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SCHOOL OF SOCIAL WORK

Children's Mental Health Initiative 3.0 Evaluation:
2022 Stakeholder Survey Results

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1. Background and Overview

1.1 Overview of the Children's Mental Health Initiative (CMHI) 3.0

The Illinois Children's Healthcare Foundation (ILCHF) awarded 4-year grants to five Illinois communities 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."[1] 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. Often, these services are provided in a fragmented fashion. By creating partnerships and integration among agencies and organizations, systems of care are able to coordinate services and supports to meet the ever-changing needs of children and families, which leads to improved outcomes.[2]

During the grant period, each of the five communities is expected to build the local infrastructure necessary to implement their CMHI 3.0 plan. This includes the development of a formal strategic plan, organizational structure, financial model, and plan for sustainability. The plan must include an analysis of the community's strengths (assets) and weaknesses (gaps in services), as well as an analysis of the current system of care in the community. Sites are also expected to build or enhance an effective and sustainable children's mental health system of care.[3] Although ILCHF expects that these plans will 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.

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[1] 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.

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

[3] ILCHF (2019), ibid.

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

The goals of the CMHI 3.0 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   Background 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 3.0.[5] The proposed evaluation has several components, some of which are adapted from those utilized in the national evaluation of the Children's Mental Health Initiative (CMHI).[6] The components of the CMHI 3.0 evaluation include:

- An *implementation study* will document the processes that are 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* will examine 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 will be gathered about the demographic characteristics, living arrangements, child and family risk factors,

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[5] The CFRC is also conducting the evaluation of the second cohort of the Children's Mental Health Initiative (2.0). The evaluations for both initiatives utilize similar data collection methods.

[6] 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.

presenting problems and clinical diagnoses, functional status, and mental health service histories of the children served in the systems of care in the five communities.

- A *descriptive services study* will describe the types of services used by families, their patterns of service use, and their satisfaction with services.
- A *longitudinal outcome study* will assess change over time among the children, youth, and families participating in systems of care services in the five communities.
- The final component of the evaluation is an *analysis of the costs* associated with system of care services.

The Stakeholder Survey is an integral component of the overall CMHI 3.0 evaluation. It gathers information for the implementation evaluation, the SOC fidelity assessment, and the longitudinal outcome study. The Stakeholder Survey is based largely on the Georgetown Rating Tool for Implementation of the System of Care Approach for Children, Youth, and Young Adults,[7] although the response format has been changed from the original and additional questions have been added to gather information on domains of importance to the CMHI 3.0 evaluation (see Appendix A for a copy of the Stakeholder Survey).

The Stakeholder Survey gathers information on respondents' perceptions of several different topics related to the system of care in their community. 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, and evidence-based mental health interventions; 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 six of the 11 CMHI 3.0 outcome goals,[8] including:
1. Early identification of children and youth for whom there is concern about possible mental health disorders.

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[7] 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

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

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. Increased service integration among service providers in the community.
6. Development of a well-prepared mental health workforce.

In addition to the provider version of the Stakeholder Survey, the CFRC created a version of the survey that is administered to parents and youth involved in the SOC implementation efforts. The Parent/Youth Stakeholder Survey contains 25 items related to the fidelity of system of care services (the extent to which parents perceive that services are individualized, family-driven, youth-guided, coordinated, culturally and linguistically competent, based on evidence-informed and promising practices, least restrictive, and comprehensive), two items related to parent and youth involvement in implementation activities, 24 items related to specific service availability, six 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; only two of the five sites had parent stakeholders who were invited to take the survey. Parent stakeholders 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 May 2022; these stakeholders were not necessarily that same individuals who were invited to take the survey in 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 July 2022.

The total numbers of individuals invited to take the survey in each site for each of the two 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 22% to 100% in 2021 and from 24% to 93% in 2022.

Table 2.1 Stakeholder Survey Response Rates

	Provider			Parent			Total		
2021	Invited	Response	Rate	Invited	Response	Rate	Invited	Response	Rate
Bridgeway	45	19	**42%**	0	0	-	45	19	**42%**
Chestnut	14	6	**43%**	5	2	**40%**	19	8	**42%**
UnityPoint	17	17	**100%**	0	0	-	17	17	**100%**
Rosecrance	45	10	**22%**	0	0	-	45	10	**22%**
Rush	41	23	**56%**	8	7	**88%**	49	30	**61%**
Total	162	75	**46%**	13	9	**69%**	175	84	**48%**
	Provider			Parent			Total		
2022	Invited	Response	Rate	Invited	Response	Rate	Invited	Response	Rate
Bridgeway	33	8	**24%**	0	0	-	33	8	**24%**
Chestnut	10	10	**100%**	5	4	**80%**	15	14	**93%**
UnityPoint	12	4	**33%**	4	1	**25%**	16	5	**31%**
Rosecrance	36	14	**39%**	0	0	-	36	14	**39%**
Rush	49	16	**33%**	7	4	**57%**	56	20	**36%**
Total	140	52	**37%**	16	9	**56%**	156	61	**39%**

The purpose of the stakeholder survey will be to assess change over time within each site rather than to compare scores among the five sites. Each of the CMHI 3.0 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 Survey Results if available).

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[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.

3.   Youth Empowerment Services (YES) System of Care

The first administration of the stakeholder survey in the Youth Empowerment Services (YES) System of Care, in 2021, consisted of 19 respondents that included including social services, services for families experiencing homelessness, primary healthcare, education, juvenile justice, child welfare, and maternal and early childhood services. The second administration in 2022 consisted of a much smaller sample of 8 providers with a smaller representation of provider sectors including social service, housing services, services for families experiencing homelessness, health care, education, and other (truancy court). 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. No parents were invited to take the parent version of the stakeholder survey in either 2021 or 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 from 2020 to 2021 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 YES System of Care 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.

- Assessment of the overall progress of the system of care implementation indicated that the majority of stakeholders in both years perceived that the SOC was somewhat or widely implemented; however, the percentage that felt it was widely implemented increased from 2021 to 2022.
- Stakeholders were asked about the presence of implementation supports and activities such as a strategic plan, an active steering committee, strong leadership, clear communication, and technical assistance. Most stakeholders in both years perceived that these implementation supports and activities were either in place or partially in place, with the exception of technical assistance opportunities to support implementation. About half of the stakeholders felt that TA opportunities were in place or partially in place, but the other half felt they were not in place or did not know.

- Stakeholders were asked about parent and youth involvement in the SOC implementation. In 2022, the majority of stakeholders felt that parent involvement in SOC implementation was in place or partially in place. This was also true for youth involvement in the SOC, although a quarter of stakeholders in 2022 felt that youth involvement was not at all in place.
- There was little change in the perceived level of commitment from most child-serving systems, except for the Medicaid system, youth and family leaders, and managed care organizations, where perceived commitment to the SOC declined from 2021 to 2022. In 2022, most systems were viewed as being somewhat to widely committed to the SOC approach, with the exception of youth and family leaders, who were viewed as being slightly committed.
- 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. For most of the service characteristics, there was little change from 2021 to 2022. The exception was the perceived availability of evidence-informed practices, which decreased from 2021 to 2022. Most of these service characteristics were seen as being moderately implemented in both years.
- Although the distributions were slightly different, stakeholders in both 2021 and 2022 perceived that most services were either somewhat or widely available, with the exceptions of intensive care management, intensive in-home services, respite services, and transportation.
- The perceptions of availability of out-of-home treatment services were different between 2021 and 2022 stakeholders. The 2021 stakeholders had a wide range of perceptions about the service availability, while in 2022, most of the stakeholders perceived that out-of-home treatment services were not available at all.
- Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services; most felt that these were not widely available in either year.
- The stakeholders in both 2021 and 2022 felt that service coordination between children's mental health system and other child-serving systems was somewhat implemented.
- Most of the 2021 and 2022 stakeholders perceived the early identification services were either moderately or widely available. When asked about screening services for behavioral health needs, almost all of the 2021 stakeholders felt that screening services were moderately or widely available. Perceptions of the 2022 stakeholders were more varied and ranged from not at all to widely available.
- There was a slight decrease in stakeholders' perceptions of the capacity to provide evidence-based interventions from 2021 to 2022. Overall, stakeholders from both years perceived a moderate capacity to provide evidence-based interventions.
- 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. Responses were similar in both years: about half of the stakeholders felt that CQI processes were somewhat or widely implemented, but the other half felt that they were not at all/slightly implemented or they did not know.

- 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. All the stakeholders in 2022 reported that this was either partially in place or in place.

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 not at all, slightly, somewhat, and widely. The distribution of responses in 2020 and 2021 are shown in Figure 3.1. The majority of stakeholders in both years perceived that the SOC was somewhat or widely implemented; however, the percentage that felt it was widely implemented increased from 2021 to 2022.

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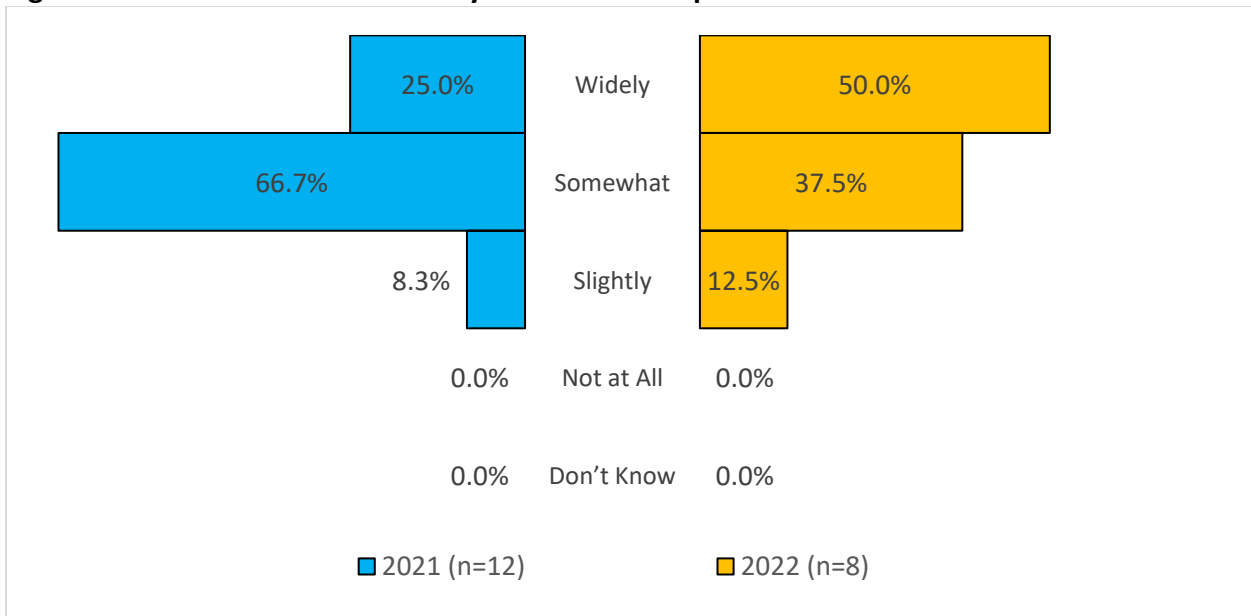
3.1.2 System of Care Implementation Supports and Activities

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 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 2021 and 2022. Most stakeholders in both years perceived that these implementation supports and activities were either in place or partially in place (see Figures 3.2 to 3.5), with the exception of technical assistance opportunities to support implementation (Figure 3.6). About half of the stakeholders felt that TA opportunities were in place or partially in place, but the other half felt they were not in place or did not know.

Figure 3.2 Strategic Plan That Guides System of Care Implementation Activities
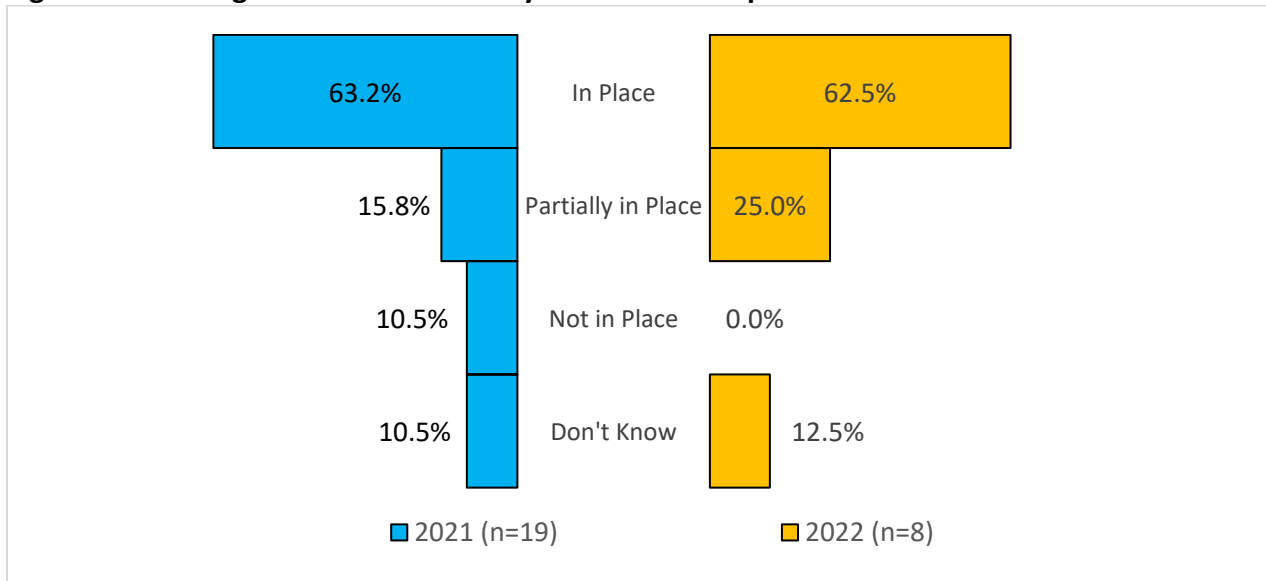
Figure 3.3 Steering or Planning Committee That Meets Frequently to Guide Implementation Activities
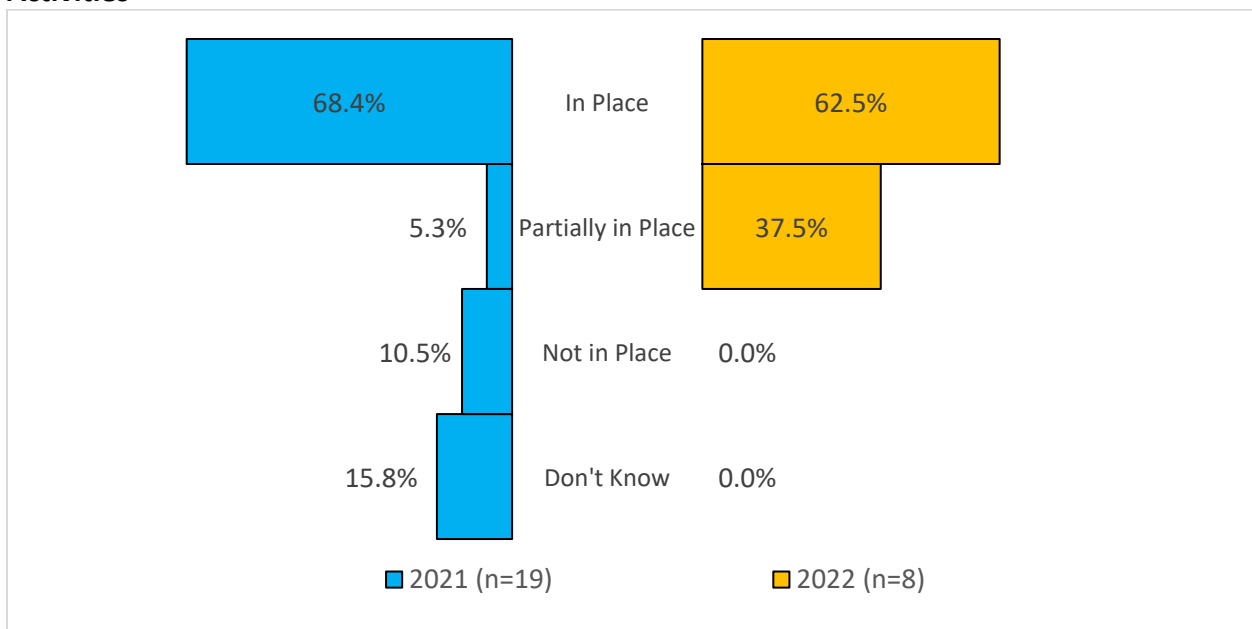
Figure 3.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems

	2021 (n=18)		2022 (n=8)
In Place	77.8%		87.5%
Partially in Place	11.1%		12.5%
Not in Place	5.6%		0.0%
Don't Know	5.6%		0.0%

☐ 2021 (n=18)   ☐ 2022 (n=8)
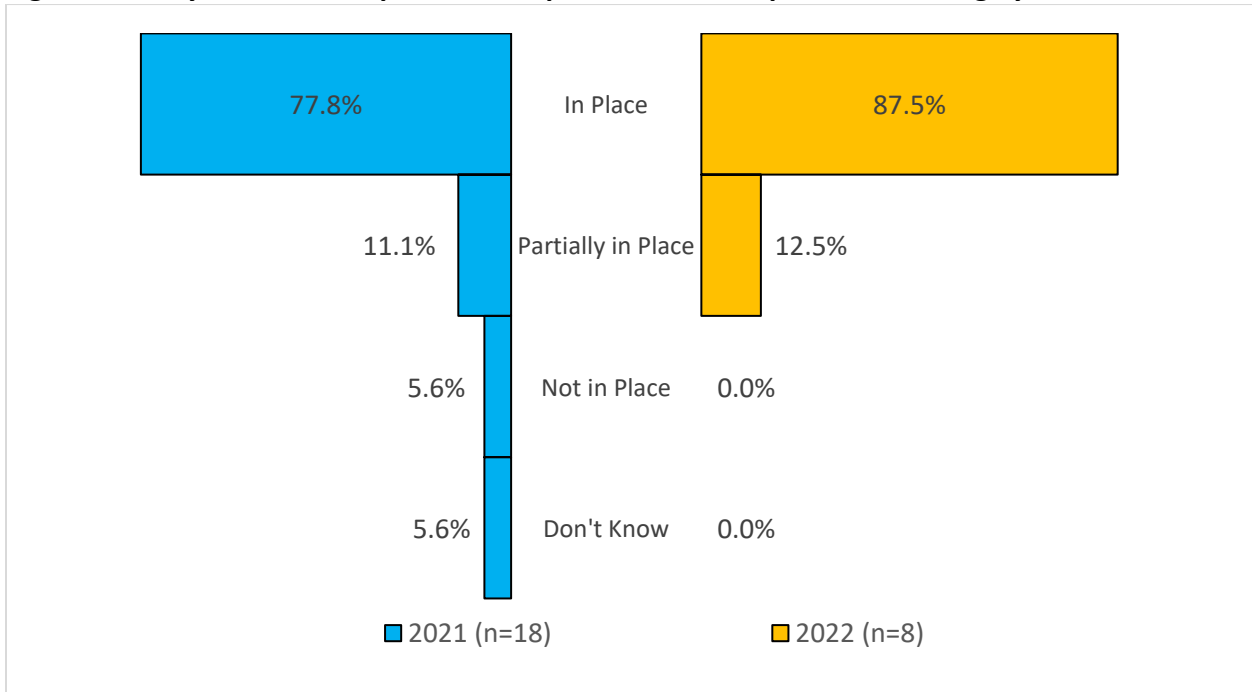
Figure 3.5 Clear and Frequent Communication Channels Between Leadership, Steering/Planning Committees, and Stakeholders

	2021 (n=19)		2022 (n=8)
In Place	68.4%		75.0%
Partially in Place	10.5%		12.5%
Not in Place	10.5%		12.5%
Don't Know	10.5%		0.0%

☐ 2021 (n=19)   ☐ 2022 (n=8)
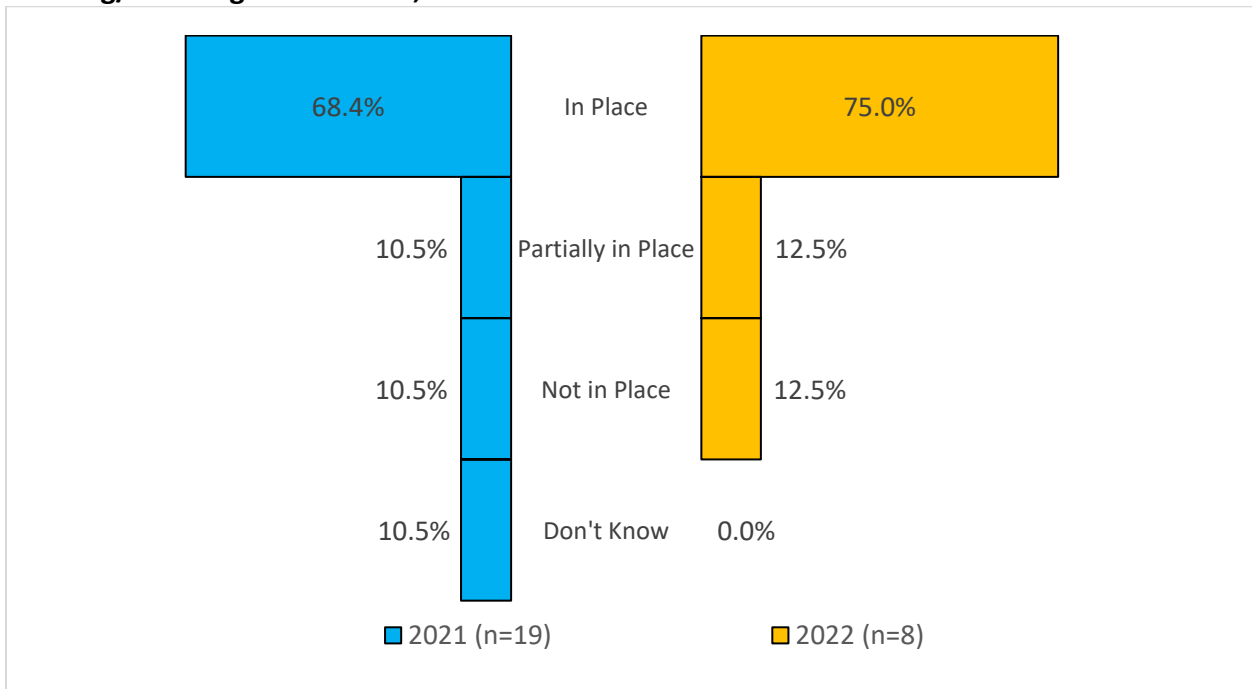
Figure 3.6 Technical Assistance Opportunities to Support Implementation

	2021 (n=19)		2022 (n=8)
In Place	36.8%		25.0%
Partially in Place	15.8%		37.5%
Not in Place	15.8%		25.0%
Don't Know	31.6%		12.5%

■ 2021 (n=19)   ■ 2022 (n=8)
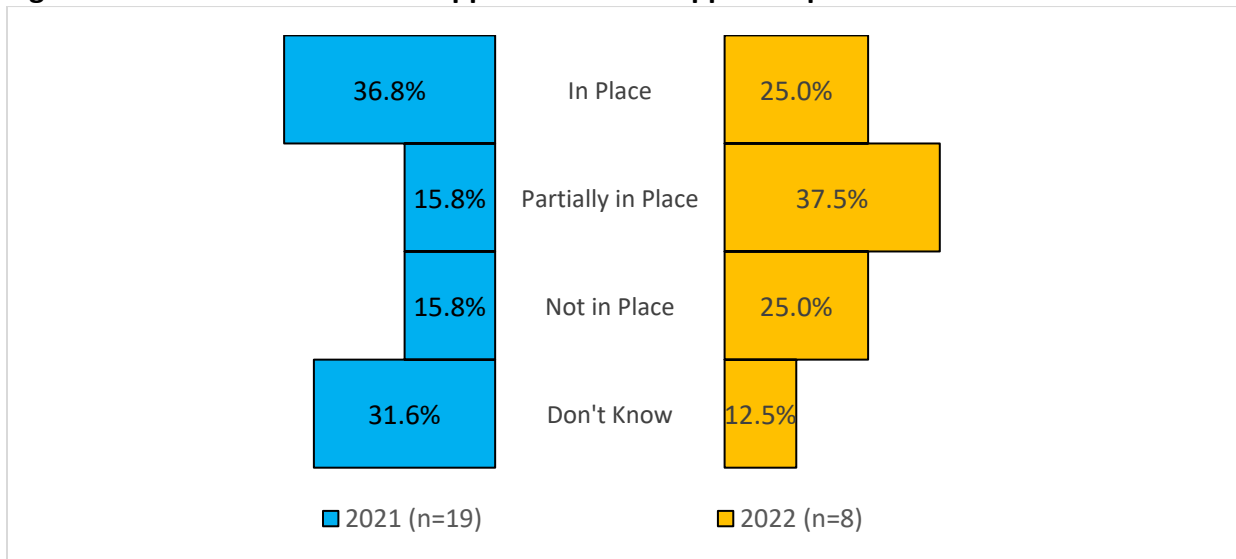
3.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2021 and 2022. The 2021, about one-fourth of the stakeholders did not know about parent and youth involvement in SOC implementation, while in 2022, all stakeholders were able to answer this question. In 2022, the majority of stakeholders felt that parent involvement in SOC implementation was in place or partially in place. This was also true for youth involvement in the SOC in 2022, although a quarter of stakeholders felt that youth involvement was not at all in place.

Figure 3.7 Parent Involvement in System of Care Implementation Activities

	2021 (n=19)		2022 (n=8)
In Place	21.1%		25.0%
Partially in Place	36.8%		62.5%
Not in Place	15.8%		12.5%
Don't Know	26.3%		0.0%

■ 2021 (n=19)   ■ 2022 (n=8)
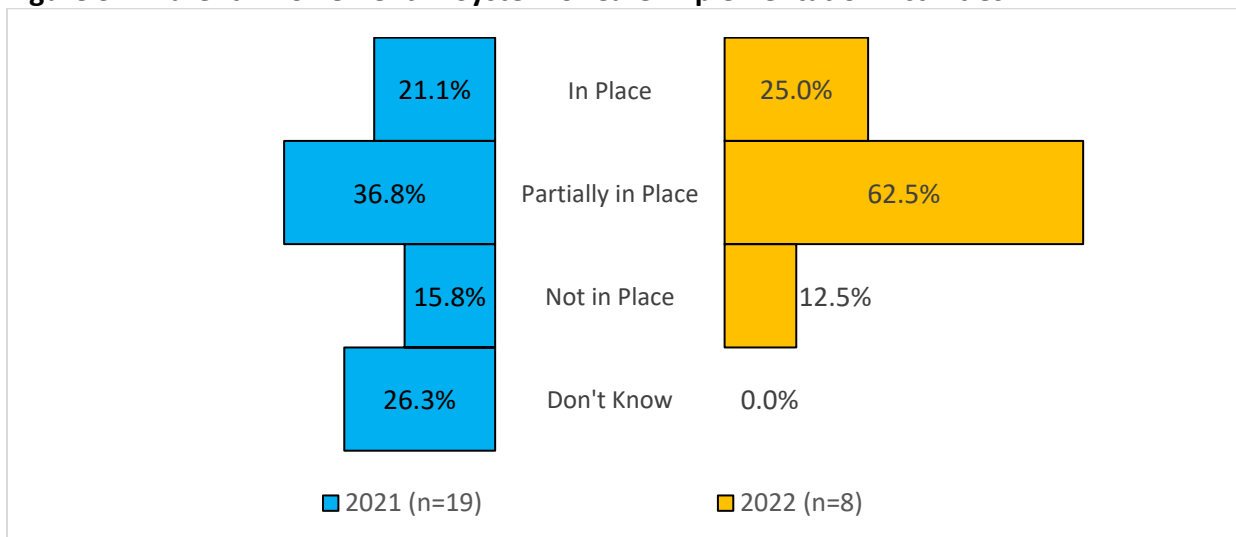
Figure 3.8 Youth Involvement in System of Care Implementation Activities

17.6%	In Place	50.0%
52.9%	Partially in Place	25.0%
0.0%	Not in Place	25.0%
29.4%	Don't Know	0.0%

■ 2021 (n=17)   ■ 2022 (n=8)
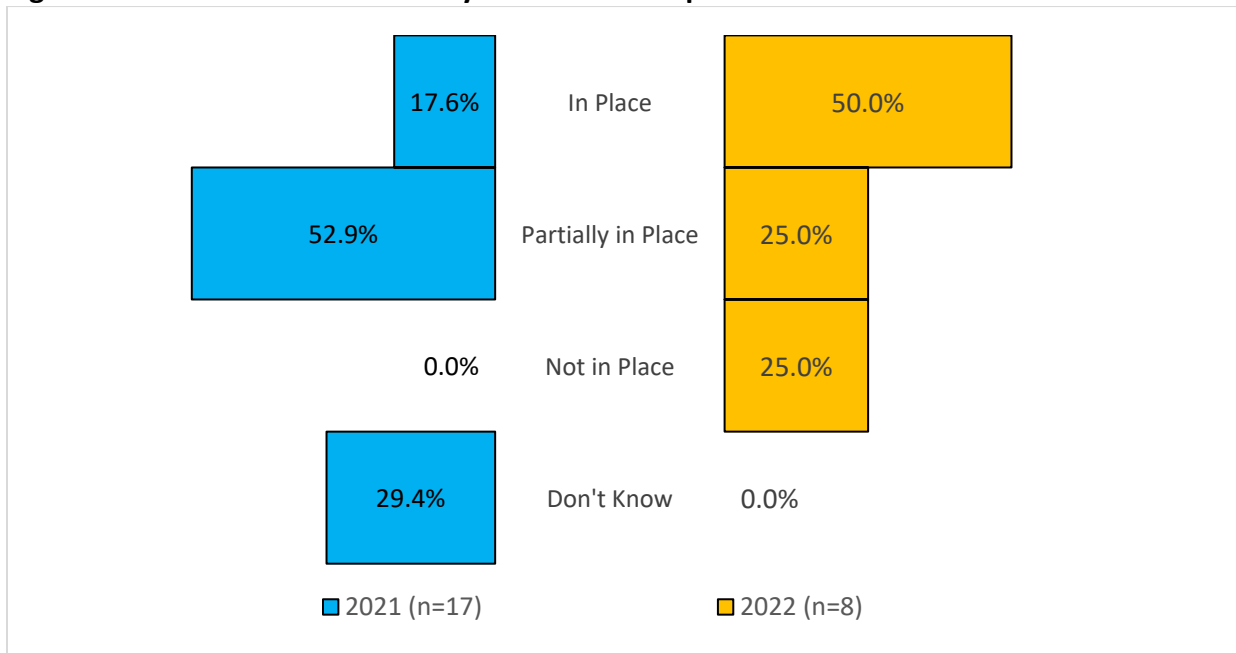
3.1.4   Commitment to System of Care Philosophy and Approach

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 2021 and 2022. There was little change in the perceived level of commitment from most child-serving systems, except for the Medicaid system, youth and family leaders, and managed care organizations, where perceived commitment to the SOC declined from 2021 to 2022. In 2022, most systems were viewed as being somewhat to widely committed to the SOC approach, with the exception of youth and family leaders, who were viewed as being slightly committed.

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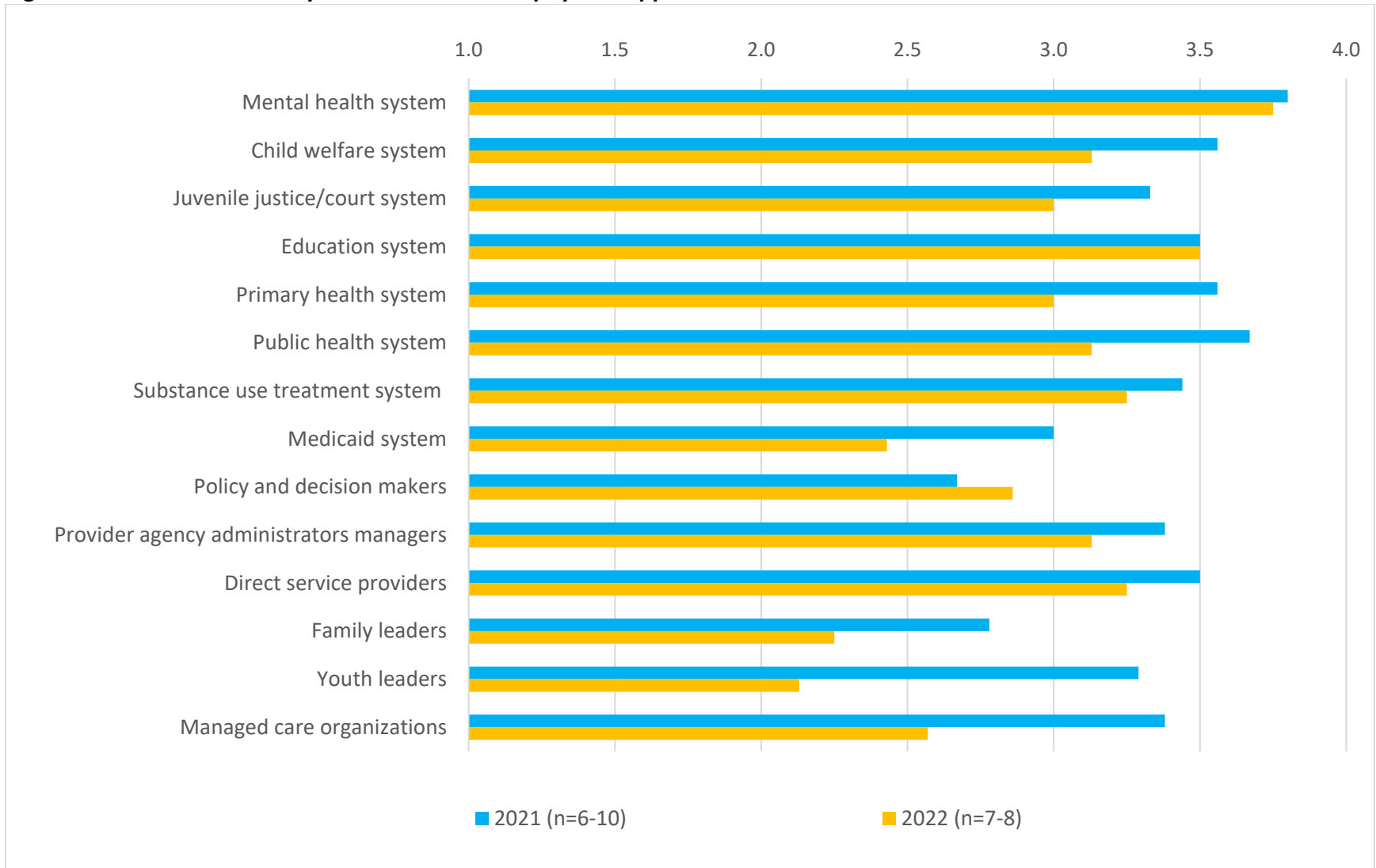
Note: "Don't know" responses were not included when calculating the mean scores.

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 8 principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2021 and 2022 are shown in Figure 3.10. For most of the service characteristics, there was little change from 2021 to 2022. The exception was the perceived availability of evidence-informed practices, which decreased from 2021 to 2022. Most of these service characteristics were seen as being moderately implemented in both years.

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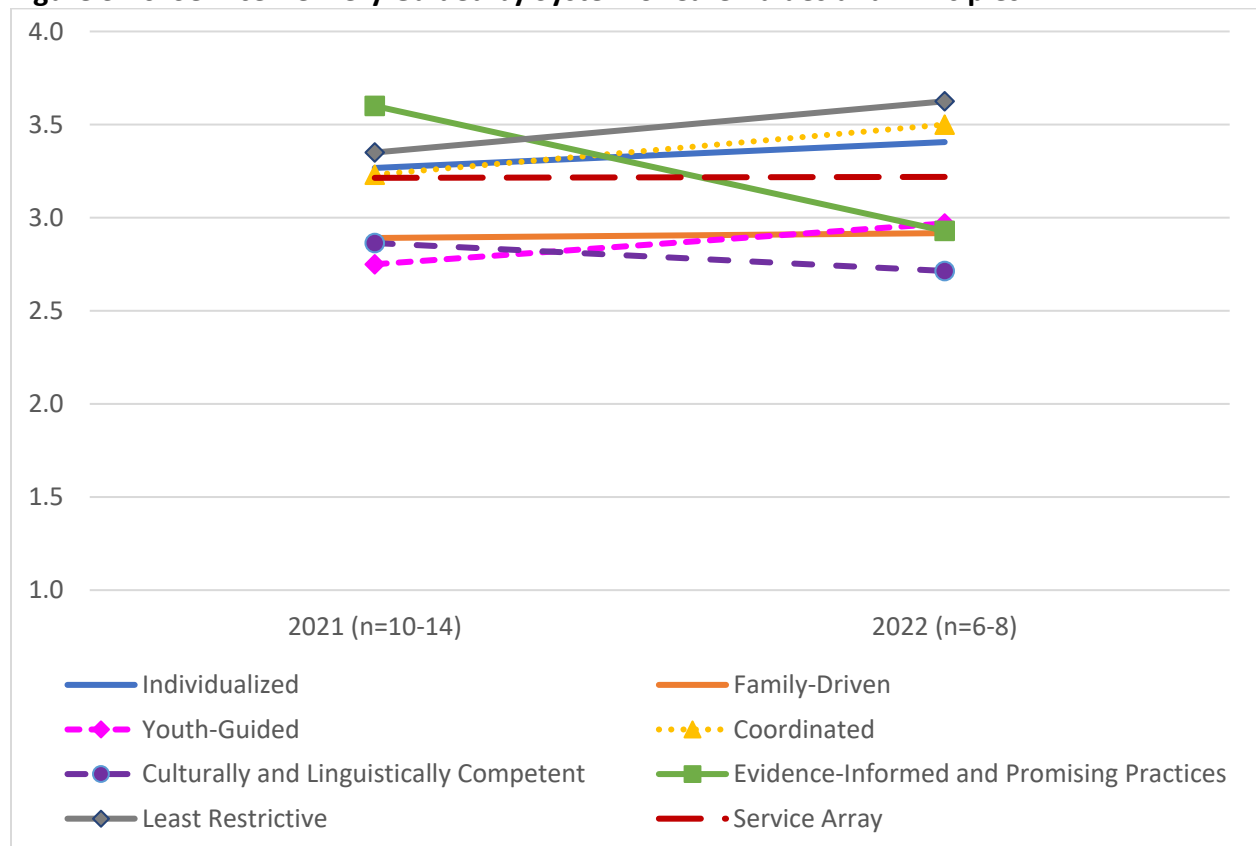
3.2.2   Service Availability – Home and Community-Based Treatment and Support Services

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. Even though the distributions were slightly different, stakeholders in both 2021 and 2022 perceived that most services were either somewhat or widely available, with the exceptions of intensive care management, intensive in-home services, respite services, and transportation.

Figure 3.11 School-based Prevention Services

	2021 (n=12)		2022 (n=8)
Widely	50.0%		25.0%
Somewhat	16.7%		50.0%
Slightly	25.0%		12.5%
Not at All	0.0%		12.5%
Don't Know	8.3%		0.0%
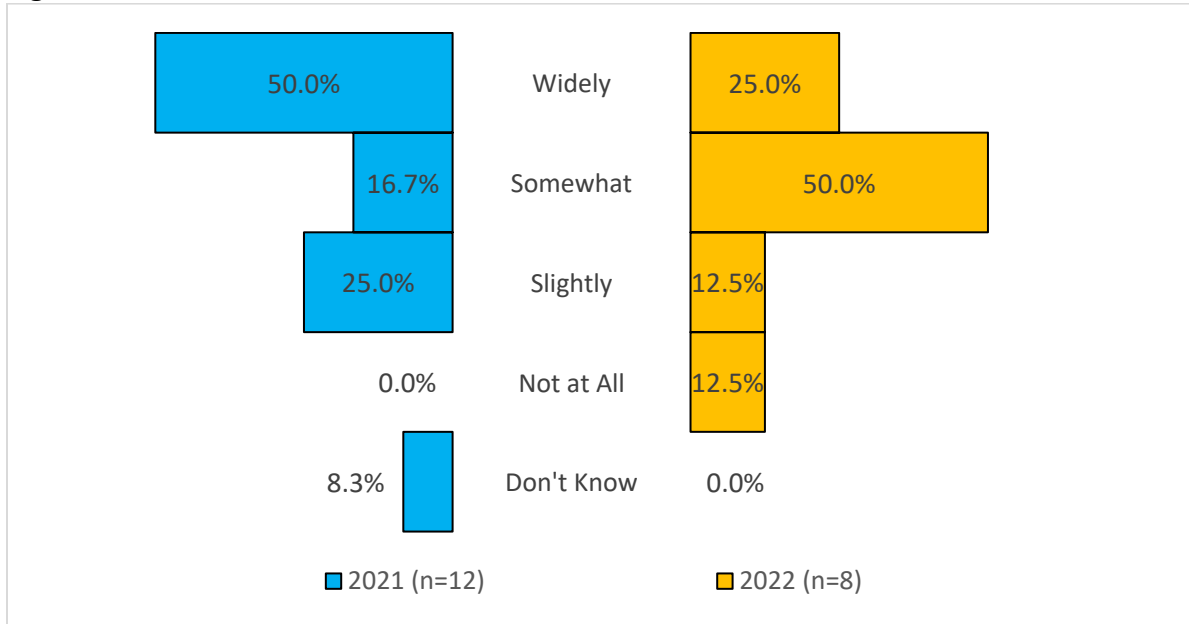
Figure 3.12 Community-based Prevention Services

	2021 (n=12)		2022 (n=8)
Widely	33.3%		25.0%
Somewhat	50.0%		50.0%
Slightly	8.3%		25.0%
Not at All	0.0%		0.0%
Don't Know	8.3%		0.0%
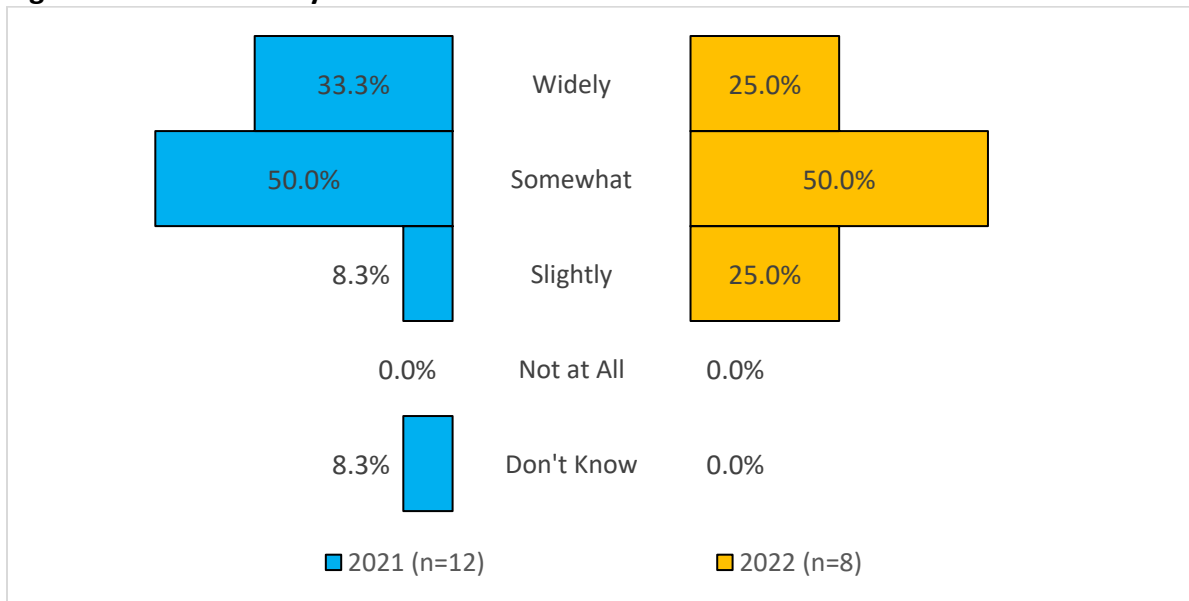
Figure 3.13 Early Intervention Services

2021 (n=12)		2022 (n=8)
50.0%	Widely	37.5%
33.3%	Somewhat	37.5%
8.3%	Slightly	25.0%
0.0%	Not at All	0.0%
8.3%	Don't Know	0.0%

■ 2021 (n=12)   ■ 2022 (n=8)

Figure 3.14 Assessment

2021 (n=12)		2022 (n=8)
33.3%	Widely	37.5%
33.3%	Somewhat	25.0%
16.7%	Slightly	25.0%
0.0%	Not at All	12.5%
16.7%	Don't Know	0.0%

■ 2021 (n=12)   ■ 2022 (n=8)
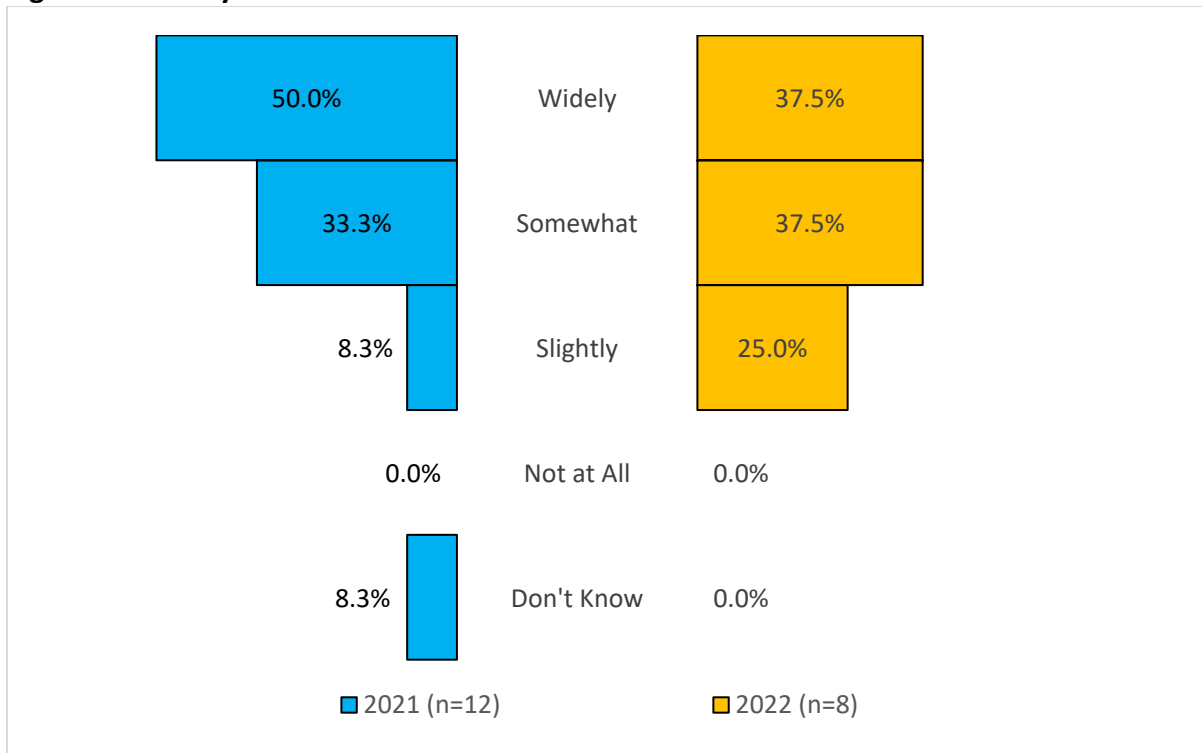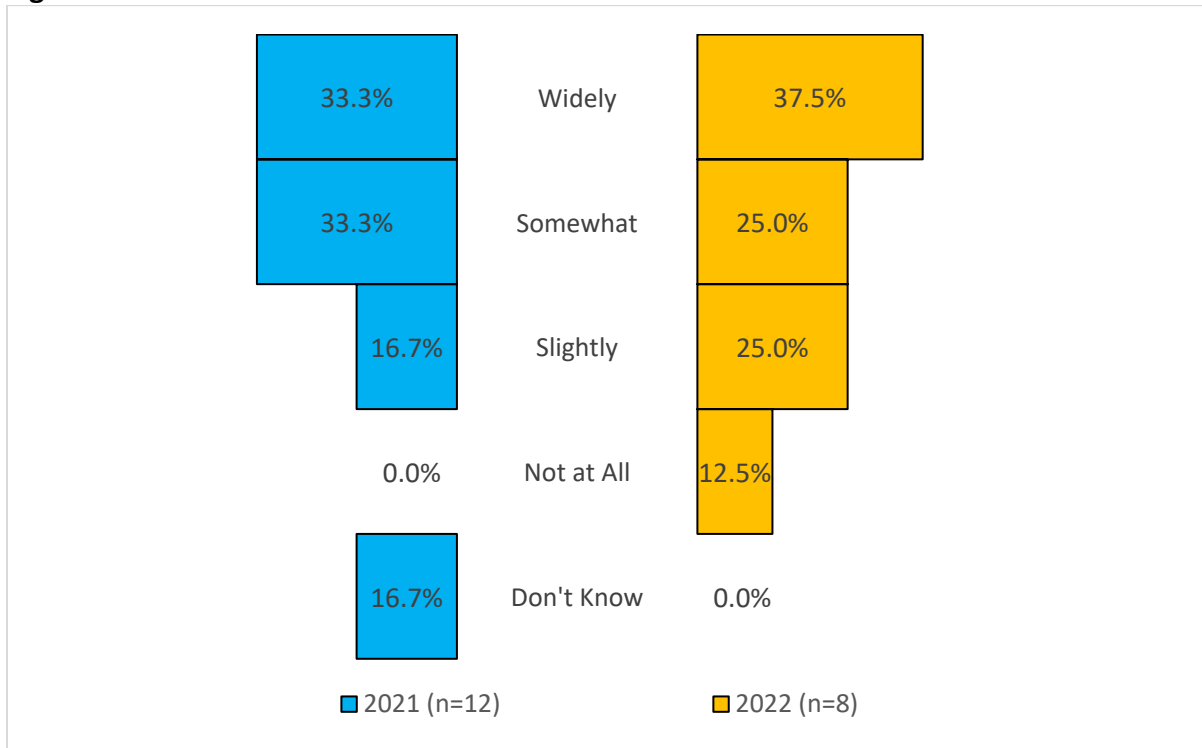
Figure 3.15 Individualized Service Planning

	2021 (n=12)		2022 (n=8)
Widely	41.7%		37.5%
Somewhat	33.3%		37.5%
Slightly	8.3%		25.0%
Not at All	0.0%		0.0%
Don't Know	16.7%		0.0%
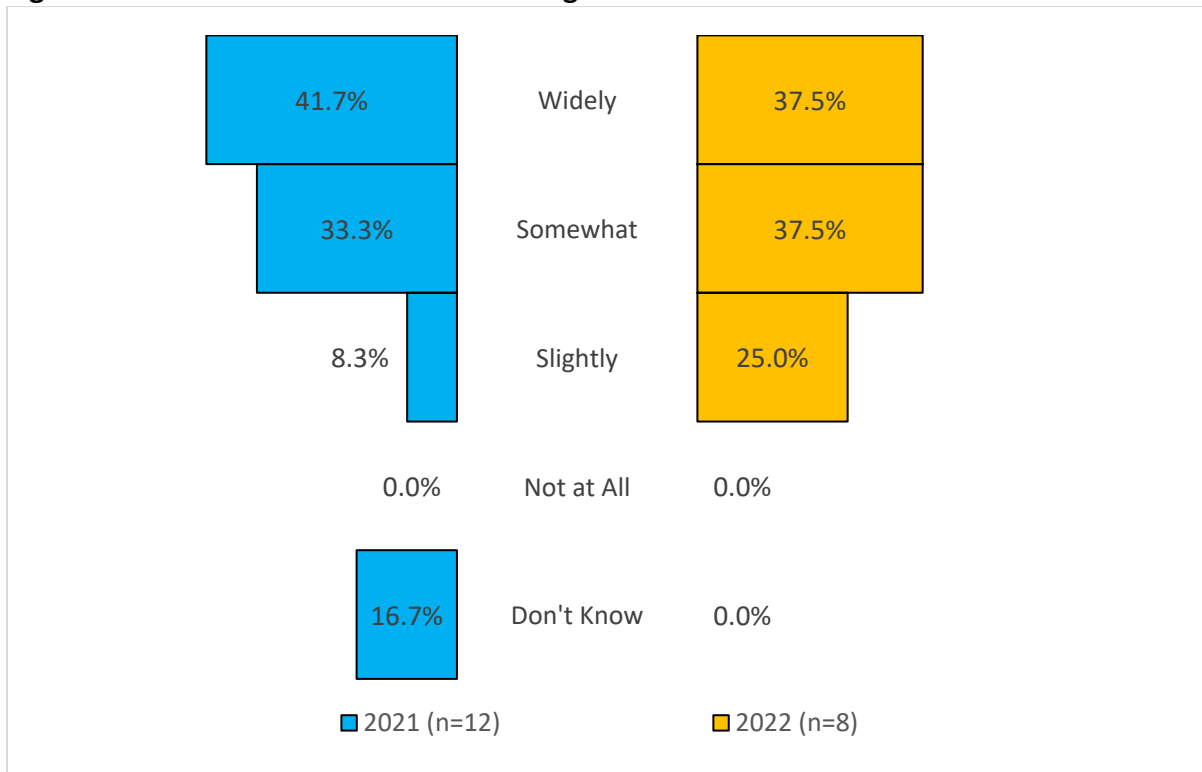
Figure 3.16 Intensive Care Management

	2021 (n=12)		2022 (n=8)
Widely	41.7%		37.5%
Somewhat	16.7%		25.0%
Slightly	8.3%		12.5%
Not at All	0.0%		25.0%
Don't Know	33.3%		0.0%
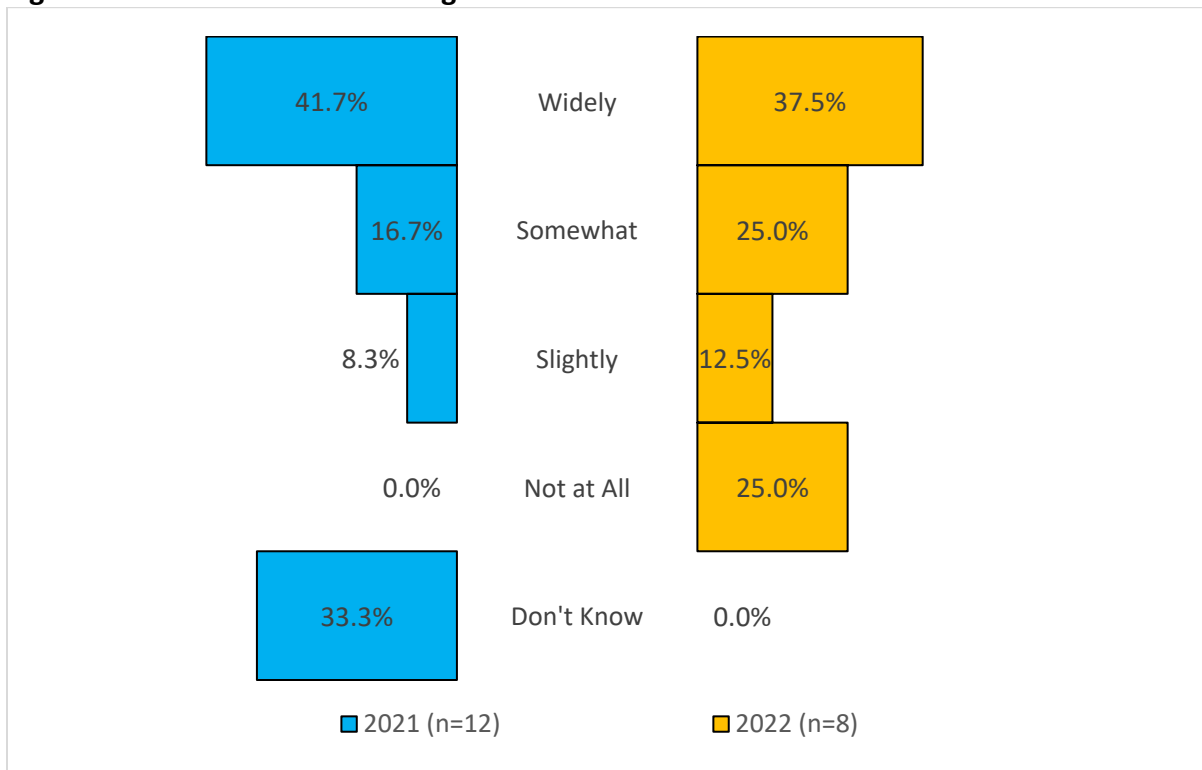
Figure 3.17 Outpatient Therapy

	2021 (n=11)		2022 (n=8)
Widely	45.5%		37.5%
Somewhat	36.4%		37.5%
Slightly	9.1%		12.5%
Not at All	0.0%		12.5%
Don't Know	9.1%		0.0%

■ 2021 (n=11)   ■ 2022 (n=8)
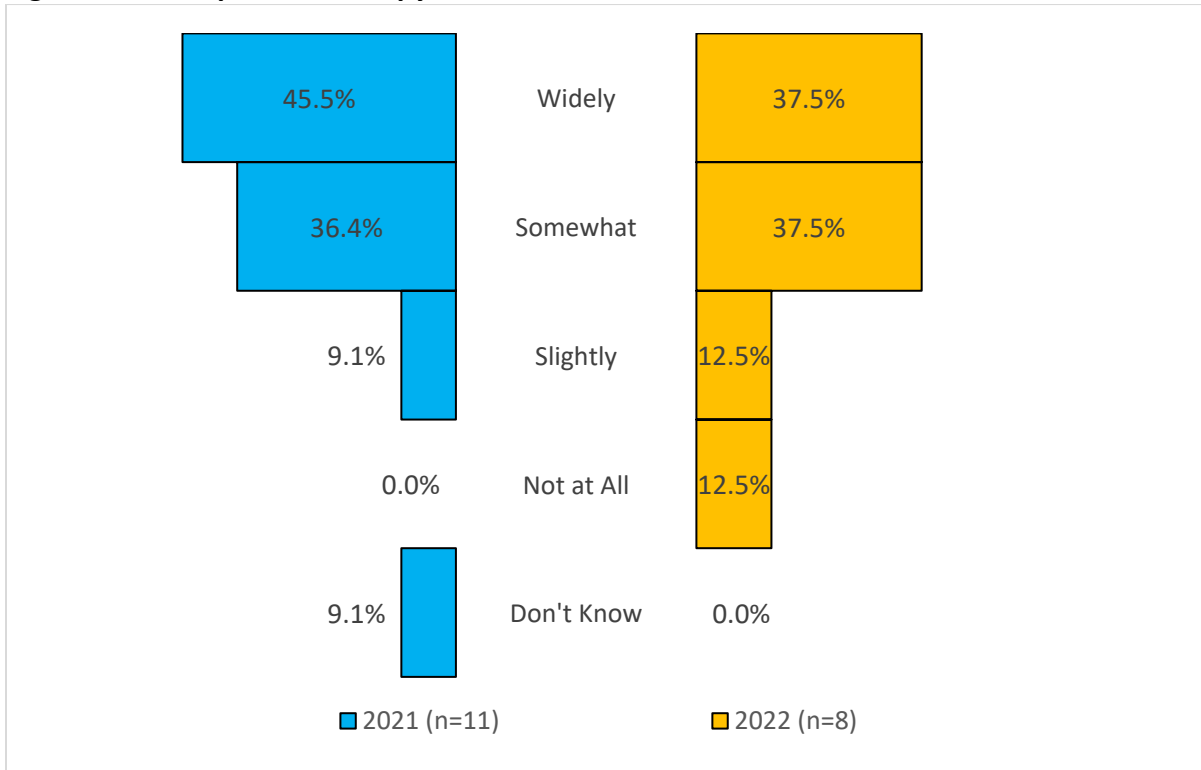
Figure 3.18 Medication Treatment/Management

	2021 (n=12)		2022 (n=8)
Widely	41.7%		12.5%
Somewhat	33.3%		62.5%
Slightly	0.0%		0.0%
Not at All	0.0%		25.0%
Don't Know	25.0%		0.0%

■ 2021 (n=12)   ■ 2022 (n=8)
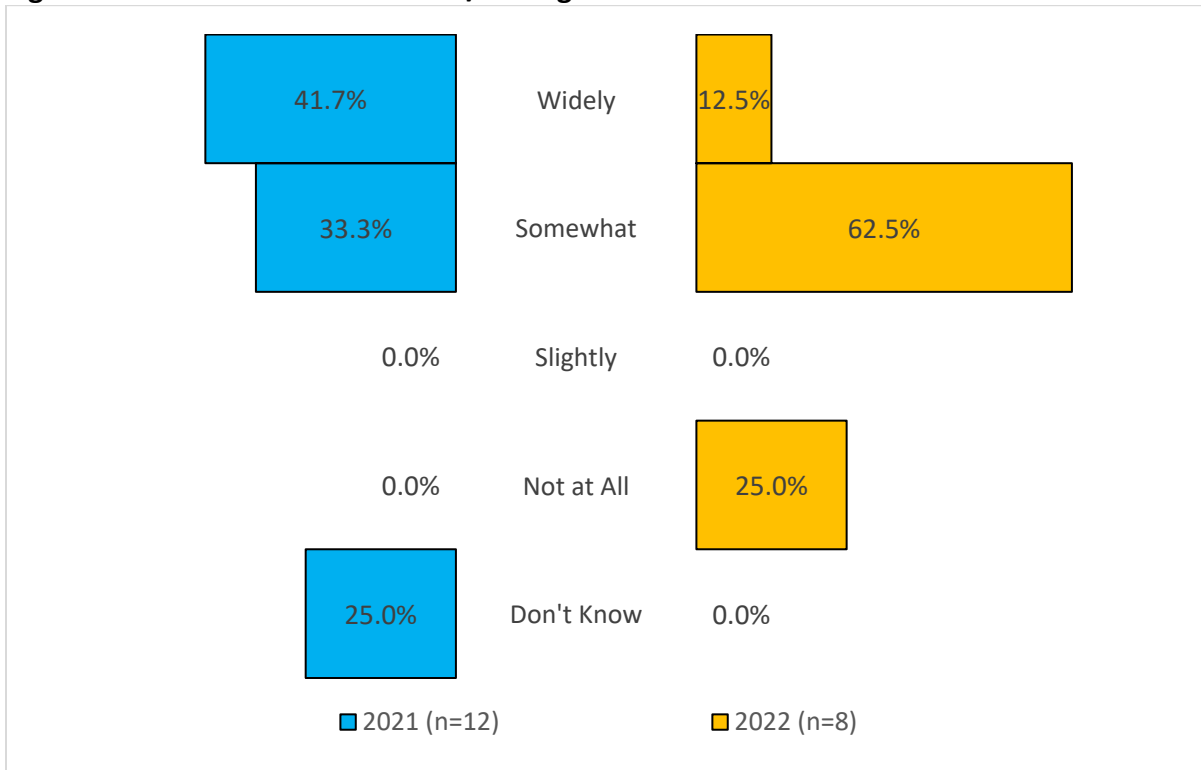
Figure 3.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	2021 (n=12)	2022 (n=8)
Widely	50.0%	25.0%
Somewhat	41.7%	25.0%
Slightly	8.3%	37.5%
Not at All	0.0%	0.0%
Don't Know	0.0%	12.5%
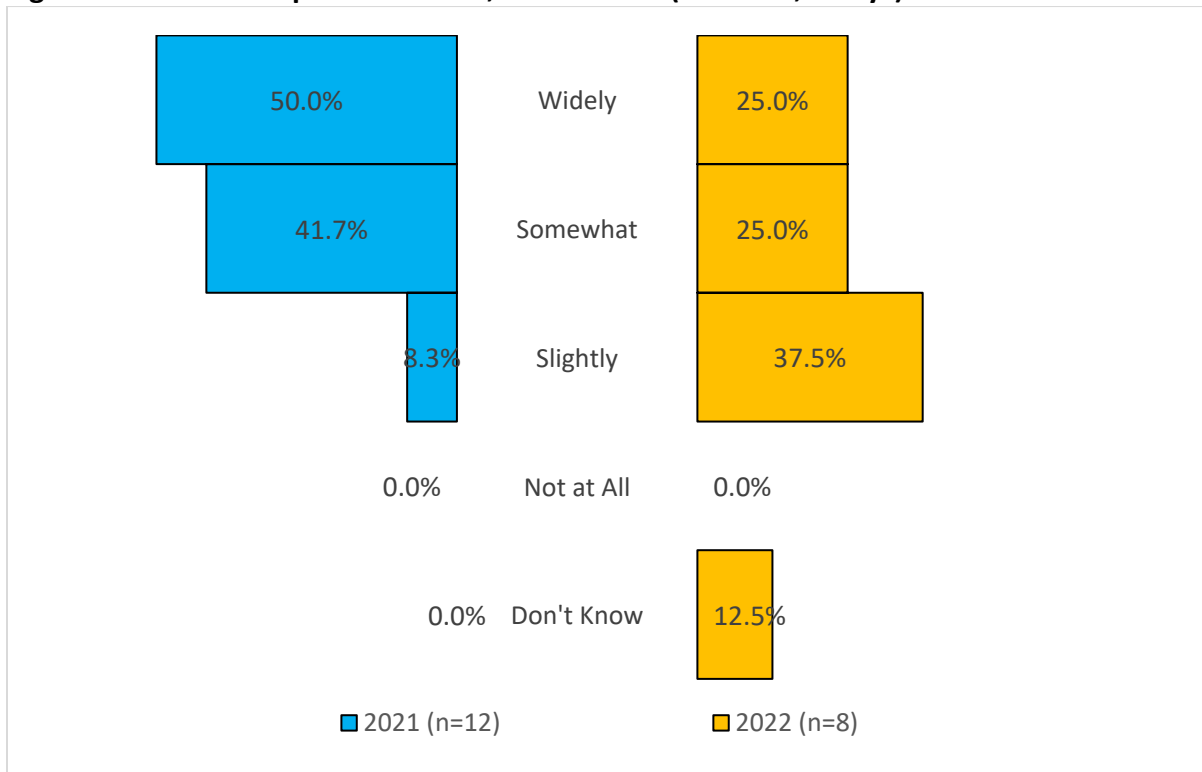
Figure 3.20 Intensive In-Home Services

	2021 (n=11)	2022 (n=8)
Widely	27.3%	0.0%
Somewhat	45.5%	50.0%
Slightly	0.0%	12.5%
Not at All	0.0%	25.0%
Don't Know	27.3%	12.5%
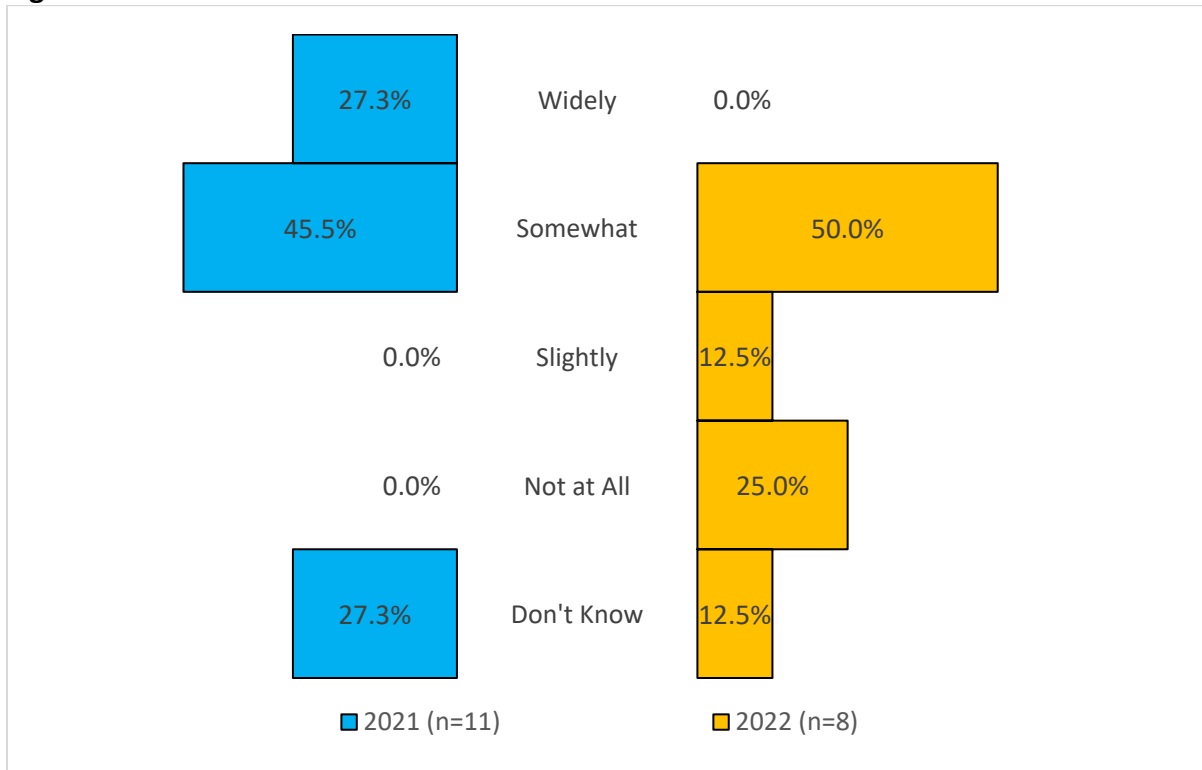
Figure 3.21 School-Based Behavioral Health Services

2021 (n=12)		2022 (n=8)
41.7%	Widely	25.0%
25.0%	Somewhat	37.5%
25.0%	Slightly	37.5%
0.0%	Not at All	0.0%
8.3%	Don't Know	0.0%

■ 2021 (n=12)   ■ 2022 (n=8)
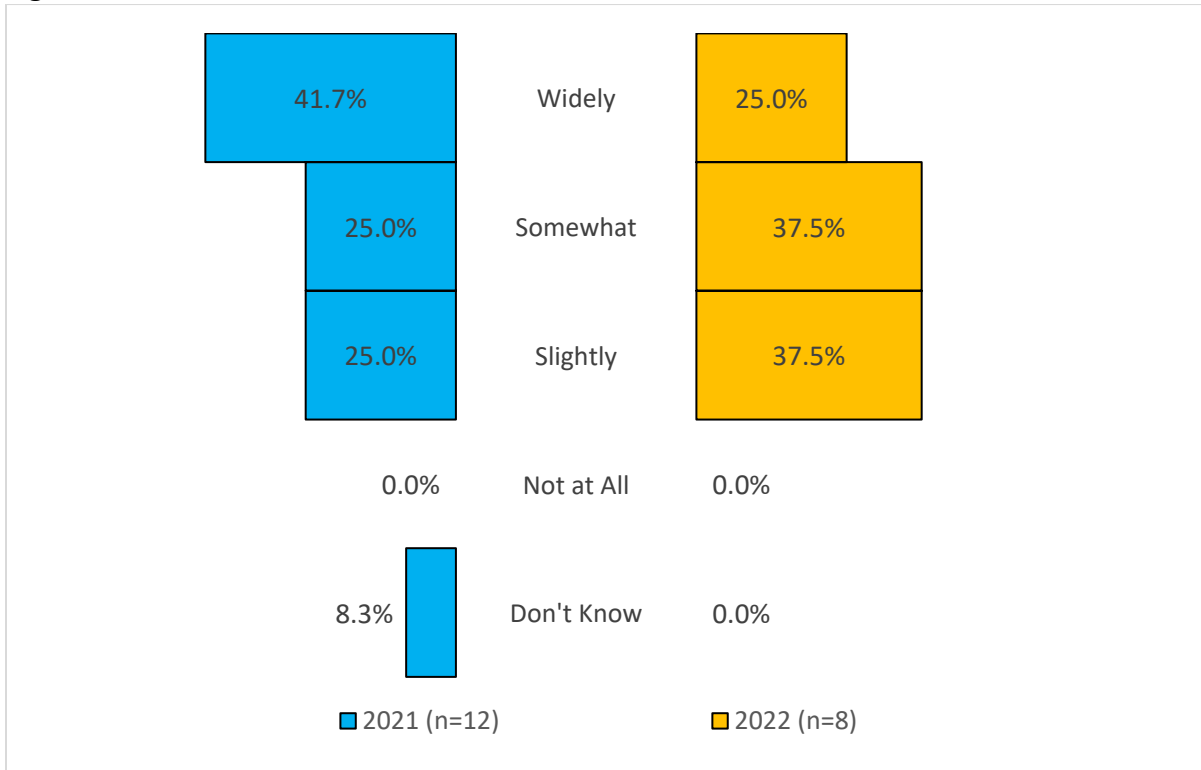
Figure 3.22 Substance Use Treatment

2021 (n=12)		2022 (n=8)
33.3%	Widely	37.5%
33.3%	Somewhat	37.5%
16.7%	Slightly	25.0%
8.3%	Not at All	0.0%
8.3%	Don't Know	0.0%

■ 2021 (n=12)   ■ 2022 (n=8)

3.23 Behavior Management Skills Training

	2021 (n=12)		2022 (n=7)
Widely	25.0%		28.6%
Somewhat	33.3%		57.1%
Slightly	16.7%		0.0%
Not at All	0.0%		14.3%
Don't Know	25.0%		0.0%

■ 2021 (n=12)   ■ 2022 (n=7)
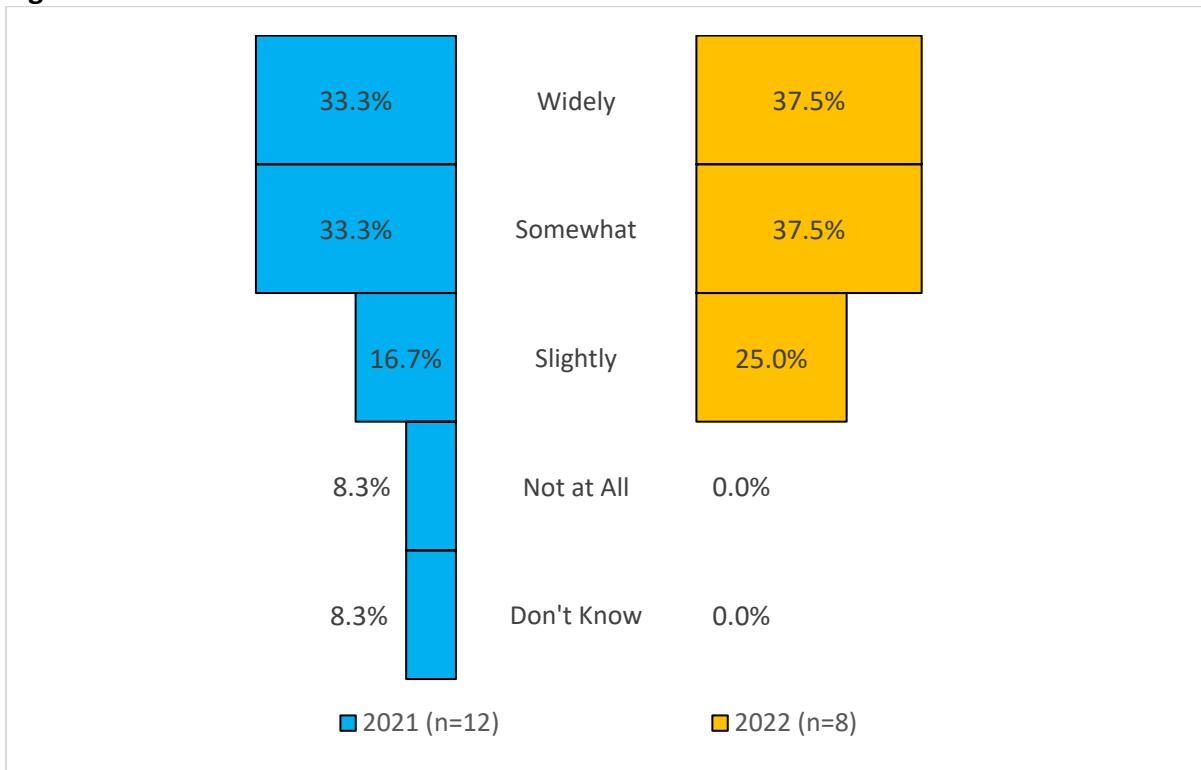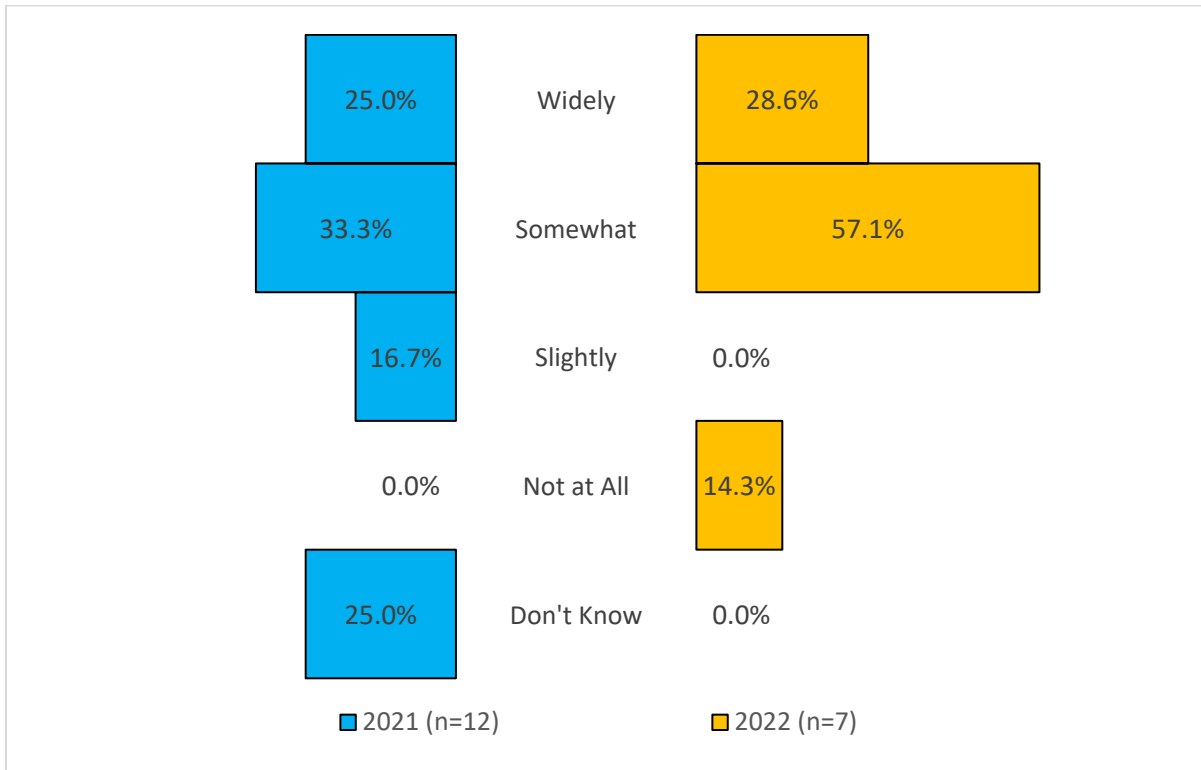
Figure 3.24 Tele-Behavioral Health Services

	2021 (n=12)		2022 (n=8)
Widely	25.0%		37.5%
Somewhat	50.0%		37.5%
Slightly	8.3%		12.5%
Not at All	0.0%		0.0%
Don't Know	16.7%		12.5%

■ 2021 (n=12)   ■ 2022 (n=8)
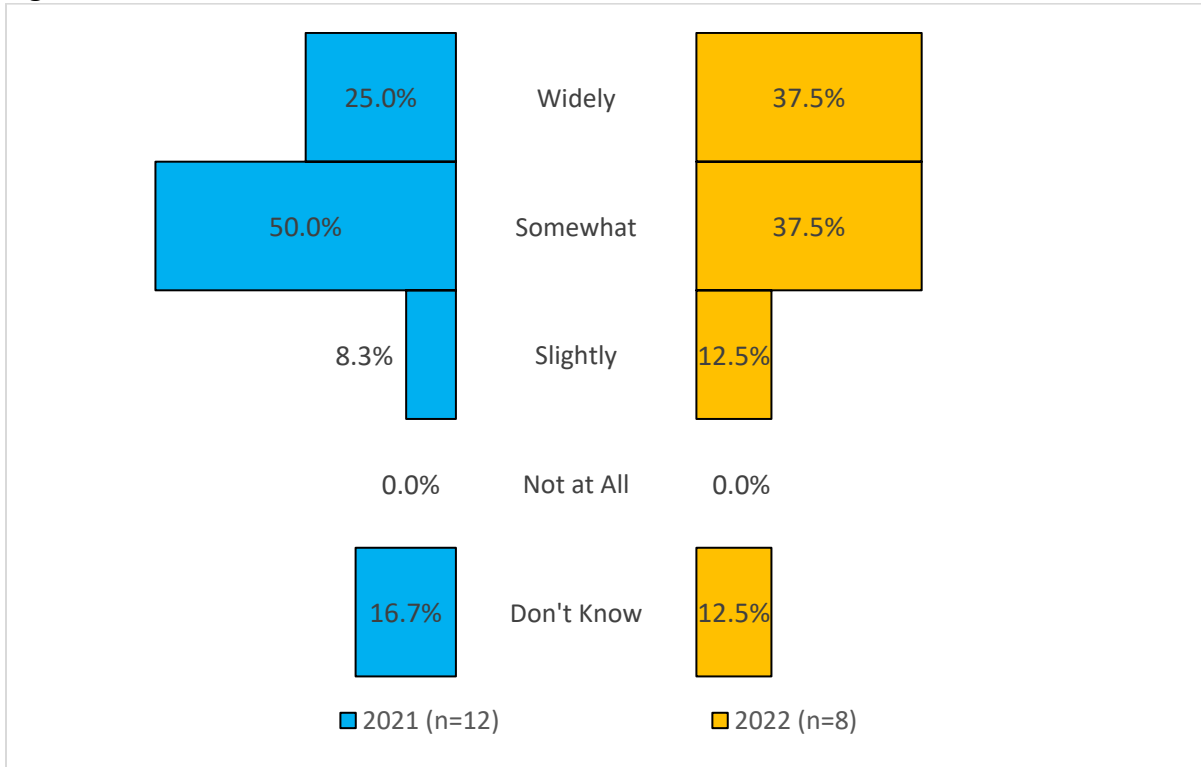
Figure 3.25 Youth and Family Education

	2021 (n=12)		2022 (n=8)
Widely	25.0%		25.0%
Somewhat	58.3%		50.0%
Slightly	8.3%		12.5%
Not at All	0.0%		12.5%
Don't Know	8.3%		0.0%

■ 2021 (n=12)   ■ 2022 (n=8)
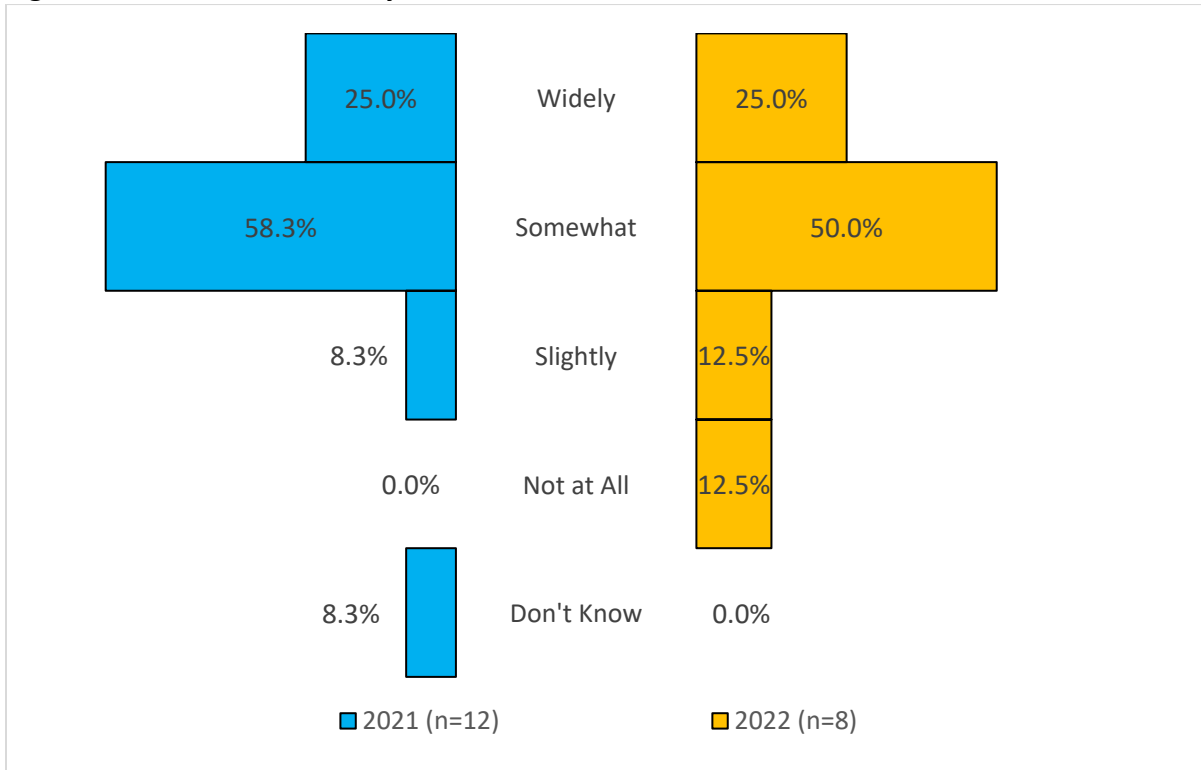
Figure 3.26 Respite Services

	2021 (n=12)		2022 (n=8)
Widely	16.7%		12.5%
Somewhat	16.7%		37.5%
Slightly	16.7%		12.5%
Not at All	0.0%		37.5%
Don't Know	50.0%		0.0%

■ 2021 (n=12)   ■ 2022 (n=8)
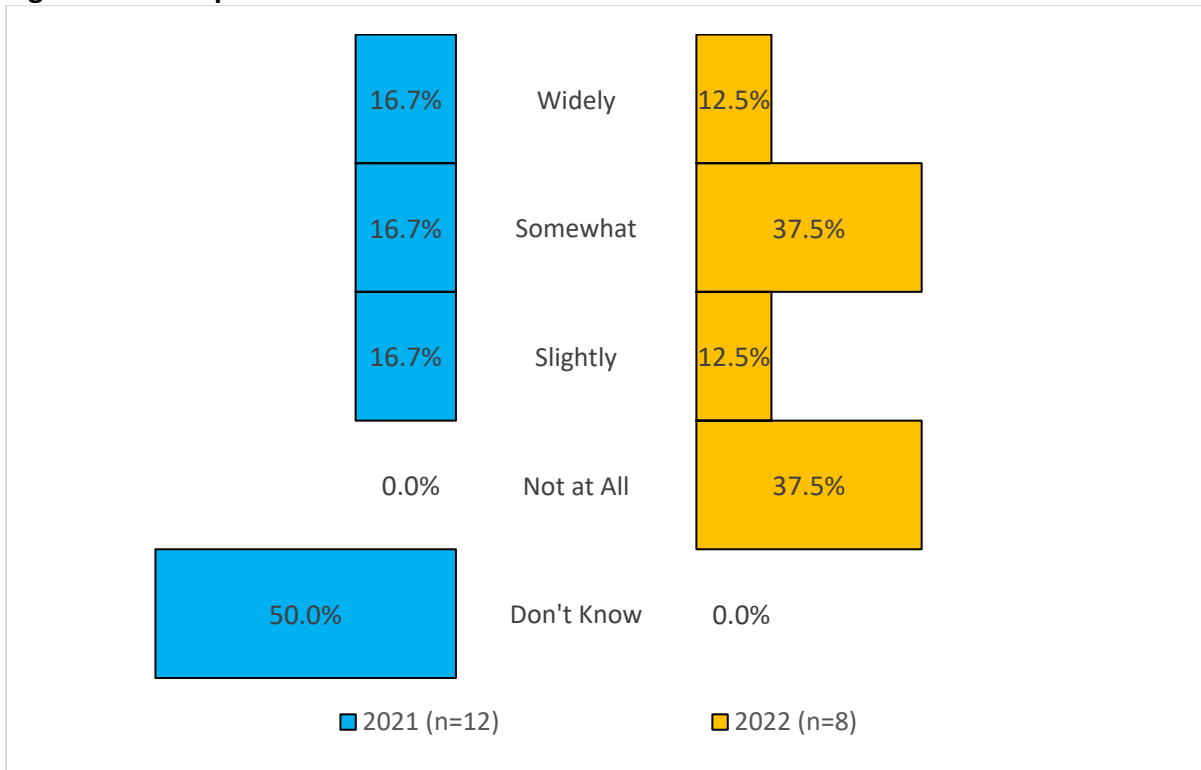
Figure 3.27 Mental Health Consultation

	2021 (n=12)		2022 (n=8)
Widely	33.3%		37.5%
Somewhat	50.0%		25.0%
Slightly	8.3%		37.5%
Not at All	0.0%		0.0%
Don't Know	8.3%		0.0%
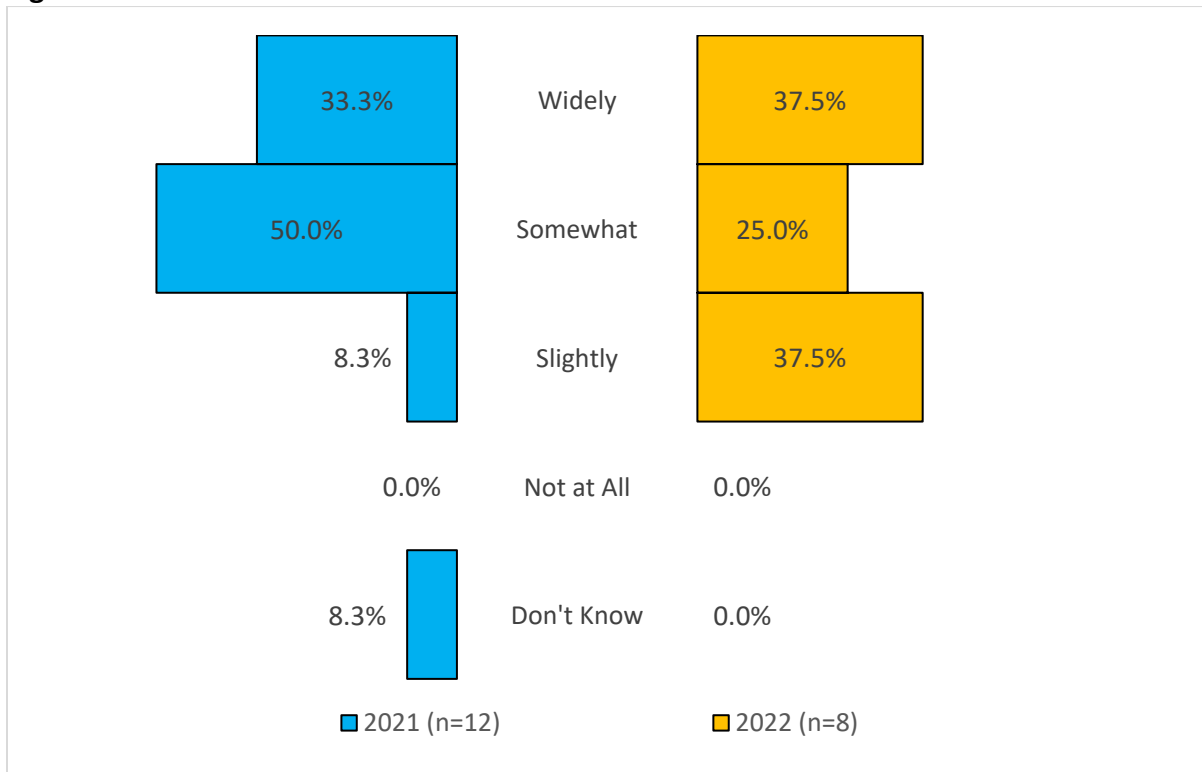
Figure 3.28 Transportation

	2021 (n=11)		2022 (n=8)
Widely	27.3%		12.5%
Somewhat	9.1%		37.5%
Slightly	36.4%		50.0%
Not at All	18.2%		0.0%
Don't Know	9.1%		0.0%

23
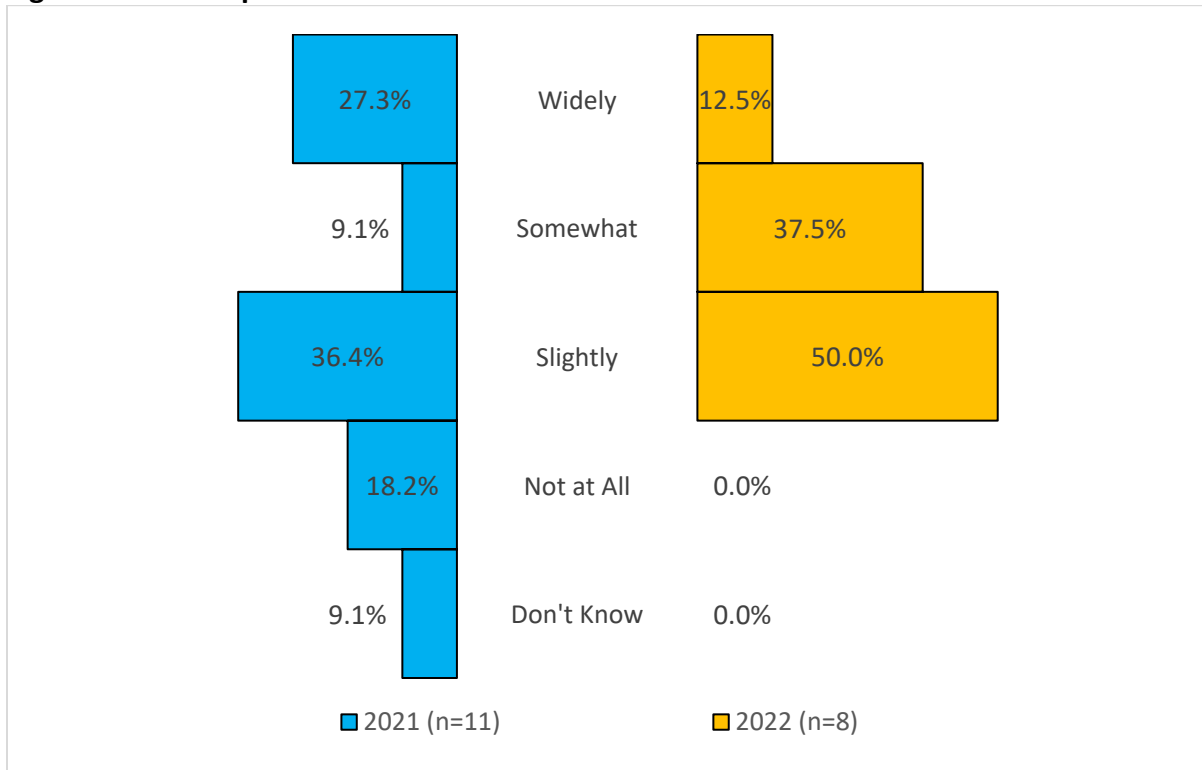
3.2.3   Out-of-Home Treatment Services

The perceptions of availability of out-of-home treatment services were different between 2021 and 2022 stakeholders. The 2021 stakeholders had a wide range of perceptions about the service availability, while in 2022, most of the stakeholders perceived that out-of-home treatment services were not available at all.

Figure 3.29 Substance Use Residential Treatment

	2021 (n=12)		2022 (n=8)
Widely	16.7%		0.0%
Somewhat	25.0%		12.5%
Slightly	16.7%		12.5%
Not at All	16.7%		62.5%
Don't Know	25.0%		12.5%
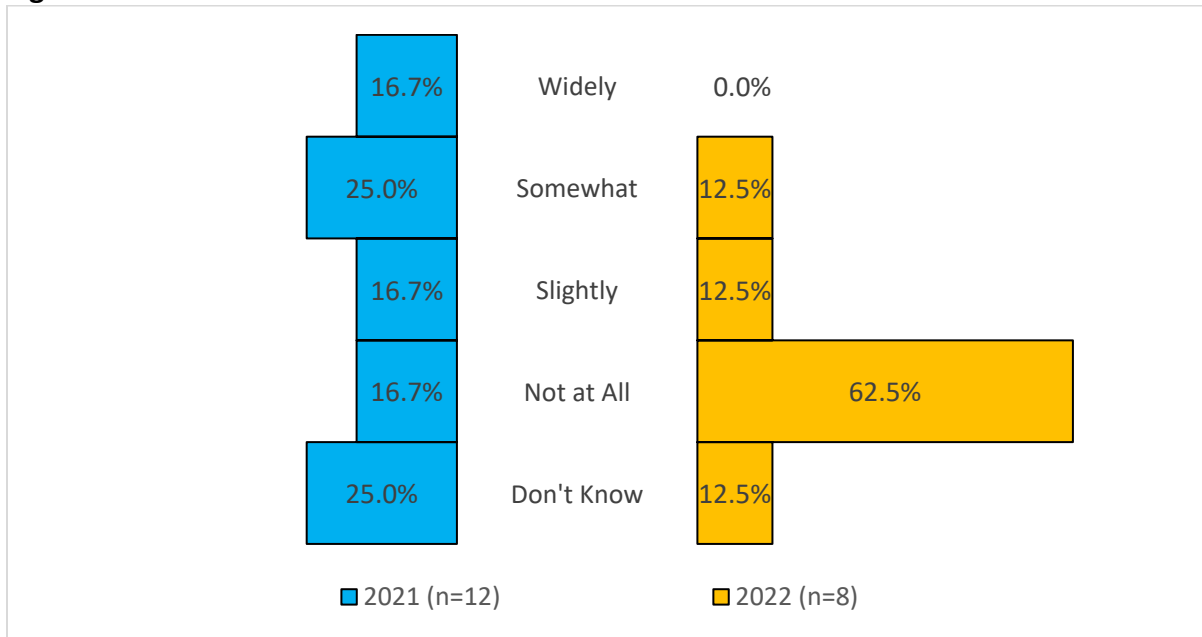
Figure 3.30 Residential Treatment

	2021 (n= 12)		2022 (n= 8)
Widely	16.7%		12.5%
Somewhat	8.3%		12.5%
Slightly	25.0%		12.5%
Not at All	16.7%		50.0%
Don't Know	33.3%		12.5%
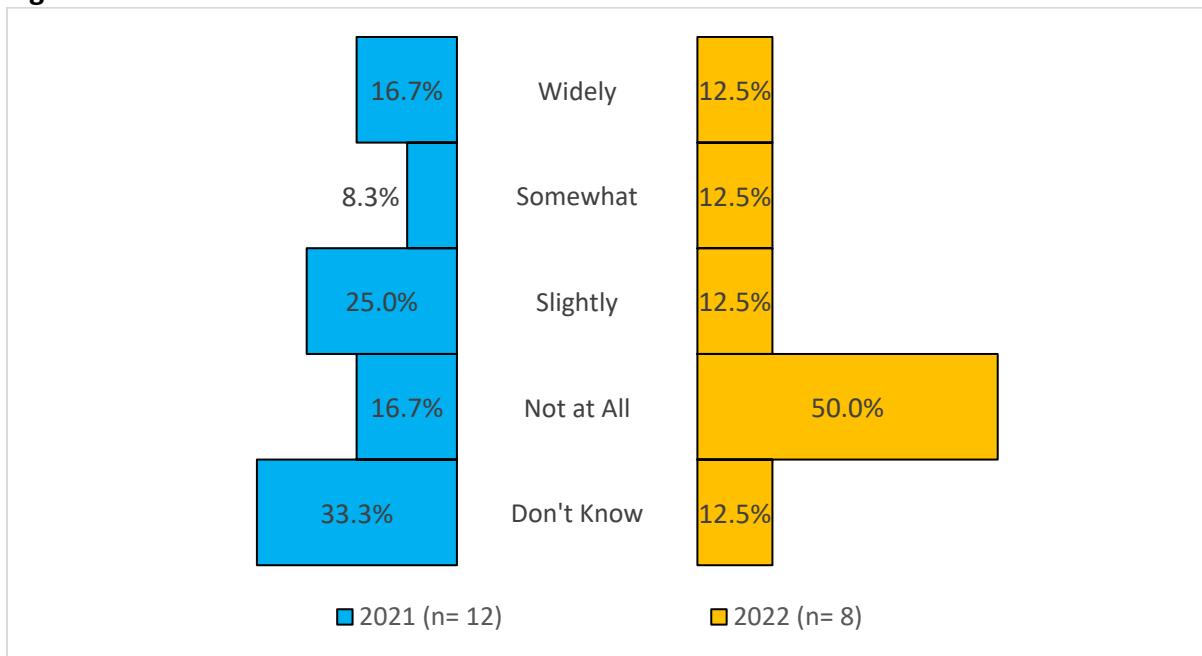
Figure 3.31 Inpatient Hospitalization

	2021 (n= 12)		2022 (n= 8)
Widely	16.7%		0.0%
Somewhat	16.7%		12.5%
Slightly	25.0%		25.0%
Not at All	16.7%		50.0%
Don't Know	25.0%		12.5%
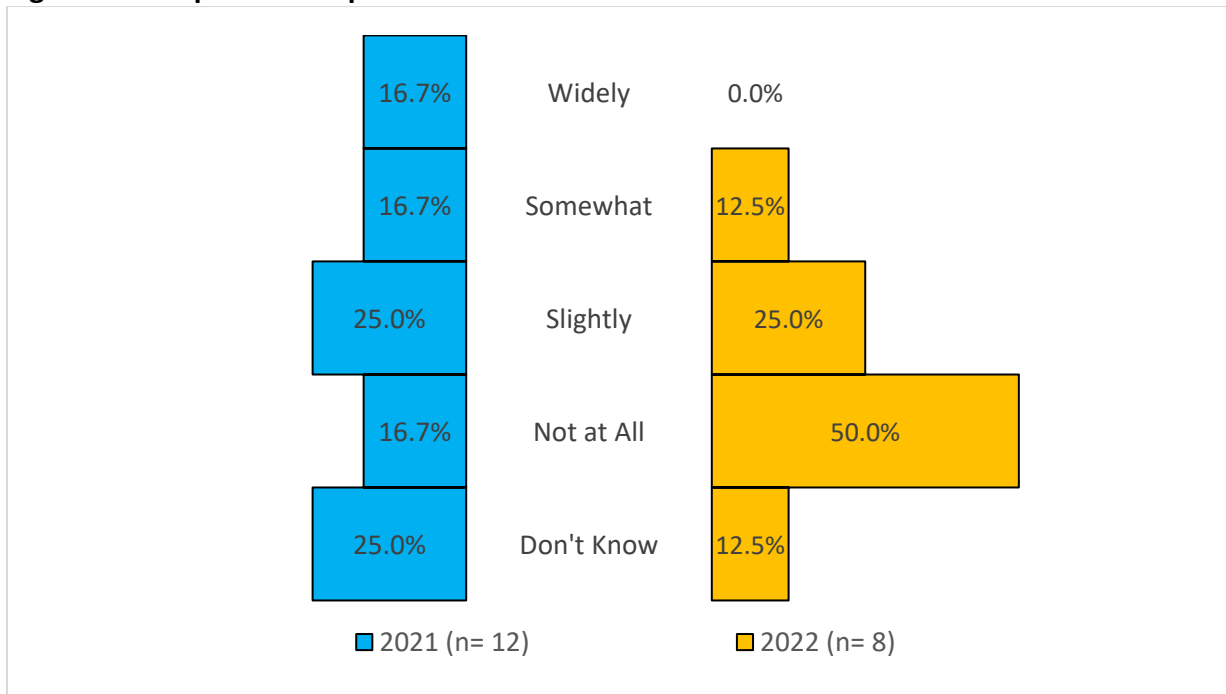
3.2.4   Peer-Provided Services (ILCHF Outcome)

Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services; most felt that these were not widely available in either year.

Figure 3.32 Youth Peer-Provided Services

	2021 (n=12)		2022 (n=8)
Widely	16.7%		12.5%
Somewhat	16.7%		25.0%
Slightly	33.3%		12.5%
Not at All	0.0%		37.5%
Don't Know	33.3%		12.5%
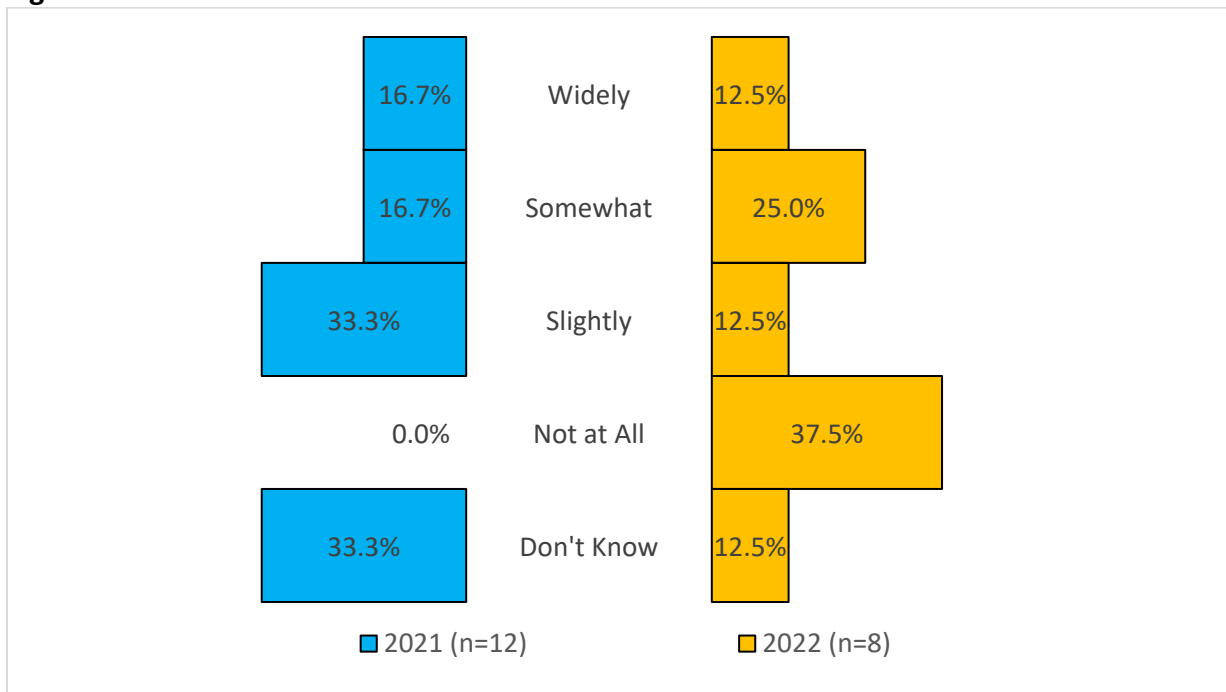
Figure 3.33 Caregiver Peer-Provided Services

	2021 (n=12)		2022 (n=8)
Widely	16.7%		25.0%
Somewhat	25.0%		25.0%
Slightly	33.3%		25.0%
Not at All	0.0%		25.0%
Don't Know	25.0%		0.0%
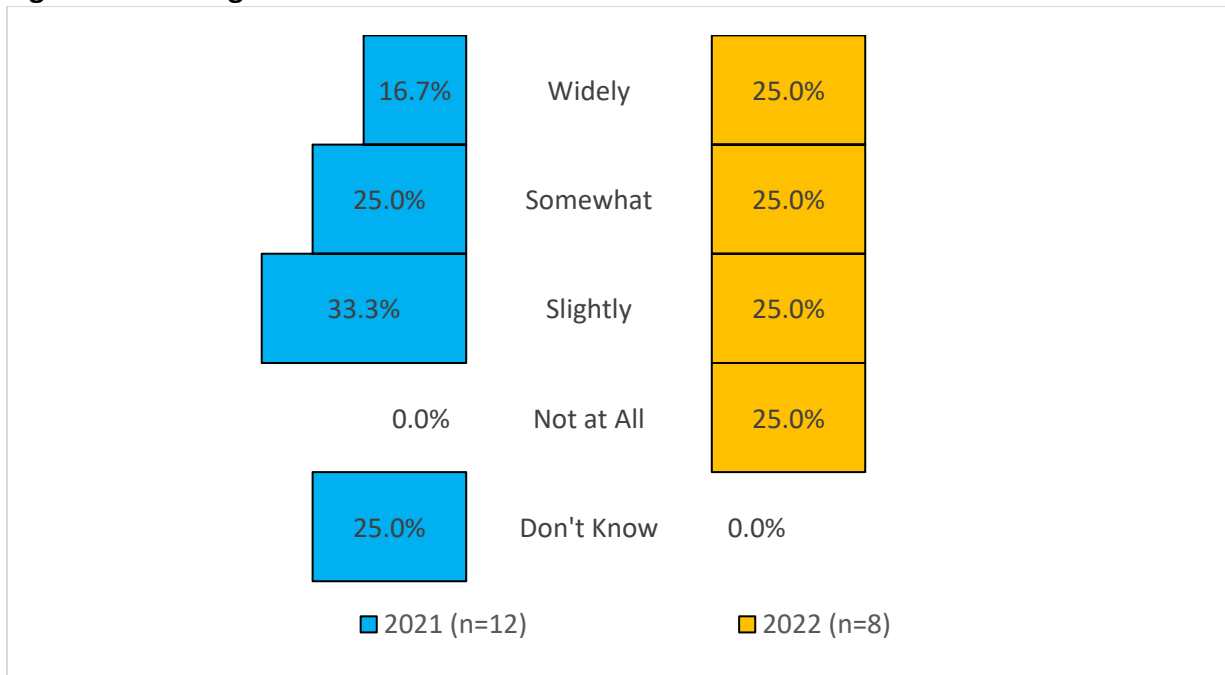
3.2.5   Service Coordination and Integration (ILCHF Outcome)

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. There were slight increases in the items from 2021 to 2022; stakeholders felt that care coordination and integration was somewhat implemented.

Table 3.1 Service Coordination and Integration

	2021 Mean (n = 13)	2022 Mean (n = 8)
Care is coordinated across multiple child-serving agencies and systems	3.31 (1.03)	3.62 (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)	3.15 (1.14)	3.38 (0.92)

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 2021 and 2022 are shown in Table 3.2. There was little change between 2021 and 2022. The stakeholders in both years felt that mental health services and other child services were somewhat coordinated.

Table 3.2 Service Coordination with Children's Mental Health System

	2021 Mean (n = 9-10)	2022 Mean (n = 7-8)
Child welfare system	3.44 (0.53)	3.13 (0.84)
Juvenile justice/court system	3.20 (0.63)	3.13 (0.84)
Education system	3.20 (0.79)	3.25 (0.89)
Primary health system	3.30 (0.68)	3.00 (1.00)
Public health system	3.10 (0.88)	3.25 (0.89)
Substance use treatment system	3.11 (0.93)	3.13 (1.13)

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 ages. There was little change between 2021 and 2022; most stakeholders felt that early identification services were either moderately or widely available.

Figure 3.34 Services for Early Identification of Mental Health Problems
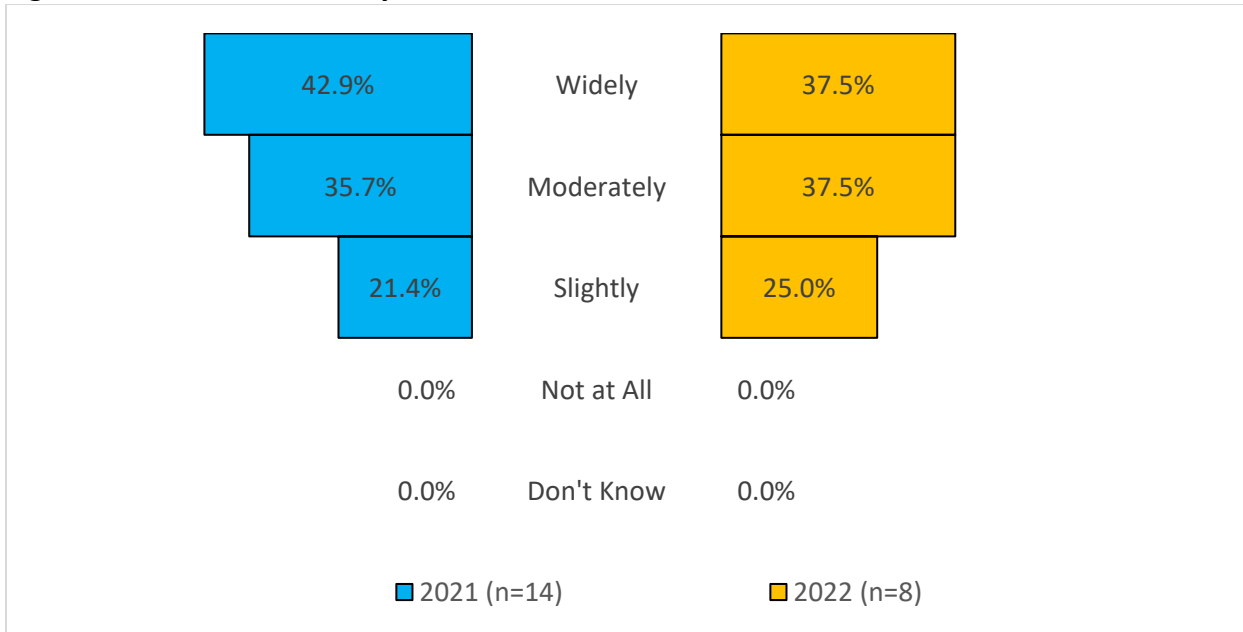
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). Almost all of the 2021 stakeholders felt that screening services were moderately or widely available. Perceptions of the 2022 stakeholders were more varied and ranged from not at all to widely available.

Figure 3.35 Screening for Behavioral Health Needs

	2021 (n=12)	2022 (n=8)
Widely	50.0%	37.5%
Moderately	33.3%	25.0%
Slightly	8.3%	25.0%
Not at All	0.0%	12.5%
Don't Know	8.3%	0.0%
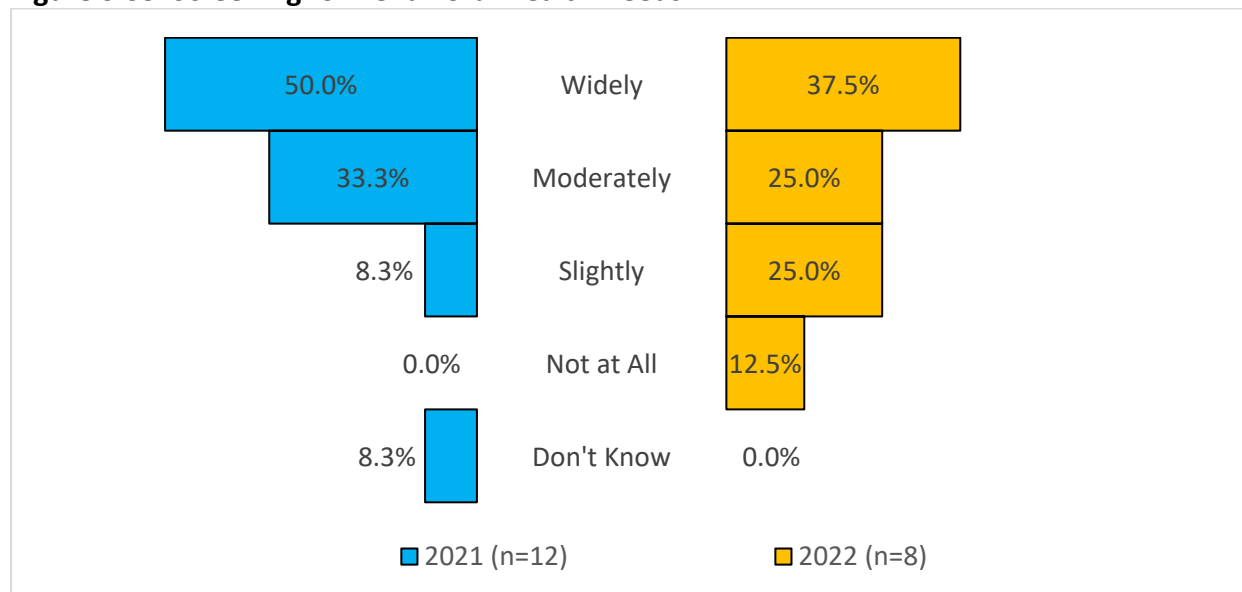
3.3.2   Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

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 a slight decrease in the mean ratings on these items from 2021 to 2022. Overall, stakeholders from both years perceived a moderate capacity to provide evidence-based interventions.

Table 3.3 Capacity to Provide Evidence-Based Clinical Interventions

	2021 Mean (n = 10-11)	2022 Mean (n = 7)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.55 (0.52)	2.71 (1.11)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	3.60 (0.52)	3.14 (1.07)

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 which this infrastructure component was present in their community in 2021 and 2022. There was little agreement from stakeholders in 2021 about this topic and over one-third of the survey participants did not know. In 2022, three-quarters of the stakeholders felt that this was either partially in place or in place.

Figure 3.36 Use of Local Outcome Data to Inform Decision-making
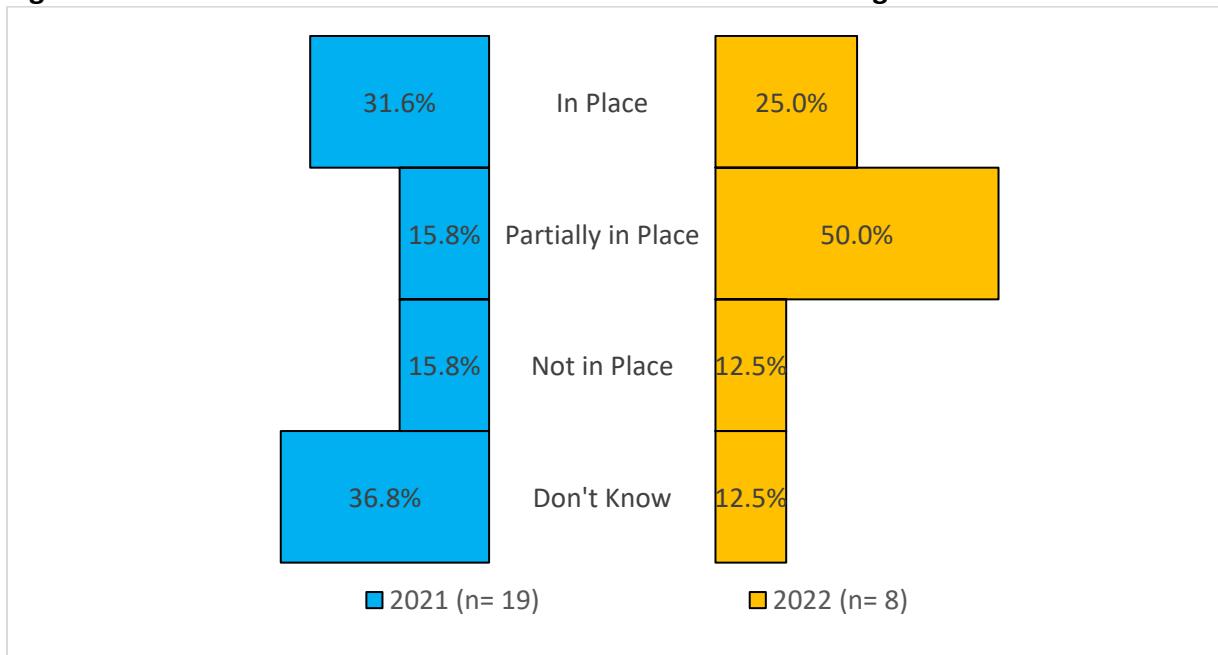
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. Responses were similar in both years: about half of the stakeholders felt that CQI processes were somewhat or widely implemented, but the other half felt that they were not at all/slightly implemented or they did not know.

Figure 3.37 Capacity for Gather Data for Continuous Quality Improvement

	Widely Implemented	
33.3%		37.5%
16.7%	Somewhat Implemented	25.0%
8.3%	Not at All or Slightly Implemented	12.5%
41.7%	Don't Know	25.0%

■ 2021 (n= 12)   ■ 2022 (n= 8)
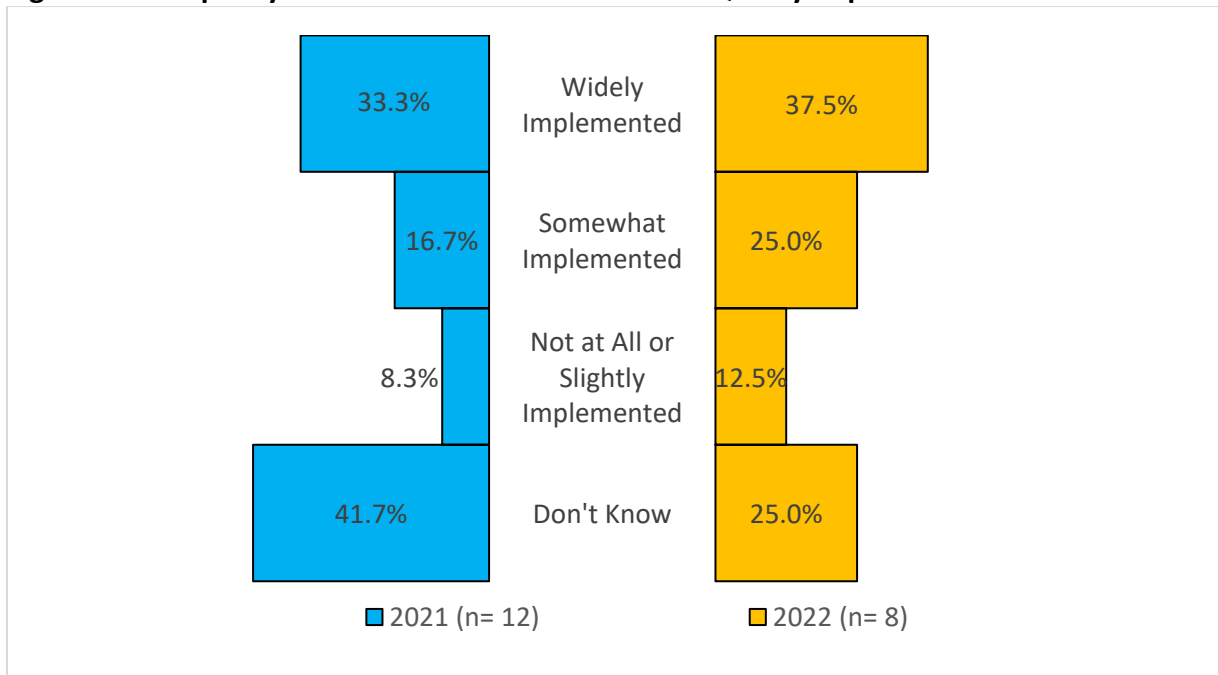
3.3.4 Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

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

Figure 3.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

	In Place	
31.6%		50.0%
47.4%	Partially in Place	50.0%
10.5%	Not in Place	0.0%
10.5%	Don't Know	0.0%

■ 2021 (n= 19)   ■ 2022 (n= 8)

30
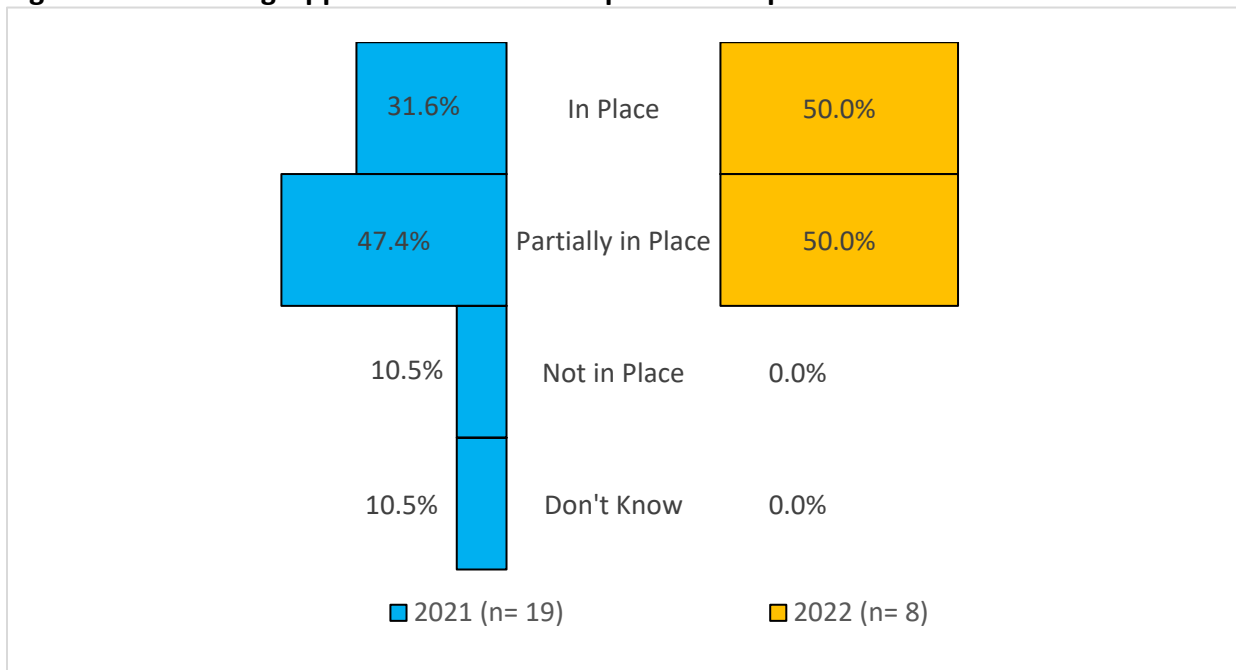
3.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2021 and 2022. Response options were 1 = not at all or slightly implemented, 2 = somewhat implemented, and 3 = widely implemented (0 = don't know was excluded from the analysis). The perceptions of the implementation of infrastructure components in both years were similar; stakeholders felt those components were between somewhat and widely implemented.

Figure 3.39 System of Care Infrastructure Components
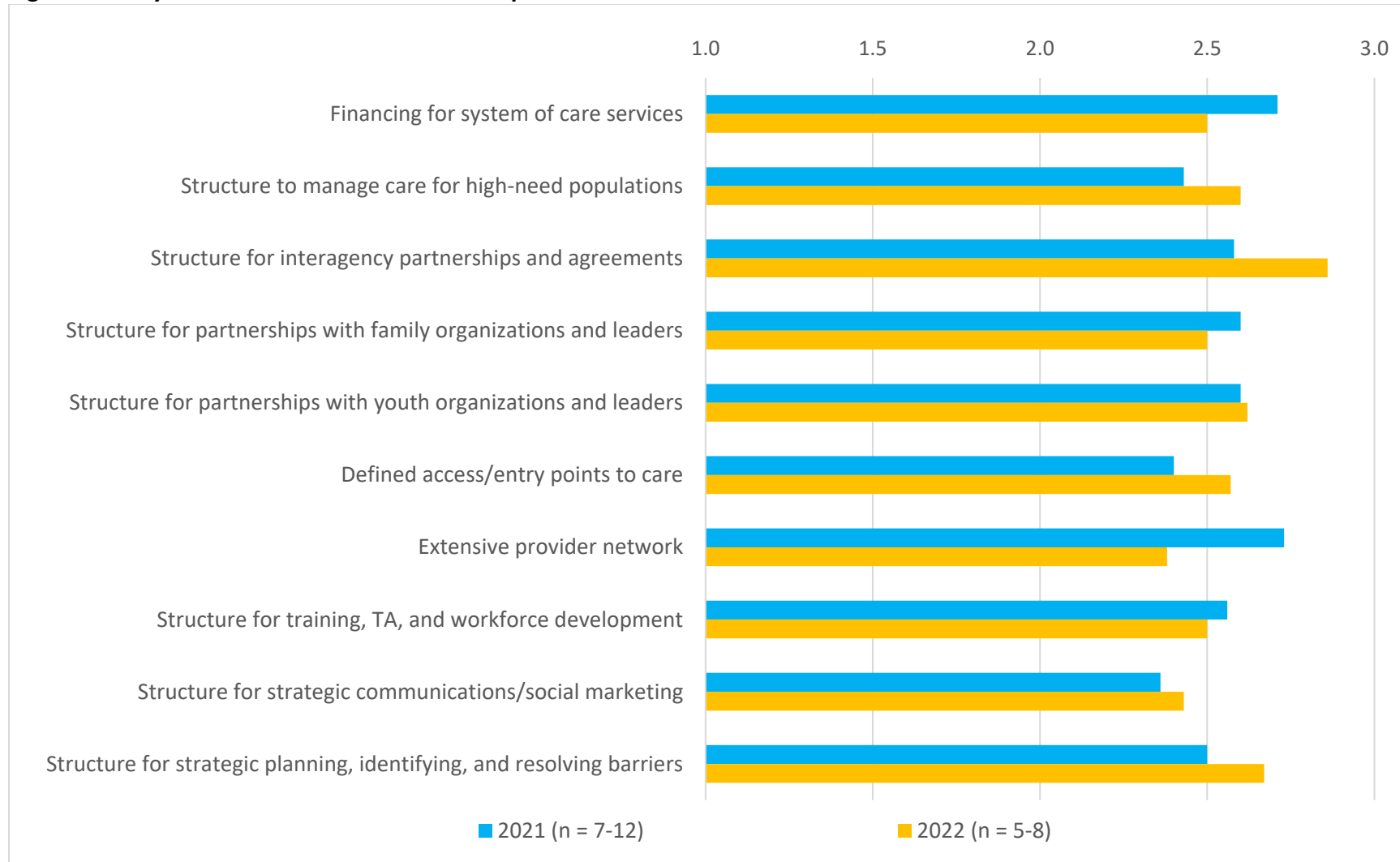
Note: "I Don't Know" responses were excluded when calculating the means

3.4   Parent/Youth Survey Results

No parents or youth completed the Stakeholder Survey in either 2021 or 2022.

4.   St. Clair County Systems of Care Coordination Project

The first administration of the stakeholder survey in the St. Clair County Systems of Care Coordination Project, in 2021, consisted of 6 respondents that included social service providers, educators, law enforcement, juvenile justice service providers, and local government. In addition, two parents completed the parent version of the stakeholder survey. The second administration in 2022 consisted of a slightly larger sample of 10 respondents that were from similar child-serving systems that included social services and mental health, education, law enforcement, juvenile justice, and community members. Four parents completed the parent version of the stakeholder survey in 2022. Since the 2022 sample is larger, 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 this site were small, which means that changes in percentages from 2021 to 2022 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 St. Clair County SOC 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.

- Assessment of the overall progress of the system of care implementation indicated that the majority of stakeholders in both years felt that the SOC was somewhat implemented in both 2020 and 2021.
- When asked about the presence of specific implementation supports and activities, respondent ratings were about the same in 2021 and 2022; respondents felt that these supports were either partially in place or in place. However, a higher percentage of the stakeholders in 2022 reported that clear communication channels were not in place.
- Perceptions of parent and youth involvement in the SOC implementation were similar in both years; most stakeholders felt that parent involvement was partially in place or in place and a small percentage in each year felt that youth participation was not in place yet.

- Stakeholder perceptions of the level of commitment from most child-serving systems were about the same in 2021 and 2022. Most systems were perceived as being somewhat committed; perceived commitment was highest from the mental health system, education, and direct service providers and administrators and lowest from the public health and Medicaid systems.
- 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. Stakeholders' perceptions of the implementation of most of these service characteristics were similar in both years, although there were increases in the perception that services were family-driven, coordinated, and evidence-based.
- There was little change in the perceived availability of community-based services from 2021 to 2022. Most services were seen as somewhat or widely available, except for youth and family education, respite services, and transportation, which were viewed as less available in both years.
- Stakeholders reported that out-of-home treatment services were less widely available than community-based services. Both substance use residential treatment and residential treatment were seen as less widely available in 2022 compared to 2021.
- Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services; most felt that these were not widely available in either year.
- There was an increase in the perceived service coordination and integration in the community from 2021 to 2022; stakeholders rated service coordinate as moderately implemented in 2022.
- Stakeholders in 2022 were more likely to report that early identification services were widely available, but a fifth of the respondents reported that they didn't know.
- There was an increase in the perceived availability of screening services from 2021 to 2022; most stakeholders in 2022 perceived that screening was somewhat to widely available in the community.
- There was an increase in stakeholders' perceptions of the capacity to provide evidence-based interventions from 2021 to 2022; stakeholders felt there was wide capacity to implement evidence-based interventions in 2022.
- 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 are similar in both years; the majority felt that this capacity was somewhat implemented.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce; the results indicate a slight increase in perceived availability of these trainings.

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 don't know, not at all, slightly, somewhat, and widely. The distribution of responses for 2021 and 2022 are shown in Figure 4.1. The majority of stakeholders in both years felt that the SOC was somewhat implemented.

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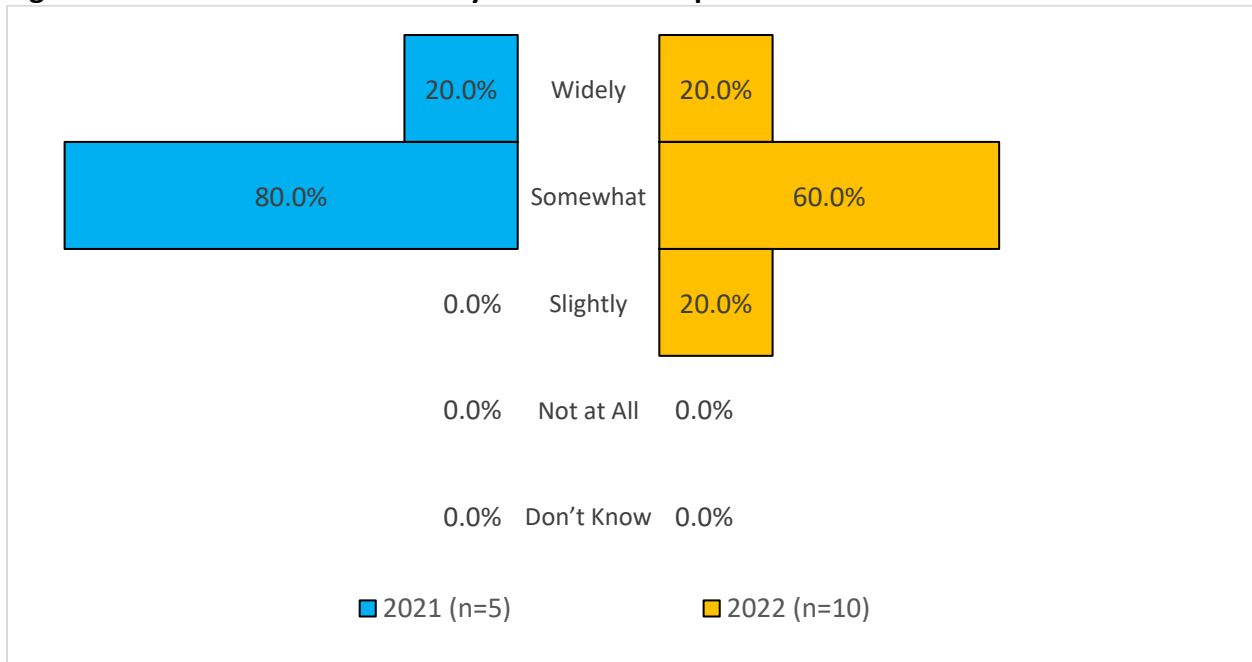
4.1.2 System of Care Implementation Supports and Activities

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 2021 and 2022. Ratings for most of the system of care implementation supports and activities were about the same in both years; respondents felt that these supports were either partially in place or in place. However, a higher percentage of the stakeholders in 2022 reported that clear communication channels were not in place.

Figure 4.2 Strategic Plan That Guides System of Care Implementation Activities

	2021 (n=6)		2022 (n=10)
In Place	50.0%		60.0%
Partially in Place	50.0%		30.0%
Not in Place	0.0%		10.0%
Don't Know	0.0%		0.0%
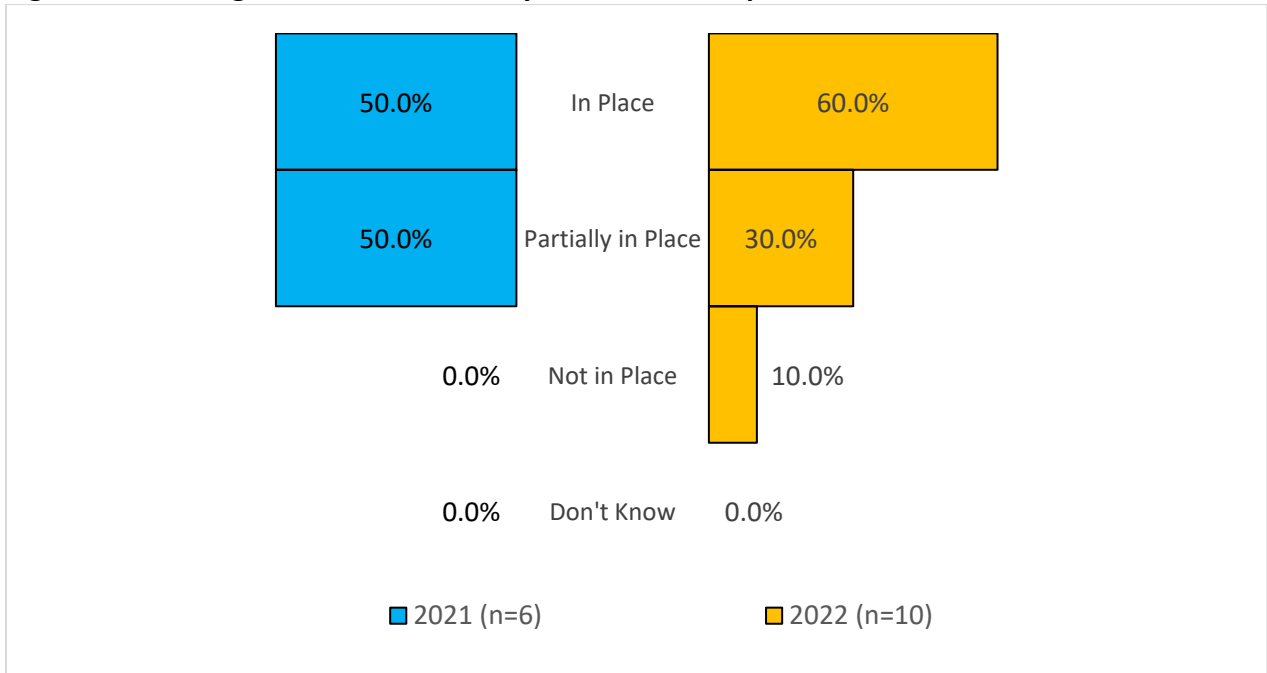
Figure 4.3 Steering or Planning Committee That Meets Frequently to Guide Implementation Activities

	2021 (n=6)		2022 (n=10)
In Place	66.7%		70.0%
Partially in Place	33.3%		30.0%
Not in Place	0.0%		0.0%
Don't Know	0.0%		0.0%
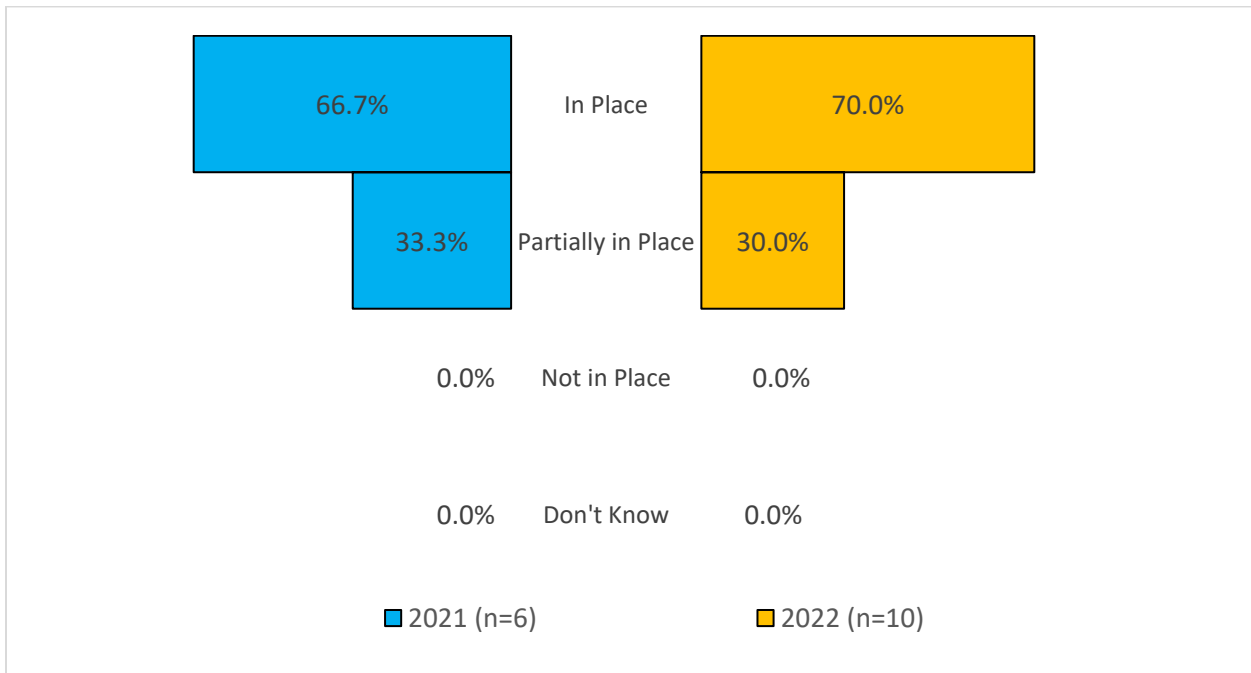
Figure 4.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems

	2021 (n=6)		2022 (n=10)
In Place	83.3%		70.0%
Partially in Place	16.7%		20.0%
Not in Place	0.0%		10.0%
Don't Know	0.0%		0.0%

■ 2021 (n=6)   ■ 2022 (n=10)
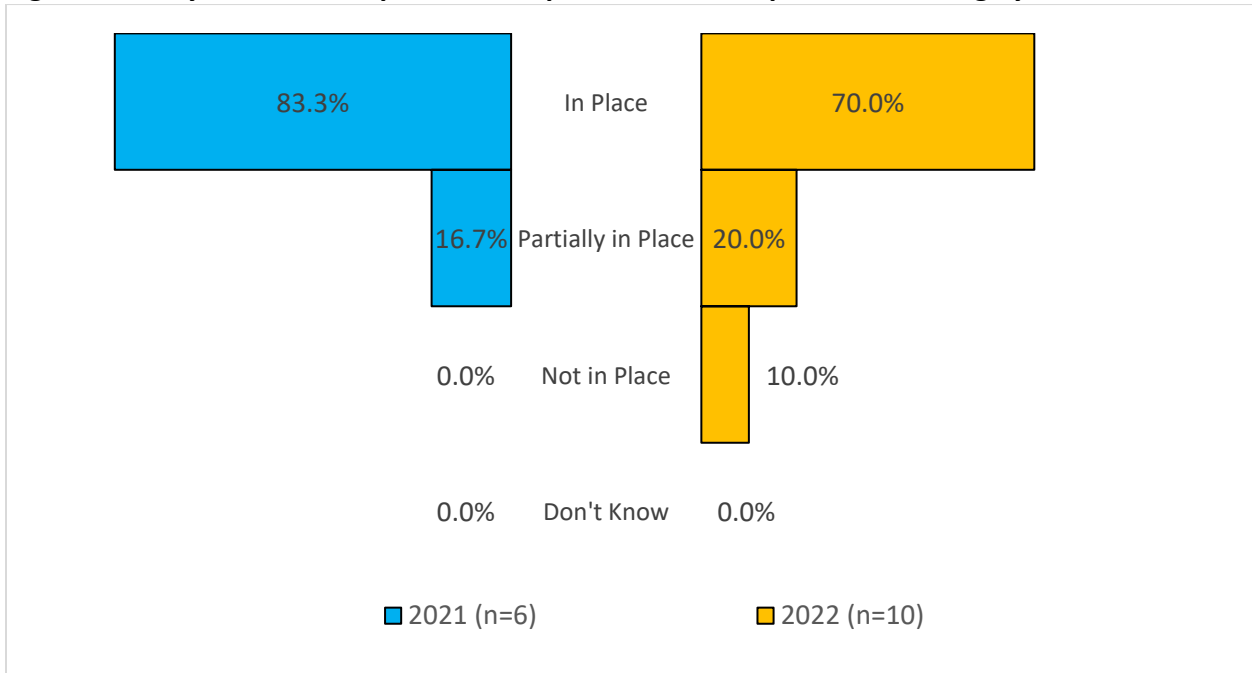
Figure 4.5 Clear and Frequent Communication Channels Between Leadership, Steering/Planning Committees, and Stakeholders

	2021 (n=5)		2022 (n=10)
In Place	40.0%		50.0%
Partially in Place	60.0%		20.0%
Not in Place	0.0%		20.0%
Don't Know	0.0%		10.0%

■ 2021 (n=5)   ■ 2022 (n=10)
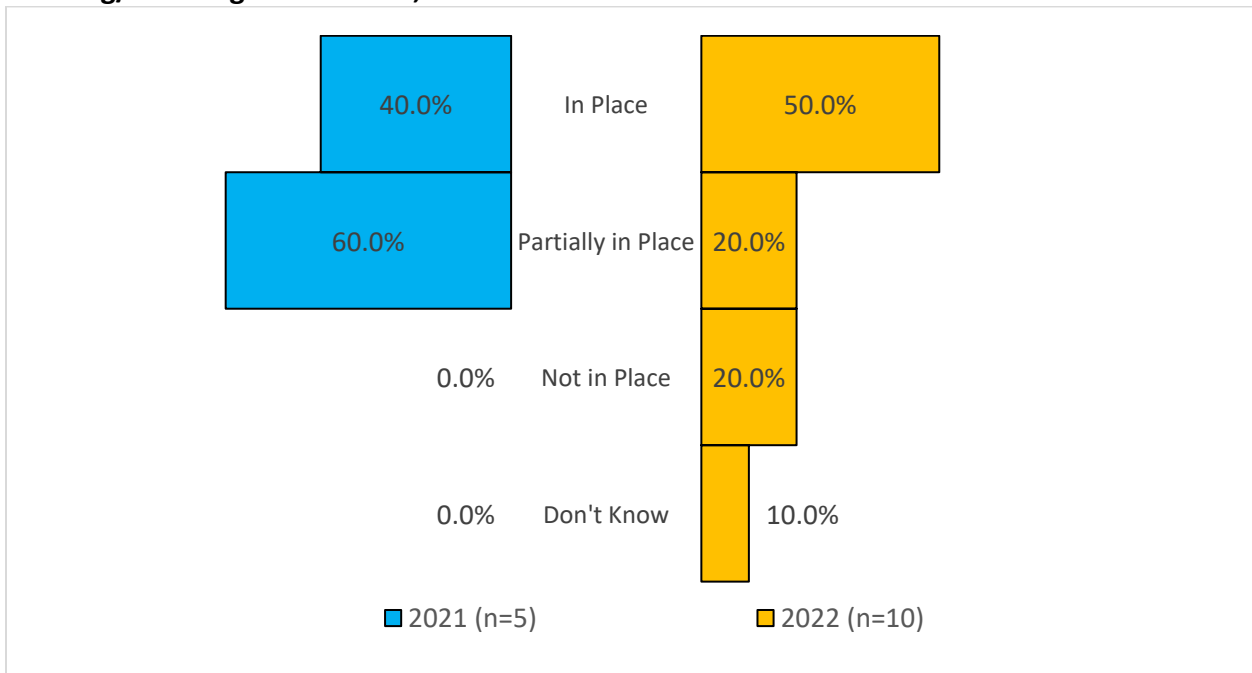
Figure 4.6 Technical Assistance Opportunities to Support Implementation

	2021 (n=6)		2022 (n=10)
In Place	16.7%		20.0%
Partially in Place	33.3%		50.0%
Not in Place	33.3%		20.0%
Don't Know	16.7%		10.0%
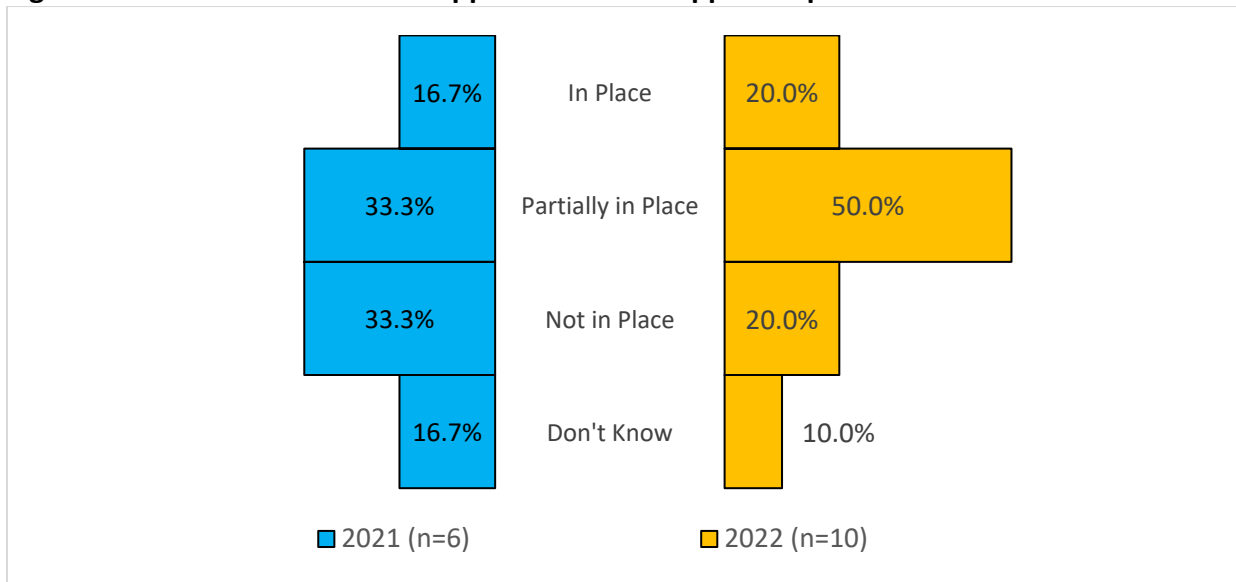
4.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2021 and 2022. Perceptions of parent and youth involvement in the SOC implementation were similar in both years; most stakeholders felt that parent involvement was partially in place or in place and a small percentage in each year felt that youth participation was not in place yet.

Figure 4.7 Parent Involvement in System of Care Implementation Activities

	2021 (n=6)		2022 (n=10)
In Place	33.3%		20.0%
Partially in Place	50.0%		80.0%
Not in Place	16.7%		0.0%
Don't Know	0.0%		0.0%
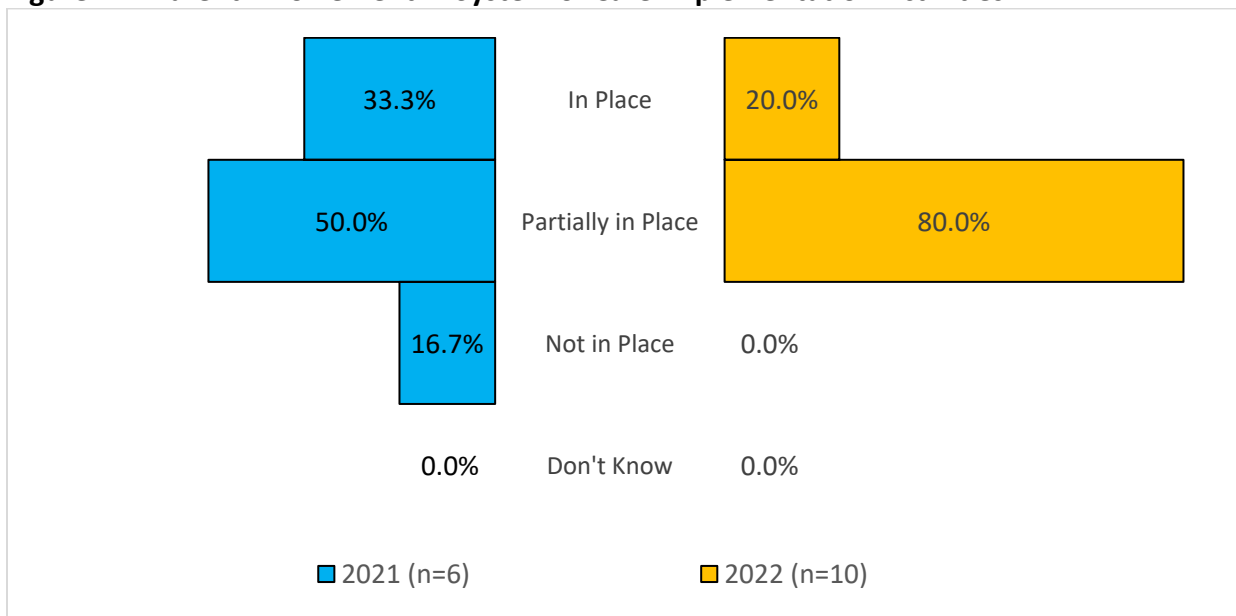
Figure 4.8 Youth Involvement in System of Care Implementation Activities

33.3%	In Place	30.0%
50.0%	Partially in Place	50.0%
16.7%	Not in Place	20.0%
0.0%	Don't Know	0.0%

☐ 2021 (n=6)   ☐ 2022 (n=10)
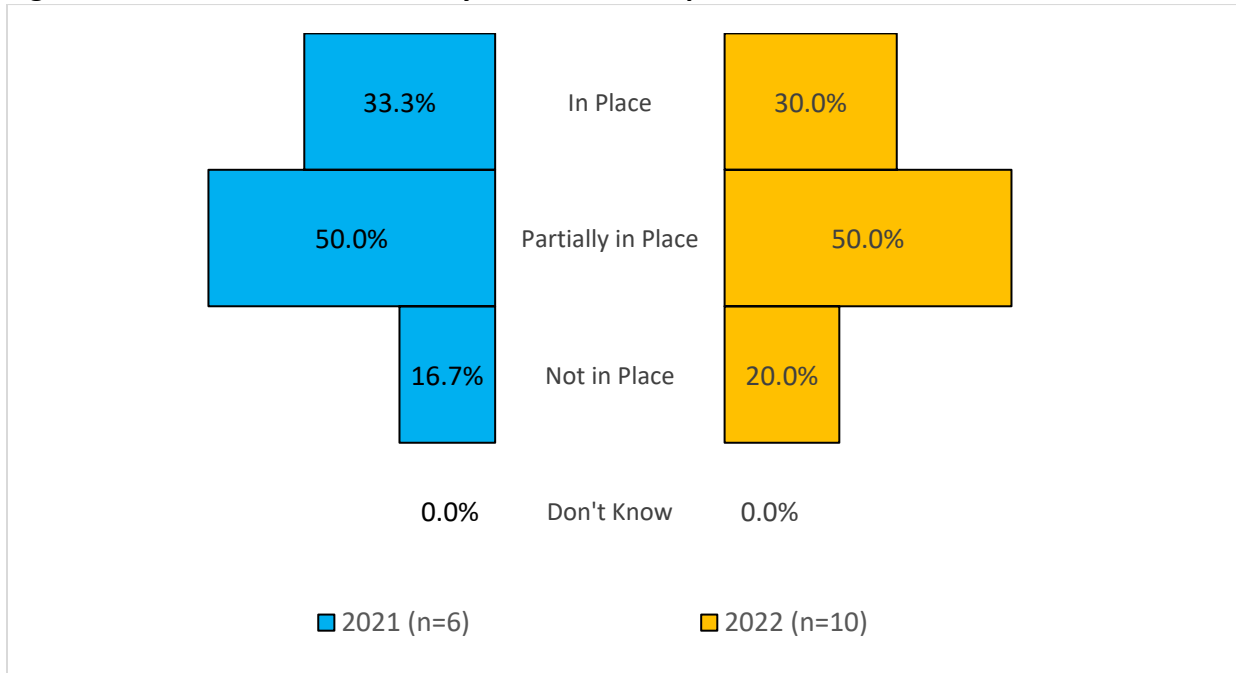
4.1.4   Commitment to System of Care Philosophy and Approach

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, and 4 = widely committed (0 = don't know was excluded from the analysis). Figure 4.9 shows the mean scores for the perceived commitment of each child-serving system in 2021 (blue bar) and 2022 (yellow bar). Stakeholder perceptions of the level of commitment from most child-serving systems were about the same in 2021 and 2022. Most systems were perceived as being somewhat committed; perceived commitment was highest from the mental health system, education, and direct service providers and administrators and lowest from the public health and Medicaid systems.

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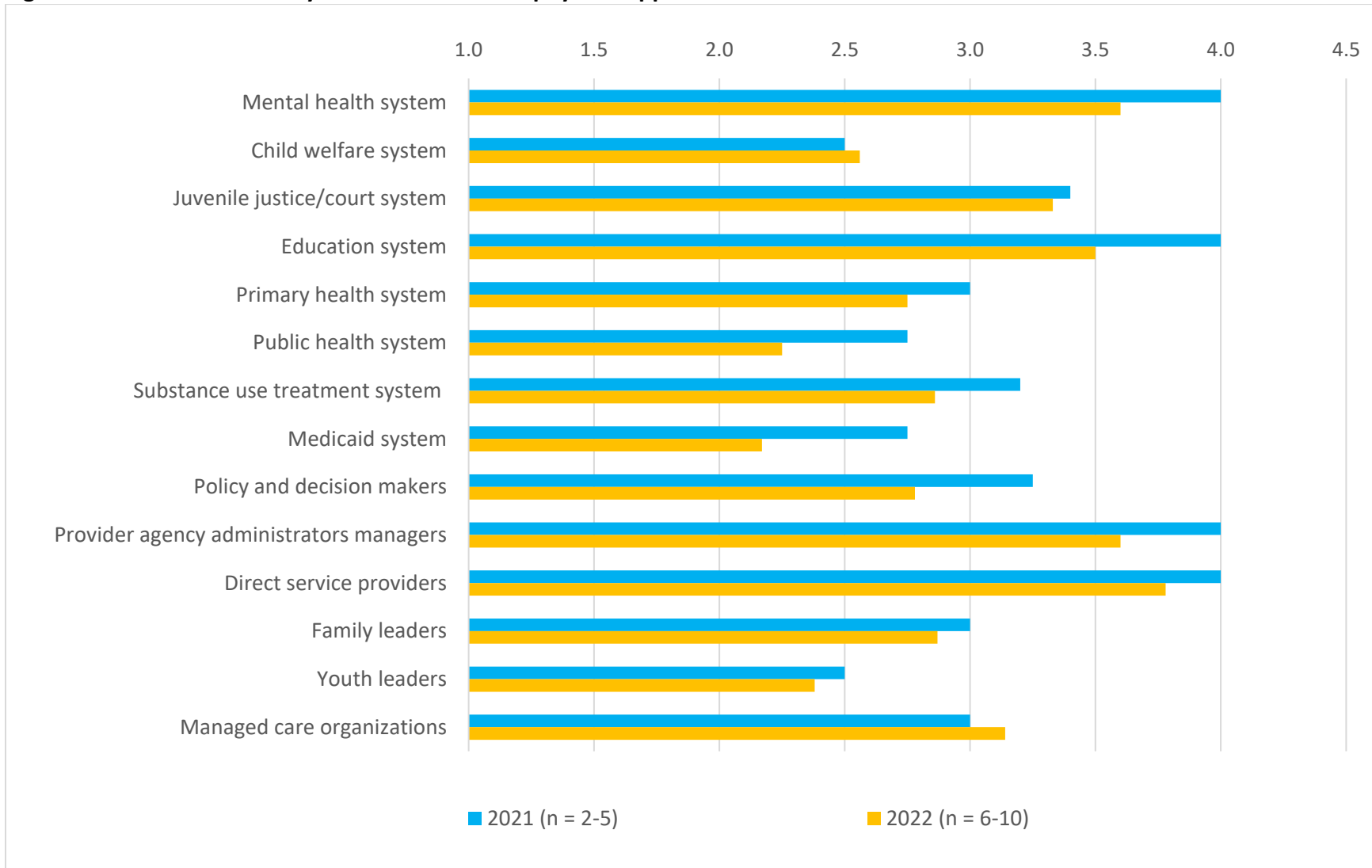
Note: "Don't know" responses were not included when calculating the mean scores.

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 2021 and 2022 are shown in Figure 4.10. Stakeholders' perceptions of the implementation of most of these service characteristics were similar in both years, although there were increases in the perception that services were family-driven, coordinated, and evidence-based.

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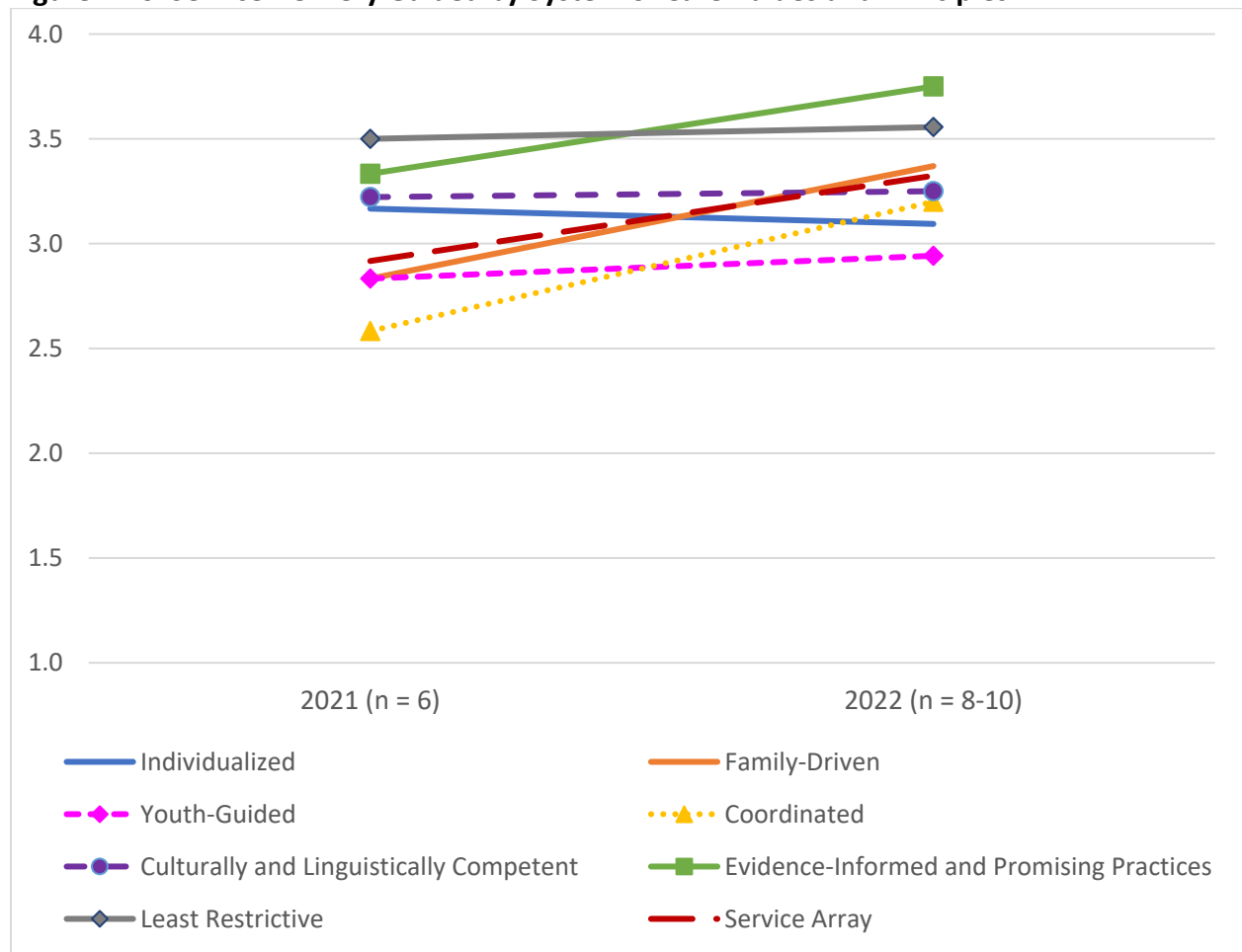
4.2.2   Service Availability – Home and Community-Based Treatment and Support Services

Survey participants were provided with a list of home- and community-based 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 services from 2021 to 2022. Most services were seen as somewhat or widely available, except for youth and family education, respite services, and transportation, which were viewed as less available in both years.

Figure 4.11 School-based Prevention Services
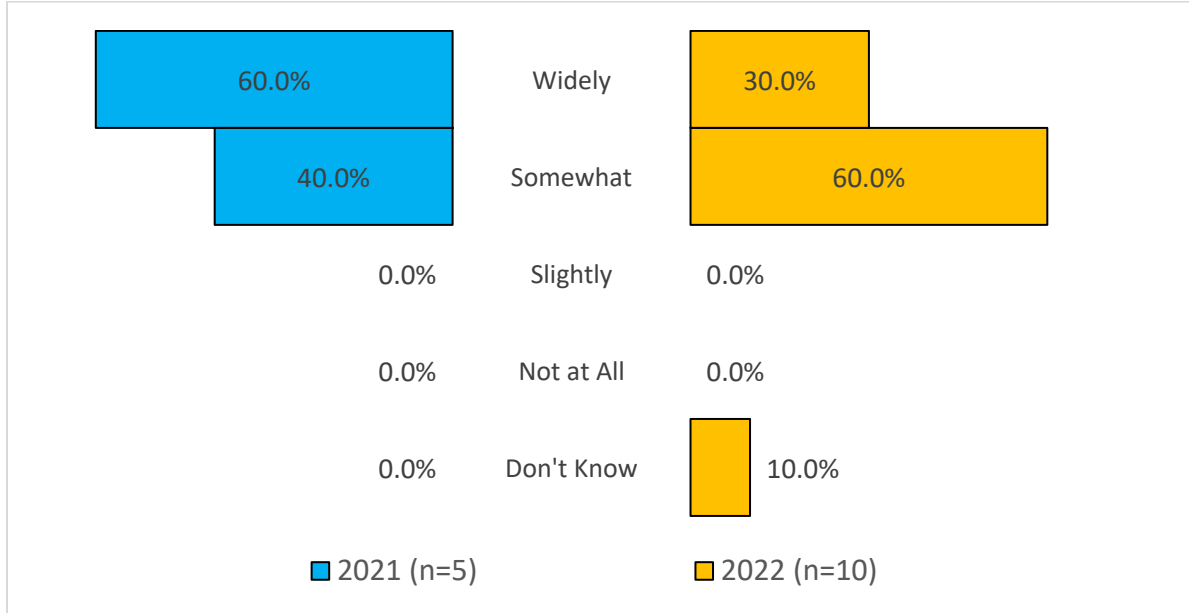
Figure 4.12 Community-based Prevention Services
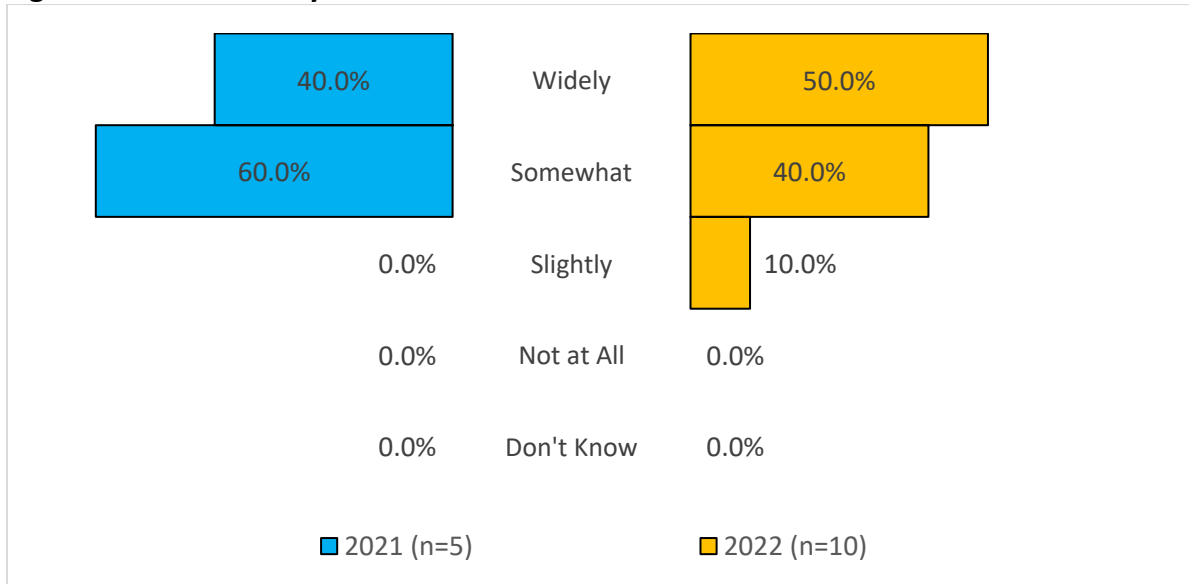
Figure 4.13 Early Intervention Services

	2021 (n=5)		2022 (n=10)
Widely	40.0%		20.0%
Somewhat	0.0%		50.0%
Slightly	60.0%		20.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		10.0%

Figure 4.14 Assessment

	2021 (n=5)		2022 (n=9)
Widely	100.0%		66.7%
Somewhat	0.0%		33.3%
Slightly	0.0%		0.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%
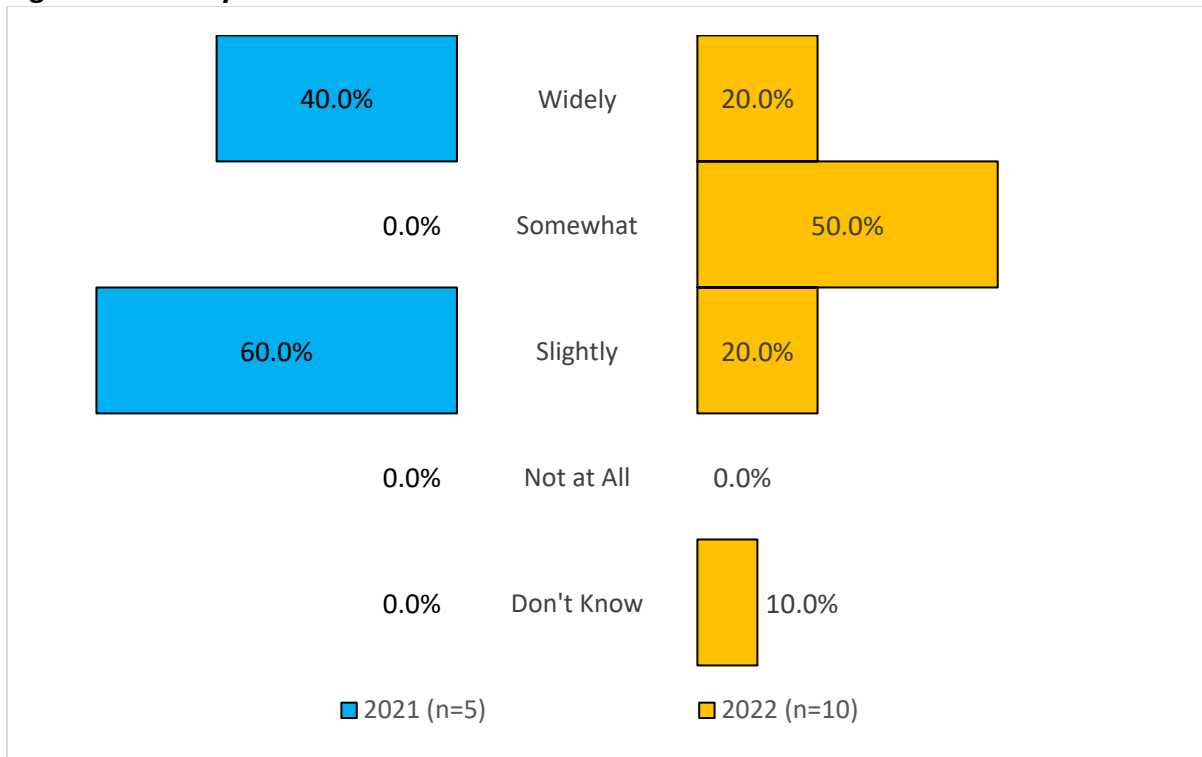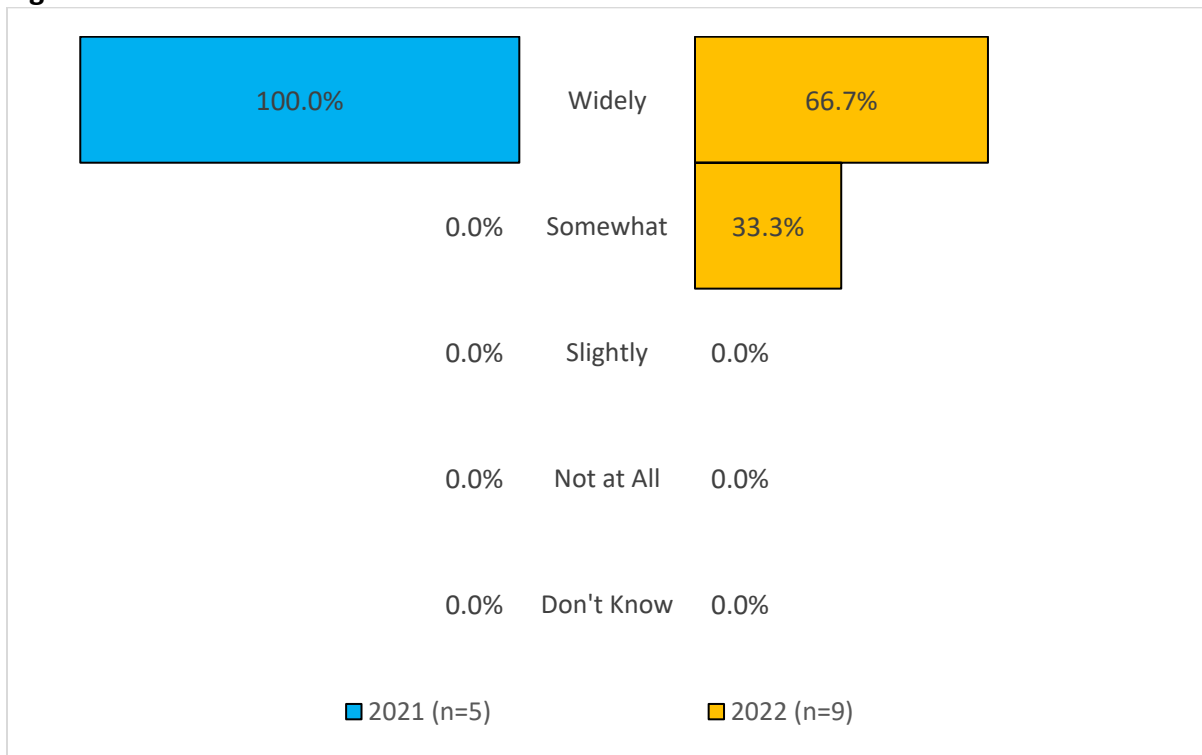
Figure 4.15 Individualized Service Planning

	2021 (n=5)		2022 (n=10)
Widely	20.0%		40.0%
Somewhat	80.0%		40.0%
Slightly	0.0%		20.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2021 (n=5)   ■ 2022 (n=10)
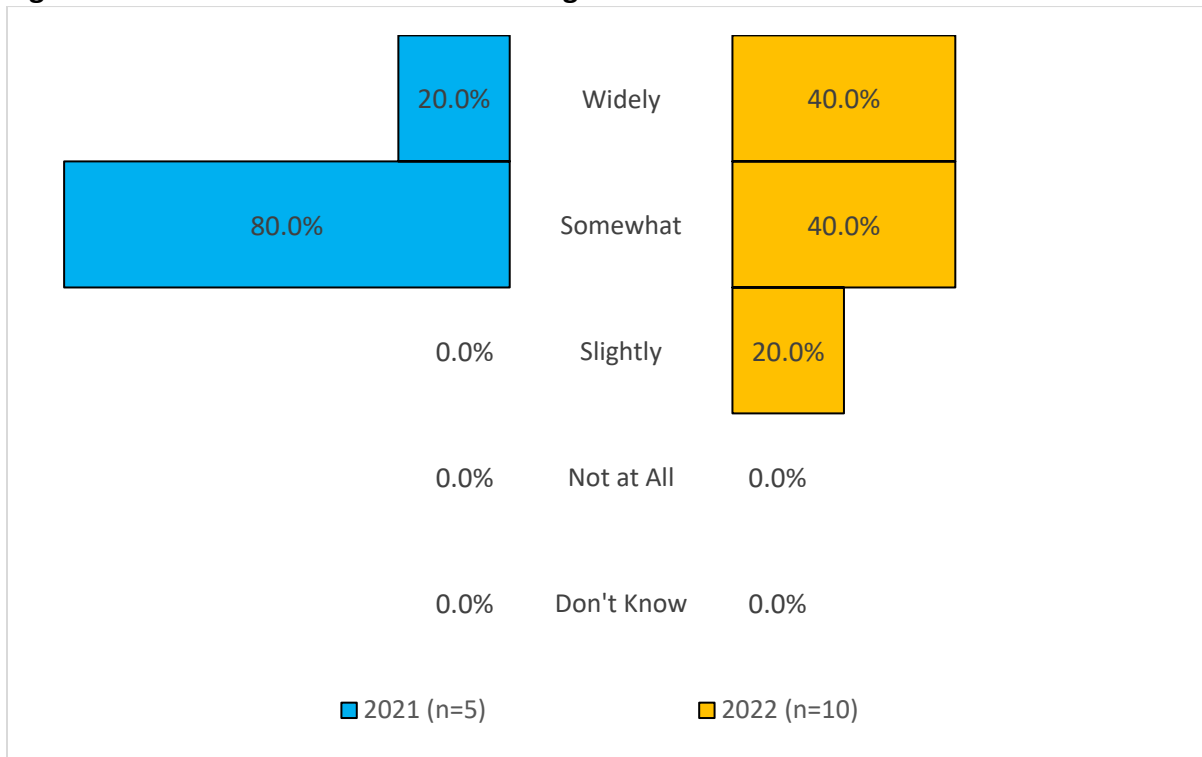
Figure 4.16 Intensive Care Management

	2021 (n=5)		2022 (n=10)
Widely	20.0%		0.0%
Somewhat	20.0%		50.0%
Slightly	60.0%		20.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		30.0%

■ 2021 (n=5)   ■ 2022 (n=10)

45
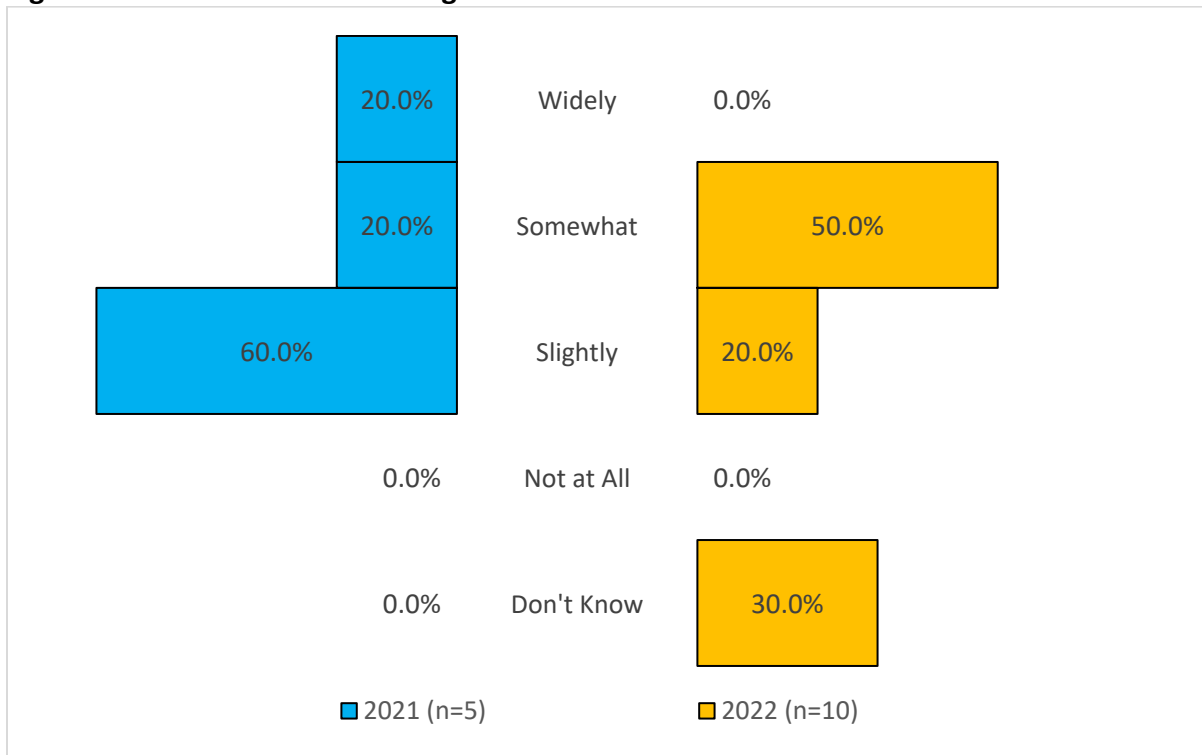
Figure 4.17 Outpatient Therapy

	2021 (n=5)		2022 (n=10)
Widely	80.0%		50.0%
Somewhat	20.0%		40.0%
Slightly	0.0%		0.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		10.0%
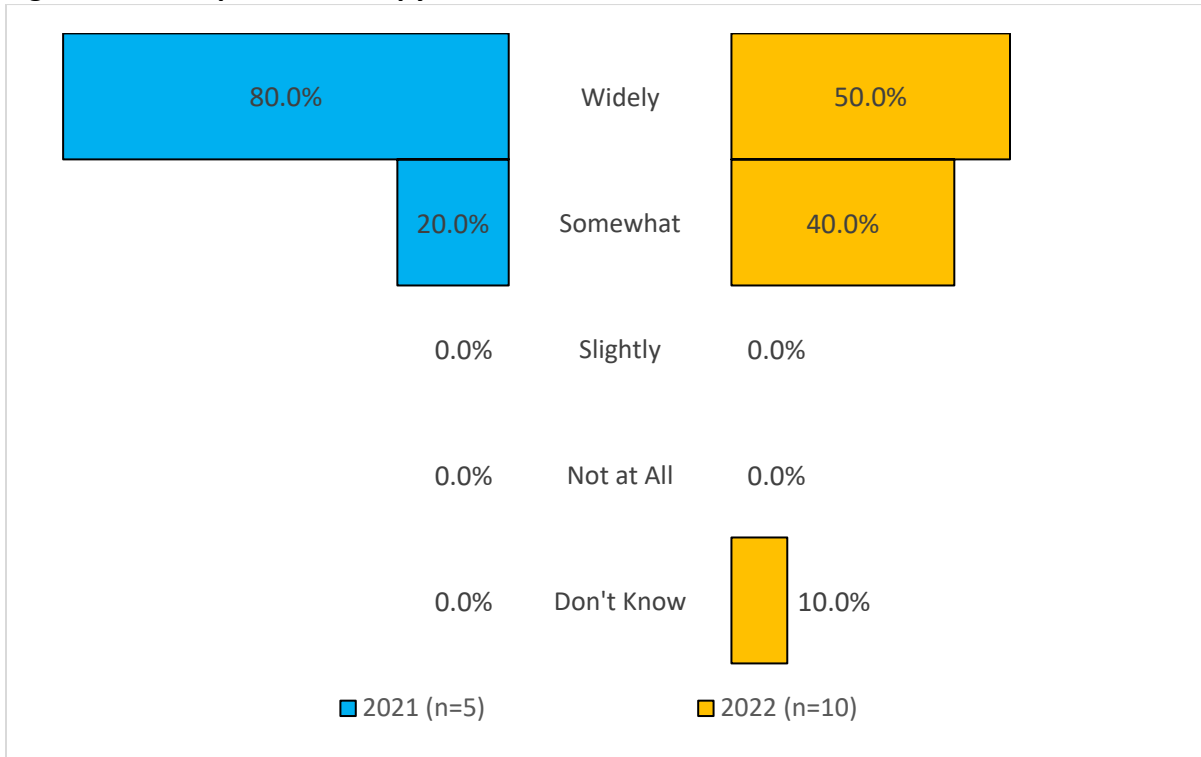
Figure 4.18 Medication Treatment/Management

	2021 (n=5)		2022 (n=10)
Widely	80.0%		40.0%
Somewhat	0.0%		50.0%
Slightly	20.0%		0.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		10.0%
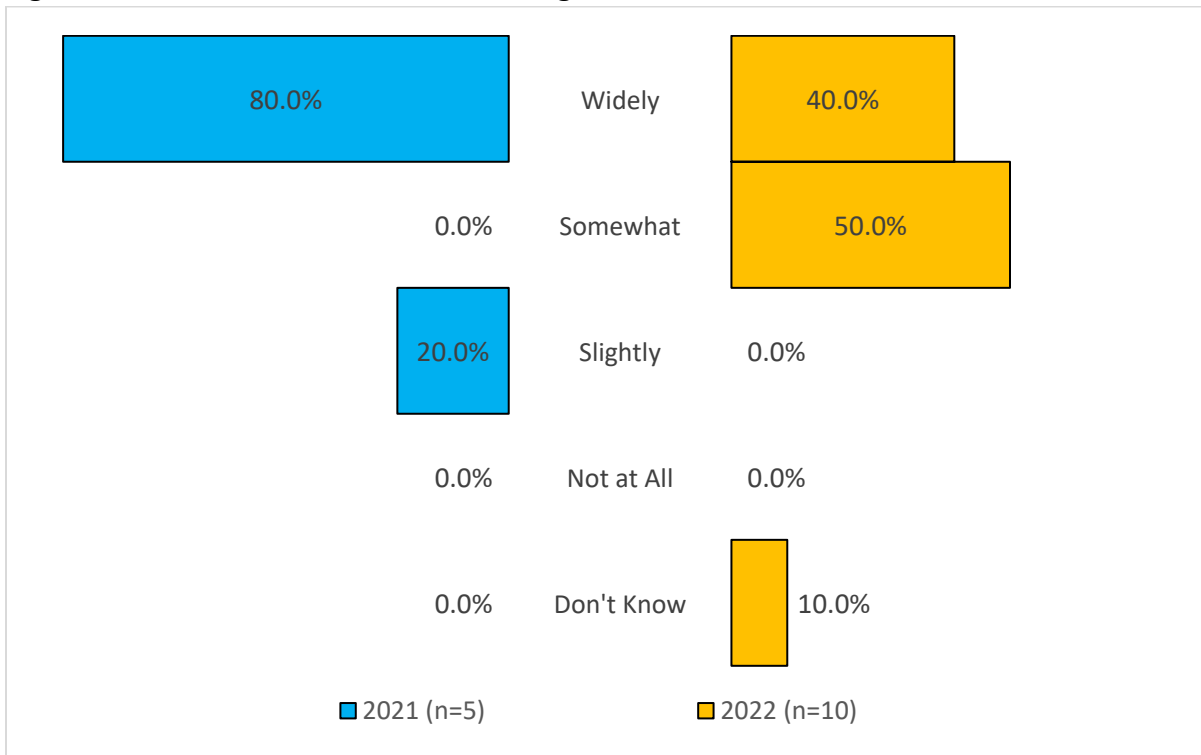
Figure 4.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	2021 (n=5)		2022 (n=10)
Widely	80.0%		70.0%
Somewhat	0.0%		30.0%
Slightly	20.0%		0.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%
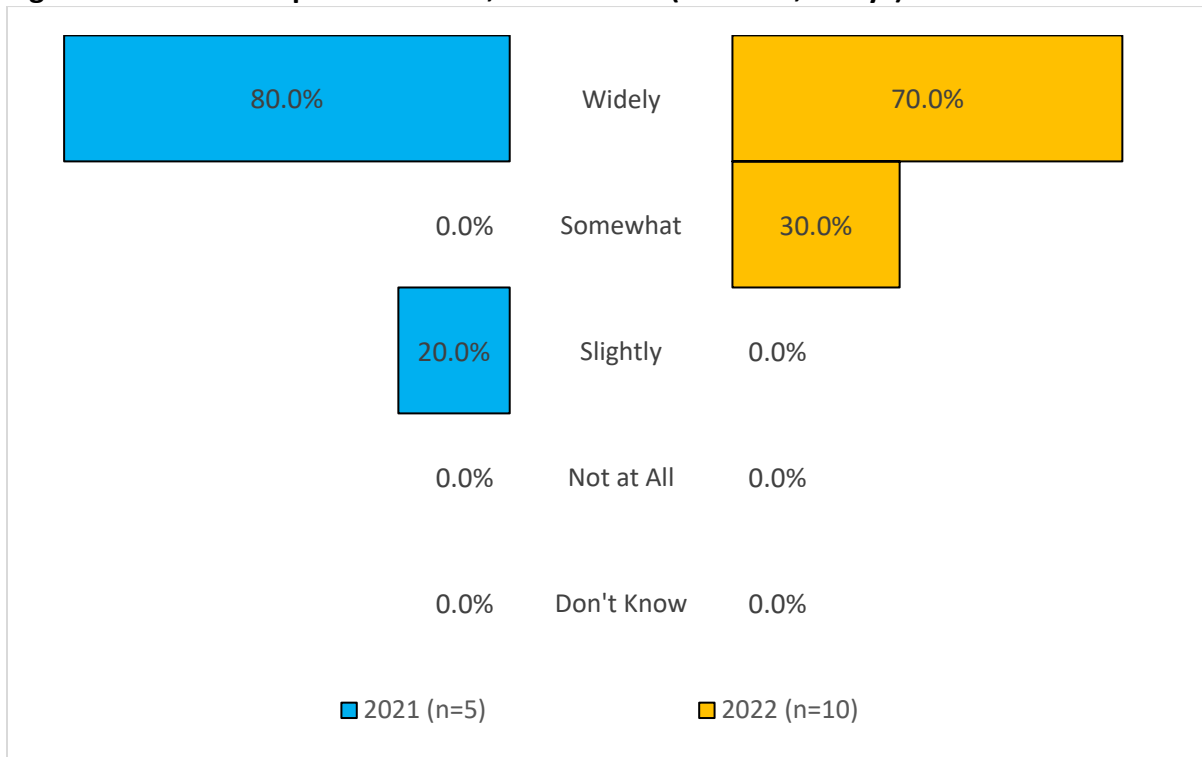
Figure 4.20 Intensive In-Home Services

	2021 (n=5)		2022 (n=10)
Widely	20.0%		10.0%
Somewhat	40.0%		30.0%
Slightly	40.0%		30.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		30.0%
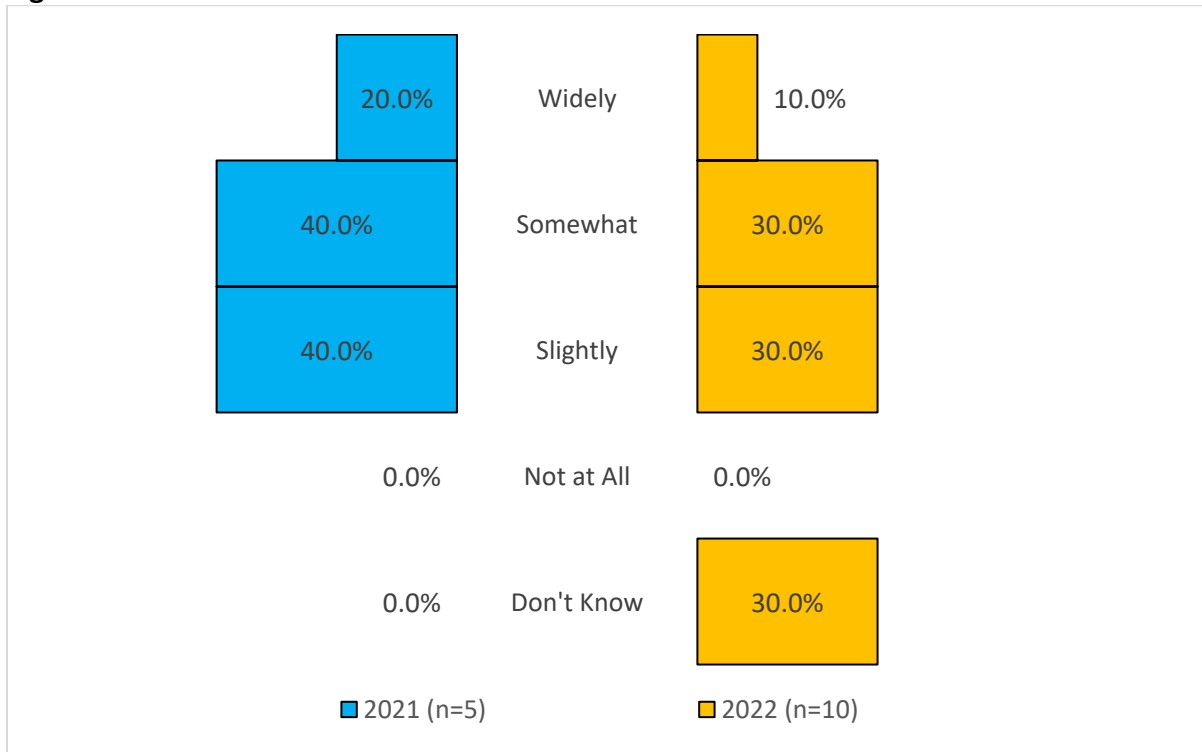
Figure 4.21 School-Based Behavioral Health Services

60.0%	Widely	60.0%
40.0%	Somewhat	30.0%
0.0%	Slightly	0.0%
0.0%	Not at All	0.0%
0.0%	Don't Know	10.0%

■ 2021 (n=5)   ■ 2022 (n=10)
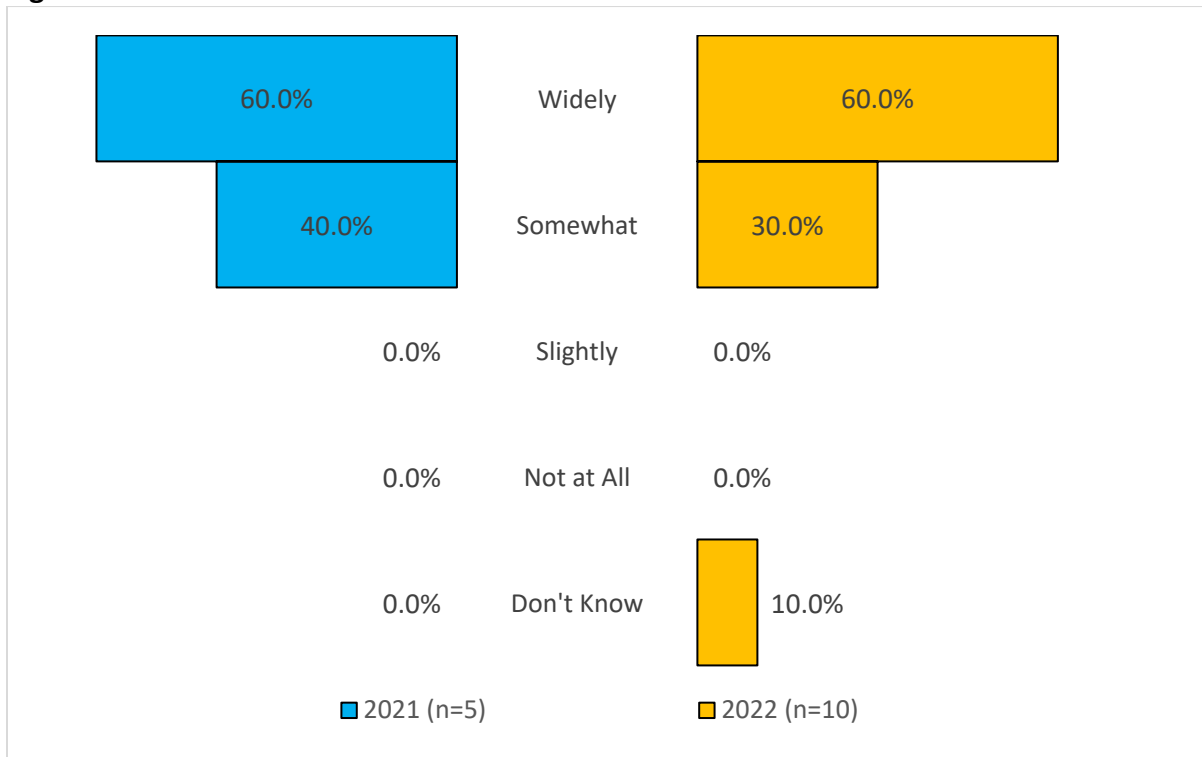
Figure 4.22 Substance Use Treatment

50.0%	Widely	10.0%
25.0%	Somewhat	70.0%
25.0%	Slightly	20.0%
0.0%	Not at All	0.0%
0.0%	Don't Know	0.0%

■ 2021 (n=4)   ■ 2022 (n=10)
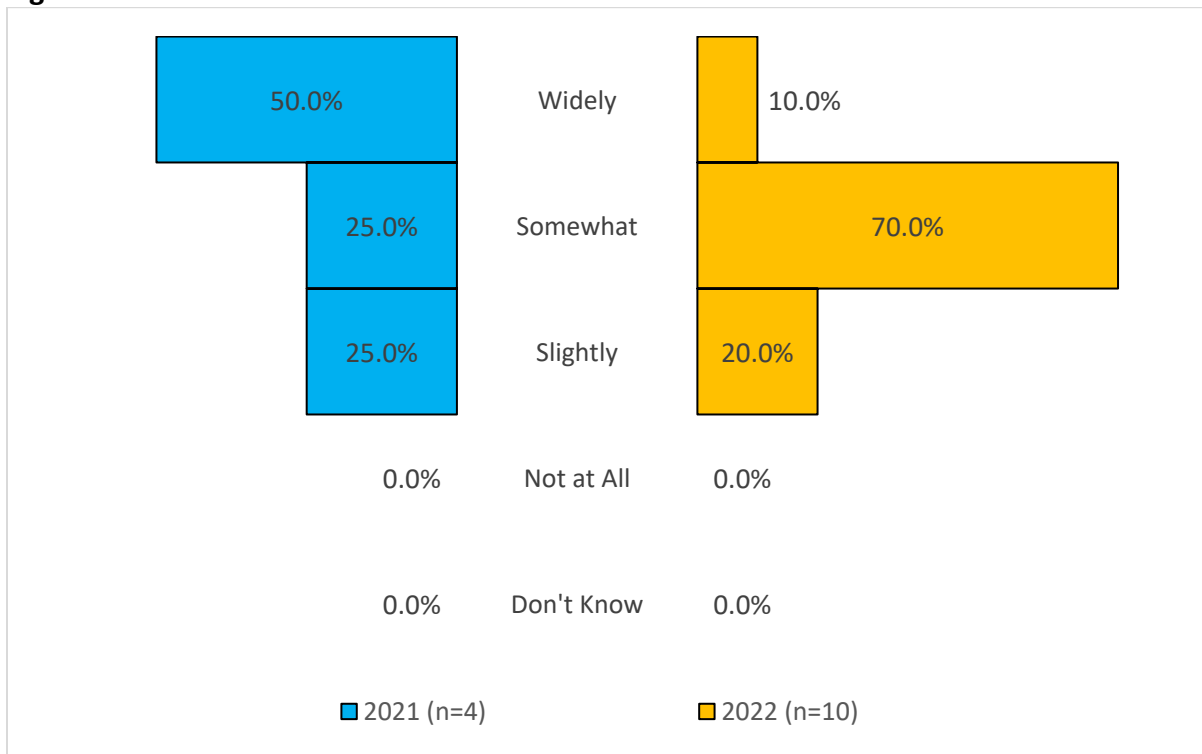
Figure 4.23 Behavior Management Skills Training

	2021 (n=5)		2022 (n=10)
Widely	20.0%		10.0%
Somewhat	40.0%		50.0%
Slightly	40.0%		30.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		10.0%

■ 2021 (n=5)   ■ 2022 (n=10)
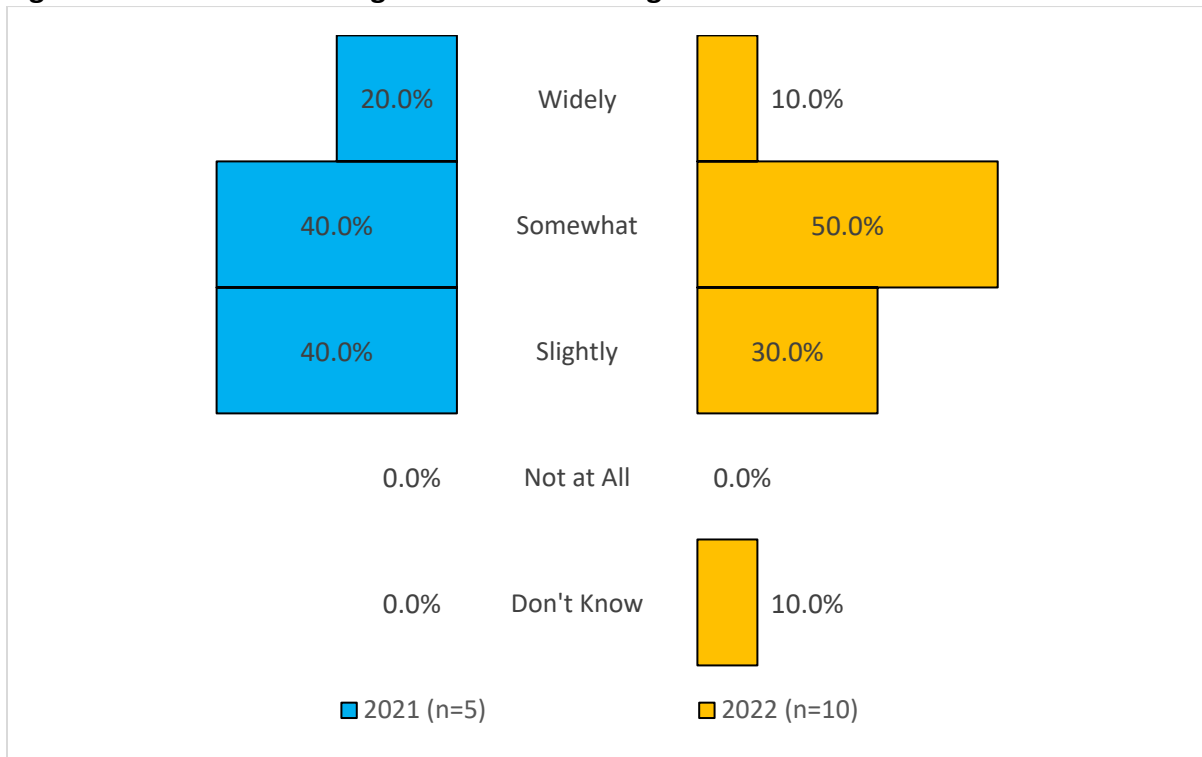
Figure 4.24 Tele-Behavioral Health Services

	2021 (n=5)		2022 (n=10)
Widely	60.0%		50.0%
Somewhat	20.0%		40.0%
Slightly	20.0%		10.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2021 (n=5)   ■ 2022 (n=10)
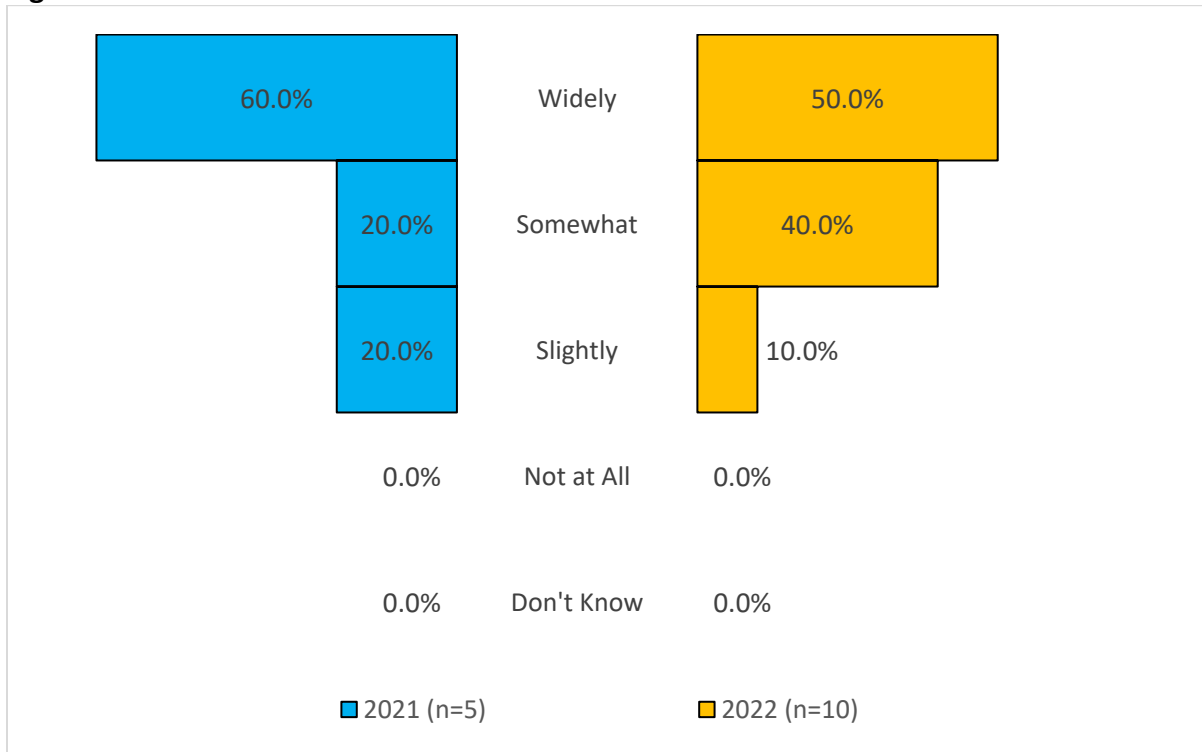
Figure 4.25 Youth and Family Education

	2021 (n=5)	2022 (n=10)
Widely	20.0%	10.0%
Somewhat	20.0%	50.0%
Slightly	60.0%	20.0%
Not at All	0.0%	10.0%
Don't Know	0.0%	10.0%

■ 2021 (n=5)   ■ 2022 (n=10)
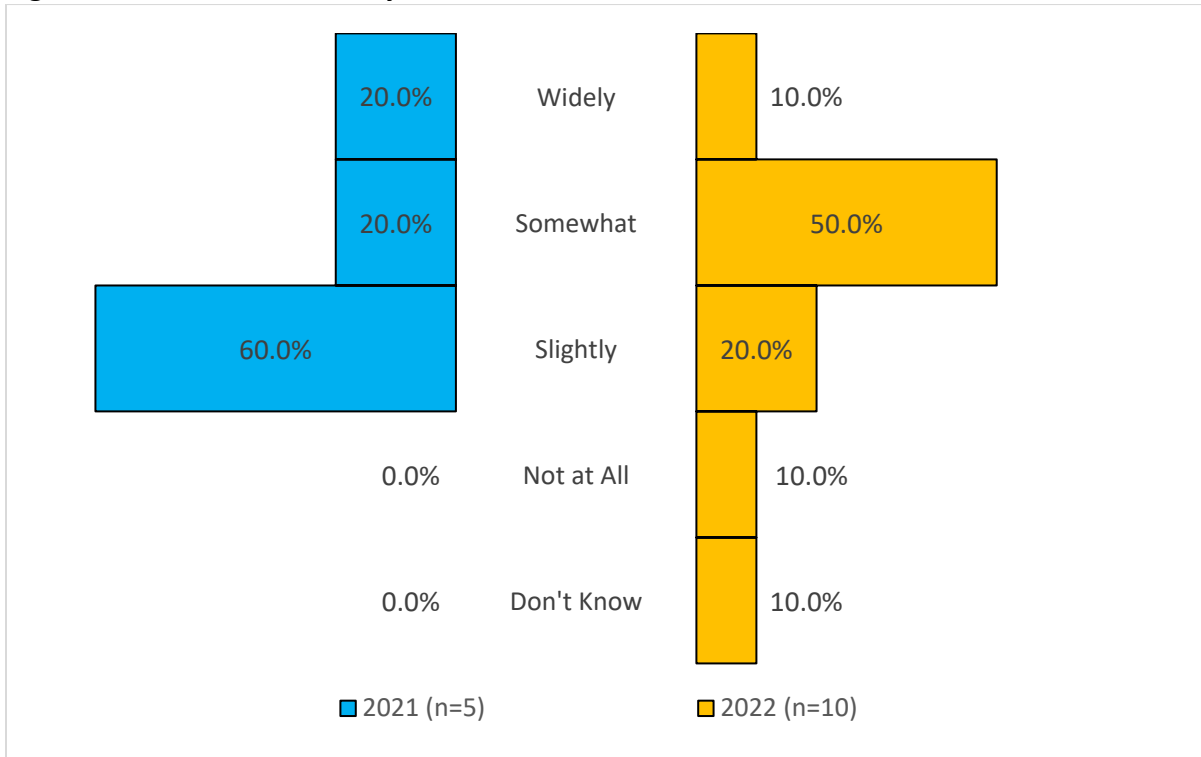
Figure 4.26 Respite Services

	2021 (n=5)	2022 (n=10)
Widely	0.0%	0.0%
Somewhat	0.0%	10.0%
Slightly	60.0%	20.0%
Not at All	40.0%	40.0%
Don't Know	0.0%	30.0%

■ 2021 (n=5)   ■ 2022 (n=10)
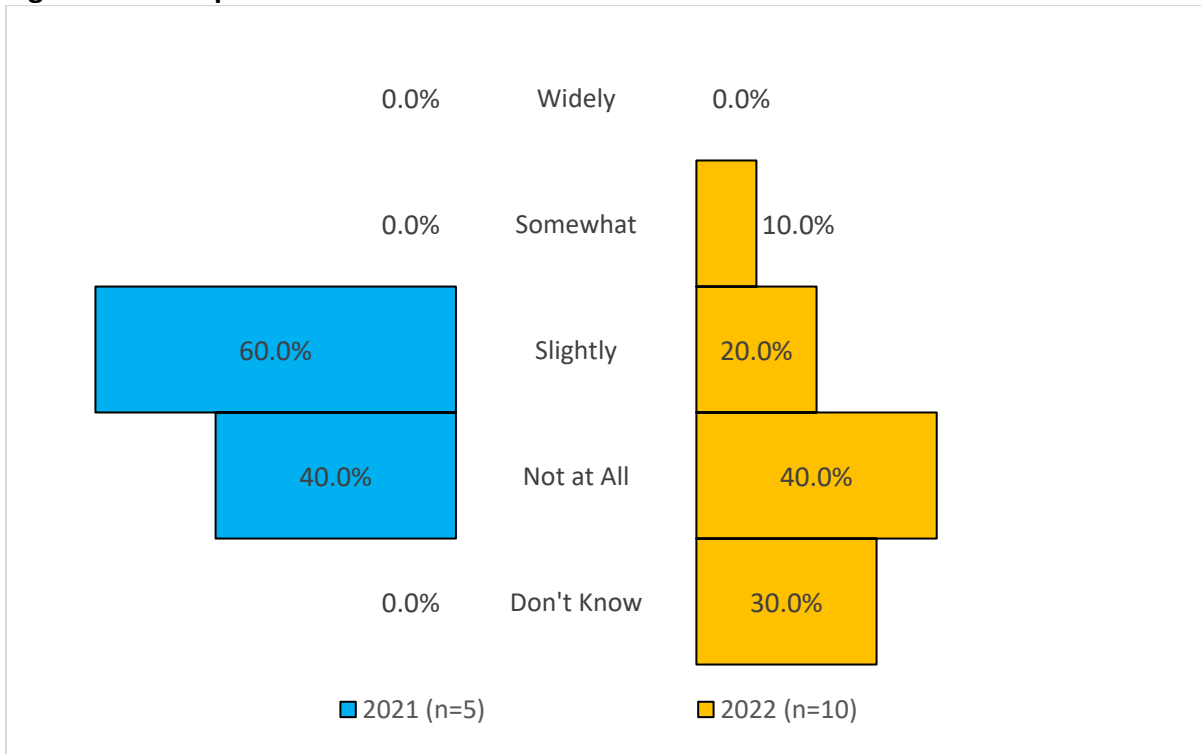
Figure 4.27 Mental Health Consultation

	2021 (n=5)		2022 (n=10)
Widely	40.0%		30.0%
Somewhat	20.0%		60.0%
Slightly	40.0%		10.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2021 (n=5)   ■ 2022 (n=10)
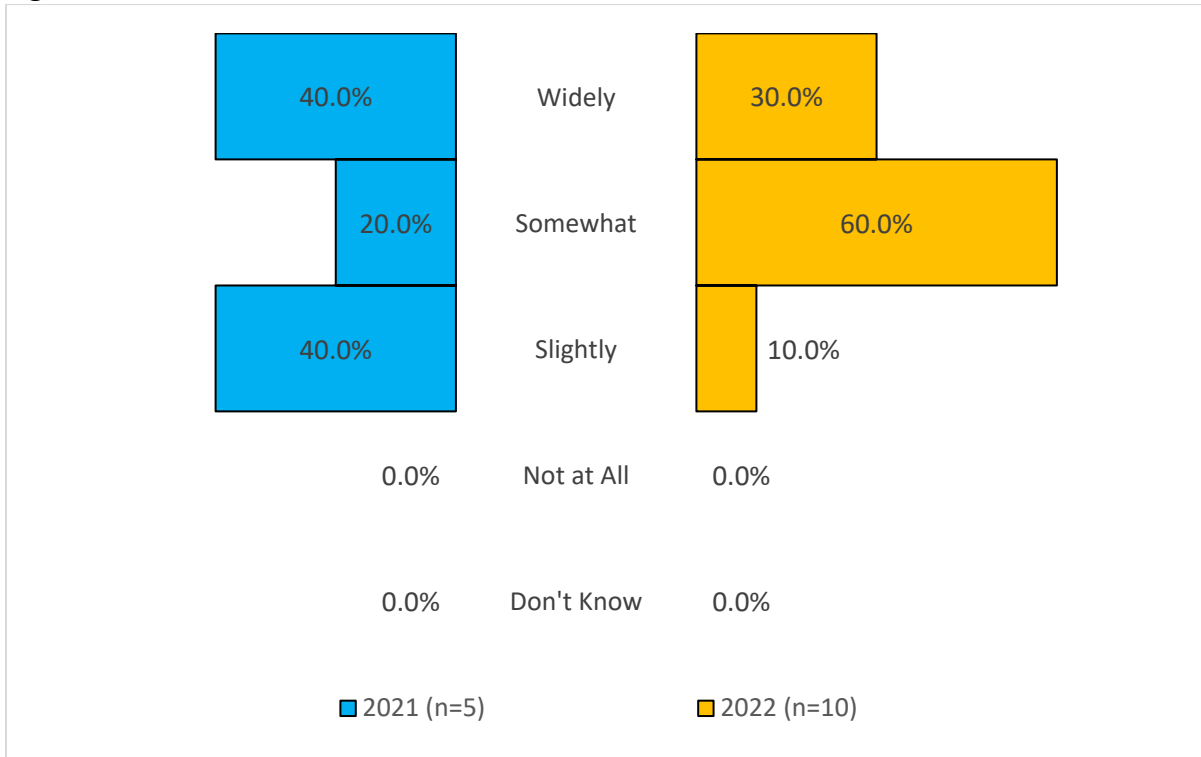
Figure 4.28 Transportation

	2021 (n=5)		2022 (n=10)
Widely	20.0%		0.0%
Somewhat	40.0%		30.0%
Slightly	40.0%		40.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		30.0%

■ 2021 (n=5)   ■ 2022 (n=10)
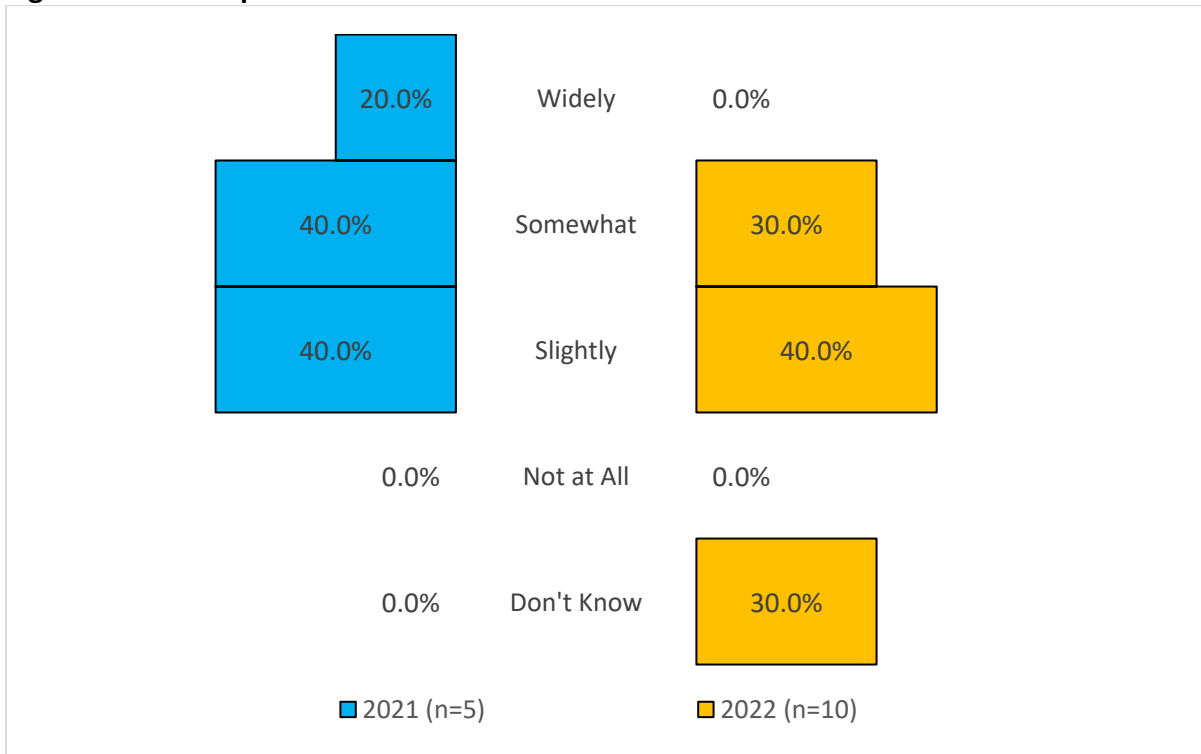
4.2.3 Out-of-Home Treatment Services

Stakeholders reported that out-of-home treatment services were less widely available than community-based services. Both substance use residential treatment and residential treatment were seen as less widely available in 2022 compared to 2021.

Figure 4.29 Substance Use Residential Treatment
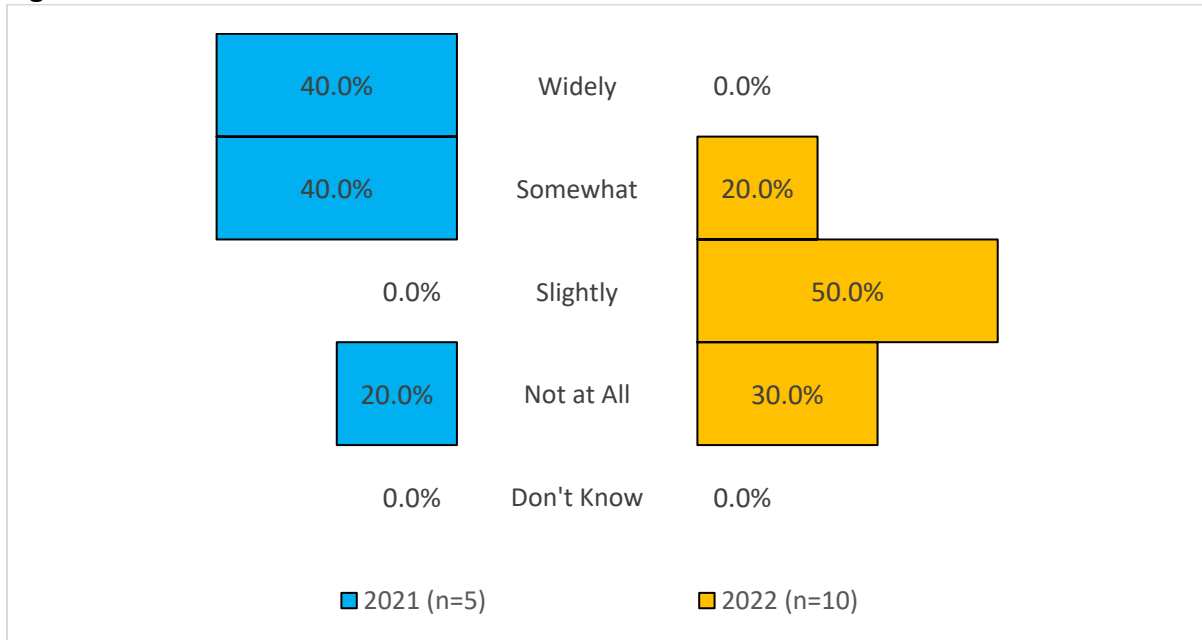
Figure 4.30 Residential Treatment
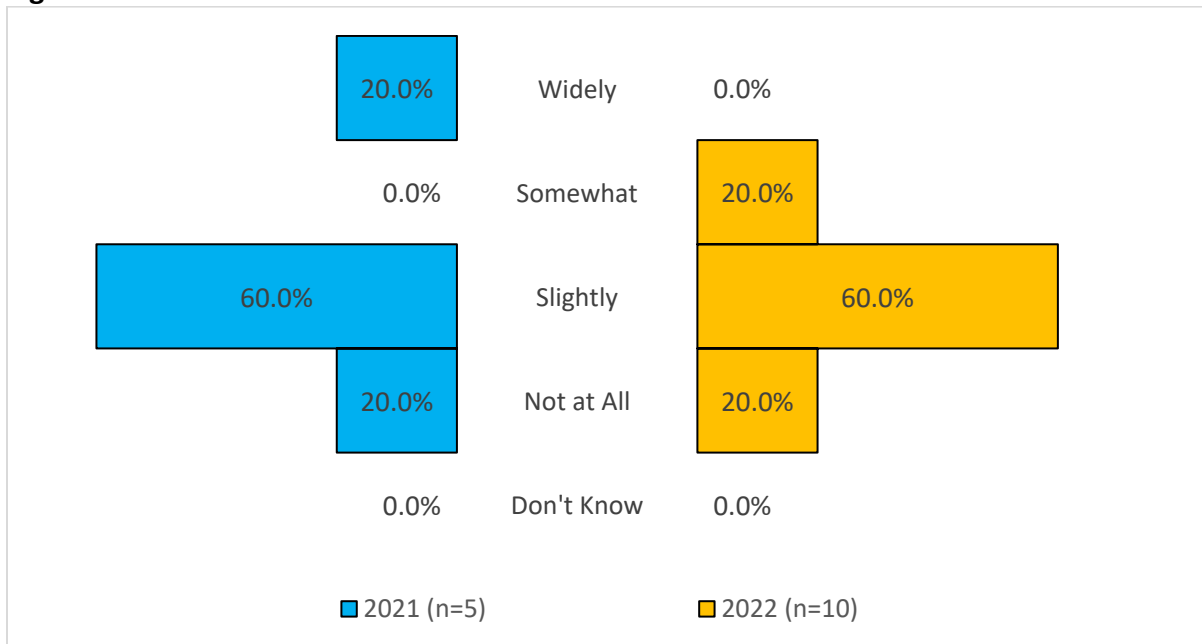
Figure 4.31 Inpatient Hospitalization

	2021 (n=5)		2022 (n=10)
Widely	0.0%		0.0%
Somewhat	40.0%		70.0%
Slightly	40.0%		30.0%
Not at All	20.0%		0.0%
Don't Know	0.0%		0.0%
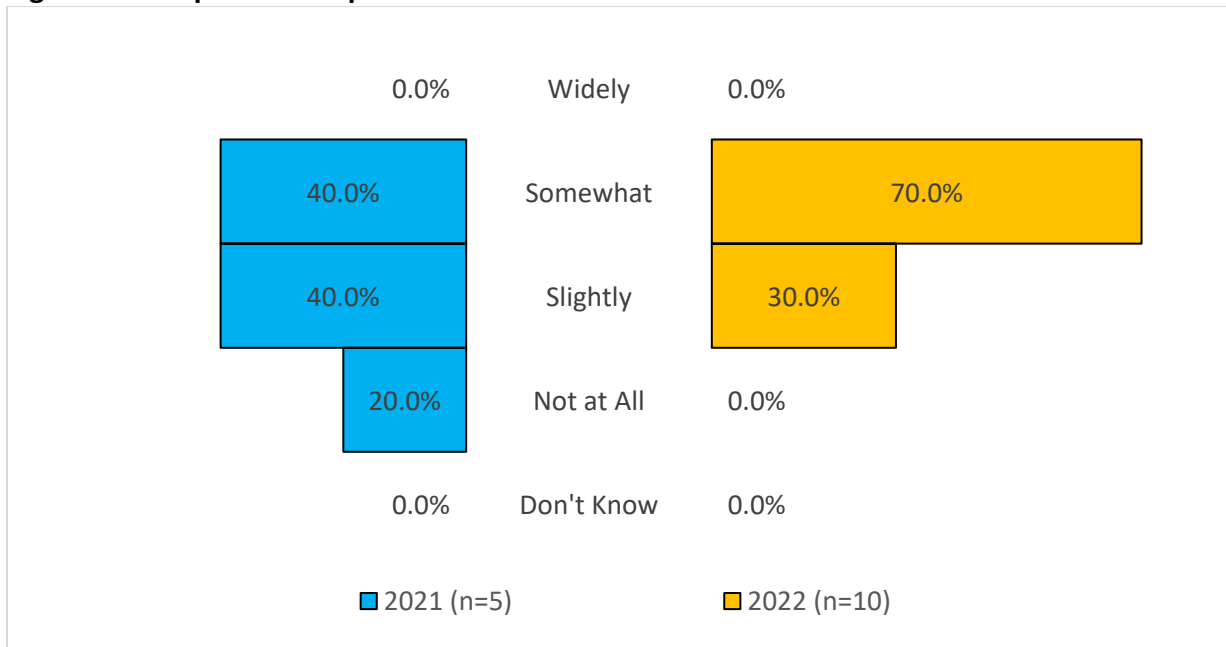
4.2.4   Peer-Provided Services (ILCHF Outcome)

Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services; most felt that these were not widely available in either year.

Figure 4.32 Youth Peer-Provided Services

	2021 (n=5)		2022 (n=10)
Widely	0.0%		0.0%
Somewhat	0.0%		30.0%
Slightly	40.0%		10.0%
Not at All	60.0%		30.0%
Don't Know	0.0%		30.0%
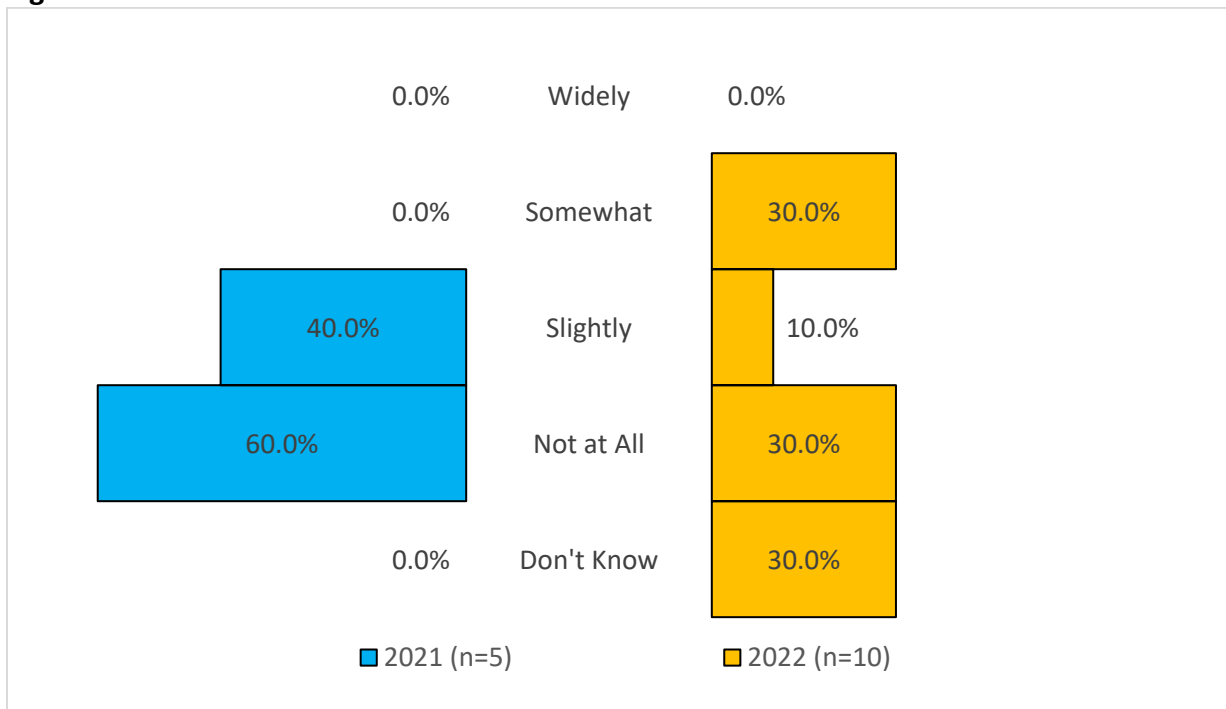
Figure 4.33 Caregiver Peer-Provided Services

	2021 (n=5)		2022 (n=10)
Widely	0.0%		0.0%
Somewhat	20.0%		40.0%
Slightly	40.0%		10.0%
Not at All	40.0%		20.0%
Don't Know	0.0%		30.0%

◼ 2021 (n=5) ◼ 2022 (n=10)
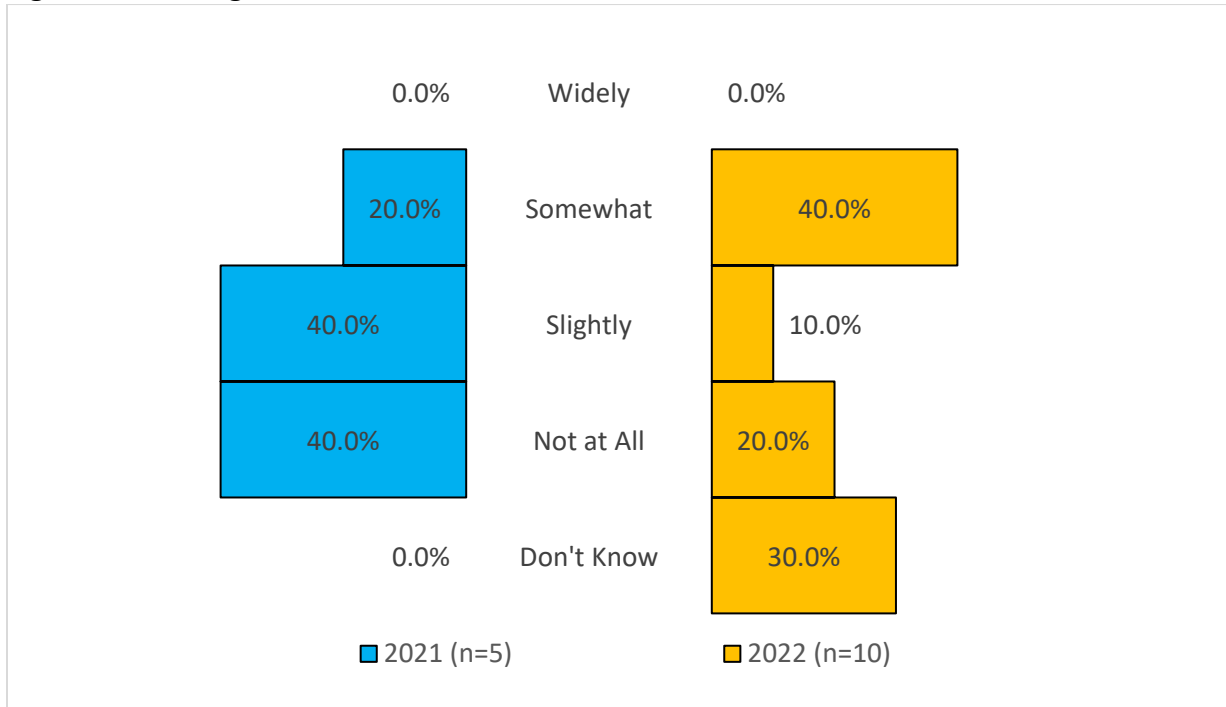
4.2.5 Service Coordination and Integration (ILCHF Outcome)

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. There was an increase in the perceived service coordination and integration in the community from 2021 to 2022; stakeholders rated service coordinate as moderately implemented in 2022.

Table 4.1 Service Coordination and Integration

	2021 Mean (n = 6)	2022 Mean (n = 10)
Care is coordinated across multiple child-serving agencies and systems	2.83 (0.75)	3.30 (0.48)
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)	2.33 (0.82)	3.10 (0.74)

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 2021 and 2022 are shown in Table 4.2. There was little change in any of the level of coordination from 2021 to 2022.

Table 4.2 Service Coordination with Children's Mental Health System

	2021 Mean (n = 4-5)	2022 Mean (n = 9-10)
Child welfare system	2.80 (0.45)	2.90 (0.74)
Juvenile justice/court system	3.00 (1.41)	3.30 (0.82)
Education system	3.40 (0.55)	3.50 (0.53)
Primary health system	2.60 (0.55)	2.89 (0.33)
Public health system	2.40 (1.14)	2.56 (0.73)
Substance use treatment system	3.00 (1.41)	3.00 (0.67)

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. Stakeholders in 2022 were more likely to report that early identification services were widely available, but a fifth of the respondents reported that they didn't know.

Figure 4.34 Services for Early Identification of Mental Health Problems
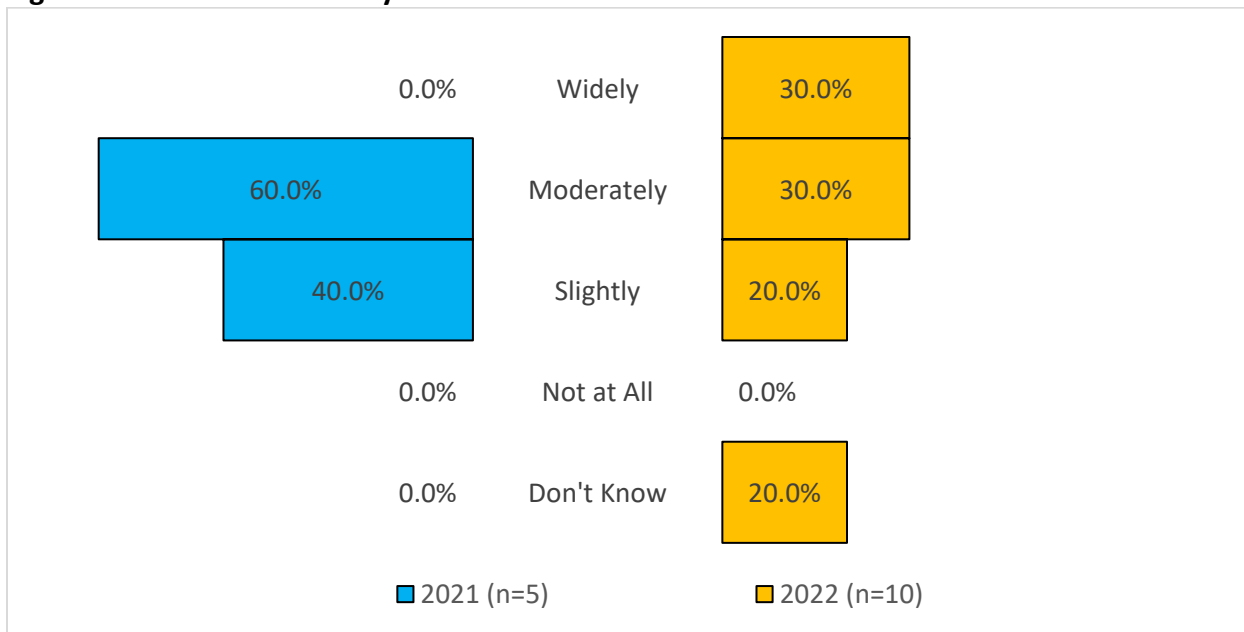
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). There was an increase in the perceived availability of screening services from 2021 to 2022; most stakeholders in 2022 perceived that screening was somewhat to widely available in the community.

Figure 4.35 Screening for Behavioral Health Needs

	2021 (n=5)	Category	2022 (n=10)
	40.0%	Widely	30.0%
	0.0%	Moderately	60.0%
	60.0%	Slightly	10.0%
	0.0%	Not at All	0.0%
	0.0%	Don't Know	0.0%
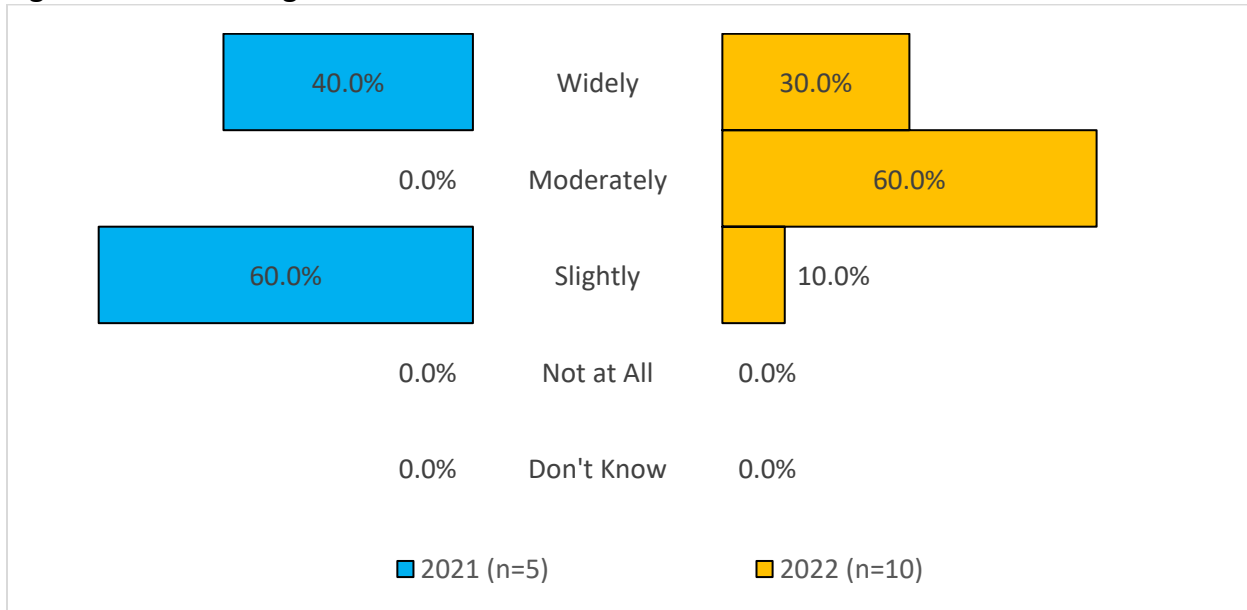
4.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

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 an increase in stakeholders' perceptions of the capacity to provide evidence-based interventions from 2021 to 2022; stakeholders felt there was wide capacity to implement evidence-based interventions in 2022.

Table 4.3 Capacity to Provide Evidence-Based Clinical Interventions

	2021 Mean (n = 6)	2022 Mean (n = 8-10)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.33 (0.52)	3.70 (0.48)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	3.33 (0.52)	3.75 (0.46)

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 in 2021 and 2022. The majority of stakeholders responded that this component was in place or partially in place in both years.

Figure 4.36 Use of Local Outcome Data to Inform Decision-making
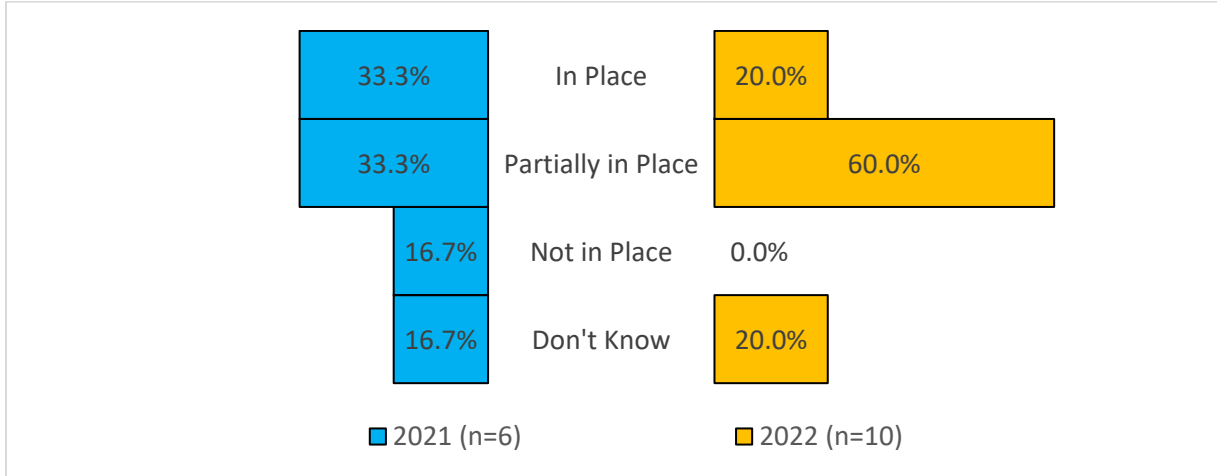
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. The results are similar in both years; the majority felt that this capacity was somewhat implemented.

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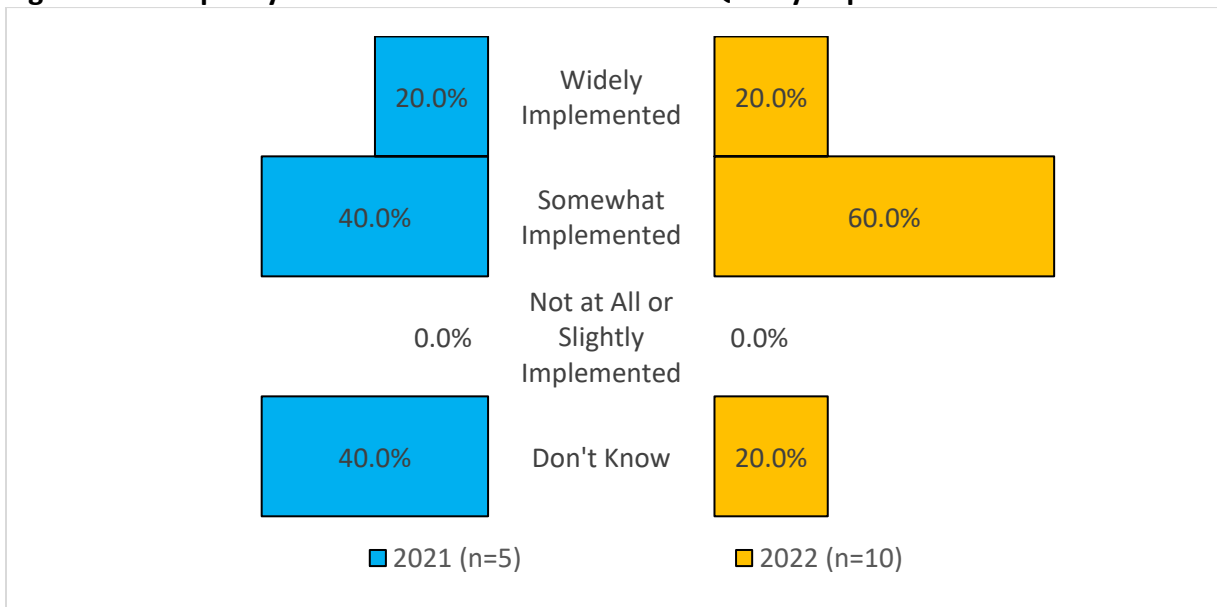
4.3.4   Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce; the results indicate a slight increase in perceived availability of these trainings.

Figure 4.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce
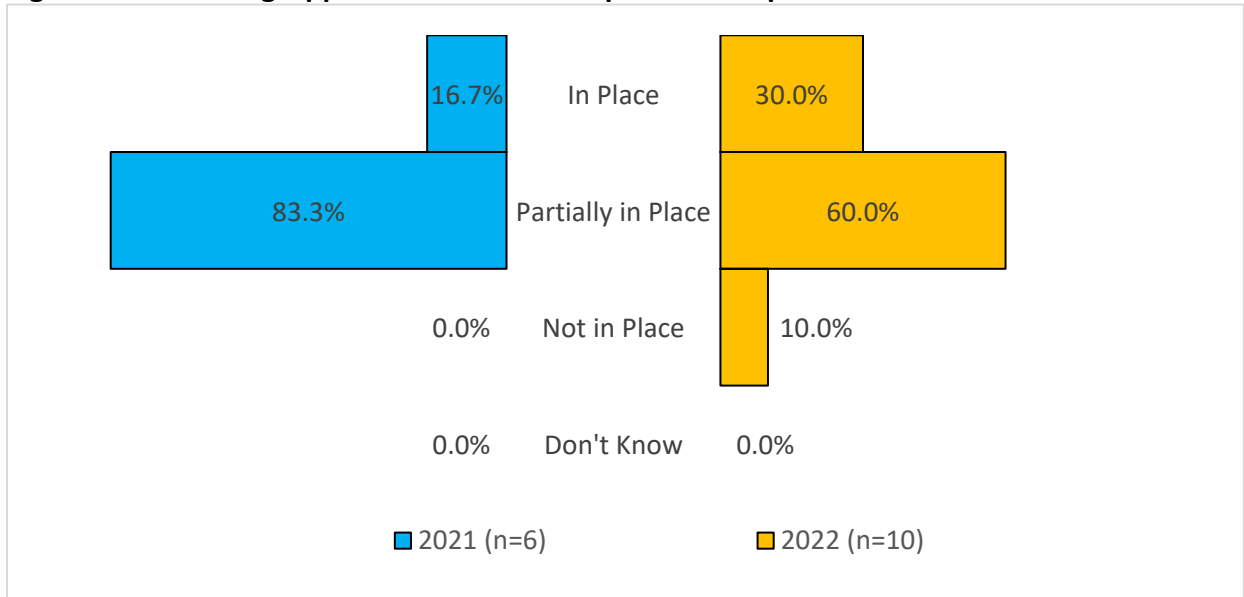
4.3.5   System Infrastructure Based on Systems of Care Approach

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 2021 and 2022. Response options were 1 = not at all or slightly implemented, 2 = somewhat implemented, and 3 = widely implemented (0 = don't know was excluded from the analysis). Stakeholder perceptions of the system of care infrastructure components in 2020 and 2021 were relatively the same; stakeholders felt those components were between not at all/slightly and somewhat implemented.

Figure 4.39 System of Care Infrastructure Components

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

■ 2021 (n = 4-5)   ■ 2022 (n = 9-10)

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

4.4 Parent/Youth Survey Results

Two parents involved with St. Clair County SOC 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 4.4 rather than in figures.

Table 4.4 Parent 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=2)	0	0	0	1	1
	2022 (n=4)	0	0	2	2	
How involved have youth with mental health problems been in planning the system of care in your community?	2021 (n=2)	1	0	1	0	0
	2022 (n=4)	0	2	1	1	0
Individualized Services						
Are child and family teams used to develop service plans for children?	2021 (n=2)	0	0	0	1	1
	2022 (n=4)	1	0	1	1	1
Are the service plans individualized to address children's unique needs?	2021 (n=2)	1	0	0	1	0
	2022 (n=4)	1	0	1	1	1
Are individualized assessments and tests used to plan children's services and supports?	2021 (n=2)	1	0	0	1	0
	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=2)	0	0	1	0	1
	2022 (n=4)	2	0	0	1	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=2)	0	0	0	1	1
	2022 (n=4)	2	0	1	0	1

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

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

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

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

Residential treatment for mental health problems	2021 (n=2)	2	0	0	0	0
	2022 (n=4)	2	1	1	0	0
Inpatient hospitalization	2021 (n=2)	1	0	1	0	0
	2022 (n=4)	2	1	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=2)	1	0	0	0	1
	2022 (n=4)	0	0	1	2	1
Health care (hospital) system	2021 (n=2)	1	1	0	0	0
	2022 (n=4)	1	0	2	1	0
Public health system	2021 (n=2)	1	0	1	0	0
	2022 (n=4)	0	0	2	1	1
Child welfare system	2021 (n=2)	0	0	1	0	1
	2022 (n=4)	0	0	1	2	1
Juvenile justice/court system	2021 (n=2)	0	0	1	0	1
	2022 (n=4)	1	0	0	0	3
Substance use treatment system	2021 (n=2)	2	0	0	0	0
	2022 (n=4)	1	0	1	0	2
Overall Assessment						
Overall, how much has your community created a system of care?	2021 (n=2)	0	0	1	1	0
	2022 (n=4)	0	0	1	2	1

5.   Greater Peoria Area Youth Mental Health Initiative

Seventeen providers completed the 2021 stakeholder survey for the Greater Peoria Area Youth Mental Health Initiative. The respondents included individuals who worked in several different sectors including social services, housing services, services for families experiencing homelessness, primary healthcare, education, juvenile justice, and child welfare. No parents completed the parent version of the stakeholder survey in 2021. Only four stakeholders responded to the 2022 administration of the stakeholder survey, including a community member and providers who worked in education and juvenile justice services. In addition, one parent completed the parent version of the stakeholder survey.

Because the sample size in 2022 is so small, we do not present the findings as percentages, display them in figures, or compare them to the responses of the 2021 survey. The reasoning behind this is because when samples are that small, percentages because unreliable and difficult to interpret. As an example, in a sample of four respondents, a change in the response of a single person would change the percentage in a distribution by 25%. This would look like a large change if the results were presented in a figure, when in reality it is only based on the response of one person. Instead, we present the findings in tables rather than figures and as counts rather than percentages.

The following sections provide descriptions of the stakeholders' 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.

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 don't know, not at all, slightly, somewhat, and widely. Three stakeholders responded to this question in the 2022 administration. Two indicated that overall, the system of care was slightly implemented. One respondent said the system of care was somewhat implemented.

	Year	Don't Know	Not at All	Slightly	Somewhat	Widely
To what extent do you believe that the system of care approach is being implemented in your community	2021 (n=16)	3	2	7	2	2
	2022 (n=3)	0	0	2	1	0

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, 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. Three of the 2022 respondents felt that a strategic plan that guides system of care implementation activities, a steering or planning committee that meets frequently to guide implementation activities, and buy-in, leadership and champions for change from multiple child-serving organizations were partially in place; one felt they were in place. One person felt that clear and frequent communication between leadership, planning committees, and stakeholders was not in place; one felt it was partially in place; one felt it was in place. Three people felt that technical assistance opportunities to support implementation of the systems of care approach were not in place; one said they were partially in place.

Implementation Support	Year	Don't Know	Not in Place	Partially in Place	In Place
A strategic plan that guides system of care implementation activities	2021 (n=17)	3	7	5	2
	2022 (n=4)	0	0	3	1
A steering or planning committee that meets frequently to guide implementation activities	2021 (n=17)	4	4	6	3
	2022 (n=4)	0	0	3	1
Buy-in, leadership, and champions for change from multiple child-serving organizations	2021 (n=17)	3	2	8	4
	2022 (n=4)	0	0	3	1
Clear and frequent communication between leadership, planning committees, and stakeholders	2021 (n=17)	2	4	9	2
	2022 (n=3)	0	1	1	1
Technical assistance opportunities to support implementation of the systems of care approach	2021 (n=17)	2	6	8	1
	2022 (n=4)	0	3	1	0

5.1.3   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. Three respondents in 2022 felt that parent and youth involvement in system of care implementation activities was not in place and one respondent felt it was partially in place.

Parent/Youth Involvement	Year	Don't Know	Not in Place	Partially in Place	In Place
Parent involvement in system of care implementation activities	2021 (n=17)	3	8	5	1
	2022 (n=4)	0	3	1	0
Youth involvement in system of care implementation activities	2021 (n=16)	3	9	3	1
	2022 (n=4)	0	3	1	0

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. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, and 4 = widely committed (0 = don't know was excluded from the analysis). Only two respondents answered these questions on the 2022 survey, so the means should be interpreted with caution.

	2021 Mean (n = 5-14)	2022 Mean (n = 2)
Mental Health System	3.57 (0.94)	3.00 (1.41)
Child Welfare System	3.17 (0.94)	3.00 (0.00)
Juvenile Justice/Court System	3.09 (0.83)	3.00 (0.00)
Education System	3.54 (0.77)	4.00 (0.00)
Primary Health System	3.17 (0.84)	3.50 (0.71)
Public Health System	3.50 (0.67	4.00 (0.00)
Substance Use Treatment System	3.33 (0.89)	2.50 (0.71)
Medicaid System	2.50 (0.97)	2.00 (0.00)
Policy and Decision Makers	2.33 (0.87)	2.00 (0.00)
Provider Agency Administrators Managers	2.92 (0.79)	2.00 (0.00)
Direct Service Providers	3.00 (0.85)	3.00 (1.41)

Family Leaders	3.00 (0.63)	1.50 (0.71)
Youth Leaders	3.00 (0.71)	1.50 (0.71)
Managed Care Organizations	2.55 (0.82)	2.50 (2.21)

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 providing access 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. Average ratings in 2022 indicated that stakeholders felt these service characteristics were slightly implemented, with the exception of least restrictive services, which were perceived as being moderately implemented.

System of Care Value/Principle	2021 Mean (n = 12-14)	2022 Mean (n = 3-4)
Individualized	2.55 (0.76)	1.89 (1.02)
Family-Driven	2.64 (0.72)	1.67 (0.58)
Youth-Guided	2.40 (0.91)	1.81 (0.88)
Coordinated	2.00 (0.68)	2.13 (1.32)
Culturally and Linguistically Competent	2.32 (0.93)	2.11 (0.69)
Evidence-Informed and Promising Practices	2.79 (0.64)	2.33 (1.15)
Least Restrictive	2.79 (0.81)	2.83 (0.76)
Service Array	2.69 (0.67)	2.25 (1.15)

5.2.2   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 service in their community during the prior 12 months. Three respondents completed this part of the survey in 2022, and one of these individuals indicated that they did not know about the availability of any of the services. The two respondents perceived that transportation was not at all available and respite services and mental health consultation were slightly available. They rated intensive care management, intensive in-home services, substance use treatment, behavior management skills training, youth and family education, and tele-behavioral health as slightly and somewhat available.

They rated school-based prevention services, early intervention services, assessment, outpatient therapy, medication treatment/management, crisis response services, and school-based behavioral health services as somewhat and widely available. They perceived community-based prevention services as being widely available.

Home/Community-Based Treatment/Support	Year	Don't Know	Not at All	Slightly	Somewhat	Widely
School-based Prevention Services	2021 (n=16)	2	0	5	6	3
	2022 (n=3)	1	0	0	1	1
Community-based Prevention Services	2021 (n=16)	2	1	6	4	3
	2022 (n=3)	1	0	0	0	2
Early Intervention Services	2021 (n=16)	1	0	7	2	6
	2022 (n=3)	1	0	0	1	1
Assessment	2021 (n=16)	4	0	3	7	2
	2022 (n=3)	1	0	0	1	1
Individualized Service Planning	2021 (n=16)	4	1	3	6	2
	2022 (n=3)	1	0	1	0	1
Intensive Care Management	2021 (n=16)	4	1	6	3	2
	2022 (n=3)	1	0	1	1	0
Outpatient Therapy	2021 (n=16)	3	0	2	8	3
	2022 (n=3)	1	0	0	1	1
Medication Treatment/Management	2021 (n=16)	4	1	5	4	2
	2022 (n=3)	1	0	0	1	1
Crisis Response Services, Non-Mobile (24 hours, 7 days)	2021 (n=16)	2	0	4	4	6
	2022 (n=3)	1	0	0	1	1

Intensive In-Home Services	2021 (n=15)	5	2	5	1	2
	2022 (n=3)	1	0	1	1	0
School-Based Behavioral Health Services	2021 (n=16)	2	1	5	5	3
	2022 (n=3)	1	0	0	1	1
Substance Use Treatment	2021 (n=16)	1	2	5	6	2
	2022 (n=3)	1	0	1	1	0
Behavior Management Skills Training	2021 (n=15)	5	0	5	4	1
	2022 (n=3)	1	0	1	1	0
Tele-Behavioral Health Services	2021 (n=16)	3	0	7	5	1
	2022 (n=3)	1	0	1	1	0
Youth and Family Education	2021 (n=16)	3	0	9	1	3
	2022 (n=3)	1	0	1	1	0
Respite Services	2021 (n=16)	4	2	7	1	2
	2022 (n=3)	1	0	2	0	0
Mental Health Consultation	2021 (n=16)	2	0	7	5	2
	2022 (n=3)	1	0	2	0	0
Transportation	2021 (n=16)	3	0	6	3	4
	2022 (n=3)	1	2	0	0	0

5.2.3 Out-of-Home Treatment Services

Three stakeholders in 2022 rated the availability of out-of-home treatment services. One indicated that they did not know about the availability of these services.

Out-of-Home Treatment Service	Year	Don't Know	Not at All	Slightly	Somewhat	Widely
Substance Use Residential Treatment	2021 (n=16)	1	2	4	6	3
	2022 (n=3)	1	0	1	0	1
Residential Treatment	2021 (n=16)	2	2	3	6	3
	2022 (n=3)	1	1	0	1	0
Inpatient Hospitalization	2021 (n=16)	1	1	4	6	4
	2022 (n=3)	1	1	0	0	1

5.2.4 Peer-Provided Services (ILCHF Outcome)

Of the three stakeholders in 2022 who rated the availability of peer-provided services for youth and caregivers, one indicated they did not know, one indicated they were not at all available, and one indicated they were slightly available.

Peer-Provided Service	Year	Don't Know	Not at All	Slightly	Somewhat	Widely
Youth Peer-Provided Services	2021 (n=16)	8	3	2	1	2
	2022 (n=3)	1	1	0	1	0
Caregiver Peer-Provided Services	2021 (n=16)	8	2	4	0	1
	2022 (n=3)	1	1	0	1	0

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. The table below shows the mean scores on the individual items of the service coordination subscale. In 2022, stakeholders perceived that services were slightly coordinated and integrated across systems.

Service Coordination and Integration	2021 Mean (n = 13-14)	2022 Mean (n = 4)
Care is coordinated across multiple child-serving agencies and systems	2.29 (0.73)	2.25 (1.26)
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)	1.69 (0.75)	2.00 (1.41)

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. The table below shows mean scores for the level of service coordination for each system. In 2022, two respondents rated these items. The mean of their responses indicates that the respondents see coordination with mental health providers as moderately to widely implemented for each of the child-serving systems.

Service Coordination with Children's Mental Health System

Child-Serving System	2021 Mean (n = 13-14)	2022 Mean (n = 2)
Child welfare system	3.15 (0.80)	3.00 (0.00)
Juvenile justice/court system	2.92 (0.76)	3.50 (0.71)
Education system	2.86 (0.77)	4.00 (0.00)
Primary health system	2.77 (0.83)	3.50 (0.71)
Public health system	2.77 (0.83)	3.50 (0.71)
Substance use treatment system	2.79 (0.70)	3.00 (0.00)

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. In 2022, four stakeholders completed the rating for services for early identification of mental health problems. One said they did not know, one reported they were not at all available, one reported they were moderately available, and one reported they were widely available. Three stakeholders rated the availability of screening for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings). One indicated they did not know, one that they are slightly available and one that they are widely available.

Identification Service	Year	Don't Know	Not at All	Slightly	Moderately	Widely
Services for Early Identification of Mental Health Problems	2021 (n=17)	4	1	5	6	1
	2022 (n=4)	1	1	0	1	1
Screening for Behavioral Health Needs	2021 (n=17)	4	0	5	5	2
	2022 (n=3)	1	0	1	0	1

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. The table in this section 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. Three respondents rated these items in 2022. Their mean scores indicate their perception of slight capacity to implement evidence-based interventions.

Capacity to Provide Evidence-Based Clinical Interventions	2021 Mean (n = 14)	2022 Mean (n = 3)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	2.79 (0.70)	2.33 (1.16)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.79 (0.70)	2.33 (1.16)

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 that this infrastructure component was present in their community. Three of the 2022 respondents indicated that this component was not in place; one respondent indicated that it was in place.

	Year	Don't Know	Not in Place	Partially in Place	In Place
Use of Local Outcome Data to Inform Decision-making	2021 (n=17)	3	3	7	4
	2022 (n=4)	0	3	0	1

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. In 2022, two respondents indicated they did not know the extent to which this capacity was implemented; one said it was somewhat implemented, and another that it was widely implemented.

	Year	Don't Know	Not in Place	Somewhat	Widely
Capacity to Gather Data for Continuous Quality Improvement	2021 (n=17)	4	7	3	3
	2022 (n=4)	2	0	1	1

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. Of the four 2022 respondents, three felt these training opportunities were not in place; one respondent felt they were partially in place.

	Year	Don't Know	Not in Place	Partially in Place	In Place
Training Opportunities to Develop a Well-Prepared Mental Health Workforce	2021 (n=17)	1	2	13	1
	2022 (n=4)	0	3	1	0

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 in 2021 and 2022. Response options were 1 = not at all or slightly implemented, 2 = somewhat implemented, and 3 = widely implemented (0 = don't know was excluded from the analysis). Two to three stakeholders answered these questions in 2022. Their mean responses indicated that stakeholders felt those components were between not at all/slightly and somewhat implemented.

System of Care Infrastructure Component	2021 Mean (n = 10-13)	2022 Mean (n = 2-3)
Financing for system of care services	1.55 (0.82)	2.00 (0.00)
Structure to manage care for high-need populations	1.60 (0.84)	1.50 (0.71)
Structure for interagency partnerships and agreements	1.83 (0.84)	2.00 (0.00)
Structure for partnerships with family organizations and leaders	1.73 (0.79)	2.00 (1.41)
Structure for partnerships with youth organizations and leaders	1.58 (0.79)	2.00 (1.00)
Defined access/entry points to care	1.90 (0.74)	1.33 (0.78)
Extensive provider network	2.08 (0.76)	1.67 (0.58)
Structure for training, TA, and workforce development	1.75 (0.87)	1.50 (0.71)
Structure for strategic communications/social marketing	1.73 (0.91)	1.33 (0.58)
Structure for strategic planning, identifying, and resolving barriers	1.54 (0.78)	1.67 (0.58)

5.4 Parent Survey Results

Parents involved in the development of the system of care completed a stakeholder survey that was adapted for them. One parent involved with the Greater Peoria Area Youth Mental Health Initiative completed the parent version of the stakeholder survey in 2022. This parent's responses are detailed in the table below.

	Response
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	Slightly
How involved have youth with mental health problems been in planning the system of care in your community?	Not at All
Individualized Services	
Are child and family teams used to develop service plans for children?	Moderately

Are the service plans individualized to address children's unique needs?	Slightly
Are individualized assessments and tests used to plan children's services and supports?	Slightly
Do children's service plans address more than one area of their life (for example, school plus physical health plus mental health)?	Moderately
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?	Moderately
Family Voice	
Do families have the most say in deciding which services and support their child gets?	Slightly
Do children's services make use of their family's strengths?	Slightly
Do families have a real choice about what services and supports the child and family receive?	Slightly
Do parents have access to support from other parents who have children with mental health needs?	Slightly
Are there organizations that support family involvement in children's mental health services?	Moderately
Youth Voice	
Do children and youth have a say in what services they get?	Not at All
Do children's services make use of their strengths and interests?	Slightly
Do youth have a real choice between different services and supports?	Not at All
Do youth have access to support from other youth who have mental health needs?	Slightly
Are there organizations that support youth involvement in service planning and delivery?	Slightly
Coordinated Services	
Do different agencies work together as a team to provide services?	Slightly
Culture-specific Services	
Are services and supports available that are a good match for families of different cultures?	Slightly
Are service providers available for families who don't speak English?	Missing
Community-based Services	
Are children served at home rather than a group home or residential treatment center?	Moderately
Service Variety	
Are many different types of services and supports available?	Slightly
Are services available for children age 5 and younger?	Slightly
Are services available for young adults who are transitioning to adulthood?	Slightly
Finding Services	
There is a place that families can go when they decide to start getting mental health services for their child.	Not at All
Service Availability	

Screening children to see if they need mental health services	Slightly
School-based prevention services	Moderately
Community-based prevention services	Moderately
Early intervention services to help children under age 5 who need help	Slightly
Assessment and testing to decide what services children need	Slightly
Individualized service planning (planning services to meet children's needs)	Slightly
Coordination between different services so they work together well	Slightly
Outpatient therapy	Moderately
Medication treatment/management	Moderately
Crisis response services (24 hours, 7 days)	Slightly
School-based mental health services	Moderately
Behavior management skills training	Slightly
Day treatment	Moderately
Substance use treatment	Don't Know
Substance use residential treatment	Don't Know
Tele-behavioral health services (services provided by telephone or video call)	Moderately
Youth peer provided services (support from other youth)	Don't Know
Caregiver peer provided services (support from other parents)	Slightly
Respite services (to give a parent and a child a night off from each other if they need it)	Slightly
Supported education and employment	Don't Know
Supported independent living	Don't Know
Transportation	Moderately
Residential treatment for mental health problems	Moderately
Inpatient hospitalization	Moderately
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	Moderately
Health care (hospital) system	Moderately
Public health system	Moderately
Child welfare system	Moderately
Juvenile justice/court system	Moderately
Substance use treatment system	Don't Know
Overall Assessment	
Overall, how much has your community created a system of care?	Slightly

6.   Youth Mental Health System of Care

The sample sizes and composition of the first and second administrations of stakeholder survey for the Youth Mental Health System of Care project were different. The first administration in 2021 consisted of 10 respondents that included providers working in social services, housing and homelessness services, healthcare, education, child welfare, and other services. The second administration consisted of a slightly larger sample of 14, including individuals working in social services, housing and homelessness services, healthcare, education, juvenile justice, mental health, and other service sectors. No parents took the survey in either 2021 or 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 from 2021 to 2021 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 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; 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 majority of stakeholders felt that the SOC was slightly implemented in 2021 and somewhat implemented in 2022.
- The percentage of stakeholders who reported that a strategic plan was in place increased, although most respondents in both years indicated it was partially in place. All respondents in both years indicated that a steering committee, buy-in, and leadership were either partially or fully in place. The majority of stakeholders in both years felt that clear communication from leadership was partially in place. Stakeholder perceptions of the availability of technical assistance opportunities increased from 2021 to 2022.
- Perceptions of parent involvement in the SOC were similar in both years; most stakeholders reported that this was partially in place. Perceptions of youth involvement increased, the majority felt it was not in place in 2021 and partially in place in 2022.

- Stakeholder perceptions of the level of commitment from other child-serving systems decreased across the board from 2021 to 2022; the largest decreases were for the child welfare system, juvenile justice, primary health, substance use services, Medicaid system, family and youth leaders, and managed care organizations. Please note the difference in sample size between the two years, which makes the changes difficult to interpret.
- 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 the implementation of most service characteristics were the same in both years. The exceptions were an increase in the perceived use of evidence-informed practices and a decrease in the use of least restrictive services.
- There was little change in the perceived availability of community-based services from 2021 to 2022. Most services were seen as somewhat available; although a third of participants in 2022 felt that respite services were not at all available.
- The perceived availability of residential substance use services decreased from 2021 to 2022; availability of other residential treatment and inpatient hospitalization remained the same.
- Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services in both years.
- There was little change in the level of perceived service coordination from 2021 to 2022; it was perceived as slightly coordinated both years.
- Stakeholders were also asked about coordination of mental health services with other systems. For most systems, there was little change in the perceptions of service coordination with the children's mental health system from 2021 to 2022, although there was a decrease in perceived coordination with the juvenile justice system.
- There were slightly changes in perceptions of early identification and screening services from 2021 to 2022, although there was little consensus among stakeholders on this topic.
- There was a slight increase in stakeholders' perceptions of the capacity to provide evidence-based interventions from 2021 to 2022; stakeholders in 2022 felt that this capacity was moderately in place.
- Stakeholders were asked about the use of outcome data to inform operations and changes in the system. There was little change in this area; most stakeholders felt this was partially or fully in place both years.
- Stakeholders were also asked the extent to which their community had implemented a process for monitoring quality, outcomes, and costs and for using data for continuous quality improvement. There was an increase in perceptions of implementation from 2021 to 2022; in 2021, the majority felt it was not at at/slightly implemented or did not know, but in 2022 a majority felt this was somewhat or widely implemented.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. There was little change from 2021 to 2022;

almost all stakeholders felt these opportunities were partially or fully in place both years.

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 not at all, slightly, somewhat, and widely. The distribution of responses in 2021 and 2022 are shown in Figure 6.1. In 2021, the majority of stakeholders felt that the SOC was slightly implemented, and in 2022, the majority felt that it was somewhat implemented.

Figure 6.1 Overall Assessment of System of Care Implementation
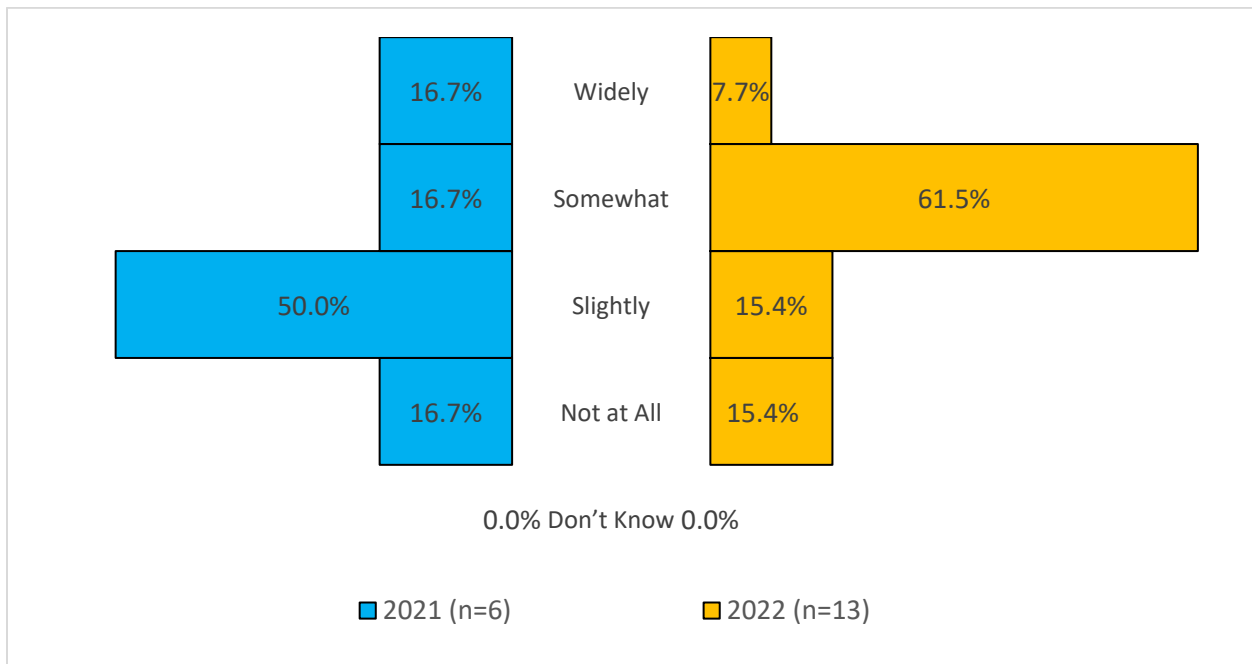
6.1.2   System of Care Implementation Supports and Activities

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, 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 2021 and 2022. The percentage of stakeholders who reported that a strategic plan was in place increased, although most respondents in both years indicated it was partially in place. All respondents in both years indicated that a steering committee, buy-in, and leadership were

either partially or fully in place. The majority of stakeholders in both years felt that clear communication from leadership was partially in place. Stakeholder perceptions of the availability of technical assistance opportunities increased from 2021 to 2022.

Figure 6.2 Strategic Plan That Guides System of Care Implementation Activities

	2021 (n=10)	2022 (n=14)
In Place	30.0%	42.9%
Partially in Place	50.0%	50.0%
Not in Place	20.0%	0.0%
Don't Know	0.0%	7.1%
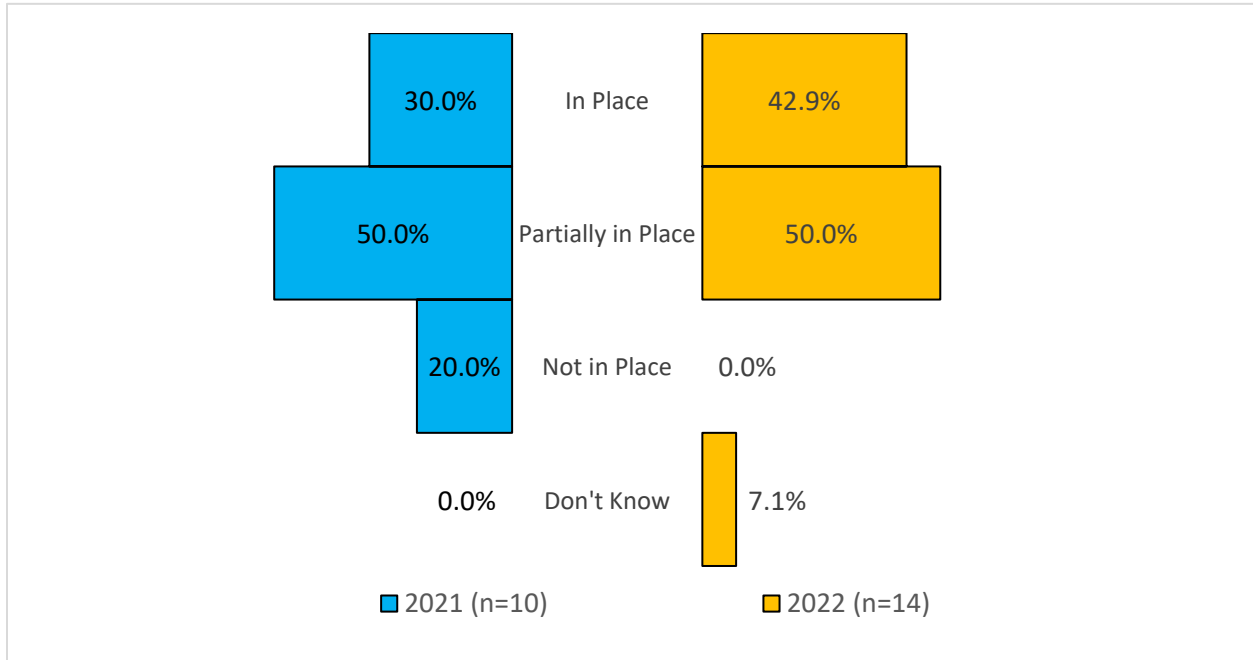
Figure 6.3 Steering or Planning Committee That Meets Frequently to Guide Implementation Activities

	2021 (n=10)	2022 (n=14)
In Place	80.0%	85.7%
Partially in Place	20.0%	14.3%
Not in Place	0.0%	0.0%
Don't Know	0.0%	0.0%
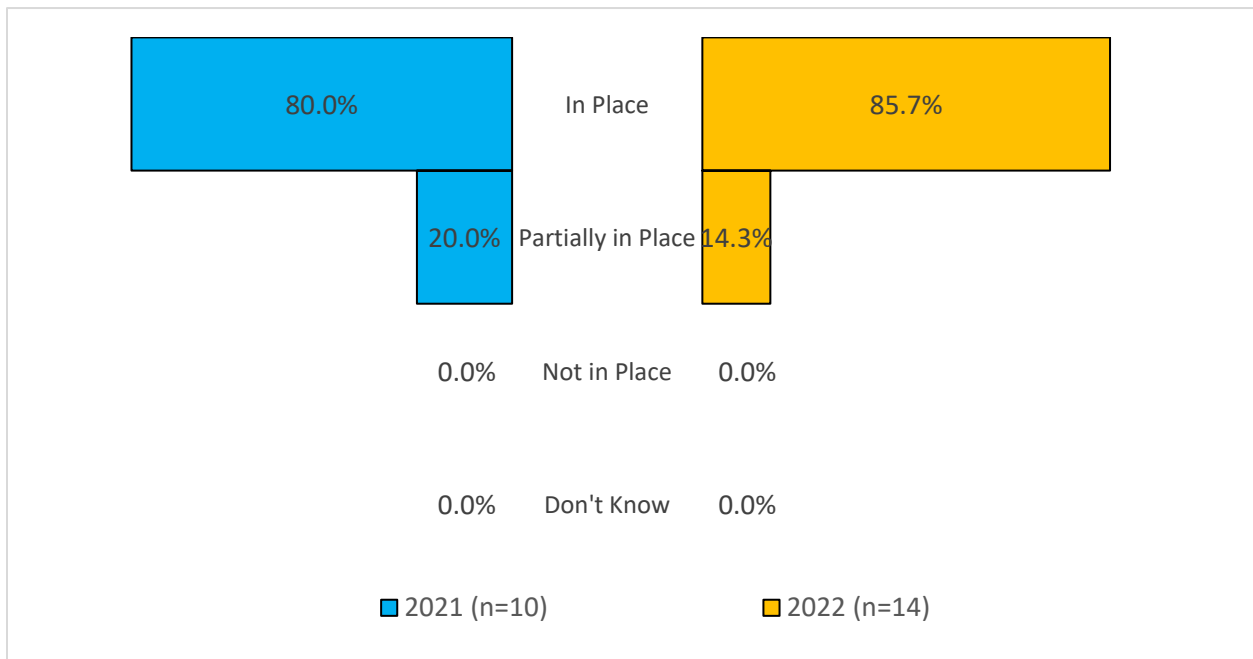
Figure 6.4 Buy-in, Leadership, and Champions from Multiple Child-Serving Systems

	2021 (n=10)		2022 (n=14)
In Place	60.0%		42.9%
Partially in Place	40.0%		57.1%
Not in Place	0.0%		0.0%
Don't Know	0.0%		0.0%
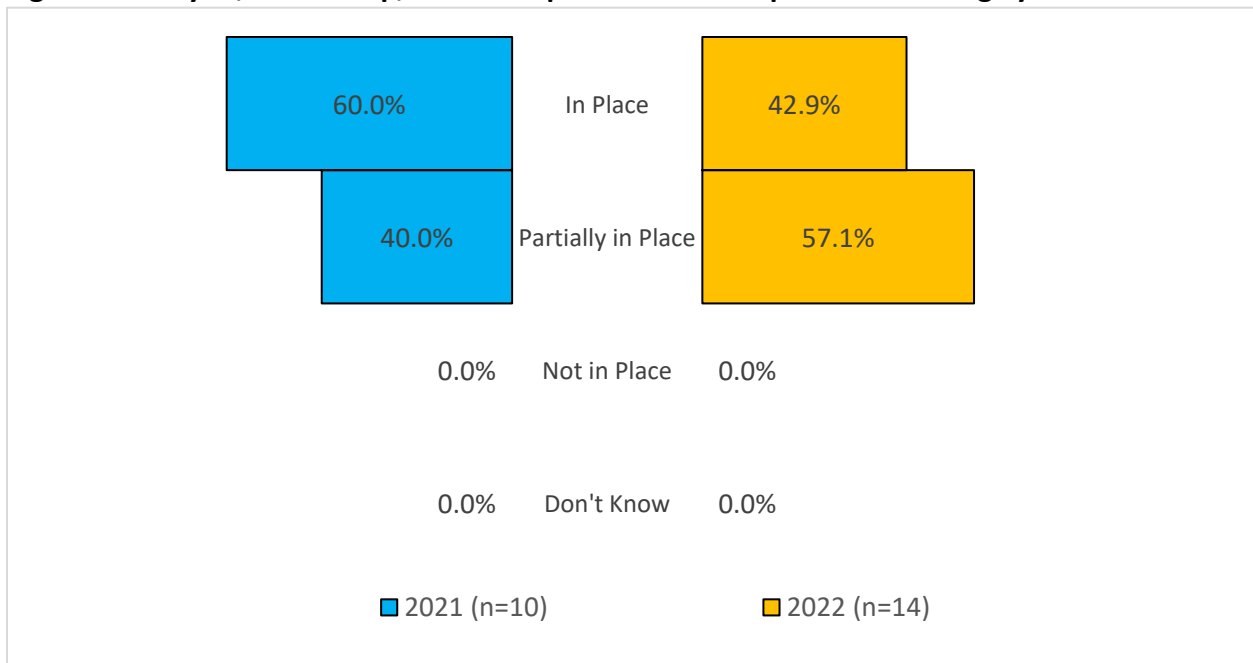
Figure 6.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders

	2021 (n=10)		2022 (n=14)
In Place	30.0%		28.6%
Partially in Place	60.0%		71.4%
Not in Place	10.0%		0.0%
Don't Know	0.0%		0.0%
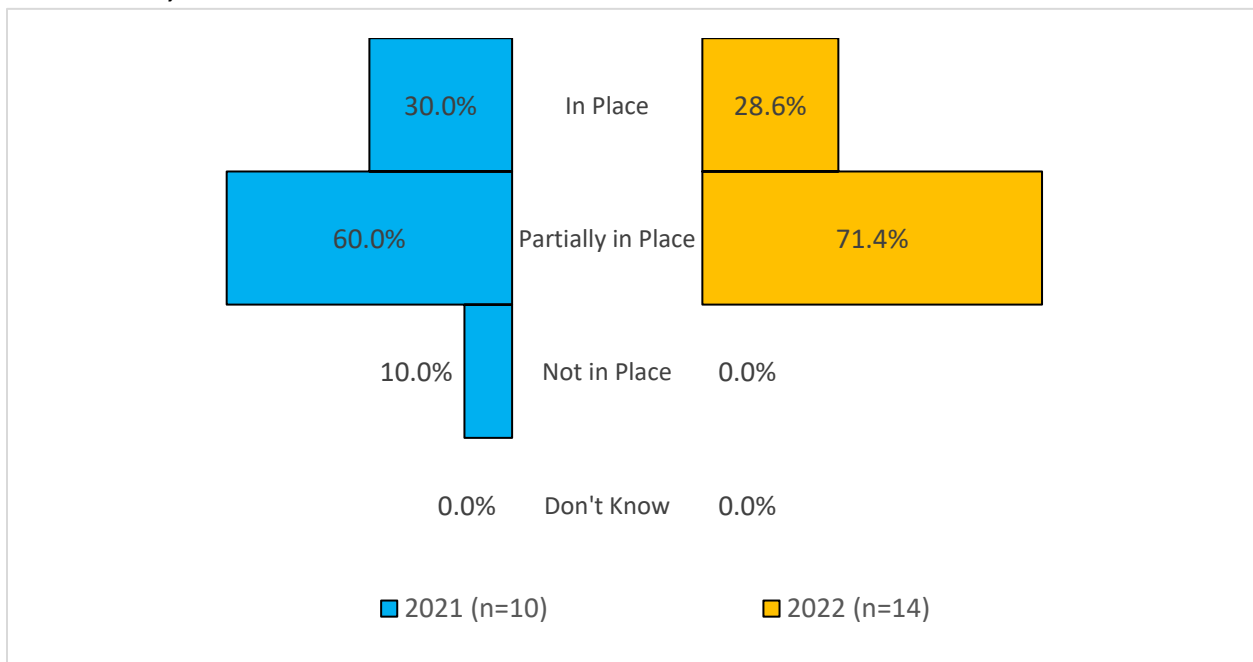
Figure 6.6 Technical Assistance Opportunities to Support Implementation

0.0%	In Place	28.6%
40.0%	Partially in Place	50.0%
40.0%	Not in Place	14.3%
20.0%	Don't Know	7.1%

■ 2021 (n=10)   ■ 2022 (n=14)
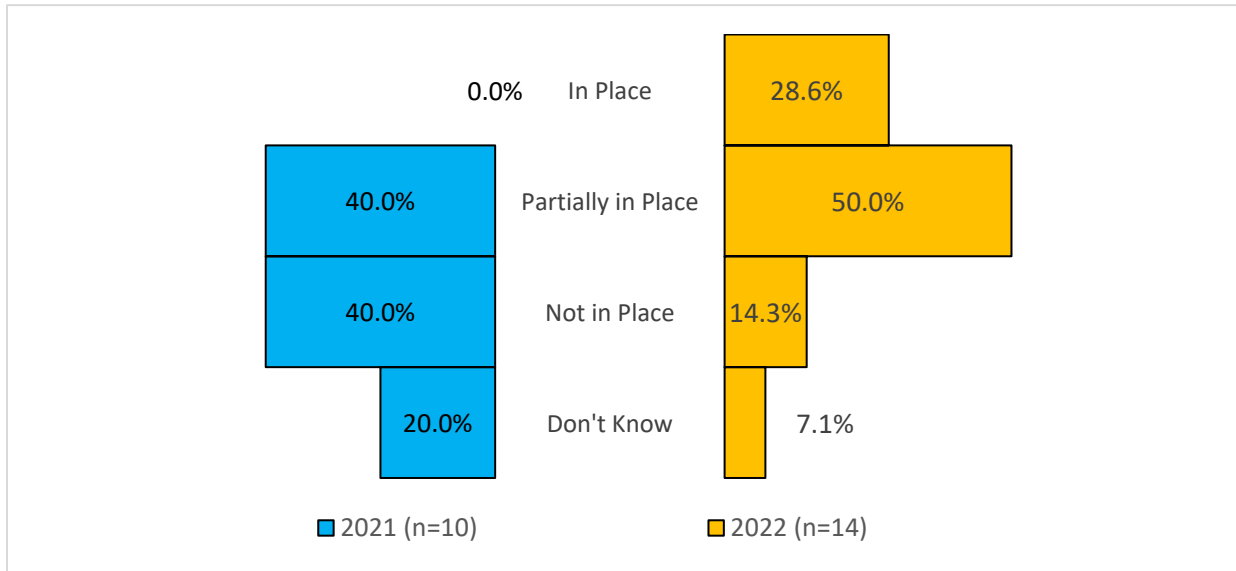
6.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2021 and 2022. Perceptions of parent involvement in the SOC were similar in both years; most stakeholders reported that this was partially in place. Perceptions of youth involvement increased, the majority felt it was not in place in 2021 and partially in place in 2022.

Figure 6.7 Parent Involvement in System of Care Implementation Activities

10.0%	In Place	21.4%
70.0%	Partially in Place	57.1%
20.0%	Not in Place	14.3%
0.0%	Don't Know	7.1%

■ 2021 (n=10)   ■ 2022 (n=14)
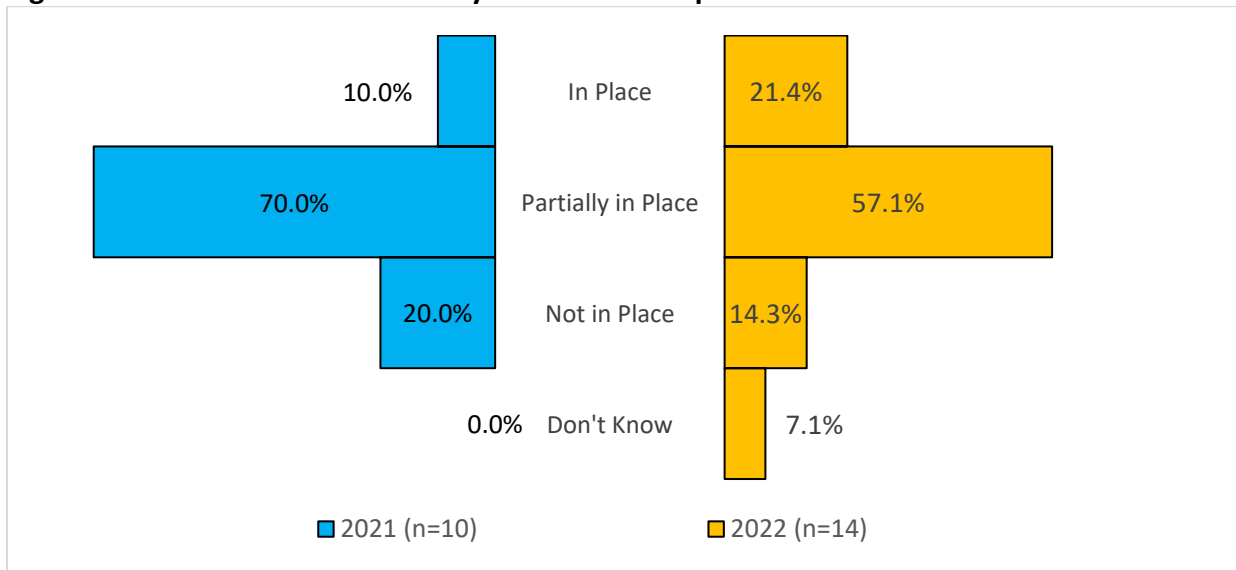
Figure 6.8 Youth Involvement in System of Care Implementation Activities

Diverging bar chart comparing 2021 (n=10) and 2022 (n=14):
- In Place: 0.0% (2021) | 14.3% (2022)
- Partially in Place: 40.0% (2021) | 78.6% (2022)
- Not in Place: 60.0% (2021) | 7.1% (2022)
- Don't Know: 0.0% (2021) | 0.0% (2022)

2021 (n=10)   2022 (n=14)
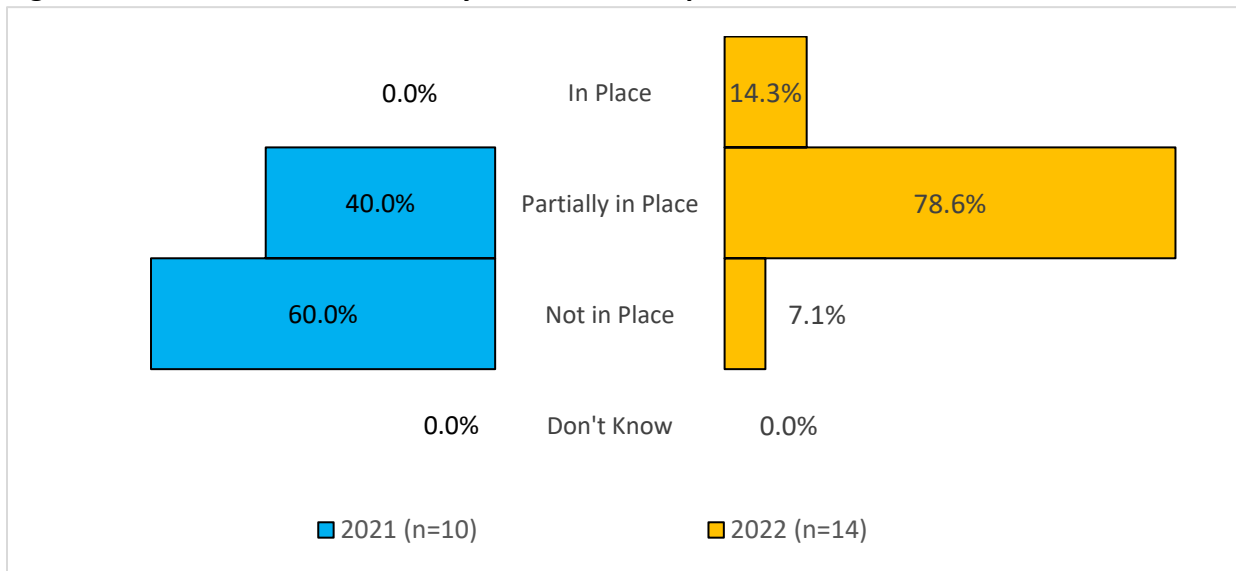
6.1.4 Commitment to System of Care Philosophy and Approach

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 2021 (blue bar) and 2022 (yellow bar). There were perceived decreases in commitment to the SOC for each child-serving system; the largest decreases were for the child welfare system, juvenile justice, primary health, substance use services, Medicaid system, family and youth leaders, and managed care organizations. Please note the difference in sample size between the two years, which makes the changes difficult to interpret.

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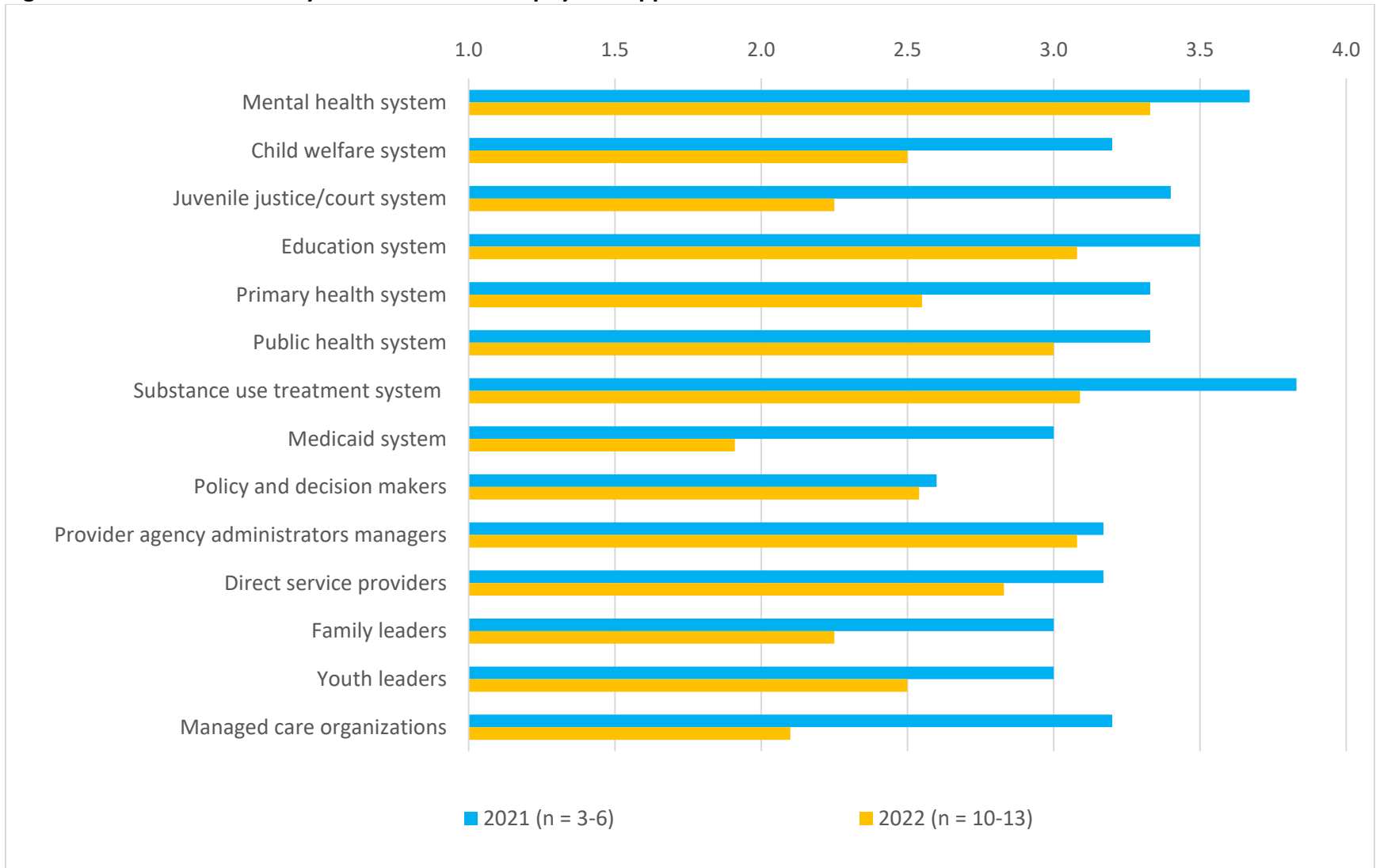
Note: "Don't know" responses were not included when calculating the mean scores.

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 eight principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2021 and 2022 are shown in Figure 6.10. Stakeholder perceptions of the implementation of most service characteristics were the same in both years. The exceptions were an increase in the perceived use of evidence-informed practices and a decrease in the use of least restrictive services.

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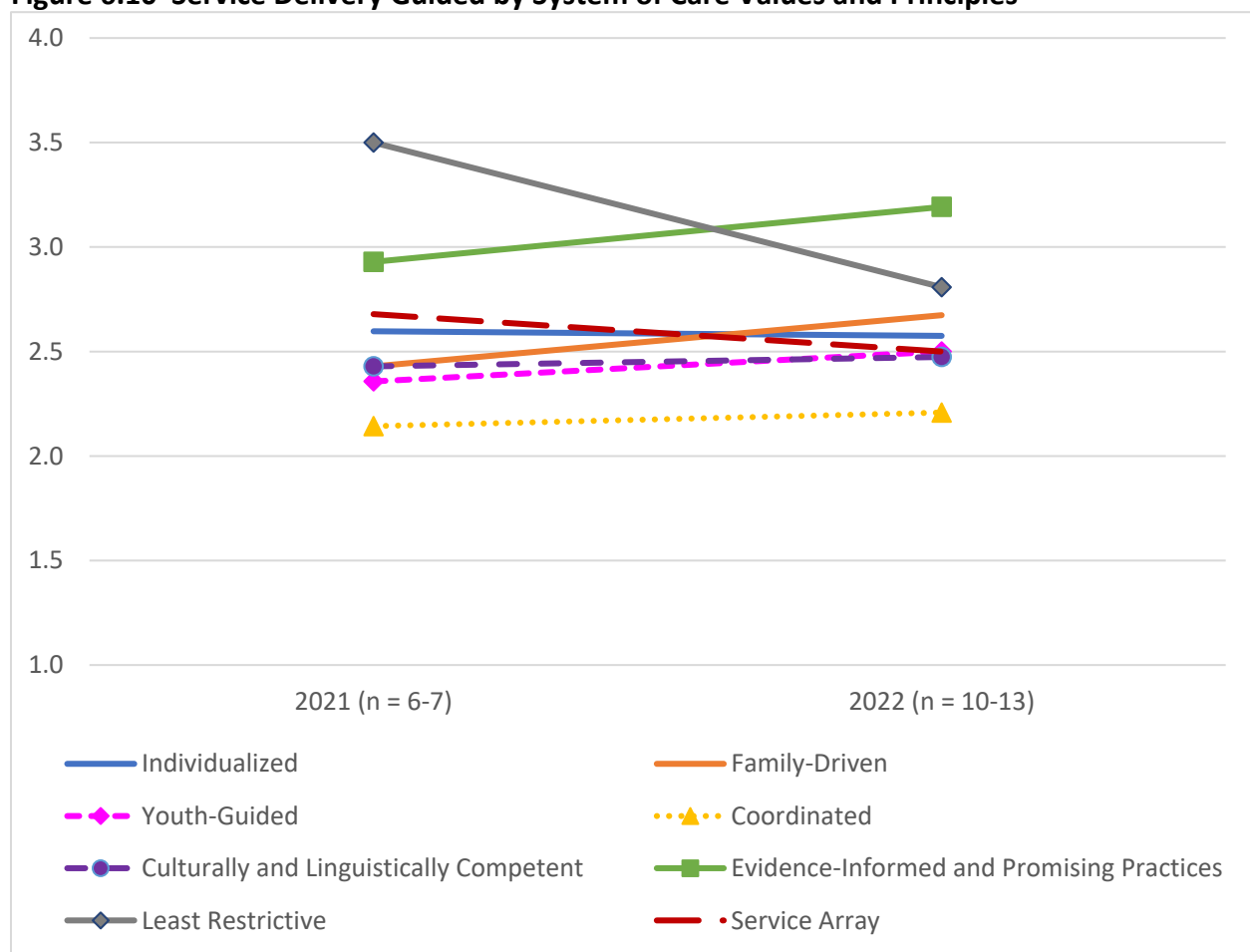
6.2.2   Service Availability – Community-based Treatment and Support Services

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. Stakeholders indicated their perceptions of the availability of home and community-based treatment and support services. The very small number of respondents who answered these questions makes it difficult to assess the amount of change that occurred in service availability between 2021 and 2022, but availability of most services did not substantially change and were perceived as somewhat available. Respite services were perceived as not at all available by a third of stakeholders in 2022.

Figure 6.11 School-based Prevention Services
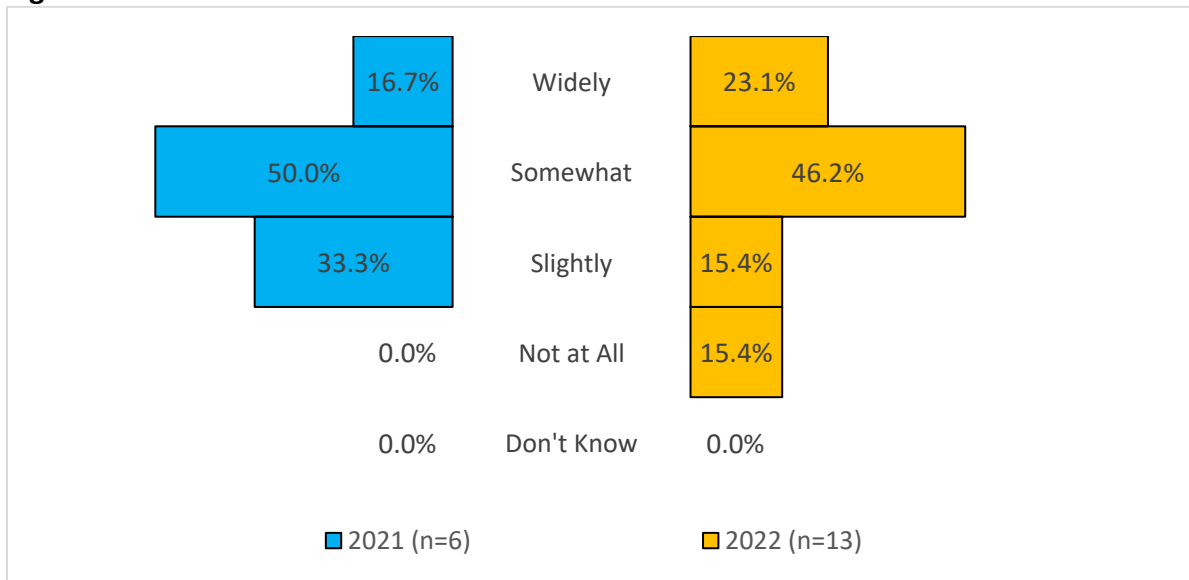
Figure 6.12 Community-based Prevention Services
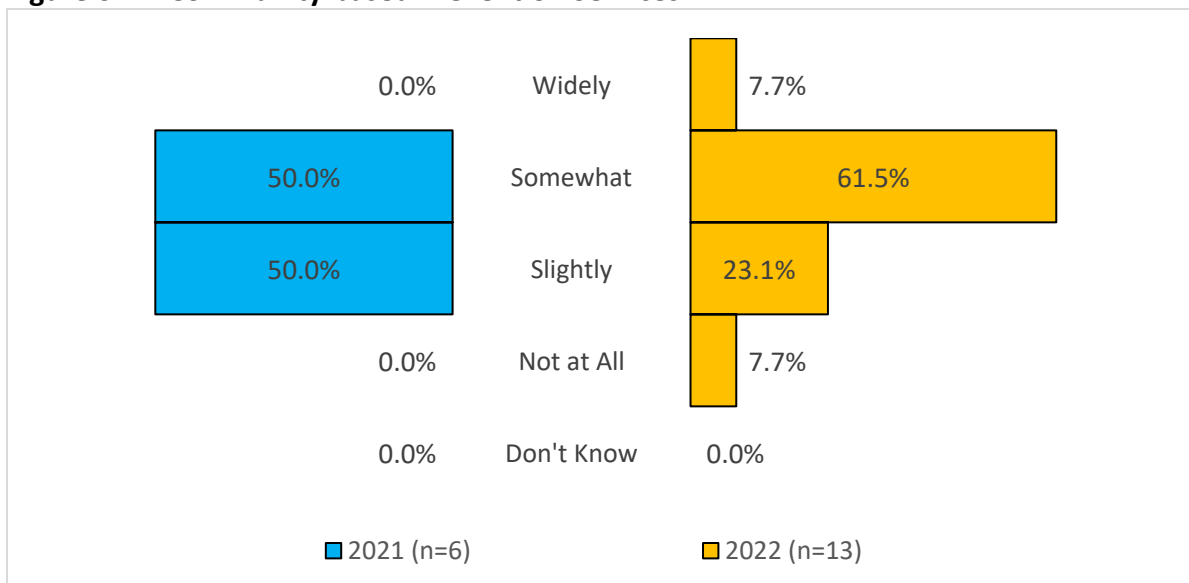
Figure 6.13 Early Intervention Services

	2021 (n=6)		2022 (n=13)
Widely	16.7%		23.1%
Somewhat	50.0%		46.2%
Slightly	33.3%		23.1%
Not at All	0.0%		7.7%
Don't Know	0.0%		0.0%

■ 2021 (n=6)   ■ 2022 (n=13)

Figure 6.14 Assessment

	2021 (n=6)		2022 (n=13)
Widely	16.7%		46.2%
Somewhat	66.7%		46.2%
Slightly	16.7%		7.7%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2021 (n=6)   ■ 2022 (n=13)
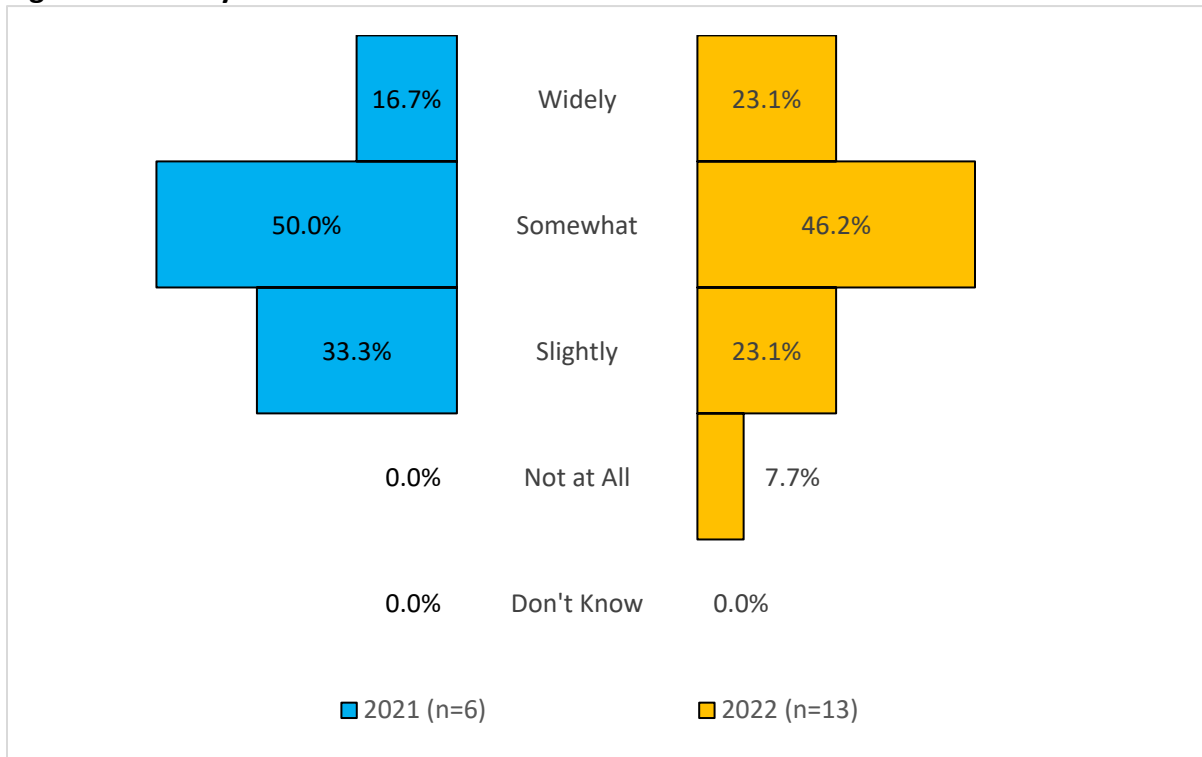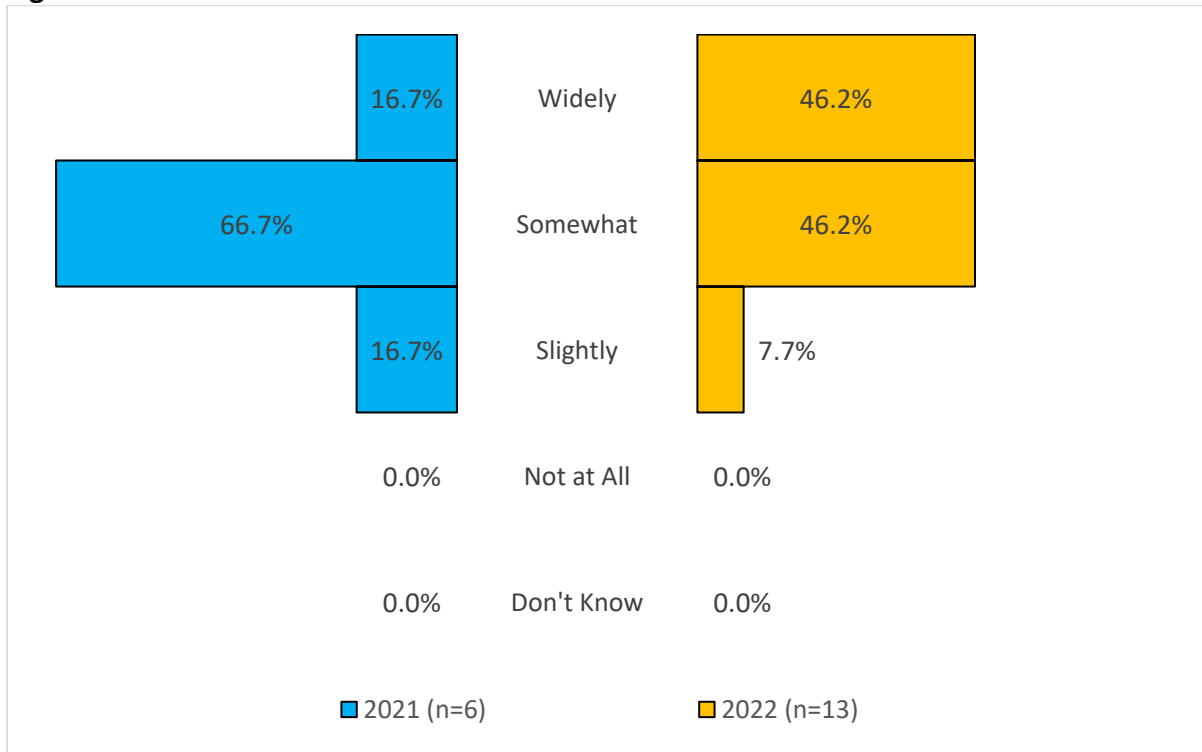
Figure 6.15 Individualized Service Planning

	2021 (n=6)		2022 (n=13)
Widely	16.7%		15.4%
Somewhat	66.7%		53.8%
Slightly	16.7%		30.8%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2021 (n=6)   ■ 2022 (n=13)
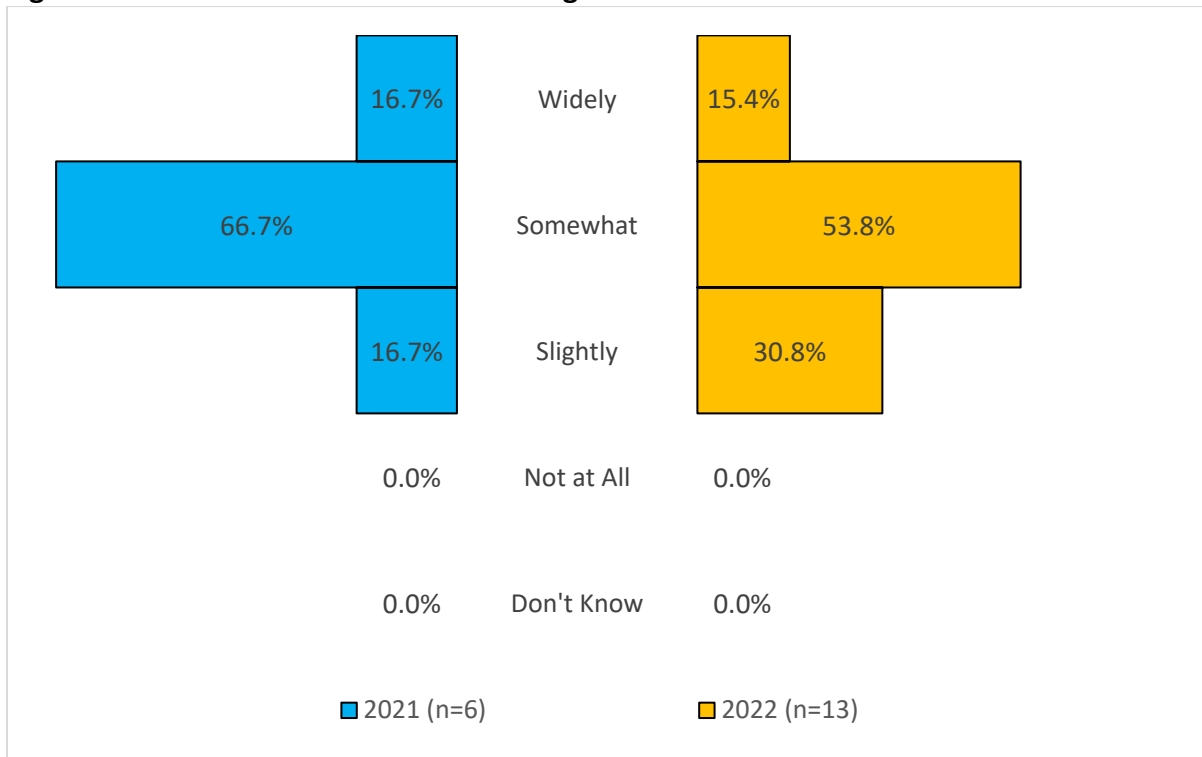
Figure 6.16 Intensive Care Management

	2021 (n=6)		2022 (n=13)
Widely	33.3%		15.4%
Somewhat	0.0%		53.8%
Slightly	66.7%		30.8%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2021 (n=6)   ■ 2022 (n=13)
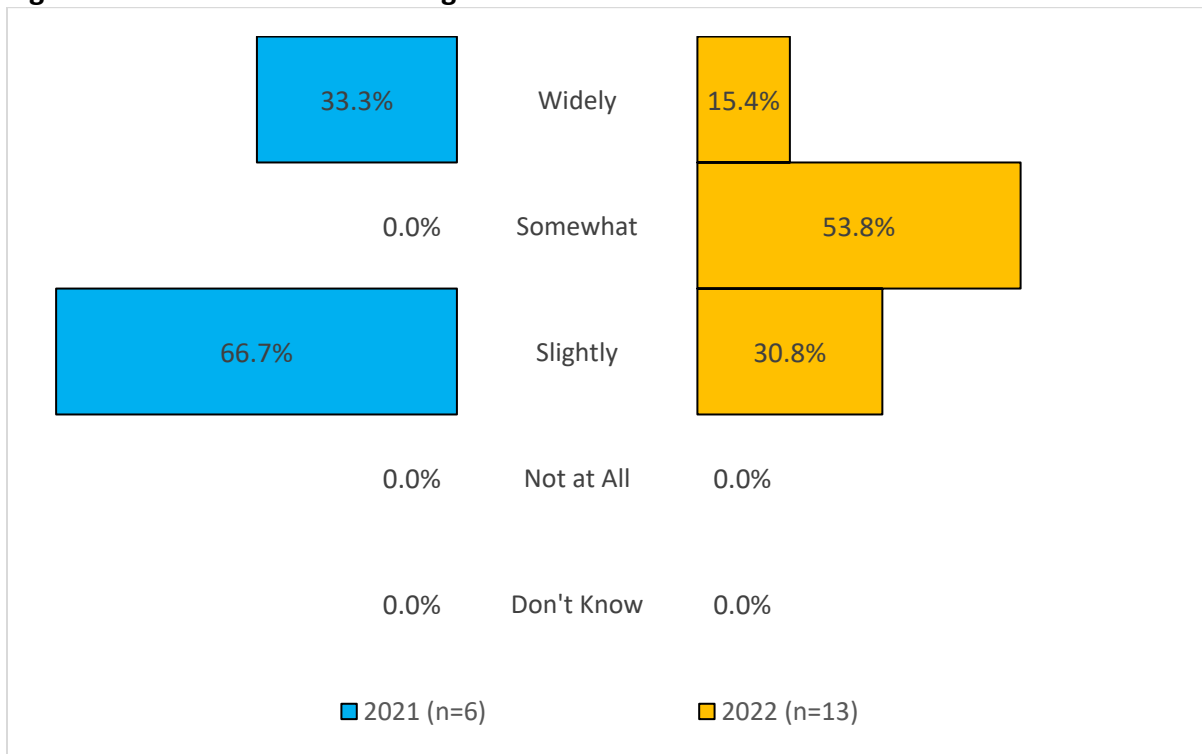
Figure 6.17 Outpatient Therapy

2021		2022
50.0%	Widely	38.5%
16.7%	Somewhat	53.8%
33.3%	Slightly	7.7%
0.0%	Not at All	0.0%
0.0%	Don't Know	0.0%

■ 2021 (n=6)   ■ 2022 (n=13)
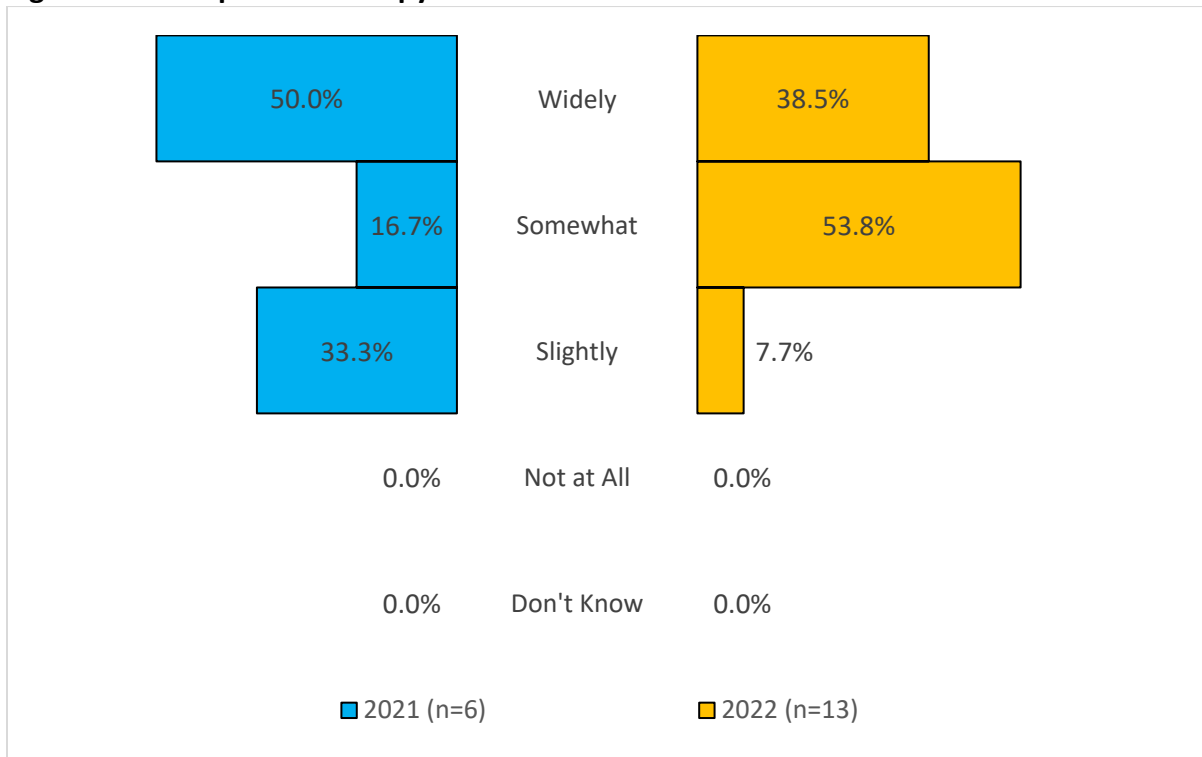
Figure 6.18 Medication Treatment/Management

2021		2022
33.3%	Widely	15.4%
33.3%	Somewhat	69.2%
33.3%	Slightly	15.4%
0.0%	Not at All	0.0%
0.0%	Don't Know	0.0%

■ 2021 (n=6)   ■ 2022 (n=13)
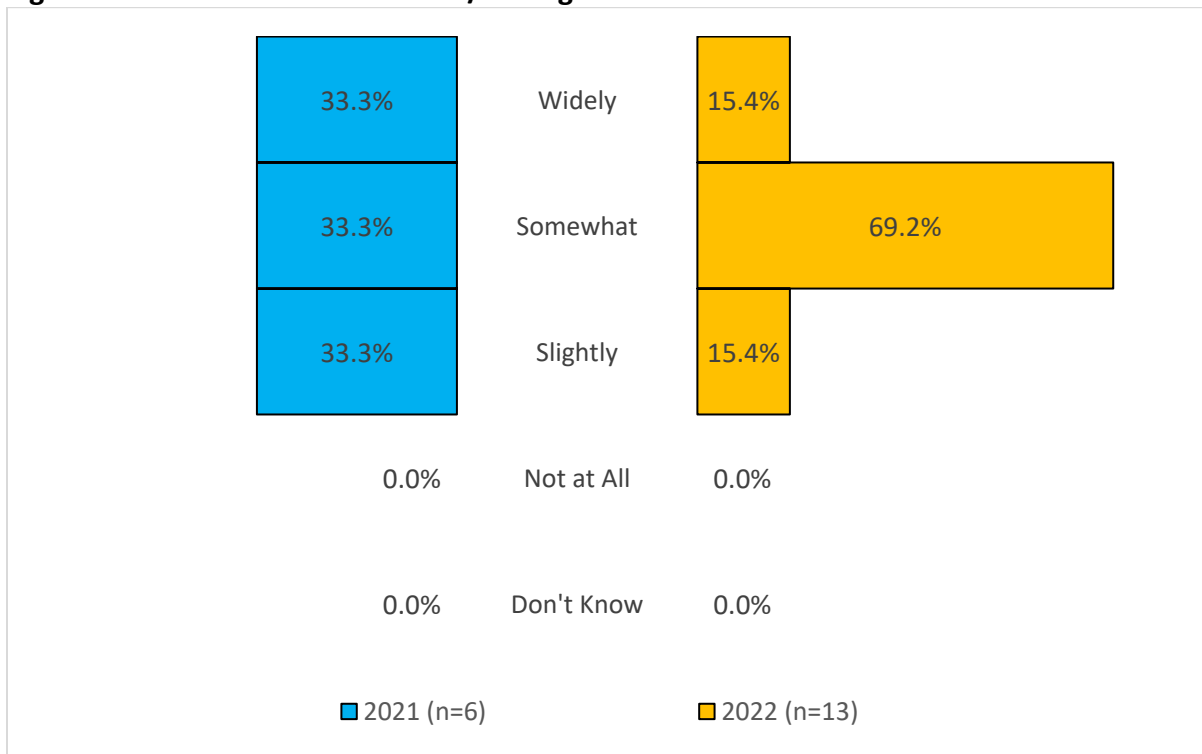
Figure 6.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	2021		2022
Widely	16.7%		33.3%
Somewhat	50.0%		50.0%
Slightly	33.3%		8.3%
Not at All	0.0%		0.0%
Don't Know	0.0%		8.3%

■ 2021 (n=6)   ■ 2022 (n=12)
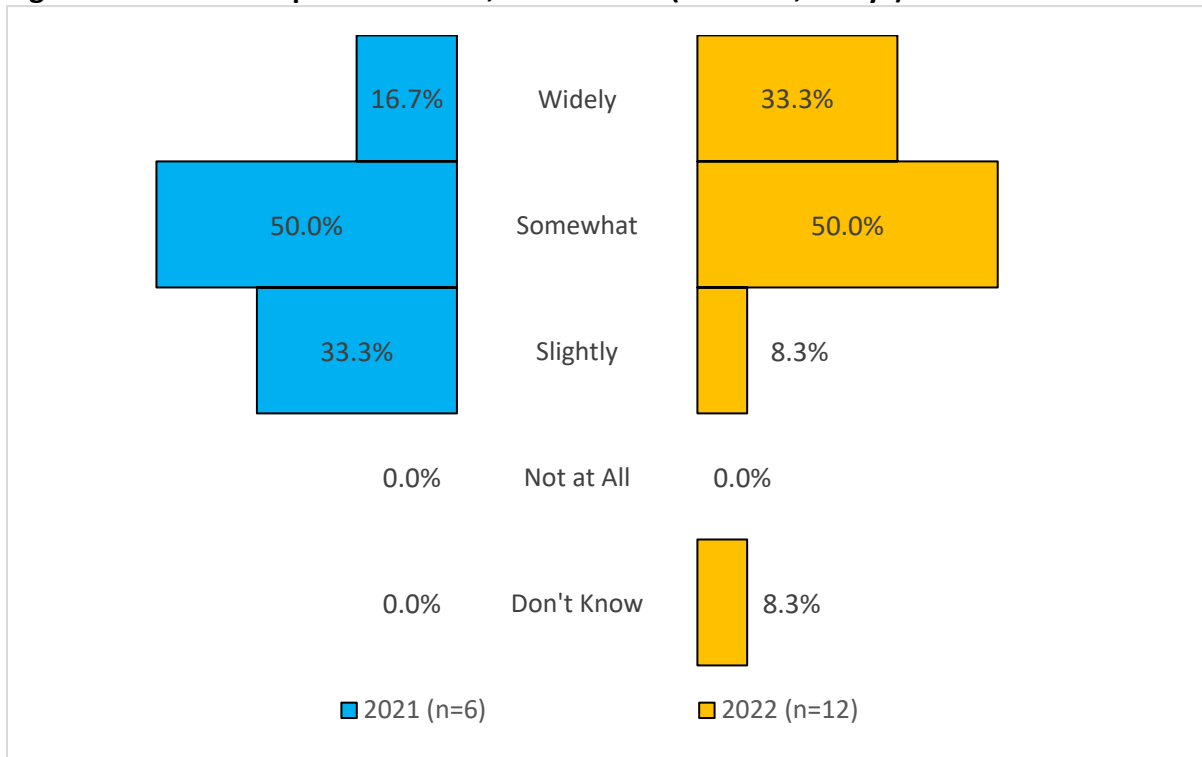
Figure 6.20 Intensive In-Home Services

	2021		2022
Widely	16.7%		0.0%
Somewhat	16.7%		46.2%
Slightly	33.3%		23.1%
Not at All	16.7%		15.4%
Don't Know	16.7%		15.4%

■ 2021 (n=6)   ■ 2022 (n=12)
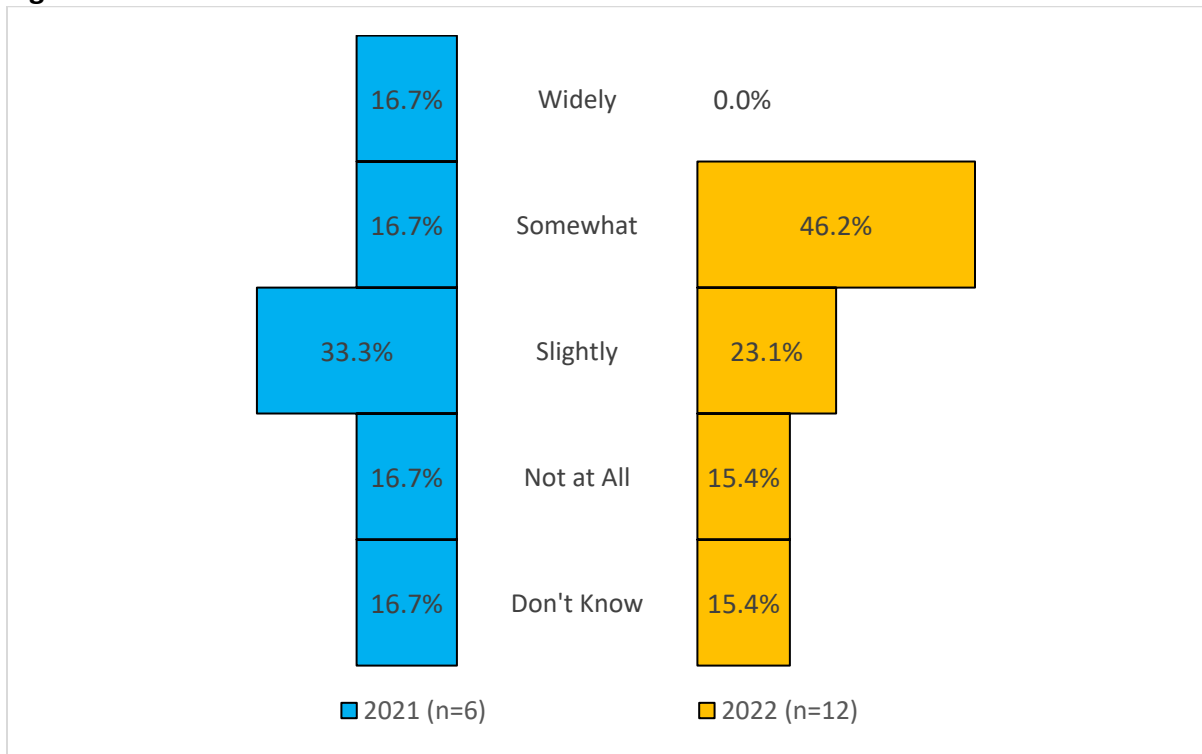
Figure 6.21 School-based Behavioral Health Services

	2021 (n=6)	2022 (n=12)
Widely	16.7%	15.4%
Somewhat	50.0%	53.8%
Slightly	33.3%	15.4%
Not at All	0.0%	15.4%
Don't Know	0.0%	0.0%

■ 2021 (n=6)   ■ 2022 (n=12)
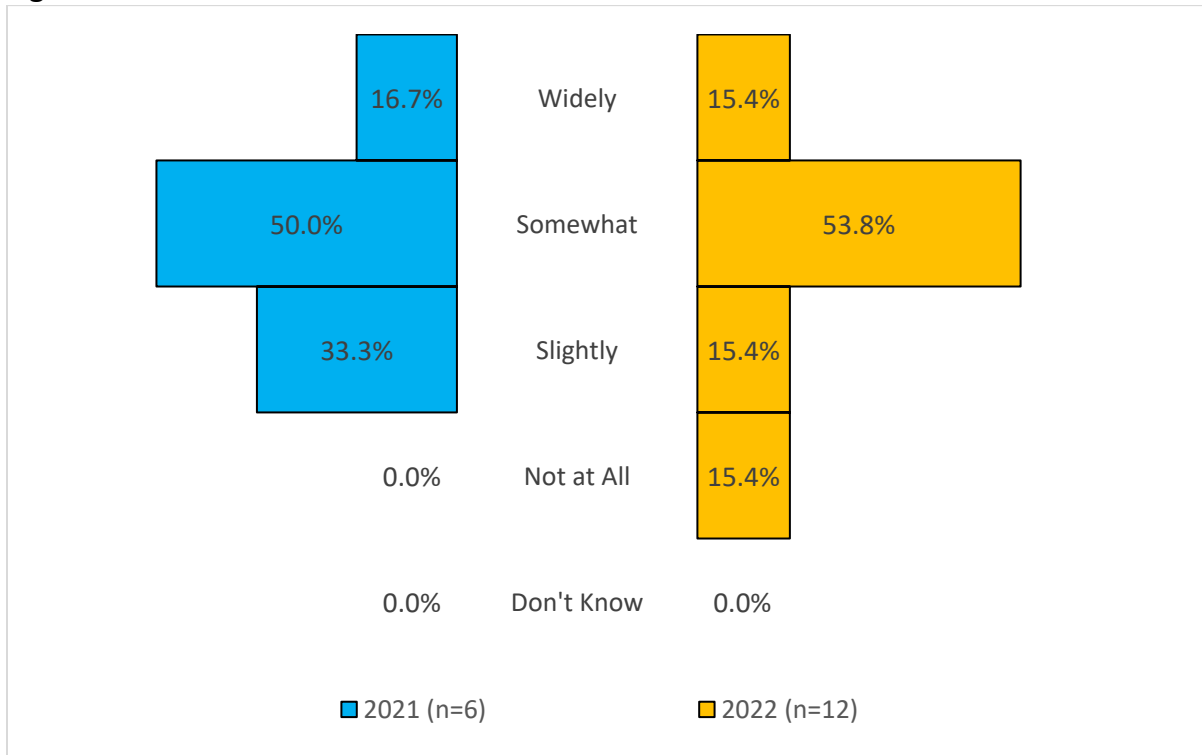
Figure 6.22 Substance Use Treatment

	2021 (n=6)	2022 (n=13)
Widely	66.7%	15.4%
Somewhat	0.0%	69.2%
Slightly	33.3%	7.7%
Not at All	0.0%	0.0%
Don't Know	0.0%	7.7%

■ 2021 (n=6)   ■ 2022 (n=13)
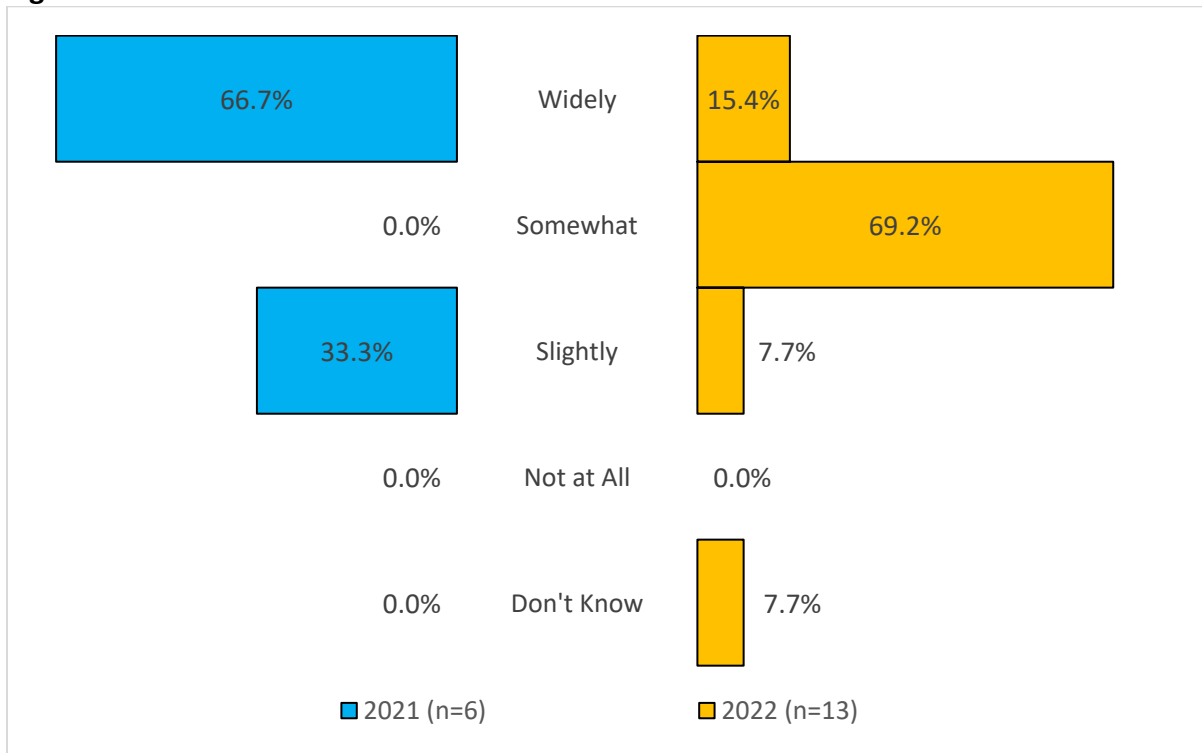
Figure 6.23 Behavior Management Skills Training

	2021 (n=6)		2022 (n=13)
Widely	16.7%		0.0%
Somewhat	50.0%		69.2%
Slightly	33.3%		15.4%
Not at All	0.0%		7.7%
Don't Know	0.0%		7.7%
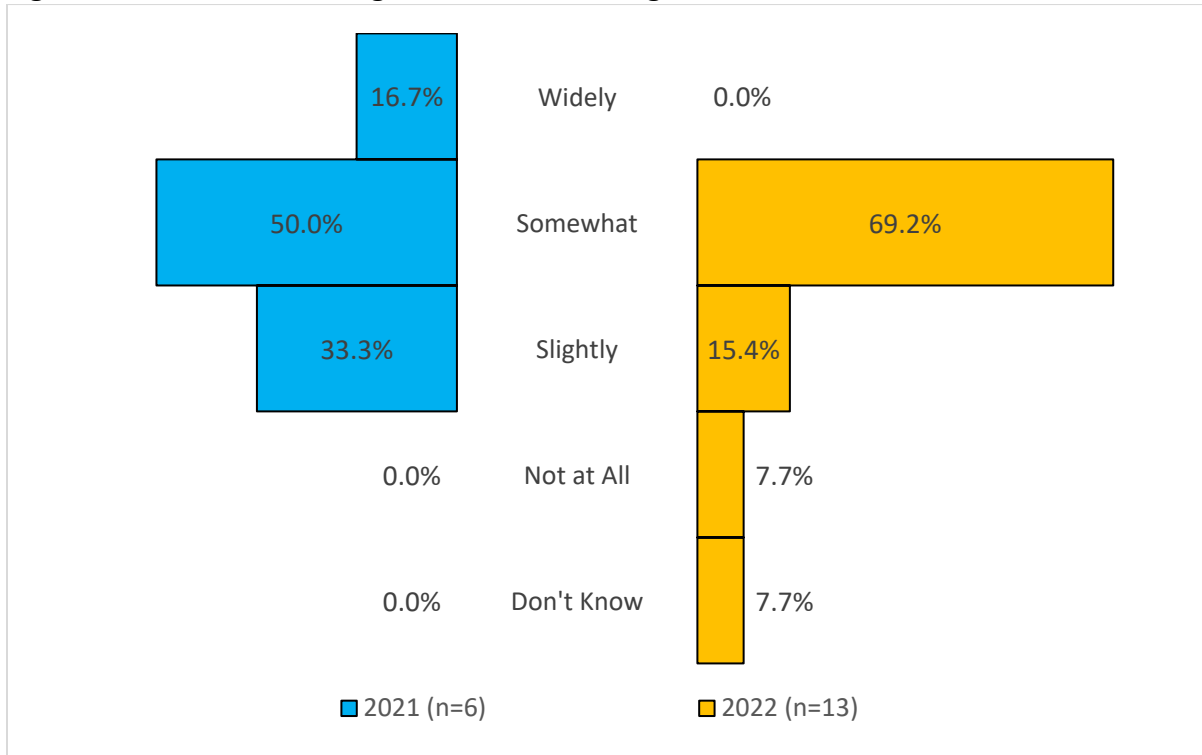
Figure 6.24 Tele-Behavioral Health Services

	2021 (n=6)		2022 (n=13)
Widely	16.7%		23.1%
Somewhat	33.3%		69.2%
Slightly	33.3%		0.0%
Not at All	0.0%		0.0%
Don't Know	16.7%		7.7%
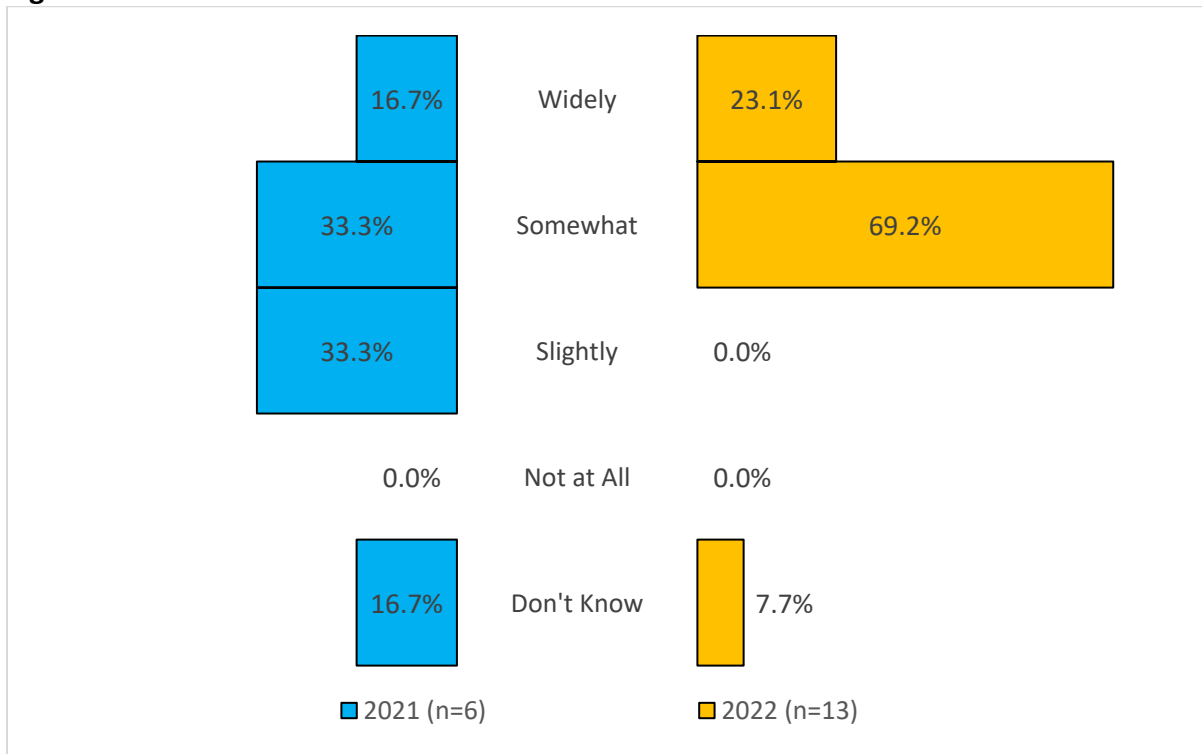
Figure 6.25 Youth and Family Education

16.7%	Widely	23.1%	
33.3%	Somewhat	38.5%	
50.0%	Slightly	38.5%	
0.0%	Not at All	0.0%	
0.0%	Don't Know	0.0%	

■ 2021 (n=6)   ■ 2022 (n=12)
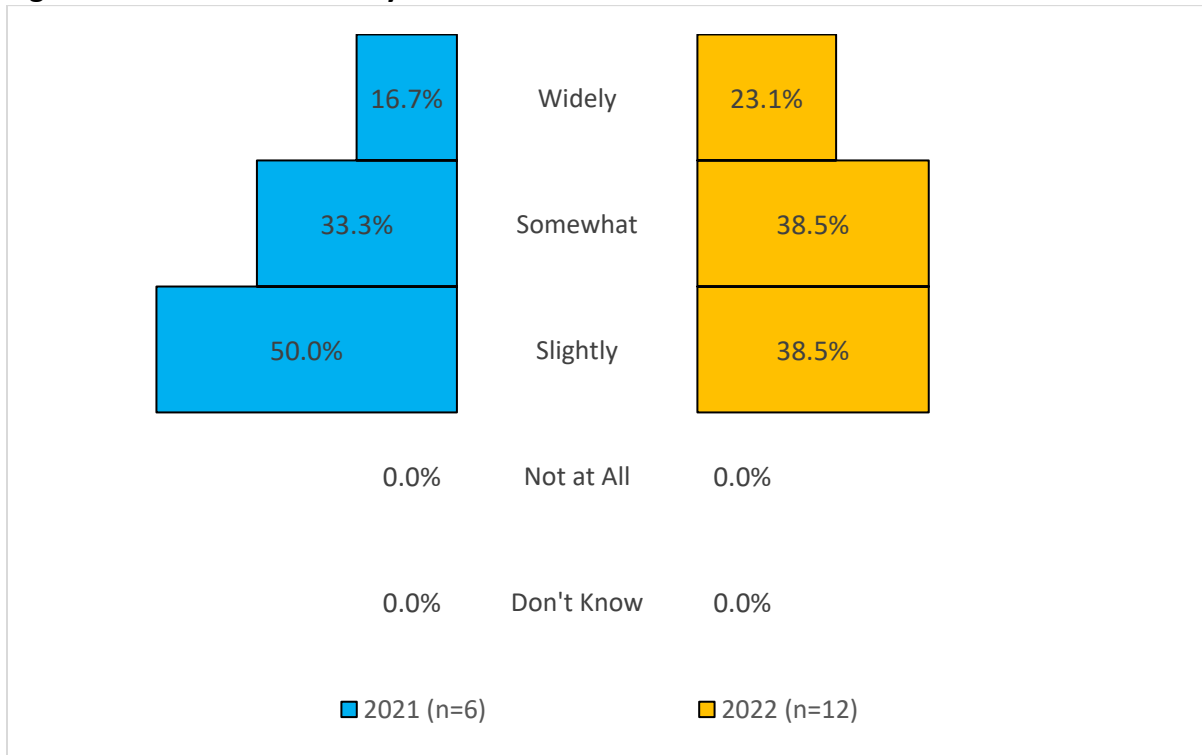
Figure 6.26 Respite Services

16.7%	Widely	0.0%	
16.7%	Somewhat	46.2%	
16.7%	Slightly	7.7%	
33.3%	Not at All	30.8%	
16.7%	Don't Know	15.4%	

■ 2021 (n=6)   ■ 2022 (n=13)
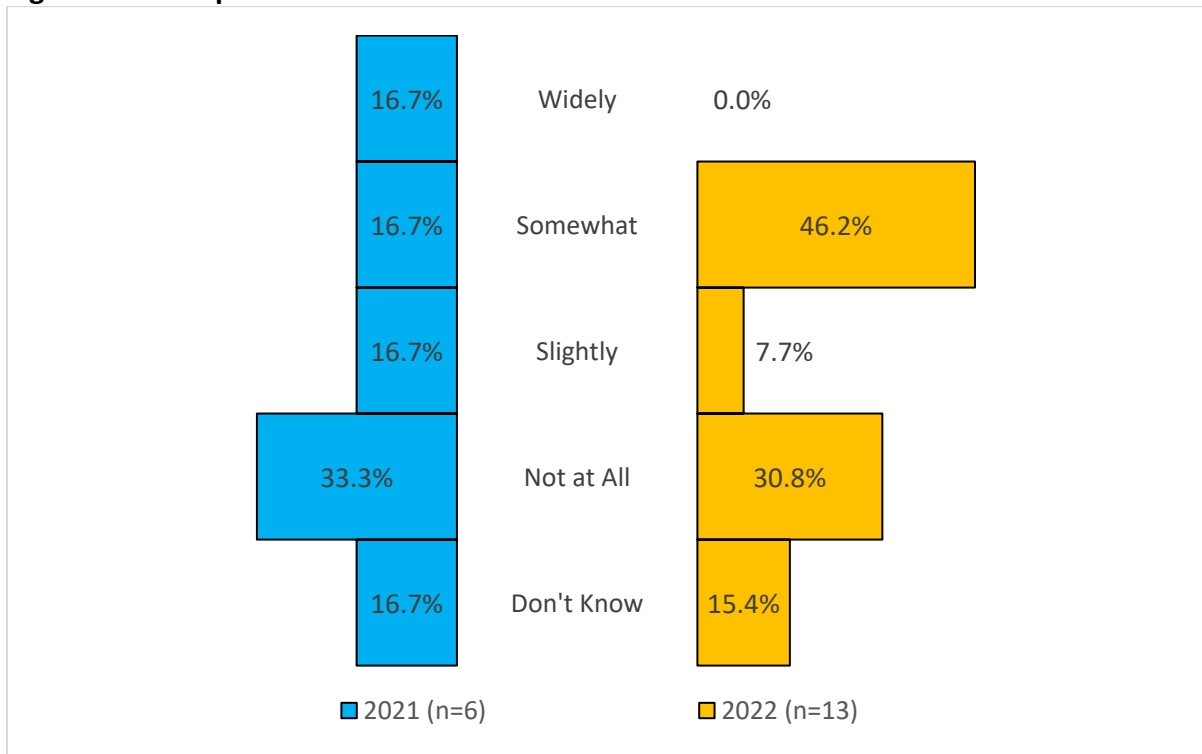
Figure 6.27 Mental Health Consultation

	2021 (n=6)		2022 (n=13)
	0.0%	Widely	15.4%
	33.3%	Somewhat	46.2%
	33.3%	Slightly	38.5%
	33.3%	Not at All	0.0%
	0.0%	Don't Know	0.0%

■ 2021 (n=6)   ■ 2022 (n=13)
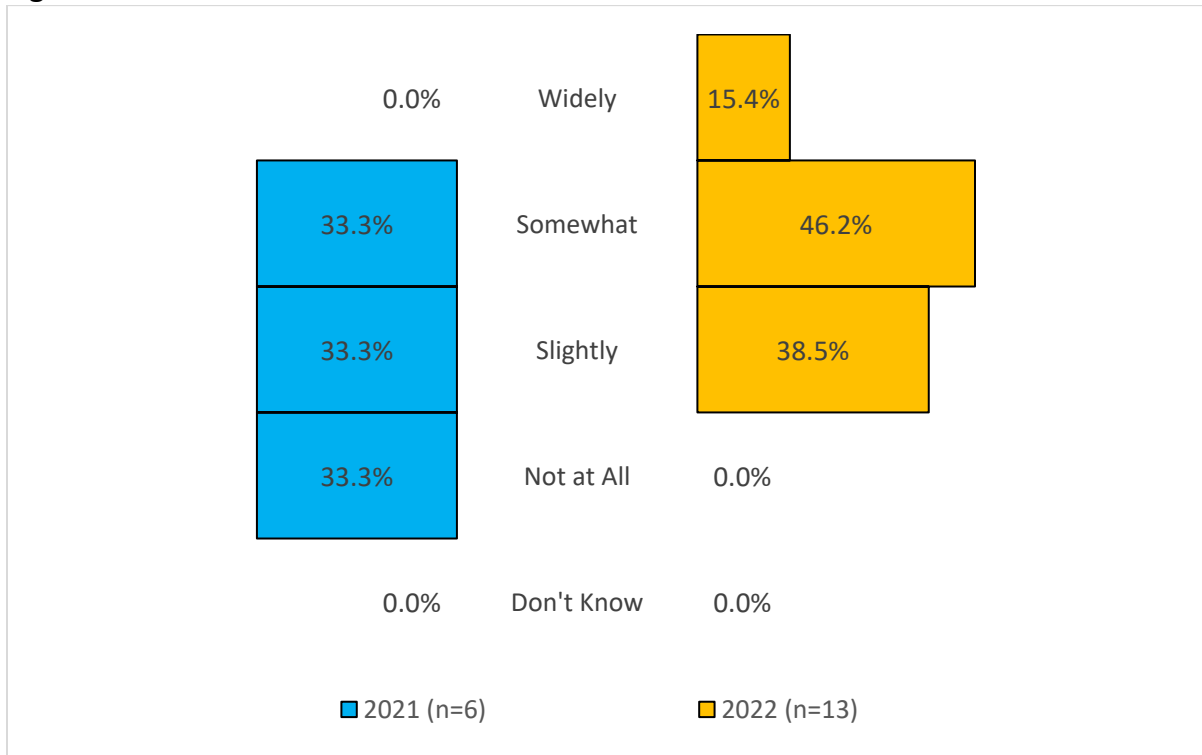
Figure 6.28 Transportation

	2021 (n=6)		2022 (n=13)
	16.7%	Widely	0.0%
	33.3%	Somewhat	46.2%
	50.0%	Slightly	46.2%
	0.0%	Not at All	0.0%
	0.0%	Don't Know	7.7%

■ 2021 (n=6)   ■ 2022 (n=13)
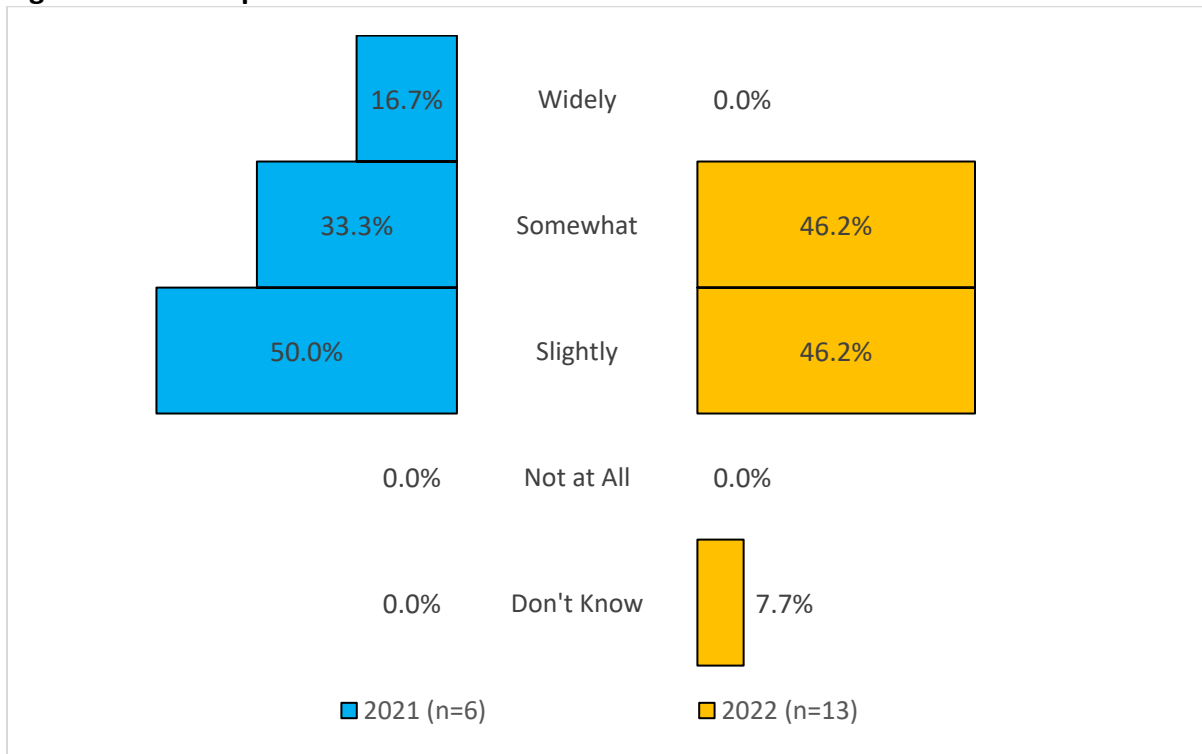
6.2.3   Out-of-Home Treatment Services

The perceived availability of residential substance use services decreased from 2021 to 2022; availability of other residential treatment and inpatient hospitalization remained the same.

Figure 6.29 Substance Use Residential Treatment

	2021 (n=6)		2022 (n=13)
Widely	50.0%		15.4%
Somewhat	16.7%		53.8%
Slightly	33.3%		15.4%
Not at All	0.0%		7.7%
Don't Know	0.0%		7.7%
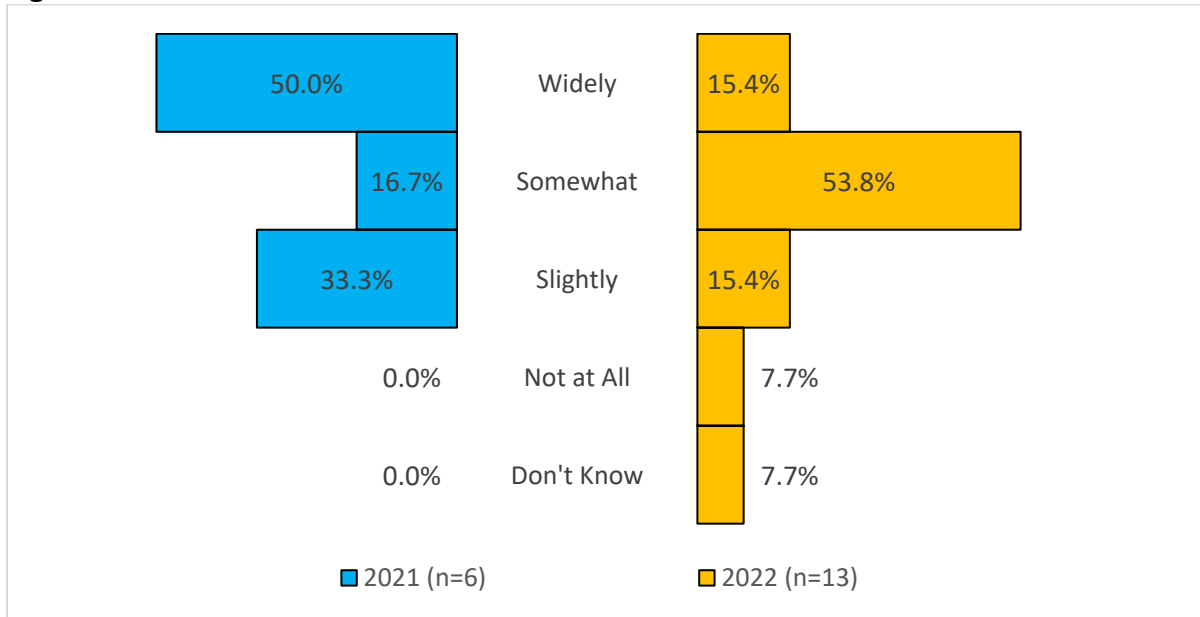
Figure 6.30 Residential Treatment

	2021 (n=6)		2022 (n=12)
Widely	16.7%		8.3%
Somewhat	33.3%		33.3%
Slightly	33.3%		41.7%
Not at All	16.7%		16.7%
Don't Know	0.0%		0.0%

97
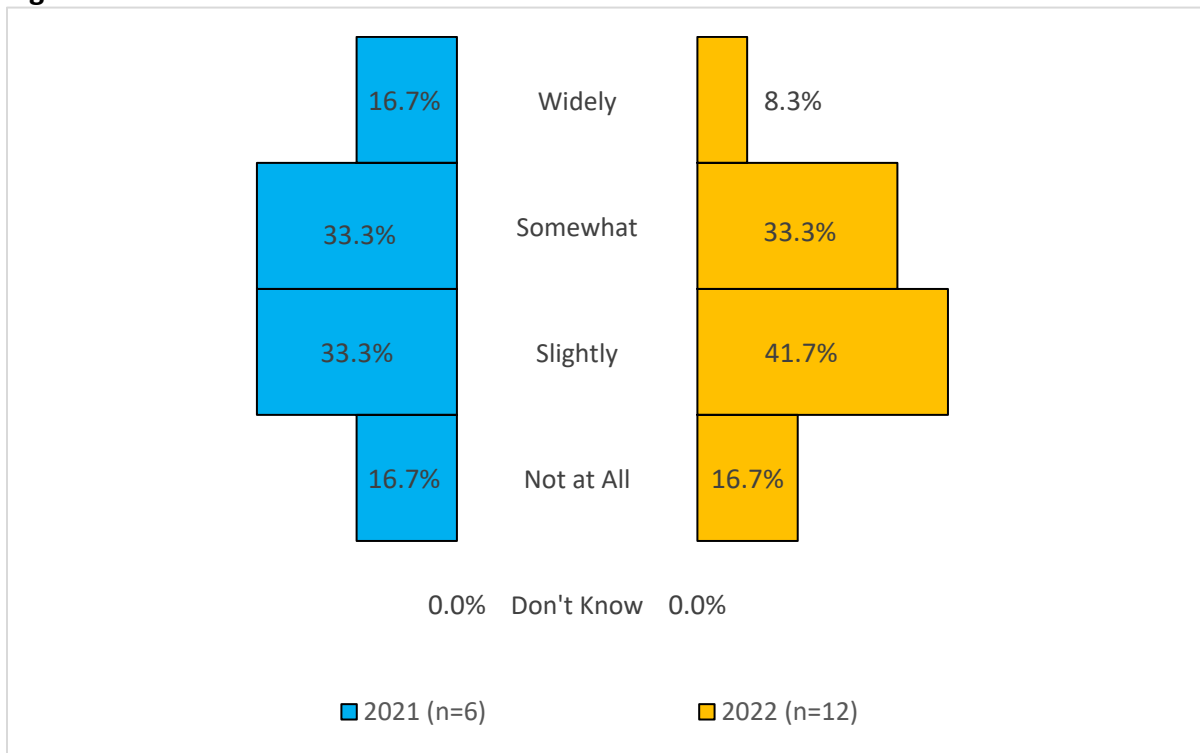
Figure 6.31 Inpatient Hospitalization

	2021 (n=6)		2022 (n=13)
Widely	33.3%		7.7%
Somewhat	33.3%		46.2%
Slightly	33.3%		30.8%
Not at All	0.0%		15.4%
Don't Know	0.0%		0.0%
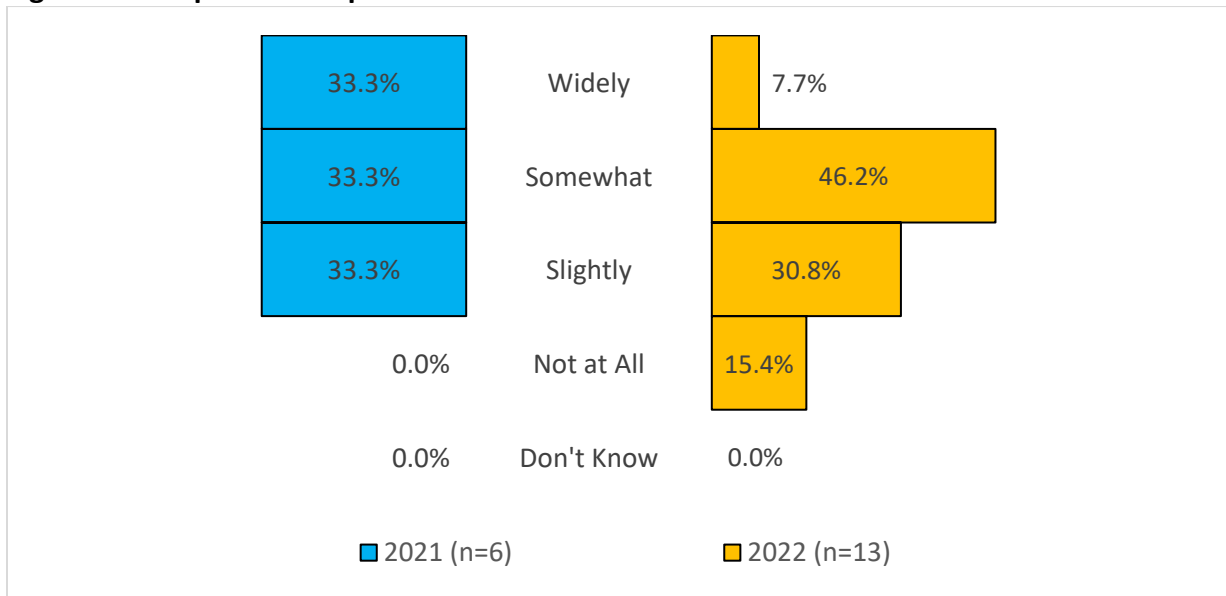
6.2.4   Peer-provided Services (ILCHF Outcome)

Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services in both years.

Figure 6.32 Youth Peer-provided Services

	2021 (n=6)		2022 (n=13)
Widely	0.0%		0.0%
Somewhat	33.3%		38.5%
Slightly	16.7%		23.1%
Not at All	33.3%		30.8%
Don't Know	16.7%		7.7%
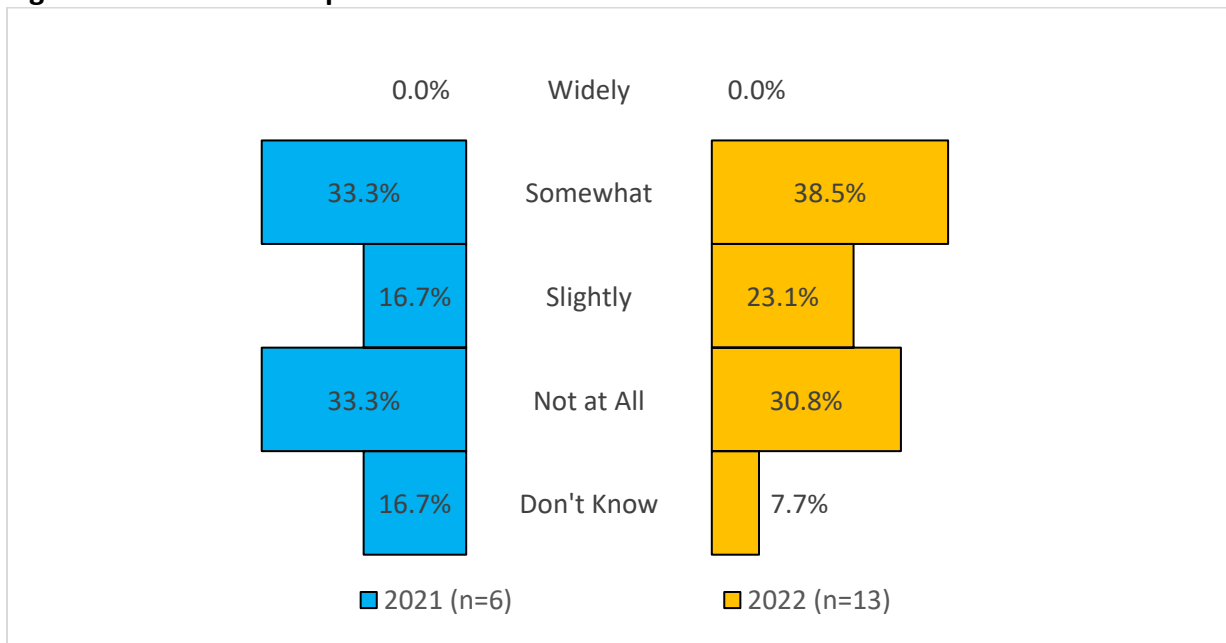
Figure 6.33 Caregiver Peer-provided Services

	2021 (n=6)	2022 (n=13)
Widely	16.7%	0.0%
Somewhat	33.3%	46.2%
Slightly	33.3%	15.4%
Not at All	16.7%	23.1%
Don't Know	0.0%	15.4%
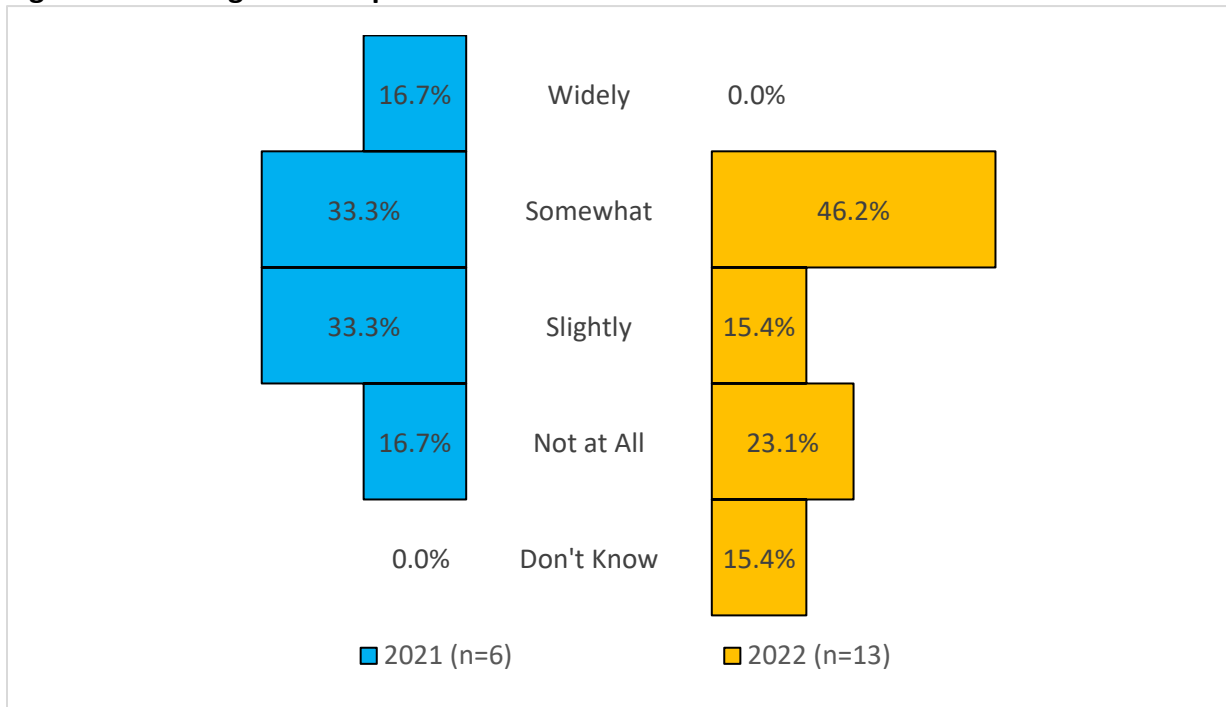
6.2.5 Service Coordination and Integration (ILCHF Outcome)

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. There was little change in the level of service coordination perceived from 2021 to 2022; it was perceived as slightly coordinated both years.

Table 6.1 Service Coordination and Integration

	2021 Mean (n = 7)	2022 Mean (n = 12-14)
Care is coordinated across multiple child-serving agencies and systems	2.14 (0.90)	2.50 (1.09)
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)	2.14 (1.07)	1.92 (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 2021 and 2022 are shown in Table 6.2. Scores reflect small decreases between 2021 to 2022.

Table 6.2 Service Coordination with Children's Mental Health System

	2021 Mean (n = 5-6)	2022 Mean (n = 11-12)
Child welfare system	3.00 (0.71)	2.67 (0.78)
Juvenile justice/court system	3.60 (0.55)	3.00 (0.85)
Education system	3.17 (0.75)	2.92 (0.90)
Primary health system	3.17 (0.75)	2.92 (0.79)
Public health system	2.83 (0.98)	3.00 (0.74)
Substance use treatment system	3.00 (0.89)	3.09 (0.54)

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 services and activities to identify behavioral health problems at earlier ages. There were slightly changes in perceptions from 2021 to 2022, although there was little agreement among stakeholders on this topic.

Figure 6.34 Services for Early Identification of Mental Health Problems
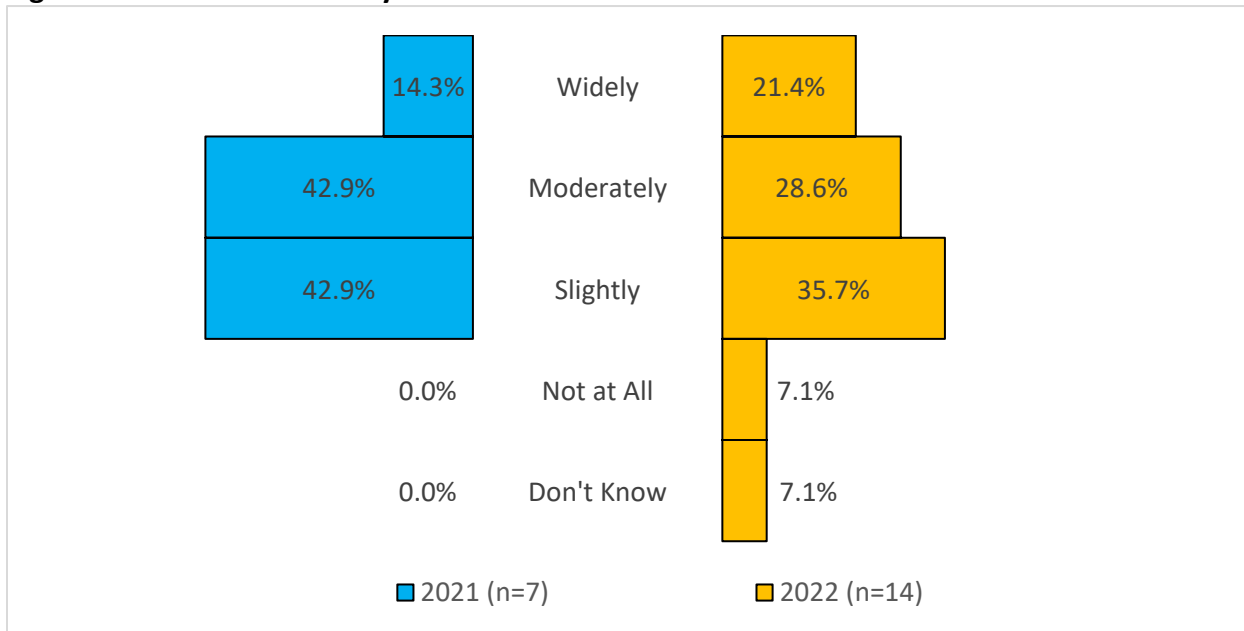
	2021 (n=7)	2022 (n=14)
Widely	14.3%	21.4%
Moderately	42.9%	28.6%
Slightly	42.9%	35.7%
Not at All	0.0%	7.1%
Don't Know	0.0%	7.1%

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). Stakeholder responses in 2022 reflect a decrease in

perceptions of that availability and an increase in those who responded that it was not at all in place.

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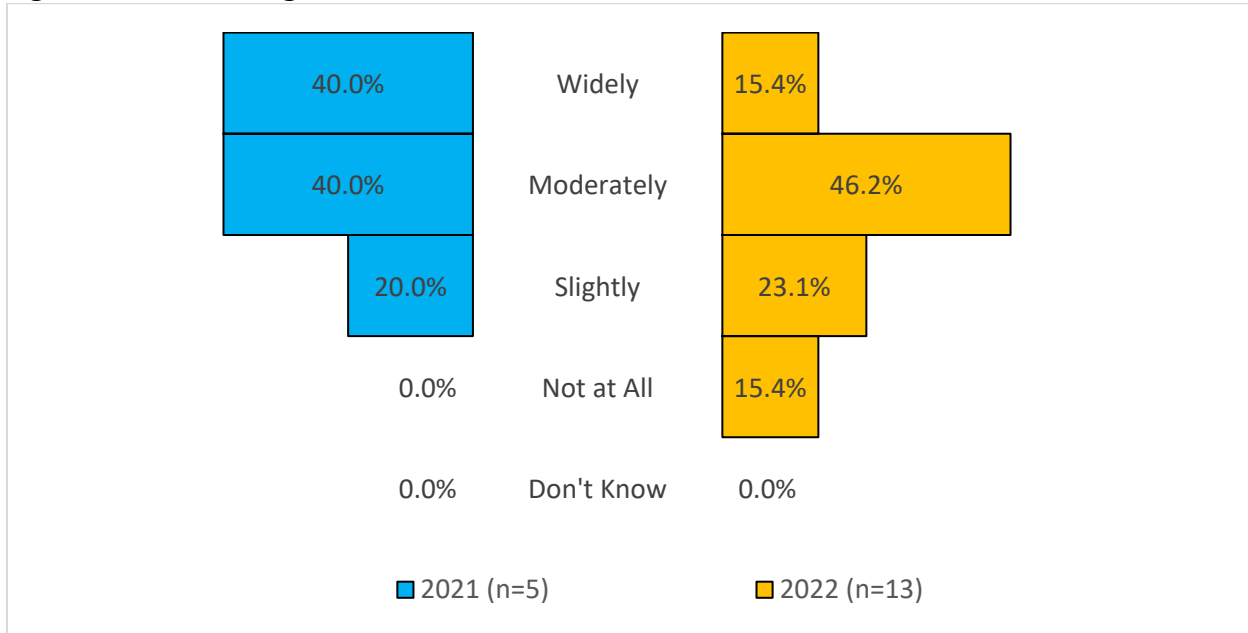
6.3.2   Increased Capacity in the Service System to Provide Evidence-based Clinical Interventions (ILCHF Outcome)

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 slight increase in stakeholders' perceptions of the capacity to provide evidence-based interventions from 2021 to 2022; stakeholders in 2022 felt that this capacity was moderately in place.

Table 6.3 Capacity to Provide Evidence-Based Clinical Interventions

	2021 Mean (n = 7)	2022 Mean (n = 13)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.00 (0.82)	3.15 (0.69)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.86 (0.90)	3.32 (0.73)

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 in 2021 and 2022. There was little change in this area; most stakeholders felt this was partially or fully in place both years.

Figure 6.36 Use of Local Outcome Data to Inform Decision-making
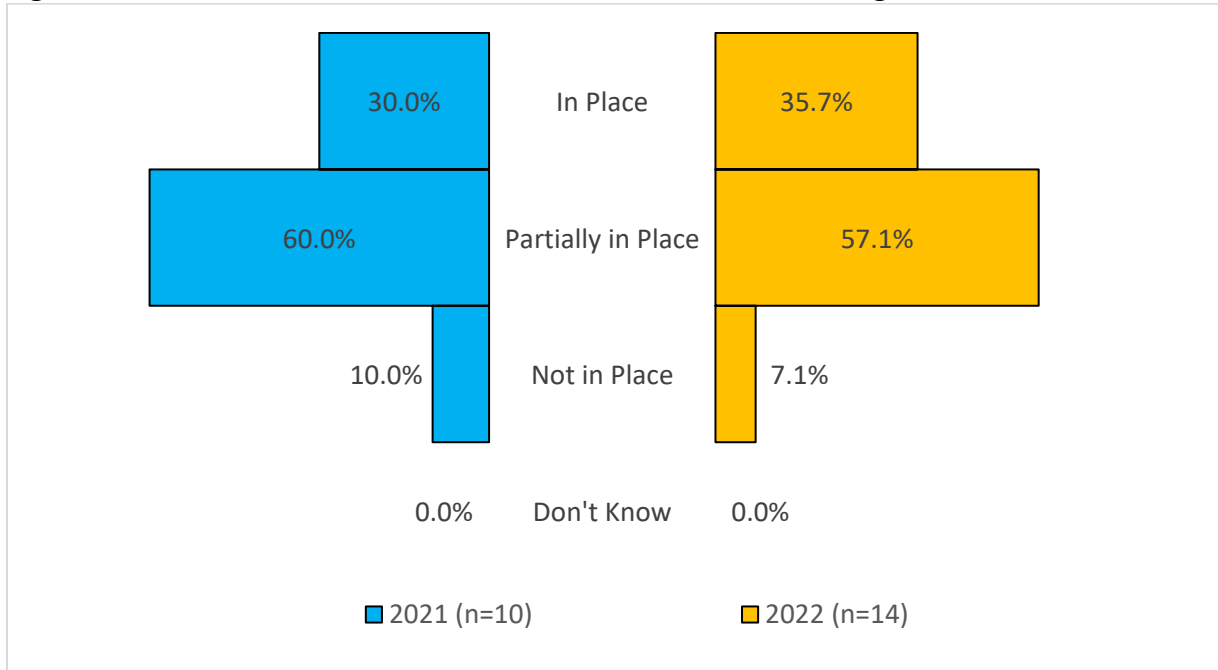
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. From 2021 to 2022 there was an increase in those who responded that it was widely or somewhat implemented.

Figure 6.37 Capacity for Gather Data for Continuous Quality Improvement

	2021 (n=6)	2022 (n=14)
Widely Implemented	16.7%	21.4%
Somewhat Implemented	0.0%	57.1%
Not at All or Slightly Implemented	66.7%	14.3%
Don't Know	16.7%	7.1%
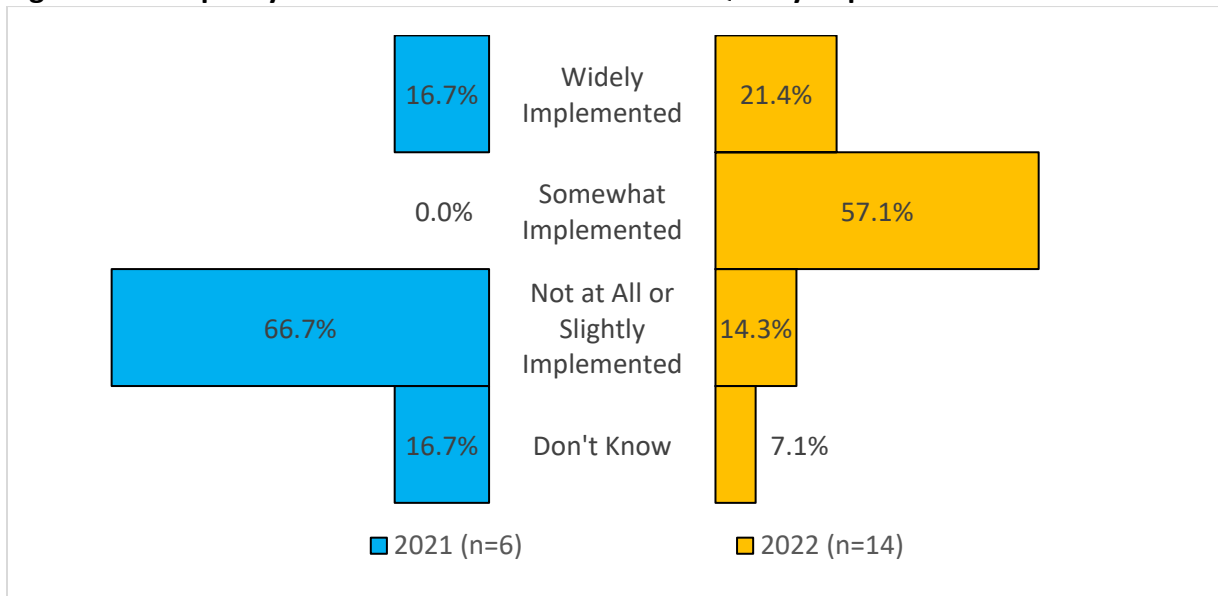
6.3.4   Development of a Well-Prepared Mental Health Workforce

Regarding perceptions of a well-prepared mental health workforce, there was little change in the number of stakeholders indicating either partially or in place. Those who stated they did not know went from 0% in 2021 to 7.1% in 2022.

Figure 6.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

	2021 (n=10)	2022 (n=14)
In Place	50.0%	35.7%
Partially in Place	30.0%	50.0%
Not in Place	20.0%	7.1%
Don't Know	0.0%	7.1%
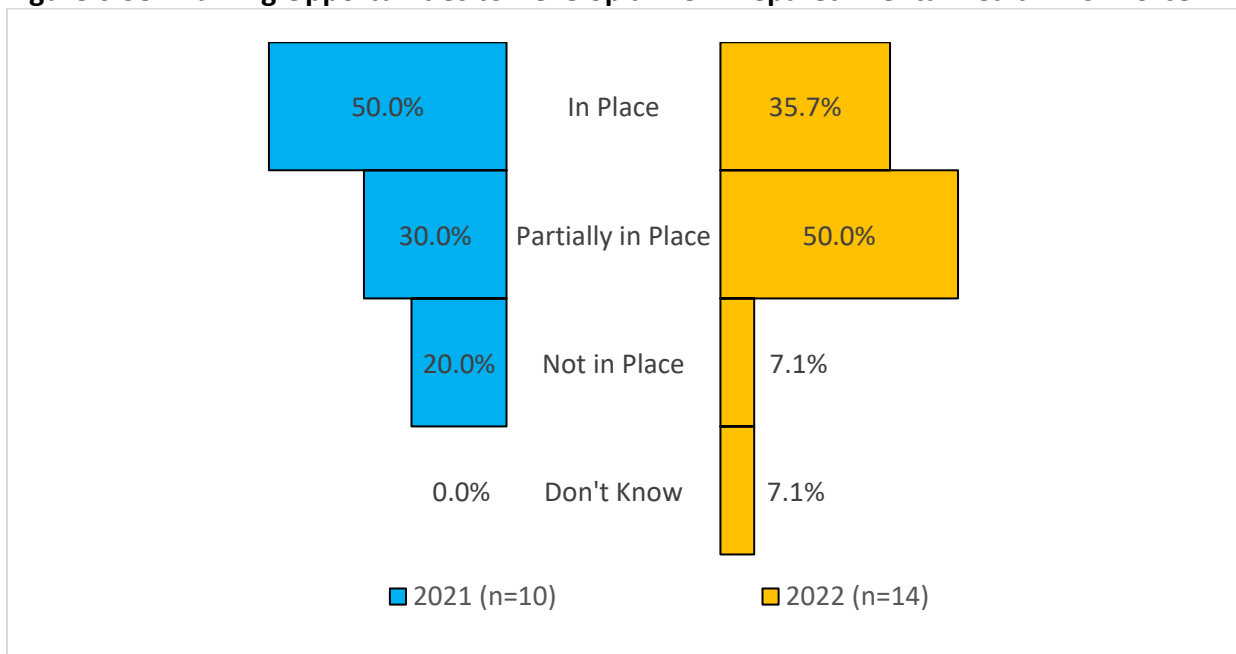
6.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2021 and 2022. There were mixed perceptions of change on most infrastructure components and most of them were rated as between slightly and moderately implemented. In 2022 those elements perceived as most in place were training/workforce development and strategic planning structures. Also notable was that the lowest rated component was social marketing.

Figure 6.39 System of Care Infrastructure Components

| | 1.0 | 1.5 | 2.0 | 2.5 | 3.0 |

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

■ 2021 (n = 5-6)   ■ 2022 (n = 11-13)

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

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6.4   Parent/Youth Survey Results

No parents or youth completed the Stakeholder Survey in either 2021 or 2022.

7. BRIDGES – Building Resilience-Integrating Data-Generationally Effective Systems

The first administration of the stakeholder survey in the BRIDGES (Building Resilience-Integrating Data-Generationally Effective Systems) project consisted of 23 respondents including individuals working in social services/mental health, housing services, healthcare, education, early childhood policy, parent leadership and organizing, and community members. In addition, seven parents completed the parent version of the stakeholder survey in 2021. The second administration in 2022 consisted of a slightly smaller sample of 16 respondents that were from similar child-serving systems that included social services, healthcare, education, child welfare, mental health, community member, and other sectors. Four parents completed the parent version of the stakeholder survey in 2022. It is important to remember that differences in the results may be attributed to differing sample sizes and 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 this site were small, which means that changes in percentages from 2021 to 2022 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 BRIDGES 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.

- Assessment of the overall progress of the system of care implementation indicated that a larger proportion of stakeholders felt that SOC was at least somewhat implemented in 2022 compared to the year before.
- When asked about the presence of specific implementation supports and activities (including a strategic plan, a steering committee that guides implementation, leadership from multiple systems, and clear communication channels), the percentage of stakeholders that perceived these as fully in place increased from 2021 to 2022. Stakeholders felt that technical assistance opportunities were not widely implemented in 2021 or 2022, but almost half of the respondents in 2022 did not know about their availability.

- Perceptions of parent and youth involvement in the SOC implementation were similar in both years. Most stakeholders felt that parent involvement was partially in place or in place, and a majority felt that youth involvement was not in place or did not know about it.
- Stakeholder perceptions of the level of commitment from most child-serving systems were about the same for both years. Perceived commitment to the SOC approach was highest for family leaders, direct service providers, and primary and mental health systems, and was lowest for the juvenile justice/court system, Medicaid system, policy-makers, and managed care organizations. However, perceptions of commitment increased from 2021 to 2022 for policy-makers, Medicaid system, and managed care organizations.
- 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. Stakeholders' perceptions of the implementation of these service characteristics were higher in 2022 for nearly all categories, with the exception of least restrictive services, which were perceived as being about the same in both years. Most of these service characteristics were seen as slightly to moderately implemented.
- Service availability within the SOC is a key outcome of interest, and stakeholders 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. Most services were seen as slightly or somewhat available both years. School- and community-based prevention services, early intervention, and tele-behavioral health services were seen as somewhat or widely available.
- Stakeholders reported that out-of-home treatment services were less widely available than community-based services. The majority of respondents did not know about the availability of substance use residential treatment and residential treatment in 2022, and those that did felt they were not at all or slightly available.
- Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services Respondents were more likely to know about youth peer-provided services in 2022, but responses did not show a clear level of perceived availability. Caregiver peer-provided services were viewed as slightly or somewhat available both years.
- There was an increase in the perceived service coordination and integration in the community from 2021 to 2022; stakeholders rated service coordination between slightly to moderately implemented in 2022.
- Stakeholders were also asked about coordination of mental health services with other systems. For most systems, there was little change in the perceptions of service coordination with the children's mental health system from 2021 to 2022, although there were increases for the education and public health systems.

- Stakeholders in 2022 were more likely to report that early identification services were moderately or widely available. Perceptions of the availability of screening services were about the same.
- There was also an increase in stakeholders' perceptions of the capacity to provide evidence-based interventions from 2021 to 2022; stakeholders in 2022 felt that this capacity was moderately to widely in place.
- Stakeholders were asked about the use of outcome data to inform operations and changes in the system. There was little change in this area; most stakeholders felt this was partially in place or not in place both years.
- Stakeholders were also asked the extent to which their community had implemented a process for monitoring quality, outcomes, and costs and for using data for continuous quality improvement. There was an increase in perceptions of implementation from 2021 to 2022; in 2021, the majority felt it was not at at/slightly implemented or did not know, but in 2022 a majority felt this was somewhat or widely implemented.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce; there was an increase in the proportion that felt that this was in place in 2022.

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 for 2021 and 2022 are shown in Figure 7.1. In 2021, the largest proportion stakeholders felt that the SOC was slightly implemented, and a majority of stakeholders in 2022 felt that the SOC was at somewhat implemented.

Figure 7.1 Overall Assessment of System of Care Implementation

	2021 (n=19)	2022 (n=13)
Widely	5.3%	15.4%
Somewhat	21.1%	53.8%
Slightly	47.4%	23.1%
Not at All	15.8%	0.0%
Don't Know	10.5%	7.7%
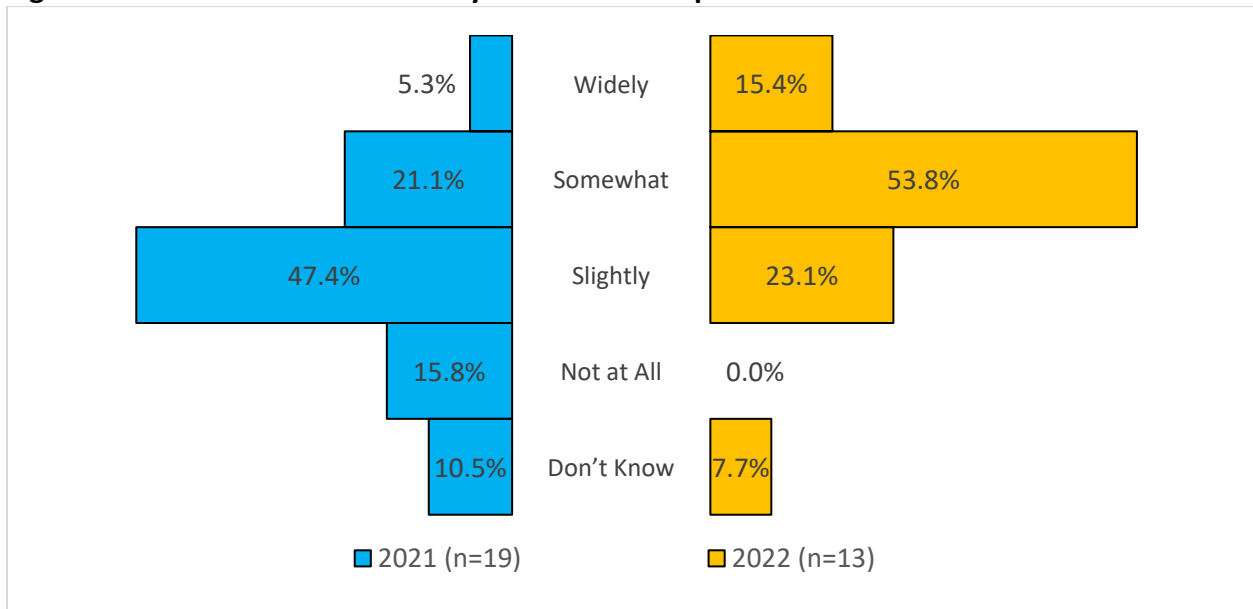
7.1.2 System of Care Implementation Supports and Activities

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, 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 2021 and 2022. For most of these implementation supports, including a strategic plan, a steering committee that guides implementation, leadership from multiple systems, and clear communication channels), the percentage of stakeholders that perceived these as fully in place increased from 2021 to 2022. Stakeholders felt that technical assistance opportunities were not widely implemented in 2021 or 2022, but almost half of the respondents in 2022 did not know about their availability.

Figure 7.2 Strategic Plan That Guides System of Care Implementation Activities

17.4%	In Place	37.5%
34.8%	Partially in Place	50.0%
39.1%	Not in Place	0.0%
8.7%	Don't Know	12.5%

■ 2021 (n=23)   ■ 2022 (n=16)
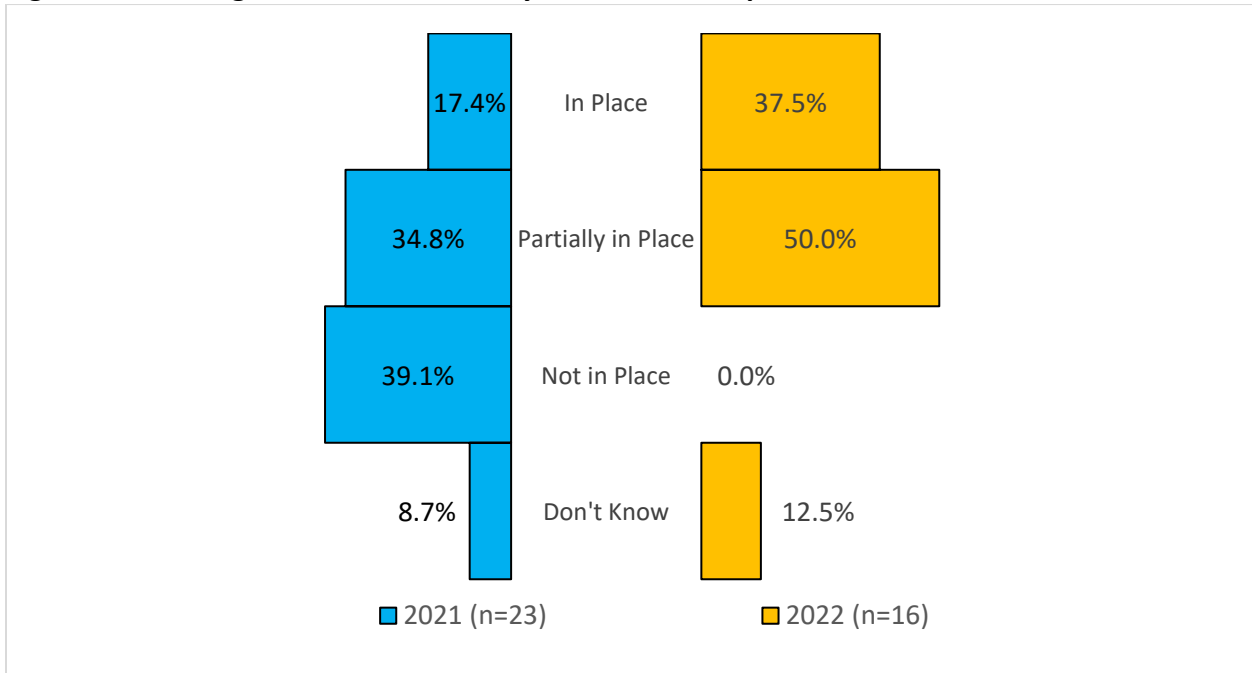
Figure 7.3 Steering or Planning Committee That Meets Frequently to Guide Implementation Activities

34.8%	In Place	75.0%
39.1%	Partially in Place	18.8%
4.3%	Not in Place	0.0%
21.7%	Don't Know	6.3%

■ 2021 (n=23)   ■ 2022 (n=16)
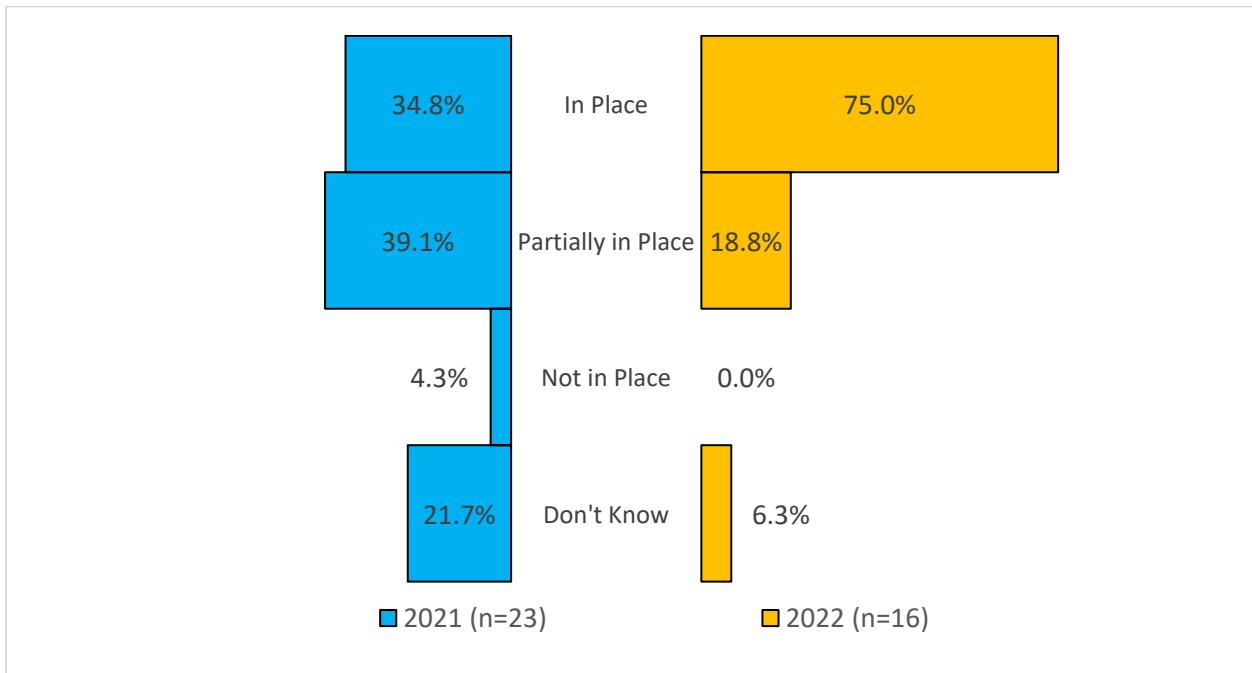
Figure 7.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems

	2021 (n=23)		2022 (n=16)
In Place	39.1%		56.3%
Partially in Place	43.5%		25.0%
Not in Place	8.7%		0.0%
Don't Know	8.7%		18.8%

■ 2021 (n=23)   ■ 2022 (n=16)
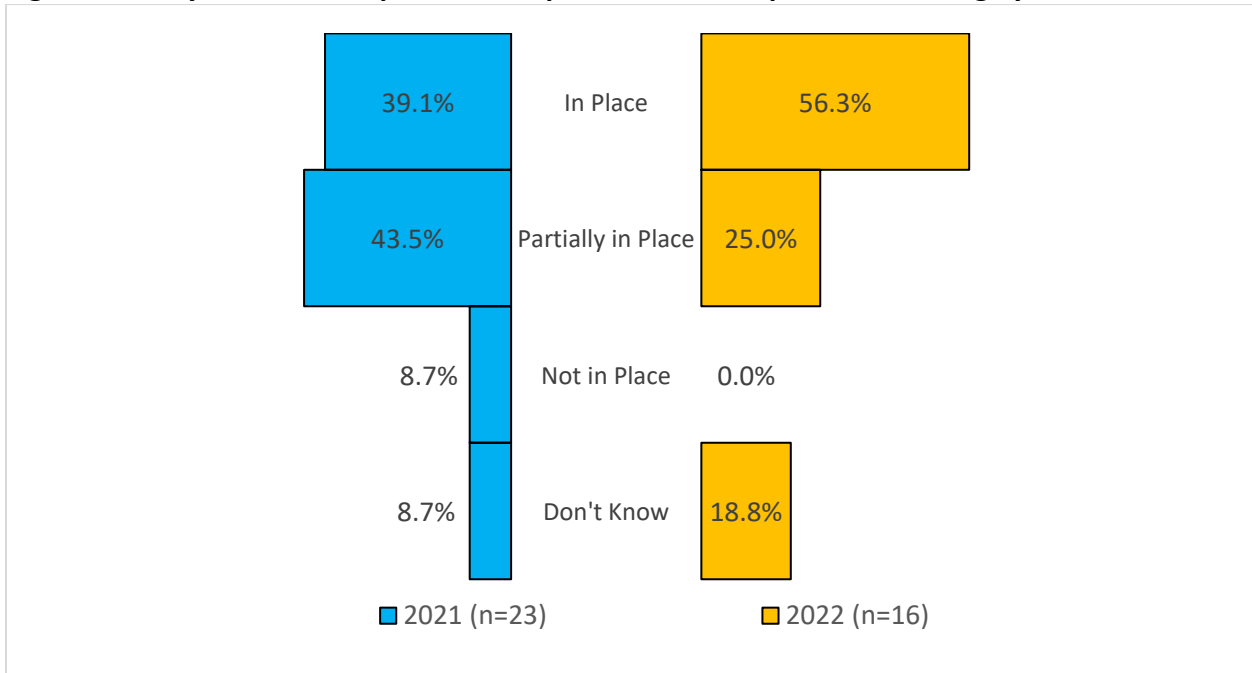
Figure 7.5 Clear and Frequent Communication Channels Between Leadership, Steering/Planning Committees, and Stakeholders

	2021 (n=23)		2022 (n=15)
In Place	30.4%		60.0%
Partially in Place	39.1%		33.3%
Not in Place	21.7%		0.0%
Don't Know	8.7%		6.7%

■ 2021 (n=23)   ■ 2022 (n=15)
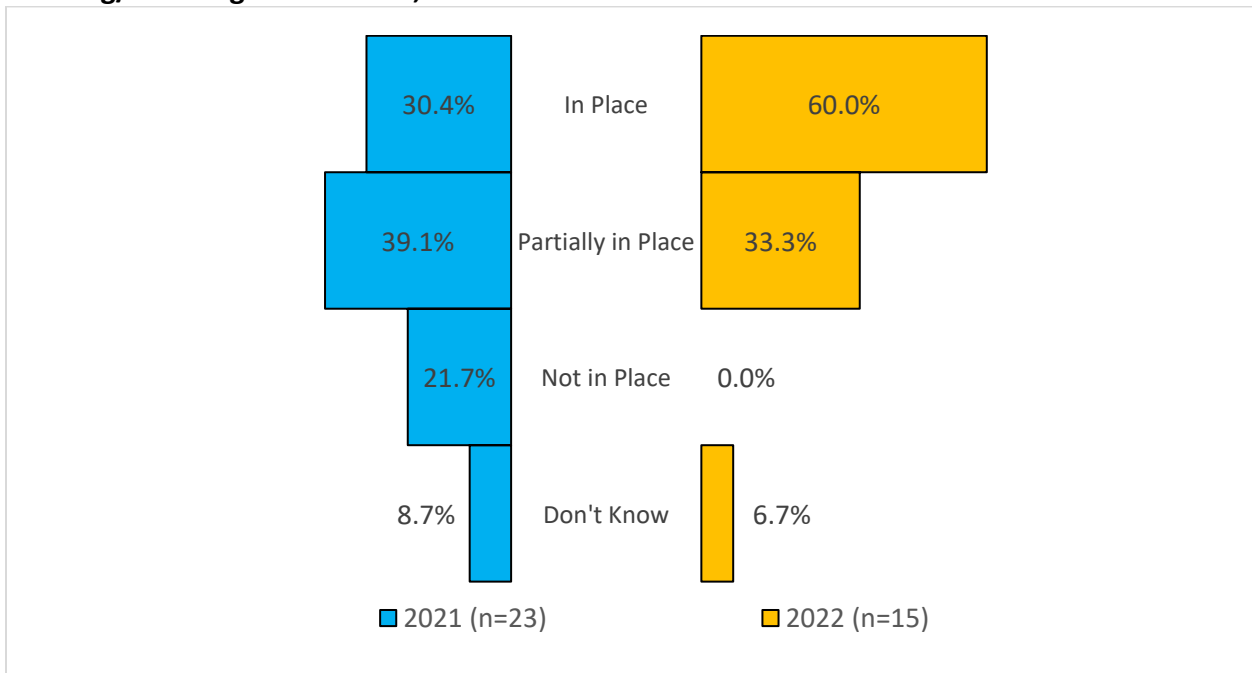
Figure 7.6 Technical Assistance Opportunities to Support Implementation

	2021 (n=23)		2022 (n=15)
In Place	13.0%		26.7%
Partially in Place	43.5%		13.3%
Not in Place	21.7%		20.0%
Don't Know	21.7%		40.0%
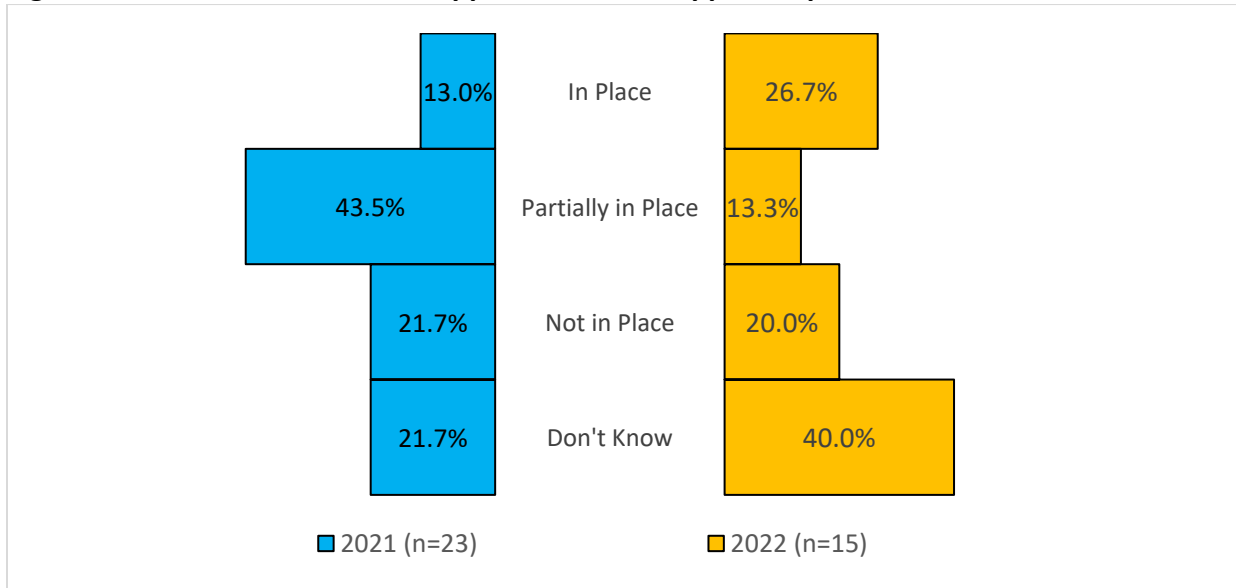
7.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2021 and 2022. Perceptions of parent and youth involvement in the SOC implementation were similar in both years. Most stakeholders felt that parent involvement was partially in place or in place, and a majority felt that youth involvement was not in place or did not know.

Figure 7.7 Parent Involvement in System of Care Implementation Activities

	2021 (n=22)		2022 (n=16)
In Place	40.9%		50.0%
Partially in Place	40.9%		31.3%
Not in Place	18.2%		6.3%
Don't Know	0.0%		12.5%
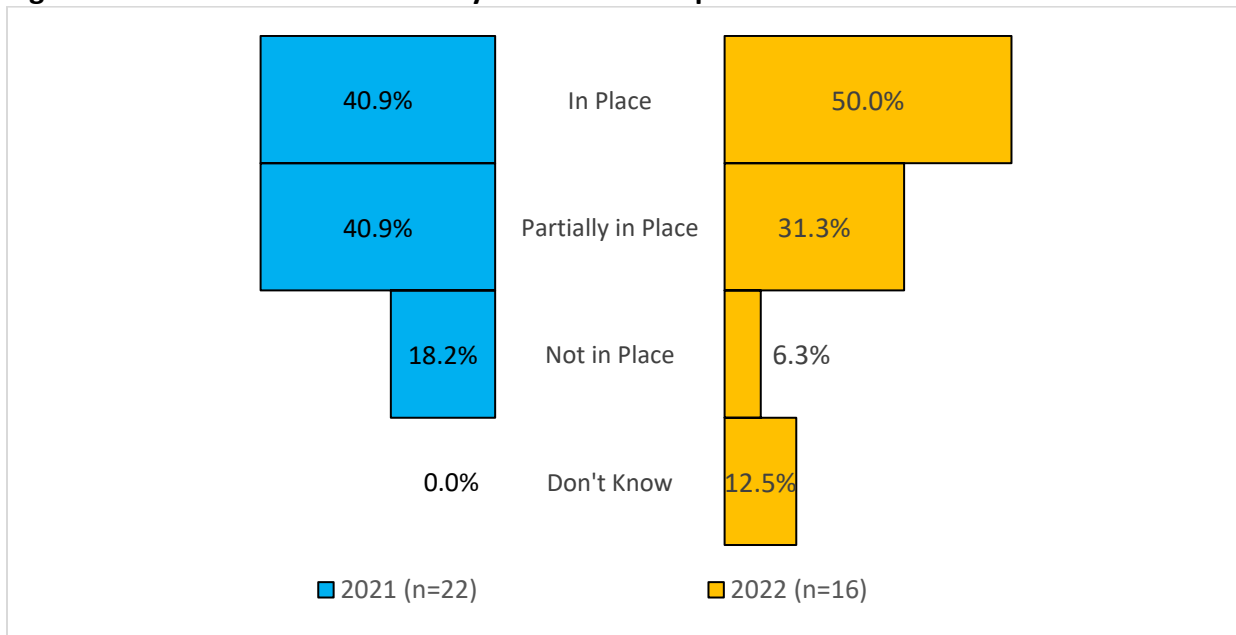
Figure 7.8 Youth Involvement in System of Care Implementation Activities

	2021 (n=23)		2022 (n=16)
In Place	8.7%		6.3%
Partially in Place	21.7%		31.3%
Not in Place	47.8%		25.0%
Don't Know	21.7%		37.5%
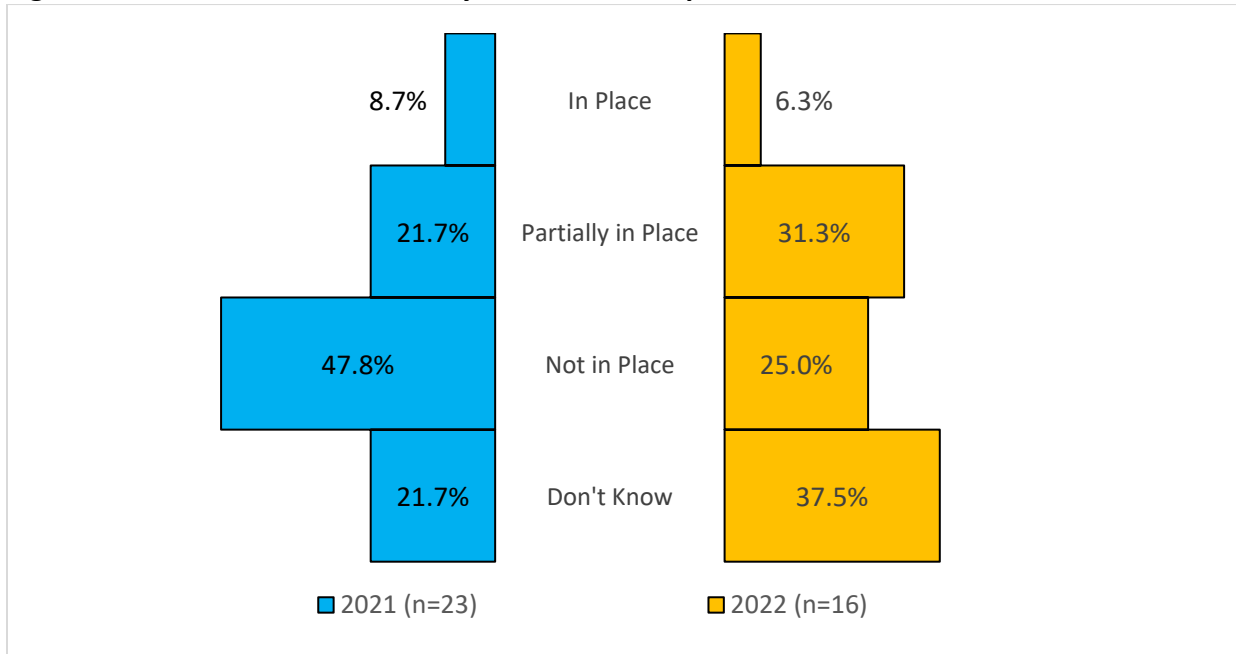
7.1.4   Commitment to System of Care Philosophy and Approach

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, and 4 = widely committed (0 = don't know was excluded from the analysis). Figure 7.9 shows the mean scores for the perceived commitment of each child-serving system in 2021 (blue bar) and 2022 (yellow bar).

Perceived commitment to the SOC approach was highest for family leaders, direct service providers, and primary and mental health systems, and was lowest for the juvenile justice/court system, Medicaid system, policy-makers, and managed care organizations. However, perceptions of commitment increased from 2021 to 2022 for policy-makers, Medicaid system, and managed care organizations.

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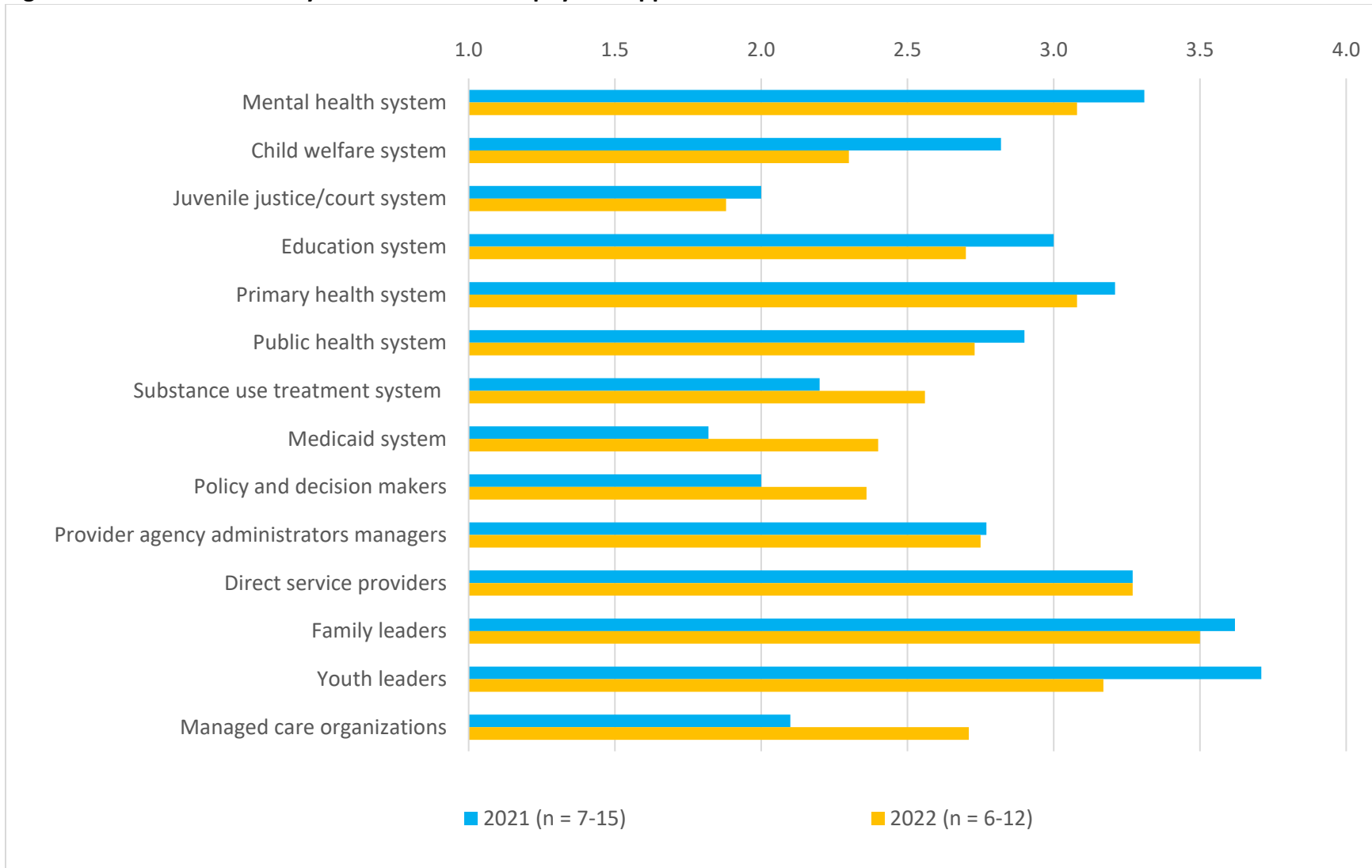
Note: "Don't know" responses were not included when calculating the mean scores.

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 2021 and 2022 are shown in Figure 7.10. Stakeholders' perceptions of the implementation of these service characteristics were higher in 2022 for nearly all categories, with the exception of least restrictive services, which were perceived as being about the same in both years. Most of these service characteristics were seen as slightly to moderately implemented.

Figure 7.10 Service Delivery Guided by System of Care Values and Principles
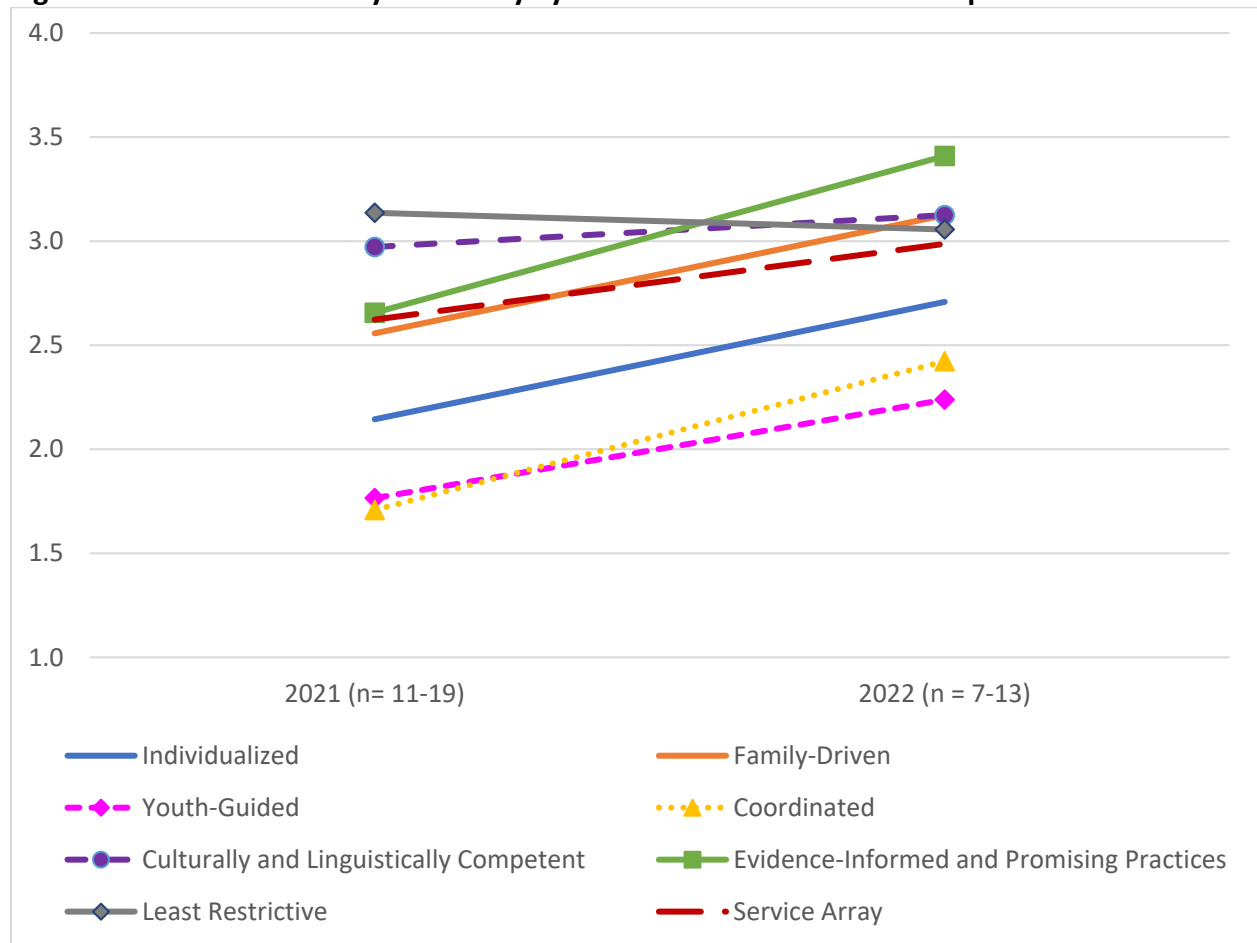
7.2.2 Service Availability – Home and Community-Based Treatment and Support Services

Survey participants were provided with a list of home- and community-based services and asked to rate the availability of each service in their community during the prior 12 months. There was little change in the perceived availability of services from 2021 to 2022. Most services were seen as slightly or somewhat available both years, although school-based prevention services, community-based prevention services, early intervention, and tele-behavioral health services were seen as somewhat or widely available.

Figure 7.11 School-based Prevention Services
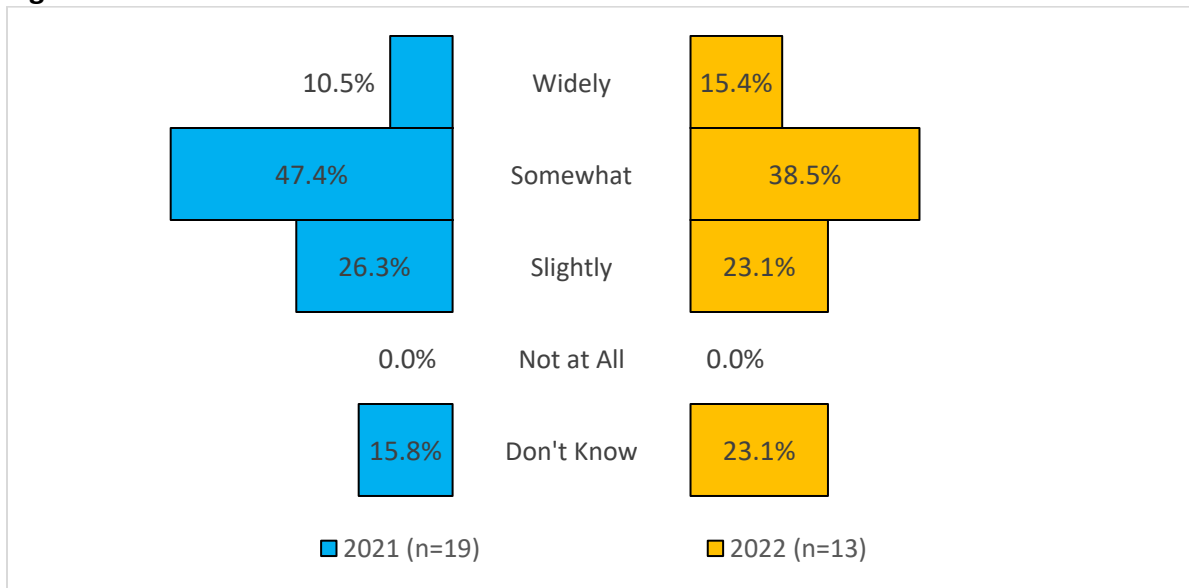
Figure 7.12 Community-based Prevention Services
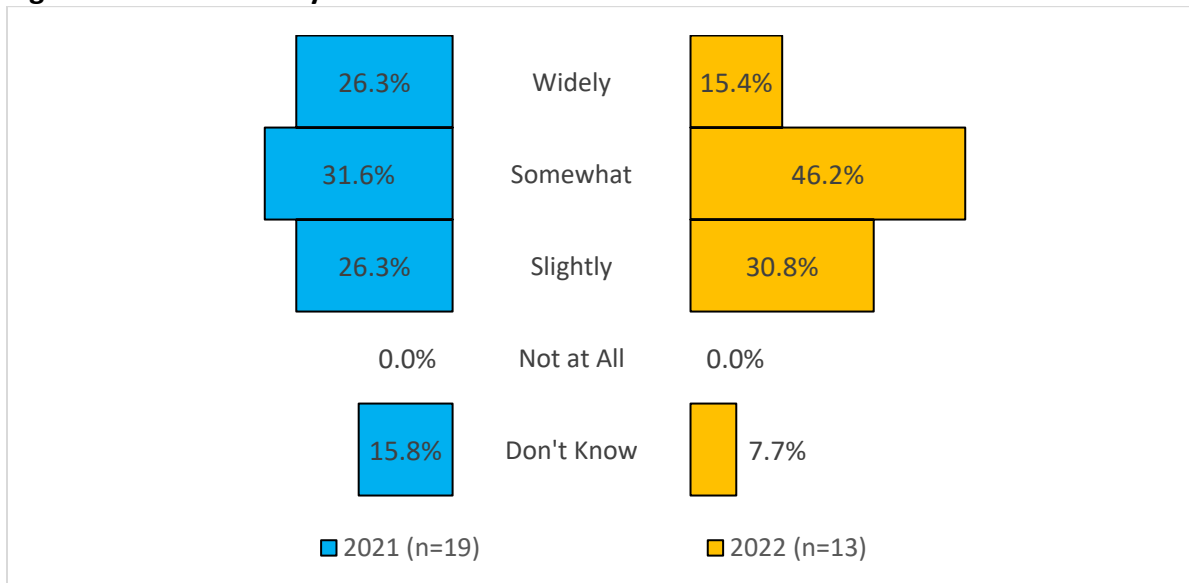
Figure 7.13 Early Intervention Services

	2021 (n=19)		2022 (n=13)
Widely	31.6%		23.1%
Somewhat	26.3%		46.2%
Slightly	26.3%		23.1%
Not at All	0.0%		0.0%
Don't Know	15.8%		7.7%

Figure 7.14 Assessment

	2021 (n=19)		2022 (n=13)
Widely	5.3%		7.7%
Somewhat	36.8%		30.8%
Slightly	31.6%		61.5%
Not at All	0.0%		0.0%
Don't Know	26.3%		0.0%
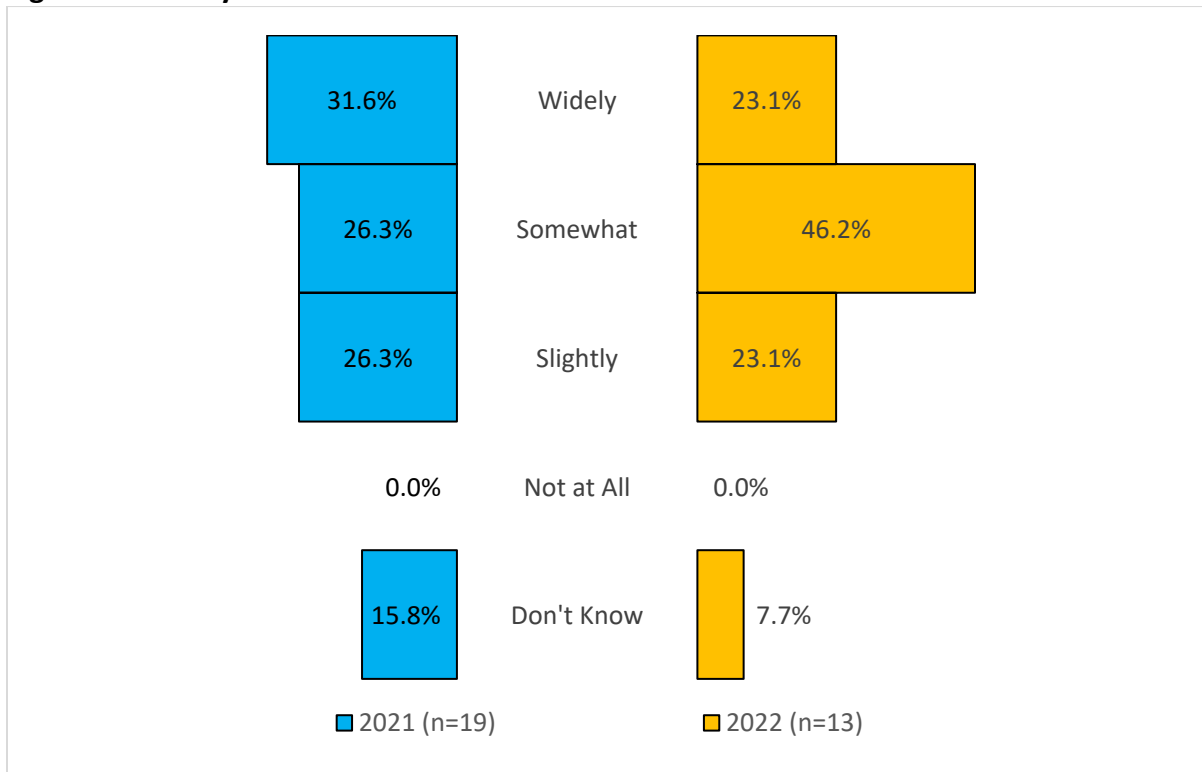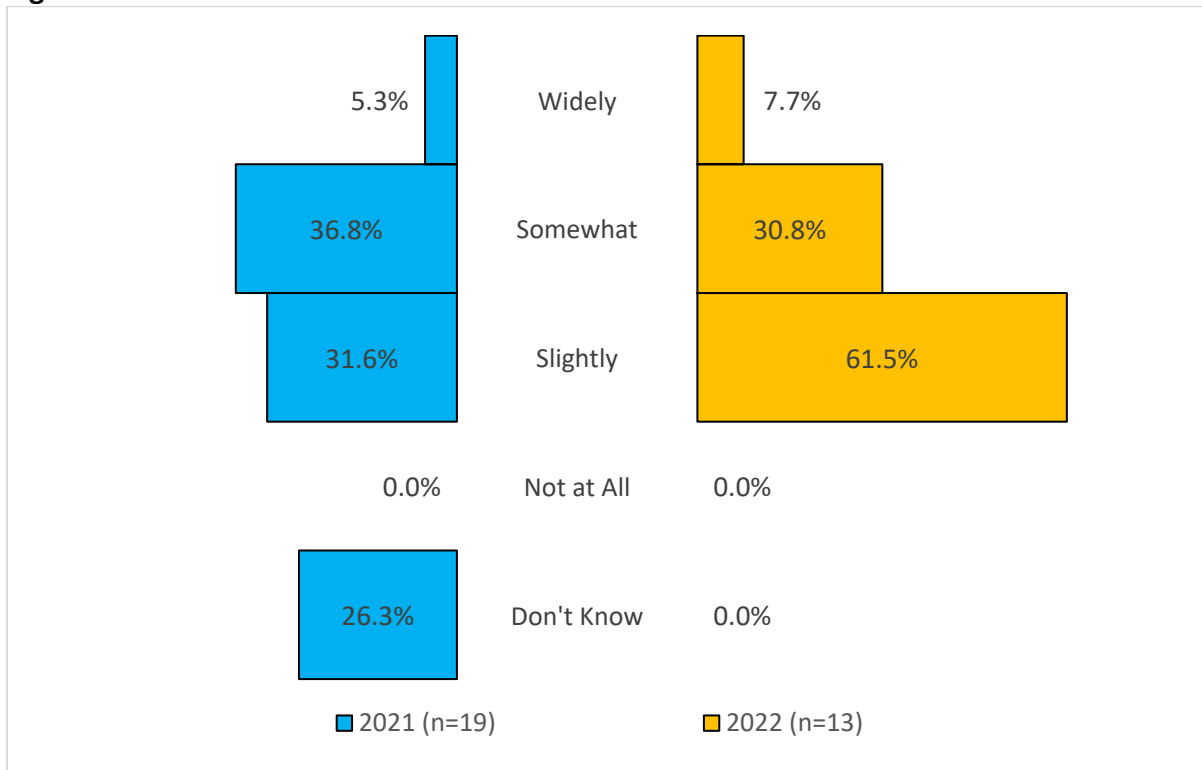
Figure 7.15 Individualized Service Planning

	2021 (n=19)	2022 (n=13)
Widely	10.5%	7.7%
Somewhat	26.3%	15.4%
Slightly	36.8%	76.9%
Not at All	0.0%	0.0%
Don't Know	26.3%	0.0%
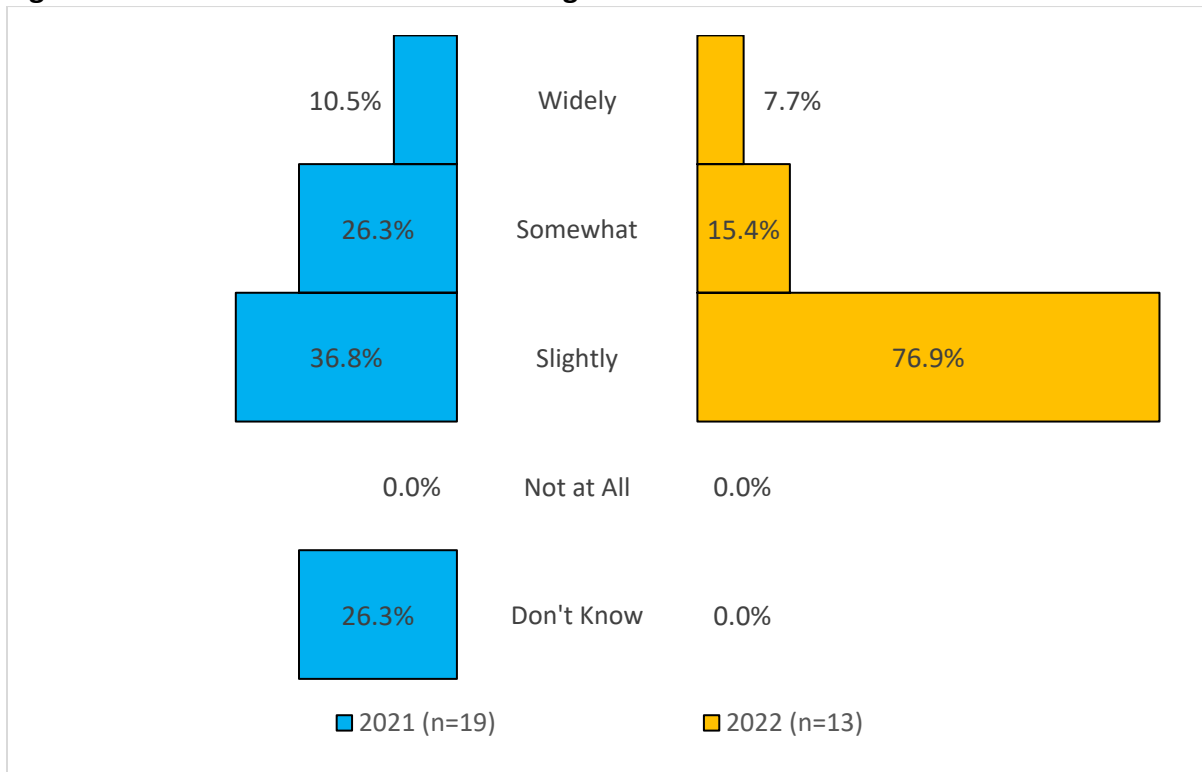
Figure 7.16 Intensive Care Management

	2021 (n=19)	2022 (n=13)
Widely	5.3%	15.4%
Somewhat	21.1%	30.8%
Slightly	52.6%	23.1%
Not at All	0.0%	15.4%
Don't Know	21.1%	15.4%
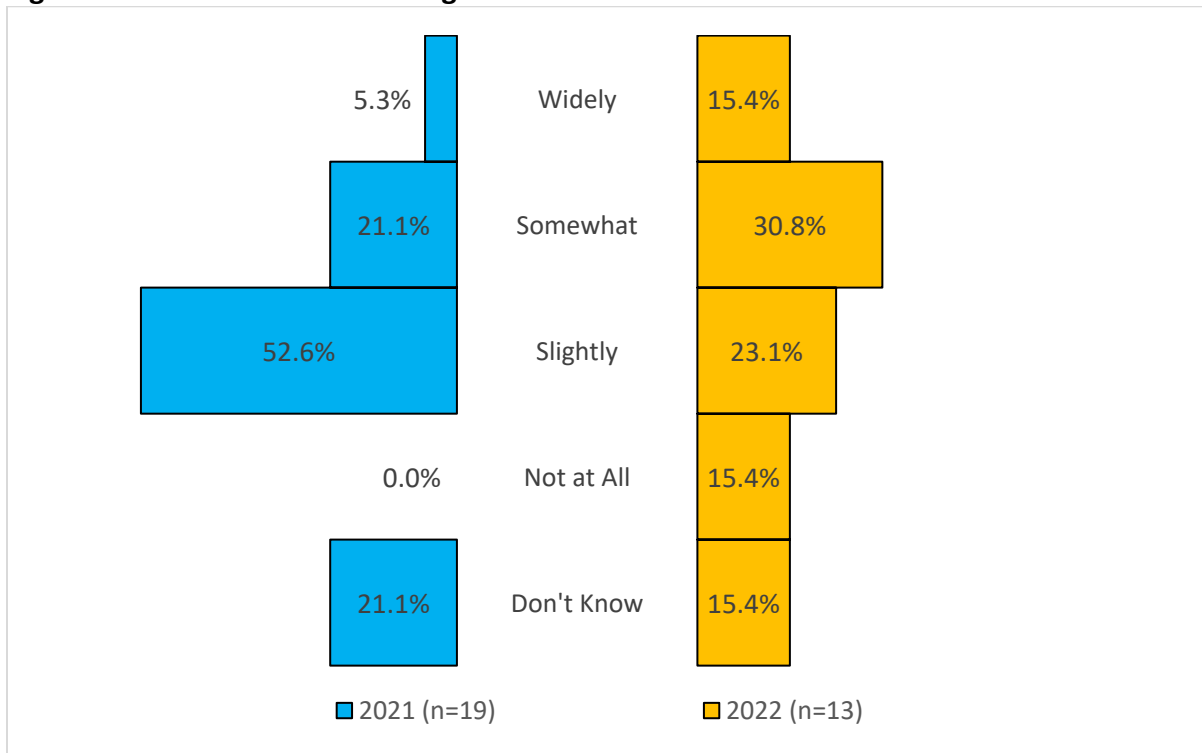
Figure 7.17 Outpatient Therapy

5.3%	Widely	7.7%
31.6%	Somewhat	53.8%
52.6%	Slightly	30.8%
5.3%	Not at All	0.0%
5.3%	Don't Know	7.7%

■ 2021 (n=19)   ■ 2022 (n=13)
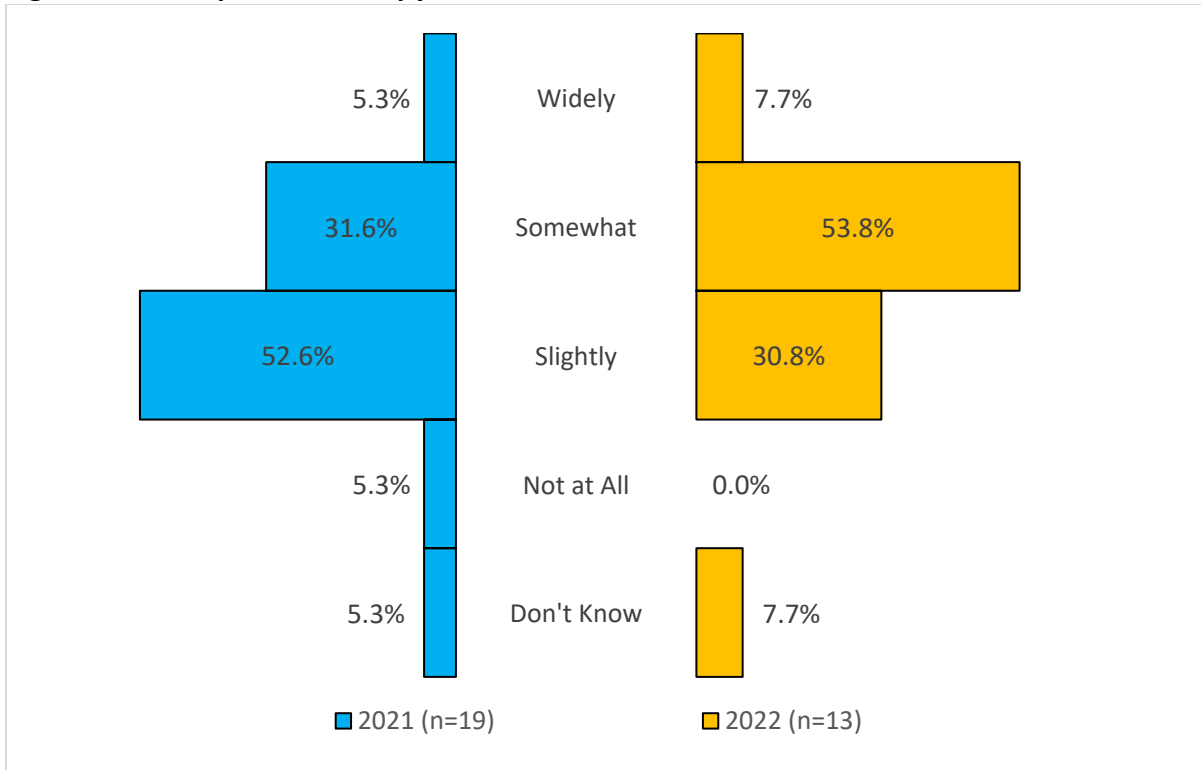
Figure 7.18 Medication Treatment/Management

5.3%	Widely	7.7%
42.1%	Somewhat	23.1%
31.6%	Slightly	46.2%
0.0%	Not at All	0.0%
21.1%	Don't Know	23.1%

■ 2021 (n=19)   ■ 2022 (n=13)
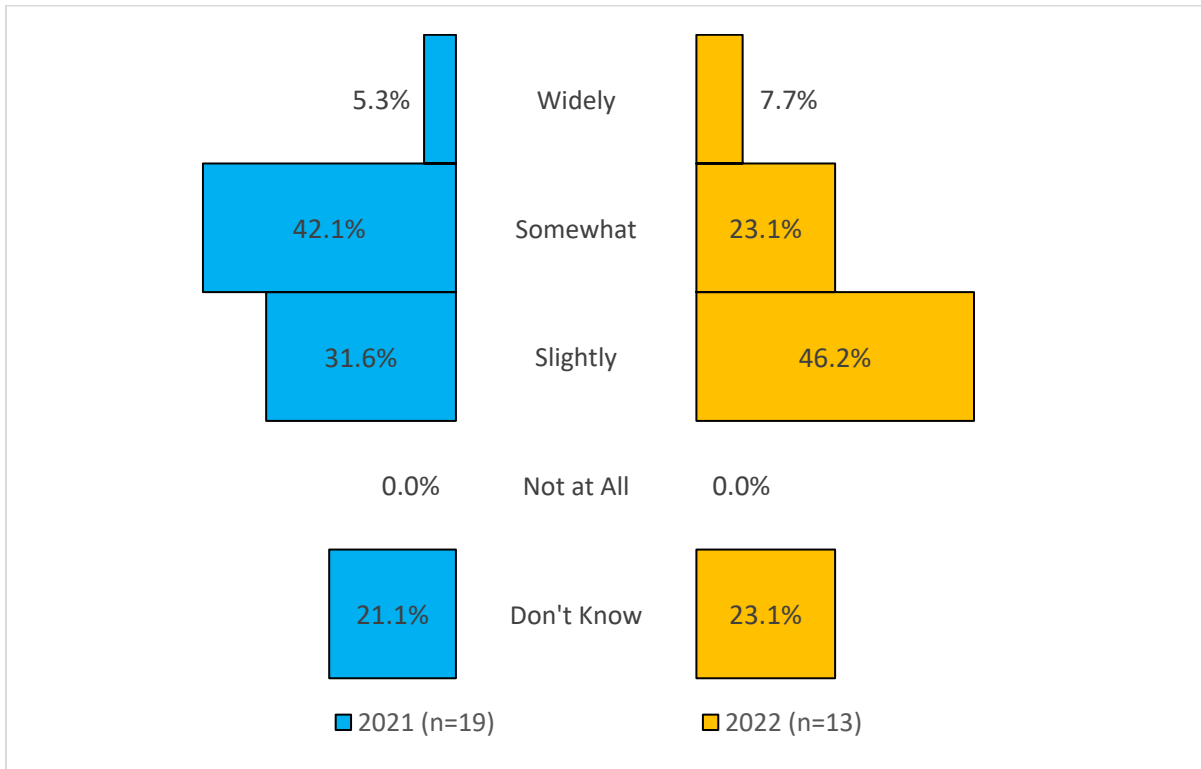
Figure 7.19 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	Widely	Somewhat	Slightly	Not at All	Don't Know
2021 (n=19)	26.3%	15.8%	15.8%	5.3%	36.8%
2022 (n=13)	15.4%	15.4%	38.5%	7.7%	23.1%
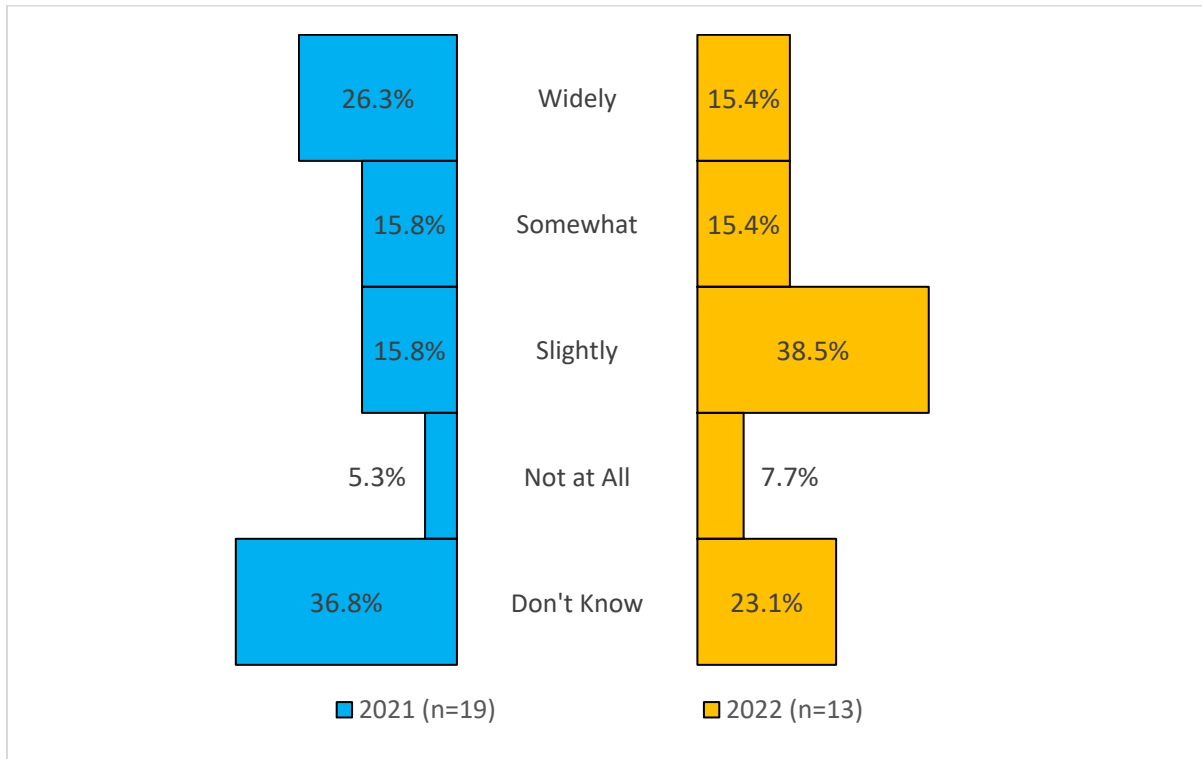
Figure 7.20 Intensive In-Home Services

	Widely	Somewhat	Slightly	Not at All	Don't Know
2021 (n=19)	0.0%	5.3%	42.1%	15.8%	36.8%
2022 (n=12)	16.7%	16.7%	25.0%	16.7%	25.0%
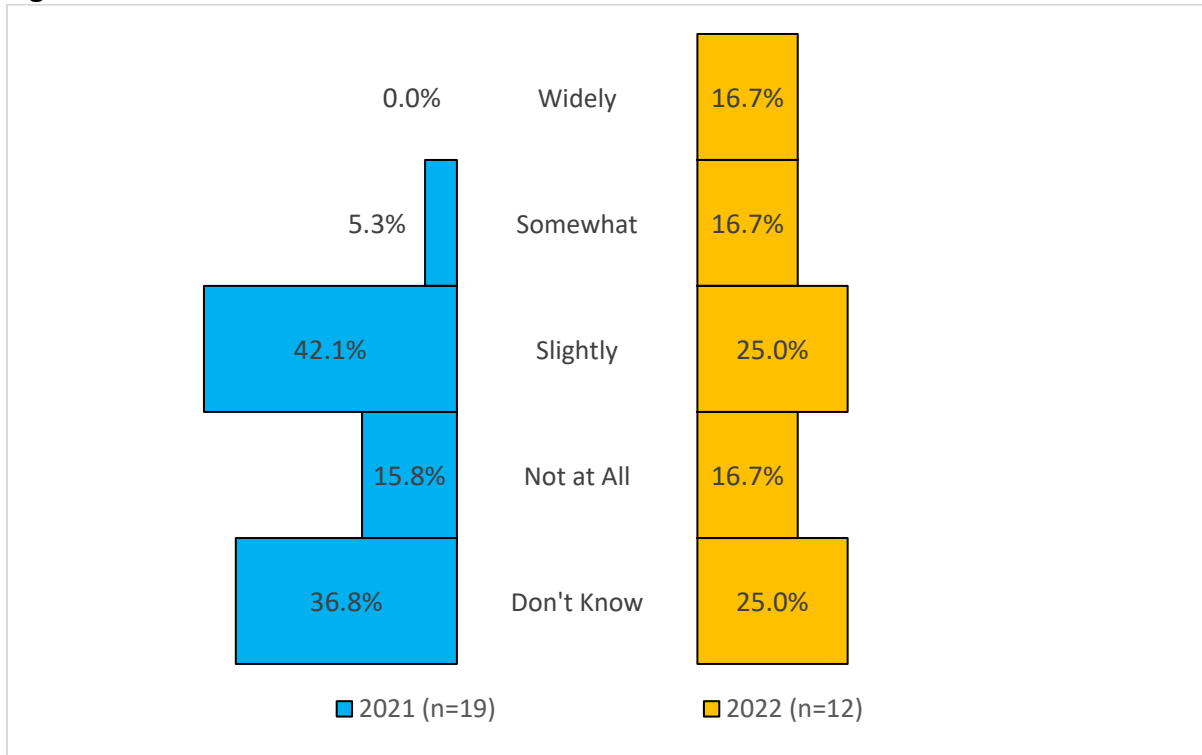
Figure 7.21 School-Based Behavioral Health Services

	2021 (n=19)		2022 (n=13)
Widely	10.5%		15.4%
Somewhat	31.6%		30.8%
Slightly	36.8%		30.8%
Not at All	5.3%		0.0%
Don't Know	15.8%		23.1%

■ 2021 (n=19)   ■ 2022 (n=13)
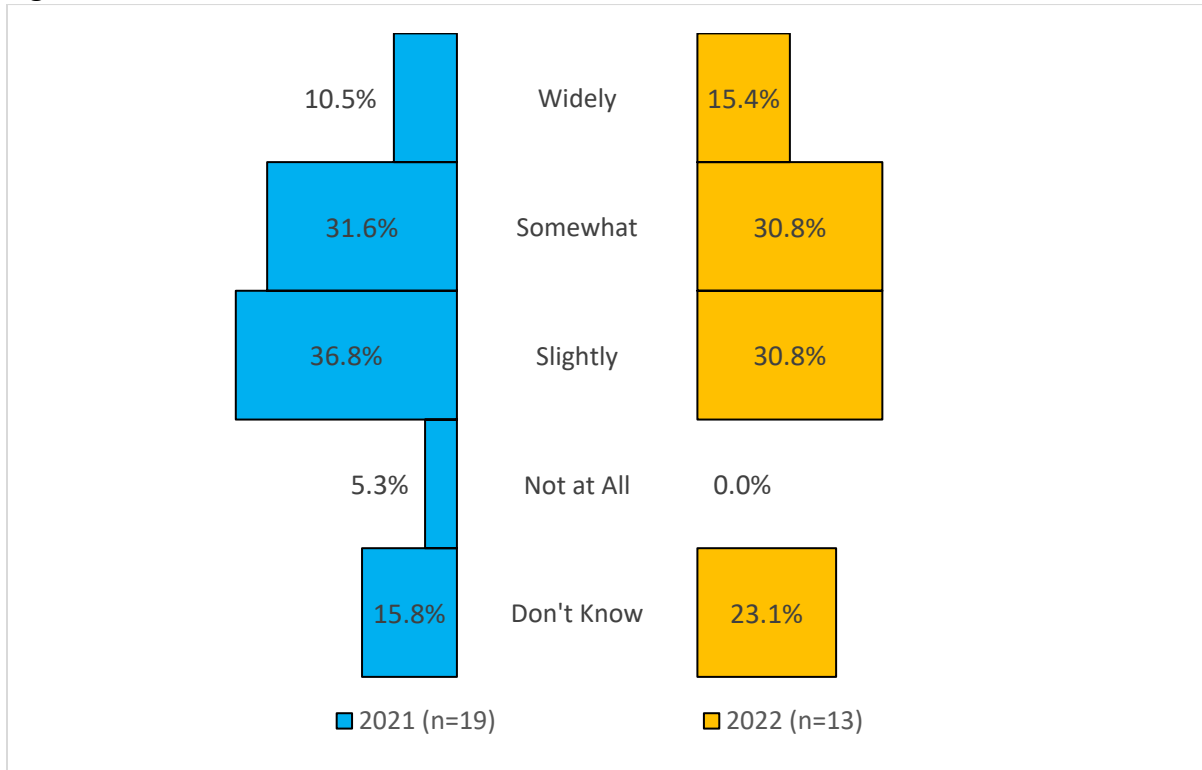
Figure 7.22 Substance Use Treatment

	2021 (n=19)		2022 (n=13)
Widely	0.0%		15.4%
Somewhat	15.8%		15.4%
Slightly	42.1%		46.2%
Not at All	5.3%		0.0%
Don't Know	36.8%		23.1%

■ 2021 (n=19)   ■ 2022 (n=13)
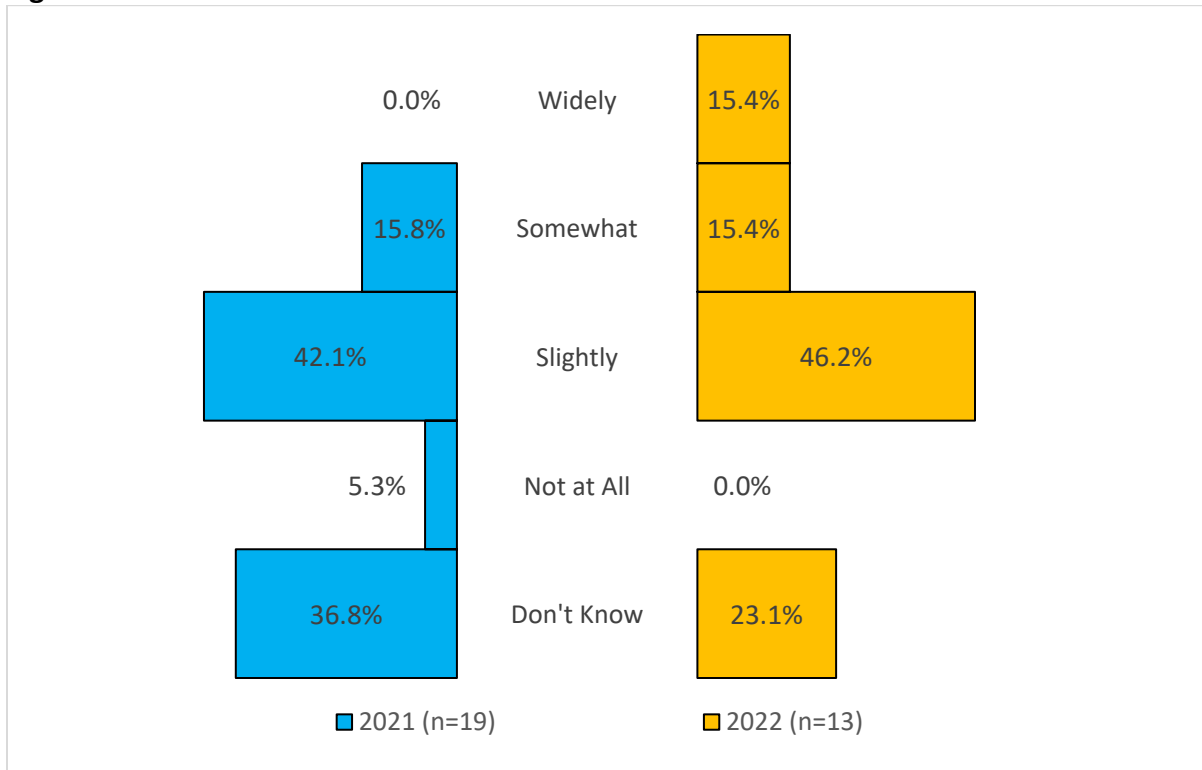
Figure 7.23 Behavior Management Skills Training

2021 (n=19)		2022 (n=13)
5.3%	Widely	7.7%
21.1%	Somewhat	46.2%
42.1%	Slightly	38.5%
5.3%	Not at All	0.0%
26.3%	Don't Know	7.7%

■ 2021 (n=19)   ■ 2022 (n=13)
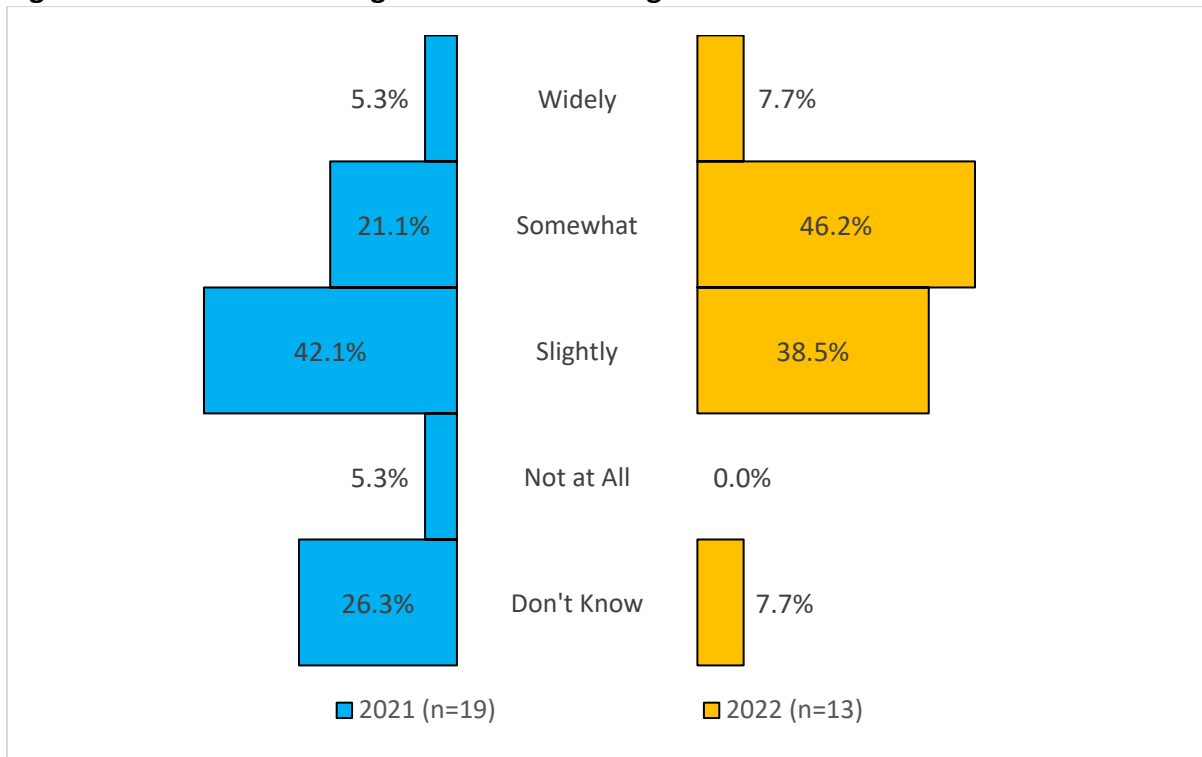
Figure 7.24 Tele-Behavioral Health Services

2021 (n=19)		2022 (n=13)
26.3%	Widely	7.7%
42.1%	Somewhat	53.8%
21.1%	Slightly	30.8%
0.0%	Not at All	0.0%
10.5%	Don't Know	7.7%

■ 2021 (n=19)   ■ 2022 (n=13)
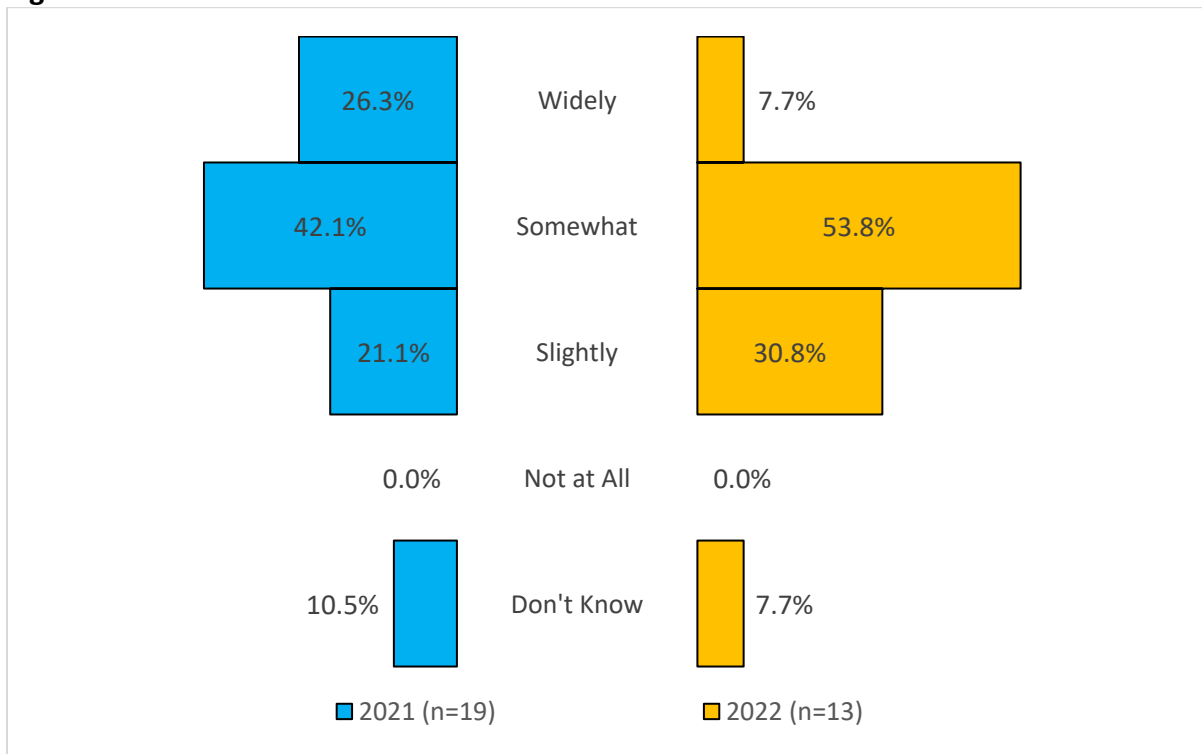
Figure 7.25 Youth and Family Education

	2021 (n=19)		2022 (n=12)
Widely	10.5%		16.7%
Somewhat	31.6%		50.0%
Slightly	42.1%		16.7%
Not at All	0.0%		8.3%
Don't Know	15.8%		8.3%
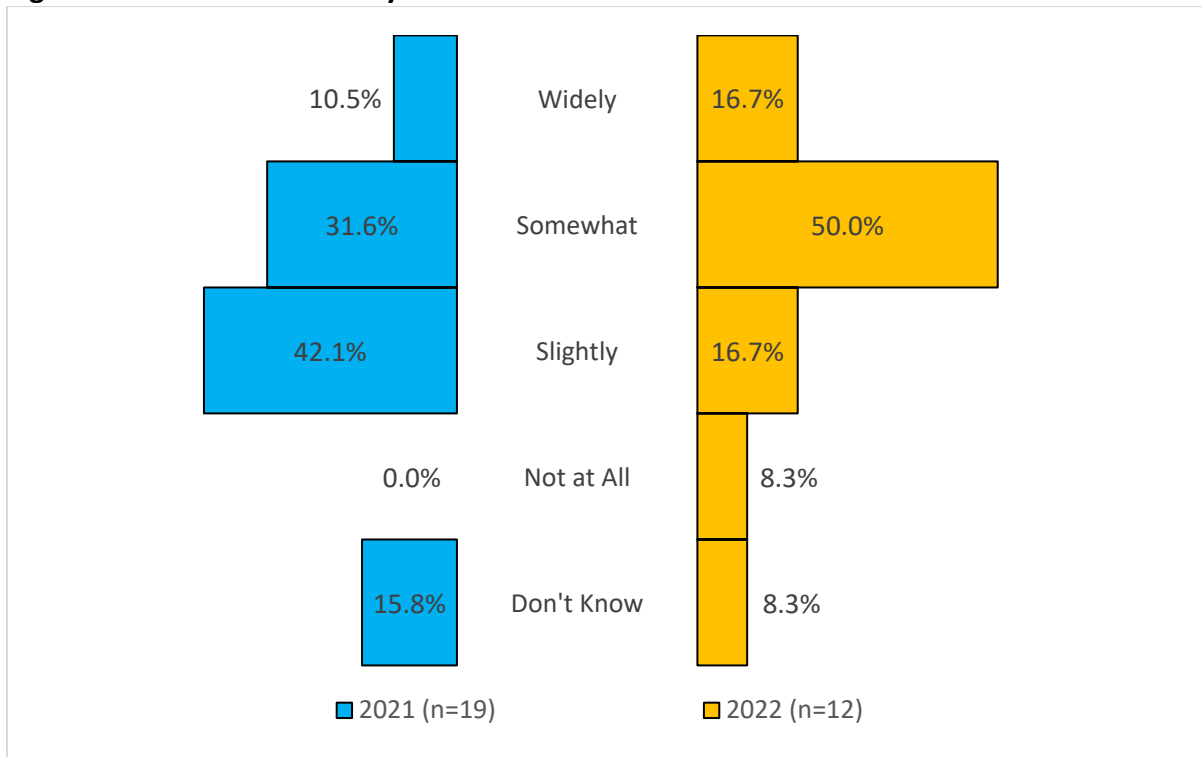
Figure 7.26 Respite Services

	2021 (n=19)		2022 (n=13)
Widely	0.0%		0.0%
Somewhat	5.3%		7.7%
Slightly	47.4%		15.4%
Not at All	15.8%		23.1%
Don't Know	31.6%		53.8%
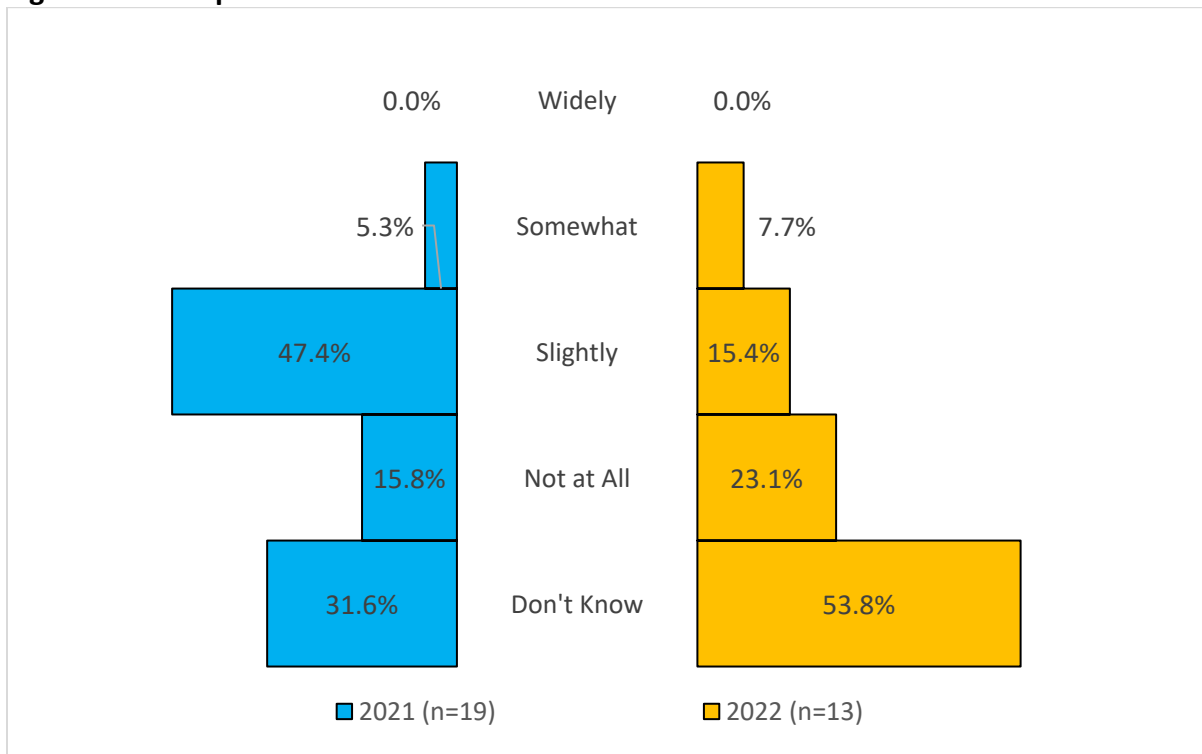
Figure 7.27 Mental Health Consultation

	2021 (n=19)		2022 (n=13)
Widely	15.8%		30.8%
Somewhat	47.4%		15.4%
Slightly	15.8%		46.2%
Not at All	0.0%		7.7%
Don't Know	21.1%		0.0%

■ 2021 (n=19)   ■ 2022 (n=13)
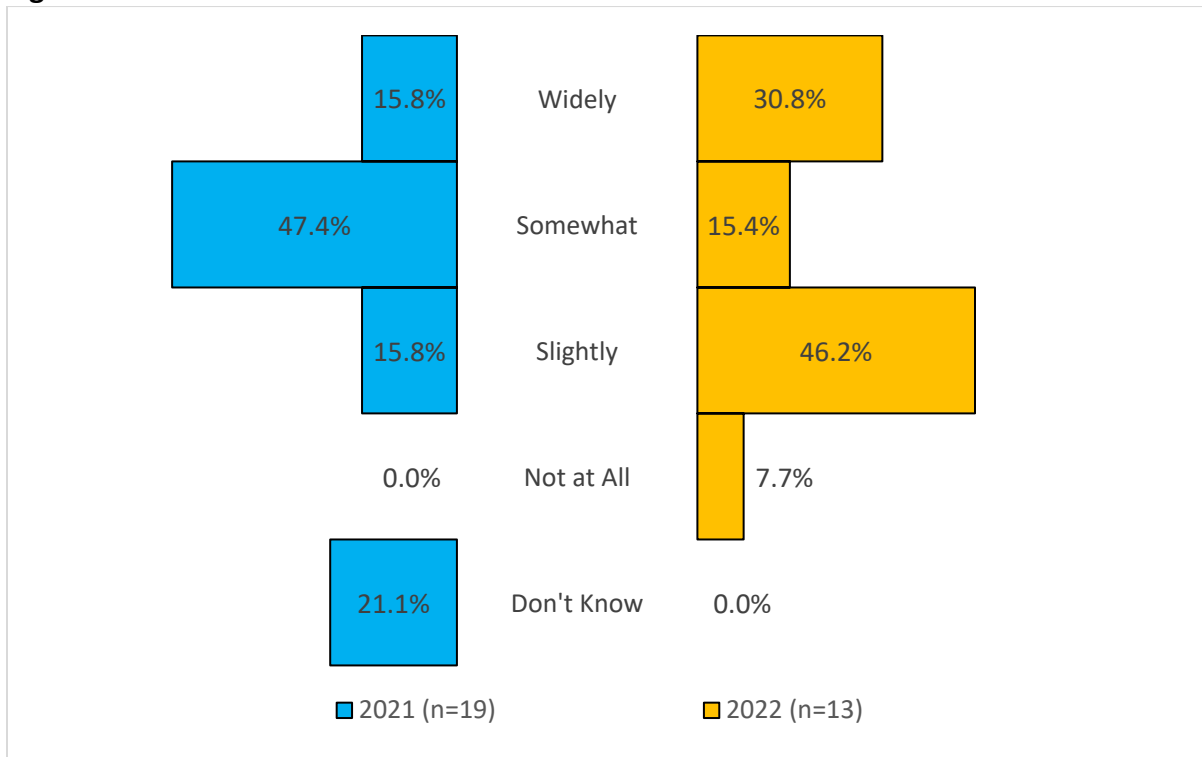
Figure 7.28 Transportation

	2021 (n=19)		2022 (n=13)
Widely	0.0%		7.7%
Somewhat	26.3%		30.8%
Slightly	47.4%		23.1%
Not at All	5.3%		15.4%
Don't Know	21.1%		23.1%

■ 2021 (n=19)   ■ 2022 (n=13)
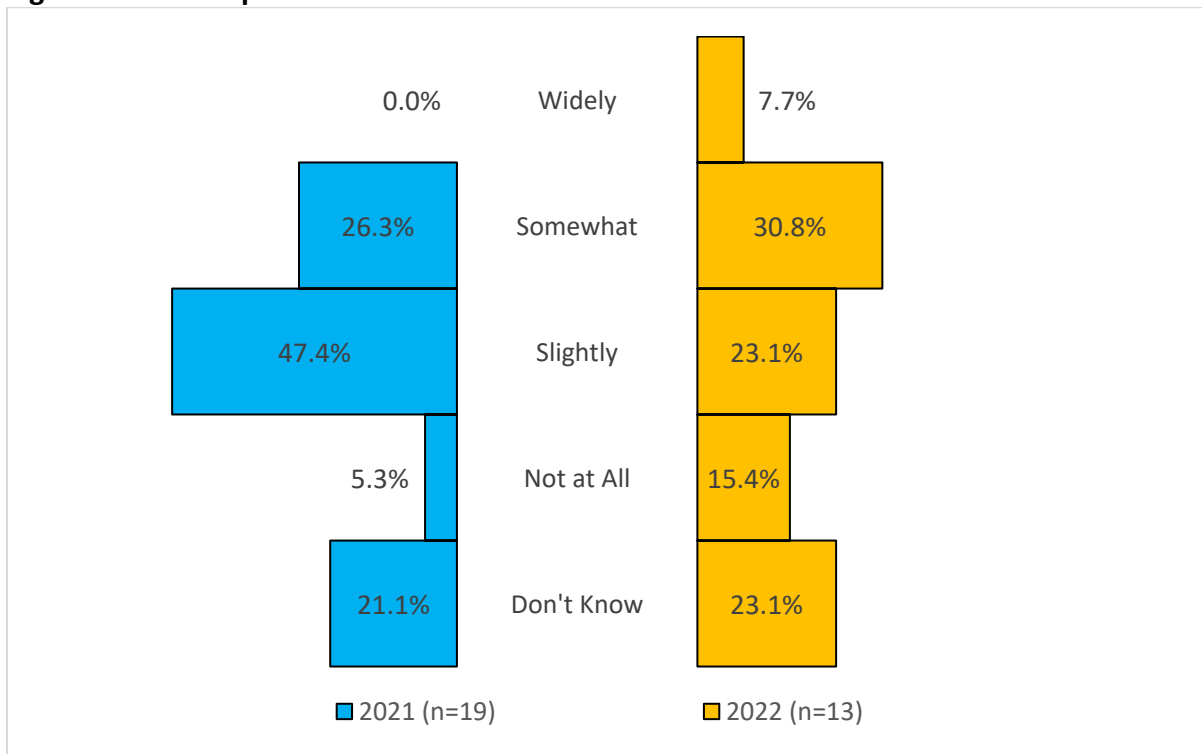
7.2.3 Out-of-Home Treatment Services

Stakeholders reported that out-of-home treatment services were less widely available than community-based services. The majority of respondents did not know about the availability of substance use residential treatment and residential treatment in 2022, and those that did felt they were not at all or slightly available.

Figure 7.29 Substance Use Residential Treatment

	2021 (n=19)		2022 (n=13)
Widely	0.0%		0.0%
Somewhat	21.1%		7.7%
Slightly	31.6%		23.1%
Not at All	10.5%		15.4%
Don't Know	36.8%		53.8%
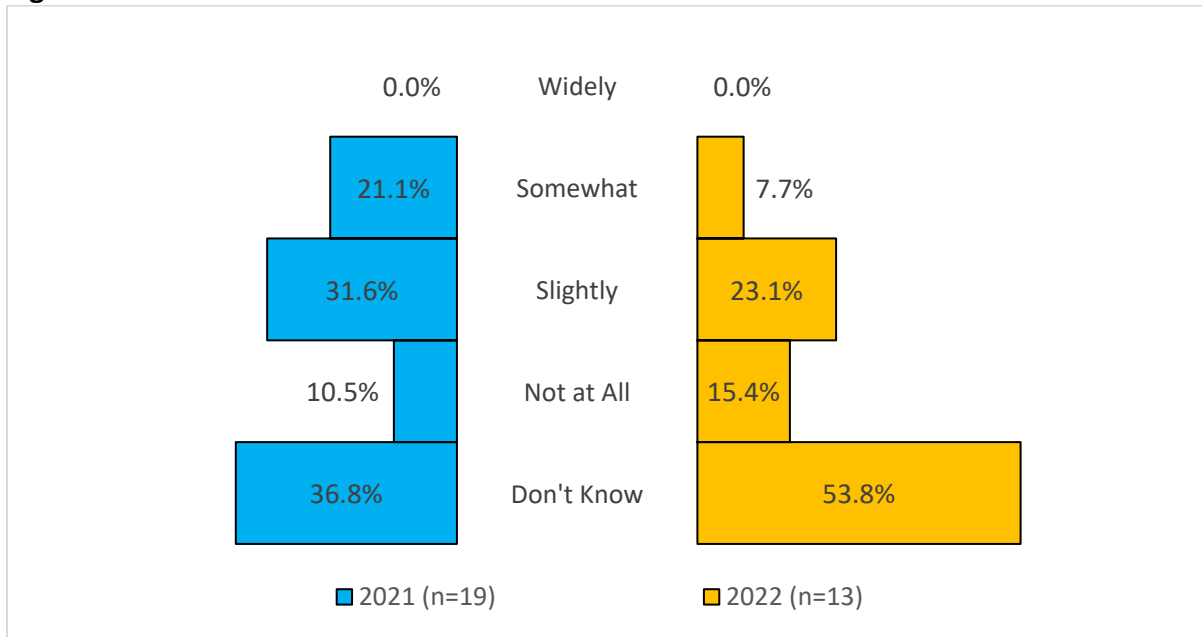
Figure 7.30 Residential Treatment

	2021 (n=19)		2022 (n=13)
Widely	0.0%		0.0%
Somewhat	5.3%		7.7%
Slightly	42.1%		23.1%
Not at All	5.3%		15.4%
Don't Know	47.4%		53.8%
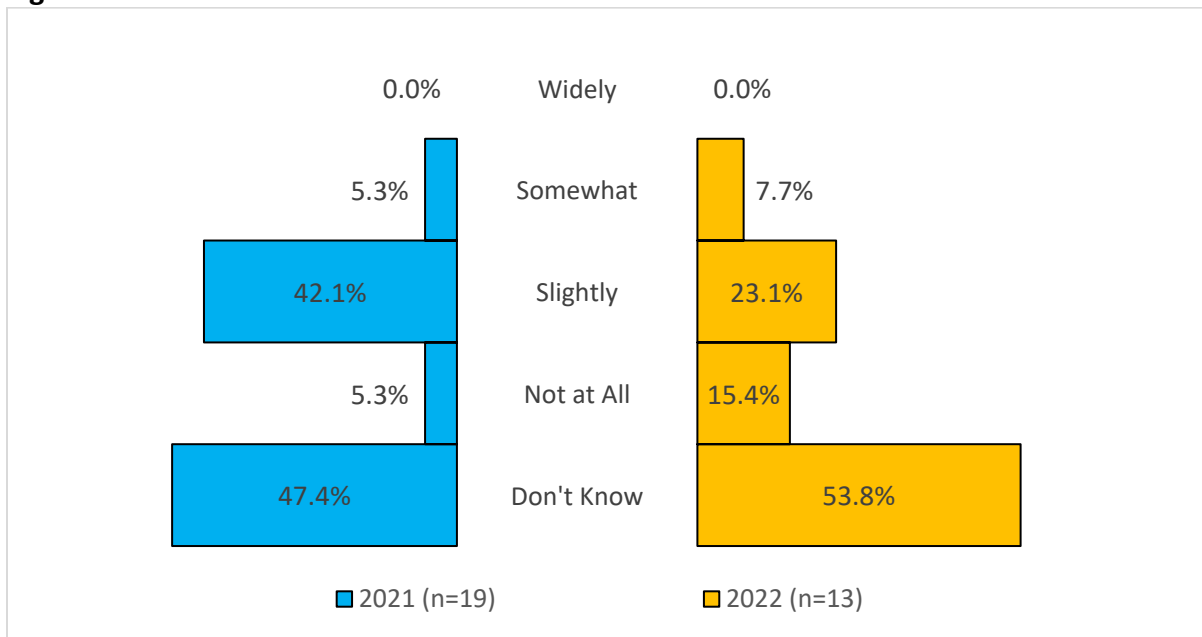
Figure 7.31 Inpatient Hospitalization

	2021 (n=19)		2022 (n=13)
Widely	5.3%		0.0%
Somewhat	31.6%		30.8%
Slightly	15.8%		23.1%
Not at All	5.3%		0.0%
Don't Know	42.1%		46.2%
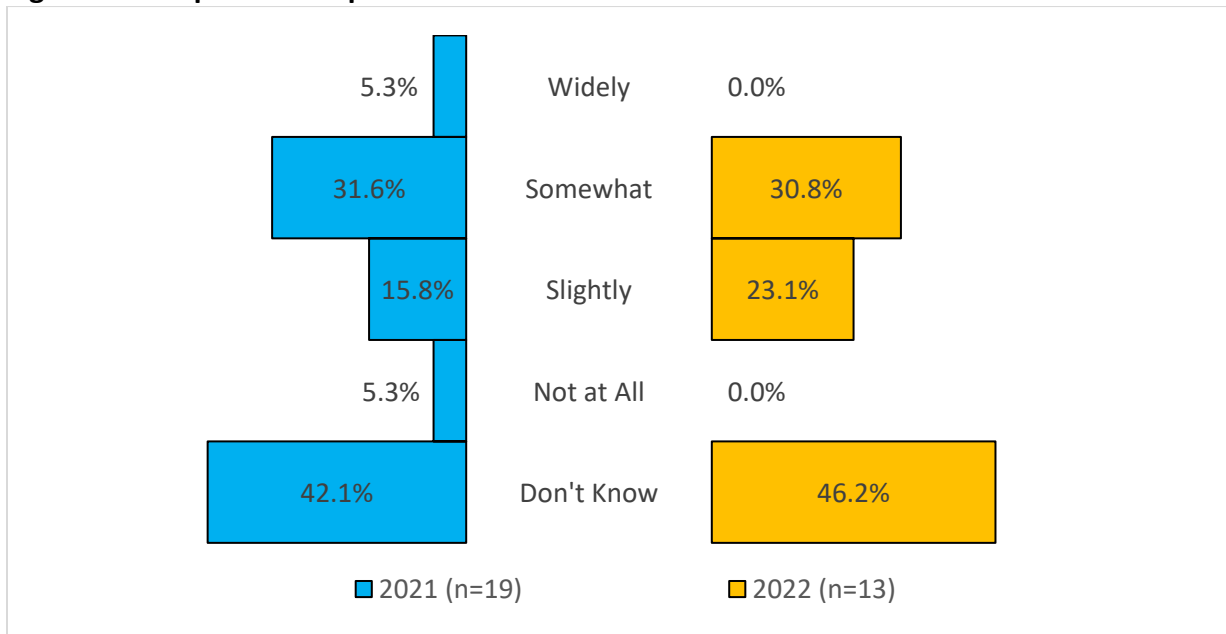
7.2.4 Peer-Provided Services (ILCHF Outcome)

Stakeholders had a wide range of perceptions about the availability of youth and caregiver peer-provided services. Respondents were more likely to know about youth peer-provided services in 2022, but responses did not show a clear level of perceived availability. Caregiver peer-provided services were viewed as slightly or somewhat available both years.

Figure 7.32 Youth Peer-Provided Services

	2021 (n=19)		2022 (n=13)
Widely	5.3%		7.7%
Somewhat	5.3%		23.1%
Slightly	15.8%		7.7%
Not at All	5.3%		23.1%
Don't Know	68.4%		38.5%

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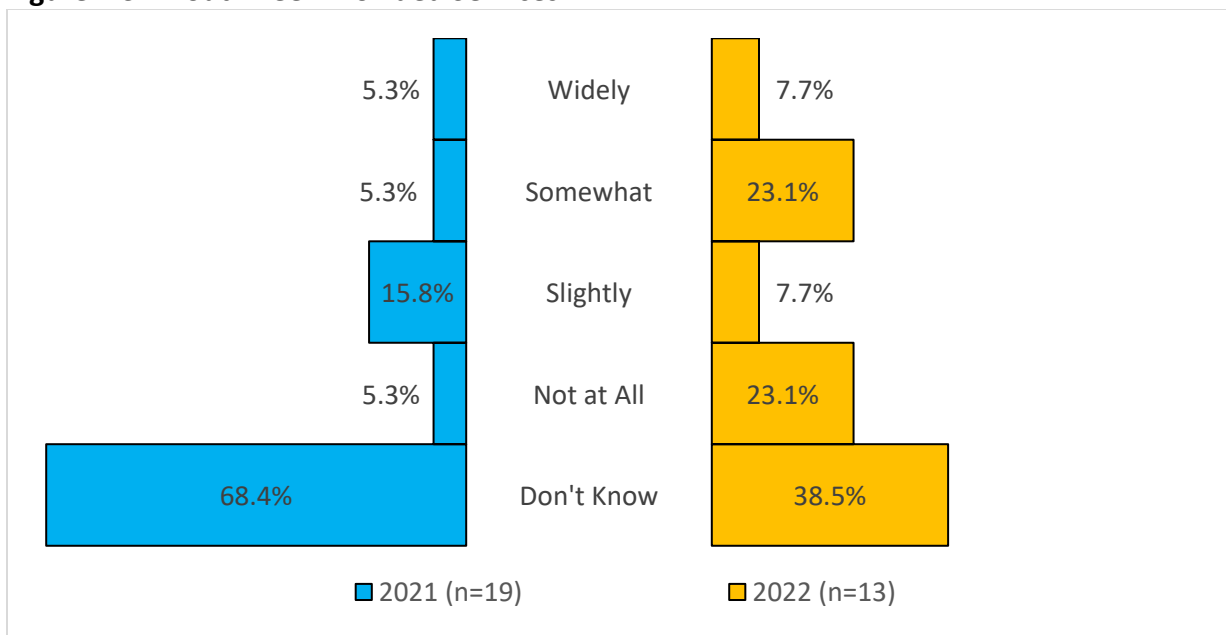
Figure 7.33 Caregiver Peer-Provided Services

	2021 (n=19)		2022 (n=13)
Widely	10.5%		7.7%
Somewhat	15.8%		38.5%
Slightly	47.4%		30.8%
Not at All	5.3%		7.7%
Don't Know	21.1%		15.4%
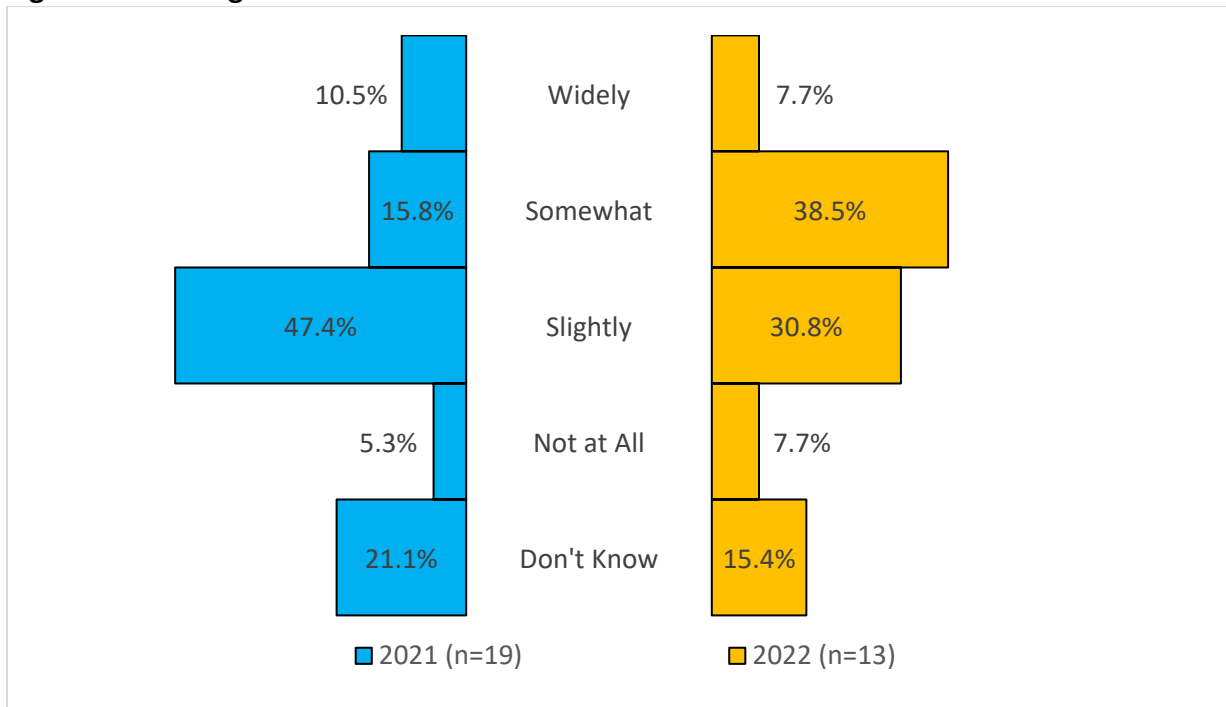
7.2.5   Service Coordination and Integration (ILCHF Outcome)

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. There was an increase in the perceived service coordination and integration from 2021 to 2022; stakeholders rated service coordination between slightly and moderately implemented in 2022.

Table 7.1 Service Coordination and Integration

	2021 Mean (n = 12-16)	2022 Mean (n = 13)
Care is coordinated across multiple child-serving agencies and systems	2.19 (0.91)	2.69 (0.75)
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)	1.42 (0.90)	2.15 (1.21)

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 2021 and 2022 are shown in Table 7.2. There was not much change in most of the levels of

coordination from 2021 to 2022, although there were increases for the education and public health systems.

Table 7.2 Service Coordination with Children's Mental Health System

	2021 Mean (n = 10-16)	2022 Mean (n = 6-12)
Child welfare system	2.36 (0.63)	2.30 (0.82)
Juvenile justice/court system	2.25 (0.87)	2.29 (0.95)
Education system	2.60 (0.51)	3.00 (0.82)
Primary health system	2.81 (0.66)	3.08 (0.79)
Public health system	2.27 (0.79)	2.91 (0.83)
Substance use treatment system	2.50 (0.53)	2.50 (1.05)

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. Stakeholders in 2022 were more likely to report that early identification services were moderately or widely available.

Figure 7.34 Services for Early Identification of Mental Health Problems
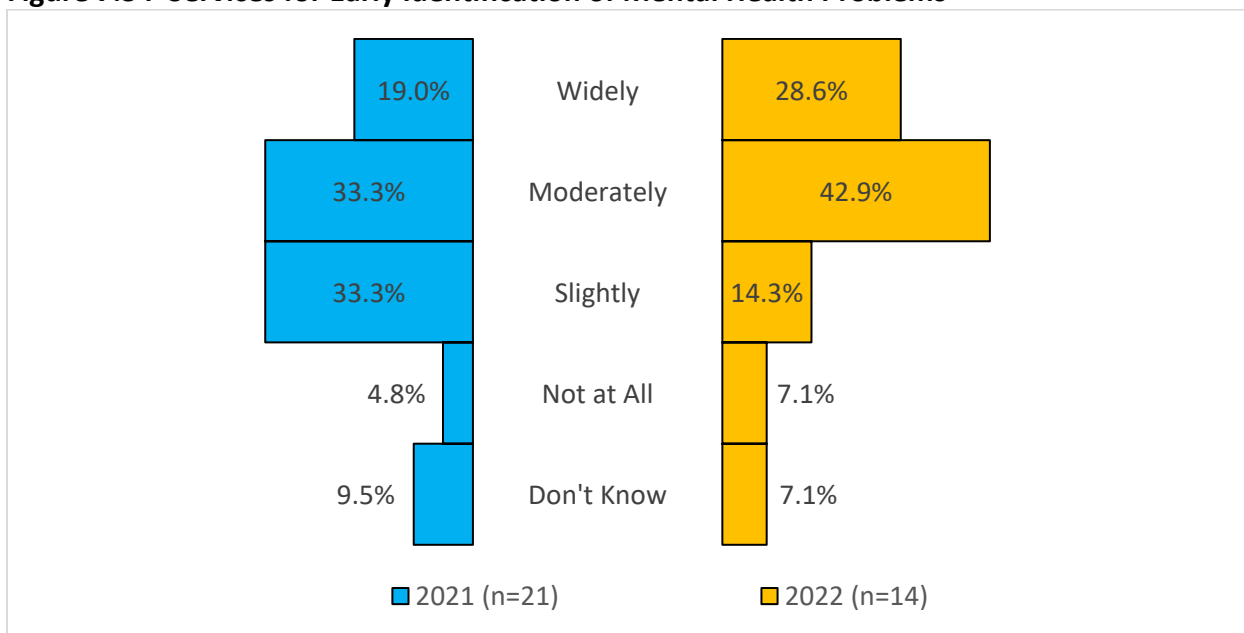
	2021 (n=21)	2022 (n=14)
Widely	19.0%	28.6%
Moderately	33.3%	42.9%
Slightly	33.3%	14.3%
Not at All	4.8%	7.1%
Don't Know	9.5%	7.1%

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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). Perceptions of the availability of these services were similar in both years.

Figure 7.35 Screening for Behavioral Health Needs

	2021 (n=19)		2022 (n=13)
Widely	26.3%		23.1%
Moderately	31.6%		46.2%
Slightly	31.6%		30.8%
Not at All	0.0%		0.0%
Don't Know	10.5%		0.0%
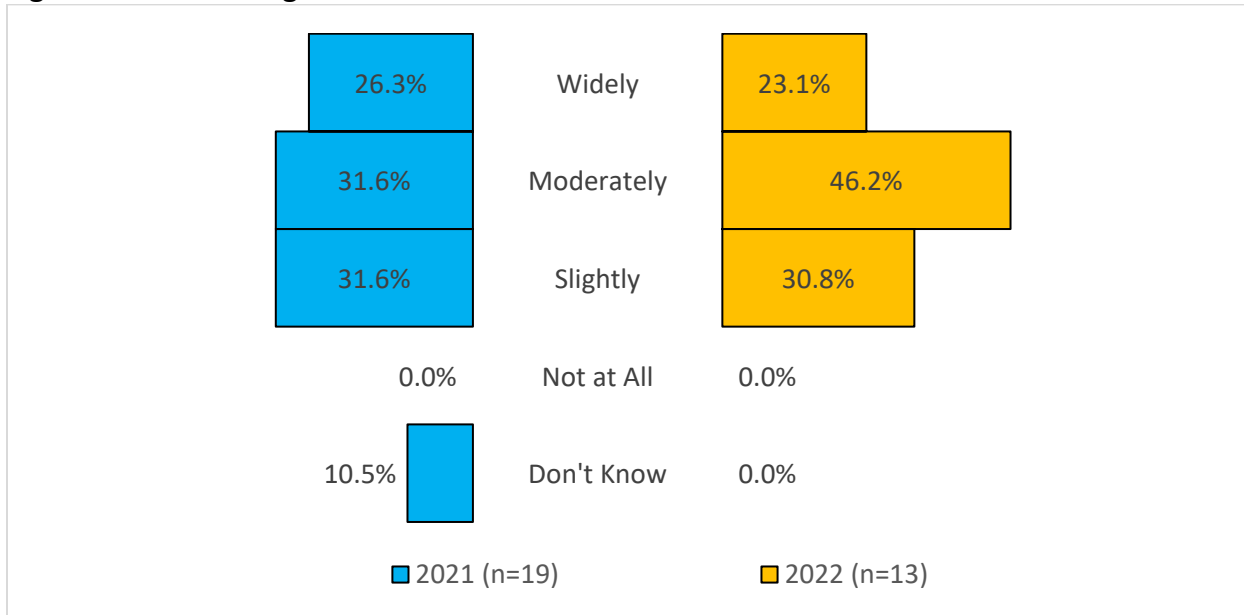
7.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

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 an increase in stakeholders' perceptions of the capacity to provide evidence-based interventions from 2021 to 2022; stakeholders in 2022 felt that this capacity was moderately to widely in place.

Table 7.3 Capacity to Provide Evidence-Based Clinical Interventions

	2021 Mean (n = 16-17)	2022 Mean (n = 11)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	2.65 (0.79)	3.45 (0.82)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.69 (0.87)	3.36 (0.81)

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 that this infrastructure component was present in their community in 2021 and 2022. There was little change in this area; most stakeholders felt this was partially in place or not in place both years.

Figure 7.36 Use of Local Outcome Data to Inform Decision-making
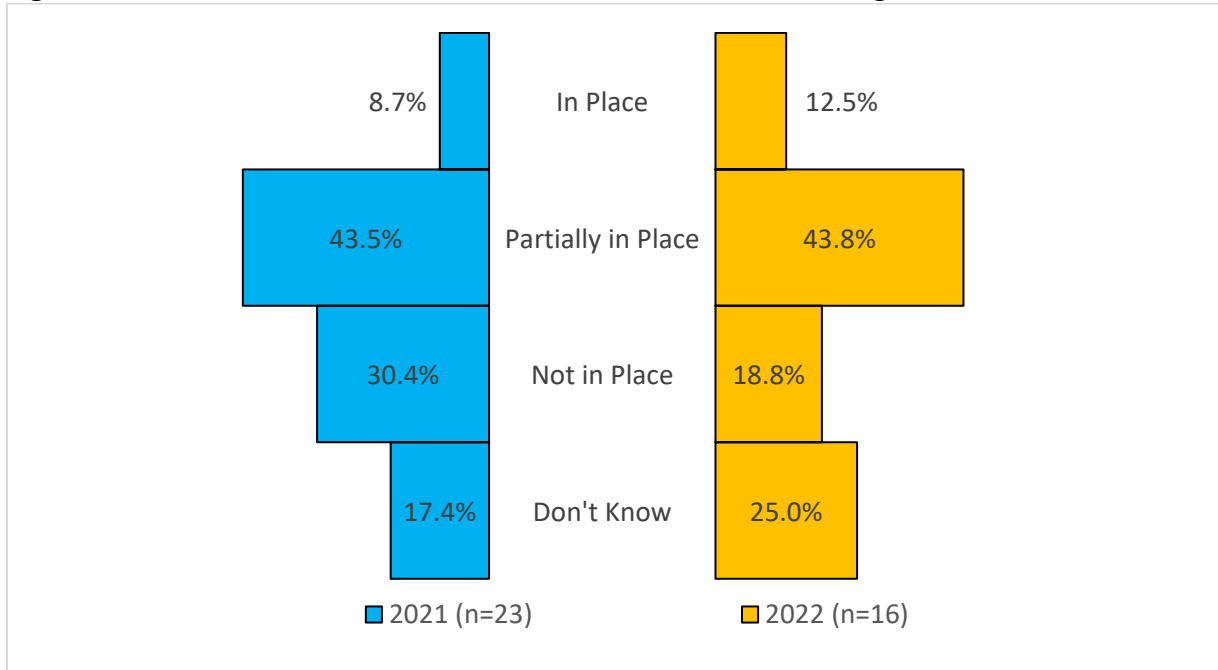
	2021 (n=23)	2022 (n=16)
In Place	8.7%	12.5%
Partially in Place	43.5%	43.8%
Not in Place	30.4%	18.8%
Don't Know	17.4%	25.0%

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 an increase in perceptions of implementation from 2021 to 2022; in 2021, the majority felt it was not at at/slightly implemented or did not know, but in 2022 a majority felt this was somewhat or widely implemented.

Figure 7.37 Capacity for Gather Data for Continuous Quality Improvement

	2021 (n=20)	2022 (n=13)
Widely Implemented	0.0%	30.8%
Somewhat Implemented	30.0%	38.5%
Not at All or Slightly Implemented	40.0%	15.4%
Don't Know	30.0%	15.4%
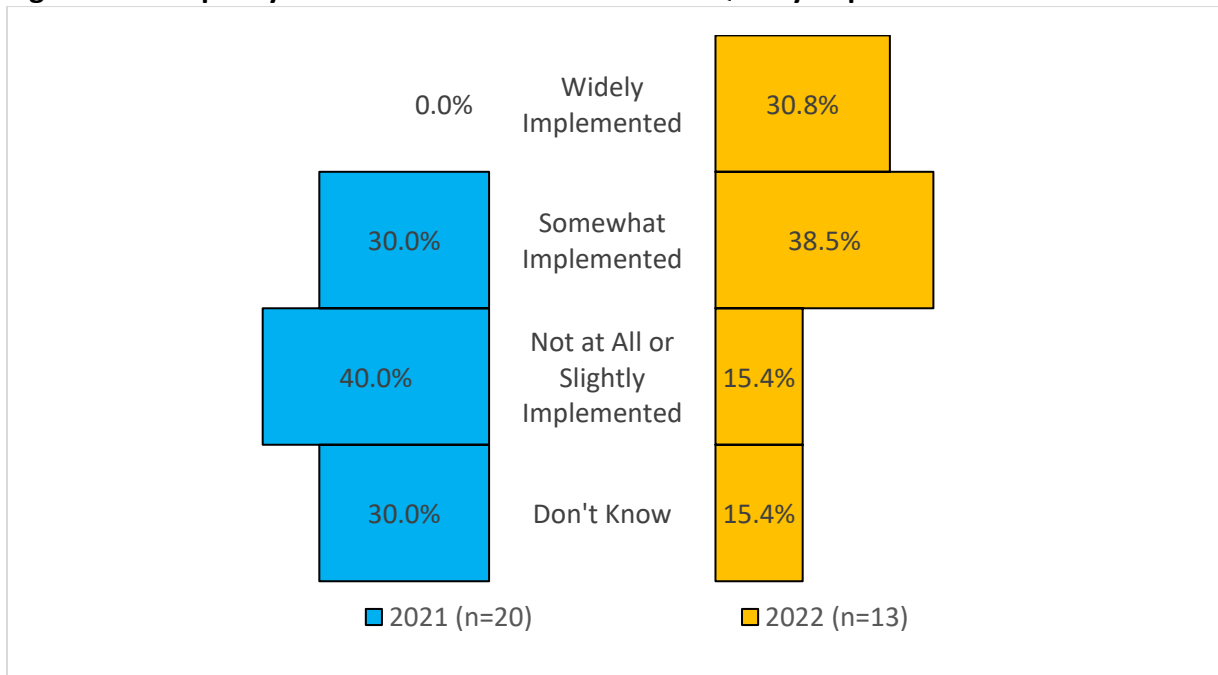
7.3.4 Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce, and there was an increase in the proportion that felt that this was in place.

Figure 7.38 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

	2021 (n=23)	2022 (n=16)
In Place	8.7%	31.3%
Partially in Place	47.8%	43.8%
Not in Place	30.4%	12.5%
Don't Know	13.0%	12.5%

132
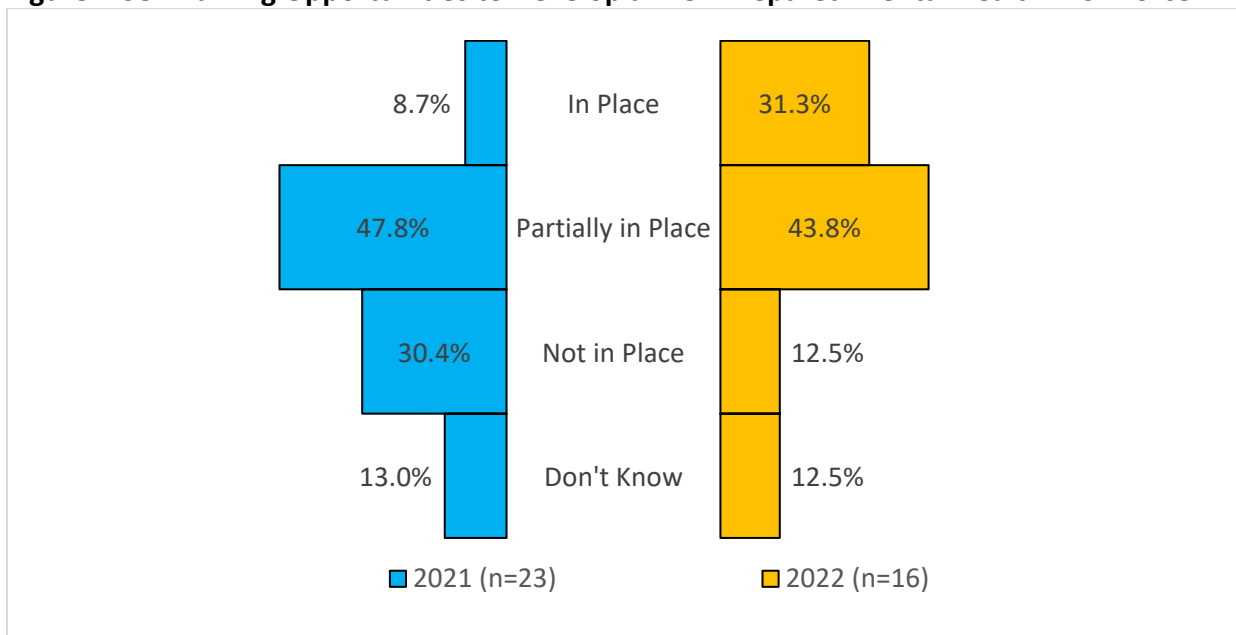
7.3.5　System Infrastructure Based on Systems of Care Approach

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 2021 and 2022. Response options were 1 = not at all or slightly implemented, 2 = somewhat implemented, and 3 = widely implemented (0 = don't know was excluded from the analysis). The perception of BRIDGES' implementation of the system of care infrastructure components in both 2020 and 2021 groups were relatively the same; stakeholders reported increases for nearly all of the components except for structure to manage care for high-need populations, with notable increases for structure for partnerships with organizations and leaders (family and youth); structure for training, TA, and workforce development; structure for communication/social marketing; and structure for strategic planning, identifying, and resolving barriers.

Figure 7.39 System of Care Infrastructure Components

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

7.4   Parent/Youth Survey Results

Seven parents involved with BRIDGES 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 7.4 rather than in figures.

Table 7.4 Parent 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=7)	2	0	0	4	1
	2022 (n=4)	0	0	0	3	1
How involved have youth with mental health problems been in planning the system of care in your community?	2021 (n=7)	3	0	2	2	0
	2022 (n=4)	2	0	1	0	1
Individualized Services						
Are child and family teams used to develop service plans for children?	2021 (n=7)	0	0	3	2	2
	2022 (n=4)	1	0	1	0	1
Are the service plans individualized to address children's unique needs?	2021 (n=7)	1	1	2	2	1
	2022 (n=4)	0	0	1	2	1
Are individualized assessments and tests used to plan children's services and supports?	2021 (n=7)	1	2	1	1	2
	2022 (n=4)	0	0	1	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=7)	2	0	2	2	1
	2022 (n=4)	0	1	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=7)	1	1	3	2	0
	2022 (n=4)	1	0	1	1	1

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

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

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

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

Residential treatment for mental health problems	2021 (n=7)	2	1	2	2	0
	2022 (n=4)	3	0	1	0	0
Inpatient hospitalization	2021 (n=7)	1	0	2	4	0
	2022 (n=4)	2	0	1	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=7)	0	1	4	1	1
	2022 (n=4)	0	0	1	3	0
Health care (hospital) system	2021 (n=7)	1	0	2	4	0
	2022 (n=4)	1	0	0	2	1
Public health system	2021 (n=7)	2	1	2	2	0
	2022 (n=4)	0	0	1	3	0
Child welfare system	2021 (n=7)	2	0	3	1	1
	2022 (n=4)	2	0	1	1	0
Juvenile justice/court system	2021 (n=7)	3	0	2	1	1
	2022 (n=4)	3	0	0	0	1
Substance use treatment system	2021 (n=7)	3	0	2	2	0
	2022 (n=4)	3	0	1	0	0
Overall Assessment						
Overall, how much has your community created a system of care?	2021 (n=7)	1	1	3	2	0
	2022 (n=4)	1	1	1	1	0

Appendix A. Stakeholder Survey – Provider Version

Your community has been awarded an implementation grant from the Illinois Children's Healthcare Foundation (ILCHF) to develop partnerships and strategies to build children's mental health systems of care (SOC). A SOC consists of a spectrum of effective, community-based services and supports for children and youth with or at risk for behavioral 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. Core values for systems of care specify that they are community based, family driven, youth guided, and culturally and linguistically competent. Guiding principles call for a broad array of home- and community-based services and supports, individualized care, evidence-informed services, and coordination across child-serving systems.

ILCHF has contracted with the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign to evaluate the ways in which the 5 grant communities implement SOC and the impact that these efforts have on children, families, and service systems. As part of the evaluation, we would like to get input from individuals who have been involved in the SOC implementation efforts. The goal of this survey is to gather information about the SOC in your community *as it exists right now*. We will collect this information at several points over the next several years to measure change over time.

Please answer the questions as honestly as possible. If you don't know the answer to a question, it is most helpful if you select "Don't Know," instead of making a guess. Most people will select "Don't Know" for at least some questions.

Background Information

What is your role in the implementation of SOC in your community? Check all that apply.

- ☐ Work in social services
- ☐ Work in housing service
- ☐ Work in homelessness services
- ☐ Work in healthcare
- ☐ Work in education
- ☐ Work in law enforcement
- ☐ Work in juvenile justice
- ☐ Work in child protection
- ☐ Work in area religious community
- ☐ Parent/Caregiver of child with mental health needs
- ☐ Community member
- ☐ Other _____

Which of the grantee projects are you involved in?

- ☐ Youth Empowerment Services (YES)/Bridgeway
- ☐ St. Clair County SOC Coordination Project/Chestnut
- ☐ Greater Peoria Area Youth Mental Health Initiative/UnityPoint
- ☐ Coming Together for Healthy Children/Rosecrance
- ☐ BRIDGES/Rush University Medical Center

Overall Assessment

	Not At All Implemented	Slightly Implemented	Somewhat Implemented	Widely Implemented	Don't Know
To what extent do you believe that the system of care approach is being implemented in your community?	1	2	3	4	0

Systems of Care Approach Implementation Supports and Activities

Please rate the extent to which the following implementation activities or supports are present in your community right now.

	Not in Place	Partially in Place	In Place	Don't Know
A strategic plan that guides system of care implementation activities.	1	2	3	0
A steering or planning committee that meets frequently to guide implementation activities.				
Buy-in, leadership, and champions for change from multiple child-serving organizations.	1	2	3	0
Clear and frequent communication between leadership, planning committees, and stakeholders.	1	2	3	0
Training opportunities to develop a well-prepared mental health workforce.	1	2	3	0
Technical assistance opportunities to support implementation of the systems of care approach	1	2	3	0
Use of local outcome data to inform decision-making	1	2	3	0
Parent/Caregiver involvement in system of care implementation activities	1	2	3	0
Youth involvement in system of care implementation activities	1	2	3	0

Service Delivery Guided by System of Care Values and Principles

The principles that comprise the system of care philosophy and several indicators for each principle are listed below. Please rate the extent to which each been implemented in your community during the past 12 months.

Individualized

	Not At All	Slightly	Moderately	Widely	Don't Know
Individualized child and family teams are used (including family, youth, providers, etc.) to develop and implement a customized service plan	1	2	3	4	0
Individualized service plans are developed for each child and family that address multiple life domains	1	2	3	4	0
Services include informal and natural supports (family, friends, faith community, etc.) in addition to formal treatments.	1	2	3	4	0
Flexible funds are available to meet child and family needs not financed by other sources	1	2	3	4	0

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Family-Driven

	Not At All	Slightly	Moderately	Widely	Don't Know
Families have a primary decision-making role in service planning and delivery	1	2	3	4	0
Family strengths are incorporated in service planning and delivery	1	2	3	4	0
Families have a choice of services and supports	1	2	3	4	0
Families have access to peer support	1	2	3	4	0

Youth-Guided

	Not At All	Slightly	Moderately	Widely	Don't Know
Youth are active partners in service planning and delivery	1	2	3	4	0
Youth strengths and interests are incorporated in service planning and delivery	1	2	3	4	0
Youth have a choice of services and supports	1	2	3	4	0
Youth have access to peer support	1	2	3	4	0

Coordinated

	Not At All	Slightly	Moderately	Widely	Don't Know
Care is coordinated across multiple child-serving agencies and systems	1	2	3	4	0
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)	1	2	3	4	0

Culturally and Linguistically Competent

	Not At All	Slightly	Moderately	Widely	Don't Know
Culture-specific services and supports are provided	1	2	3	4	0
Providers represent the cultural characteristics of the population served	1	2	3	4	0
Providers are trained in cultural competence					
Providers that speak the same language as families are available.	1	2	3	4	0

Evidence-Informed and Promising Practices

	Not At All	Slightly	Moderately	Widely	Don't Know
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	1	2	3	4	0
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	1	2	3	4	0

Least Restrictive

	Not At All	Slightly	Moderately	Widely	Don't Know
Home and community-based services are used	1	2	3	4	0
Children are served in least restrictive settings possible	1	2	3	4	0

Service Array

	Not At All	Slightly	Moderately	Widely	Don't Know
A broad array of home- and community-based services and supports is available	1	2	3	4	0
Array includes services and activities to identify behavioral health problems at earlier ages (e.g., screening in primary care, schools, child welfare, etc.)	1	2	3	4	0
Array includes developmentally appropriate services for young children and their families	1	2	3	4	0
Array includes developmentally appropriate services for youth and young adults in transition to adulthood	1	2	3	4	0

System Infrastructure Based on System of Care Approach

This section lists components that comprise the infrastructure for a system of care. For each component, indicate the extent to which the component has been implemented in the community during the past 12 months.

	Not At All or Slightly Implemented	Somewhat Implemented	Widely Implemented	Don't Know
Financing for system of care infrastructure and services	1	2	3	0
Structure and/or process to manage care and costs for high-need populations (e.g., care management entities)	1	2	3	0
Interagency partnerships and agreements	1	2	3	0
Partnerships with family organizations and family leaders	1	2	3	0
Partnerships with youth organization and youth leaders	1	2	3	0
Clear access/entry points to care	1	2	3	0
Extensive provider network to provide comprehensive array of services and supports	1	2	3	0
Training for workforce development	1	2	3	0
Data collection to inform implementation efforts	1	2	3	0
Effective external communication outside of the SOC	1	2	3	0
Effective internal communication within the SOC				
Ongoing strategic planning	1	2	3	0

How available has each of the following services been in your community during the last 12 months?

Home- and Community-Based Treatment and Support Services (Nonresidential)

	Not At All	Slightly	Somewhat	Widely	Don't Know
Screening for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings)	1	2	3	4	0
School-based prevention services	1	2	3	4	0
Community-based prevention services	1	2	3	4	0
Early intervention services	1	2	3	4	0
Assessment	1	2	3	4	0
Individualized service planning (e.g., wraparound process)	1	2	3	4	0
Intensive care management	1	2	3	4	0
Outpatient therapy	1	2	3	4	0
Medication treatment/management	1	2	3	4	0
Crisis response services, non-mobile (24 hours, 7 days)	1	2	3	4	0
Intensive in-home services	1	2	3	4	0
School-based behavioral health services	1	2	3	4	0
Substance use treatment	1	2	3	4	0
Behavior management skills training	1	2	3	4	0
Tele-behavioral health services	1	2	3	4	0
Youth peer provided services	1	2	3	4	0
Caregiver peer provided services	1	2	3	4	0
Youth and family education	1	2	3	4	0
Respite services	1	2	3	4	0

Mental health consultation	1	2	3	4	0
Transportation	1	2	3	4	0

Out-of-Home Treatment Services for Short-Term Treatment Goals that are Linked to Home- and Community-Based Services and Supports

	Not At All Available	Slightly Available	Somewhat Available	Widely Available	Don't Know
Substance use residential treatment	1	2	3	4	0
Residential treatment	1	2	3	4	0
Inpatient hospitalization	1	2	3	4	0

Service Coordination

To what extent do the following systems or agencies coordinate with mental health providers to provide system of care services to children and families in your community?

	Not At All	Slightly	Somewhat	Widely	Don't Know
Child welfare system	1	2	3	4	0
Juvenile justice/court system	1	2	3	4	0
Education system	1	2	3	4	0
Primary health system	1	2	3	4	0
Public health system					
Substance use treatment system	1	2	3	4	0

Commitment to the System of Care Philosophy and Approach

For each of the following groups, indicate your assessment of how committed each has been to the system of care philosophy during the past 12 months.

	Not At All Committed	Slightly Committed	Somewhat Committed	Widely Committed	Don't Know
Mental health system	1	2	3	4	0
Child welfare system	1	2	3	4	0
Juvenile justice/court system	1	2	3	4	0
Education system	1	2	3	4	0
Primary health system	1	2	3	4	0
Public health system					
Substance use treatment system	1	2	3	4	0
Medicaid system	1	2	3	4	0
High-level policy and decision makers at the local community level	1	2	3	4	0
Provider agency administrators and mid-level managers	1	2	3	4	0
Direct service providers (clinicians and others)	1	2	3	4	0
Family leaders	1	2	3	4	0
Youth leaders	1	2	3	4	0
Managed Care Organizations	1	2	3	4	0

Overall Assessment

	Not At All Implemented	Slightly Implemented	Somewhat Implemented	Widely Implemented	Don't Know
To what extent do you believe that the system of care approach is being implemented in your community?	1	2	3	4	0

Appendix B. Stakeholder Survey – Parent Version

Introduction

Your community has been given a grant to improve its **children's mental health system of care**. A system of care should include many different types of effective, community-based services for children who have mental or behavioral health needs. The different parts of the system of care should work together to help families. Children and families should be important partners in deciding what services they need, and the services that are provided should respect families' culture and be provided in their preferred language. Families should be able to find services easily and if they need services from many different places, the services should be coordinated together. The goal of systems of care is to help children, youth, and families succeed at home, at school, and in their community.

Over the next few years, your community will be doing activities that will try to improve the system of care in your area. The Children and Family Research Center at the University of Illinois at Urbana-Champaign will be studying the different activities your community does and the changes in mental health services that result. As a parent or caregiver of a child with mental or behavioral health needs, we are asking for your help with our study. The questions in this survey will ask you to think about what the children's mental health system of care looks like in your community right now, based on your own personal experience.

Please answer each question as honestly as possible. If you don't know the answer to a question, please answer "Don't Know," instead of making a guess.

Background Information

What is today's date?

_____ / _____ / _____
Month   Day   Year

Which of the grantee projects are you involved in?

- ☐ Youth Empowerment Services (YES)/Bridgeway
- ☐ St. Clair County SOC Coordination Project/Chestnut
- ☐ Greater Peoria Area Youth Mental Health Initiative/UnityPoint
- ☐ Coming Together for Healthy Children/Rosecrance
- ☐ BRIDGES/Rush University Medical Center

Parent and Child Involvement in Planning

	Not At All	Slightly	Moderately	Widely	Don't Know
How involved have parents of children with mental health problems been in planning the system of care in your community?	1	2	3	4	0
How involved have youth with mental health problems been in planning the system of care in your community?	1	2	3	4	0

Individualized Services

Services in a system of care should be individualized for each child and his or her unique strengths and needs. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
Are child and family teams used to develop service plans for children?	1	2	3	4	0
Are the service plans individualized to address children's unique needs?	1	2	3	4	0
Are individualized assessments and tests used to plan children's services and supports?	1	2	3	4	0
Do children's service plans address more than one area of their life (for example, school plus physical health plus mental health)?	1	2	3	4	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?	1	2	3	4	0

Family Voice

In systems of care, decisions about a child's services should be made by the family. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
Do families have the most say in deciding which services and support their child gets?	1	2	3	4	0

	Not At All	Slightly	Moderately	Widely	Don't Know
Do children's services make use of their family's strengths?	1	2	3	4	0
Do families have a real choice about what services and supports the child and family receive?	1	2	3	4	0
Do parents have access to support from other parents who have children with mental health needs?	1	2	3	4	0
Are there organizations that support family involvement in children's mental health services?	1	2	3	4	0

Youth Voice

In systems of care, input from the youth is used to guide service planning and delivery. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
Do children and youth have a say in what services they get?	1	2	3	4	0
Do children's services make use of their strengths and interests?	1	2	3	4	0
Do youth have a real choice between different services and supports?	1	2	3	4	0
Do youth have access to support from other youth who have mental health needs?	1	2	3	4	0
Are there organizations that support youth involvement in service planning and delivery?	1	2	3	4	0

Coordinated Services

In systems of care, services from different agencies are coordinated so their services fit together well. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
Do different agencies work together as a team to provide services?	1	2	3	4	0

Culture-specific Services

In systems of care, culture-specific services and supports are provided. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
Are services and supports available that are a good match for families of different cultures?	1	2	3	4	0
Are service providers available for families who don't speak English?	1	2	3	4	0

Community-based Services

In systems of care, services are provided within the community whenever possible. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
Are children served at home rather than a group home or residential treatment center?	1	2	3	4	0

Service Variety

In systems of care, a variety of home and community-based services and supports are available. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
Are many different types of services and supports available?	1	2	3	4	0
Are services available for children age 5 and younger?	1	2	3	4	0
Are services available for young adults who are transitioning to adulthood?	1	2	3	4	0

Finding Services

In systems of care, it should be easy for families to start the process of getting mental health services. In your community:

	Not At All	Slightly	Moderately	Widely	Don't Know
There is a place that families can go when they decide to start getting mental health services for their child.	1	2	3	4	0

Service Availability

How available has each of the following services been in your community during the last year?

	Not At All	Slightly	Moderately	Widely	Don't Know
Screening children to see if they need mental health services	1	2	3	4	0
School-based prevention services	1	2	3	4	0
Community-based prevention services	1	2	3	4	0
Early intervention services to help children under age 5 who need help	1	2	3	4	0
Assessment and testing to decide what services children need	1	2	3	4	0
Individualized service planning (planning services to meet children's needs)	1	2	3	4	0
Coordination between different services so they work together well	1	2	3	4	0
Outpatient therapy	1	2	3	4	0
Medication treatment/management	1	2	3	4	0
Crisis response services (24 hours, 7 days)	1	2	3	4	0
School-based mental health services	1	2	3	4	0
Behavior management skills training	1	2	3	4	0
Day treatment	1	2	3	4	0
Substance use treatment	1	2	3	4	0
Substance use residential treatment	1	2	3	4	0
Tele-behavioral health services (services provided by telephone or video call)	1	2	3	4	0
Youth peer provided services (support from other youth)	1	2	3	4	0
Caregiver peer provided services (support from other parents)	1	2	3	4	0

Respite services (to give a parent and a child a night off from each other if they need it)	1	2	3	4	0
Supported education and employment	1	2	3	4	0
Supported independent living	1	2	3	4	0
Transportation	1	2	3	4	0
Residential treatment for mental health problems	1	2	3	4	0
Inpatient hospitalization	1	2	3	4	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?

	Not At All	Slightly	Moderately	Widely	Don't Know
Education system	1	2	3	4	0
Health care (hospital) system	1	2	3	4	0
Public health system	1	2	3	4	0
Child welfare system	1	2	3	4	0
Juvenile justice/court system	1	2	3	4	0
Substance use treatment system	1	2	3	4	0

Overall Assessment

	Not At All	Slightly	Moderately	Widely	Don't Know
Overall, how much has your community created a system of care?	1	2	3	4	0