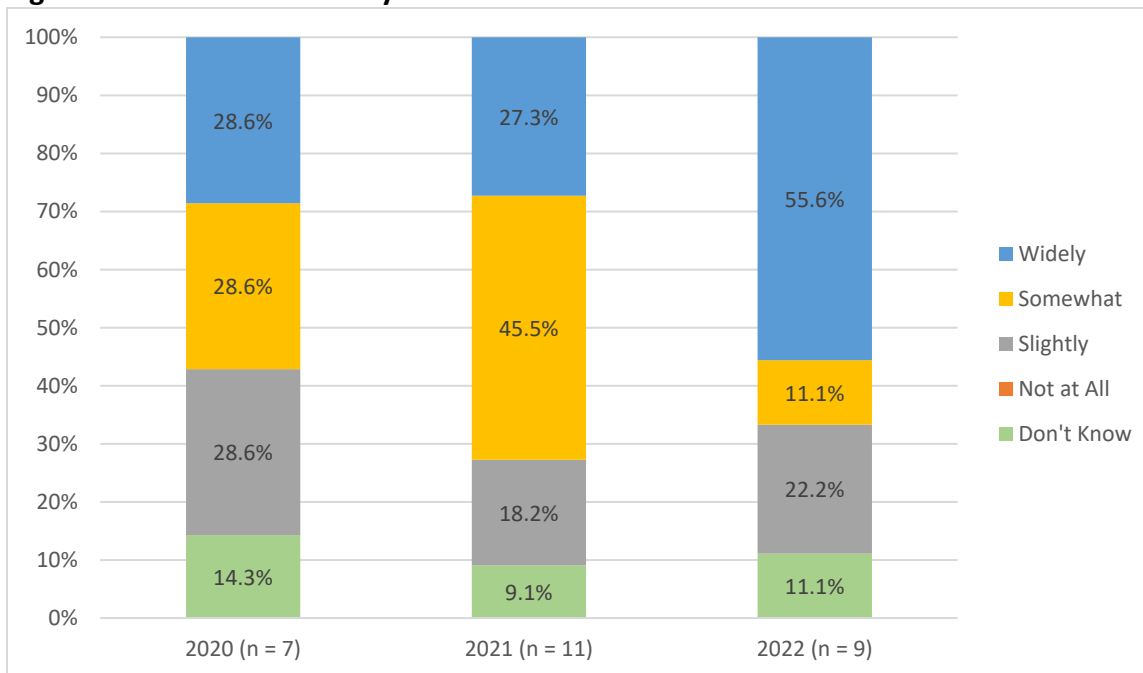
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). While 100% of the stakeholders reported wide availability of screening in 2020, this percentage decreased in 2021 and 2022.

Figure 7.35 Screening for Behavioral Health Needs
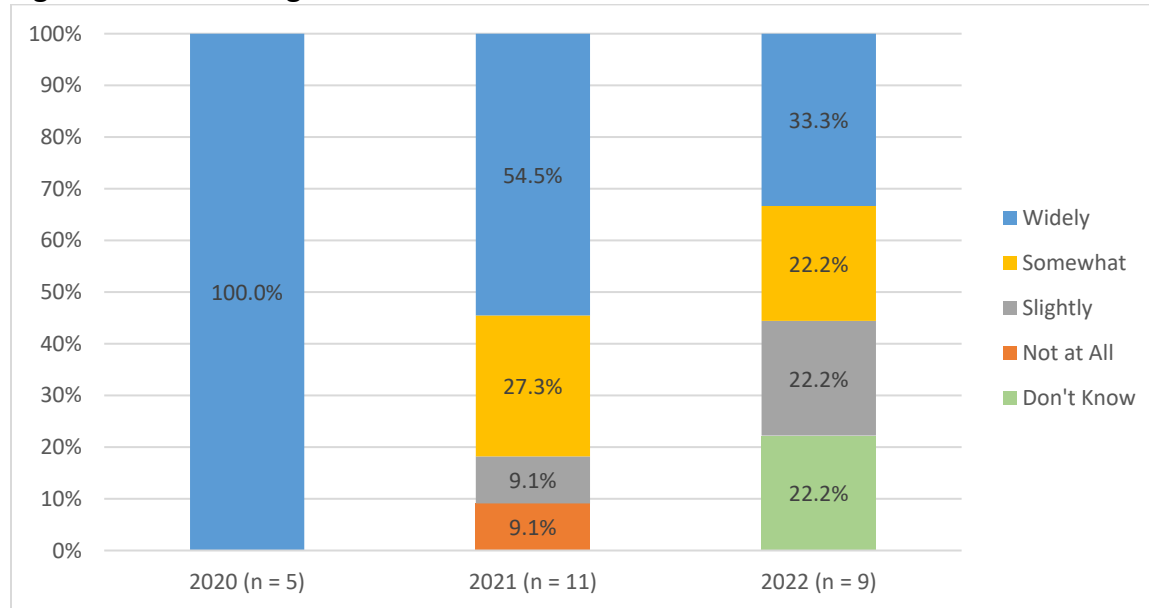
7.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Table 7.3 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was little change in the mean ratings on these items from 2020 to 2022; stakeholders perceived a moderate capacity to provide evidence-based interventions.

Table 7.3 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 5-6)	2021 Mean (n = 10-11)	2022 Mean (n = 8)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.60 (0.55)	3.27 (0.79)	3.75 (0.46)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	3.83 (0.41)	3.50 (0.71)	3.50 (0.54)

7.3.3 Effective Local Use of Data to Inform Decision-Making (ILCHF Outcome)

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to which this infrastructure component was present in their community each year. There was little change in stakeholder perceptions from 2021 to 2022; most felt that this was partially in place.

Figure 7.36 Use of Local Outcome Data to Inform Decision-making
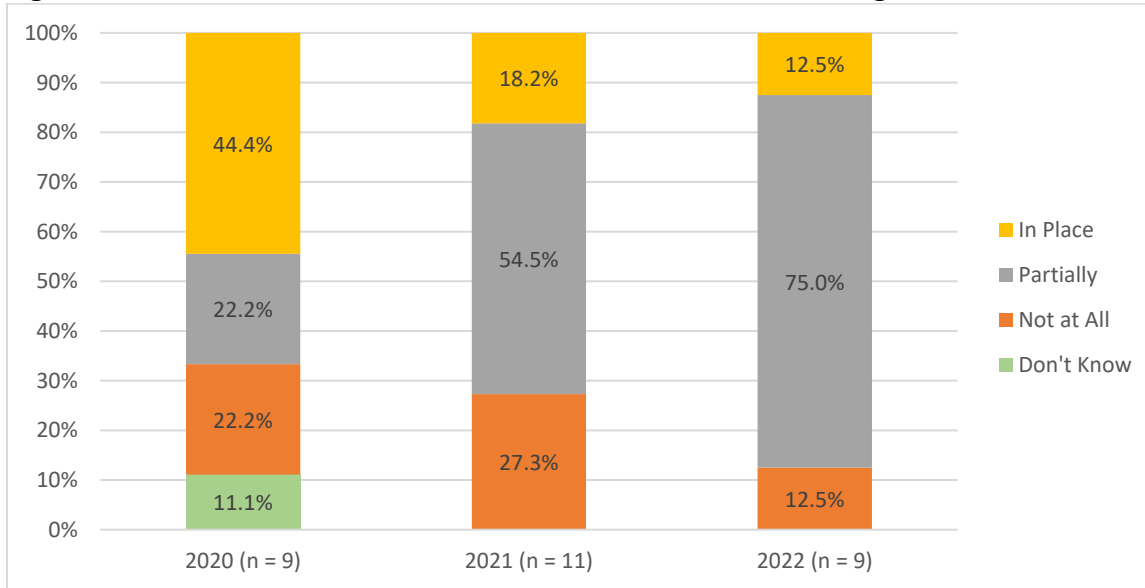
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. There was little change across years.

Figure 7.37 Capacity for Using Data for Continuous Quality Improvement
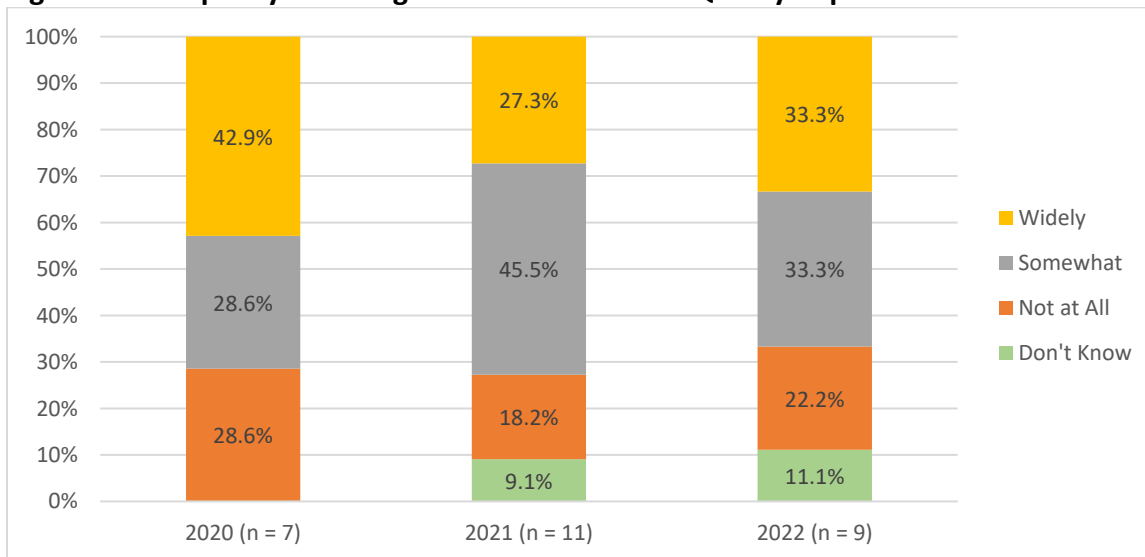
7.3.4 Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. There was little change in this outcome between 2021 and 2022; the majority of stakeholders reported that this was either partially in place or in place.

Figure 7.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce
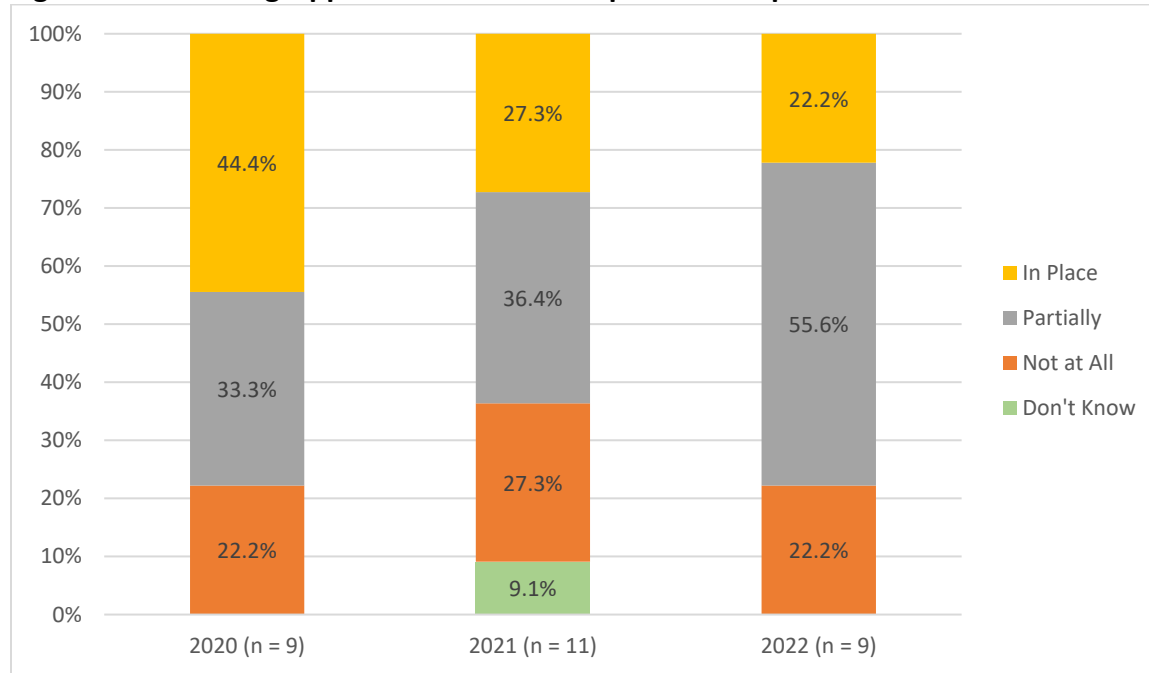
7.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2020, 2021, and 2022. There was little change in perceptions between 2021 and 2022; most stakeholders felt that these structures were between somewhat and widely implemented.

Figure 7.39 System of Care Infrastructure Components

Note: "Don't know" responses were not included when calculating the mean scores.

7.4   Parent/Youth Survey Results

One parent involved with Kids Connected completed the parent version of the stakeholder survey in 2021 and three parents completed the survey in 2022. Sample sizes that small can produce percentages that fluctuate widely, so the results are presented in Table 7.4 rather than in figures.

Table 7.4 Parent/Youth Stakeholder Survey Results

	Year	Don't Know	Not at All	Slightly	Moderately	Widely
Parent and Child Involvement in Planning						
How involved have parents of children with mental health problems been in planning the system of care in your community?	2021 (n=1)	0	0	1	0	0
	2022 (n=3)	1	1	0	0	1
How involved have youth with mental health problems been in planning the system of care in your community?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	1	2	0	0	1
Individualized Services						
Are child and family teams used to develop service plans for children?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	0	2	1	1
Are the service plans individualized to address children's unique needs?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	0	2	2
Are individualized assessments and tests used to plan children's services and supports?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	0	2	2
Do children's service plans address more than one area of their life (for example, school plus physical health plus mental health)?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	0	0	1	3
Do children's service plans include informal supports (for example, help from neighbors, family friends, or church members) in addition to formal services and treatments?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	0	2	1

Family Voice						
2Do families have the most say in deciding which services and support their child gets?	2021 (n=1)	0	0	0	1	0
	2022 (n=4)	0	0	1	1	2
Do children's services make use of their family's strengths?	2021 (n=1)	0	0	0	1	0
	2022 (n=4)	0	0	0	1	3
Do families have a real choice about what services and supports the child and family receive?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	1	0	3
Do parents have access to support from other parents who have children with mental health needs?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	1	1	1
Are there organizations that support family involvement in children's mental health services?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	0	0	2	2
Youth Voice						
Do children and youth have a say in what services they get?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	2	0	2
Do children's services make use of their strengths and interests?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	1	1	2
Do youth have a real choice between different services and supports?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	2	0	2
Do youth have access to support from other youth who have mental health needs?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	1	1	1	1
Are there organizations that support youth involvement in service planning and delivery?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	2	0	2

Coordinated Services						
Do different agencies work together as a team to provide services?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	2	0	2
Culture-specific Services						
Are services and supports available that are a good match for families of different cultures?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	2	0	2
Are service providers available for families who don't speak English?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	0	1	3
Community-based Services						
Are children served at home rather than a group home or residential treatment center?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	0	2	2
Service Variety						
Are many different types of services and supports available?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	0	0	3	1
Are services available for children age 5 and younger?	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	2	0	0	1	1
Are services available for young adults who are transitioning to adulthood?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	0	0	2	2
Finding Services						
There is a place that families can go when they decide to start getting mental health services for their child.	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	0	1	1	2
Service Availability						
Screening children to see if they need mental health services	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	0	2	1

School-based prevention services	2021 (n=1)	0	0	1	0	0
	2022 (n=3)	0	1	0	1	1
Community-based prevention services	2021 (n=1)	0	0	1	0	0
	2022 (n=3)	0	1	0	1	1
Early intervention services to help children under age 5 who need help	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	1	1	0	1	1
Assessment and testing to decide what services children need	2021 (n=1)	0	0	1	0	0
	2022 (n=3)	0	1	0	1	1
Individualized service planning (planning services to meet children's needs)	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	1	1	1
Coordination between different services so they work together well	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	1	1	1	1
Outpatient therapy	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	1	0	1	2
Medication treatment/management	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	1	0	1	2
Crisis response services (24 hours, 7 days)	2021 (n=1)	1	0	0	0	0
	2022 (n=3)	0	1	0	0	2
School-based mental health services	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	1	1	1
Behavior management skills training	2021 (n=1)	0	0	1	0	0

	2022 (n=4)	0	1	0	2	1
Day treatment	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	0	1	1
Substance use treatment	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	0	0	1	3
Substance use residential treatment	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	0	1	3
Tele-behavioral health services (services provided by telephone or video call)	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	0	2	1
Youth peer provided services (support from other youth)	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	1	1	1	1
Caregiver peer provided services (support from other parents)	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	1	2	0	1
Respite services (to give a parent and a child a night off from each other if they need it)	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	1	1	0	1	1
Supported education and employment	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	1	1	2	0	1
Supported independent living	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	1	1	1	1
Transportation	2021 (n=1)	0	0	0	1	0
	2022 (n=4)	0	1	0	1	2

Residential treatment for mental health problems	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	0	1	2
Inpatient hospitalization	2021 (n=1)	0	0	0	1	0
	2022 (n=4)	0	1	0	1	2
Service Coordination: How much do the following agencies coordinate with mental health agencies to provide system of care services to children and families in your community?						
Education system	2021 (n=1)	0	0	0	1	0
	2022 (n=4)	0	0	0	3	1
Health care (hospital) system	2021 (n=1)	0	0	0	1	0
	2022 (n=3)	0	0	0	2	1
Public health system	2021 (n=1)	0	0	0	1	0
	2022 (n=3)	1	0	0	1	1
Child welfare system	2021 (n=1)	0	0	0	1	0
	2022 (n=4)	1	0	0	1	2
Juvenile justice/court system	2021 (n=1)	0	0	0	1	0
	2022 (n=3)	1	0	0	0	2
Substance use treatment system	2021 (n=1)	1	0	0	0	0
	2022 (n=4)	0	0	2	0	3
Overall Assessment						
Overall, how much has your community created a system of care?	2021 (n=1)	0	0	1	0	0
	2022 (n=4)	0	1	0	2	1