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SCHOOL OF SOCIAL WORK

Children's Mental Health Initiative 2.0 Evaluation:
2021 Stakeholder Survey Results

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1.   Background and Overview

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

On October 1, 2018, the Illinois Children's Healthcare Foundation (ILCHF) awarded 13-month planning grants to five Illinois communities[1] to develop partnerships and strategies to build children's mental health systems of care (SOC). ILCHF defines systems of care using the definition developed by Stroul, Blau, and Friedman (2010): "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."[2] Children and youth with or at risk of mental health disorders and their families need supports and services from many different child- and family-serving agencies. 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 needs of children and families, which leads to improved outcomes.[3]

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

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

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[1] Each of the five CMHI 2.0 sites builds a system of care for a distinctive geographic area. *Building Compassionate Communities* covers Franklin, Jackson, Perry, and Williamson counties. *Community Together* covers Macon County. *The Kane County System of Care Project* serves Kane County, and *Project SUN* covers Kankakee County. *Kids Connected* covers metropolitan Chicago/Cook County and has a more specialized target population than is characteristic of the other sites. Its target population consists of homeless children and young adults (0-21) with social-emotional challenges and their families.

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

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

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

The goals of the CMHI 2.0 are to impact the following outcomes related to effective service systems and child and family well-being:
1. Early identification of children and youth for whom there is concern about possible mental health disorders.
2. Increased capacity in the service system to provide families with evidence-based clinical interventions.
3. Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.
4. Effective local use of outcomes measurement data to inform operations and changes in the system, including sharing data between service provider systems.
5. Understanding the costs of service provision.
6. Increased service integration among service providers in the community.
7. Development of a well-prepared mental health workforce.
8. Improvement in life domain functioning for children with and at-risk of serious emotional disturbance; including school participation and academic success variables.
9. Strengthened parenting practices and caregiver-child relationships.
10. Reduction in caregiver related stress for parents/primary caregivers of children with mental health disorders; reduction in parental depression.
11. Reduction in unmet basic needs of families participating in the mental health service system.

1.2   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 2.0. 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).[5] The components of the CMHI 2.0 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, 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.

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

- 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 2.0 evaluation. It gathers information that will be utilized in the implementation evaluation, the systems of care (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,[6] 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 2.0 evaluation (see Appendix A for a copy of the Stakeholder Survey).

The first section of the survey contains questions about *implementation supports and activities*, such as a strategic plan that guides implementation activities and a steering committee that meets frequently, and assesses the extent to which these supports have been implemented. The following sections assess *fidelity to SOC principles* in the service delivery system, including the extent to which services are individualized, family-driven, youth-guided, coordinated, culturally and linguistically competent, based on evidence-informed and promising practices, least restrictive, and comprehensive. Questions also assess whether there is fidelity to SOC principles across elements of the system infrastructure, including the financing systems, processes for workforce development, and use of data for continuous quality improvement. Finally, the Stakeholder Survey includes sections that measure several system-level outcomes, including availability of specific home- and community-based services, residential and non-residential treatment services, 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 6 of the 11 CMHI 2.0 outcome goals[7], including:
1. Early identification of children and youth for whom there is concern about possible mental health disorders.
2. Increased capacity in the service system to provide families with evidence-based clinical interventions.
3. Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.

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

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

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

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 stakeholders; they were compensated $25 for completing the survey. No other survey participants received compensation.

For the first administration of the survey, recruitment emails that contained a description of the study and a link to the online survey were sent to the participants in February 2020. Prior to the sending the initial recruitment email, CFRC worked with each site to send a "heads-up" email to their stakeholders letting them know the survey was coming. Three reminder emails were sent to participants in February and March, and the survey was closed on April 13, 2020. The second administration of the survey followed similar procedures. Project directors at each site provided a list of stakeholders to CFRC in February 2021; these stakeholders were not necessarily that same individuals who were invited to respond to the survey in 2020. Initial recruitment emails were sent at the end of February 2021 and three reminder emails from CFRC and project directors were sent in March and April 2021.

The total numbers of individuals invited to take the survey in each site in 2020 and 2021 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,[8] and the resulting response rate. Site response rates ranged from 18% to 61% in 2020 and from 21% to 56% in 2021.

Table 2.1 Stakeholder Survey Response Rates

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

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

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

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[8] 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.   Project SUN – Kankakee

The sample size and composition of the first and second administrations of the stakeholder survey for Project SUN were similar. The 2020 sample consisted of 26 respondents that included parents, providers from social services, homelessness services, healthcare, education, juvenile justice, child protection, members of the religious community, and other community members. The 2021 provider sample consisted of 23 respondents that included providers from social services, healthcare, education, law enforcement, and juvenile justice, members of the religious community, and other community members. In addition, 8 parents completed the parent version of the stakeholder survey. However, since the surveys were anonymous, there is no way to know if the same individuals took the survey in both 2020 and 2021, and in fact, it is likely that the two samples consisted of different individuals. Differences in the results of the 2020 and 2021 surveys may therefore partially be attributed to the fact that different individuals with different knowledge and experiences were taking the surveys.

It is also important to note that the sample sizes for the stakeholder survey in most sites were small, which means that changes in percentages 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 Project SUN stakeholder perceptions of the overall implementation of systems of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; capacity to provide evidence-based mental health services; effective local use of data to inform decision-making; and the development of a well-prepared mental health workforce. Detailed information is provided in numerous figures and tables; a summary is provided here:

- Assessment of the overall progress of the system of care implementation indicated that the percentage who perceived that SOC was only "slightly" implemented decreased between 2020 and 2021, while the percentage who felt that SOC was "widely" implemented increased.
- When asked about specific implementation supports and activities, the percentage of stakeholders who reported that a strategic plan was fully in place increased between 2020 and 2021, as did the percentage of stakeholder who felt that technical assistance opportunities were fully in place. However, the percentage of stakeholders who felt that buy-in and leadership from child-serving systems was "in place" decreased from 2020 to

2021. Perceptions regarding the presence of a planning committee and clear communication from leadership did not substantially change.

- Stakeholders reported that parent involvement in SOC implementation decreased slightly from 2020 to 2021, but youth involvement increased slightly.
- Stakeholders felt that the level of commitment to SOC from most child-serving systems was about the same in 2020 and 2021; a few were perceived as having a slight increase in commitment. The biggest perceived increase in commitment was noted with respect to the Medicaid system.
- 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 each SOC principle increased from 2020 to 2021. The lowest rated principle in both years was "youth-guided" and the highest rated in both years was "least restrictive." The principle with the largest increase from 2020 to 2021 was for "individualized" services.
- Stakeholders believed that most community-based services were more widely available in 2021 than in 2020, with notable increases in the perceived availability of outpatient therapy, school-based behavioral therapy, tele-behavioral health services, and especially youth and family education services. The perceived availability of 24-hour crisis services decreased from 2020 to 2021.
- The perceived availability of most out-of-home treatment services remained the same in 2020 and 2021, with the exception of residential substance use treatment, which more stakeholders reported as being not at all available in 2021.
- The perceived availability of both youth and caregiver peer-provided services increased slightly from 2020 to 2021.
- There was little change in the perceived availability of evidence-based services from 2020 to 2021, although about half of the respondents were unaware of the availability of these practices.
- There was little change in the level of service coordination from 2020 to 2021.
- There was a substantial increase in the perceived availability of screening for behavioral health needs from 2020 to 2021.
- There was a slight increase in the use of data to inform decision-making.
- There was a slight increase in stakeholders' perception of the availability of training opportunities to develop a well-prepared mental health workforce.

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 for Project SUN in 2020 and 2021 are shown in Figure 3.1. The percentage of stakeholders who felt that SOC was only "slightly" implemented decreased between 2020 and 2021, while the percentage who felt that SOC was "widely" implemented increased. Over 80% of the respondents in 2021 felt that the SOC was "somewhat" or "widely" implemented.

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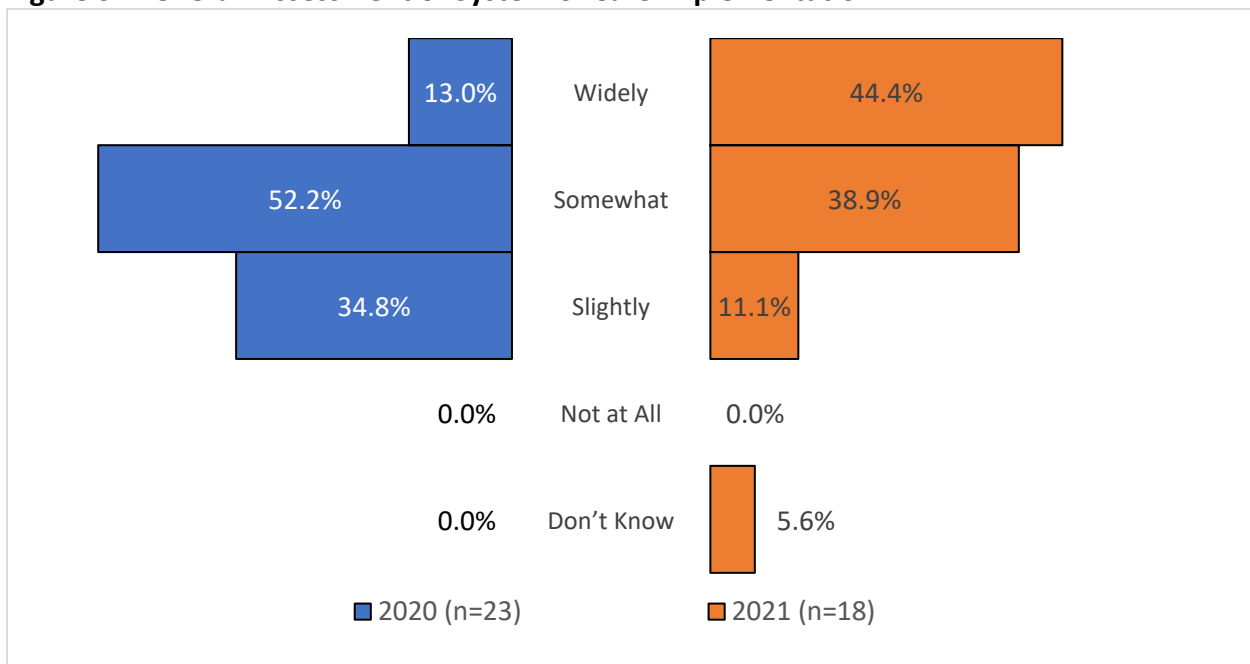
3.1.2 System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2020 and 2021. The percentage of Project SUN stakeholders who reported that a strategic plan was fully in place increased between 2020 (64%) and 2021 (74%), as did the percentage of stakeholder who felt that technical assistance opportunities were fully in place (24% to 52%). However, the percentage of stakeholders who felt that buy-in and leadership from child-serving systems was "in place" decreased from 2020 (76%) to 2021 (65%). Perceptions regarding the

presence of a planning committee and clear communication from leadership did not substantially change.

Figure 3.2 Strategic Plan That Guides System of Care Implementation Activities

	In Place	64.0% (2020)	73.9% (2021)
	Partially in Place	20.0%	21.7%
	Not in Place	16.0%	4.3%
	Don't Know	0.0%	0.0%

■ 2020 (n=25)   ■ 2021 (n=23)
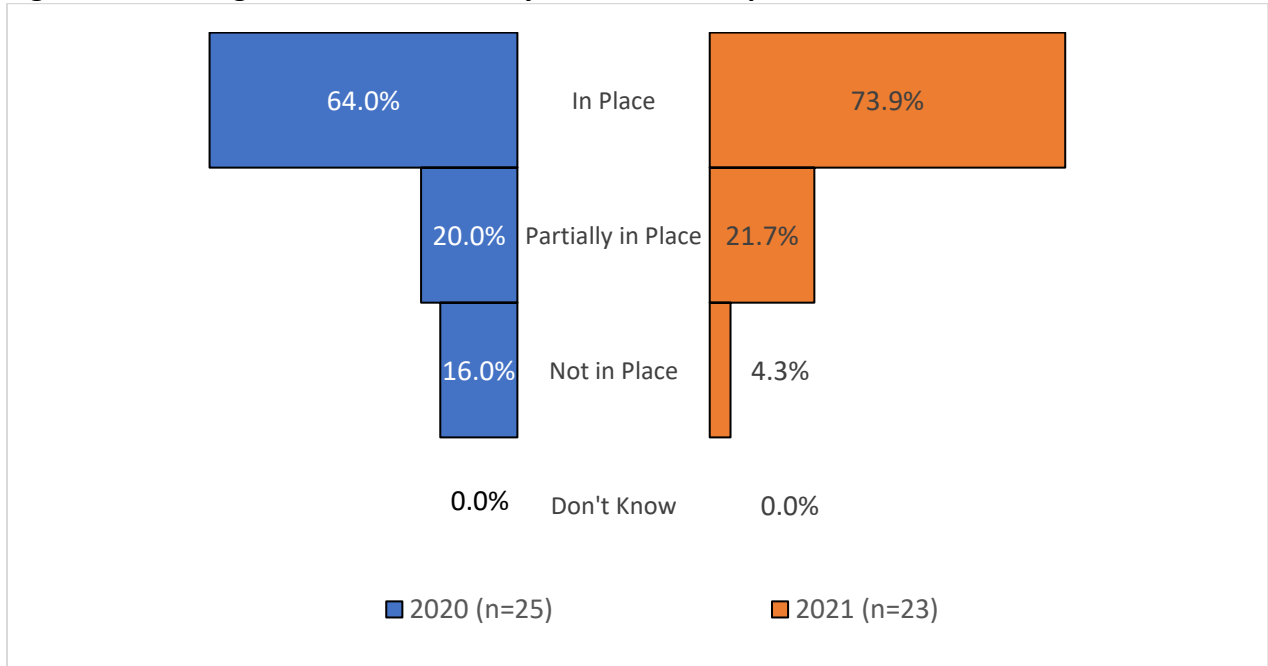
Figure 3.3 Planning Committee That Meets Frequently to Guide Implementation Activities

	In Place	88.0% (2020)	91.3% (2021)
	Partially in Place	12.0%	4.3%
	Not in Place	0.0%	4.3%
	Don't Know	0.0%	0.0%

■ 2020 (n=25)   ■ 2021 (n=23)
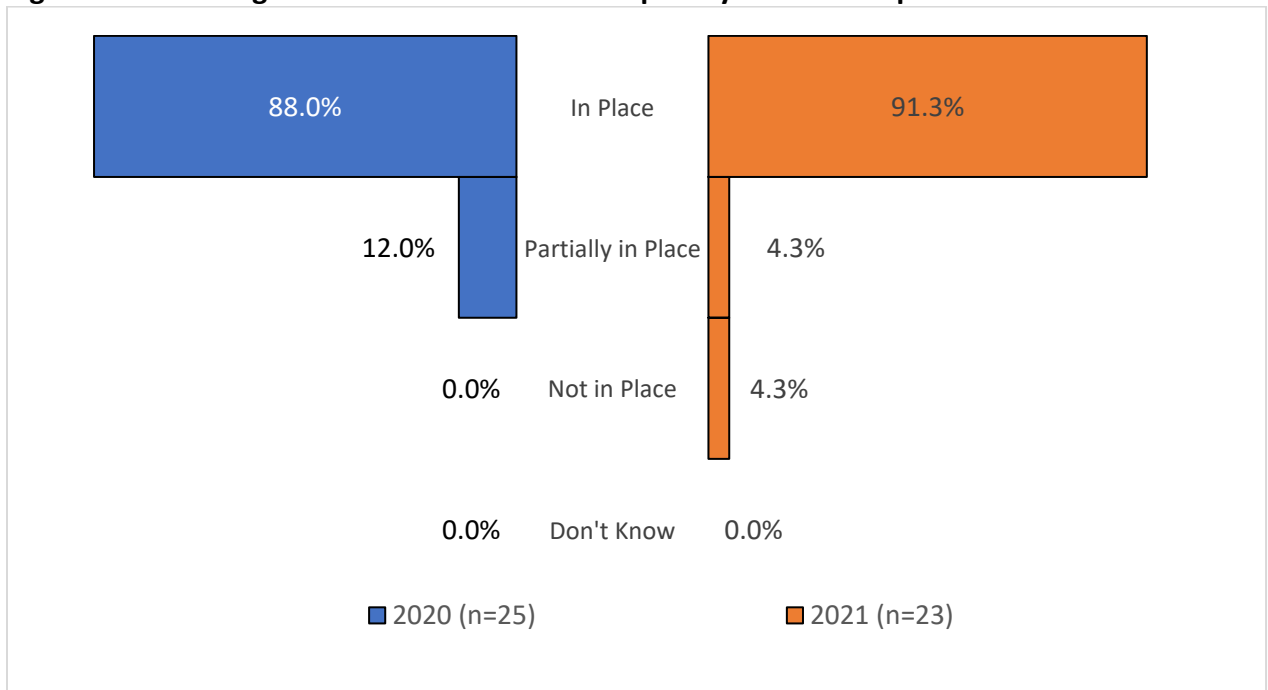
Figure 3.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems

	2020 (n=25)	2021 (n=23)
In Place	76.0%	65.2%
Partially in Place	20.0%	26.1%
Not in Place	4.0%	8.7%
Don't Know	0.0%	0.0%
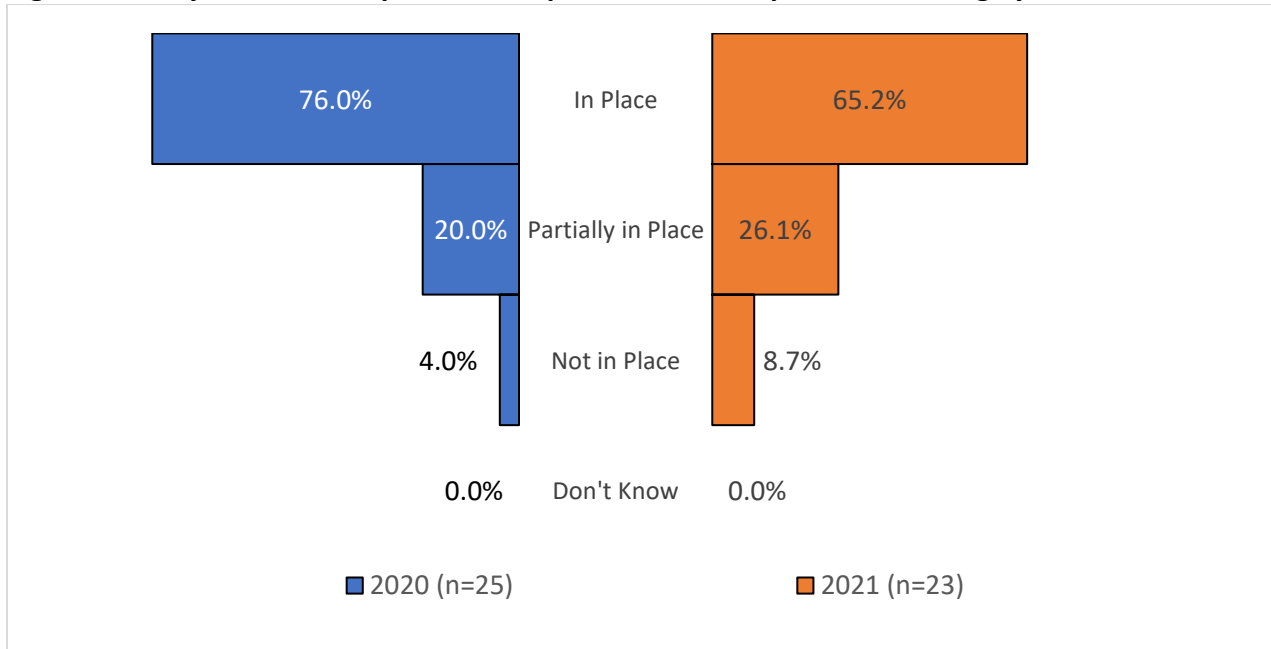
Figure 3.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders

	2020 (n=25)	2021 (n=23)
In Place	72.0%	69.6%
Partially in Place	24.0%	21.7%
Not in Place	4.0%	4.3%
Don't Know	0.0%	4.3%

15
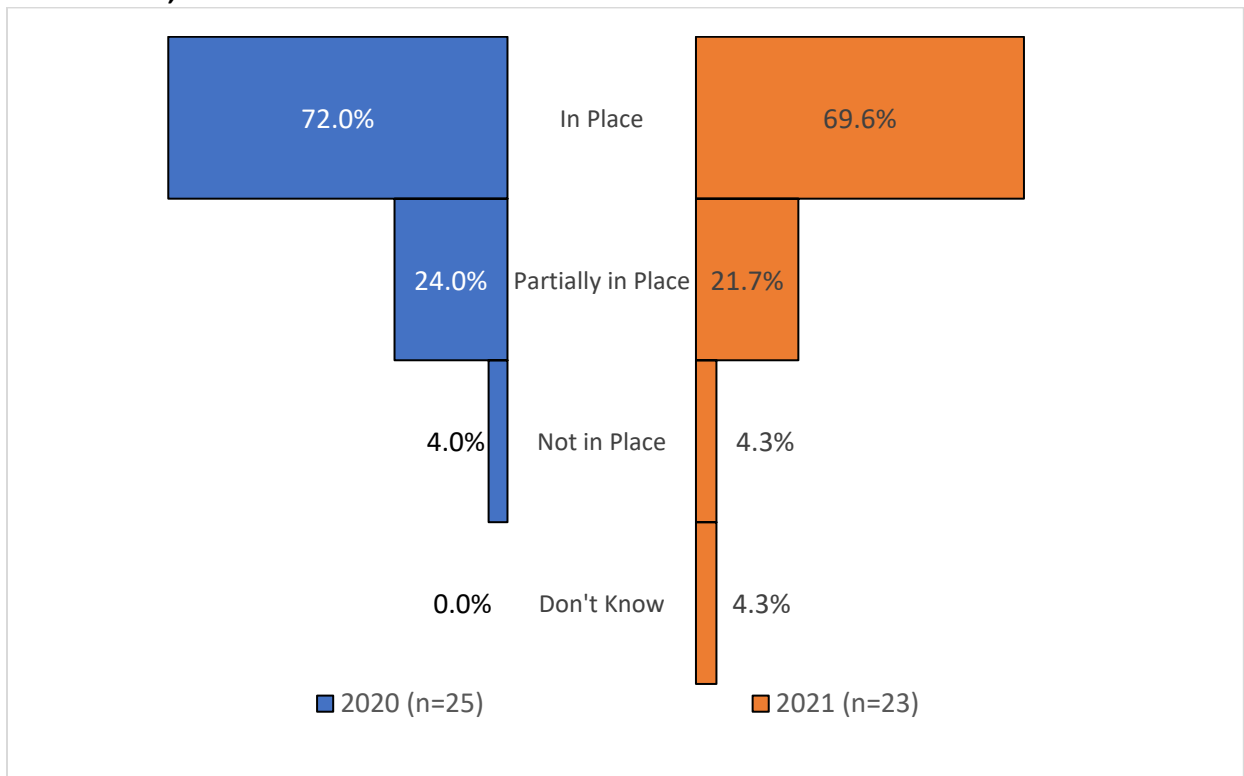
Figure 3.6 Technical Assistance Opportunities to Support Implementation

	2020 (n=25)		2021 (n=23)
In Place	24.0%		52.2%
Partially in Place	56.0%		39.1%
Not in Place	12.0%		8.7%
Don't Know	8.0%		0.0%
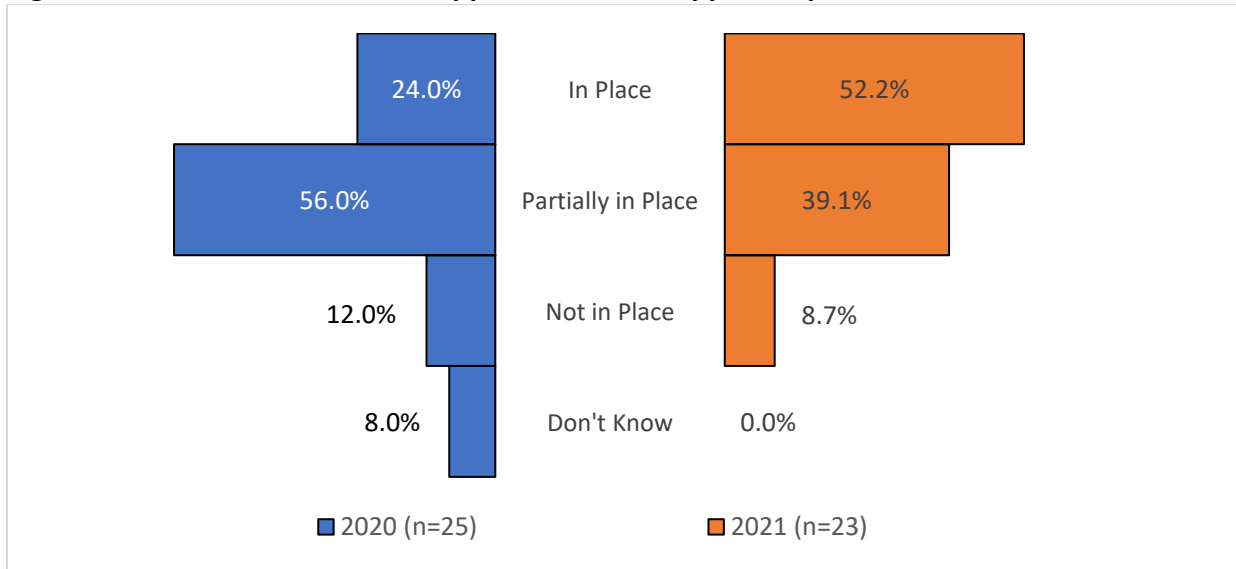
3.1.3 Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2020 and 2021. Stakeholders' assessment of parent involvement in SOC implementation decreased slightly, but their assessment of youth involvement increased slightly. Both of these components were perceived as being either partially or fully in place in both 2020 and 2021.

Figure 3.7 Parent Involvement in System of Care Implementation Activities

	2020 (n=25)		2021 (n=23)
In Place	68.0%		60.9%
Partially in Place	32.0%		34.8%
Not in Place	0.0%		4.3%
Don't Know	0.0%		0.0%
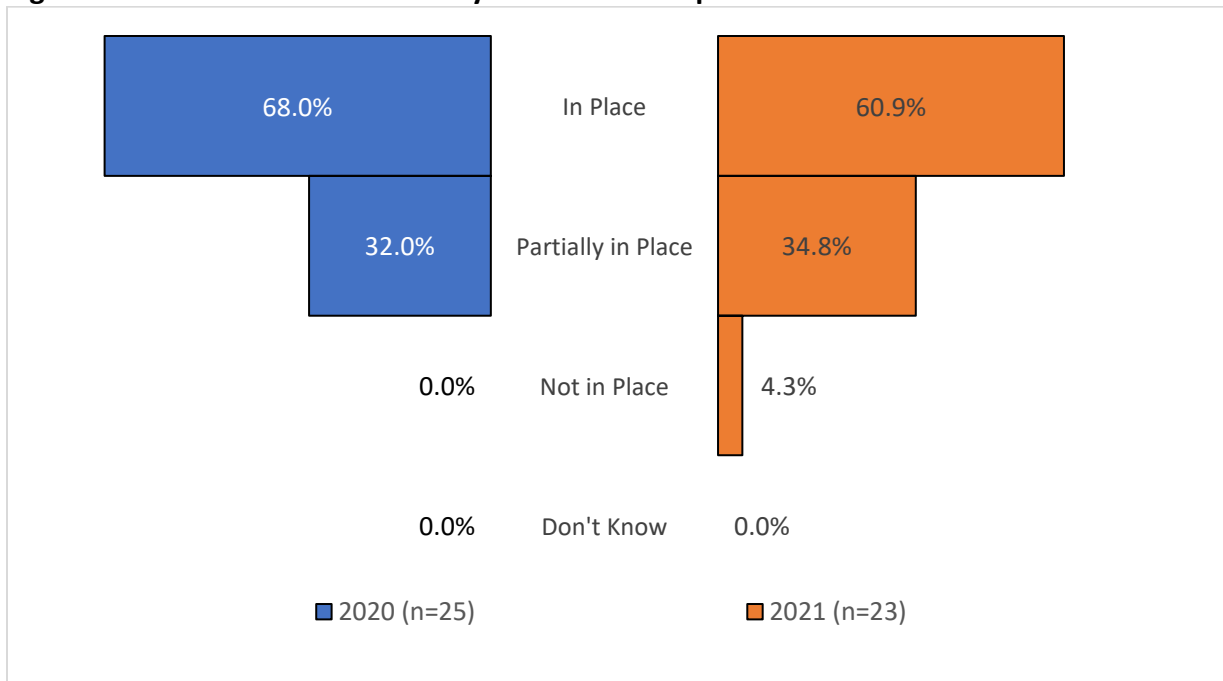
Figure 3.8 Youth Involvement in System of Care Implementation Activities

	2020 (n=25)		2021 (n=23)
In Place	36.0%		47.8%
Partially in Place	64.0%		43.5%
Not in Place	0.0%		4.3%
Don't Know	0.0%		4.3%
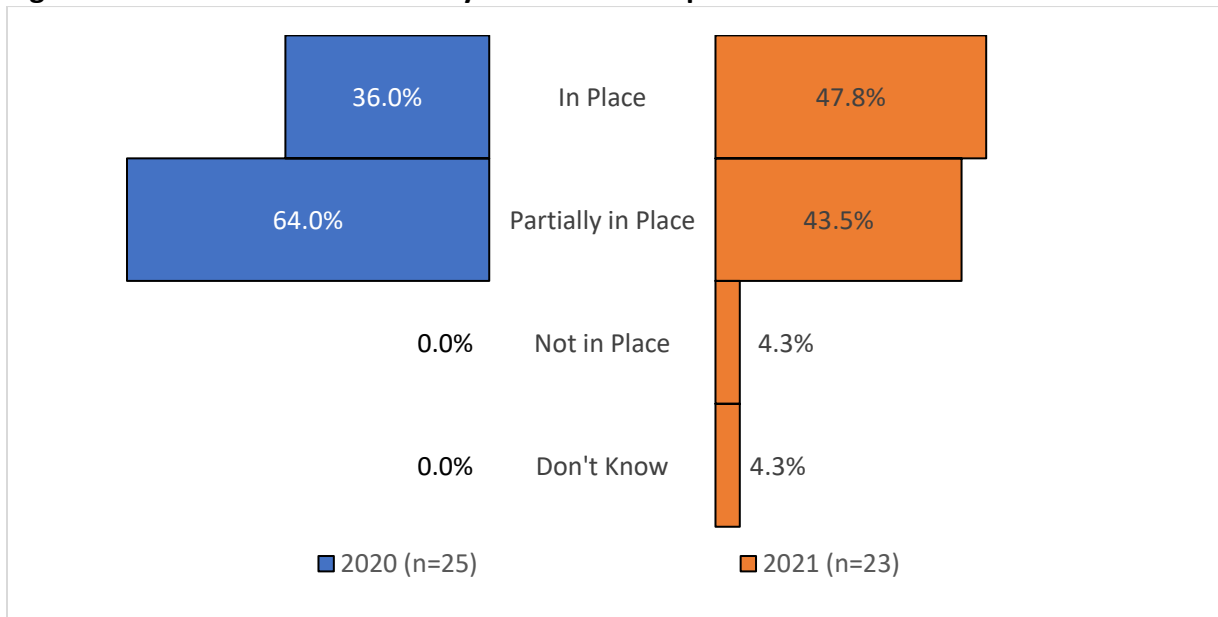
3.1.4   Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 3.9 shows the mean scores for the perceived commitment of each child-serving system in 2020 (blue bar) and 2021 (orange bar). Stakeholders felt that the level of commitment from most child-serving systems was about the same in 2020 and 2021, others were perceived as having a slight increase in commitment. The biggest perceived increase in commitment was noted in the Medicaid system.

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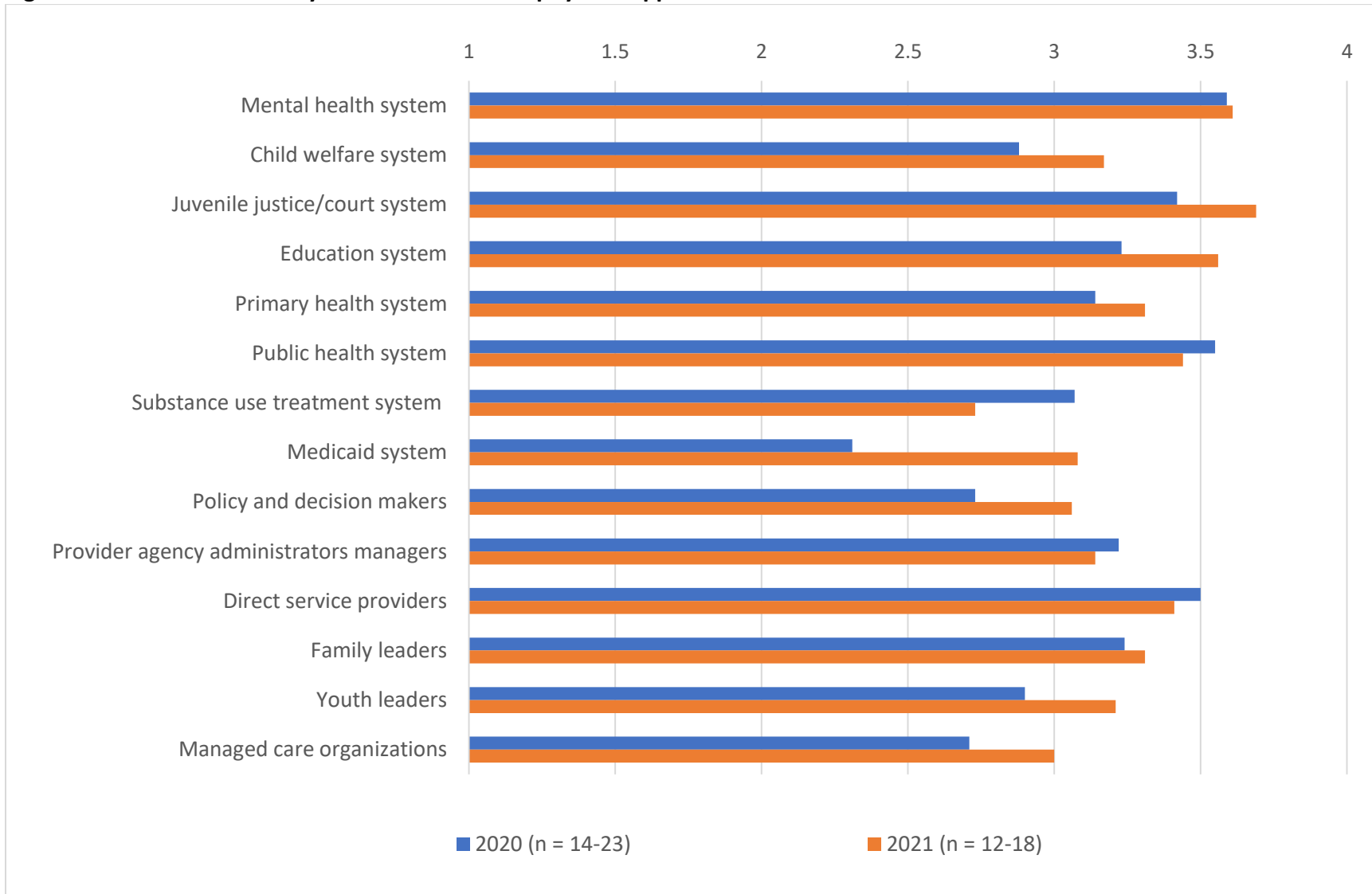
Note: "Don't know" responses were not included when calculating the mean scores.

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 2020 and 2021 are shown in Figure 3.10. Stakeholder perceptions of each SOC principle increased from 2020 to 2021, from "slightly" to "moderately." The lowest rated principle in both years was "youth-guided" and the highest rated in both years was "least restrictive." The principle with the largest increase from 2020 to 2021 was for "individualized" services.

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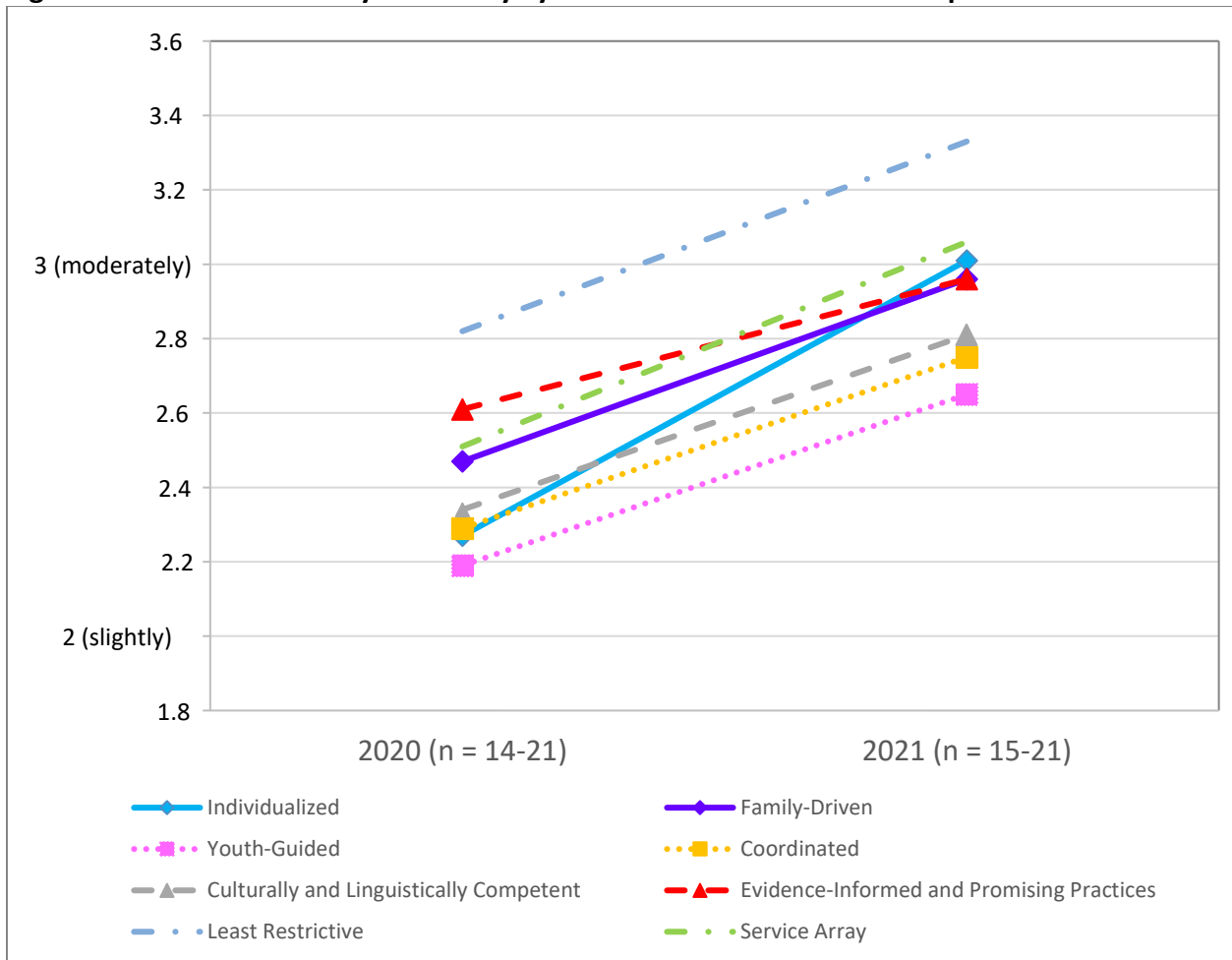
3.2.2   Service Availability – Community-Based Treatment and Support Services

Survey participants were provided with a long list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. More 2021 stakeholders believed that most community-based services were "widely" available, with notable increases in the perceived availability of outpatient therapy, school-based behavioral therapy, tele-behavioral health services, and youth and family education services. The perceived availability of 24-hour crisis services decreased from 2020 to 2021.

Figure 3.11 School-based Prevention Services

	2020 (n=23)		2021 (n=19)
Widely	21.7%		36.8%
Somewhat	47.8%		36.8%
Slightly	26.1%		26.3%
Not at All	0.0%		0.0%
Don't Know	4.3%		0.0%

■ 2020 (n=23)   ■ 2021 (n=19)
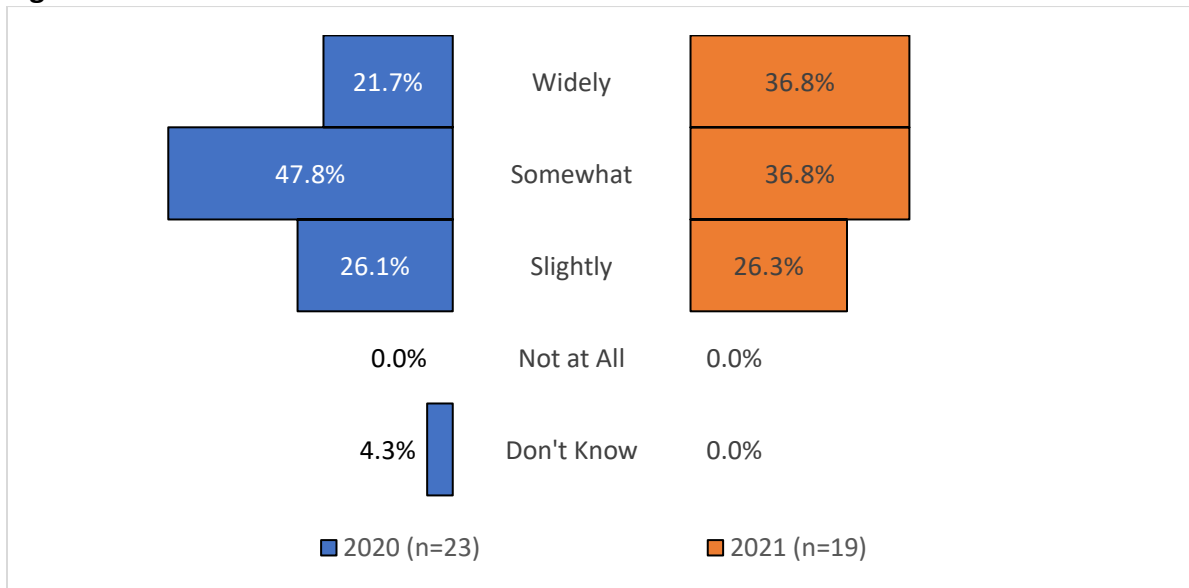
Figure 3.12 Community-based Prevention Services

	2020 (n=23)		2021 (n=19)
Widely	17.4%		31.6%
Somewhat	30.4%		42.1%
Slightly	39.1%		26.3%
Not at All	13.0%		0.0%
Don't Know	0.0%		0.0%

■ 2020 (n=23)   ■ 2021 (n=19)
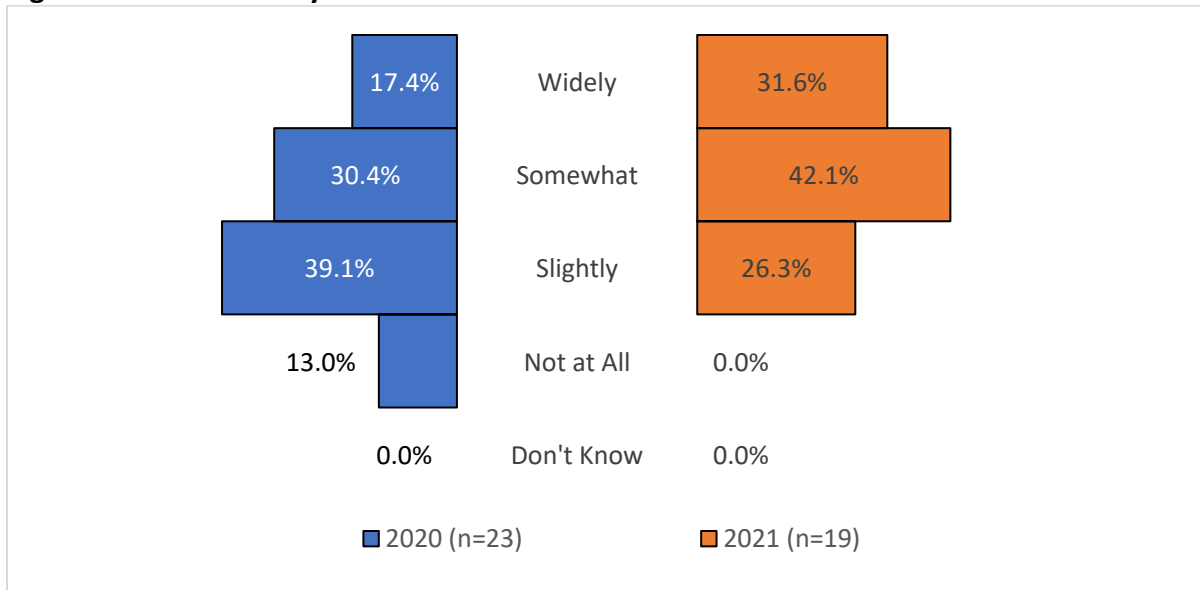
Figure 3.13 Early Intervention Services

	2020 (n=23)		2021 (n=19)
Widely	26.1%		47.4%
Somewhat	47.8%		21.1%
Slightly	26.1%		26.3%
Not at All	0.0%		0.0%
Don't Know	0.0%		5.3%

■ 2020 (n=23)   ■ 2021 (n=19)

Figure 3.14 Assessment

	2020 (n=23)		2021 (n=19)
Widely	17.4%		36.8%
Somewhat	34.8%		52.6%
Slightly	39.1%		10.5%
Not at All	4.3%		0.0%
Don't Know	4.3%		0.0%

■ 2020 (n=23)   ■ 2021 (n=19)
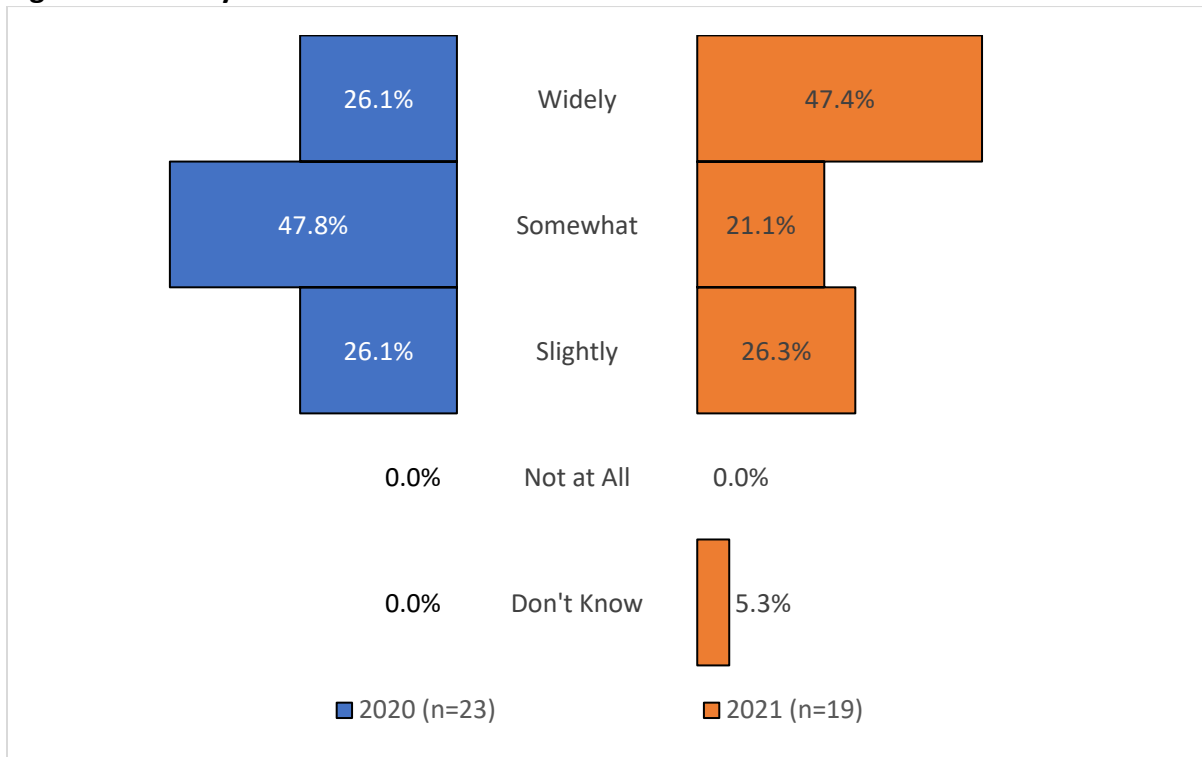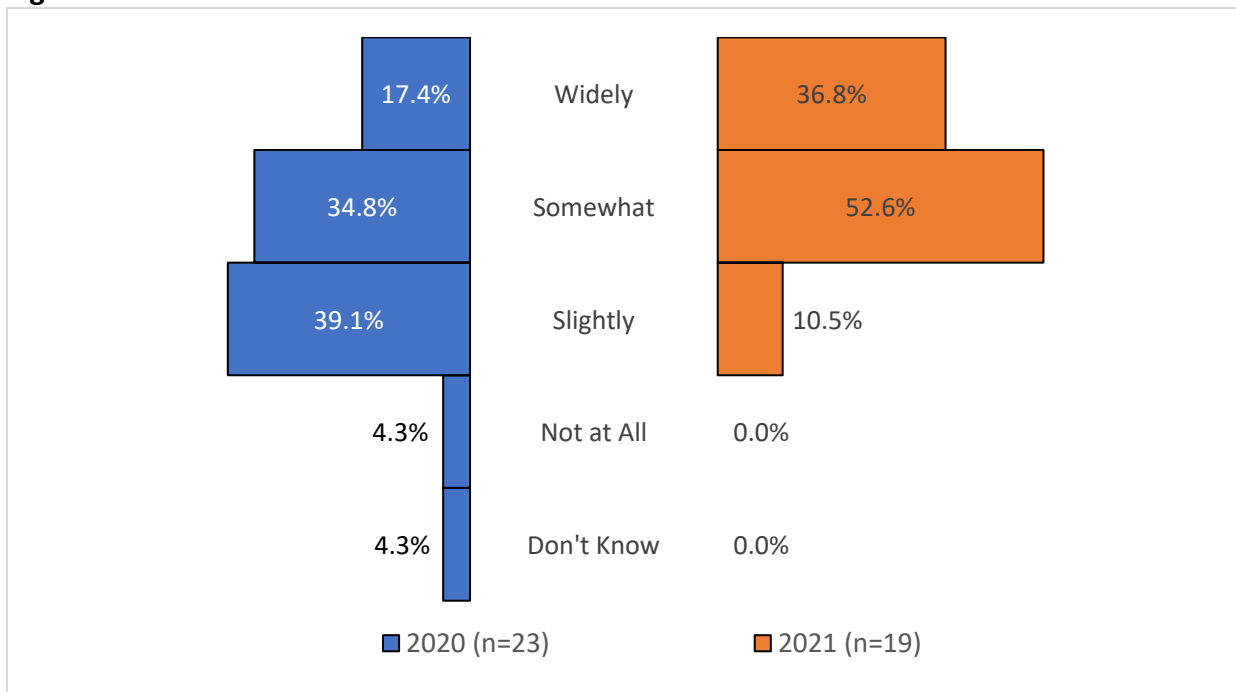
Figure 3.15 Individualized Service Planning

	2020		2021
Widely	4.3%		21.1%
Somewhat	21.7%		36.8%
Slightly	52.2%		31.6%
Not at All	17.4%		0.0%
Don't Know	4.3%		10.5%

■ 2020 (n=23)　　■ 2021 (n=19)
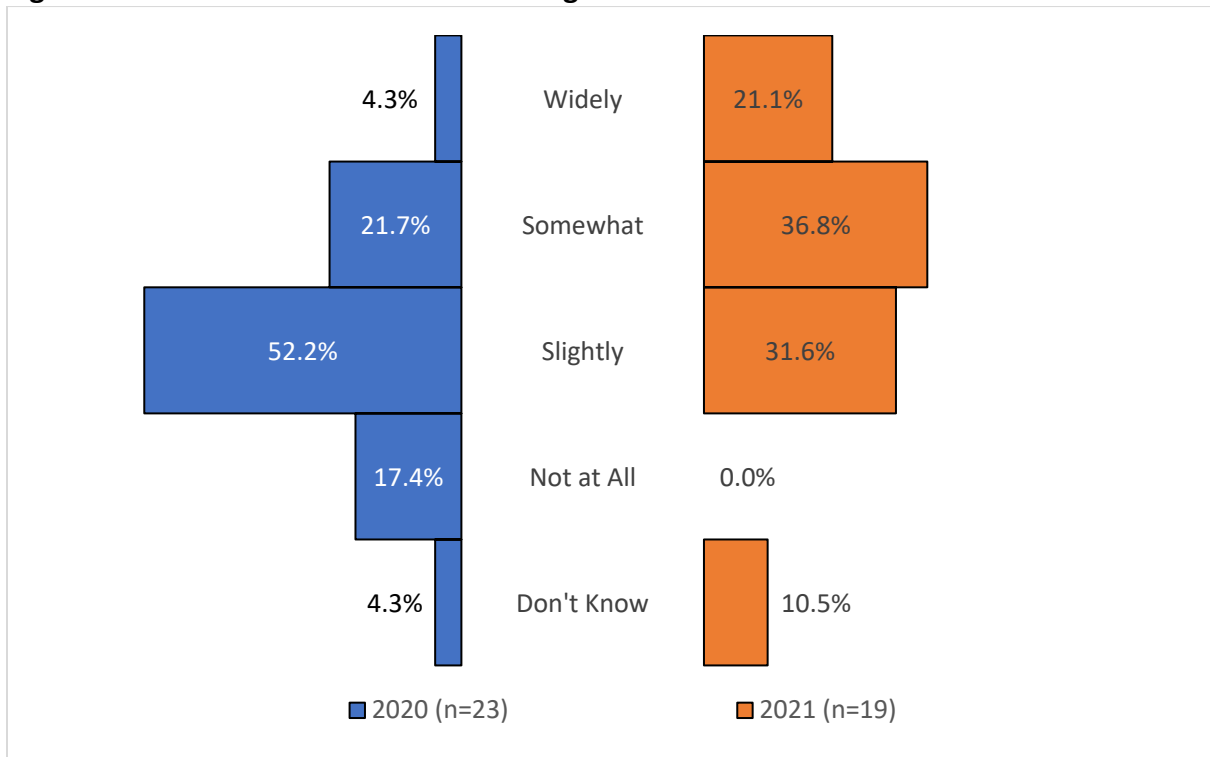
Figure 3.16 Intensive Care Management

	2020		2021
Widely	13.6%		15.8%
Somewhat	27.3%		31.6%
Slightly	18.2%		31.6%
Not at All	18.2%		0.0%
Don't Know	22.7%		21.1%

■ 2020 (n=22)　　■ 2021 (n=19)
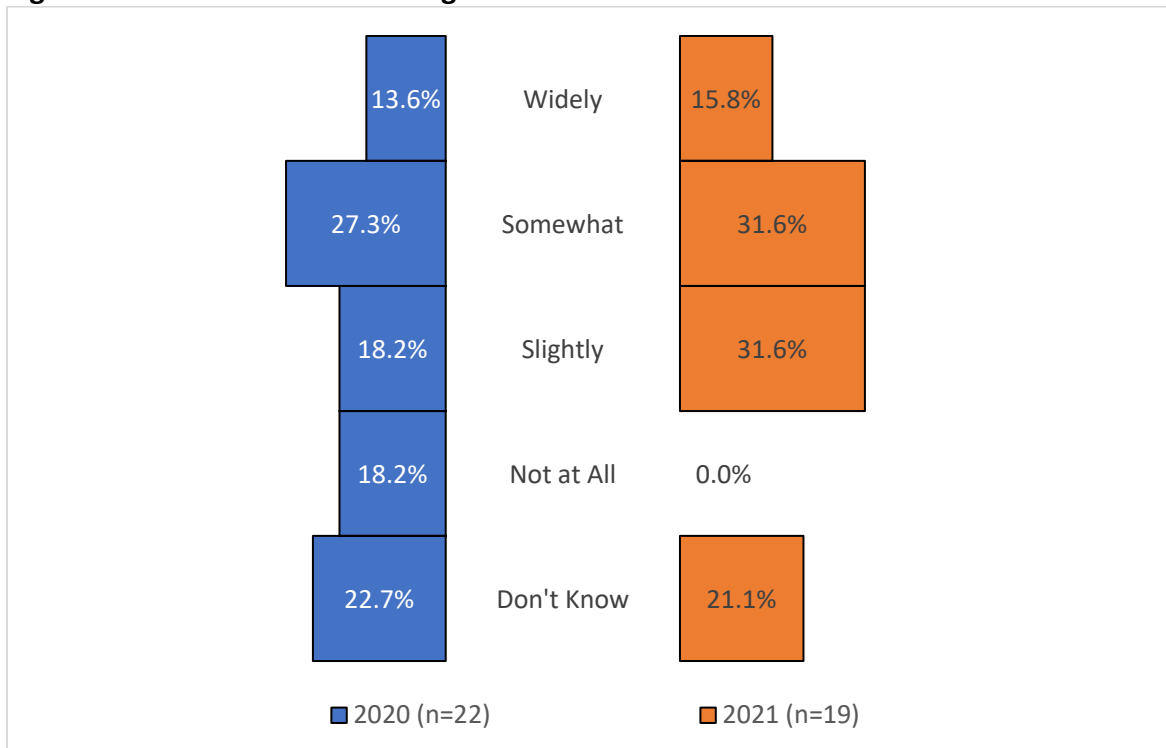
Figure 3.17 Service Coordination for Youth at Lower Levels of Service Intensity

4.3%	Widely	16.7%
17.4%	Somewhat	27.8%
34.8%	Slightly	33.3%
26.1%	Not at All	0.0%
14.7%	Don't Know	22.2%

■ 2020 (n=23)   ■ 2021 (n=18)
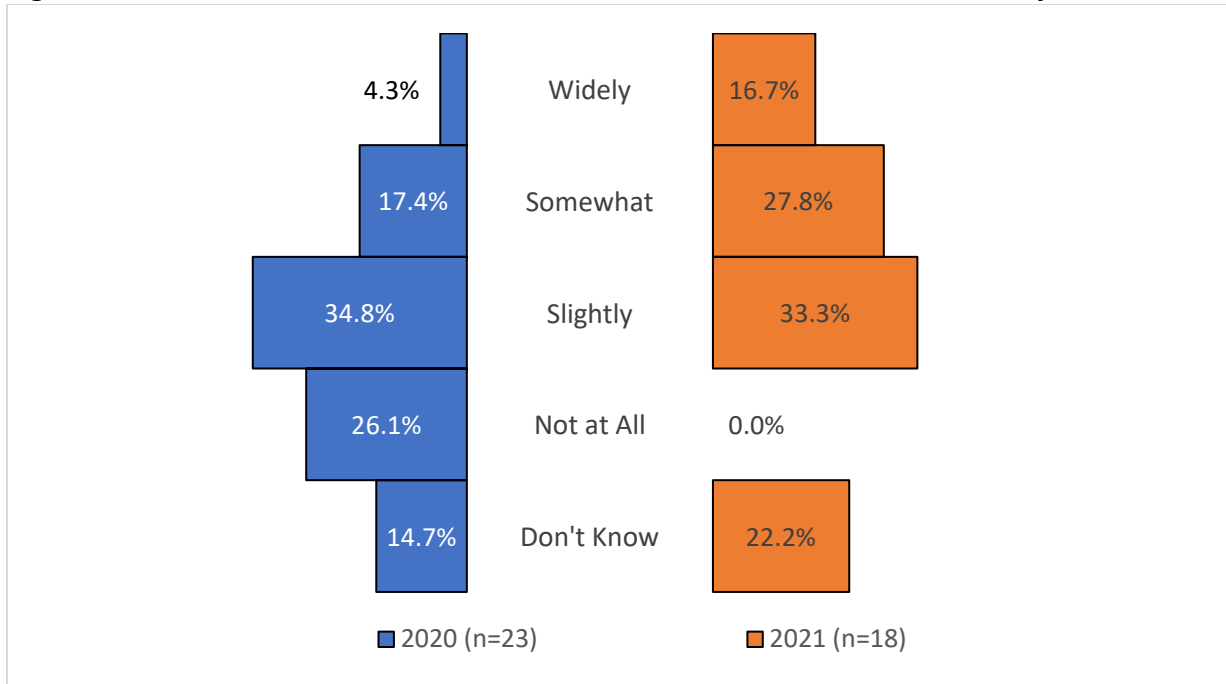
Figure 3.18 Outpatient Therapy

13.6%	Widely	36.8%
45.5%	Somewhat	36.8%
36.4%	Slightly	21.1%
0.0%	Not at All	0.0%
4.5%	Don't Know	5.3%

■ 2020 (n=22)   ■ 2021 (n=19)
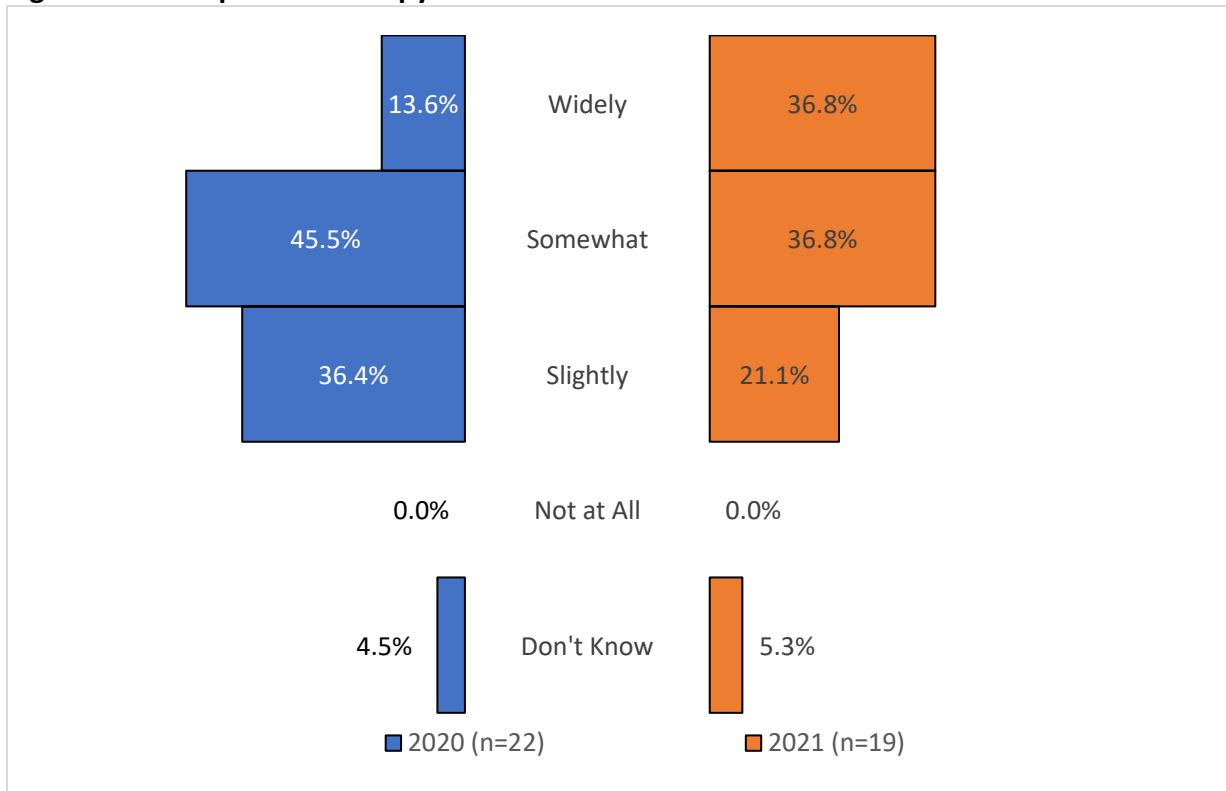
Figure 3.19 Medication Treatment/Management

	2020 (n=23)	2021 (n=19)
Widely	30.4%	26.3%
Somewhat	43.5%	36.8%
Slightly	8.7%	21.1%
Not at All	4.3%	0.0%
Don't Know	13.0%	15.8%
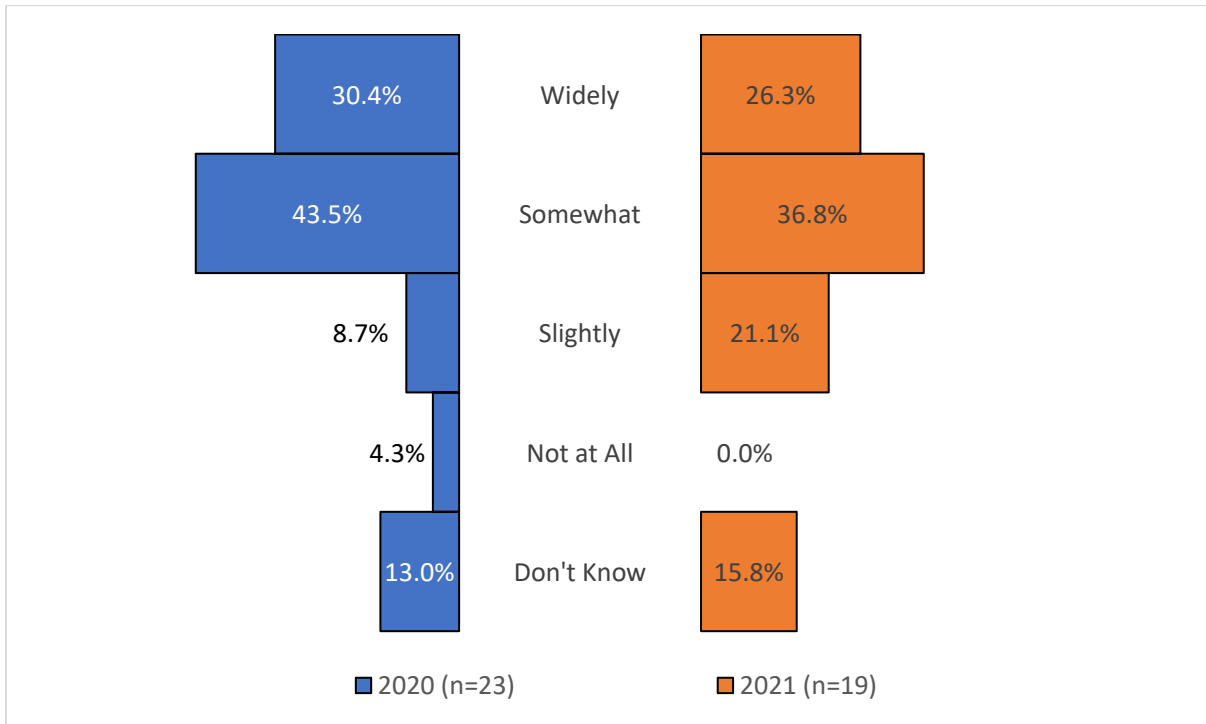
Figure 3.20 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	2020 (n=23)	2021 (n=19)
Widely	43.5%	31.6%
Somewhat	34.8%	47.4%
Slightly	13.0%	5.3%
Not at All	0.0%	0.0%
Don't Know	8.7%	15.8%
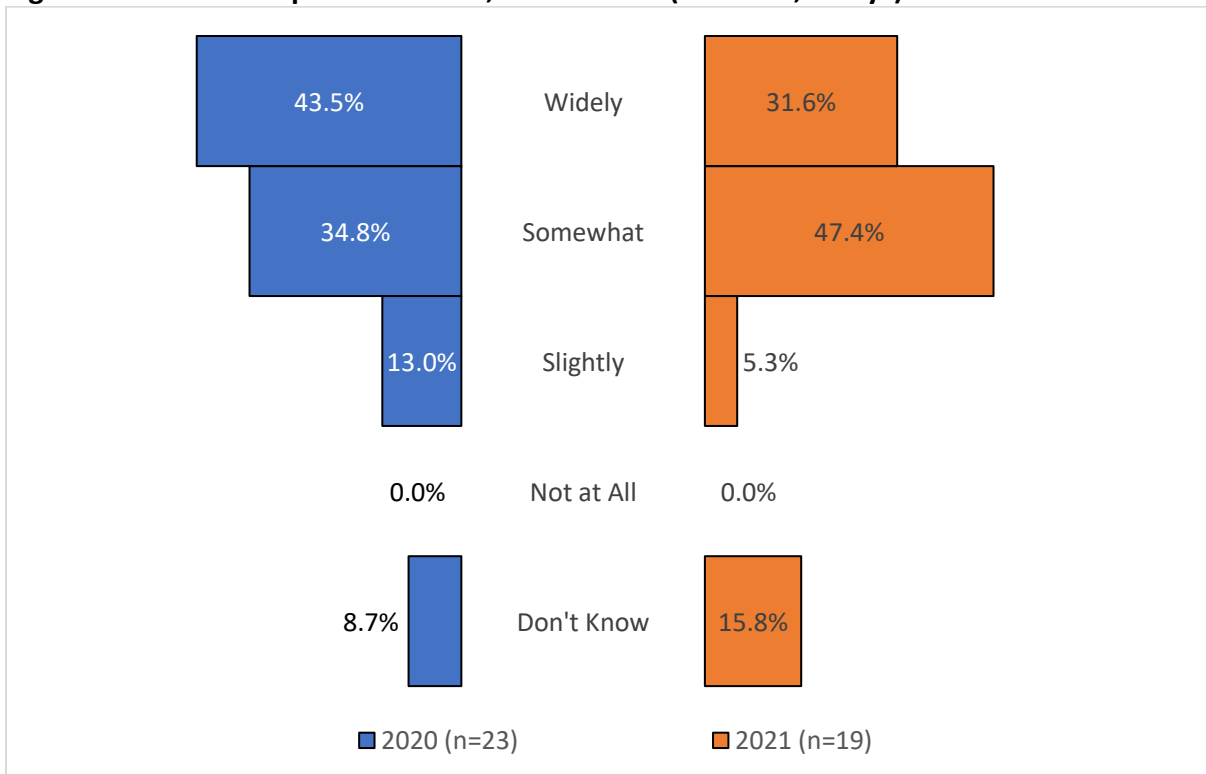
Figure 3.21 Mobile Crisis and Stabilization Services (24 hours, 7 days)

	2020 (n=23)		2021 (n=18)
Widely	21.7%		22.2%
Somewhat	43.5%		33.3%
Slightly	8.7%		11.1%
Not at All	0.0%		0.0%
Don't Know	26.1%		33.3%

■ 2020 (n=23)   ■ 2021 (n=18)
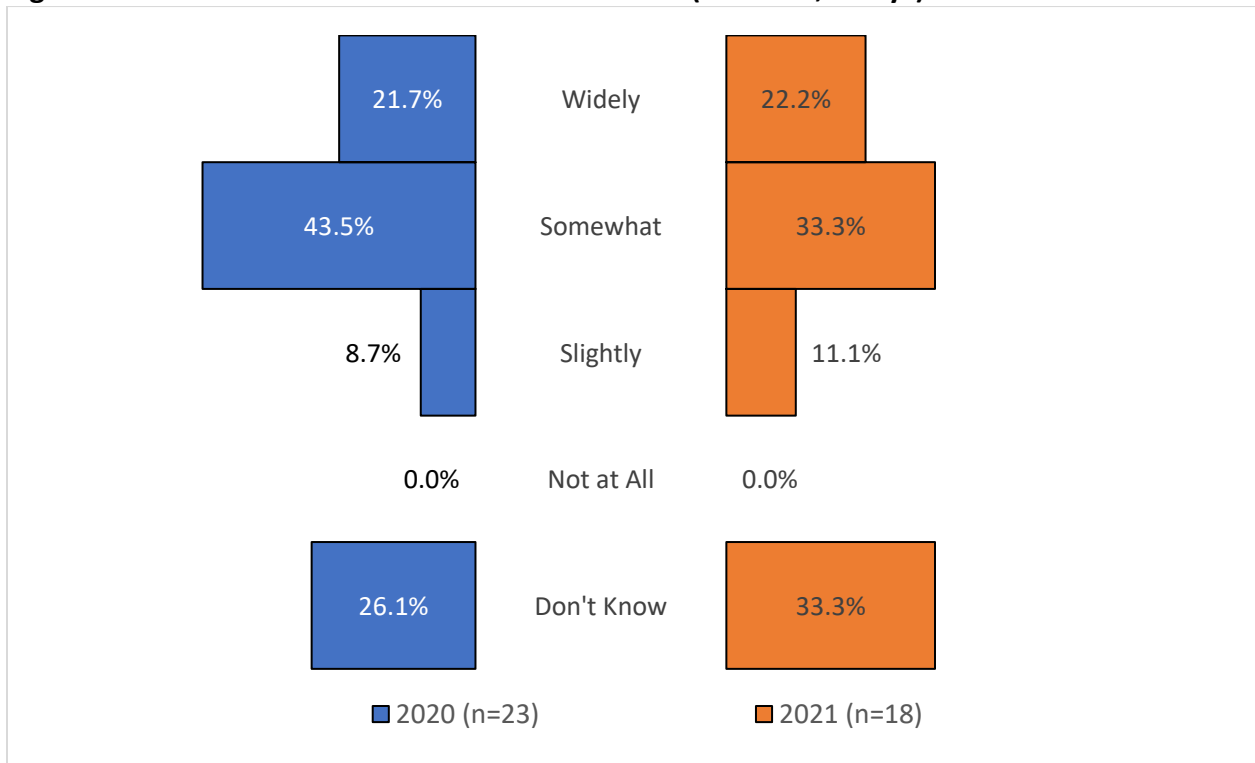
Figure 3.22 Intensive In-Home Services

	2020 (n=23)		2021 (n=19)
Widely	4.3%		15.8%
Somewhat	26.1%		21.1%
Slightly	21.7%		31.6%
Not at All	26.1%		10.5%
Don't Know	21.7%		21.1%

■ 2020 (n=23)   ■ 2021 (n=19)
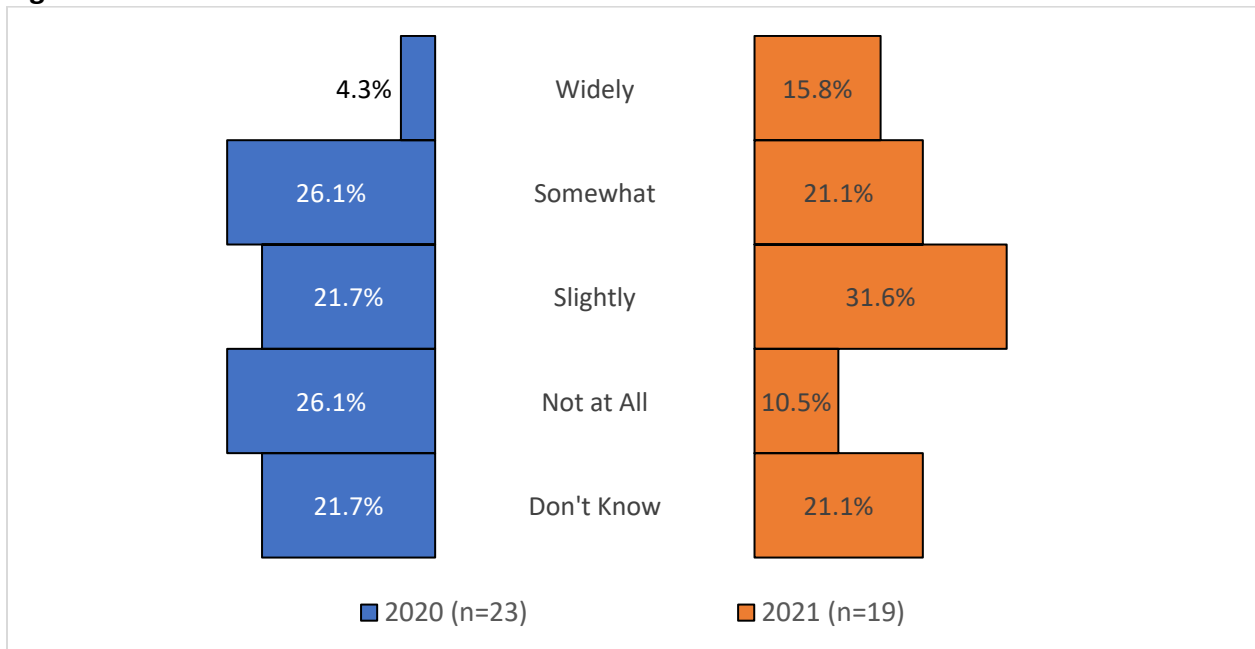
Figure 3.23 School-Based Behavioral Health Services

	2020 (n=23)		2021 (n=19)
Widely	13.0%		31.6%
Somewhat	47.8%		26.3%
Slightly	17.4%		36.8%
Not at All	8.7%		0.0%
Don't Know	13.0%		5.3%

■ 2020 (n=23)   ■ 2021 (n=19)
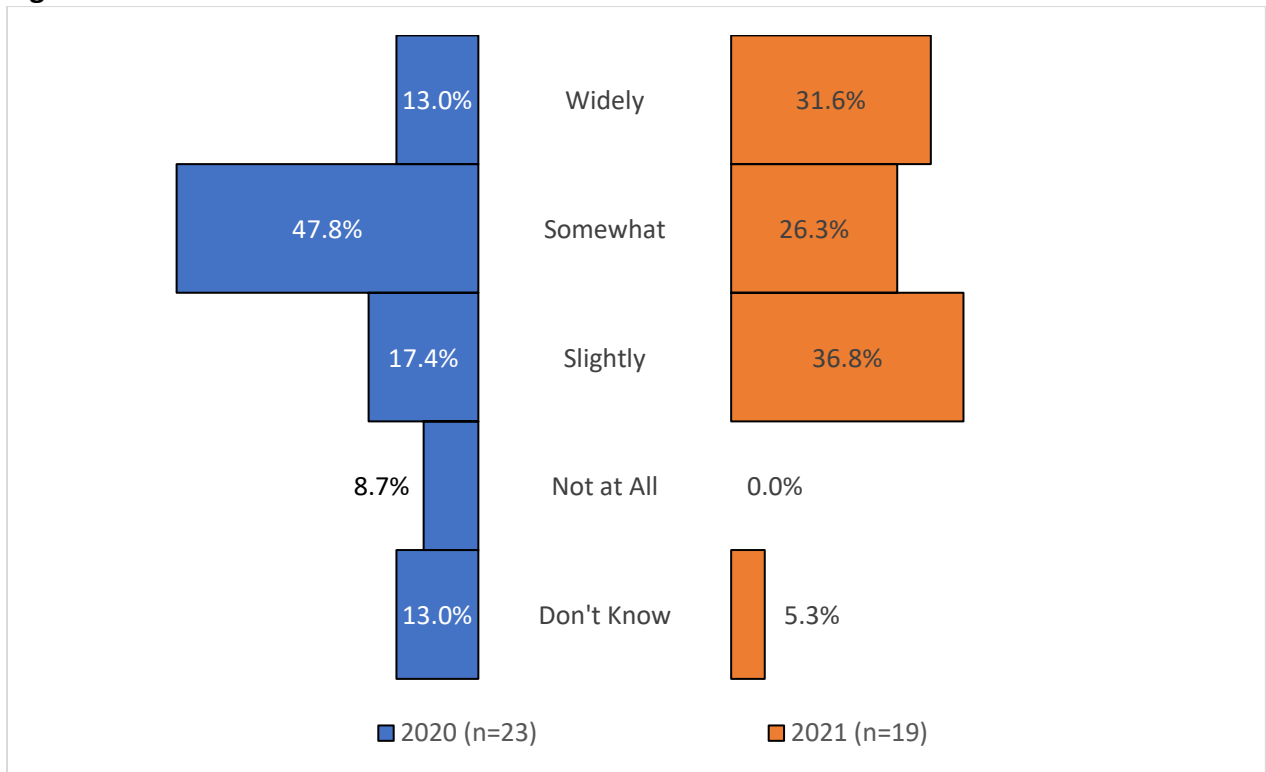
Figure 3.24 Day Treatment

	2020 (n=23)		2021 (n=19)
Widely	21.7%		26.3%
Somewhat	43.5%		36.8%
Slightly	17.4%		26.3%
Not at All	8.7%		0.0%
Don't Know	8.7%		10.5%

■ 2020 (n=23)   ■ 2021 (n=19)
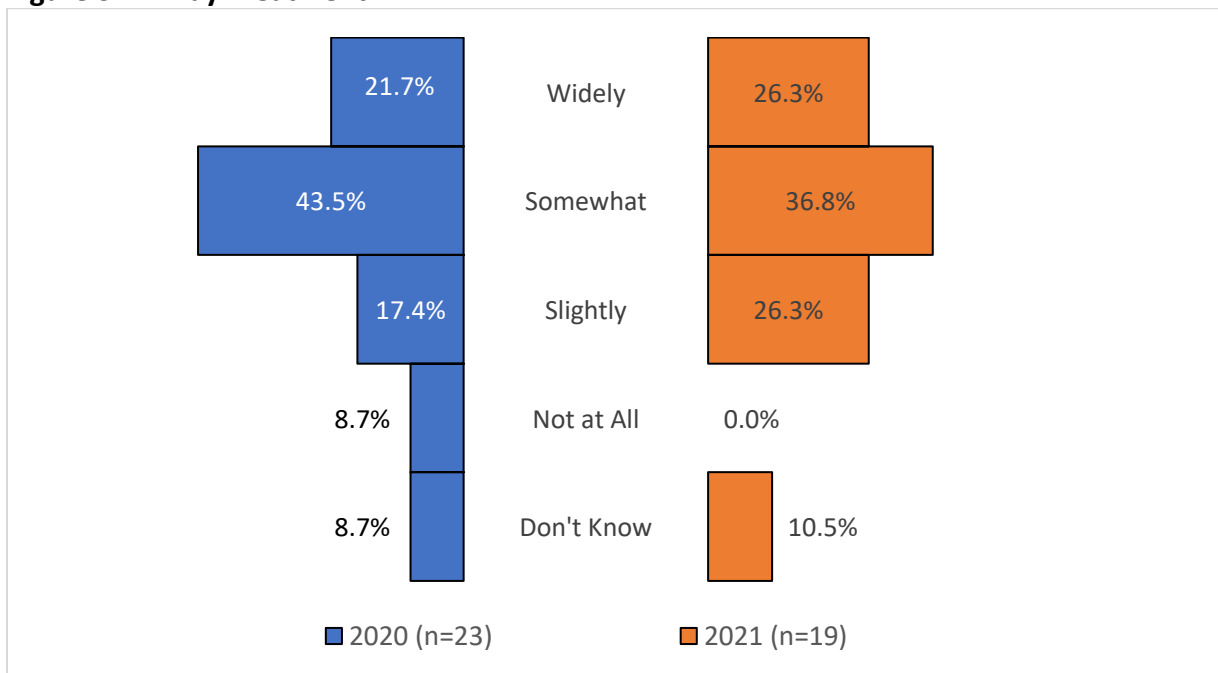
Figure 3.25 Substance Use Treatment

	2020 (n=22)	2021 (n=19)
Widely	22.7%	26.3%
Somewhat	40.9%	26.3%
Slightly	22.7%	26.3%
Not at All	0.0%	10.5%
Don't Know	13.6%	10.5%
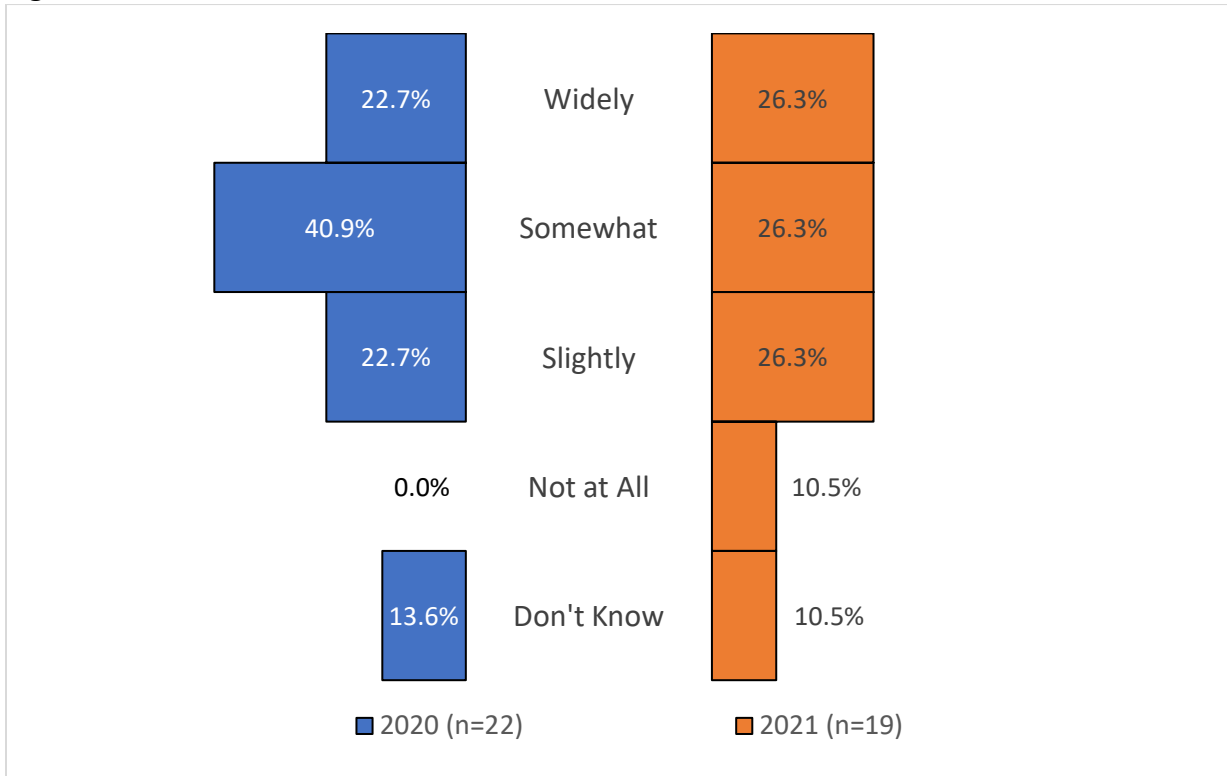
Figure 3.26 Therapeutic Behavioral Aide Services

	2020 (n=23)	2021 (n=17)
Widely	13.0%	17.6%
Somewhat	26.1%	29.4%
Slightly	26.1%	35.3%
Not at All	21.7%	0.0%
Don't Know	13.0%	17.6%
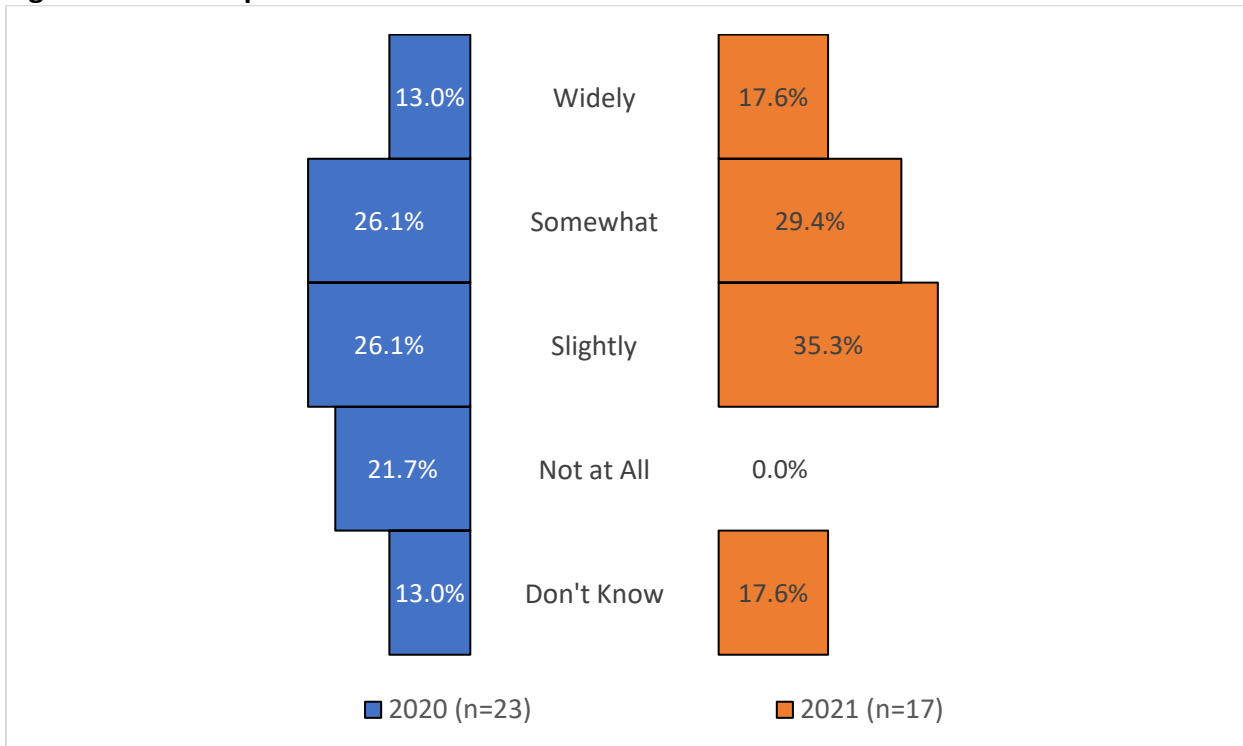
Figure 3.27 Behavior Management Skills Training

	2020 (n=23)	2021 (n=19)
Widely	8.7%	21.1%
Somewhat	30.4%	36.8%
Slightly	34.8%	31.6%
Not at All	13.0%	0.0%
Don't Know	13.0%	10.5%
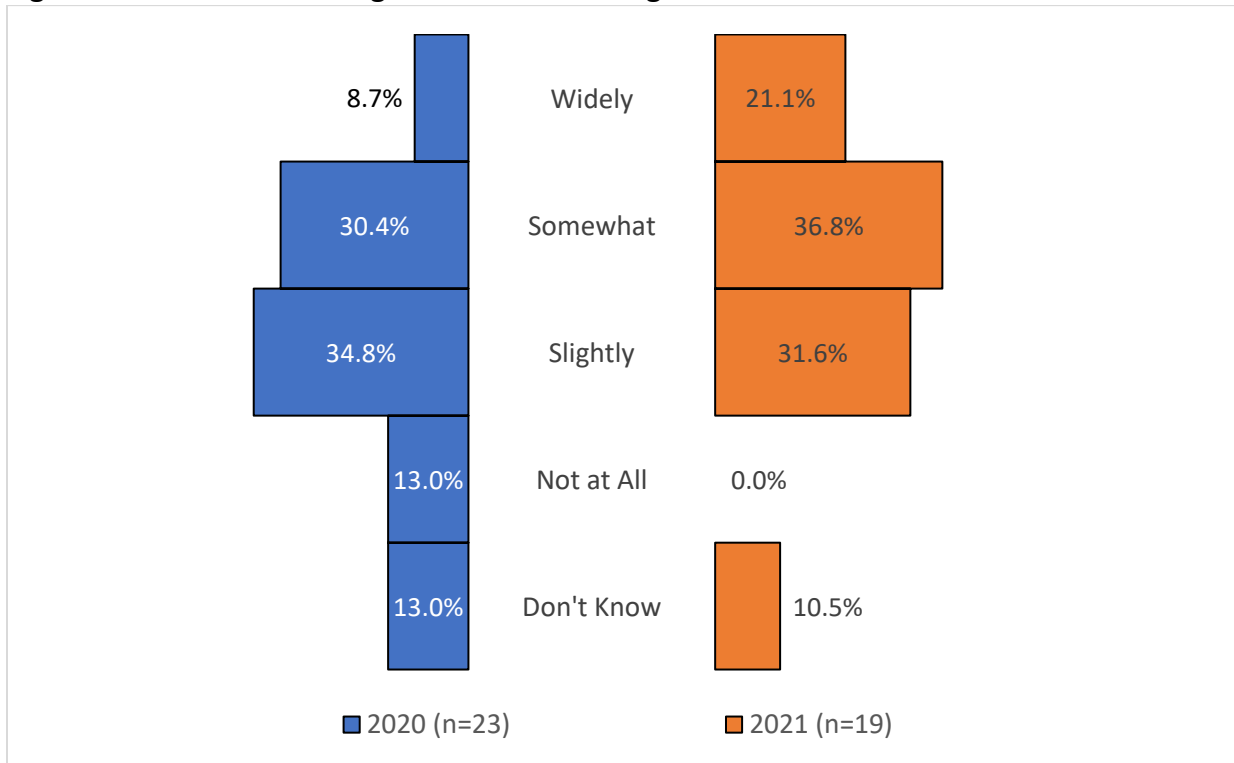
Figure 3.28 Tele-Behavioral Health Services

	2020 (n=22)	2021 (n=19)
Widely	9.1%	26.3%
Somewhat	4.5%	47.4%
Slightly	31.8%	15.8%
Not at All	18.2%	5.3%
Don't Know	36.4%	5.3%
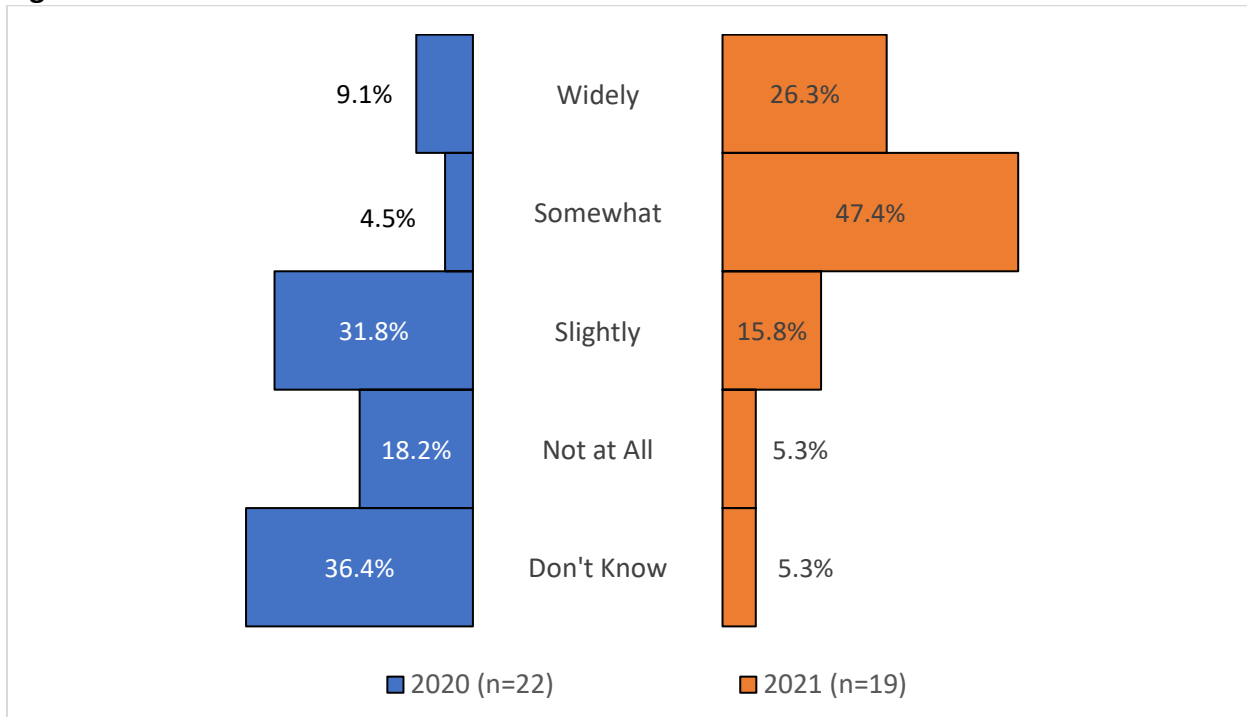
Figure 3.29 Youth and Family Education

	2020 (n=22)	2021 (n=19)
Widely	9.1%	42.1%
Somewhat	31.8%	42.1%
Slightly	40.9%	15.8%
Not at All	9.1%	0.0%
Don't Know	9.1%	0.0%
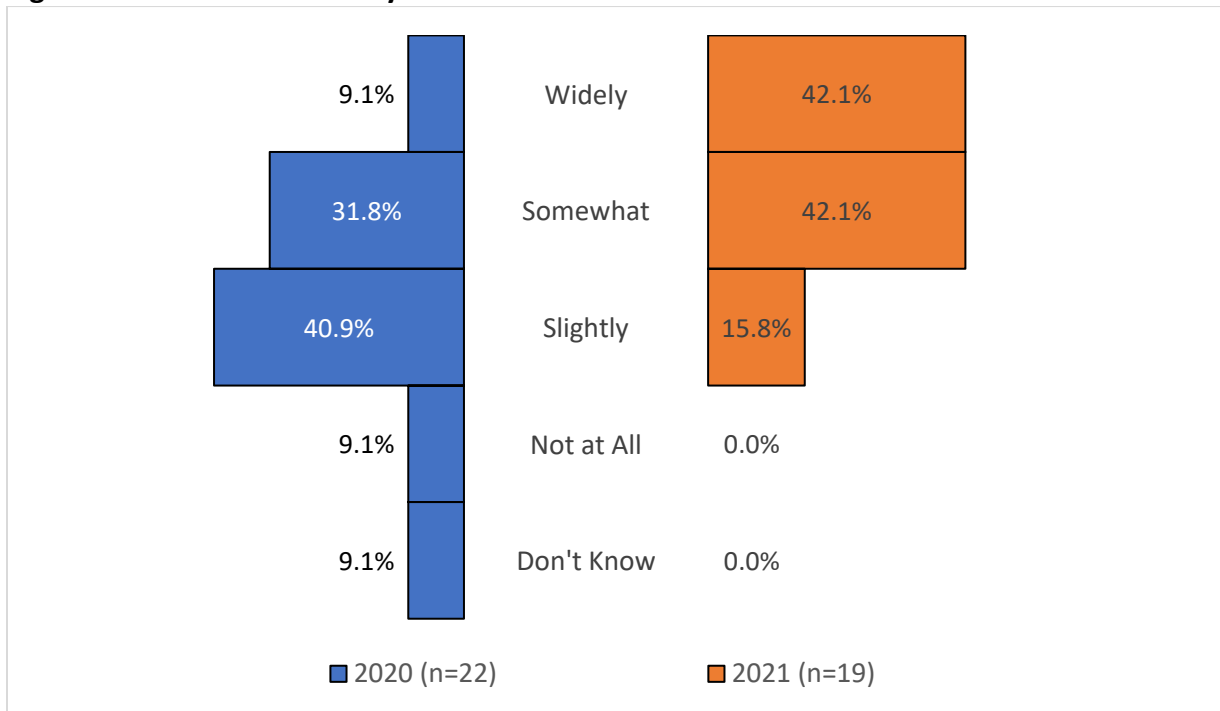
Figure 3.30 Respite Services

	2020 (n=22)	2021 (n=19)
Widely	4.5%	10.5%
Somewhat	9.1%	31.6%
Slightly	45.5%	26.3%
Not at All	27.3%	21.1%
Don't Know	13.6%	10.5%
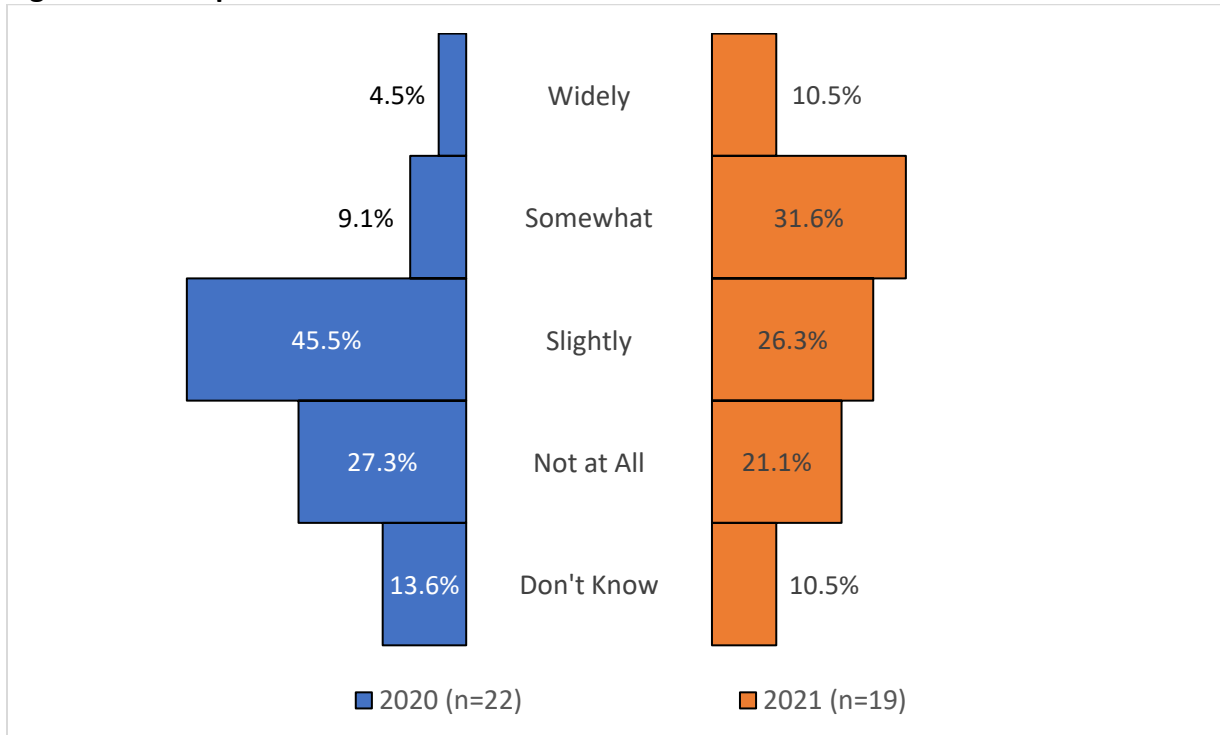
Figure 3.31 Therapeutic Mentoring

4.5%	Widely	10.5%
9.1%	Somewhat	21.1%
27.3%	Slightly	26.3%
40.9%	Not at All	5.3%
18.2%	Don't Know	36.8%

■ 2020 (n=22)   ■ 2021 (n=19)
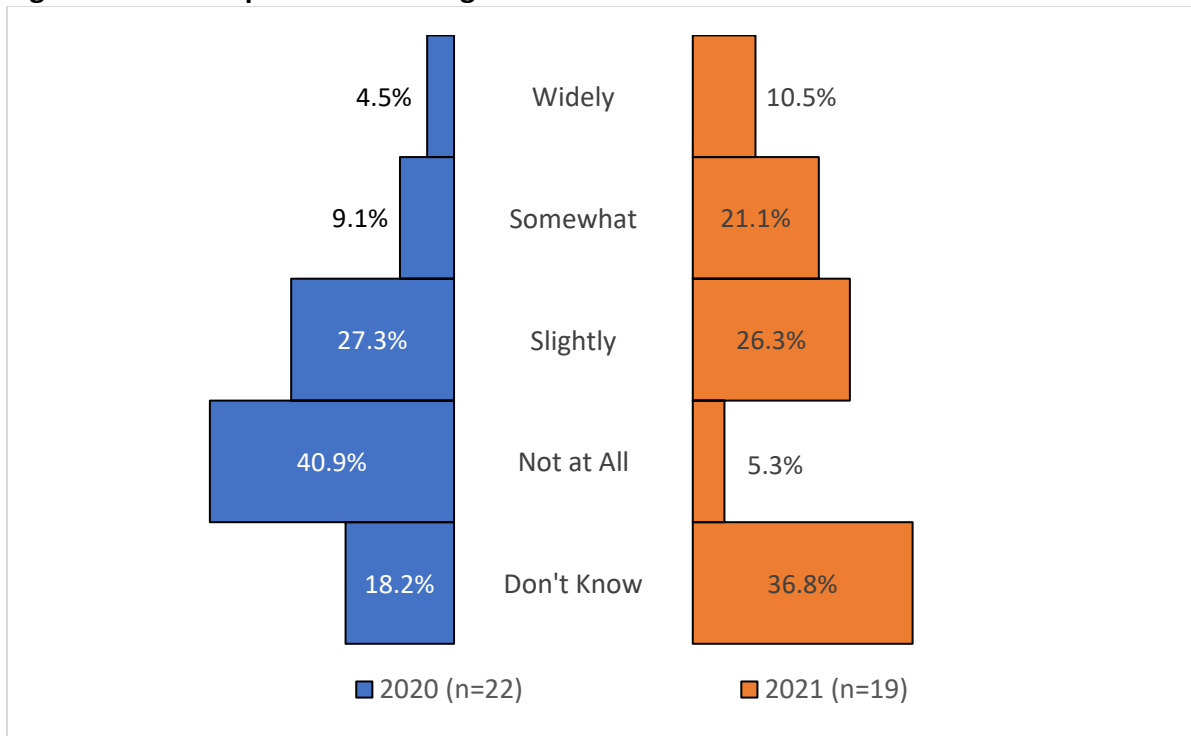
Figure 3.32 Mental Health Consultation

13.6%	Widely	26.3%
22.7%	Somewhat	36.8%
45.5%	Slightly	21.1%
9.1%	Not at All	15.8%
9.1%	Don't Know	0.0%

■ 2020 (n=22)   ■ 2021 (n=19)
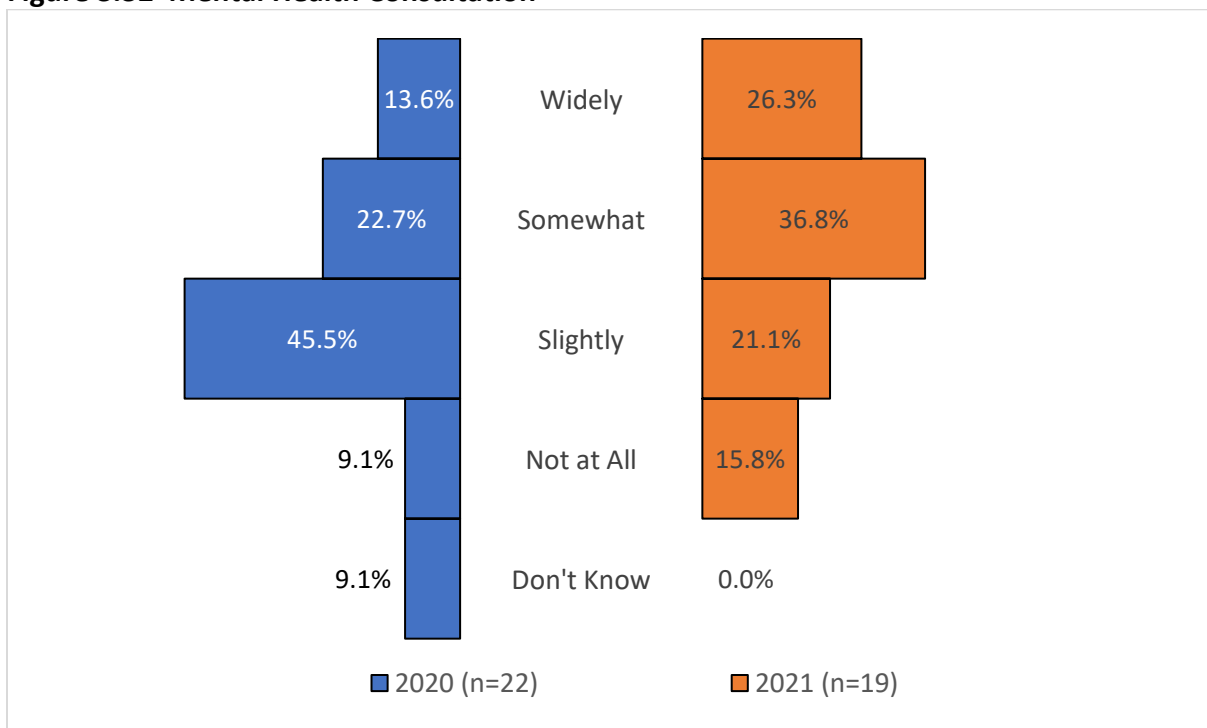
Figure 3.33 Supported Education and Employment

	2020 (n=22)	2021 (n=19)
Widely	9.1%	21.1%
Somewhat	27.3%	31.6%
Slightly	31.8%	21.1%
Not at All	9.1%	0.0%
Don't Know	22.7%	26.3%
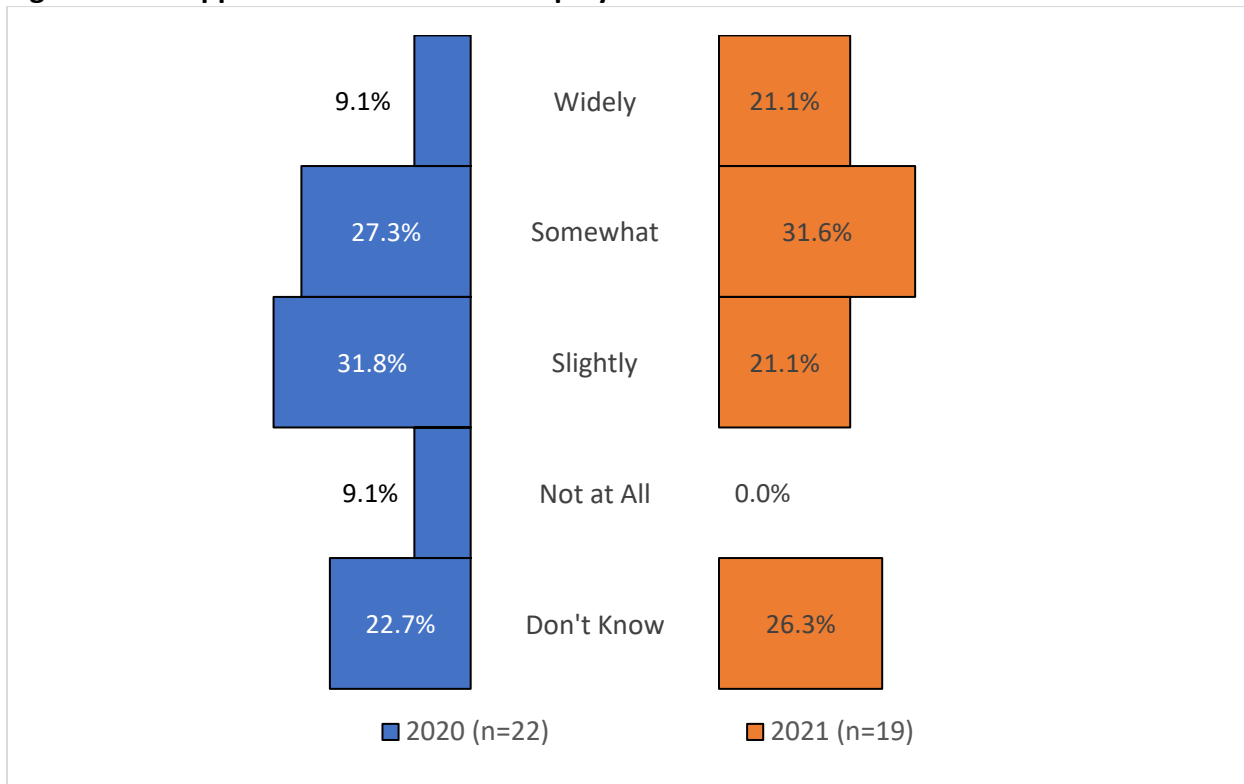
Figure 3.34 Supported Independent Living

	2020 (n=22)	2021 (n=19)
Widely	13.6%	15.8%
Somewhat	18.2%	26.3%
Slightly	31.8%	21.1%
Not at All	4.5%	0.0%
Don't Know	31.8%	36.8%
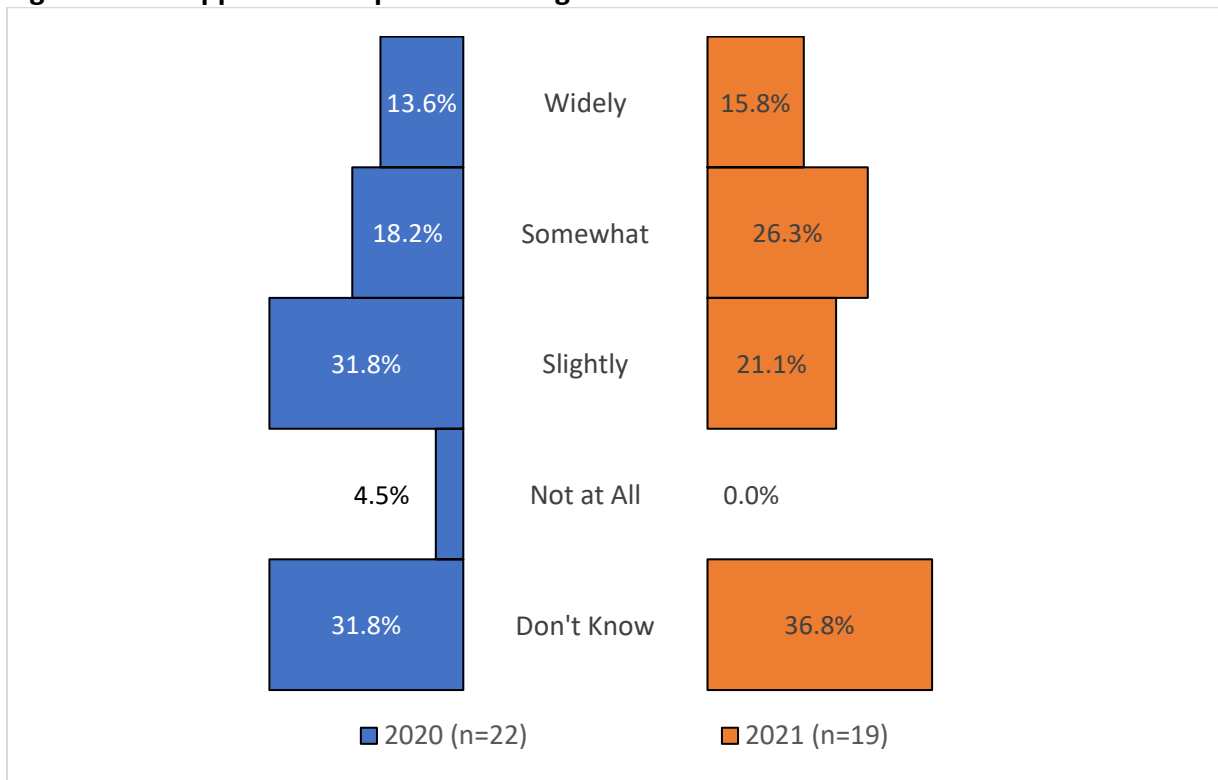
Figure 3.35 Transportation

	2020 (n=22)	2021 (n=19)
Widely	13.6%	15.8%
Somewhat	18.2%	47.4%
Slightly	31.8%	26.3%
Not at All	13.6%	0.0%
Don't Know	22.7%	10.5%
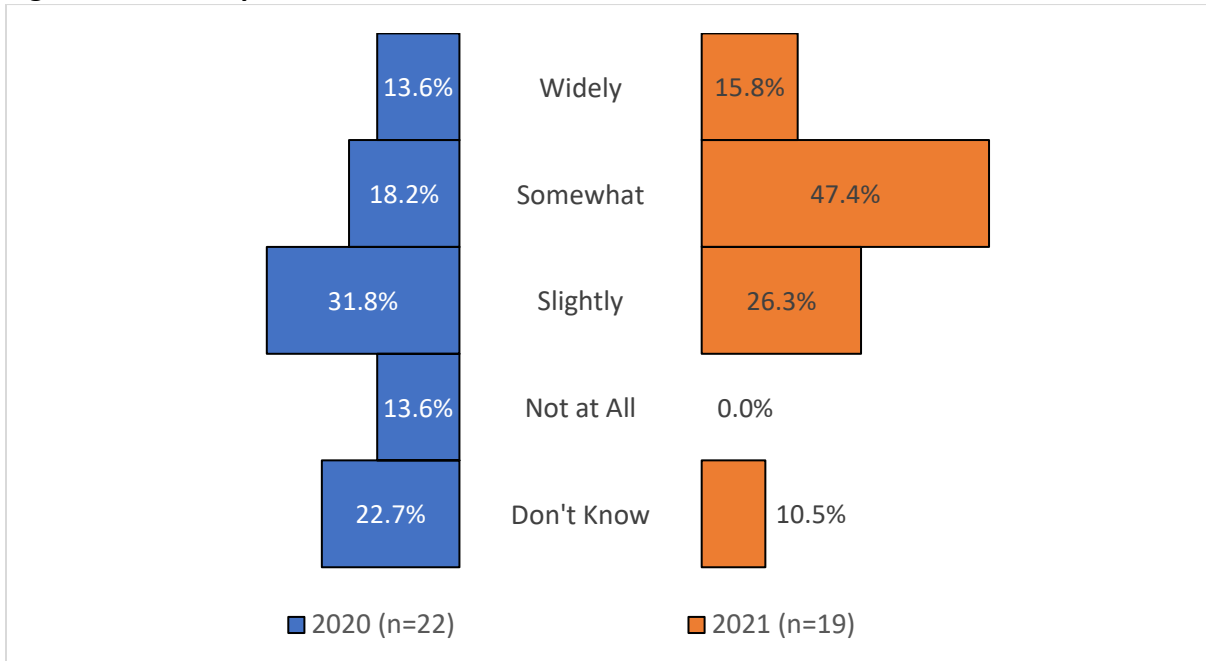
3.2.3 Out-of-Home Treatment Services

The perceived availability of most out-of-home treatment services remained the same in 2020 and 2021, with the exception of residential substance use treatment, which more stakeholders reported as being "not at all" available in 2021.

Figure 3.36 Therapeutic Foster Care

	2020 (n=23)	2021 (n=19)
Widely	4.3%	15.8%
Somewhat	17.4%	15.8%
Slightly	17.4%	21.1%
Not at All	26.1%	10.5%
Don't Know	34.8%	36.8%
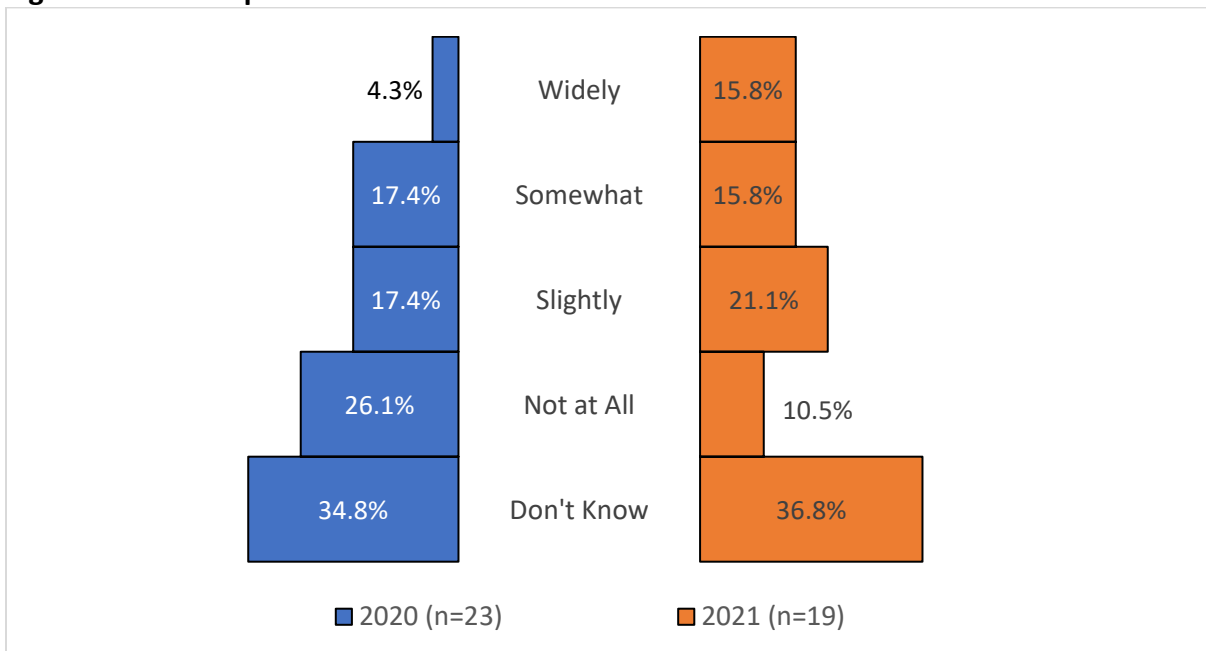
Figure 3.37 Therapeutic Group Home Care

	2020 1 (n=23)		2021 (n=19)
Widely	4.3%		10.5%
Somewhat	17.4%		15.8%
Slightly	13.0%		15.8%
Not at All	21.7%		21.1%
Don't Know	43.5%		36.8%
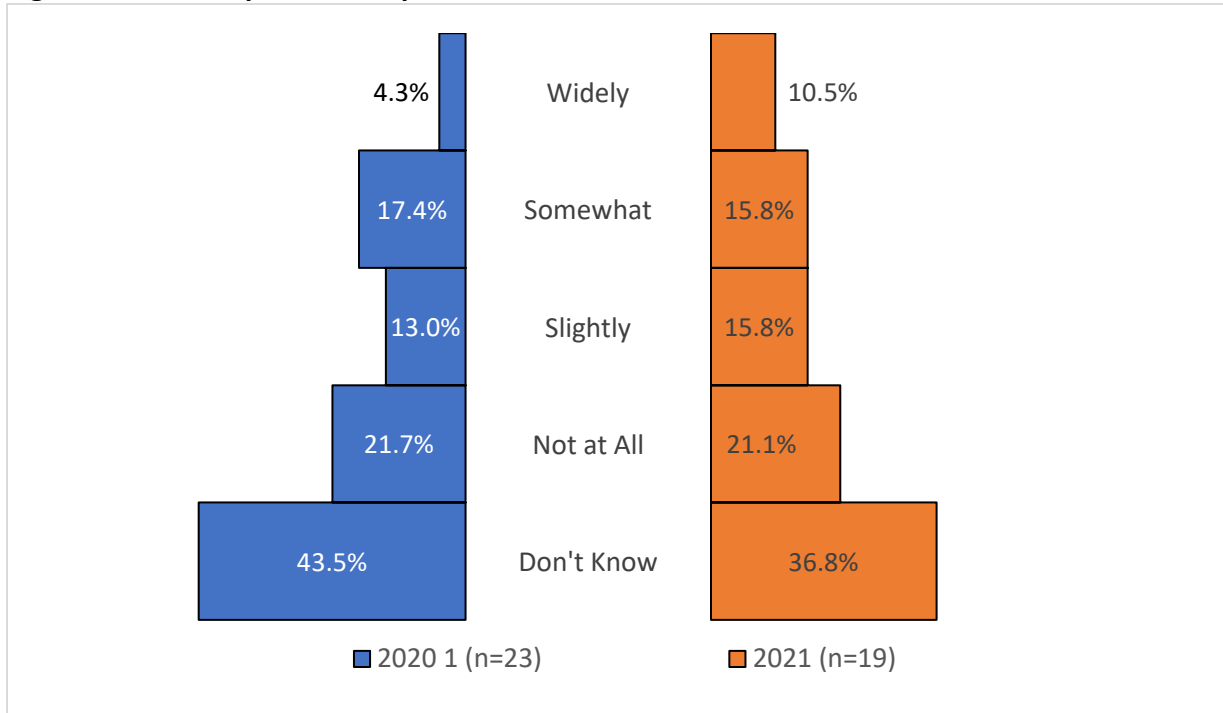
Figure 3.38 Crisis Stabilization Beds

	2020 (n=23)		2021 (n=19)
Widely	8.7%		21.1%
Somewhat	21.7%		15.8%
Slightly	21.7%		26.3%
Not at All	13.0%		10.5%
Don't Know	34.8%		26.3%
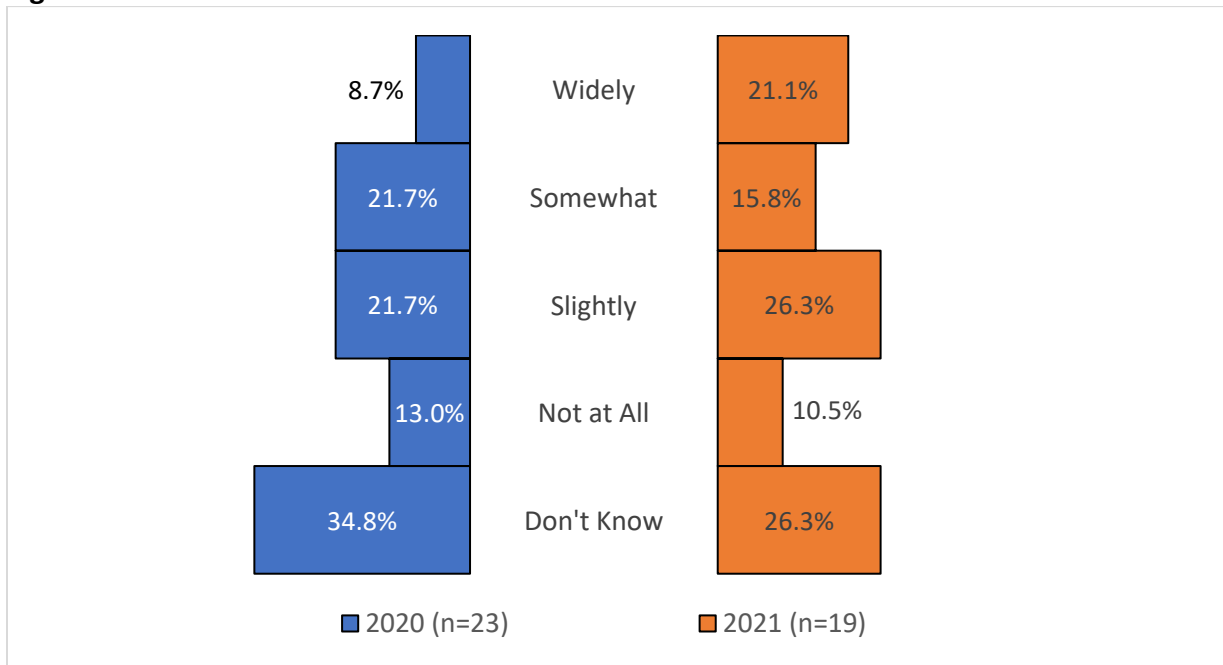
Figure 3.39 Medical Detoxification

	2020 (n=23)		2021 (n=19)
Widely	8.7%		21.1%
Somewhat	13.0%		10.5%
Slightly	21.7%		21.1%
Not at All	8.7%		15.8%
Don't Know	47.8%		31.6%

■ 2020 (n=23)   ■ 2021 (n=19)
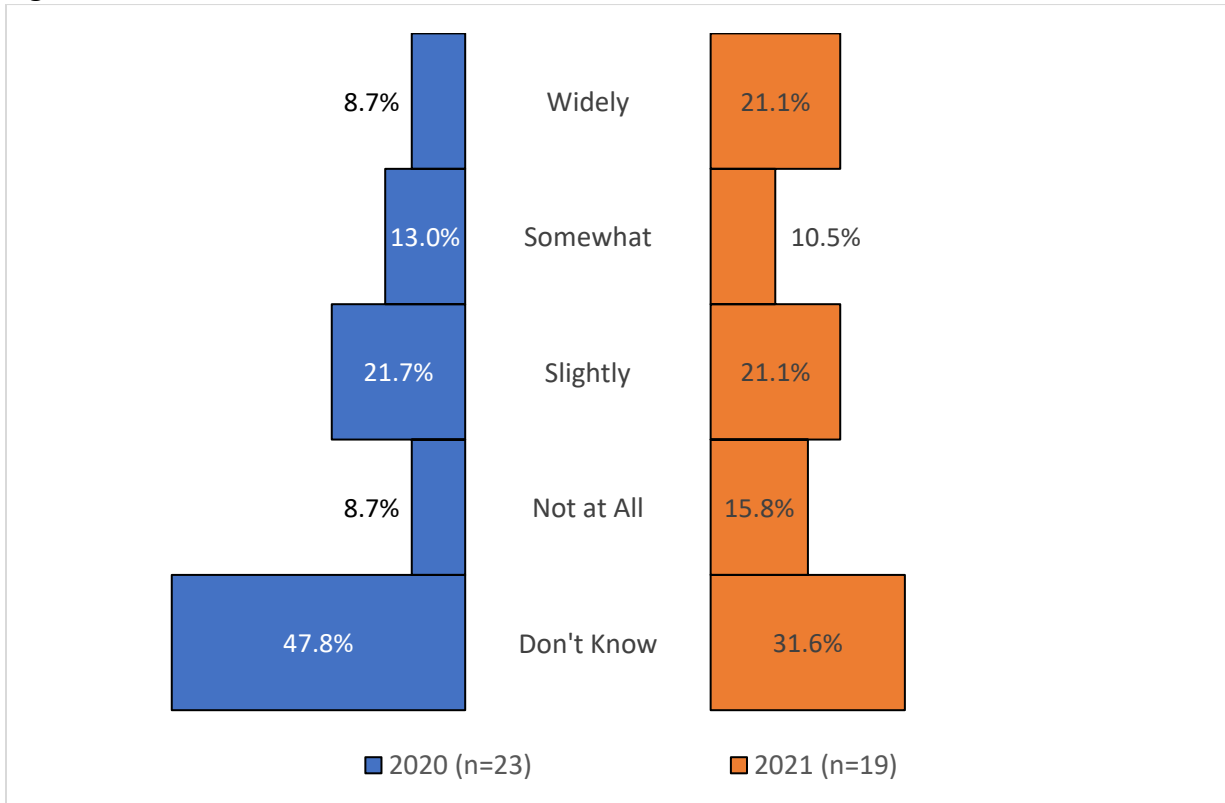
Figure 3.40 Substance Use Residential Treatment

	2020 (n=23)		2021 (n=19)
Widely	8.7%		15.8%
Somewhat	39.1%		15.8%
Slightly	17.4%		15.8%
Not at All	8.7%		26.3%
Don't Know	26.1%		26.3%

■ 2020 (n=23)   ■ 2021 (n=19)

35
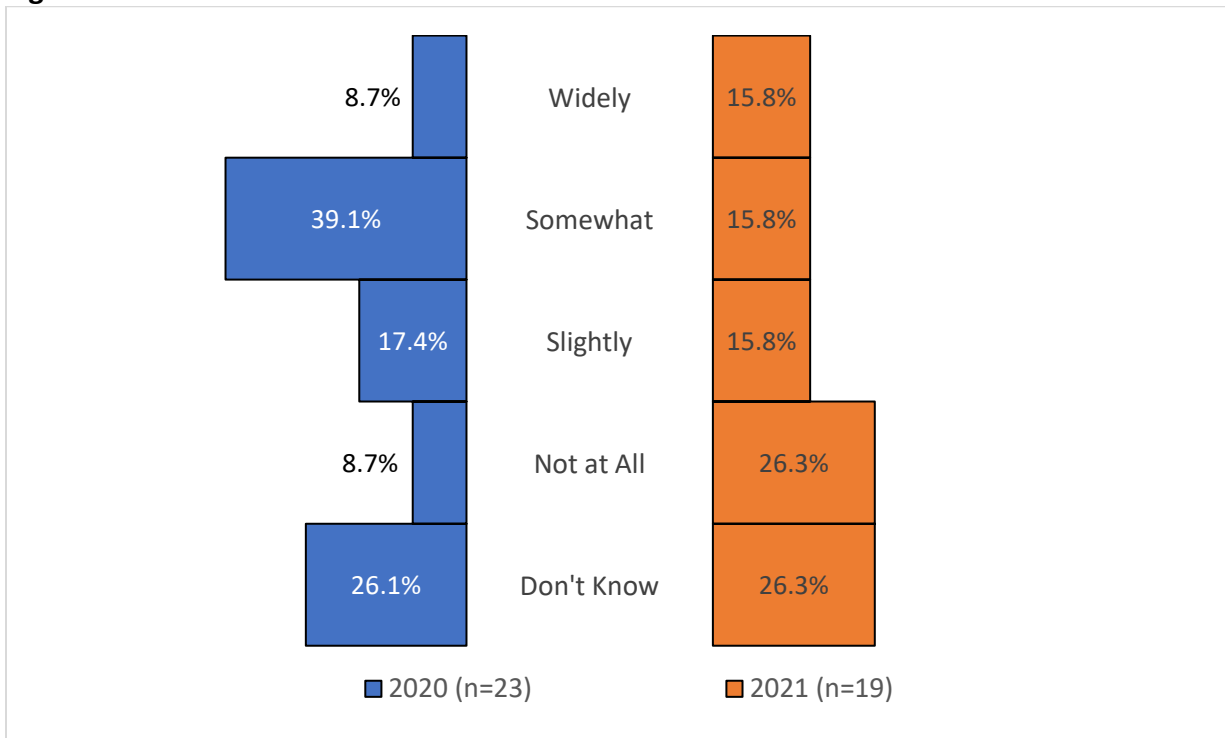
Figure 3.41 Residential Treatment

	2020 (n=23)	2021 (n=19)
Widely	13.0%	15.8%
Somewhat	26.1%	15.8%
Slightly	26.1%	15.8%
Not at All	13.0%	26.3%
Don't Know	21.7%	26.3%
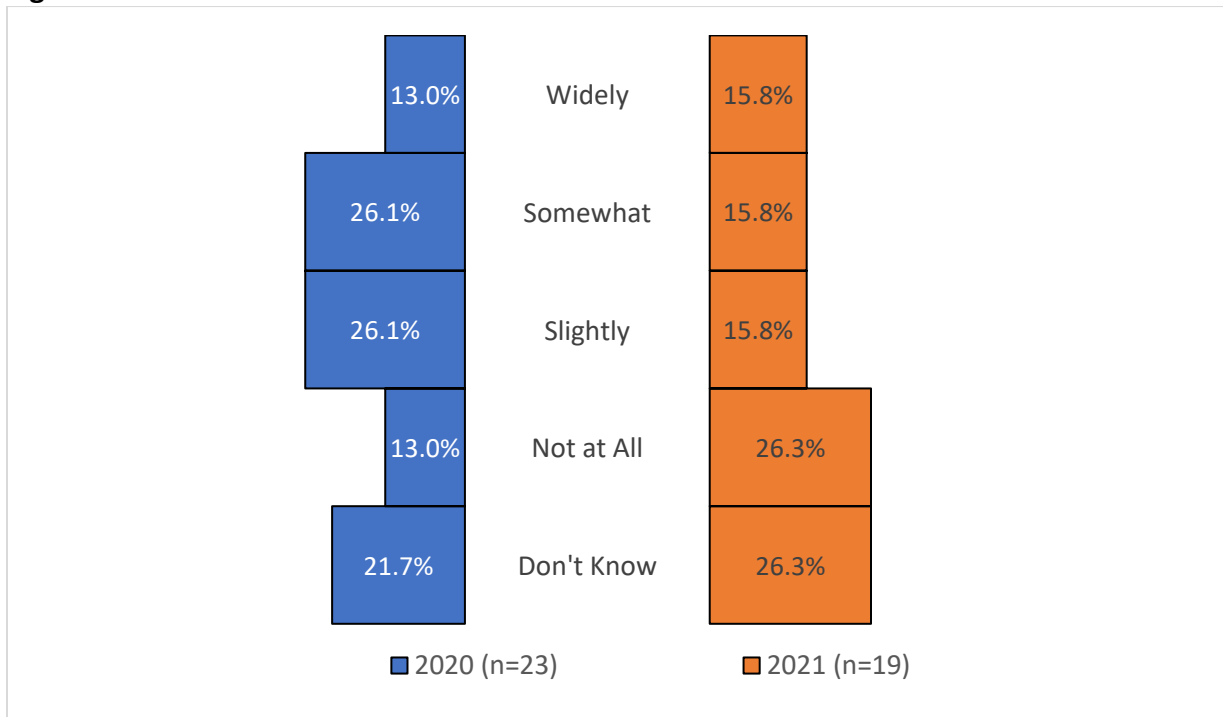
Figure 3.42 Inpatient Hospitalization

	2020 (n=23)	2021 (n=19)
Widely	43.5%	36.8%
Somewhat	30.4%	31.6%
Slightly	4.3%	15.8%
Not at All	0.0%	0.0%
Don't Know	21.7%	15.8%
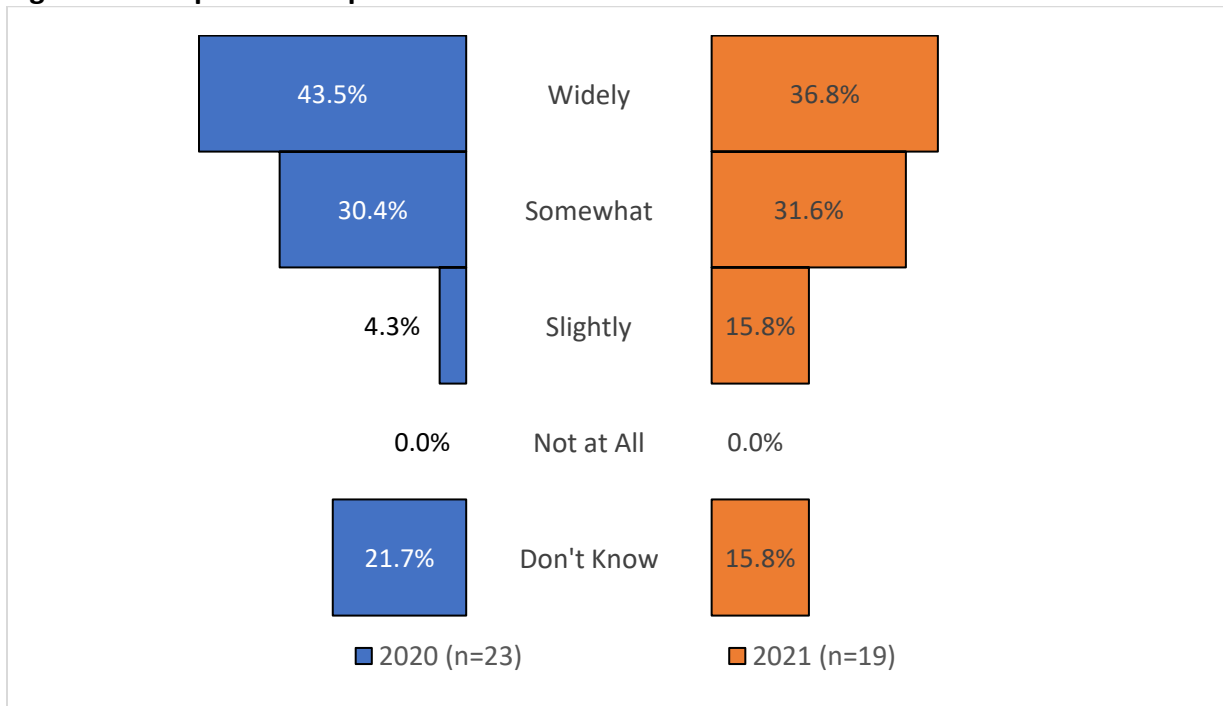
3.2.4 Peer-Provided Services (ILCHF Outcome)

The perceived availability of both youth and caregiver peer-provided services increased slightly from 2020 to 2021.

Figure 3.43 Youth Peer-Provided Services

	2020 (n=22)	2021 (n=19)
Widely	4.5%	10.5%
Somewhat	9.1%	15.8%
Slightly	22.7%	42.1%
Not at All	31.8%	15.8%
Don't Know	31.8%	15.8%
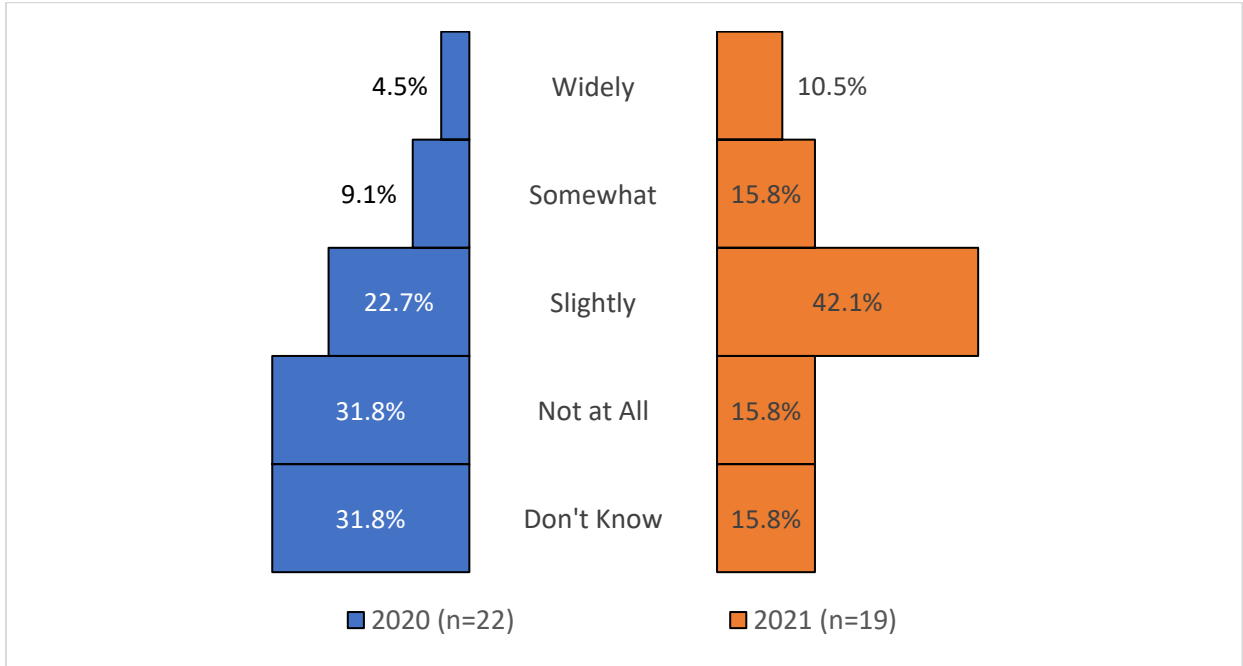
Figure 3.44 Caregiver Peer-Provided Services

	2020 (n=22)	2021 (n=19)
Widely	4.5%	10.5%
Somewhat	22.7%	31.6%
Slightly	31.8%	31.6%
Not at All	13.6%	5.3%
Don't Know	27.3%	21.1%
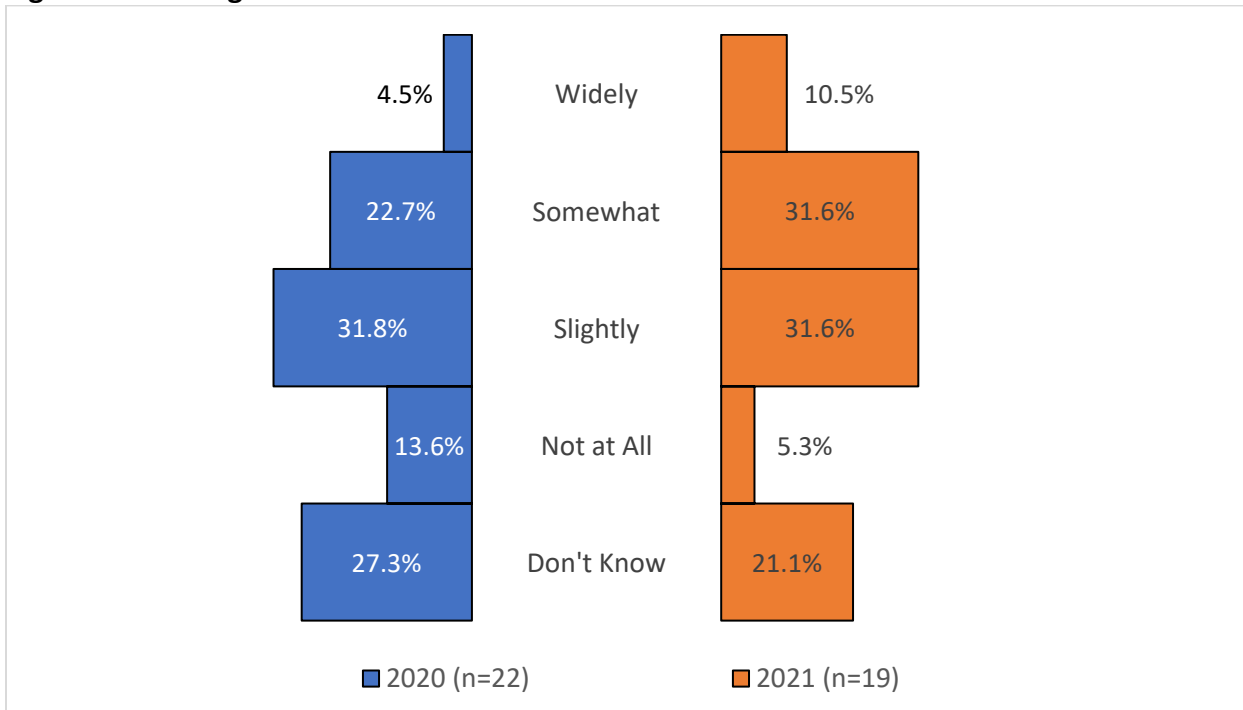
3.2.5   Evidence-Based Services (ILCHF Outcome)

Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. There was little change in the perceived availability of these services from 2020 to 2021, although about half of the respondents were unaware of the availability of these evidence-based practices.

Table 3.1 Use of Evidence-Based Mental Health Interventions

	2020 (n=23) (% Yes)	2021 (n=19) (% Yes)
Triple P – Positive Parenting Program	13.0%	5.3%
Parent-Child Interaction Therapy	17.4%	15.8%
Brief Strategic Family Therapy	8.7%	10.5%
Multisystemic Therapy	4.3%	5.3%
Functional Family Therapy	8.7%	5.3%
Multidimensional Treatment Foster Care	4.3%	10.5%
Trauma-Focused Cognitive Behavioral Therapy	34.8%	26.3%
Project ACHIEVE	4.3%	0.0%
Second Step	21.7%	26.3%
Promoting Alternative Thinking Strategies (PATHS)	13.0%	5.3%
Incredible Years	0.0%	0%
Problem-Solving Skills Training	8.7%	5.3%
First Steps to Success	8.7%	21.1%
Don't Know	47.8%	52.6%
None	8.7%	0.0%

3.2.6   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 3.2 shows the mean scores on the individual items of the service coordination subscale from Figure 3.10 in 2020 and 2021. There was little change on these items.

Table 3.2 Service Coordination and Integration

	2020 Mean (n = 16-20)	2021 Mean (n = 18-19)
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families	2.21 (0.92)	2.67 (0.97)
Basic care coordination is provided for children and families at lower levels of service intensity	2.25 (0.85)	2.89 (0.81)
Care is coordinated across multiple child-serving agencies and systems	2.50 (0.92)	2.84 (0.83)
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)	2.19 (1.05)	2.56 (1.01)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020 and 2021 are shown in Table 3.3.

Table 3.3 Service Coordination with Children's Mental Health System

	2020 Mean (n = 15-21)	2021 Mean (n = 15-17)
Child welfare system	2.84 (0.90)	3.12 (0.93)
Juvenile justice/court system	3.29 (0.69)	3.29 (0.69)
Education system	3.05 (0.97)	3.59 (0.51)
Primary health system	3.00 (0.71)	3.29 (0.69)
Public health system	3.10 (0.77)	3.18 (0.73)
Substance use treatment system	2.80 (0.78)	2.60 (1.06)

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

3.3   System of Care Infrastructure

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

Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages; Figure 3.45 shows that there was an increase in the perceived availability of these services from 2020 to 2021.

Figure 3.45 Services for Early Identification of Mental Health Problems
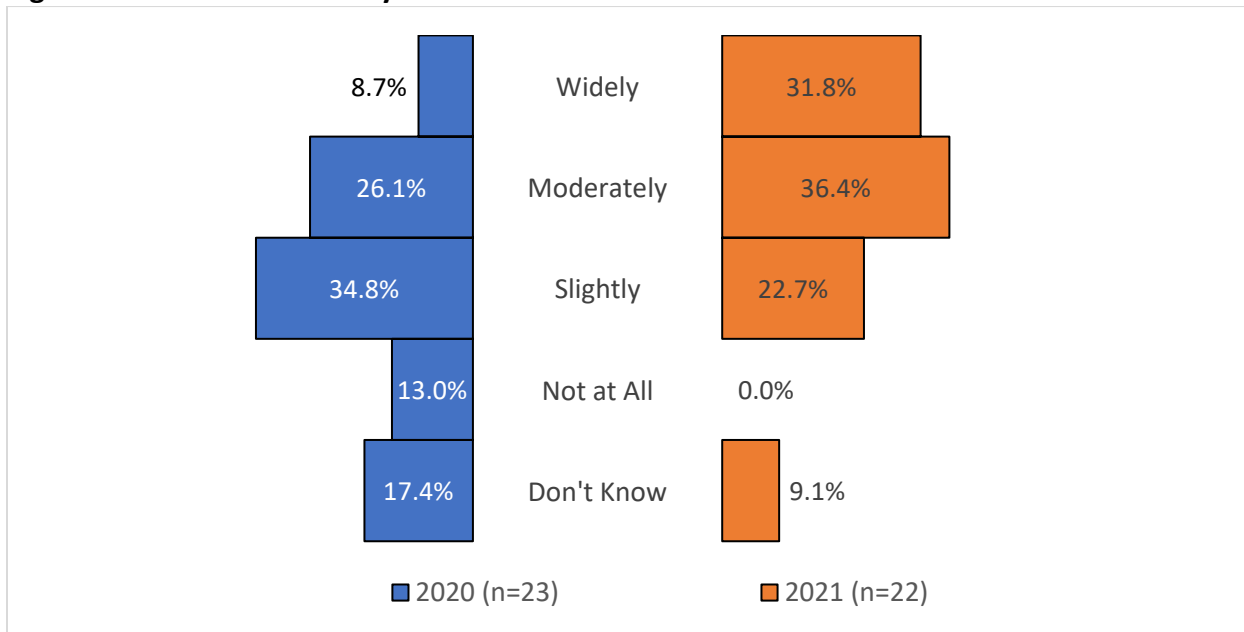
2020 (n=23)		2021 (n=22)
8.7%	Widely	31.8%
26.1%	Moderately	36.4%
34.8%	Slightly	22.7%
13.0%	Not at All	0.0%
17.4%	Don't Know	9.1%

■ 2020 (n=23)   ■ 2021 (n=22)

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 a substantial increase in the perceived availability of screening for behavioral health needs from 2020 to 2021.

Figure 3.46 Screening for Behavioral Health Needs

2020 (n=23)		2021 (n=19)
17.4%	Widely	52.6%
43.5%	Somewhat	21.2%
30.4%	Slightly	26.3%
4.3%	Not at All	0.0%
4.3%	Don't Know	0.0%

■ 2020 (n=23)   ■ 2021 (n=19)
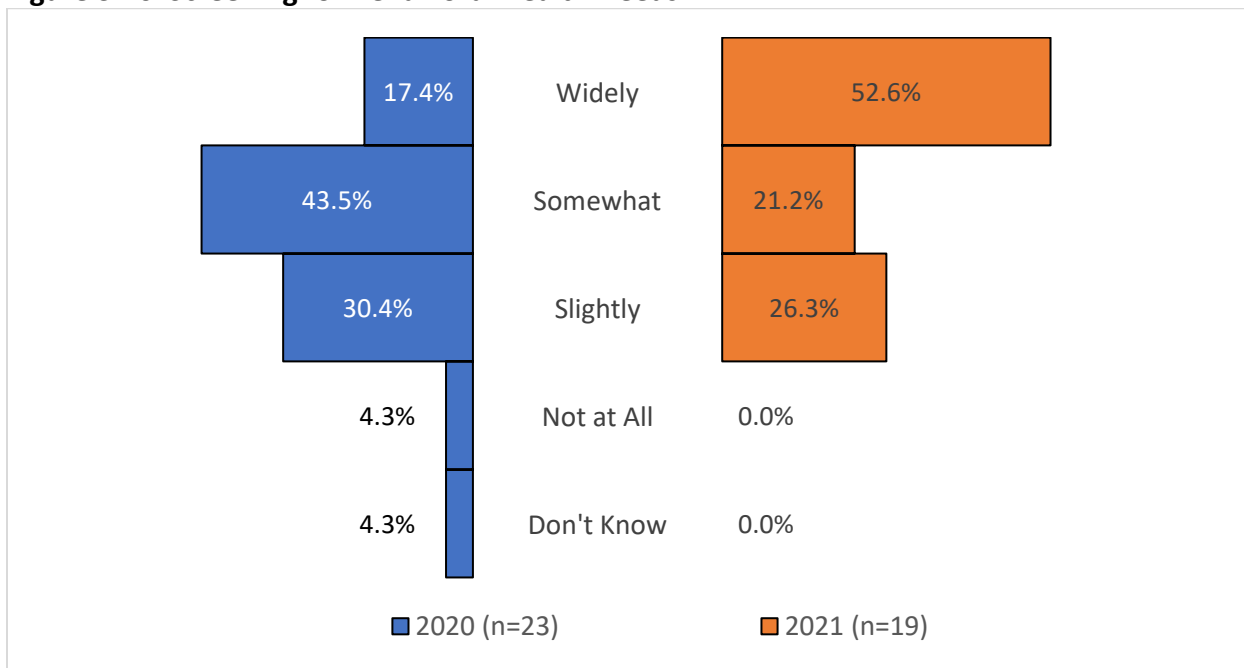
3.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

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 3.4 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was little change from 2020 to 2021, almost all of the items were rated between "slightly" and "moderately" implemented.

Table 3.4 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 14-19)	2021 Mean (n = 18-21)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	2.74 (0.87)	3.10 (0.77)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.73 (0.80)	3.15 (0.81)
Best practice guidelines, clinical protocols, and manuals are provided to practitioners	2.43 (0.65)	2.90 (1.02)
Fidelity to evidence-informed practices and outcomes is measured	2.57 (0.85)	2.61 (1.09)

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

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to this infrastructure component was present in their community in 2020 and 2021; the results in Figure 3.47 show a slight increase in the use of data to inform decision-making.

Figure 3.47 Use of Local Outcome Data to Inform Decision-making
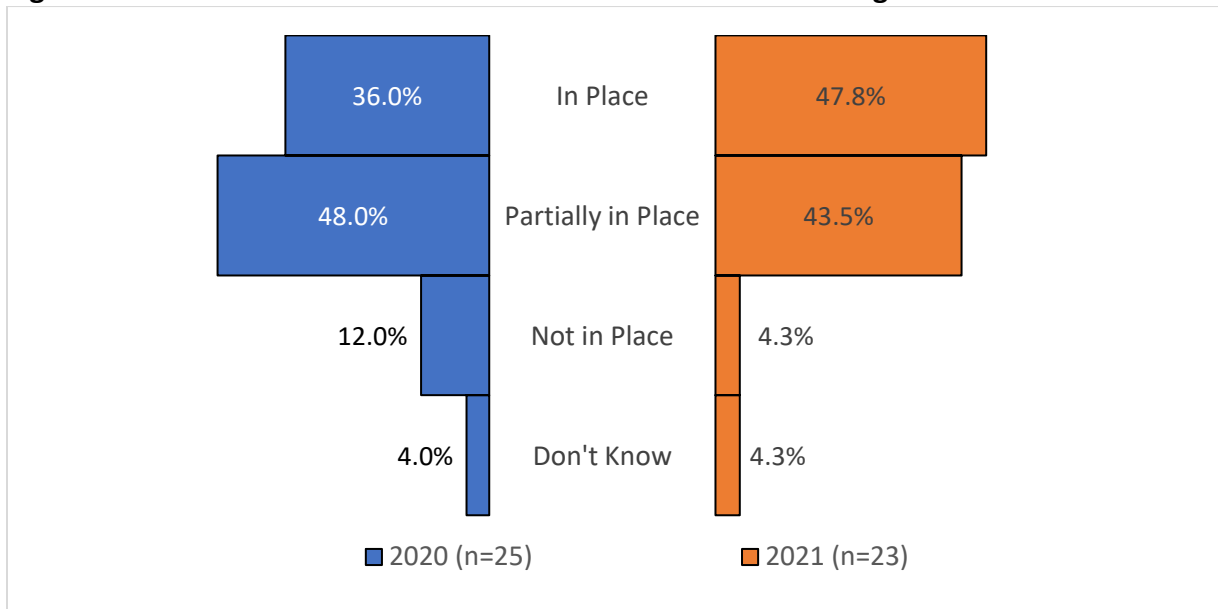
	2020 (n=25)	2021 (n=23)
In Place	36.0%	47.8%
Partially in Place	48.0%	43.5%
Not in Place	12.0%	4.3%
Don't Know	4.0%	4.3%

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 in Figure 3.48 show a slight increase in perceived capacity in this area.

Figure 3.48 Capacity for Gather Data for Continuous Quality Improvement

	2020 (n=23)	2021 (n=22)
Widely	13.0%	31.8%
Somewhat	52.2%	36.4%
Not at All or Slightly	21.7%	18.2%
Don't Know	13.0%	13.6%
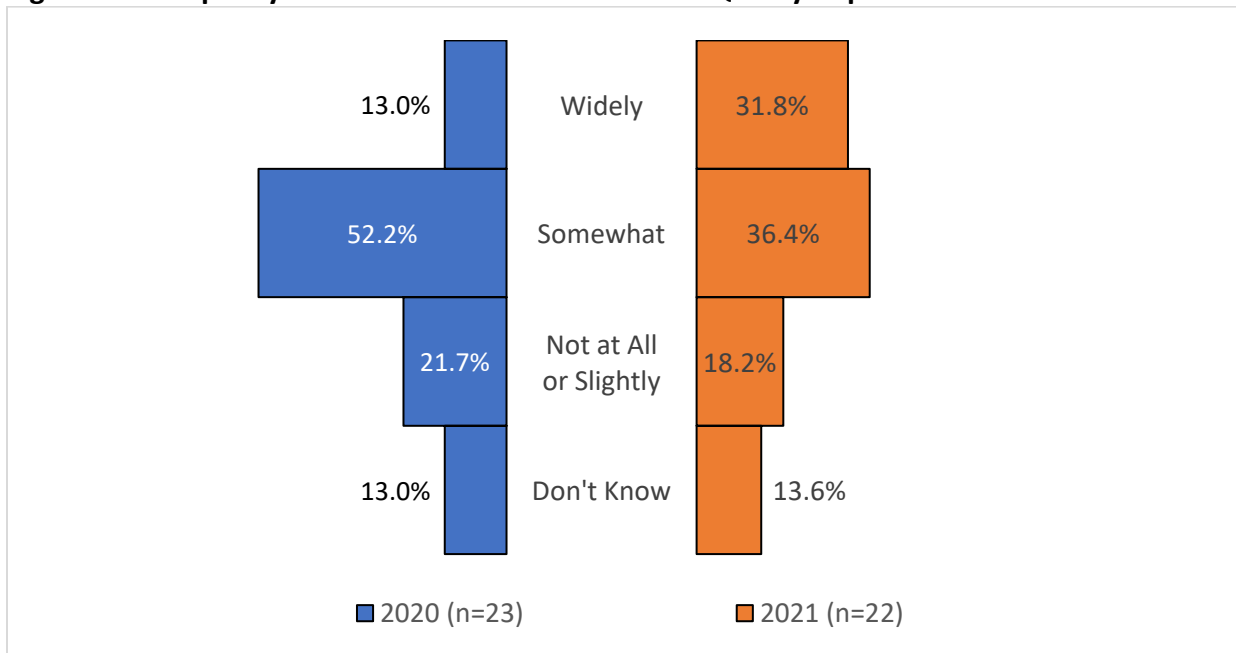
3.3.4   Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce; the results in Figure 3.49 indicate a slight increase in perceived availability of these trainings.

Figure 3.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

	2020 (n=25)	2021 (n=23)
In Place	40.0%	52.2%
Partially in Place	52.0%	30.4%
Not in Place	8.0%	13.0%
Don't Know	0.0%	4.3%
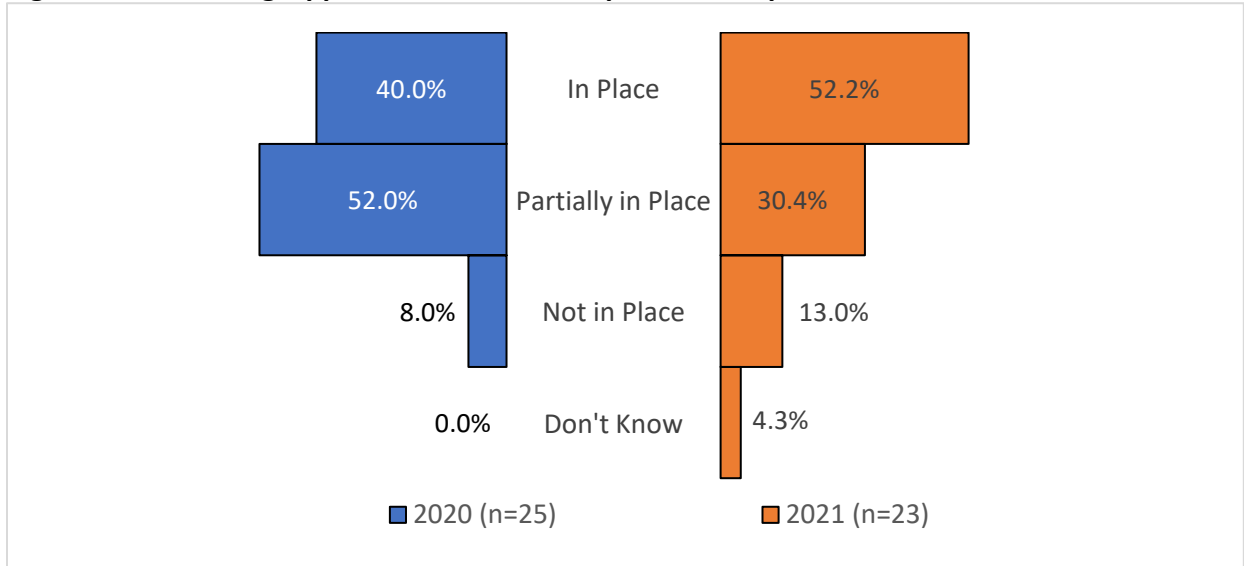
3.3.5   System Infrastructure Based on Systems of Care Approach

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 2020 and 2021. There was little change in these infrastructure components from 2020 to 2021; average ratings were slightly below or above "moderate" at both time points (Figure 4.50).

Figure 3.50 System of Care Infrastructure Components

Point of accountability structure for management

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

■ 2020 (n = 17-21)   ■ 2021 (n = 15-21)

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

3.4   Parent Survey Results

In 2021, parents involved in the development of the system of care completed a stakeholder survey that was adapted for them. Eight parents involved with the SOC implementation in Kankakee County completed the parent version of the stakeholder survey. Sample sizes that small can produce percentages that fluctuate widely, so the figures for the results of the parent survey show the number of individuals who selected each response option rather than percentages.

Figure 3.51 Overall System of Care Implementation (n = 8)

Overall, how much has your community created a system of care?

■ Don't Know   ■ Not At All   ■ Slightly   ■ Moderately   ■ Widely

Figure 3.52 Parent and Youth Involvement in System of Care Implementation (n = 8)

Parents of children with mental health problems have been involved in planning the system of care in your community Youth with mental health problems have beenn involved in planning the system of care in your community

■ Don't Know   ■ Not At All   ■ Slightly   ■ Moderately   ■ Widely

Figure 3.53 Individualized Services (n = 8)

Chart showing responses for Individualized Services across five categories (Don't Know, Not At All, Slightly, Moderately, Widely):

	Slightly	Moderately	Widely	Not At All
Child and family teams are used to develop service plans for children	3	5		
Service plans are individualized to address children's unique needs		5	2	1
Individualized assessments and tests are used to plan children's services and supports	1	4	2	1
Children's service plans address more than one area of their life	1	6	1	
Children's service plans include informal supports in addition to formal services and treatments	3	4		1

Figure 3.54 Family-Driven Services (n = 8)

Chart showing responses for Family-Driven Services across five categories (Don't Know, Not At All, Slightly, Moderately, Widely):

	Not At All	Slightly	Moderately	Widely
Families have the most say in deciding which services and support their child gets	1	2	3	2
Children's services make use of their family's strengths	1	1	6	
Families have a real choice about what services and supports the child and family receive	1	3	4	
Parents have access to support from other parents who have children with mental health needs	2	5	1	
There are organizations that support family involvement in children's mental health services		3	4	1

Figure 3.55 Youth-Guided Services (n = 8)

Children and youth have a say in what services they get: Not At All 1, Slightly 6, Moderately 1

Children's services make use of their strengths and interests: Slightly 5, Moderately 3

Youth have a real choice between different services and supports: Not At All 1, Slightly 6, Moderately 1

Youth have access to support from other youth who have mental health needs: Not At All 2, Slightly 6

There are organizations that support youth involvement in service planning and delivery: Slightly 8

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 3.56 Coordinated Services (n = 8)

Different agencies work together as a team to provide services: Slightly 3, Moderately 3, Widely 2

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 3.57 Culturally and Linguistically Competent Services (n = 8)

Services and supports are available that are a good match for families of different cultures

Service providers are available for families who don't speak English

Legend: Don't Know | Not At All | Slightly | Moderately | Widely

Figure 3.58 Least Restrictive Services (n = 8)

Children are served at home rather than a group home or residential treatment center

Legend: Don't Know | Not At All | Slightly | Moderately | Widely

Figure 3.59 Service Array (n = 8)

Figure 3.59 Service Array (n = 8)

- Don't Know
- Not At All
- Slightly
- Moderately
- Widely

Figure 3.60 Service Coordination (n = 8)

Figure 3.60 Service Coordination (n = 8)

- Don't Know
- Not At All
- Slightly
- Moderately
- Widely

Figure 3.61 Service Availability (n = 8)

Service	Don't Know	Not At All	Slightly	Moderately	Widely
Inpatient hospitalization			4		4
Residential treatment		3	2	1	2
Transportation	3	1	3	1	
Supported independent living	3	2	3		
Supported education and employment	4	1	2	1	
Respite services	2	2	4		
Caregiver peer provided services		3	3	2	
Youth peer provided services	3	3	2		
Tele-behavioral health services	1		2	2	3
Substance use residential treatment	3	2	1	1	1
Substance use treatment	1		2	4	1
Day treatment			4	2	2
Behavior management skills training	3	1	4		
School-based mental health services	1	1	1	4	
Crisis response services	2		2	1	3
Medication treatment/management			2	4	2
Outpatient therapy			2	3	2
Coordination between different services			6	2	
Individualized service planning	1		4	3	
Assessment and testing		1	4	2	1
Early intervention services	1	2	2	2	1
Community-based prevention services	1	1	4	1	1
School-based prevention services	2		3	3	
Screening children		1	2	4	1

Legend: ■ Don't Know ■ Not At All ■ Slightly ■ Moderately ■ Widely

4.   Kane County System of Care

The sample size and composition of the first and second administrations of the stakeholder survey in Kane County were different. The first administration consisted of 10 respondents that included parents, social service, and juvenile justice service providers, community members, and others. The second administration consisted a much larger sample (4 parents and 33 providers) and a broader representation of provider sectors including social service, health care, education, law enforcement, juvenile justice, religious community, community member, and other. In some ways, the results from the 2021 administration of the stakeholder survey were consistent with results from 2020, but there were many differences that may be attributed to the larger and more diverse group of stakeholders that completed the survey in 2021.

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 Kane County 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 over half of the respondents perceived the system of care was somewhat or widely implemented in both 2020 and 2021.
- When asked about the presence of specific implementation supports and activities, respondent ratings were about the same in 2020 and 2021, between "partially in place" and "in place." However, a higher percentage of the stakeholders in 2021 reported that implementation supports were "not in place" or that they "don't know."
- Most of the stakeholders in 2020 reported that parent and youth involvement was "in place" or "partially in place." In 2021, a higher percentage of stakeholders reported that parent and youth involvement were "not in place."

- Stakeholder perceptions of the level of commitment from most child-serving systems were about the same in 2020 and 2021; most were perceived as being between "slightly" and "somewhat" committed.
- 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 in the 2021 group rated all eight principles between "slightly" and "moderately" implemented; there was little change between stakeholder perceptions in 2020 and 2021.
- In general, stakeholders in 2021 were less likely than those in 2020 to report that community-based services were "widely" available and were more likely to report that they were "somewhat" available.
- Stakeholders reported that out-of-home treatment services were less widely available in Kane County than community-based services. In 2021, most out-of-home services were rated as "slightly" available, except for inpatient hospitalization, which was perceived as being "somewhat" to "widely" available.
- Over a third of the respondents in 2021 reported that they didn't know about the availability of peer-provided services. There were a wide variety of perceptions in both 2020 and 2021 about the availability of caregiver and youth peer-provided services.
- The percentage of stakeholders who reported that none of the evidence-based services were available decreased from 37.5% in 2020 to 3.7% in 2021.
- The perception of service coordination and integration in the community remained relatively the same in 2020 and 2021; most items were rated between slightly and moderately implemented.
- Stakeholders in 2021 were less likely to report that early identification of children with mental health disorders was "widely" available, but were more likely to report that it was "moderately" available.
- Stakeholders felt that there was "moderate" capacity to implement evidence-based interventions; there was little change from 2020 to 2021;
- The majority of stakeholders in 2020 and 2021 responded that local outcome data to information decision-making were "in place" or "partially in place."
- In both years, stakeholders felt that training opportunities to develop a well-prepared mental health workforce were "in place" or "partially in place."

4.1   System of Care Implementation Processes

4.1.1   Overall System of Care Implementation

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

Figure 4.1 Overall Assessment of System of Care Implementation

	2020 (n=8)		2021 (n=26)
Widely	12.5%		15.4%
Somewhat	50.0%		50.0%
Slightly	25.0%		34.6%
Not at All	0.0%		0.0%
Don't Know	12.5%		0.0%
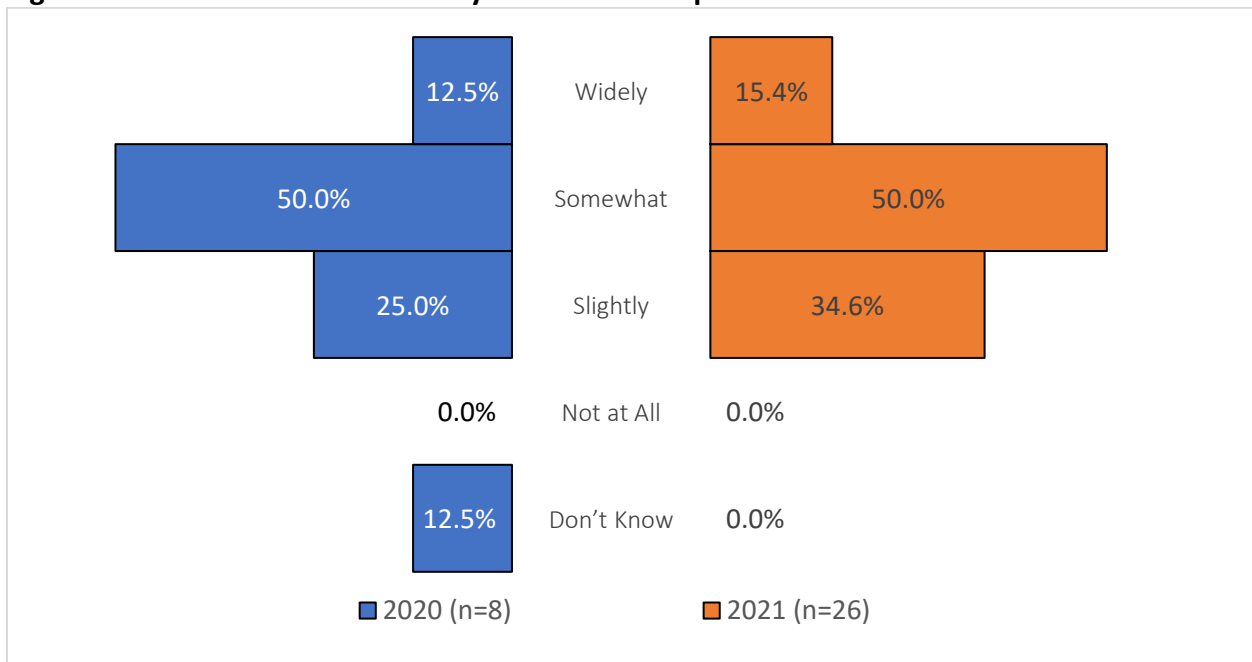
4.1.2   System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2020 and 2021. Ratings for 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 2021 reported that the supports were "not in place" or that they didn't know.

Figure 4.2 Strategic Plan That Guides System of Care Implementation Activities

	2020 (n=9)		2021 (n=33)
In Place	55.6%		42.4%
Partially in Place	44.4%		45.5%
Not in Place	0.0%		3.0%
Don't Know	0.0%		9.1%

■ 2020 (n=9)   ■ 2021 (n=33)
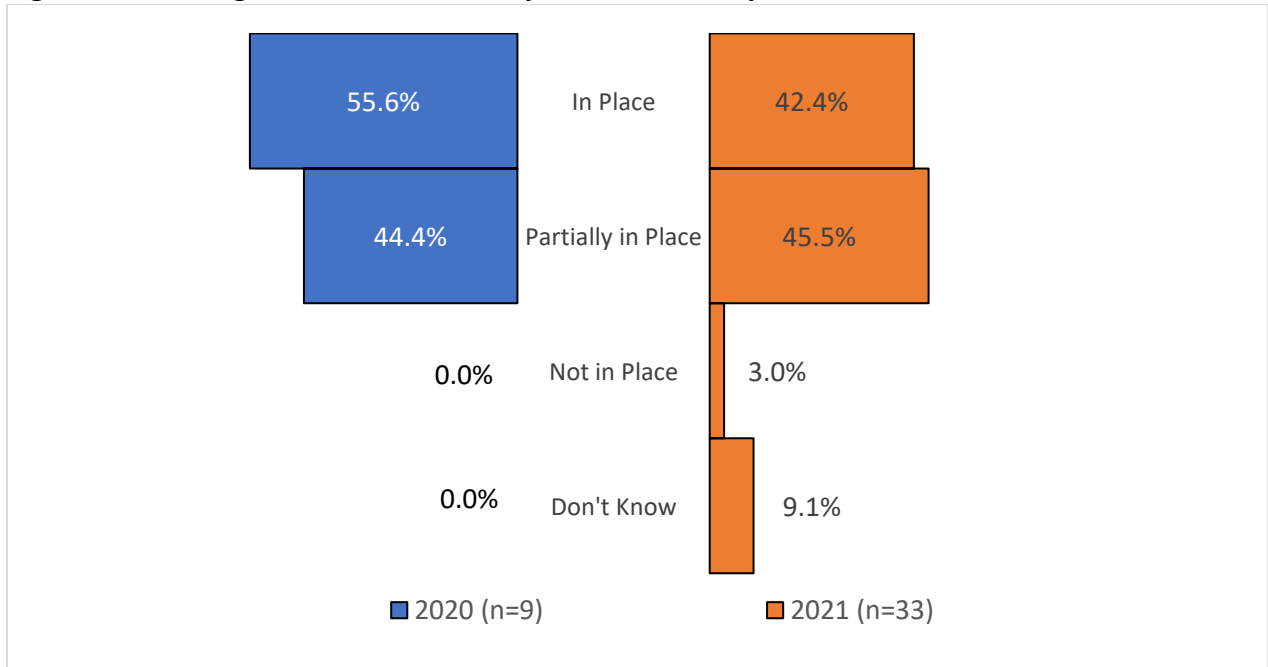
Figure 4.3 Planning Committee That Meets Frequently to Guide Implementation Activities

	2020 (n=10)		2021 (n=33)
In Place	100.0%		72.7%
Partially in Place	0.0%		21.2%
Not in Place	0.0%		6.1%
Don't Know	0.0%		0.0%

■ 2020 (n=10)   ■ 2021 (n=33)
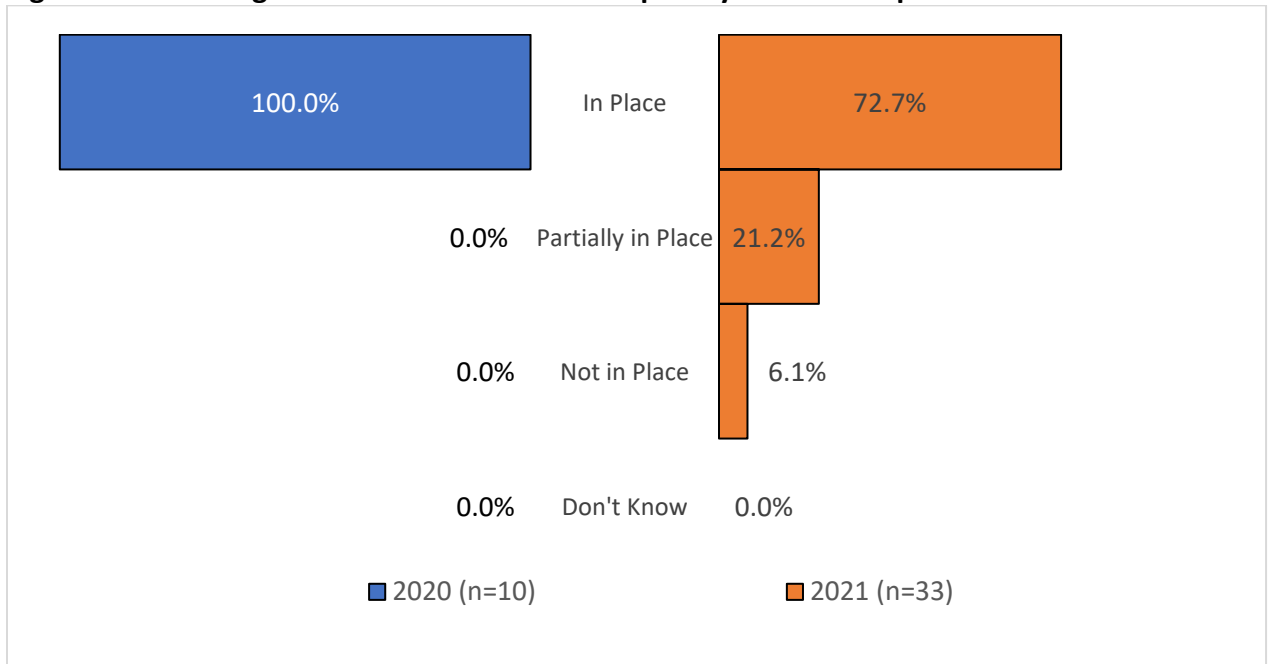
Figure 4.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems

	2020 (n=10)	2021 (n=33)
In Place	60.0%	45.5%
Partially in Place	40.0%	36.4%
Not in Place	0.0%	9.1%
Don't Know	0.0%	9.1%
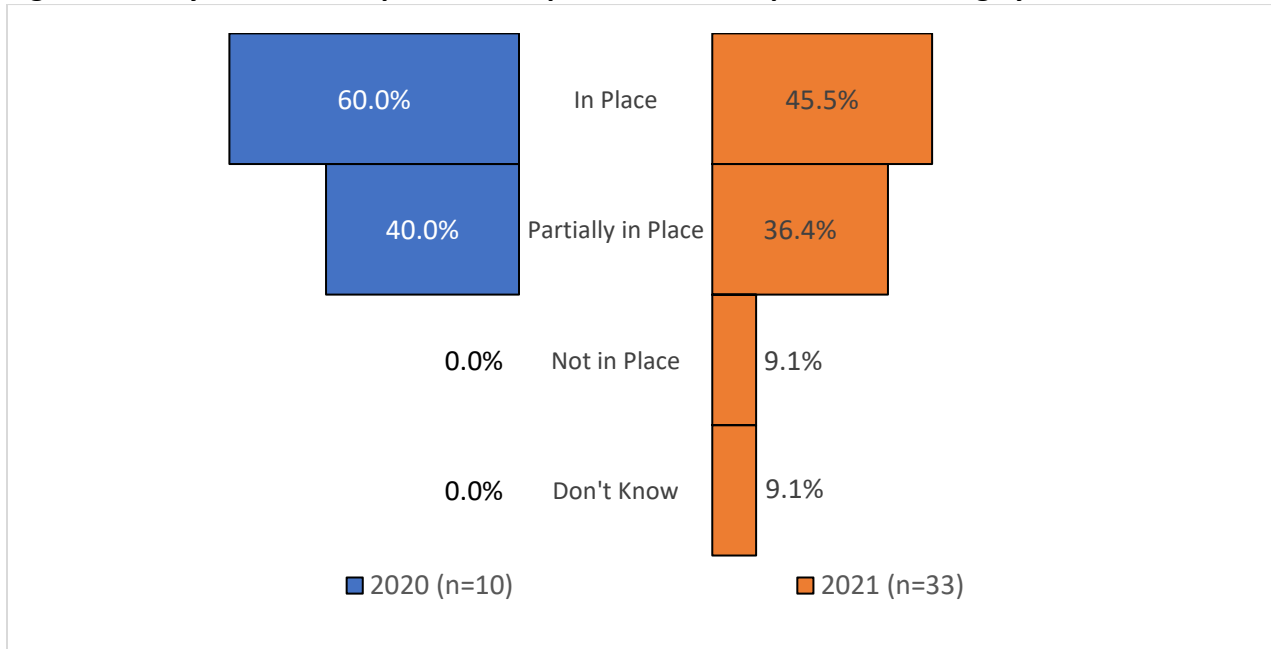
Figure 4.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders

	2020 (n=10)	2021 (n=33)
In Place	60.0%	60.6%
Partially in Place	40.0%	36.4%
Not in Place	0.0%	3.0%
Don't Know	0.0%	0.0%
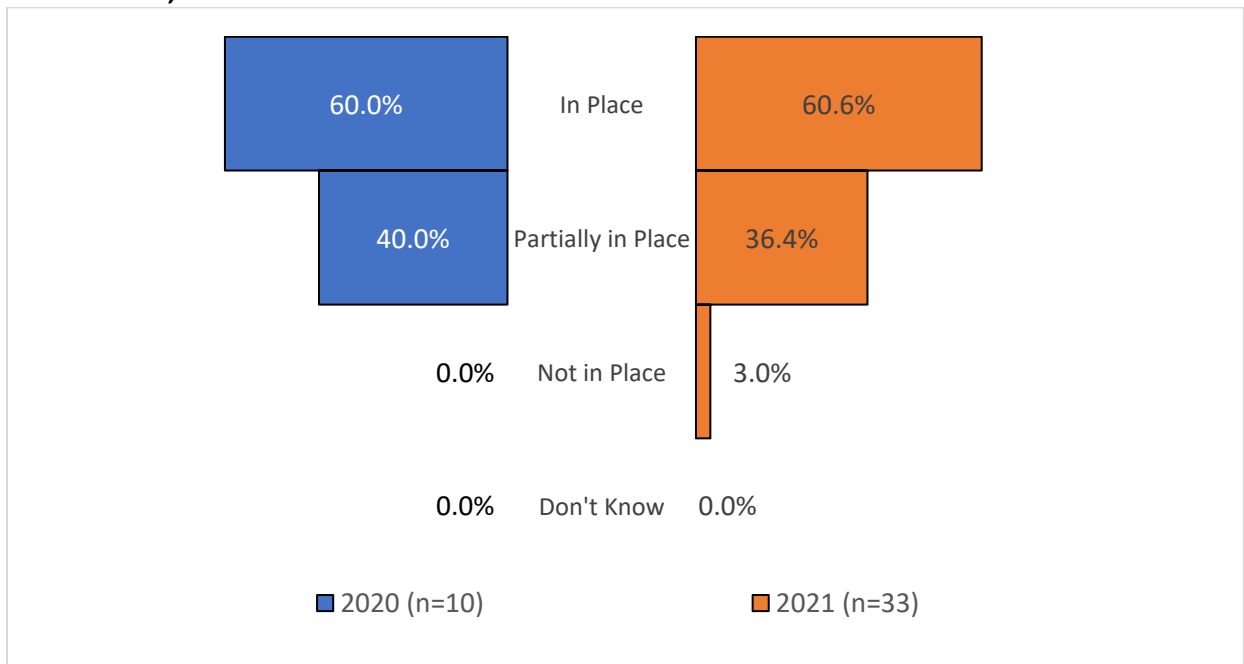
Figure 4.6 Technical Assistance Opportunities to Support Implementation

	2020 (n=10)	2021 (n=33)
In Place	50.0%	30.3%
Partially in Place	30.0%	42.4%
Not in Place	10.0%	3.0%
Don't Know	10.0%	24.2%
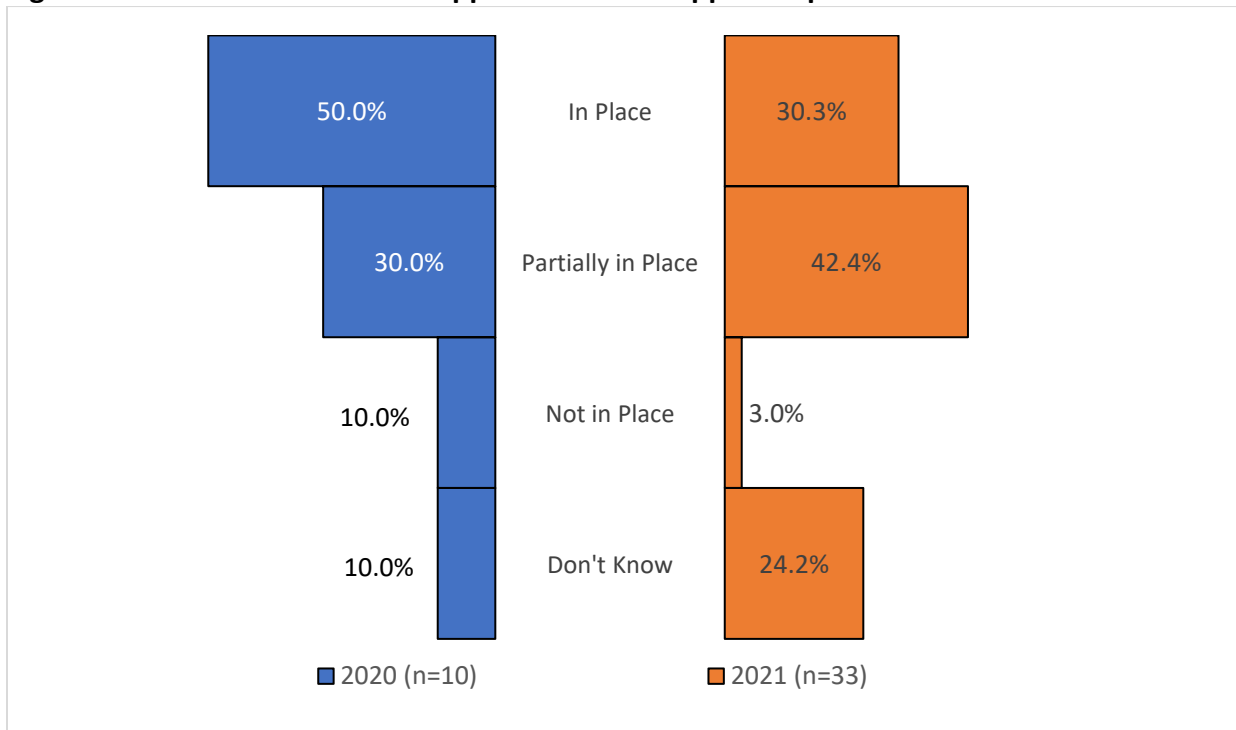
4.1.3 Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2020 and 2021. Most of the stakeholders in 2020 reported that parent and youth involvement was "in place" or "partially in place." IN 2021, the percentage of stakeholders that felt these components were "in place" decreased and a higher percentage felt that they were "not in place."

Figure 4.7 Parent Involvement in System of Care Implementation Activities

	2020 (n=10)		2021 (n=32)
In Place	80.0%		34.4%
Partially in Place	20.0%		40.6%
Not in Place	0.0%		15.6%
Don't Know	0.0%		9.4%
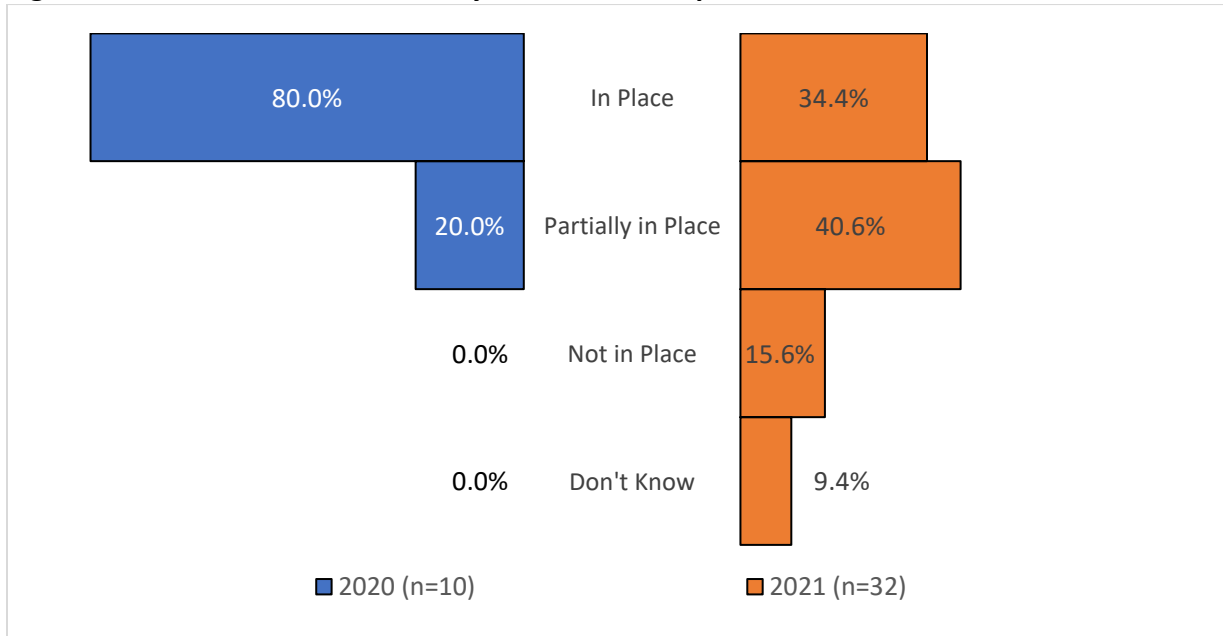
Figure 4.8 Youth Involvement in System of Care Implementation Activities

	2020 (n=10)		2021 (n=33)
In Place	40.0%		15.2%
Partially in Place	40.0%		36.4%
Not in Place	20.0%		24.2%
Don't Know	0.0%		24.2%
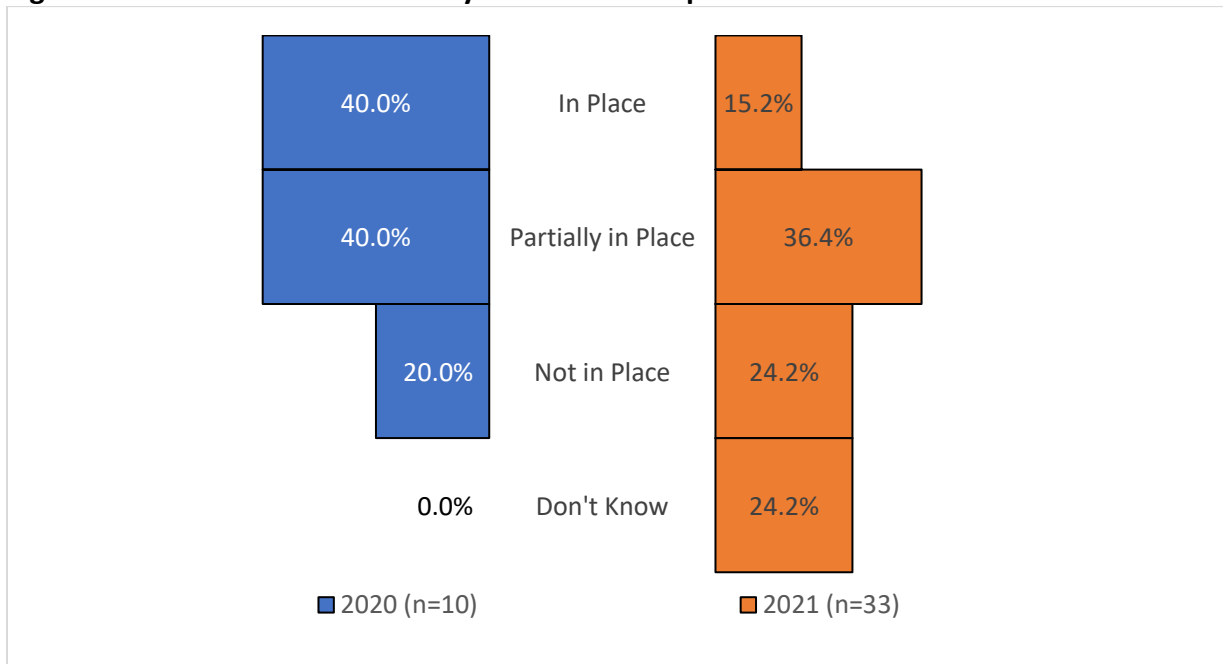
4.1.4 Commitment to System of Care Philosophy and Approach

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 2020 (blue bar) and 2021 (orange bar). Stakeholder perceptions of the level of commitment from most child-serving systems were about the same in 2020 and 2021; most were perceived as being between "slightly" and "somewhat" committed.

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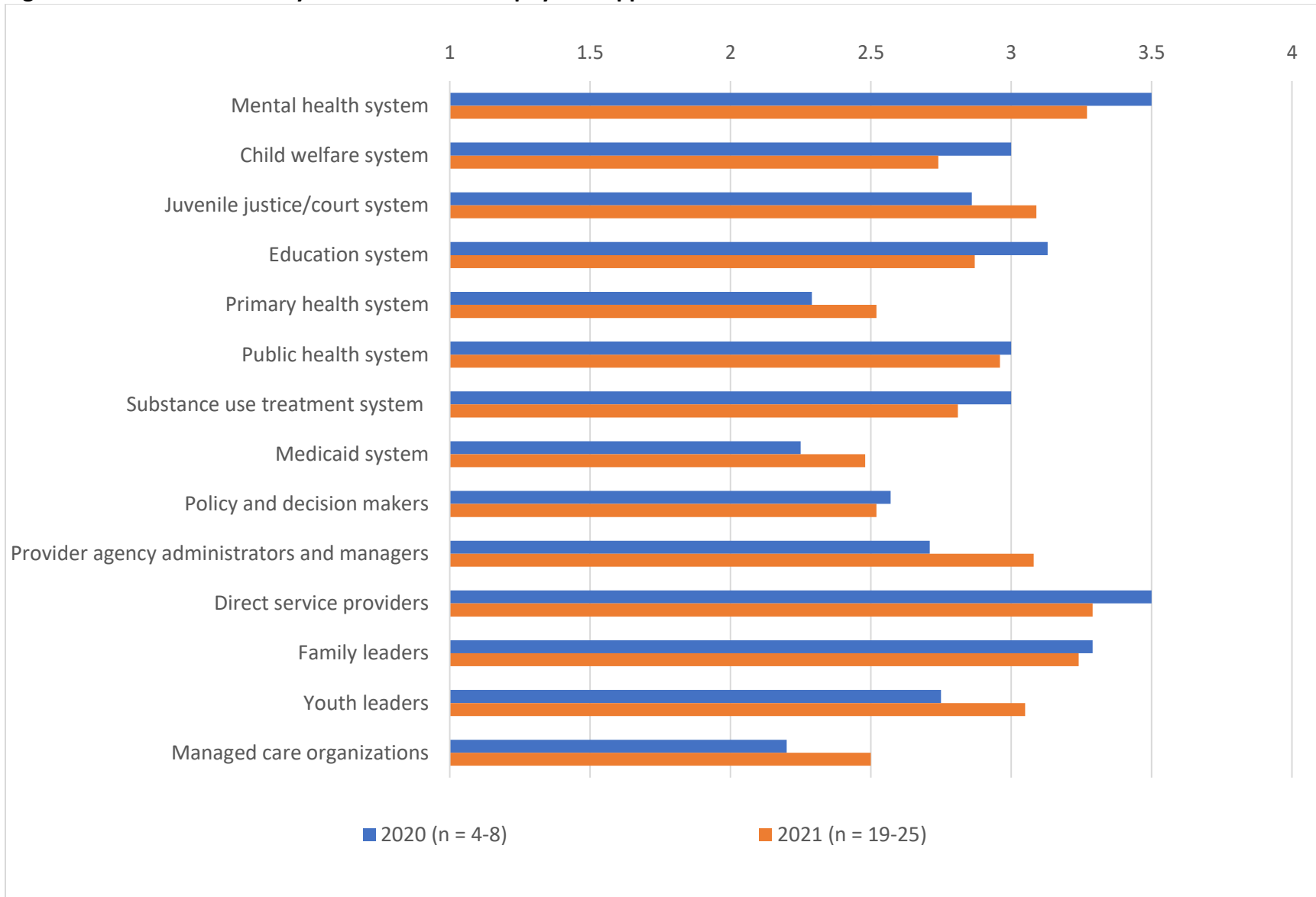
Note: "Don't know" responses were not included when calculating the mean scores.

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 8 principles.
Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each
subscale in 2020 and 2021 are shown in Figure 4.10. There was not a significant amount of
change on most of the dimensions; stakeholders felt that they were "slightly" to "moderately"
present.

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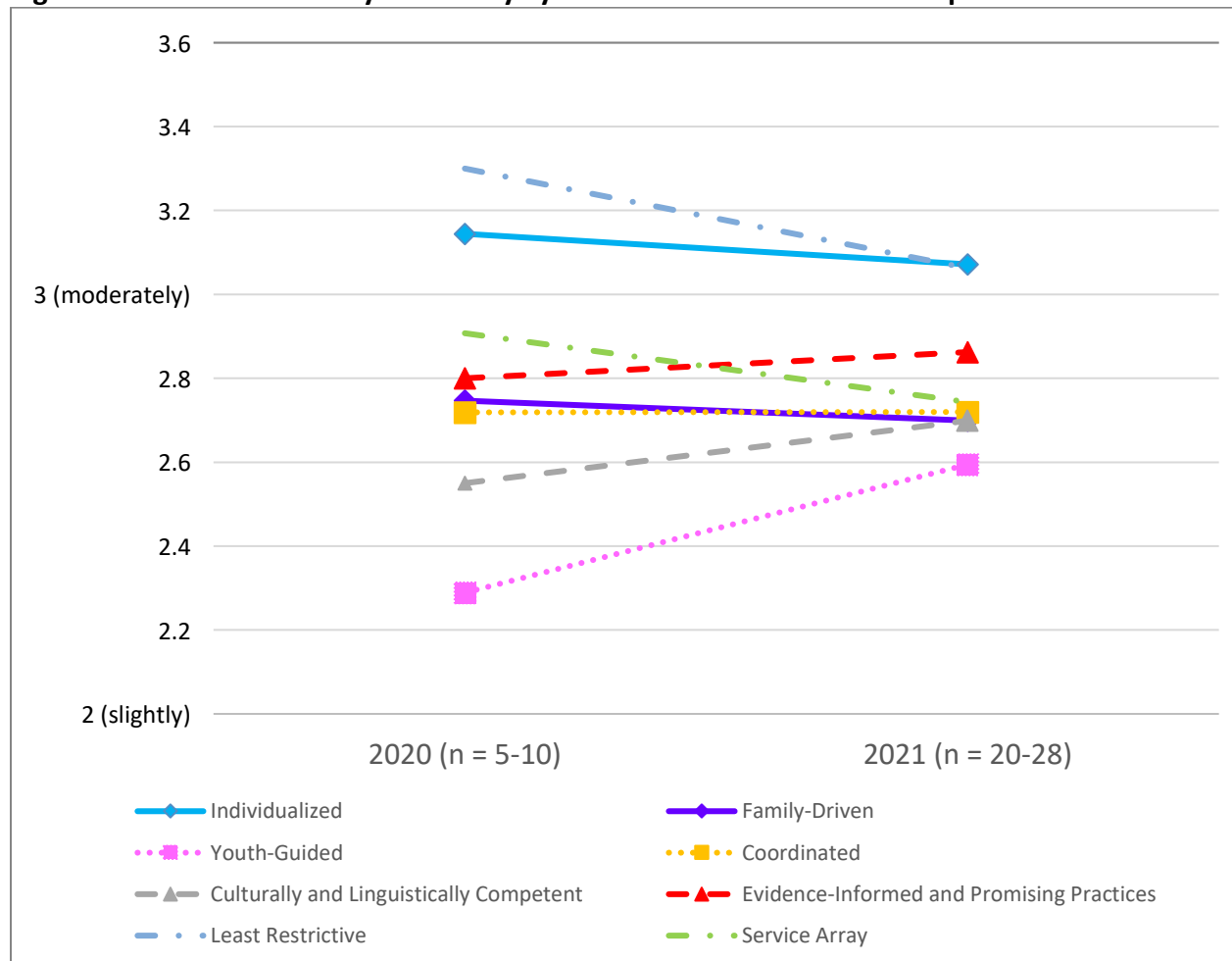
4.2.2 Service Availability – Community-Based Treatment and Support Services

Survey participants were provided with a long list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. In general, stakeholders in 2021 were less likely than those in 2020 to report that community-based services were "widely" available and were more likely to report that they were "somewhat" available.

Figure 4.11 School-based Prevention Services

	2020 (n=8)	2021 (n=27)
Widely	25.0%	14.8%
Somewhat	50.0%	51.9%
Slightly	12.5%	18.5%
Not at All	0.0%	3.7%
Don't Know	12.5%	11.1%
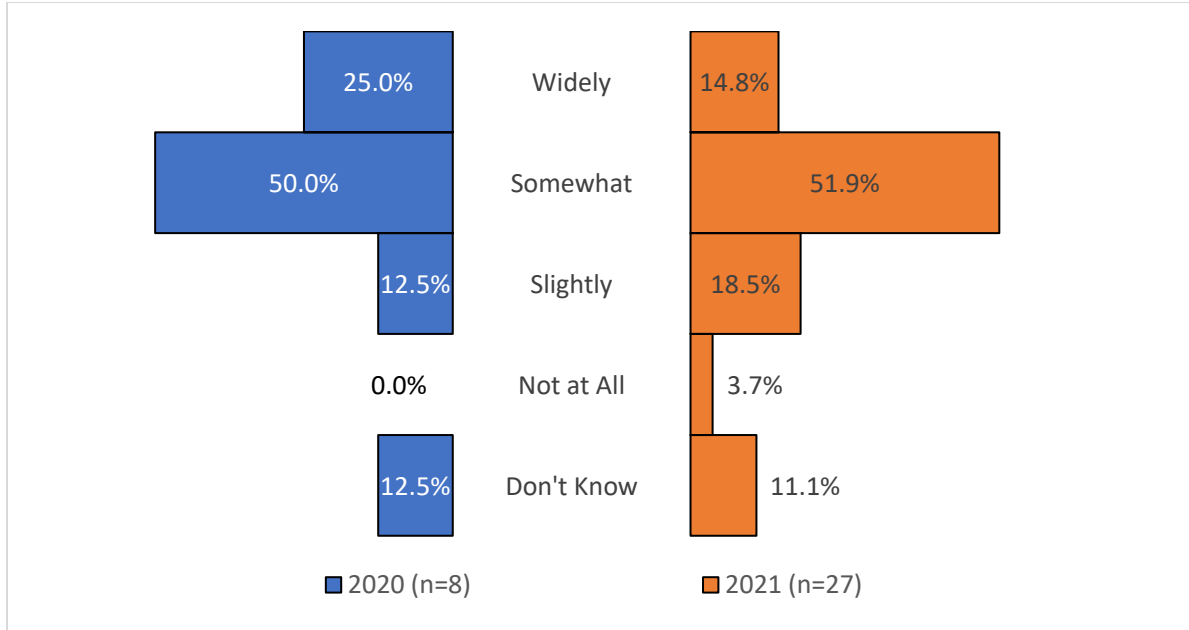
Figure 4.12 Community-based Prevention Services

	2020 (n=8)	2021 (n=27)
Widely	25.0%	33.3%
Somewhat	37.5%	48.1%
Slightly	25.0%	11.1%
Not at All	12.5%	3.7%
Don't Know	0.0%	3.7%
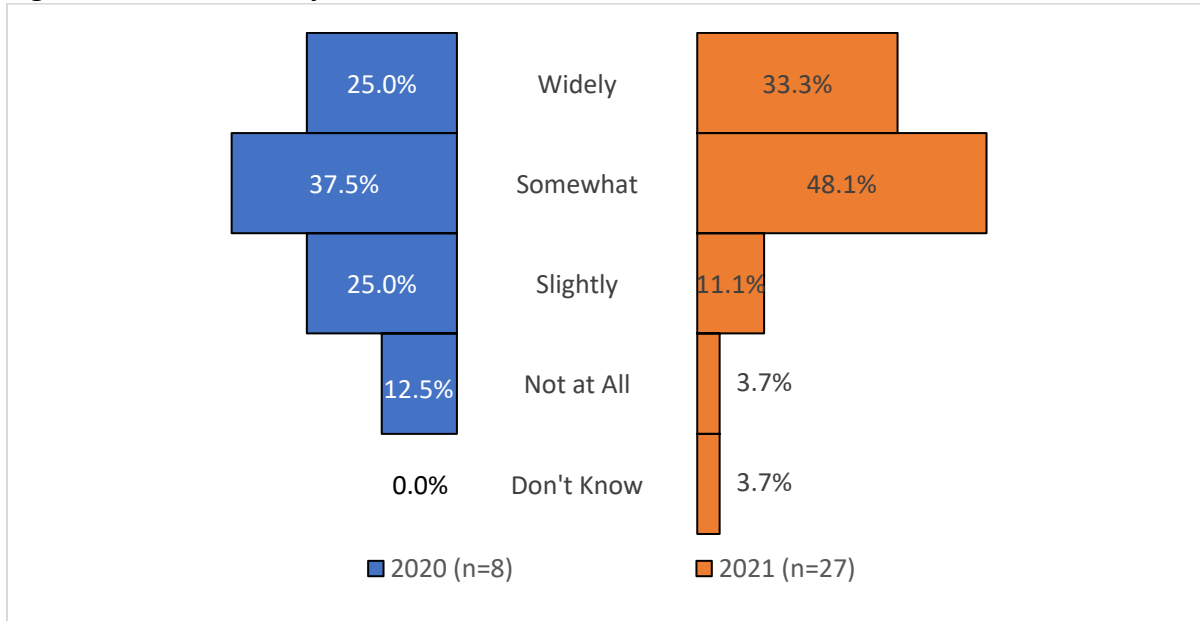
Figure 4.13 Early intervention Services

Widely — 2020: 50.0%, 2021: 26.9%
Somewhat — 2020: 12.5%, 2021: 53.8%
Slightly — 2020: 37.5%, 2021: 7.7%
Not at All — 2020: 0.0%, 2021: 3.8%
Don't Know — 2020: 0.0%, 2021: 7.7%

■ 2020 (n=8)   ■ 2021 (n=26)

Figure 4.14 Assessment

Widely — 2020: 62.5%, 2021: 37.0%
Somewhat — 2020: 12.5%, 2021: 44.4%
Slightly — 2020: 25.0%, 2021: 11.1%
Not at All — 2020: 0.0%, 2021: 3.7%
Don't Know — 2020: 0.0%, 2021: 3.7%

■ 2020 (n=8)   ■ 2021 (n=27)
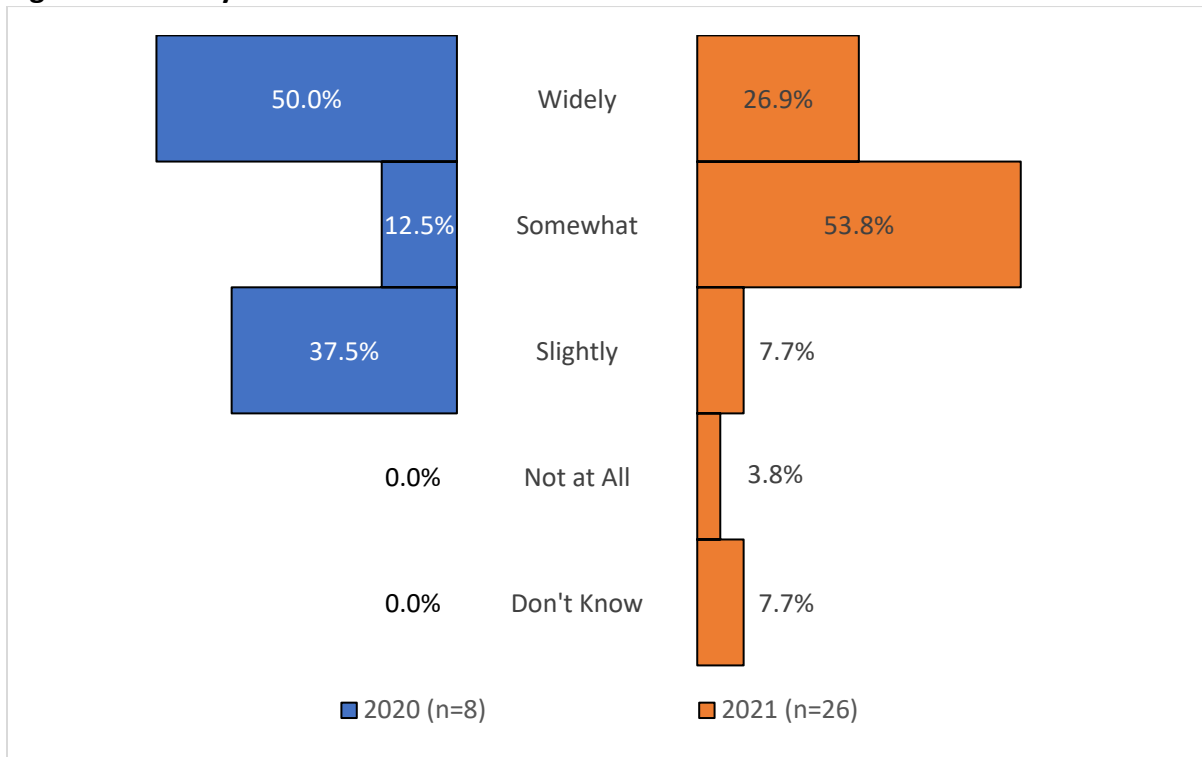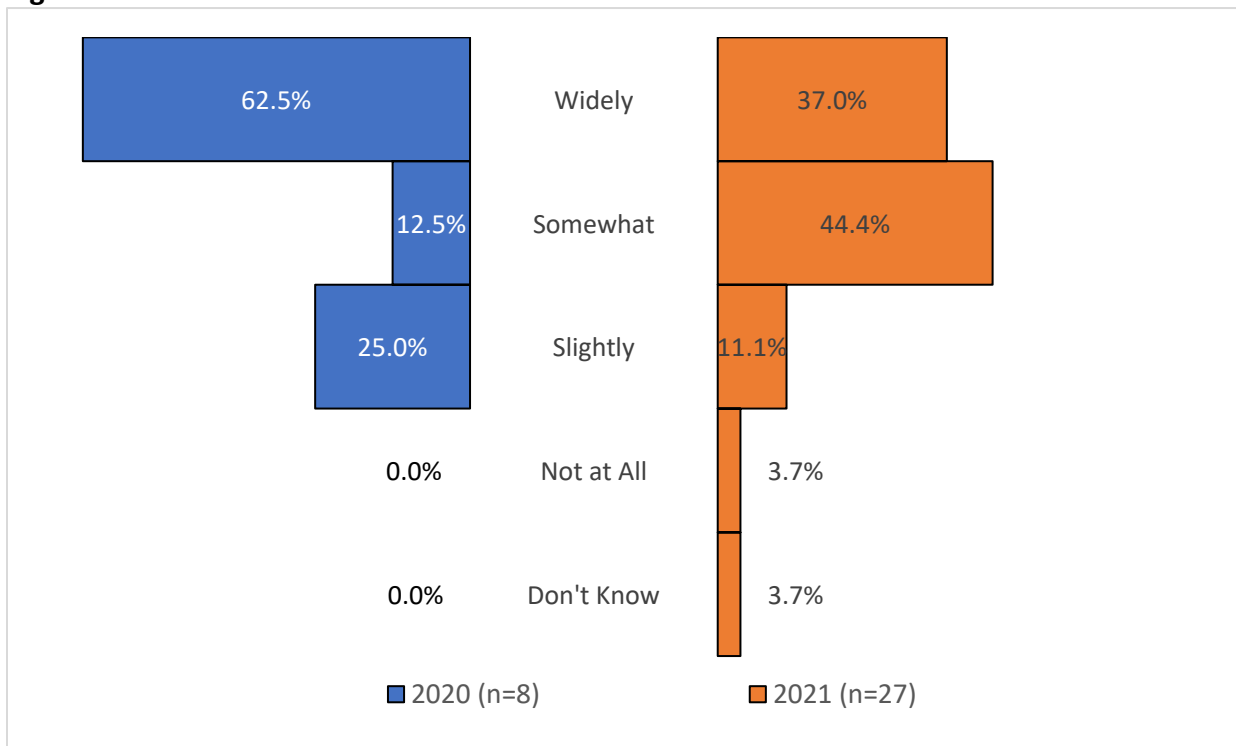
Figure 4.15 Individualized Service Planning

	2020 (n=8)	2021 (n=27)
Widely	25.0%	7.4%
Somewhat	25.0%	59.3%
Slightly	37.5%	22.2%
Not at All	12.5%	3.7%
Don't Know	0.0%	7.4%
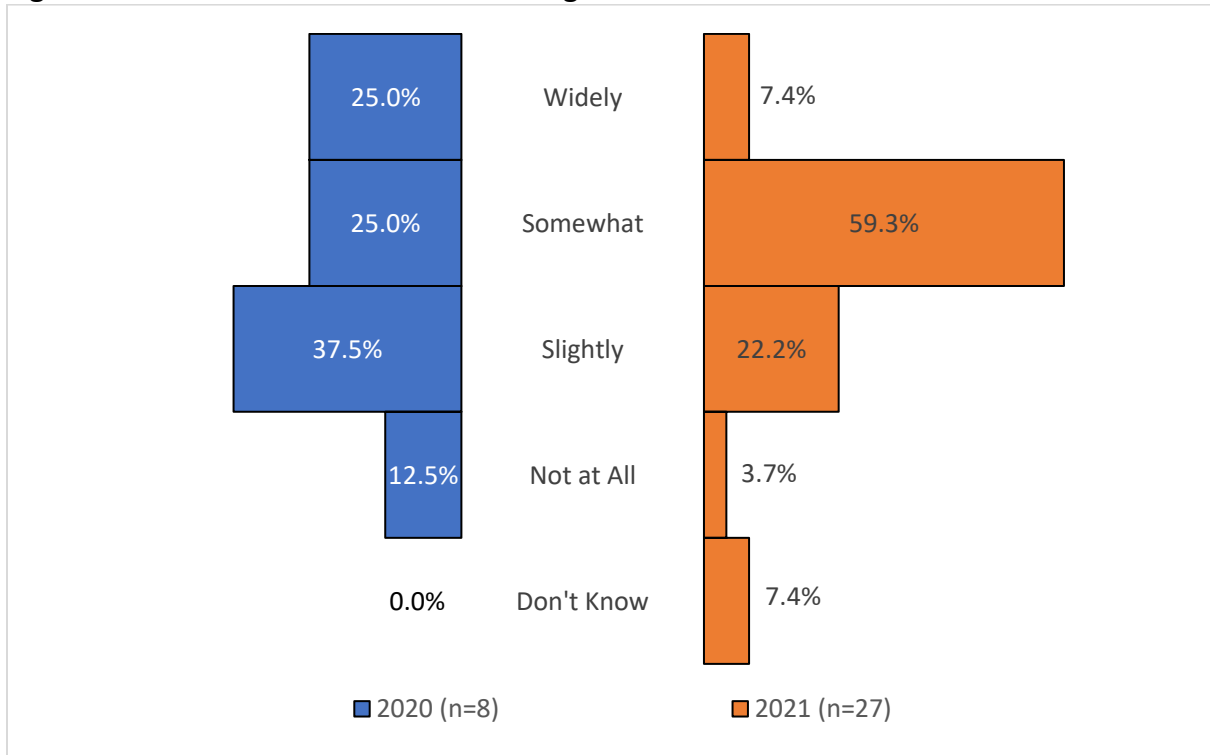
Figure 4.16 Intensive Care Management

	2020 (n=8)	2021 (n=27)
Widely	0.0%	22.2%
Somewhat	25.0%	33.3%
Slightly	37.5%	29.6%
Not at All	12.5%	3.7%
Don't Know	25.0%	11.1%
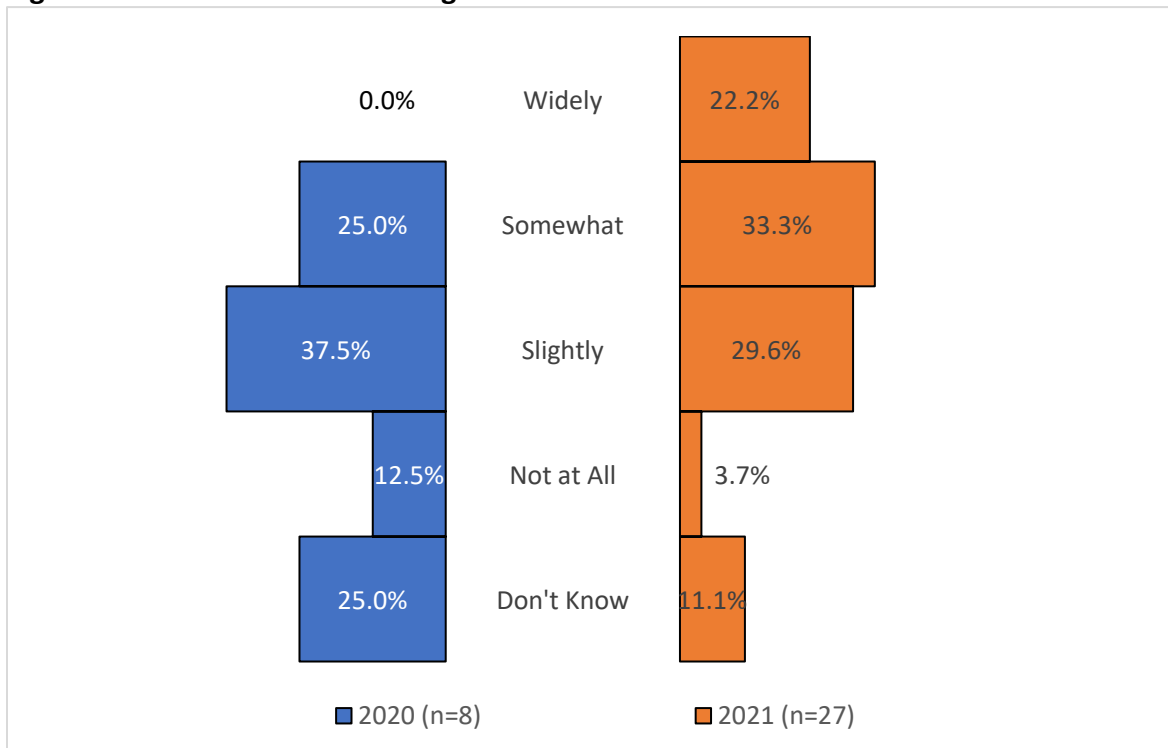
Figure 4.17 Service Coordination for Youth at Lower Levels of Service Intensity

	2020 (n=8)		2021 (n=27)
Widely	12.5%		22.2%
Somewhat	37.5%		37.0%
Slightly	25.0%		18.5%
Not at All	12.5%		3.7%
Don't Know	12.5%		18.5%

■ 2020 (n=8)   ■ 2021 (n=27)
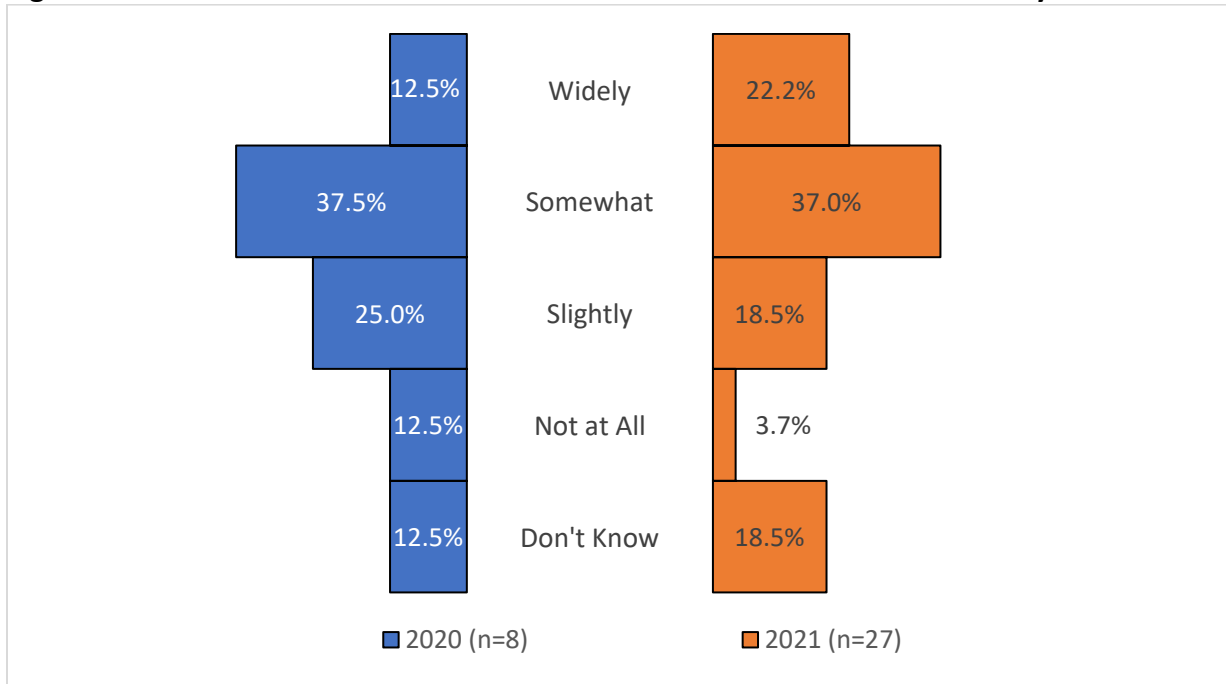
Figure 4.18 Outpatient Therapy

	2020 (n=8)		2021 (n=27)
Widely	25.0%		44.4%
Somewhat	50.0%		37.0%
Slightly	0.0%		11.1%
Not at All	12.5%		0.0%
Don't Know	12.5%		7.4%

■ 2020 (n=8)   ■ 2021 (n=27)
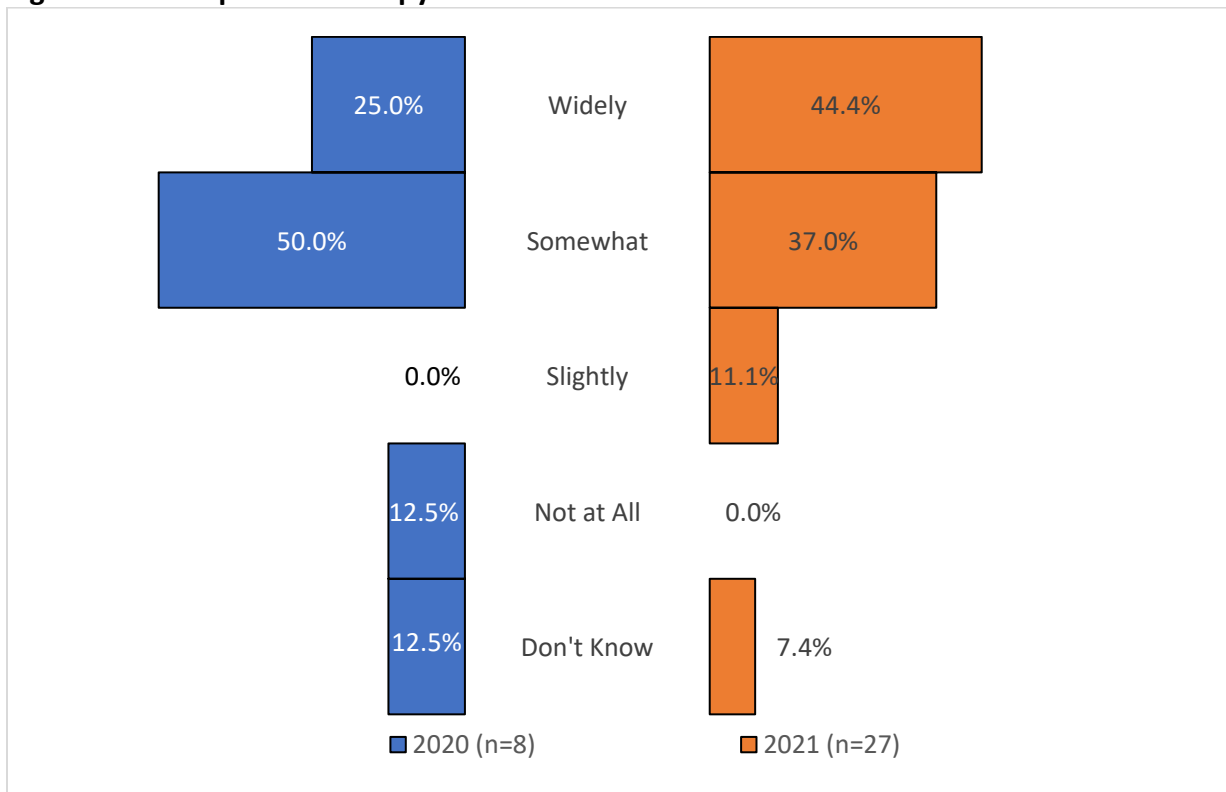
Figure 4.19 Medication Treatment/Management

	2020 (n=8)	2021 (n=27)
Widely	25.0%	29.6%
Somewhat	25.0%	48.1%
Slightly	12.5%	11.1%
Not at All	12.5%	0.0%
Don't Know	25.0%	11.1%
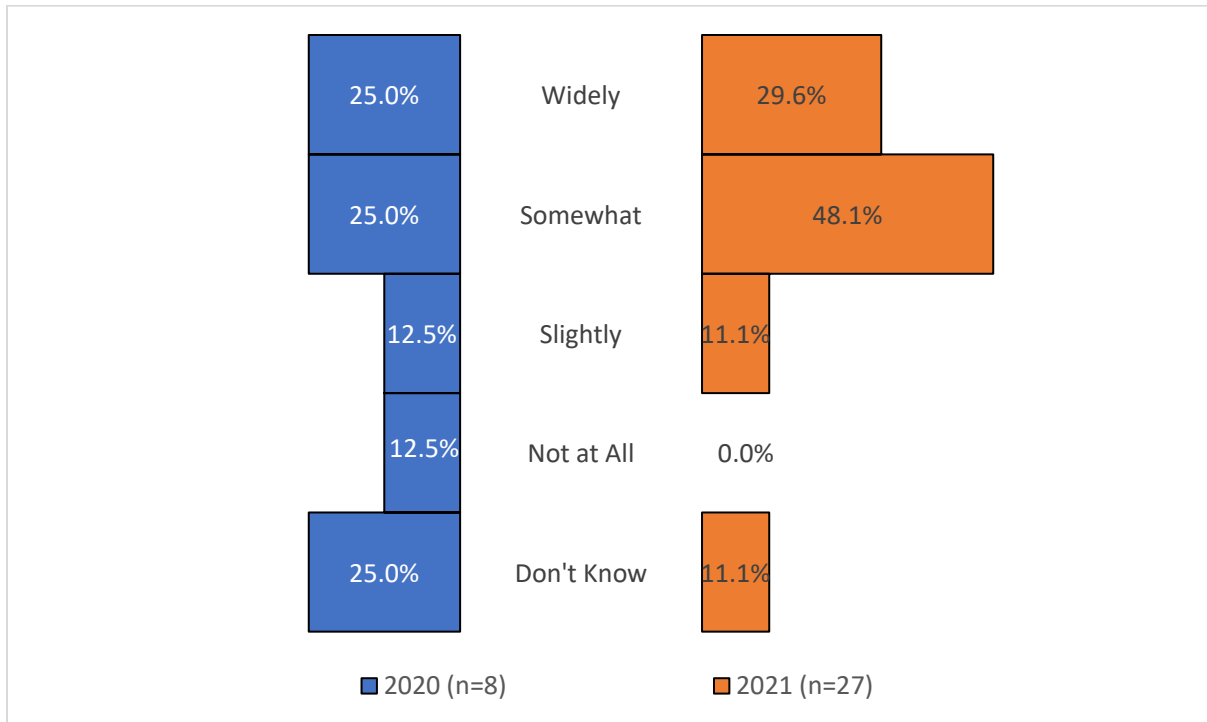
Figure 4.20 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	2020 (n=8)	2021 (n=27)
Widely	37.5%	40.7%
Somewhat	50.0%	51.9%
Slightly	0.0%	7.4%
Not at All	12.5%	0.0%
Don't Know	0.0%	0.0%
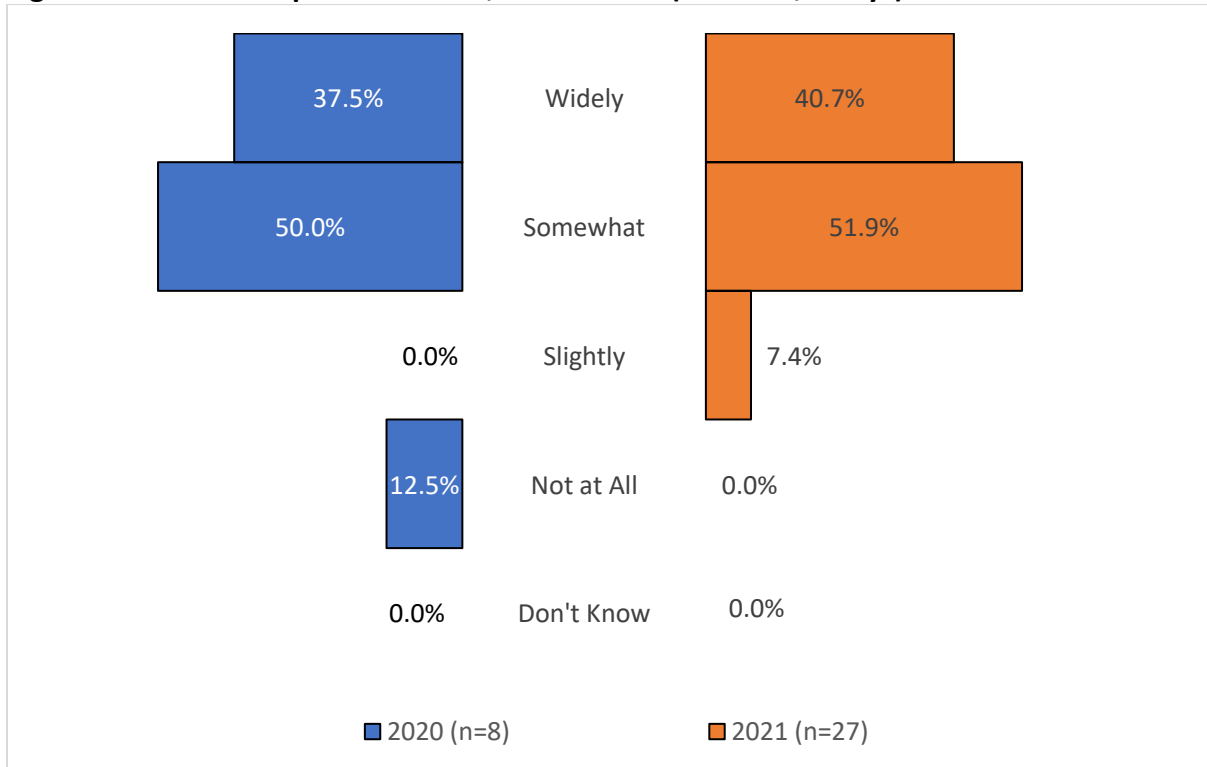
Figure 4.21 Mobile Crisis and Stabilization Services (24 hours, 7 days)

	2020 (n=8)	2021 (n=27)
Widely	37.5%	44.4%
Somewhat	50.0%	37.0%
Slightly	0.0%	7.4%
Not at All	12.5%	3.7%
Don't Know	0.0%	7.4%

■ 2020 (n=8)   ■ 2021 (n=27)
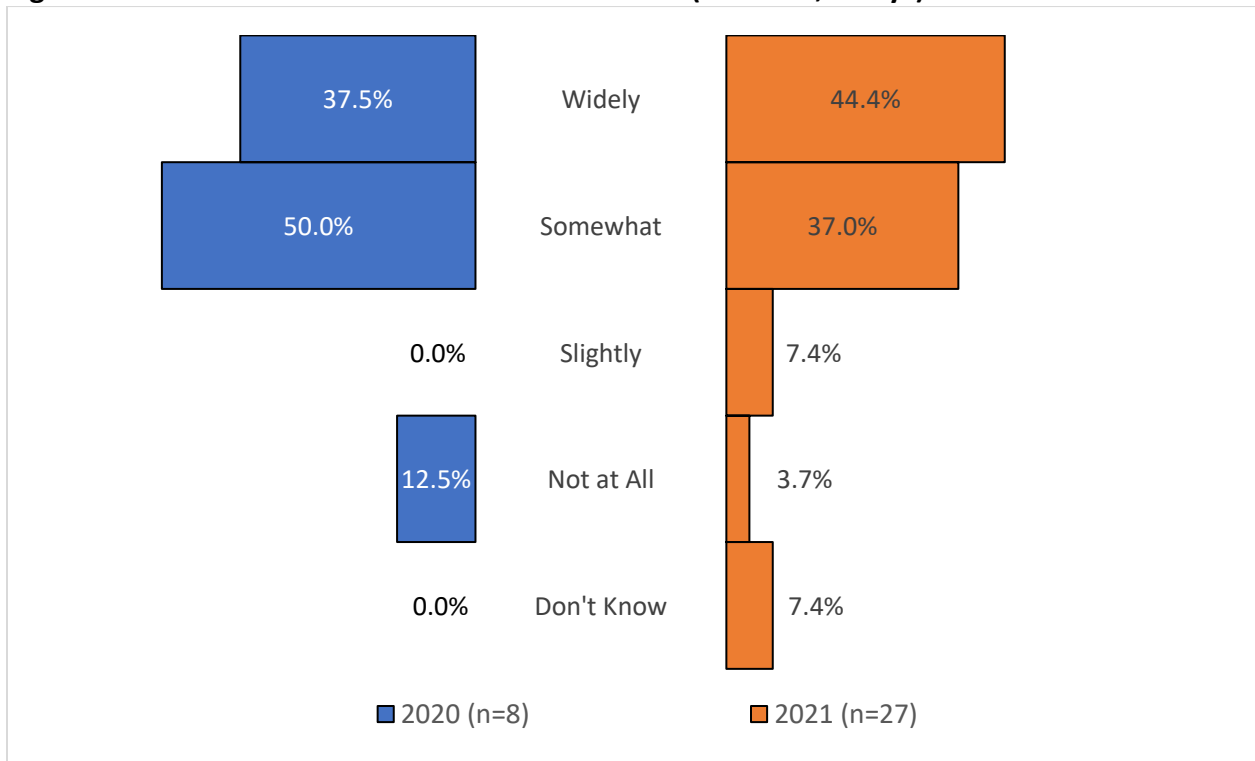
Figure 4.22 Intensive In-Home Services

	2020 (n=8)	2021 (n=26)
Widely	0.0%	11.5%
Somewhat	12.5%	26.9%
Slightly	50.0%	23.1%
Not at All	12.5%	11.5%
Don't Know	25.0%	26.9%

■ 2020 (n=8)   ■ 2021 (n=26)
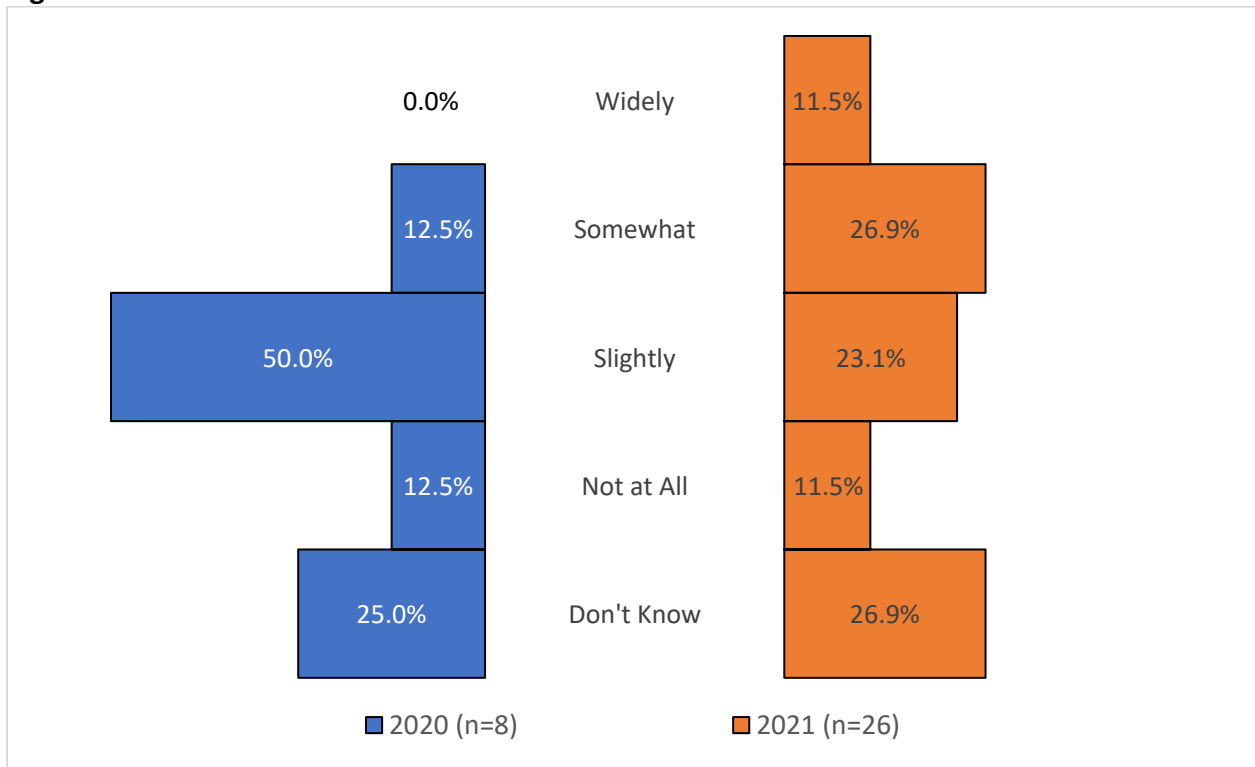
Figure 4.23 School-based Behavioral Health Services

	2020 (n=8)	2021 (n=27)
Widely	12.5%	11.1%
Somewhat	62.5%	66.7%
Slightly	25.0%	11.1%
Not at All	0.0%	0.0%
Don't Know	0.0%	11.1%

■ 2020 (n=8)   ■ 2021 (n=27)
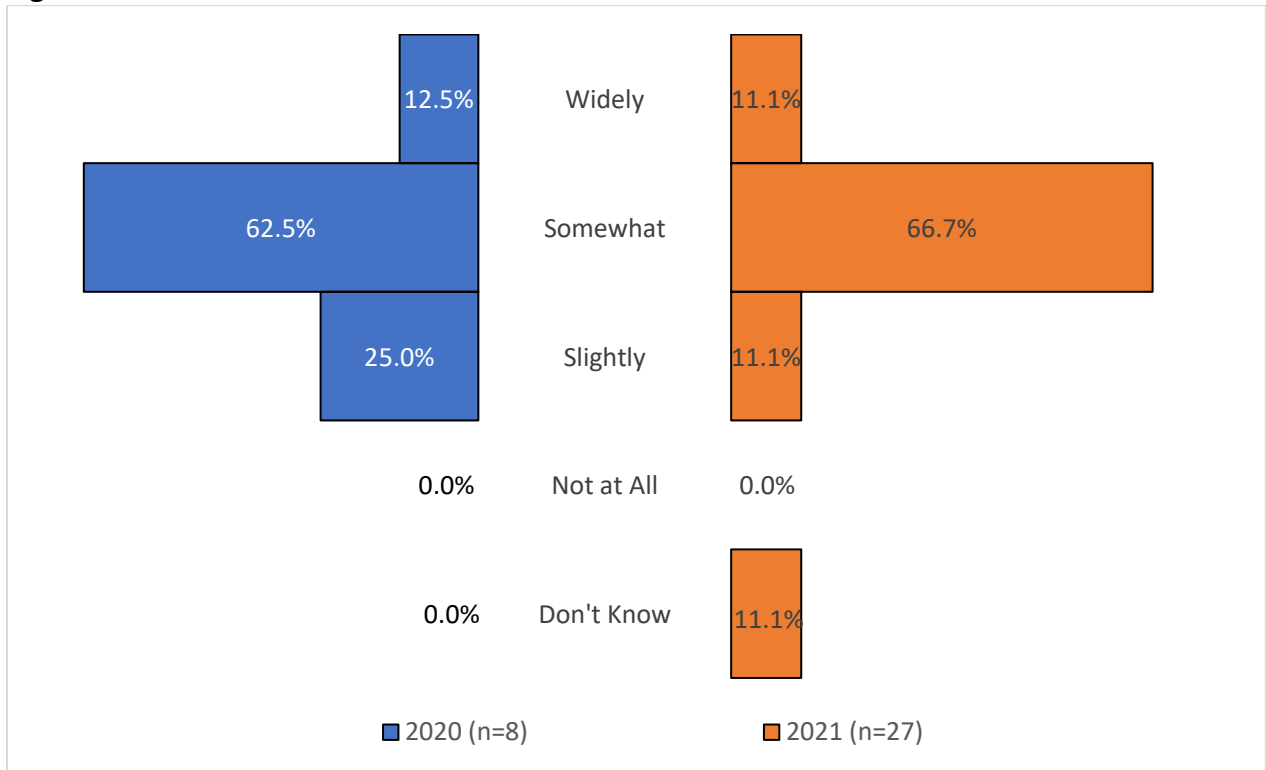
Figure 4.24 Day Treatment

	2020 (n=8)	2021 (n=27)
Widely	12.5%	11.1%
Somewhat	50.0%	59.3%
Slightly	12.5%	18.5%
Not at All	12.5%	0.0%
Don't Know	12.5%	11.1%

■ 2020 (n=8)   ■ 2021 (n=27)
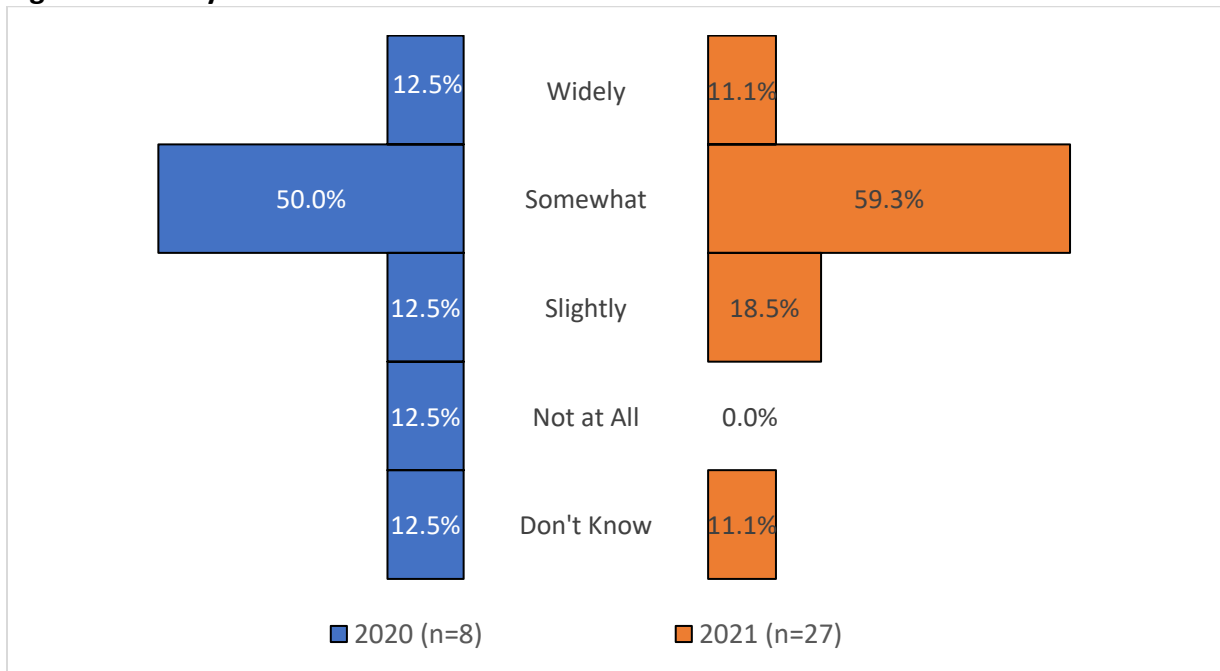
Figure 4.25 Substance Use Treatment

	2020 (n=8)	2021 (n=27)
Widely	12.5%	18.5%
Somewhat	75.0%	55.6%
Slightly	12.5%	18.5%
Not at All	0.0%	0.0%
Don't Know	0.0%	7.4%
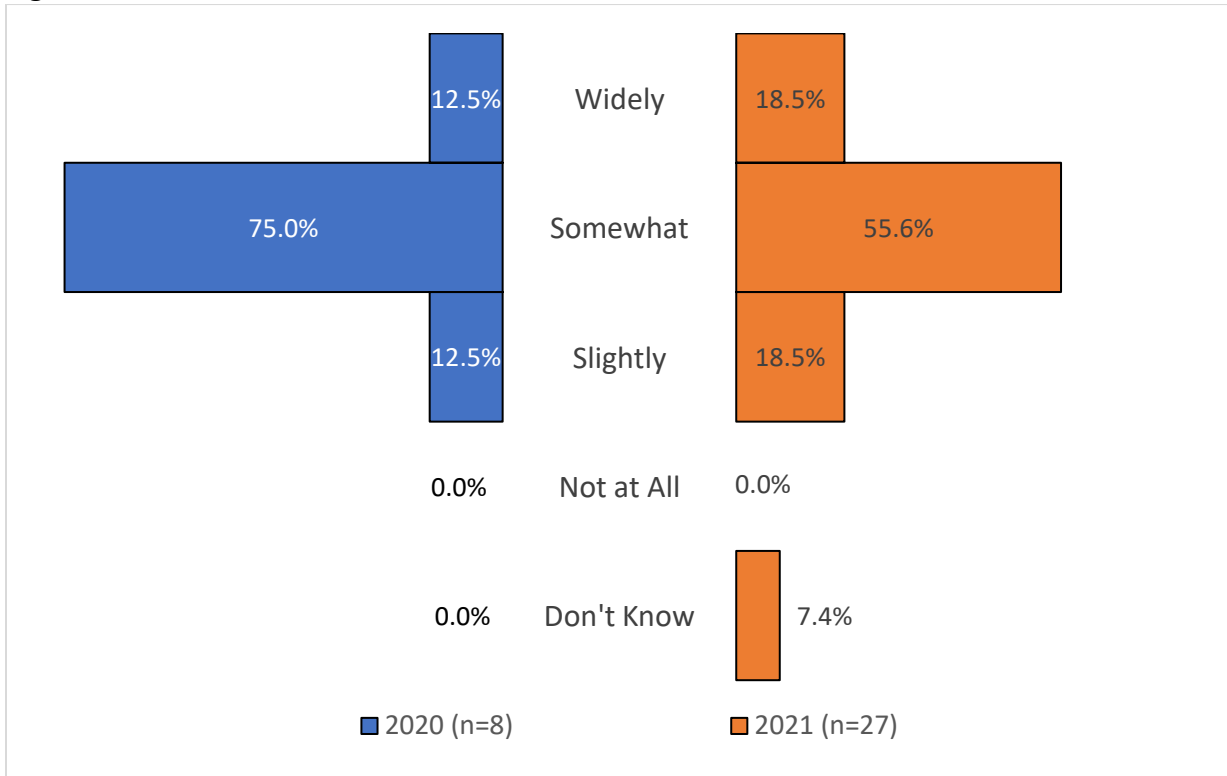
Figure 4.26 Therapeutic Behavioral Aide Services

	2020 (n=8)	2021 (n=27)
Widely	25.0%	18.5%
Somewhat	12.5%	37.0%
Slightly	37.5%	14.8%
Not at All	12.5%	3.7%
Don't Know	12.5%	25.9%
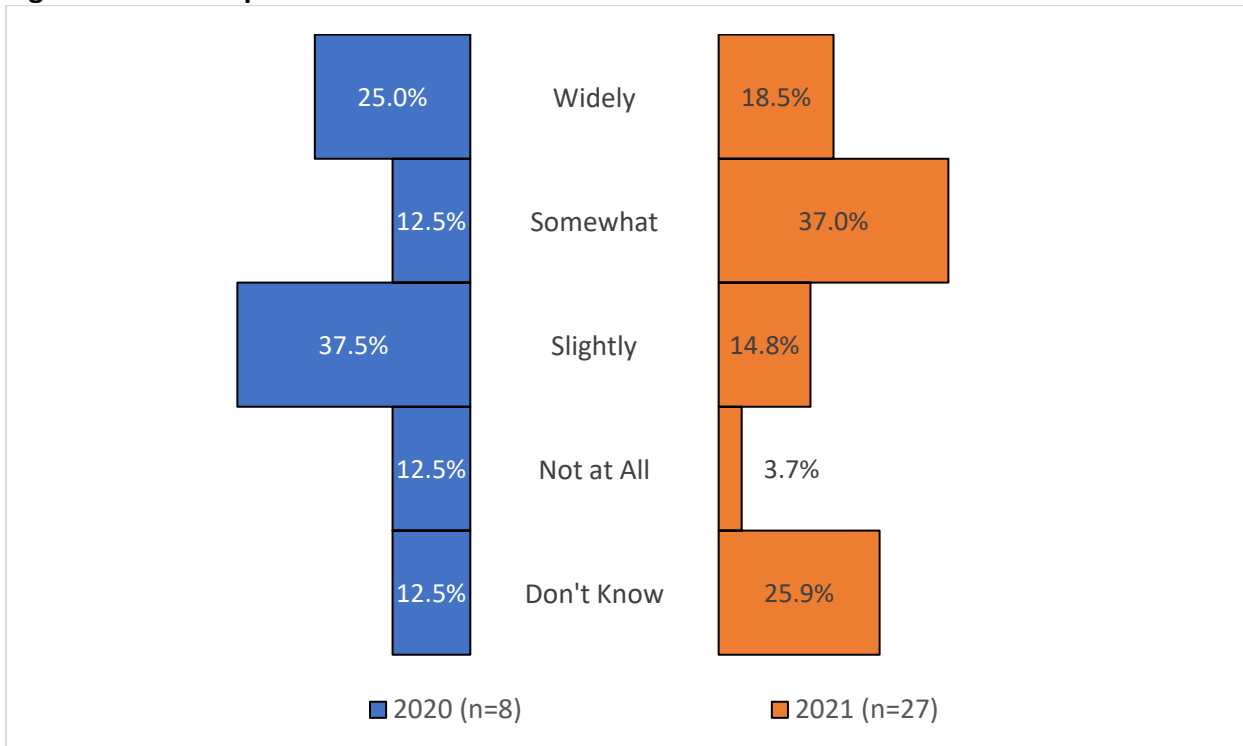
Figure 4.27 Behavior Management Skills Training

	2020 (n=8)		2021 (n=27)
Widely	12.5%		18.5%
Somewhat	12.5%		37.0%
Slightly	37.5%		22.2%
Not at All	12.5%		3.7%
Don't Know	25.0%		18.5%

■ 2020 (n=8)   ■ 2021 (n=27)
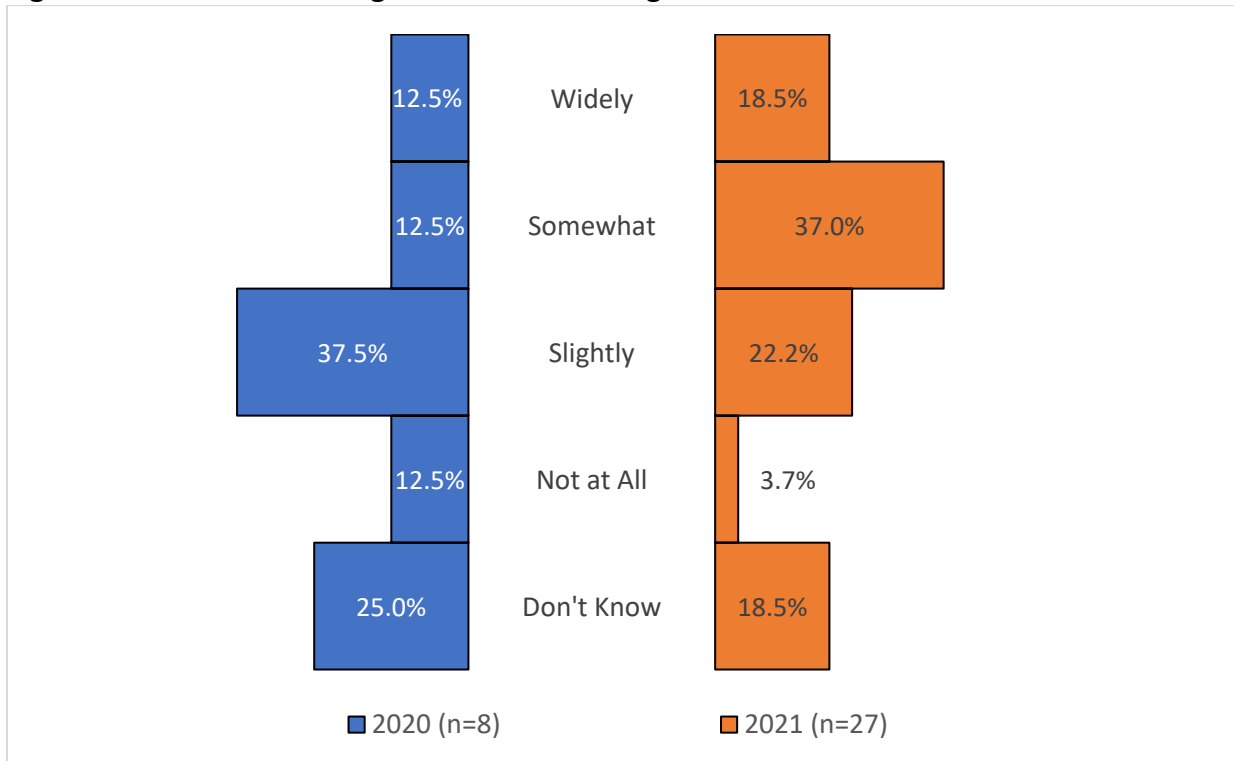
Figure 4.28 Tele-Behavioral Health Services

	2020 (n=8)		2021 (n=27)
Widely	12.5%		48.1%
Somewhat	12.5%		22.2%
Slightly	37.5%		11.1%
Not at All	12.5%		0.0%
Don't Know	25.0%		18.5%

■ 2020 (n=8)   ■ 2021 (n=27)
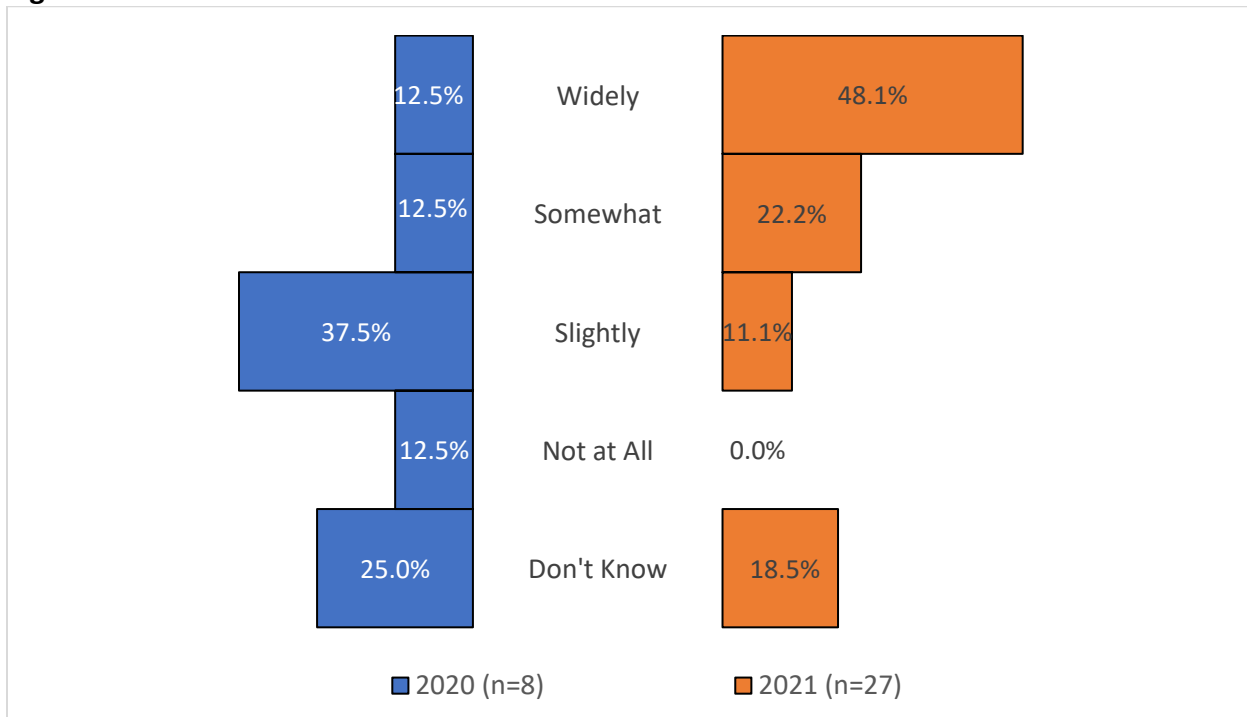
Figure 4.29 Youth and Family Education

	2020 (n=8)	2021 (n=27)
Widely	0.0%	25.9%
Somewhat	62.5%	37.0%
Slightly	25.0%	22.2%
Not at All	12.5%	7.4%
Don't Know	0.0%	7.4%
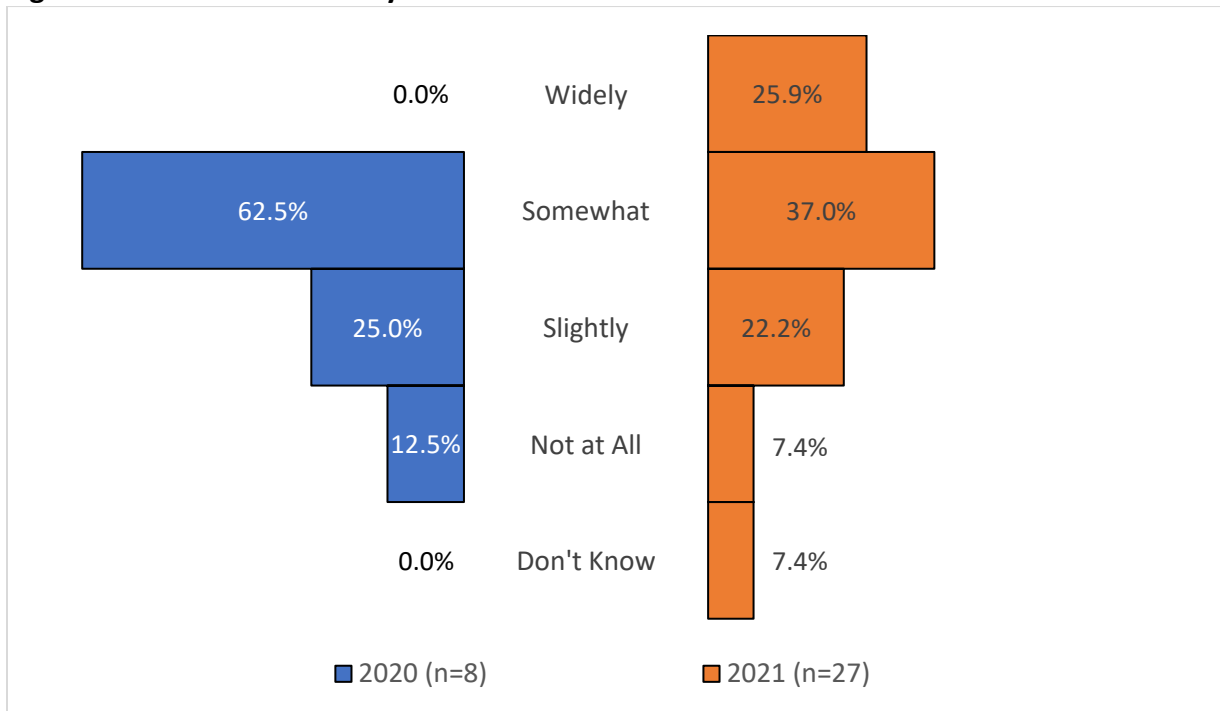
Figure 4.30 Respite Services

	2020 (n=8)	2021 (n=27)
Widely	0.0%	0.0%
Somewhat	25.0%	22.2%
Slightly	12.5%	11.1%
Not at All	50.0%	25.9%
Don't Know	12.5%	40.7%
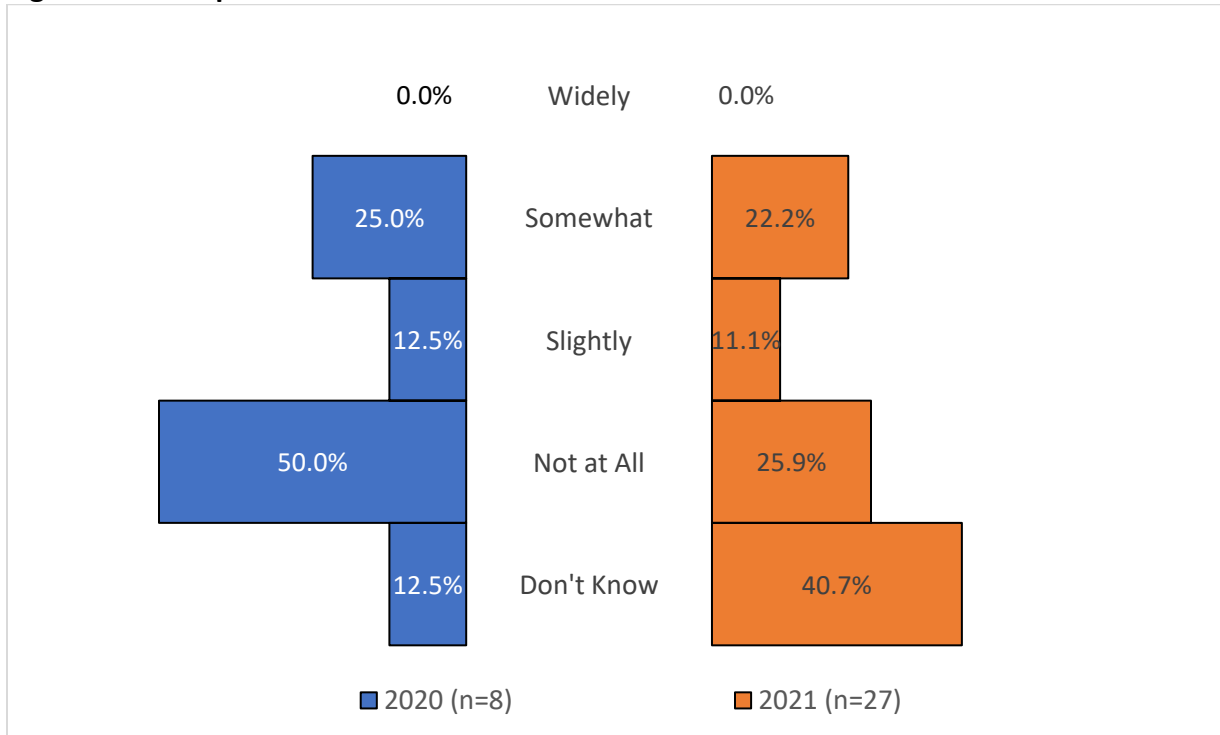
Figure 4.31 Therapeutic Mentoring

	2020 (n=8)		2021 (n=27)
Widely	12.5%		14.8%
Somewhat	37.5%		33.3%
Slightly	25.0%		22.2%
Not at All	25.0%		0.0%
Don't Know	0.0%		29.6%

■ 2020 (n=8)   ■ 2021 (n=27)
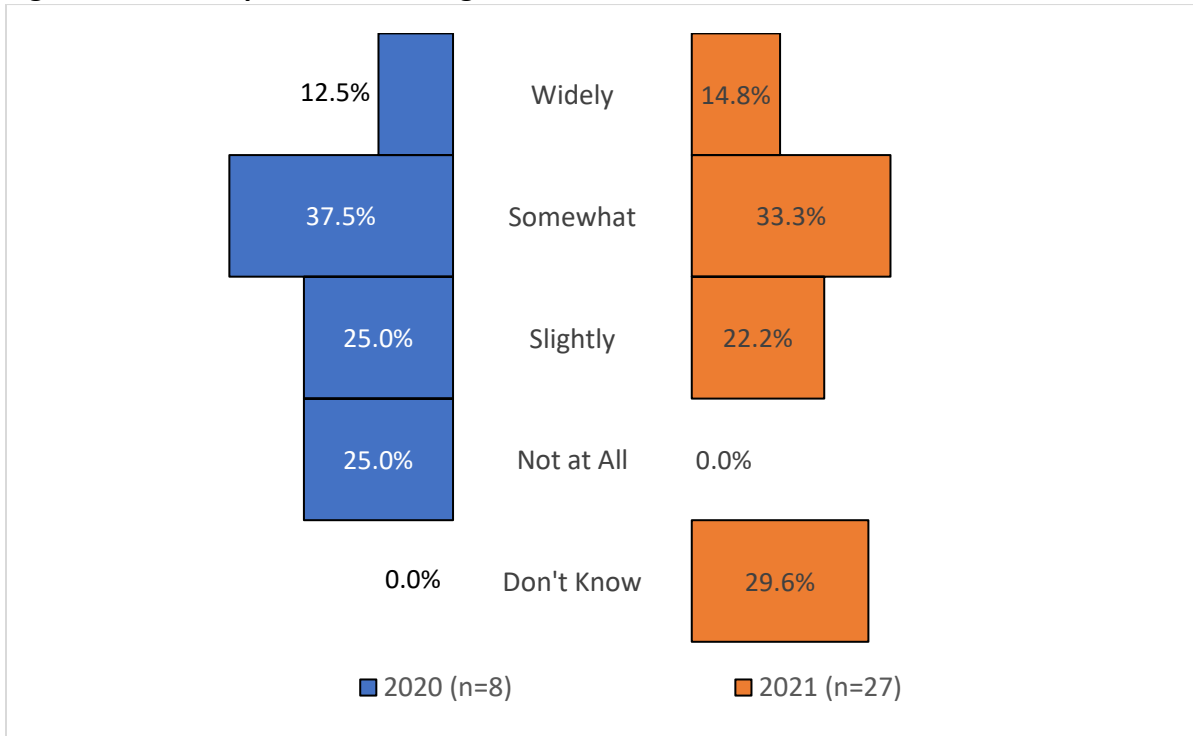
Figure 4.32 Mental Health Consultation

	2020 (n=8)		2021 (n=26)
Widely	12.5%		42.3%
Somewhat	50.0%		30.8%
Slightly	12.5%		15.4%
Not at All	12.5%		3.8%
Don't Know	12.5%		7.7%

■ 2020 (n=8)   ■ 2021 (n=26)
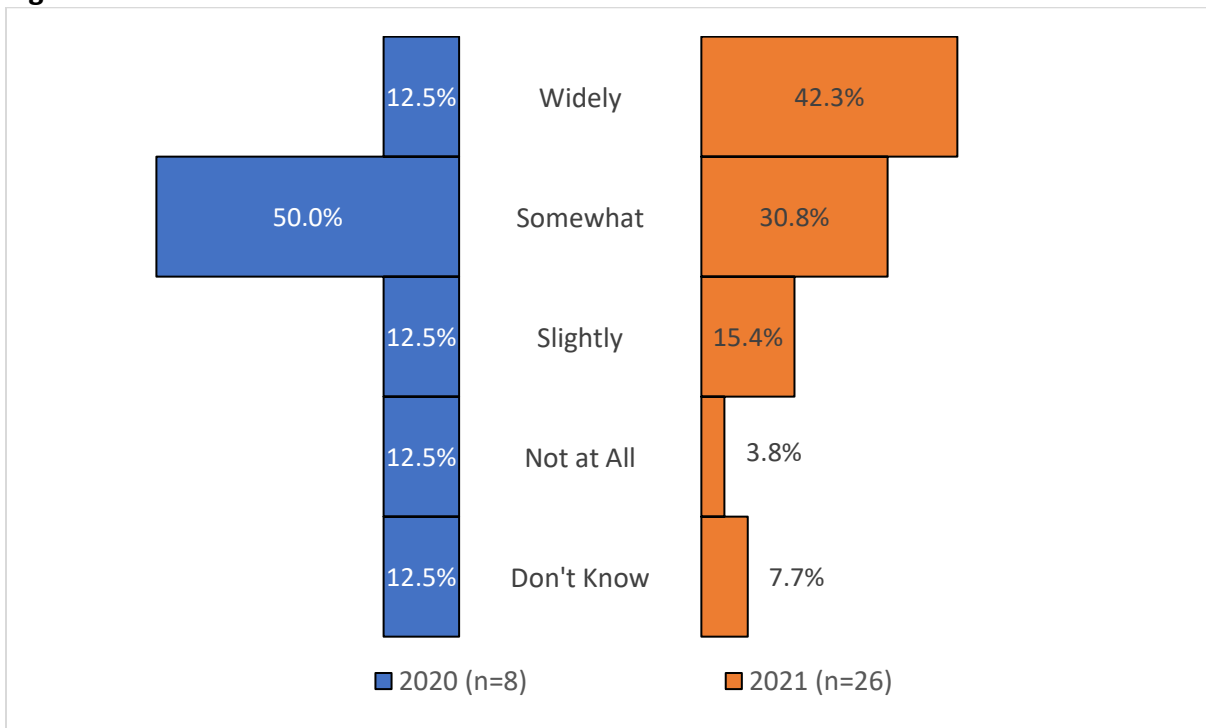
Figure 4.33 Supported Education and Employment

12.5%	Widely	11.1%
12.5%	Somewhat	33.3%
50.0%	Slightly	29.6%
12.5%	Not at All	0.0%
12.5%	Don't Know	25.9%

■ 2020 (n=8)   ■ 2021 (n=27)
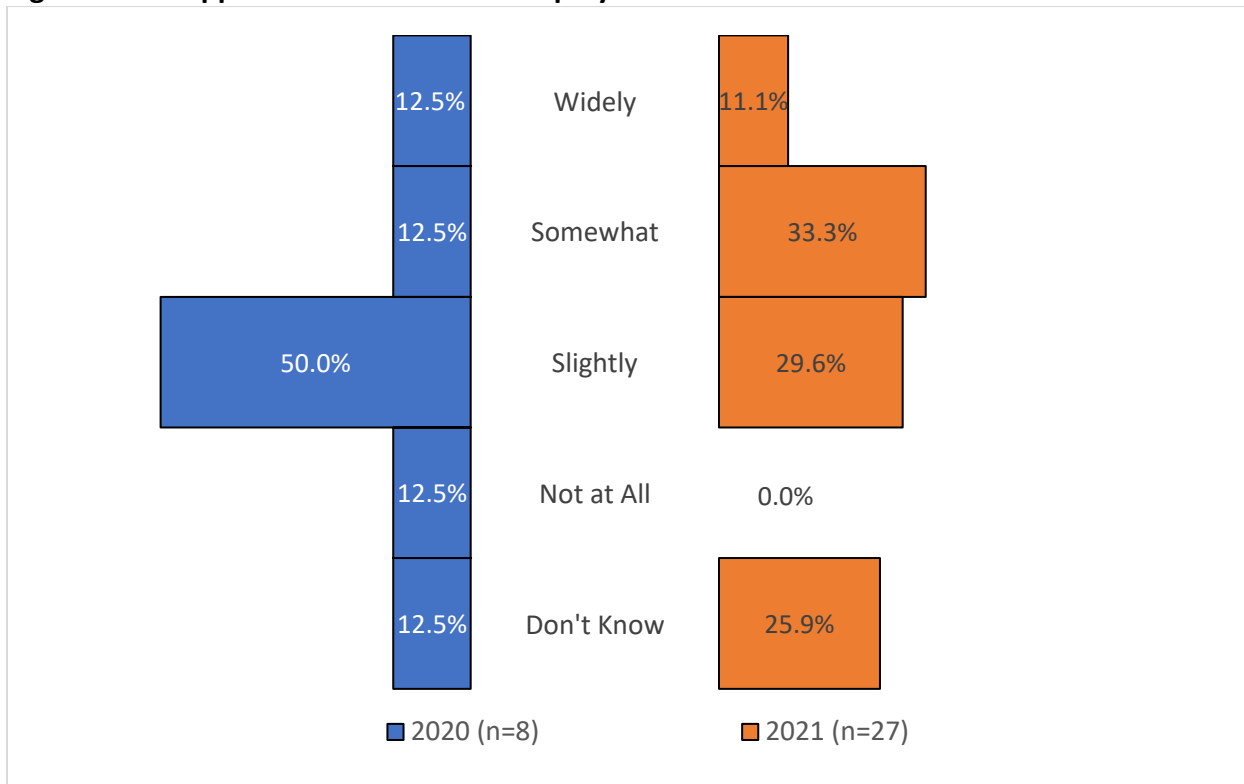
Figure 4.34 Supported Independent Living

0.0%	Widely	11.1%
25.0%	Somewhat	25.9%
37.5%	Slightly	22.2%
12.5%	Not at All	7.4%
25.0%	Don't Know	33.3%

■ 2020 (n=8)   ■ 2021 (n=27)
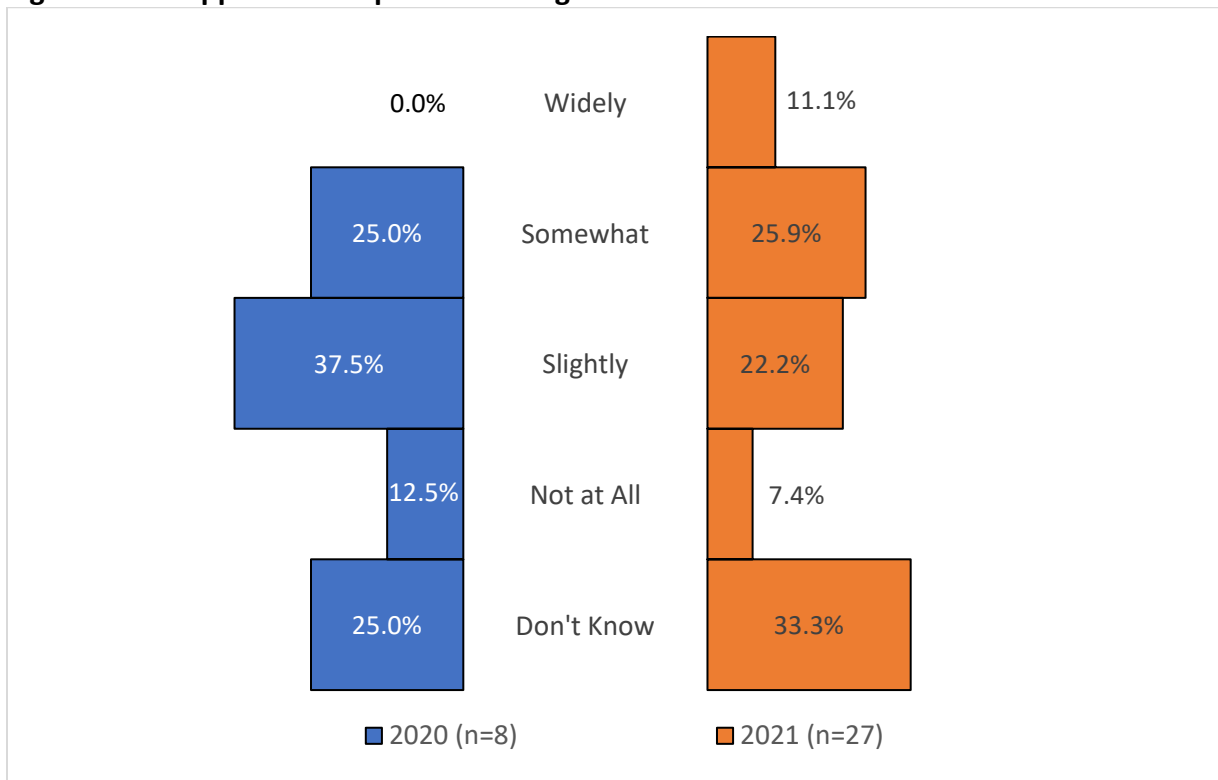
Figure 4.35 Transportation

	2020 (n=8)	2021 (n=27)
Widely	12.5%	3.7%
Somewhat	37.5%	25.9%
Slightly	25.0%	51.9%
Not at All	12.5%	7.4%
Don't Know	12.5%	11.1%
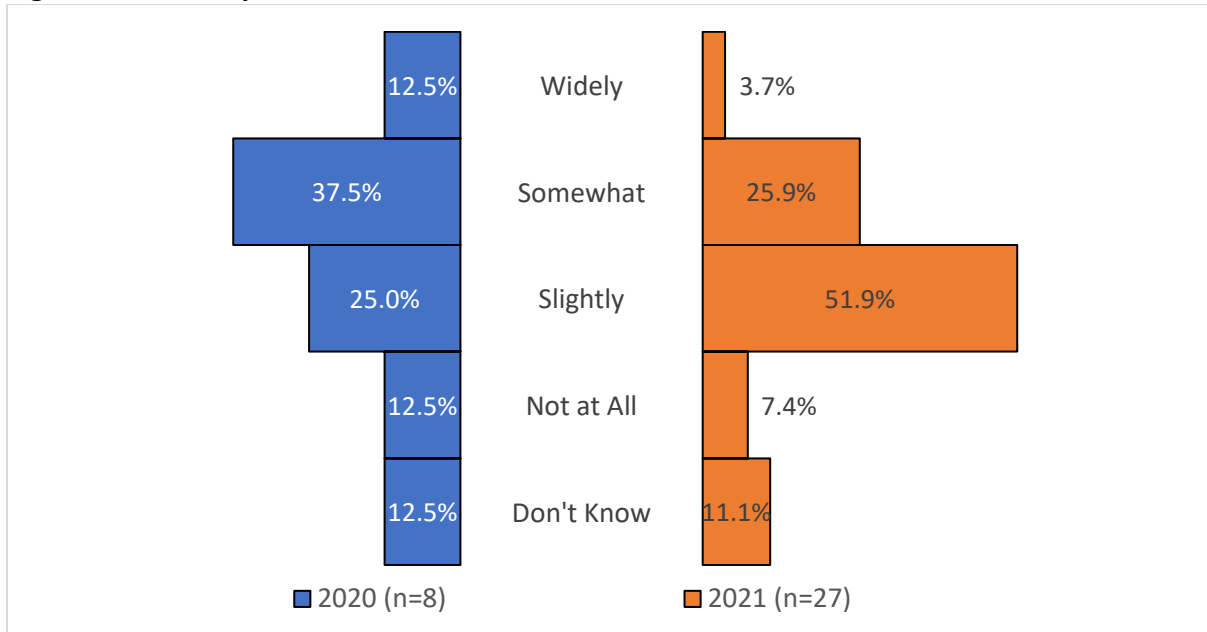
4.2.3 Out-of-Home Treatment Services

Stakeholders reported that out-of-home treatment services were less widely available in Kane County than community-based services. In 2021, most out-of-home services were rated as "slightly" available, except for inpatient hospitalization, which was perceived as being "somewhat" to "widely" available. It should also be noted that a good portion of the stakeholders in both 2020 and 2021 reported that they did not know about out-of-home service availability.

Figure 4.36 Therapeutic Foster Care

	2020 (n=8)	2021 (n=26)
Widely	0.0%	0.0%
Somewhat	12.5%	30.8%
Slightly	12.5%	26.9%
Not at All	25.0%	3.8%
Don't Know	50.0%	38.5%
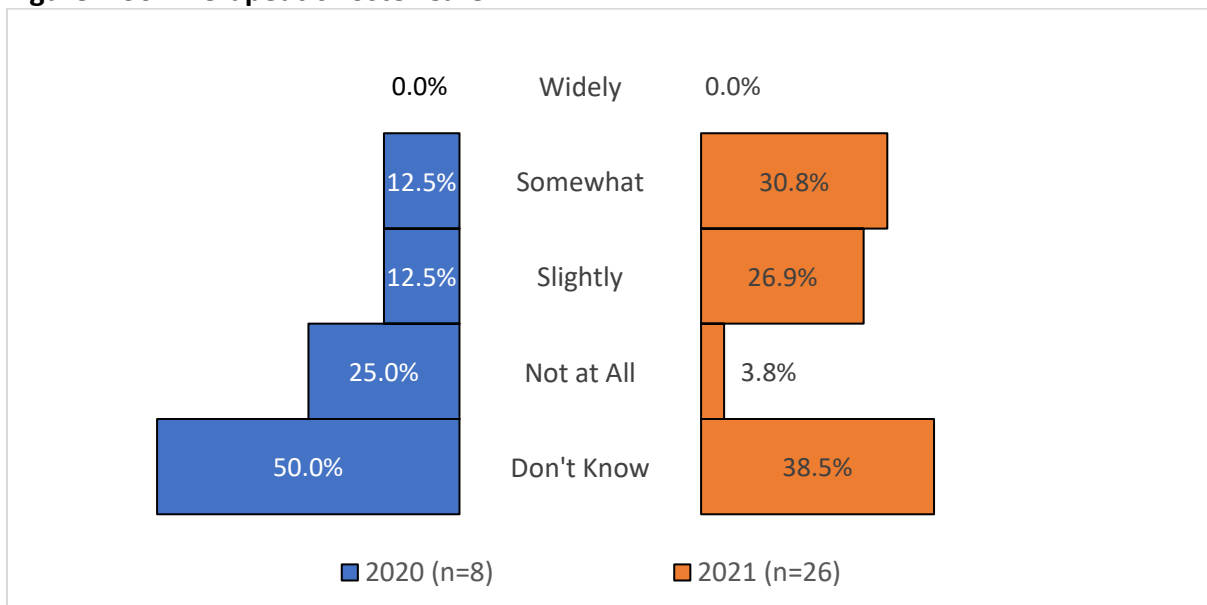
Figure 4.37 Therapeutic Group Home Care

	2020 1 (n=8)		2021 (n=26)
Widely	0.0%		0.0%
Somewhat	12.5%		23.1%
Slightly	12.5%		26.9%
Not at All	25.0%		11.5%
Don't Know	50.0%		38.5%
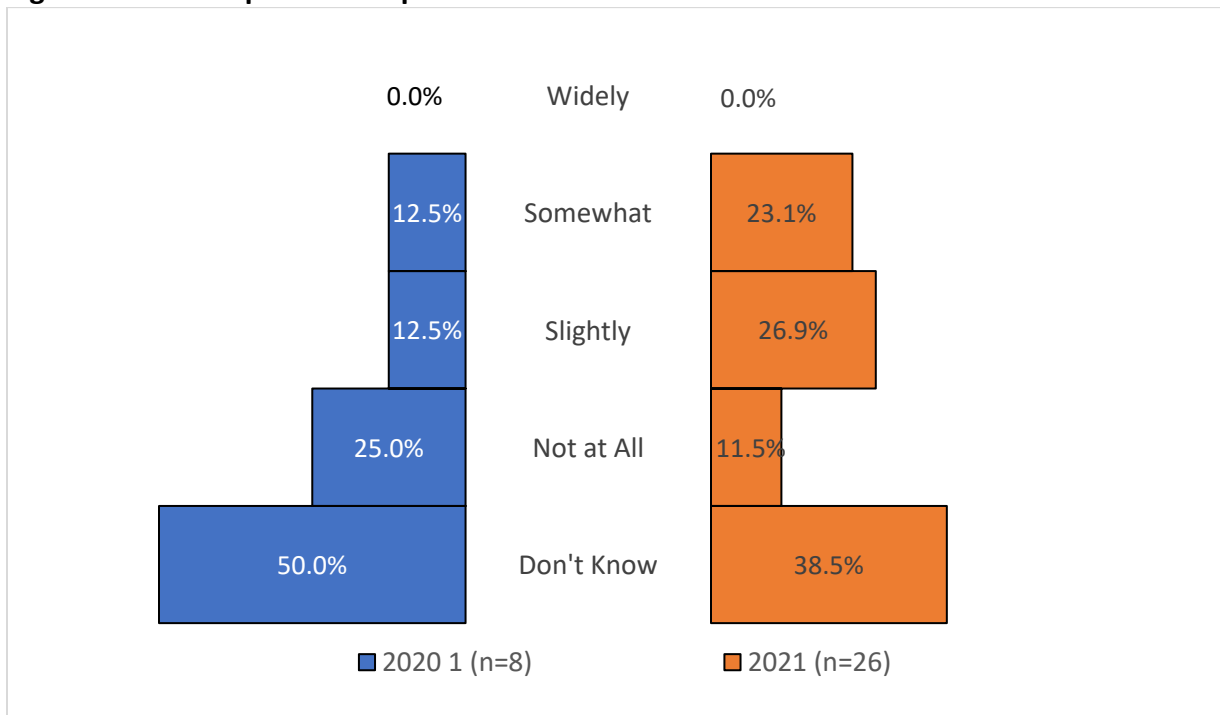
Figure 4.38 Crisis Stabilization Beds

	2020 (n=8)		2021 (n=25)
Widely	12.5%		4.0%
Somewhat	25.0%		20.0%
Slightly	12.5%		12.0%
Not at All	25.0%		28.0%
Don't Know	25.0%		36.0%
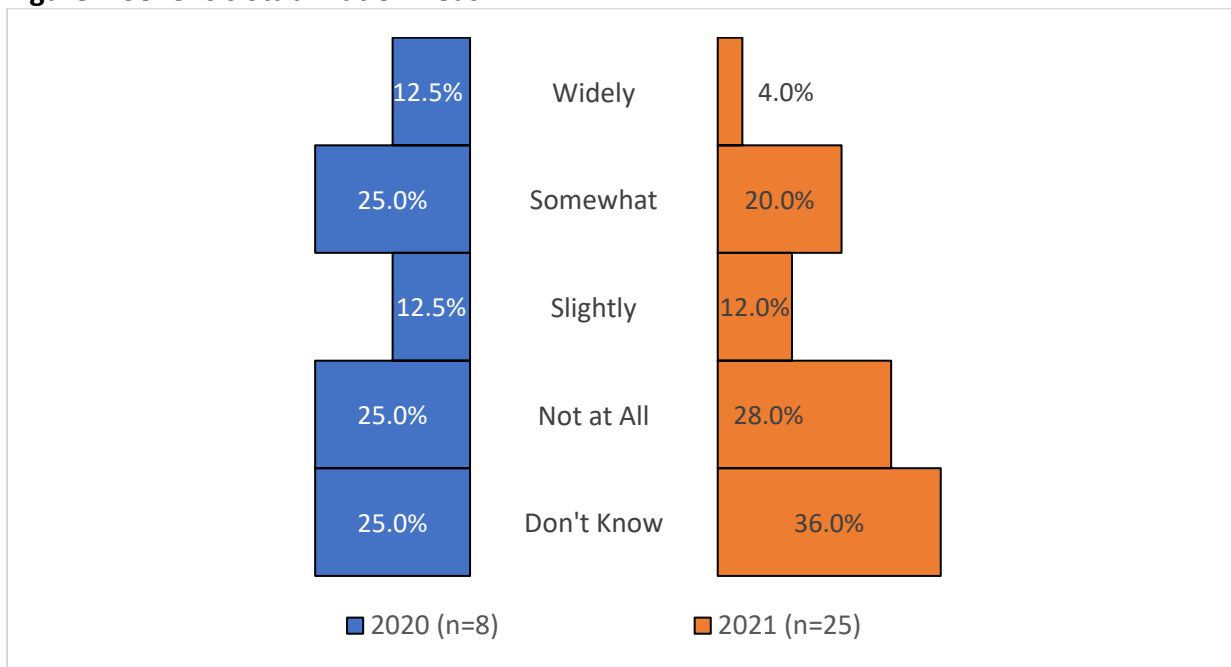
Figure 4.39 Medical Detoxification

	2020 (n=8)	2021 (n=25)
Widely	12.5%	12.0%
Somewhat	12.5%	12.0%
Slightly	12.5%	16.0%
Not at All	25.0%	16.0%
Don't Know	37.5%	44.0%
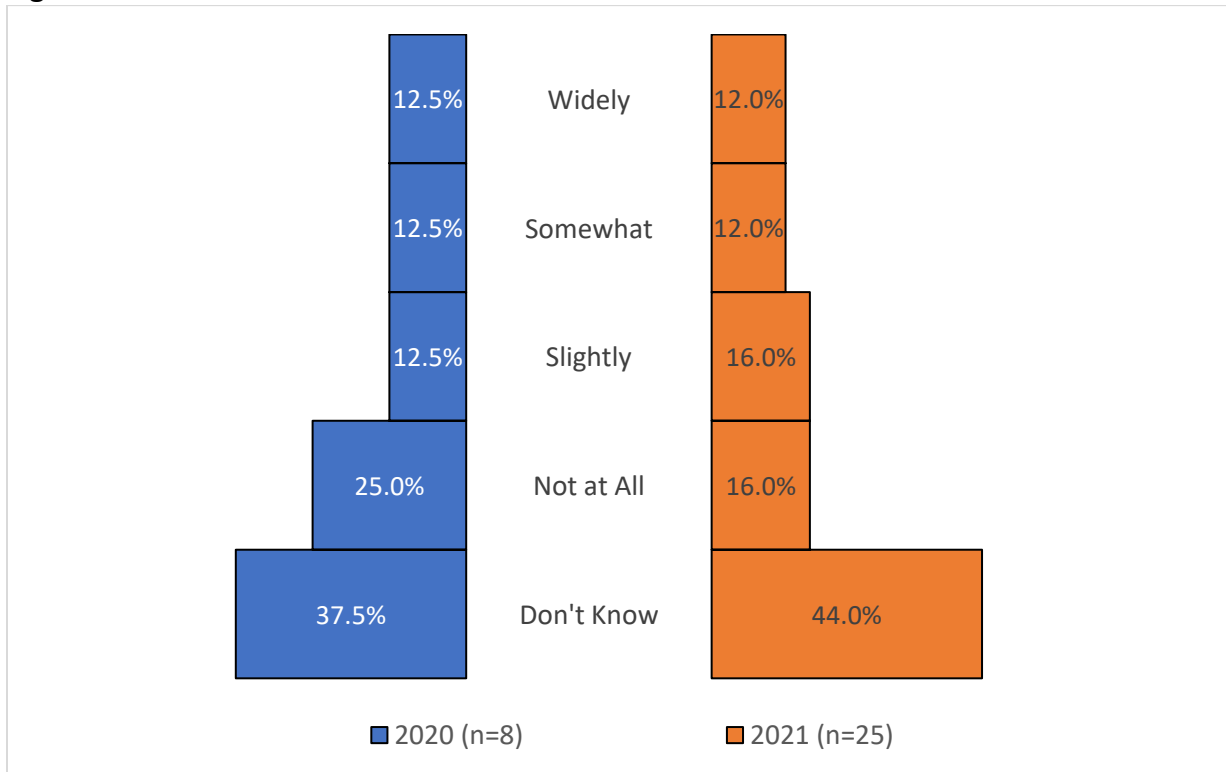
Figure 4.40 Substance Use Residential Treatment

	2020 (n=8)	2021 (n=26)
Widely	12.5%	11.5%
Somewhat	12.5%	19.2%
Slightly	25.0%	26.9%
Not at All	25.0%	11.5%
Don't Know	25.0%	30.8%
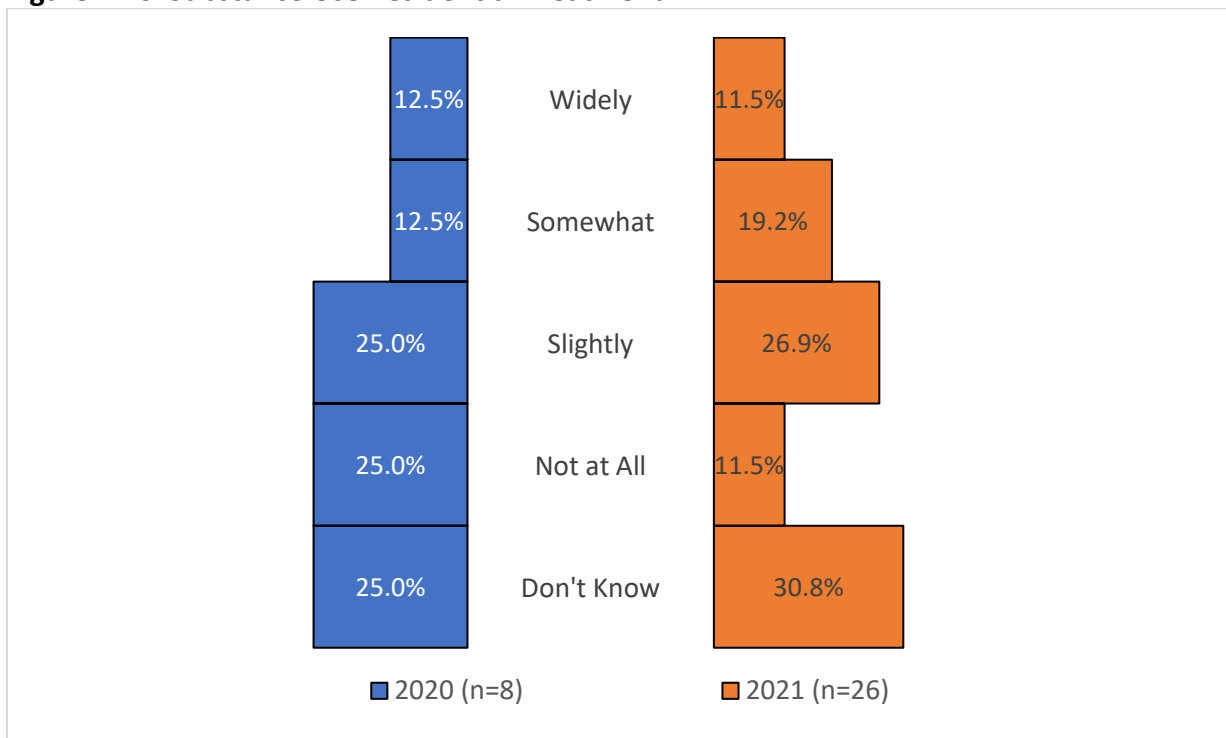
Figure 4.41 Residential Treatment

	2020 (n=8)	2021 (n=26)
Widely	12.5%	11.5%
Somewhat	37.5%	23.1%
Slightly	12.5%	26.9%
Not at All	12.5%	15.4%
Don't Know	25.0%	23.1%
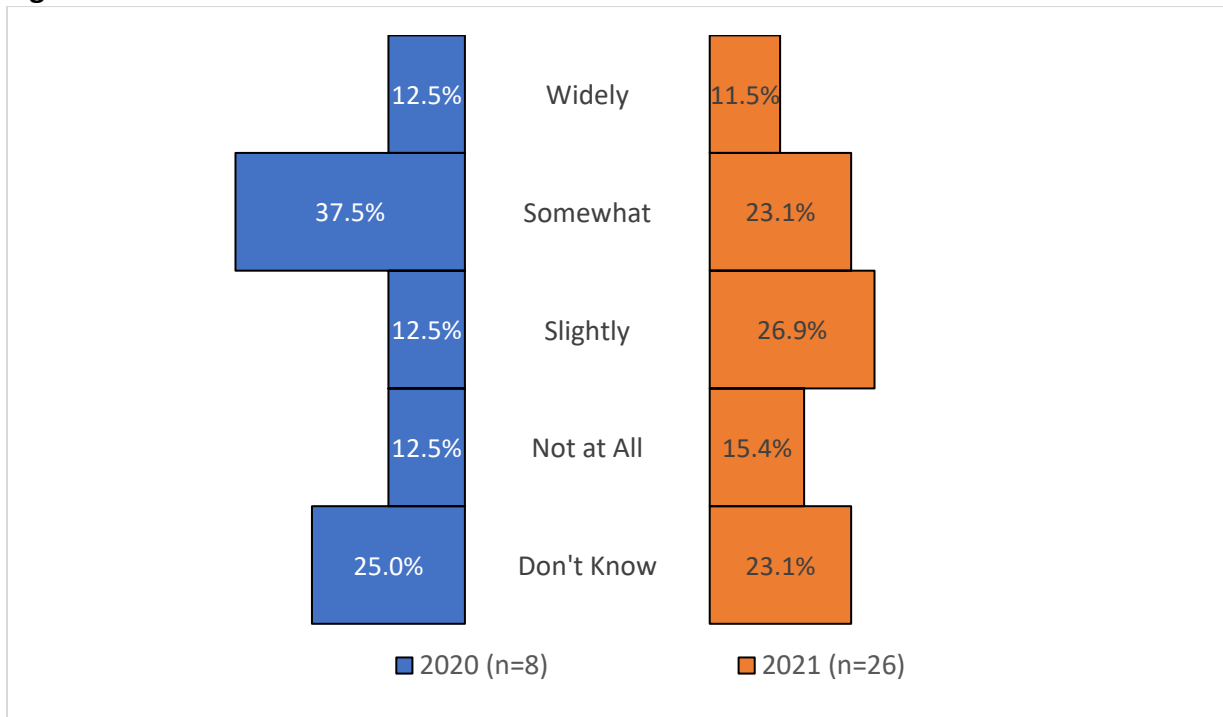
Figure 4.42 Inpatient Hospitalization

	2020 (n=8)	2021 (n=26)
Widely	12.5%	30.8%
Somewhat	37.5%	26.9%
Slightly	37.5%	11.5%
Not at All	0.0%	7.7%
Don't Know	12.5%	23.1%
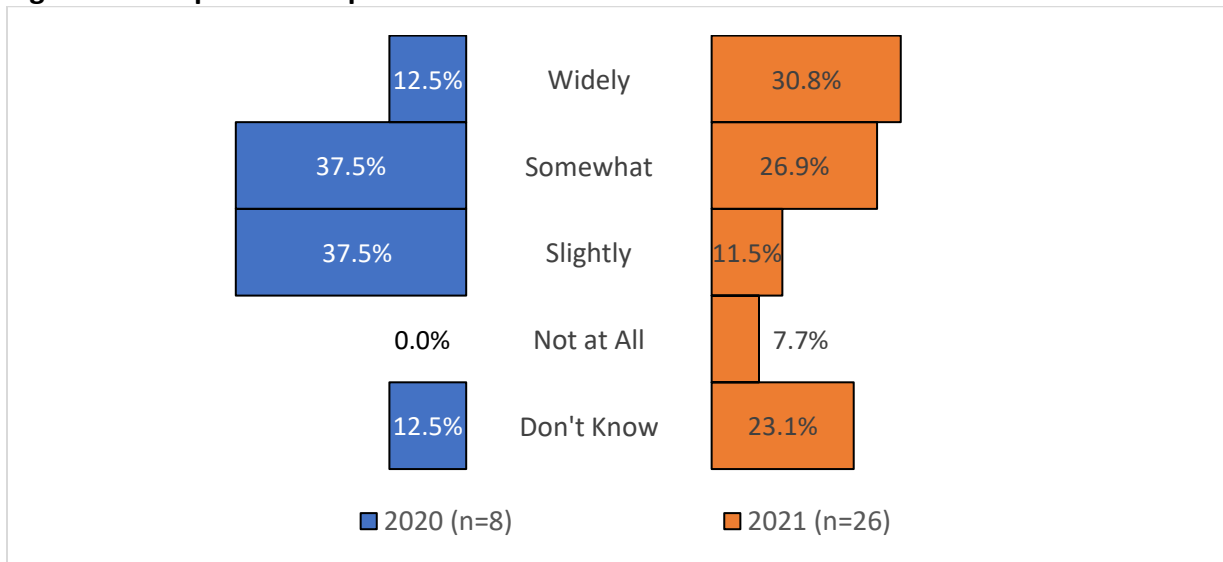
4.2.4 Peer-Provided Services (ILCHF Outcome)

Over a third of the respondents in 2021 reported that they didn't know about the availability of peer-provided services. There were a wide variety of perceptions in both 2020 and 2021 about the availability of caregiver and youth peer-provided services.

Figure 4.43 Youth Peer-provided Services

	2020 (n=8)		2021 (n=27)
Widely	0.0%		11.1%
Somewhat	25.0%		22.2%
Slightly	25.0%		18.5%
Not at All	37.5%		11.1%
Don't Know	12.5%		37.0%
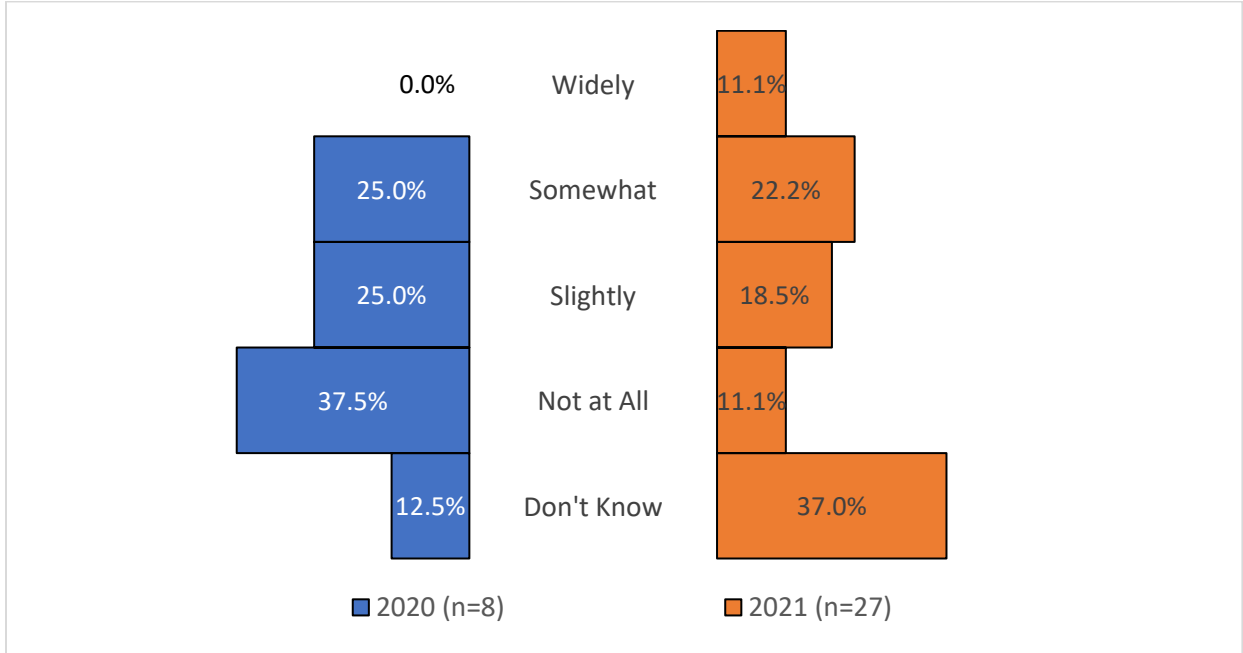
Figure 4.44 Caregiver Peer-provided Services

	2020 (n=8)		2021 (n=25)
Widely	0.0%		0.0%
Somewhat	25.0%		20.0%
Slightly	37.5%		28.0%
Not at All	25.0%		12.0%
Don't Know	12.5%		40.0%
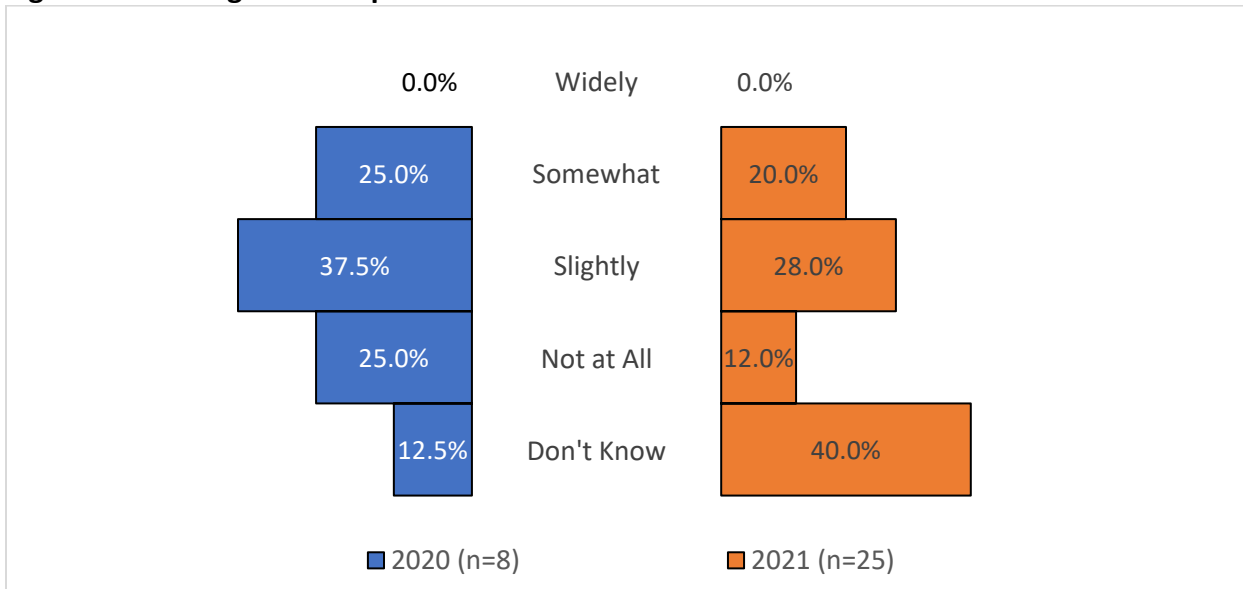
4.2.5   Evidence-Based Services (ILCHF Outcome)

Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Table 4.1 shows the percentage of respondents who indicated that the service was available. The percentage of stakeholders who reported that none of the evidence-based services were available decreased from 37.5% in 2020 to 3.7% in 2021.

Table 4.1. Use of Evidence-Based Mental Health Interventions

	2020 (n=8) (% Yes)	2021 (n=27) (% Yes)
Triple P – Positive Parenting Program	0.0%	25.9%
Parent-Child Interaction Therapy	0.0%	33.3%
Brief Strategic Family Therapy	0.0%	29.6%
Multisystemic Therapy	37.5%	25.9%
Functional Family Therapy	25.0%	11.1%
Multidimensional Treatment Foster Care	0.0%	0.0%
Trauma-Focused Cognitive Behavioral Therapy	50.0%	51.9%
Project ACHIEVE	0.0%	3.7%
Second Step	25.0%	3.7%
Promoting Alternative Thinking Strategies (PATHS)	0.0%	7.4%
Incredible Years	12.5%	3.7%
Problem-Solving Skills Training	12.5%	14.8%
First Steps to Success	0.0%	7.4%
Don't Know	12.5%	25.9%
None	37.5%	3.7%

4.2.6   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 4.2 shows the mean scores on the individual items of the service coordination subscale from Figure 4.10. The perception of service coordination and integration in the community remained relatively the same in 2020 and 2021; most items were rated between "slightly" and "moderately" implemented.

Table 4.2. Service Coordination and Integration

	2020 Mean (n = 8-9)	2021 Mean (n = 21-23)
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families	2.67 (1.23)	2.73 (1.08)
Basic care coordination is provided for children and families at lower levels of service intensity	3.25 (0.89)	3.04 (0.98)
Care is coordinated across multiple child-serving agencies and systems	2.88 (1.13)	2.67 (0.91)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	2.50 (1.41)	2.57 (1.08)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020 and 2021 are shown in Table 4.3. There was little change between 2020 and 2021; stakeholders in both years felt that services with other child-serving systems were slightly to somewhat coordinated.

Table 4.3. Service Coordination with Children's Mental Health System

	2020 Mean (n = 6-7)	2021 Mean (n = 22-24)
Child welfare system	2.50 (1.23)	2.78 (0.85)
Juvenile justice/court system	2.83 (1.17)	3.17 (0.70)
Education system	2.88 (0.84)	3.08 (0.76)
Primary health system	2.43 (1.13)	2.65 (0.78)
Public health system	2.57 (1.40)	2.95 (0.72)
Substance use treatment system	2.67 (1.03)	2.86 (0.77)

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 2021 were less likely to report that early identification was "widely" available, but were more likely to report that it was "moderately" available.

Figure 4.45 Services for Early Identification of Mental Health Problems
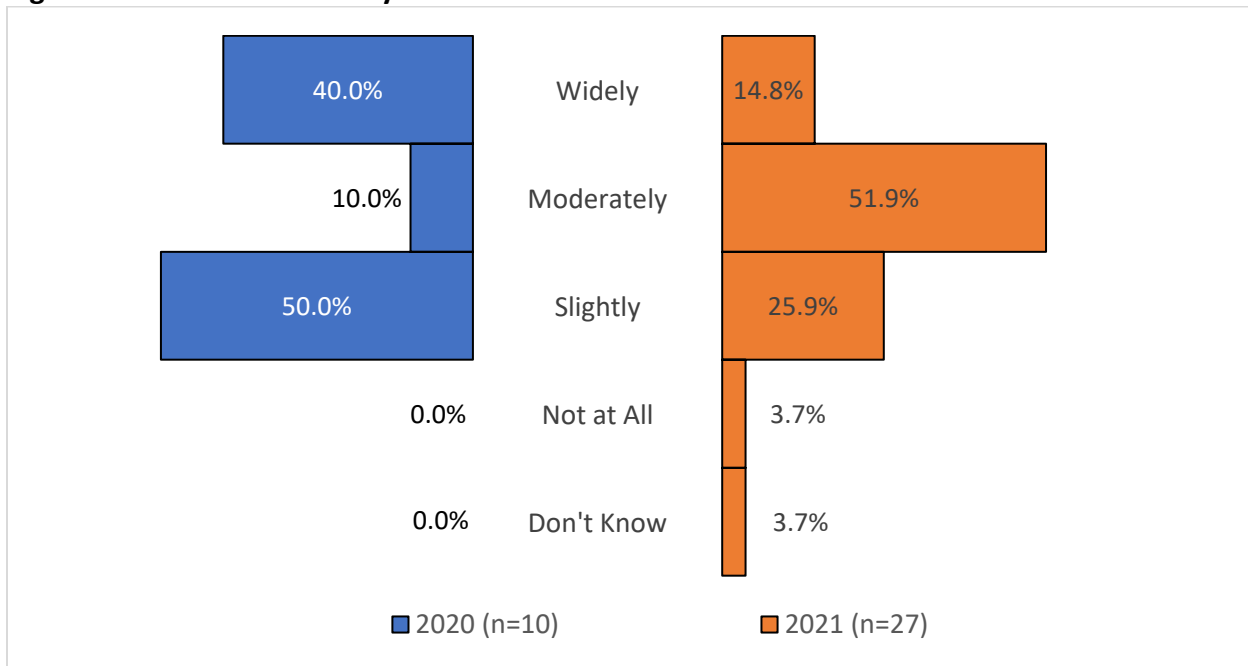
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g. in early care, education, primary care, child welfare, and juvenile justice settings). There was little change in this item from 2020 to 2021; most stakeholders perceived that screening is "somewhat" to "widely" available in the community.

Figure 4.46 Screening for Behavioral Health Needs

25.0%	Widely	33.3%
37.5%	Somewhat	40.7%
37.5%	Slightly	22.2%
0.0%	Not at All	0.0%
0.0%	Don't Know	3.7%

■ 2020 (n=8)　　　■ 2021 (n=27)
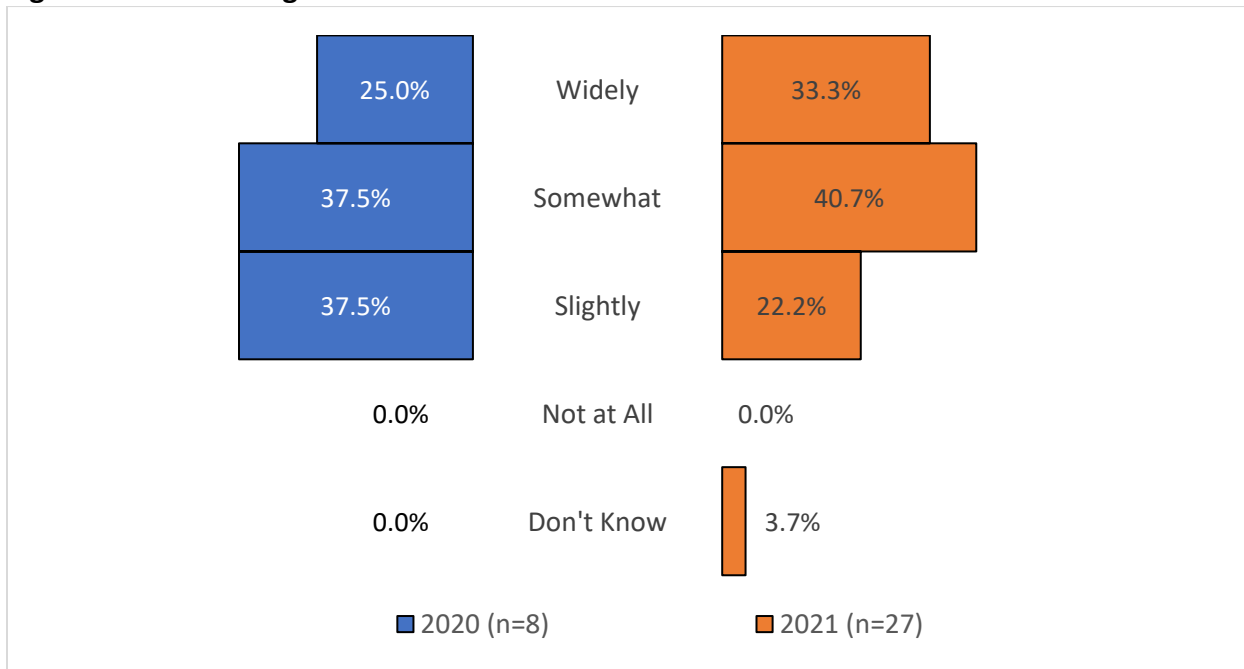
4.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

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 4.4 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was little change from 2020 to 2021; stakeholders felt there was moderate capacity to implement evidence-based interventions.

Table 4.4. Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 5-7)	2021 Mean (n = 19-22)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	2.71 (0.49)	3.00 (0.69)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.86 (0.38)	2.82 (0.73)
Best practice guidelines, clinical protocols, and manuals are provided to practitioners	3.00 (0.00)	2.90 (0.77)
Fidelity to evidence-informed practices and outcomes is measured	2.40 (0.89)	2.68 (0.95)

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 2020 and 2021. The majority of stakeholders responded that this component was "in place" or "partially in place" in both years.

Figure 4.47 Use of Local Outcome Data to Inform Decision-making
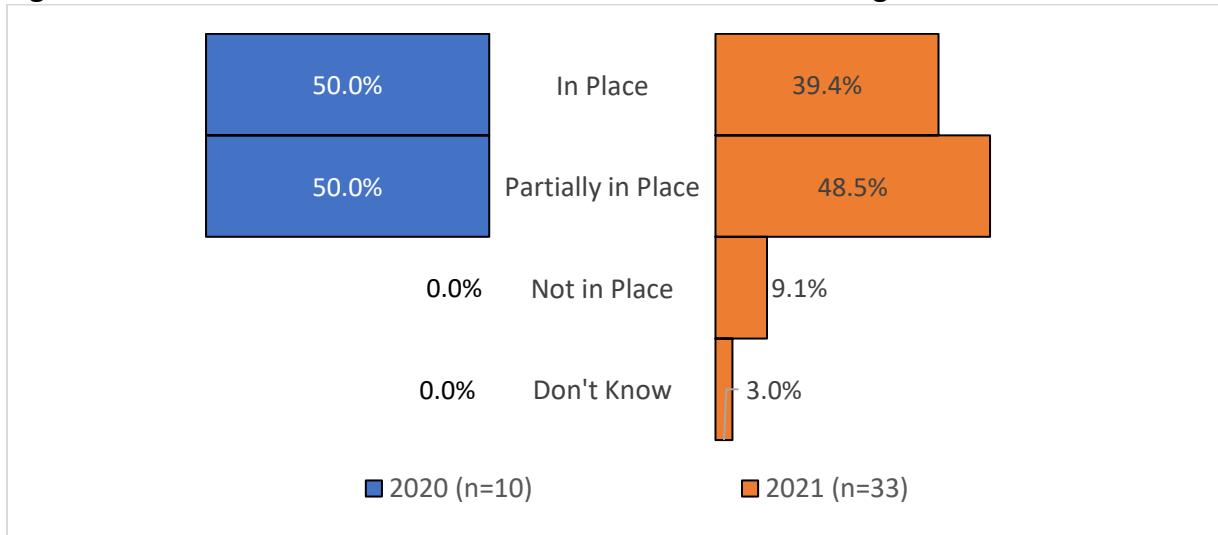
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. The results in Figure 4.48 show a slight decrease in perceived capacity in this area.

Figure 4.48 Capacity for Gather Data for Continuous Quality Improvement
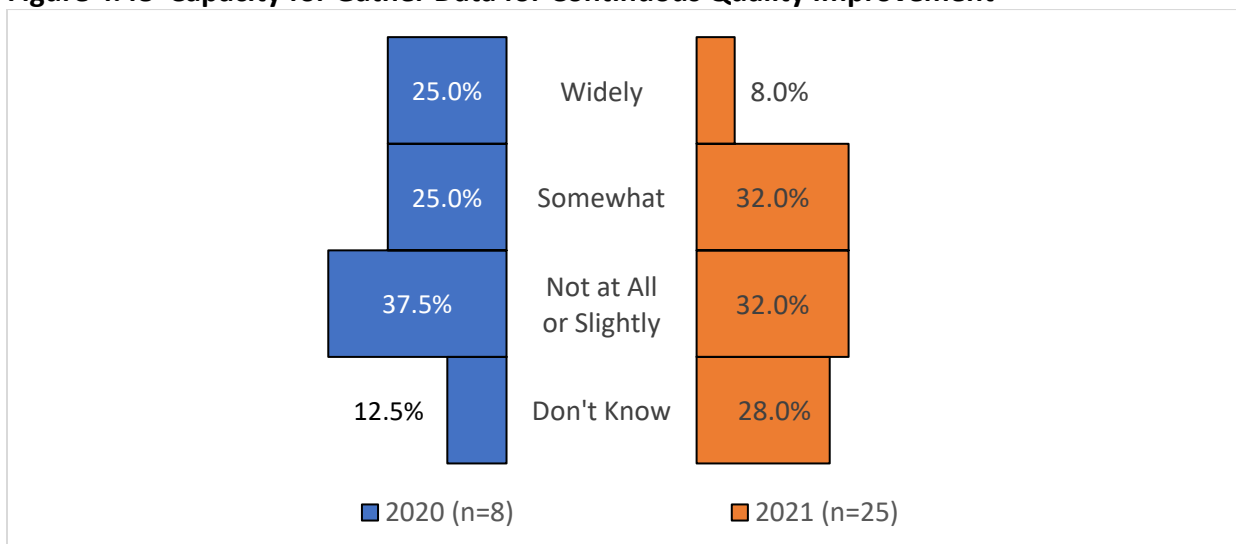
4.3.4 Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce; the results in Figure 4.49 indicate that most stakeholders felt they were "in place" or "partially in place" in both years.

Figure 4.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

	2020 (n=10)	2021 (n=33)
In Place	40.0%	30.3%
Partially in Place	40.0%	51.5%
Not in Place	10.0%	6.1%
Don't Know	10.0%	12.1%
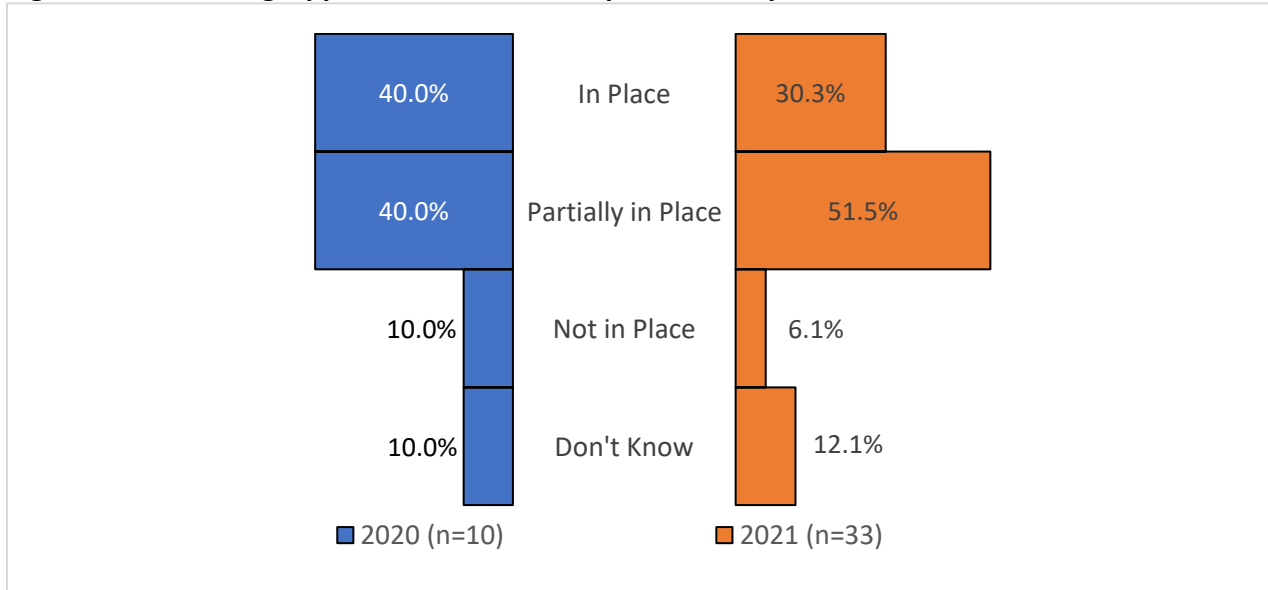
4.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2020 and 2021. 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 Kane County's implementation of the system of care infrastructure components in both 2020 and 2021 groups were relatively the same; stakeholders felt those components were between "not at all/slightly" and "somewhat" implemented.

Figure 4.50 System of Care Infrastructure Components
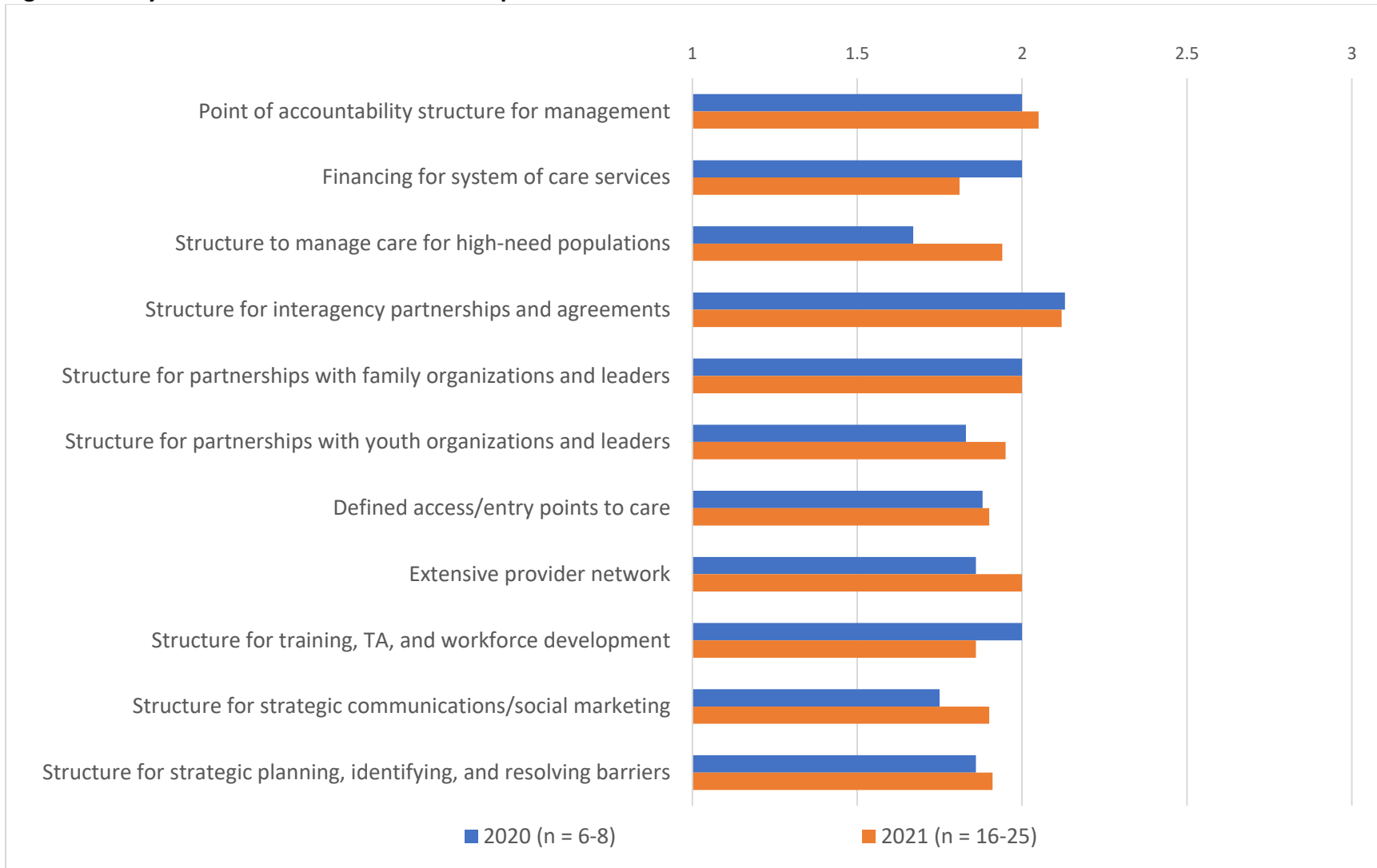
Note: "I Don't Know" responses were excluded when calculating the mean

4.4   Parent Survey Results

In 2021, parents involved in the development of the system of care completed a stakeholder survey that was adapted for them. Four parents in Kane County completed the parent version of the stakeholder survey. Sample sizes that small can produce percentages that fluctuate widely, so the figures for the results of the parent survey show the number of individuals who selected each response option rather than percentages.

Figure 4.51 Overall System of Care Implementation (n = 4)

Overall, how much has your community created a system of care?

Don't Know   Not At All   Slightly   Moderately   Widely

Figure 4.52 Parent and Youth Involvement in System of Care Implementation (n = 4)

Parents of children with mental health problems have been involved in planning the system of care in your community

Youth with mental health problems have been involved in planning the system of care in your community

Don't Know   Not At All   Slightly   Moderately   Widely

Figure 4.53 Individualized Services (n = 4)

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Category	Don't Know	Moderately	Widely
Child and family teams are used to develop service plans for children	2		2
Service plans are individualized to address children's unique needs	2		2
Individualized assessments and tests are used to plan children's services and supports	1	2	1
Children's service plans address more than one area of their life	1	1	2
Children's service plans include informal supports in addition to formal services and treatments	3		1

Figure 4.54 Family-Driven Services (n = 4)

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Category	Don't Know	Slightly	Moderately	Widely
Families have the most say in deciding which services and support their child gets		1	1	2
Children's services make use of their family's strengths			1	3
Families have a real choice about what services and supports the child and family receive	1	1		2
Parents have access to support from other parents who have children with mental health needs	1			3
There are organizations that support family involvement in children's mental health services			2	2

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Figure 4.55 Youth-Guided Services (n = 4)

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Category	Don't Know	Slightly	Moderately	Widely
Children and youth have a say in what services they get	1	1	2	
Children's services make use of their strengths and interests	1		3	
Youth have a real choice between different services and supports		2	2	
Youth have access to support from other youth who have mental health needs	1	2		1
There are organizations that support youth involvement in service planning and delivery	1	1	1	1

Figure 4.56 Coordinated Services (n = 4)

Different agencies work together as a team to provide services

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Slightly	Widely
1	3

Figure 4.57 Culturally and Linguistically Competent Services (n = 4)

Services and supports are available that are a good match for families of different cultures: Slightly 2, Moderately 1, Widely 1

Service providers are available for families who don't speak English: Slightly 2, Widely 2

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 4.58 Least Restrictive Services (n = 4)

Children are served at home rather than a group home or residential treatment center: Don't Know 3, Widely 1

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 4.59 Service Array (n = 4)

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 4.60 Service Coordination (n = 4)

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 4.61 Service Availability (n = 4)

Service	Don't Know	Not At All	Slightly	Moderately	Widely
Inpatient hospitalization	1			2	1
Residential treatment	2			1	1
Transportation	1			1	2
Supported independent living	3				1
Supported education and employment	2				2
Respite services	3				1
Caregiver peer provided services	2		1		1
Youth peer provided services	2				1
Tele-behavioral health services				1	3
Substance use residential treatment	1		1	1	1
Substance use treatment	1		1	1	1
Day treatment	2		1		1
Behavior management skills training	2		1	1	
School-based mental health services			2		2
Crisis response services	1		1		2
Medication treatment/management	2			1	1
Outpatient therapy	3				1
Coordination between different services	2			1	1
Individualized service planning	1			1	2
Assessment and testing			1	1	2
Early intervention services	2				2
Community-based prevention services	1		1	1	1
School-based prevention services	1		1	1	1
Screening children	2		1		1

5. Community Together – Heritage

The sample size and composition of the first and second administrations of stakeholder survey for Community Together were similar. The 2020 sample consisted of one parent and 13 providers including social services, homelessness services, healthcare, education, juvenile justice, child protection, community members and those who classified themselves as "other." The 2021 sample consisted of 14 providers from the same types of agencies and 5 parents. However, since the surveys were anonymous, there is no way to know if the same individuals took the survey in both 2020 and 2021, and in fact, it is likely that the two samples consisted of different individuals. Differences in the results of the 2020 and 2021 surveys may therefore partially be attributed to the fact that different individuals with different knowledge and experiences were taking the surveys.

It is also important to note that the sample sizes for the stakeholder survey in most sites were small, which means that changes in percentages 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 Community Together stakeholder perceptions of the overall implementation of systems of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; capacity to provide evidence-based mental health services; effective local use of data to inform decision-making; and the development of a well-prepared mental health workforce. Detailed information is provided in numerous figures and tables; a summary is provided here:

- In their overall assessment, almost half of respondents in the 2021 sample reported that the system of care was somewhat or widely developed and a third that it was slightly developed.
- In the 2020 administration of the survey, about a quarter of the sample answered that they did not know about the presence of the implementation supports, but most (60-80%) reported that the supports were in place or partially in place. There were small increases and decreases in the percentage of respondents that perceived the supports as partially or widely in place, but overall, the results were similar in 2020 and 2021.
- In 2020, around a third of the sample reported that they did not know the extent to which parents and youth were involved, the others reported that parent involvement was either partially or fully in place and youth involvement was less so. In 2021, over

half of the respondents felt that parent and youth involvement was partially in place, 14% felt it was not at all in place, and 21% felt it was fully in place.

- On average, stakeholders felt that the level of commitment to the system of care philosophy from most service systems was between slightly and somewhat committed. Stakeholders' perceived level of commitment of most child-serving systems remained the same in 2020 and 2021. There was an increase in the perceived commitment of the primary health system and public health systems and a decrease in the perceived commitment of the substance use treatment system, policy and decision-makers, and family leaders.

- The mean scores indicated that stakeholders perceived that service delivery was slightly to moderately guided by system of care values and principles. Stakeholder perceptions of almost all of the SOC principles increased from 2020 to 2021, although most were fairly small increases. There were larger increases in two of the principles – least restrictive services and culturally and linguistically competent services.

- Stakeholders ratings on the availability of different services changed little for many services, although a few services were perceived as more available in 2021 than 2020 (assessment, 24-hour crisis response, tele-behavioral health, mental health consultation) and others were perceived as less available in 2021 (individualized service planning, medication management, school-based behavioral health services, substance use treatment, and transportation). In 2021, stakeholders reported that outpatient therapy and crisis response services were widely available and that day treatment and youth peer-provided services were slightly or not at all available.

- The perceived availability of most out-of-home treatment services decreased slightly from 2020 to 2021.

- The perceived availability of parent and youth peer-provided services did not substantially change from 2020 to 2021. Stakeholders at both times felt that these services were not at all or only slightly available.

- The reported use of evidence-based treatments was minimal at both time points and did not appear to change.

- Stakeholders gave moderate scores on questions about service coordination and integration. Ratings increased on the provision of intensive/targeted care coordination and on basic care coordination.

- While most respondents at both time points reported that services for early identification of mental health problems were slightly to moderately available, a few stakeholders at the second administration thought they were widely available.

- On both administrations of the survey, most stakeholders reported that screening for behavioral health needs was somewhat to widely available.

- At each time point, stakeholders thought that the items asking about the capacity to provide evidence-based clinical interventions were moderately true.

- Most stakeholders reported that use of local outcome data to inform decision-making was partially in place.

- About half of respondents each year reported that the capacity for gathering data for continuous quality improvement was somewhat in place and about a third reported that they did not know.
- A large majority of stakeholders reported that training opportunities for developing a well-prepared mental health workforce were at least partially in place
- Perceived implementation of most SOC infrastructure components did not substantially change between 2020 and 2021; most stakeholders in 2021 rated these infrastructure components as somewhat implemented. A few items scored small increases between 2020 and 2021, however, it is difficult to interpret these changes because the increases averaged only about half a point across respondents and the number of stakeholders completing the survey was small.

5.1   System of Care Implementation Processes

5.1.1   Overall System of Care Implementation

Stakeholders were asked "to what extent do you believe that the system of care approach is being implemented in your community?" and the response options were not at all, slightly, somewhat, and widely. The distribution of responses in 2020 and 2021 are shown in Figure 5.1. Almost all of the respondents in 2020 reported that the SOC was somewhat implemented. Responses in 2021 were more varied; about 50% of the respondents felt that the SOC was somewhat or widely developed and a third felt that it was slightly developed.

Figure 5.1 Overall Assessment of System of Care Implementation

	2020 (n=12)		2021 (n=9)
Widely	8.3%		11.1%
Somewhat	91.7%		44.4%
Slightly	0.0%		33.3%
Not at All	0.0%		0.0%
Don't Know	0.0%		11.1%
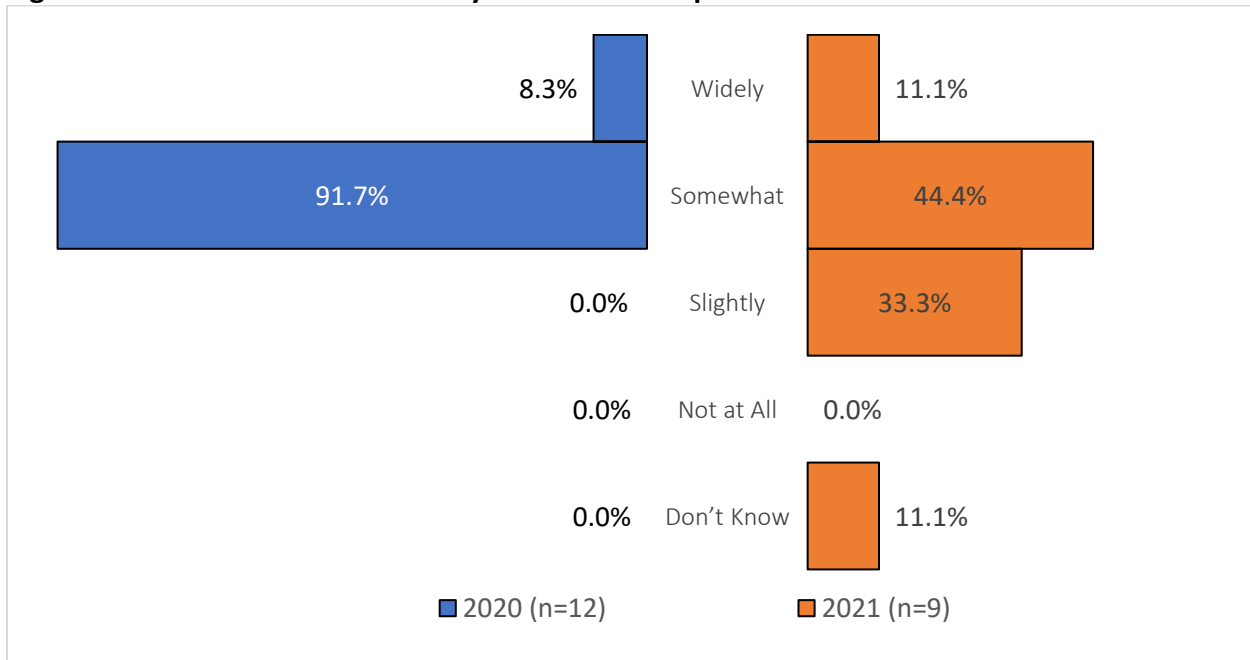
5.1.2 System of Care Implementation Supports and Activities

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 in 2020 and 2021. In the 2020 administration of the survey, about a quarter of the sample answered that they did not know about the presence of the implementation supports, but most (60-80%) reported that the supports were in place or partially in place. There were small increases and decreases in the percentage of respondents that perceived the supports as partially or widely in place, but overall, the results were similar in 2020 and 2021.

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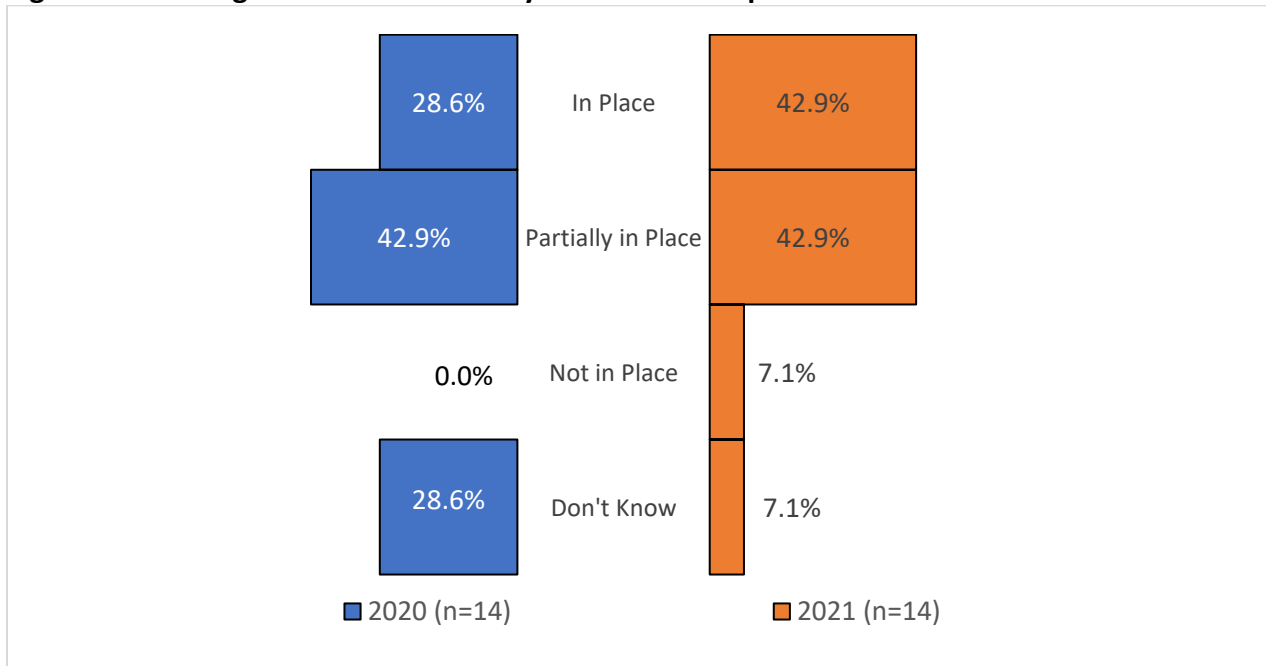
Figure 5.3 Planning Committee That Meets Frequently to Guide Implementation Activities

	2020 (n=14)	2021 (n=14)
In Place	50.0%	50.0%
Partially in Place	14.3%	42.9%
Not in Place	7.1%	0.0%
Don't Know	28.6%	7.1%
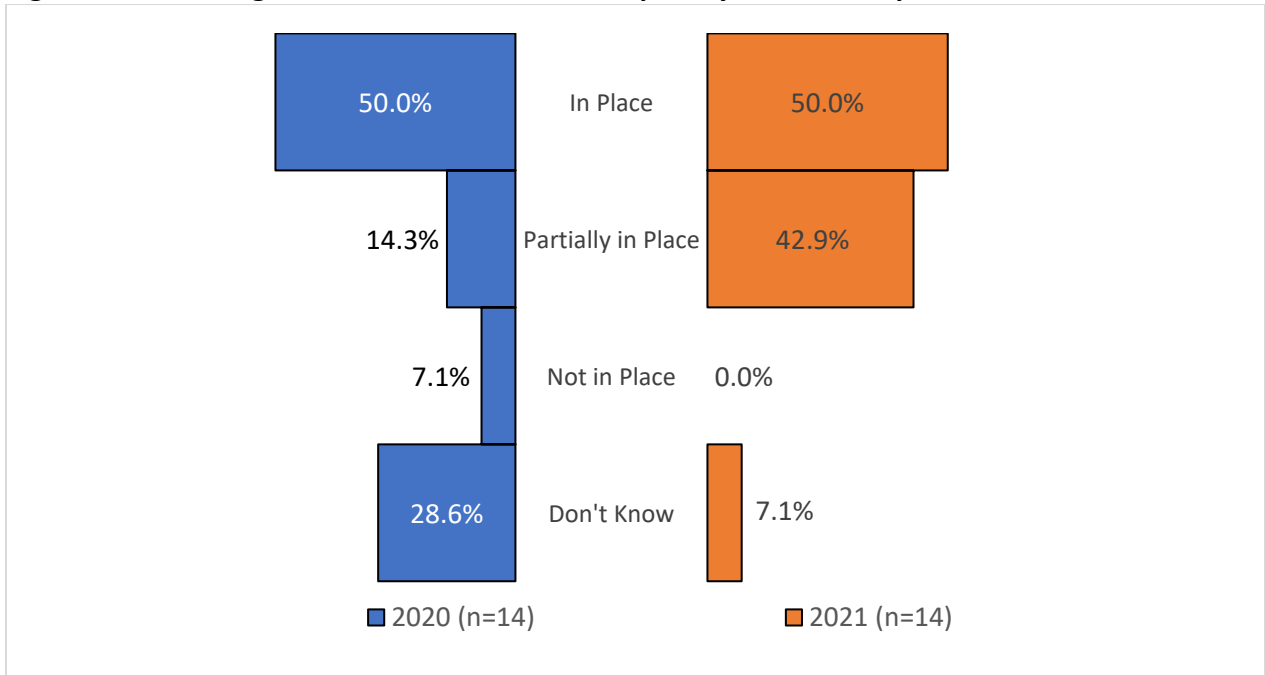
Figure 5.4 Buy-in, Leadership, and Champions From Multiple Child-Serving Systems

	2020 (n=14)	2021 (n=14)
In Place	57.1%	42.9%
Partially in Place	21.4%	42.9%
Not in Place	7.1%	7.1%
Don't Know	14.3%	7.1%
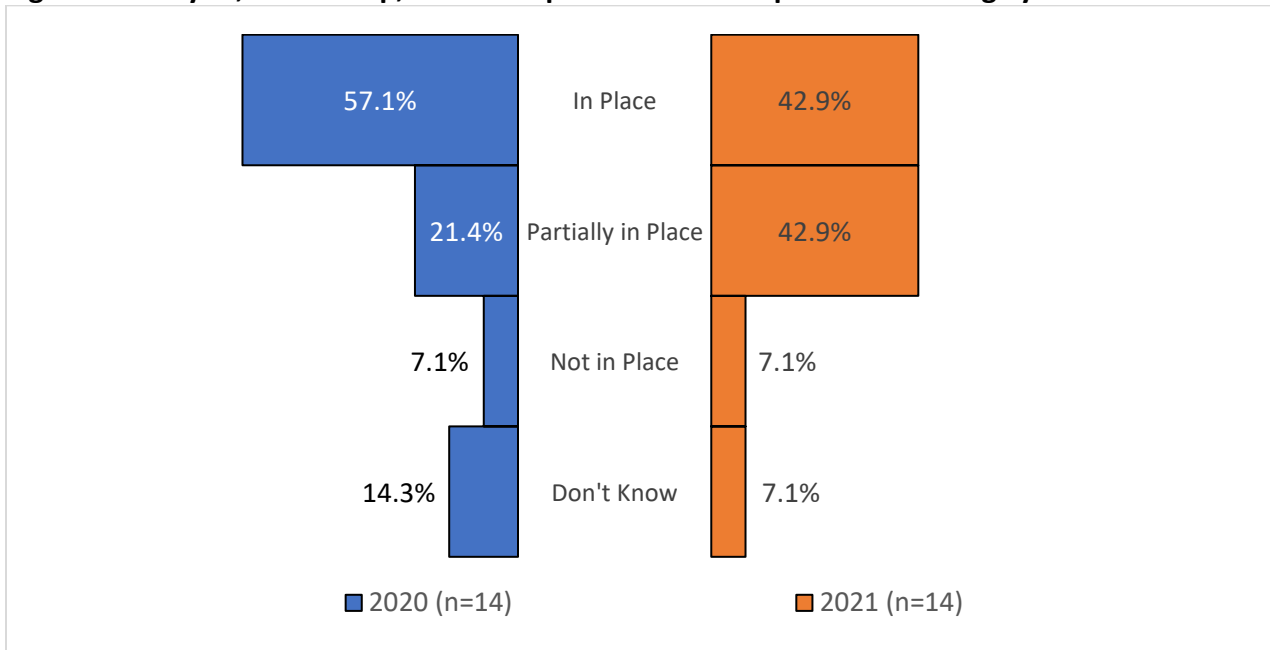
Figure 5.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders
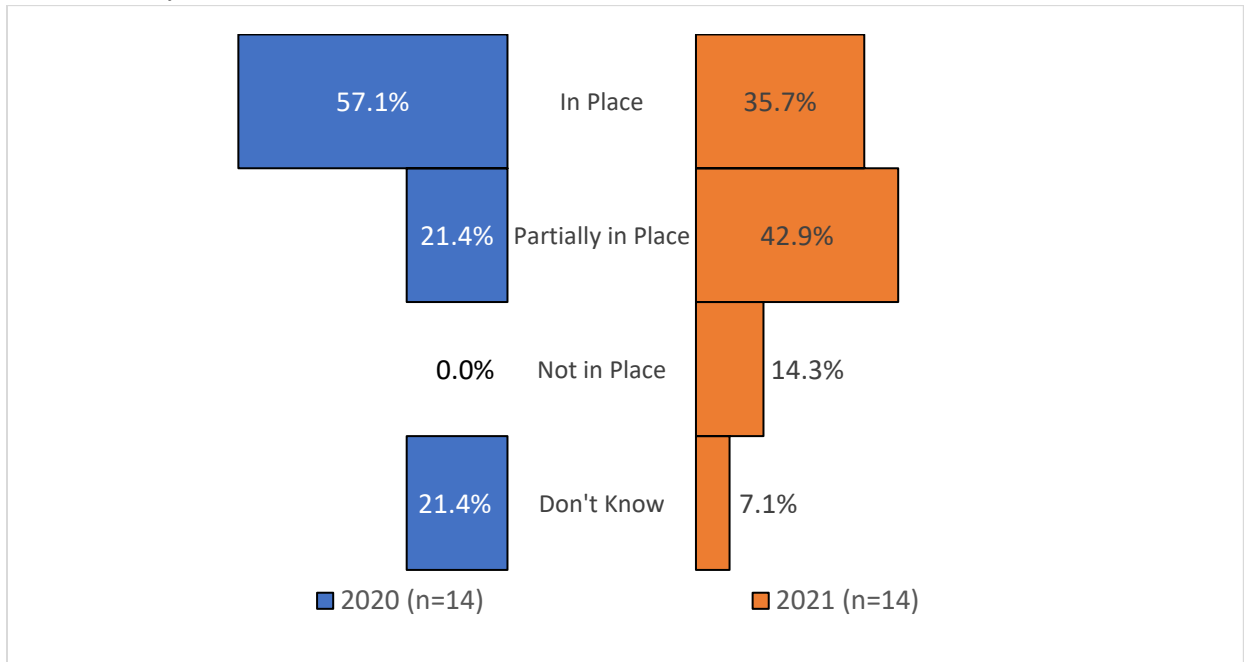
Figure 5.6 Technical Assistance Opportunities to Support Implementation
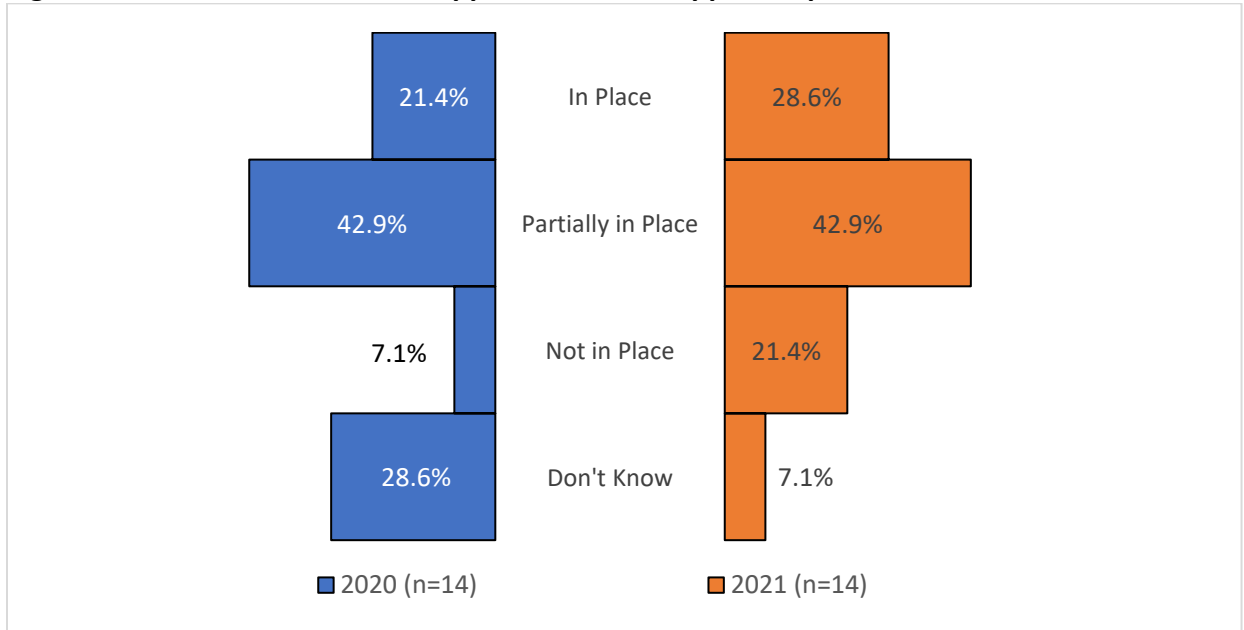
5.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities. In 2020, around a third of the sample reported that they did not know the extent to which parents and youth were involved, the others reported that parent involvement was either partially or fully in place and youth involvement was less so.

In 2021, over half of the respondents felt that parent and youth involvement was partially in place, 14% felt it was not at all in place, and 21% felt it was fully in place.

Figure 5.7 Parent Involvement in System of Care Implementation Activities

28.6%	In Place	21.4%
35.7%	Partially in Place	57.1%
0.0%	Not in Place	14.3%
35.7%	Don't Know	7.1%

2020 (n=14)   2021 (n=14)
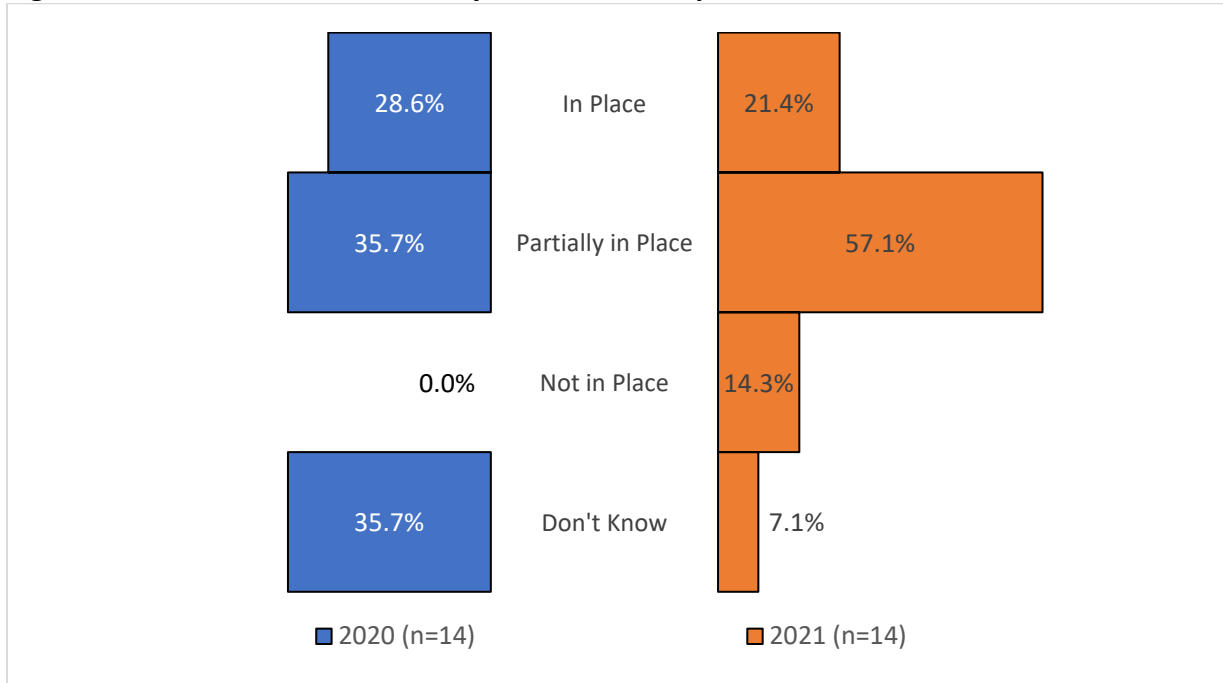
Figure 5.8 Youth Involvement in System of Care Implementation Activities

0.0%	In Place	21.4%
46.2%	Partially in Place	57.1%
15.4%	Not in Place	14.3%
38.5%	Don't Know	7.1%

2020 (n=13)   2021 (n=14)
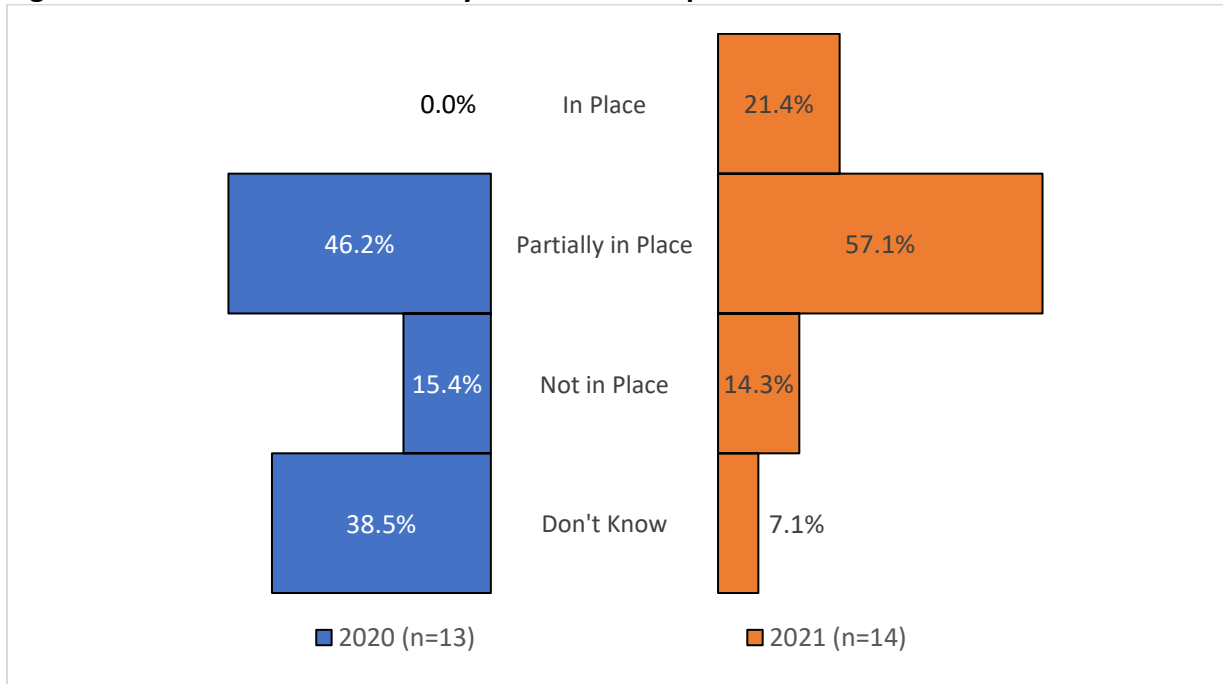
5.1.4 Commitment to System of Care Philosophy and Approach

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, 4 = widely committed, and 0 = don't know. Figure 5.9 shows the mean scores for the perceived commitment of each child-serving system in 2020 (blue bar) and 2021 (orange bar). On average, stakeholders felt that the level of commitment to the system of care philosophy from most service systems was between slightly and somewhat committed. Stakeholders' perceived level of commitment of most child-serving systems remained the same in 2020 and 2021. There was an increase in the perceived commitment of the primary health system and public health systems and a decrease in the perceived commitment of the substance use treatment system, policy and decision-makers, and family leaders.

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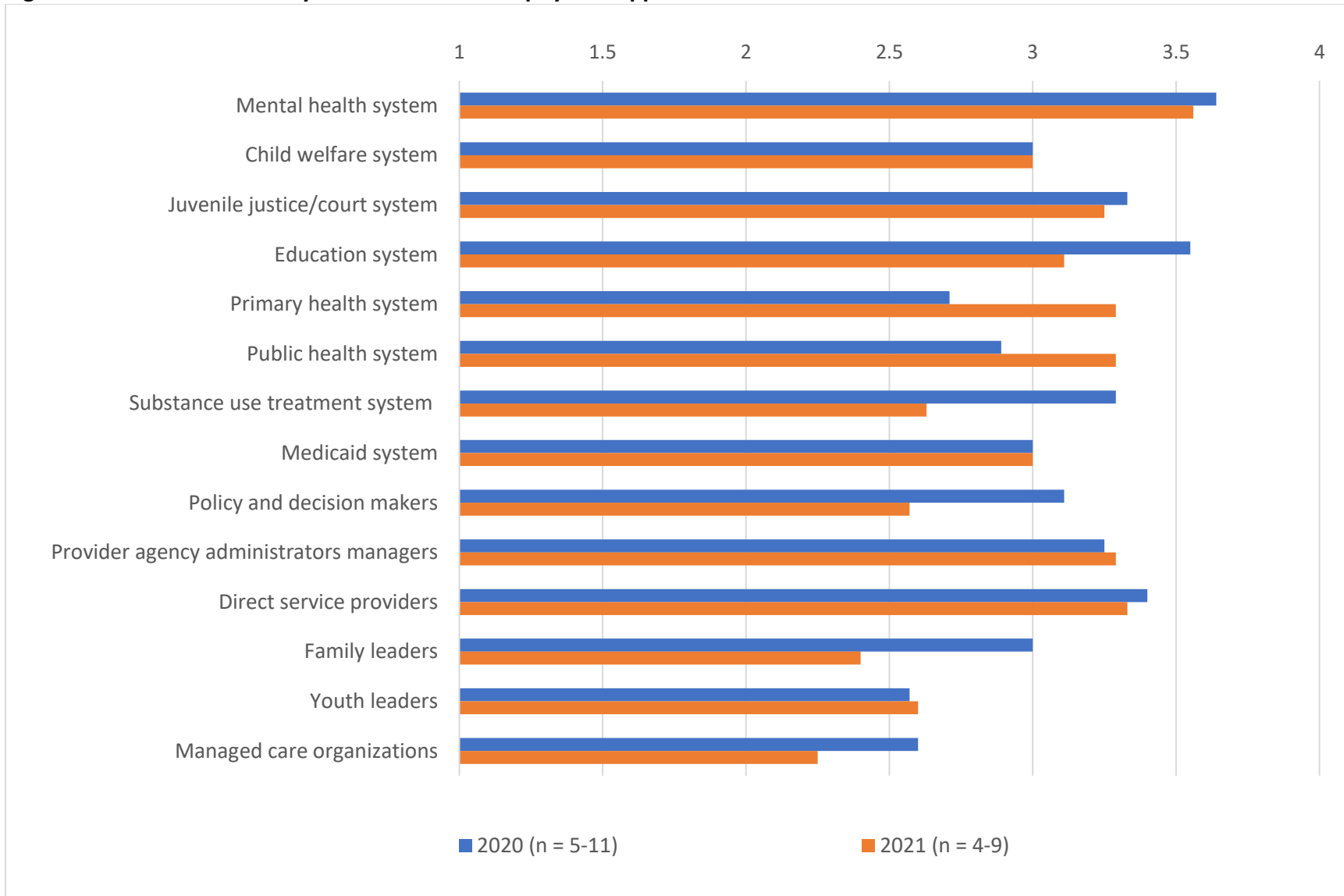
Note: "Don't know" responses were not included when calculating the mean scores.

5.2   System of Care Service Outcomes

5.2.1   Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these 8 principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2020 and 2021 are shown in Figure 5.10.

The mean scores indicated that stakeholders perceived that service delivery was slightly to moderately guided by system of care values and principles. Stakeholder perceptions of almost all of the SOC principles increased from 2020 to 2021, although most were fairly small increases. There were larger increases in two of the principles – least restrictive services and culturally and linguistically competent services.

Figure 5.10 Service Delivery Guided by System of Care Values and Principles

5.2.2 Service Availability – Community-Based Treatment and Support Services

Survey participants were provided with a long list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. Stakeholders ratings on the availability of different services changed little for many services, although a few services were perceived as more available in 2021 than 2020 (assessment, 24-hour crisis response, tele-behavioral health, mental health consultation) and others were perceived as less available in 2021 (individualized service planning, medication management, school-based behavioral health services, substance use treatment, and transportation). In 2021, stakeholders reported that outpatient therapy and crisis response services were widely available and that day treatment and youth peer-provided services were slightly or not at all available.

Figure 5.11 School-based Prevention Services

	2020 (n=12)		2021 (n=10)
Widely	25.0%		10.0%
Somewhat	41.7%		50.0%
Slightly	16.7%		20.0%
Not at All	8.3%		10.0%
Don't Know	8.3%		10.0%
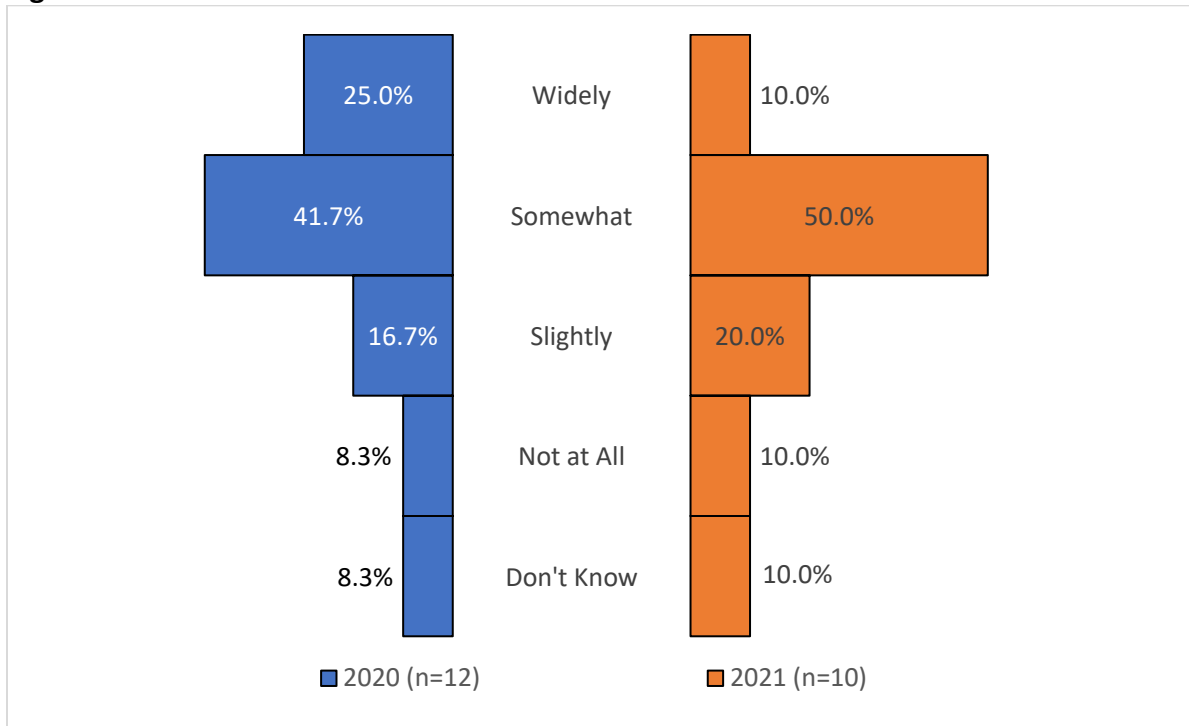
Figure 5.12 Community-based Prevention Services

	2020 (n=12)		2021 (n=10)
Widely	16.7%		30.0%
Somewhat	58.3%		20.0%
Slightly	25.0%		40.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		10.0%

■ 2020 (n=12)   ■ 2021 (n=10)
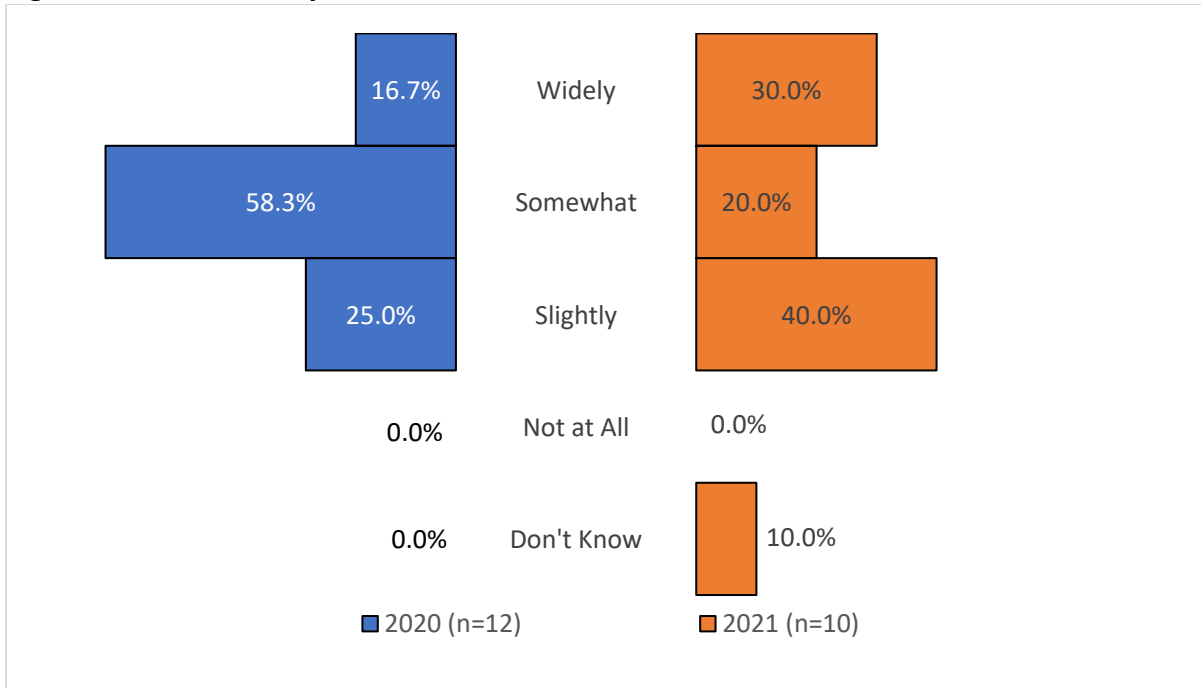
Figure 5.13 Early intervention Services

	2020 (n=12)		2021 (n=10)
Widely	33.3%		30.0%
Somewhat	50.0%		30.0%
Slightly	8.3%		40.0%
Not at All	0.0%		0.0%
Don't Know	8.3%		0.0%

■ 2020 (n=12)   ■ 2021 (n=10)

Figure 5.14 Assessment

	2020 (n=12)	2021 (n=10)
Widely	16.7%	40.0%
Somewhat	41.7%	30.0%
Slightly	8.3%	30.0%
Not at All	0.0%	0.0%
Don't Know	33.3%	0.0%
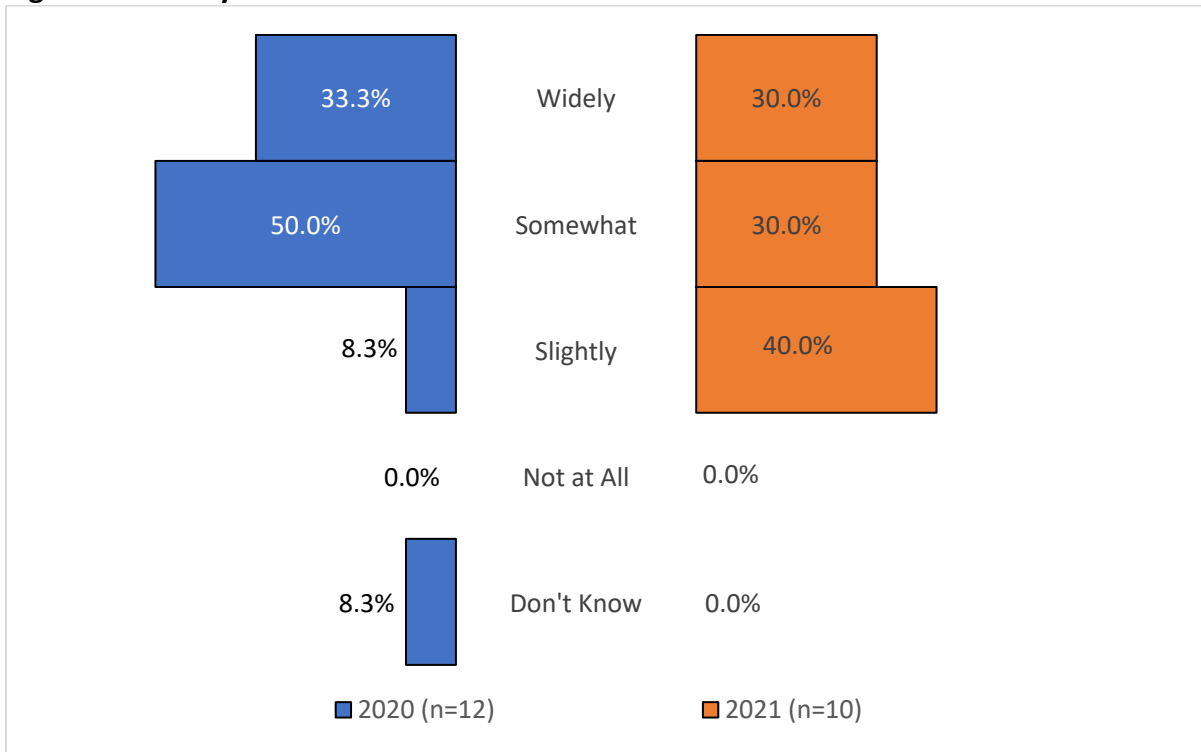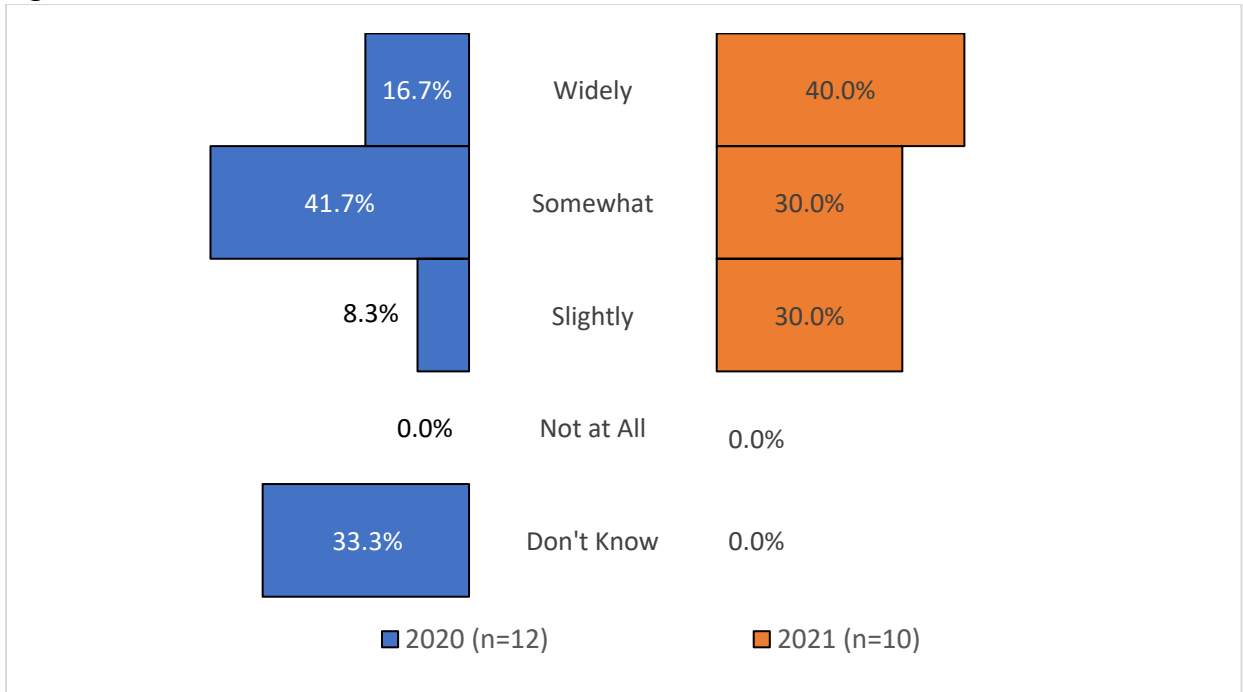
Figure 5.15 Individualized Service Planning

	2020 (n=12)	2021 (n=10)
Widely	33.3%	10.0%
Somewhat	16.7%	30.0%
Slightly	33.3%	40.0%
Not at All	0.0%	0.0%
Don't Know	16.7%	20.0%
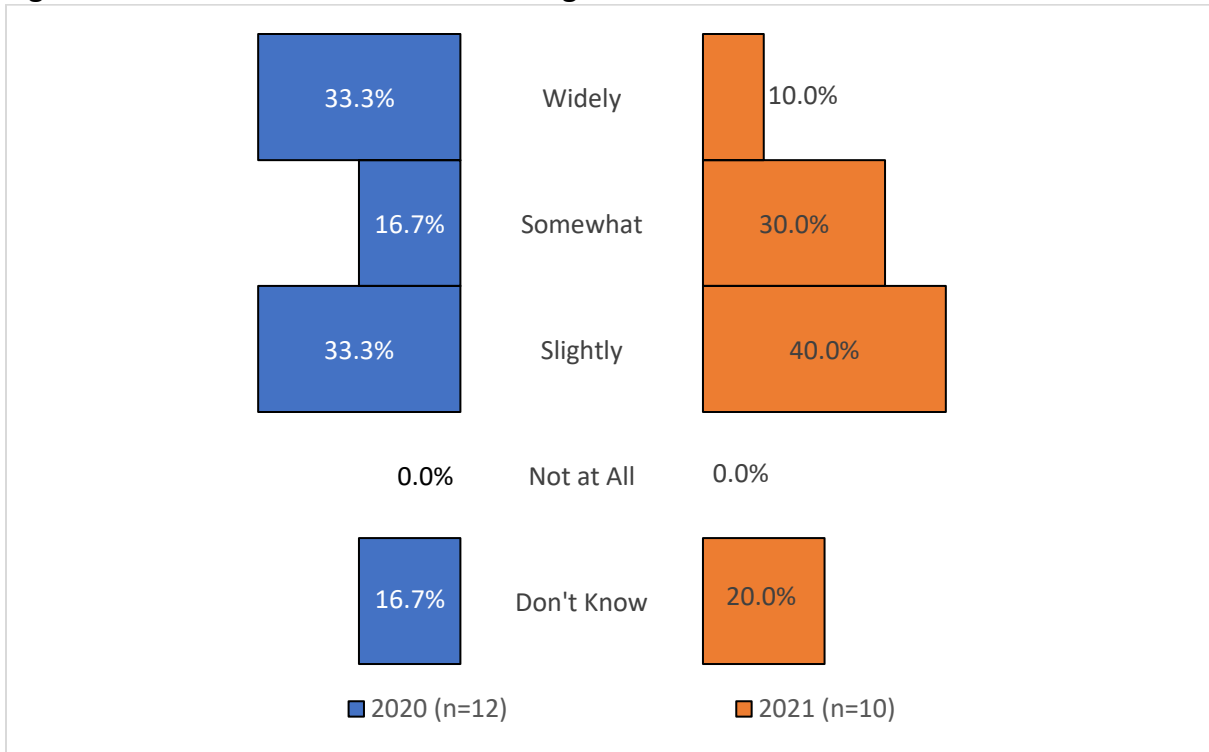
Figure 5.16 Intensive Care Management

	2020 (n=12)	2021 (n=10)
Widely	16.7%	20.0%
Somewhat	25.0%	30.0%
Slightly	16.7%	20.0%
Not at All	0.0%	10.0%
Don't Know	41.7%	20.0%

■ 2020 (n=12)   ■ 2021 (n=10)
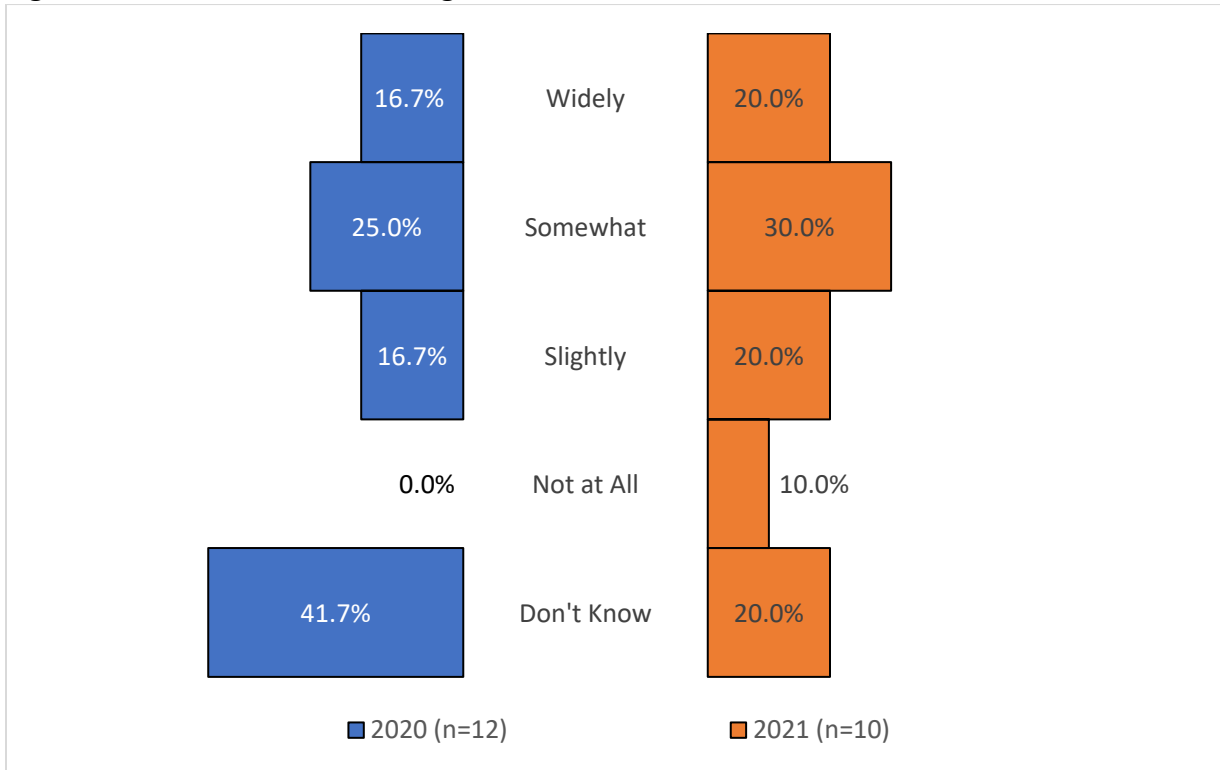
Figure 5.17 Service Coordination for Youth at Lower Levels of Service Intensity

	2020 (n=12)	2021 (n=10)
Widely	0.0%	0.0%
Somewhat	25.0%	30.0%
Slightly	16.7%	30.0%
Not at All	0.0%	10.0%
Don't Know	58.3%	30.0%

■ 2020 (n=12)   ■ 2021 (n=10)
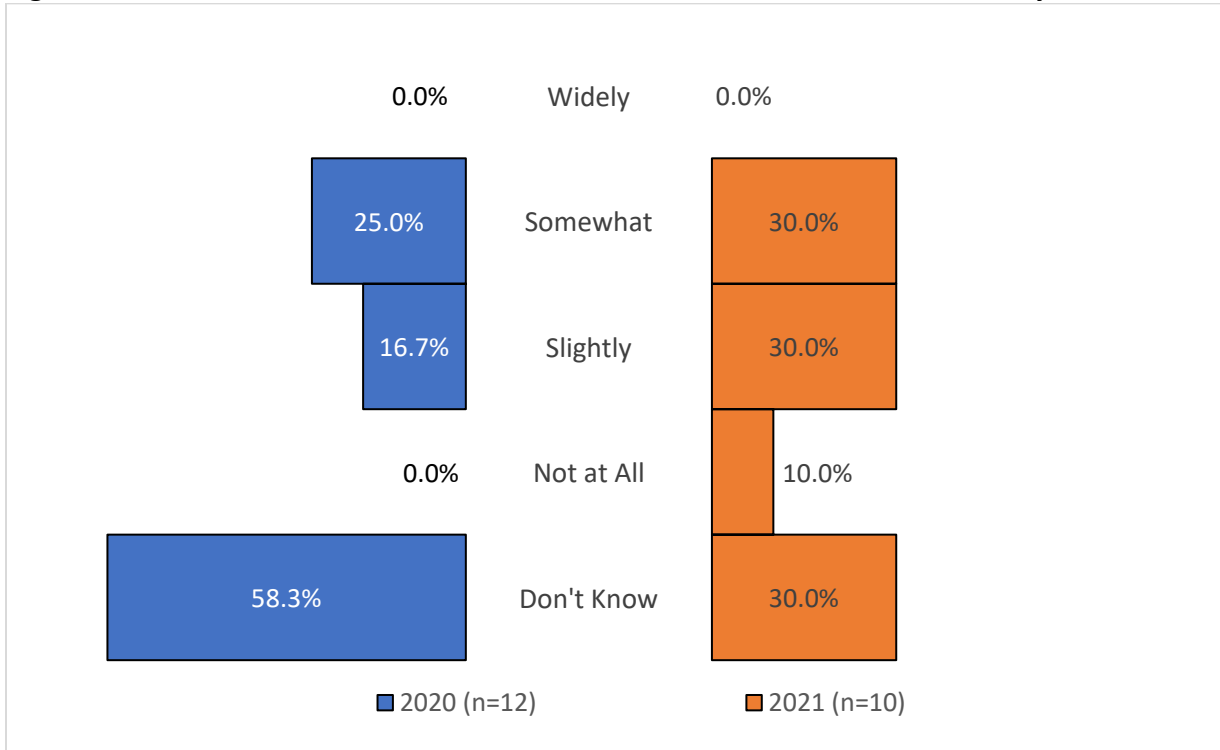
Figure 5.18 Outpatient Therapy

	2020 (n=11)	2021 (n=9)
Widely	45.5%	55.6%
Somewhat	27.3%	0.0%
Slightly	9.1%	22.2%
Not at All	0.0%	0.0%
Don't Know	18.2%	22.2%
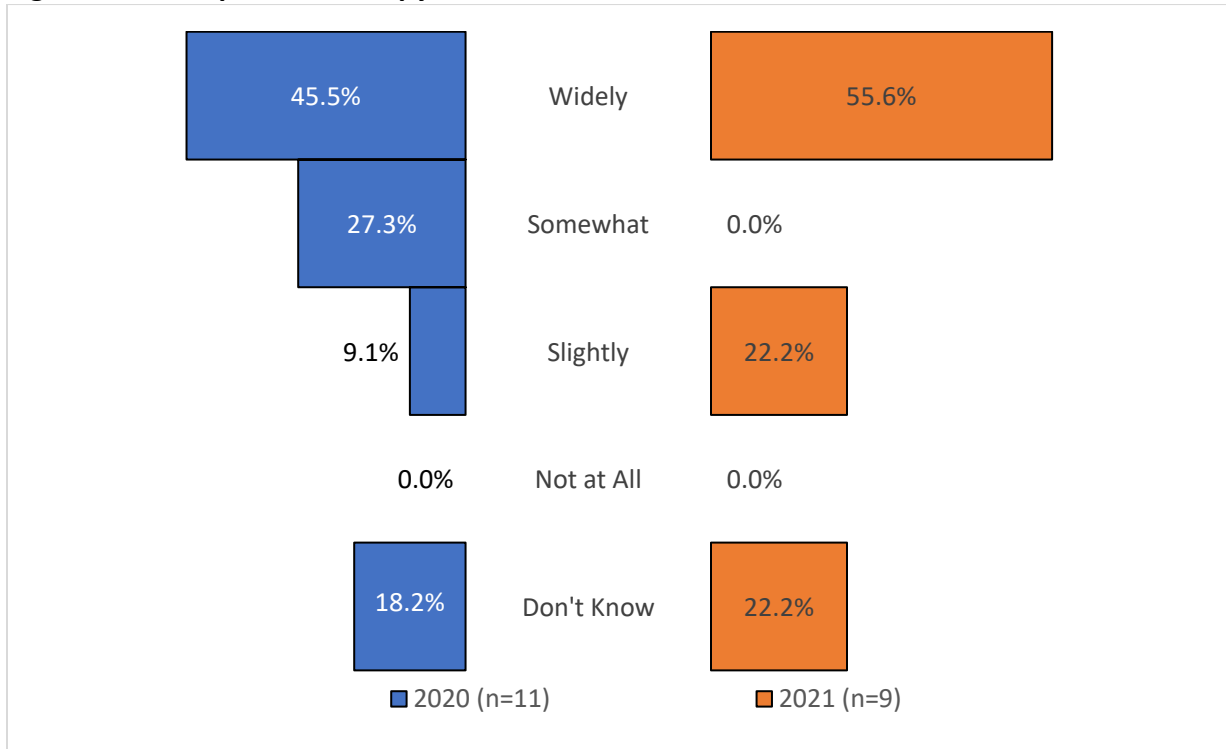
Figure 5.19 Medication Treatment/Management

	2020 (n=12)	2021 (n=10)
Widely	41.7%	30.0%
Somewhat	41.7%	10.0%
Slightly	8.3%	30.0%
Not at All	0.0%	10.0%
Don't Know	8.3%	20.0%

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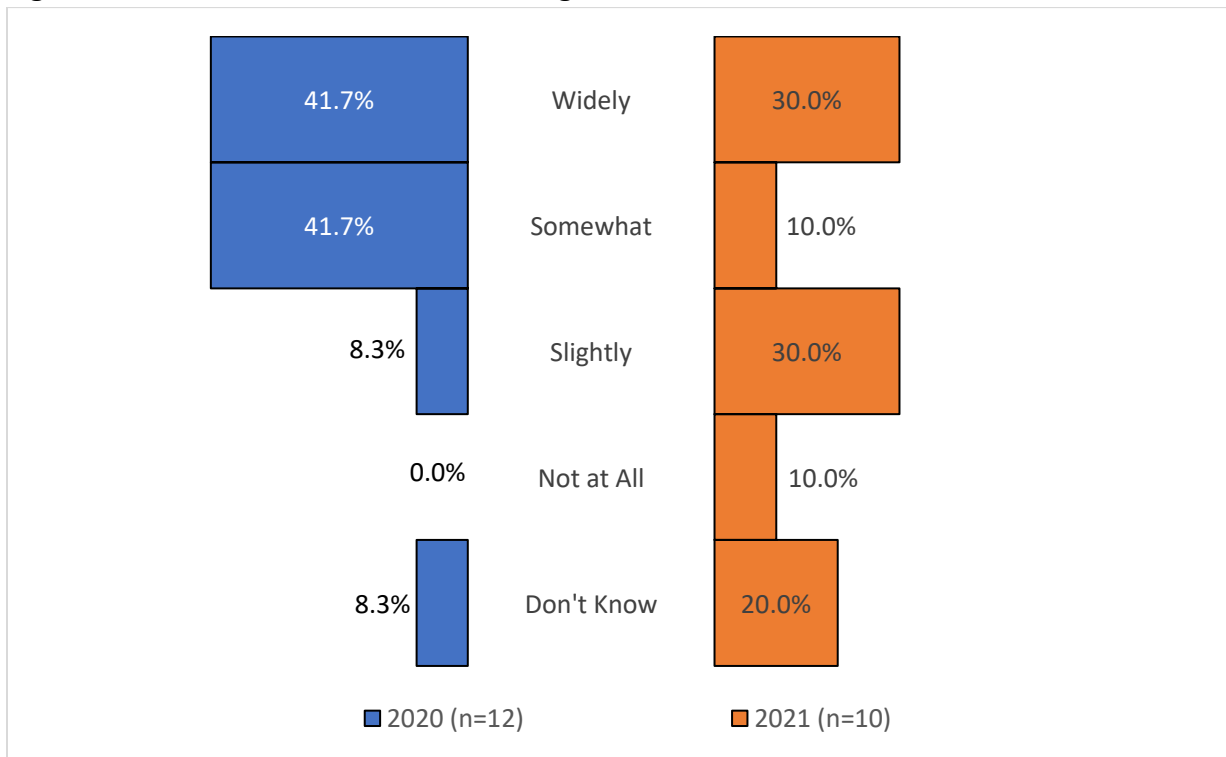
Figure 5.20 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	2020 (n=12)	2021 (n=10)
Widely	41.7%	70.0%
Somewhat	16.7%	10.0%
Slightly	8.3%	0.0%
Not at All	0.0%	10.0%
Don't Know	33.3%	10.0%
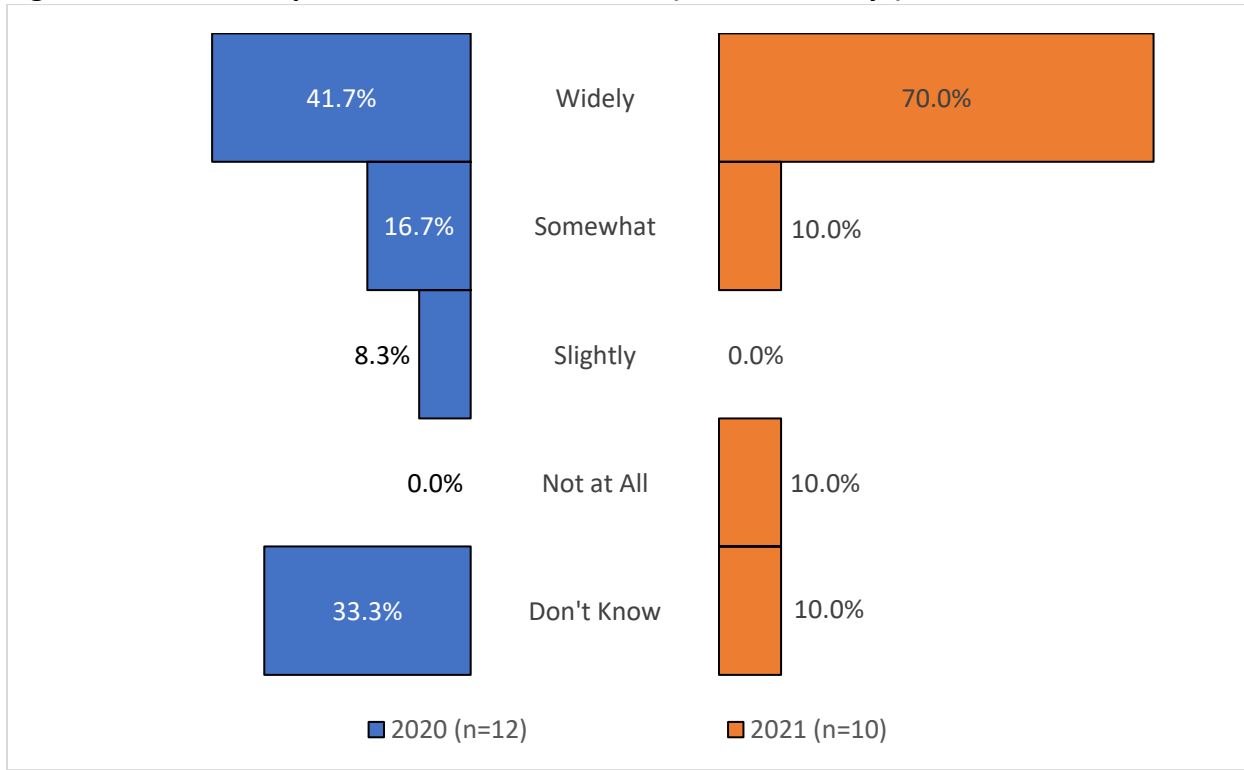
Figure 5.21 Mobile Crisis and Stabilization Services (24 hours, 7 days)

	2020 (n=12)	2021 (n=10)
Widely	25.0%	20.0%
Somewhat	41.7%	30.0%
Slightly	16.7%	10.0%
Not at All	0.0%	20.0%
Don't Know	16.7%	20.0%
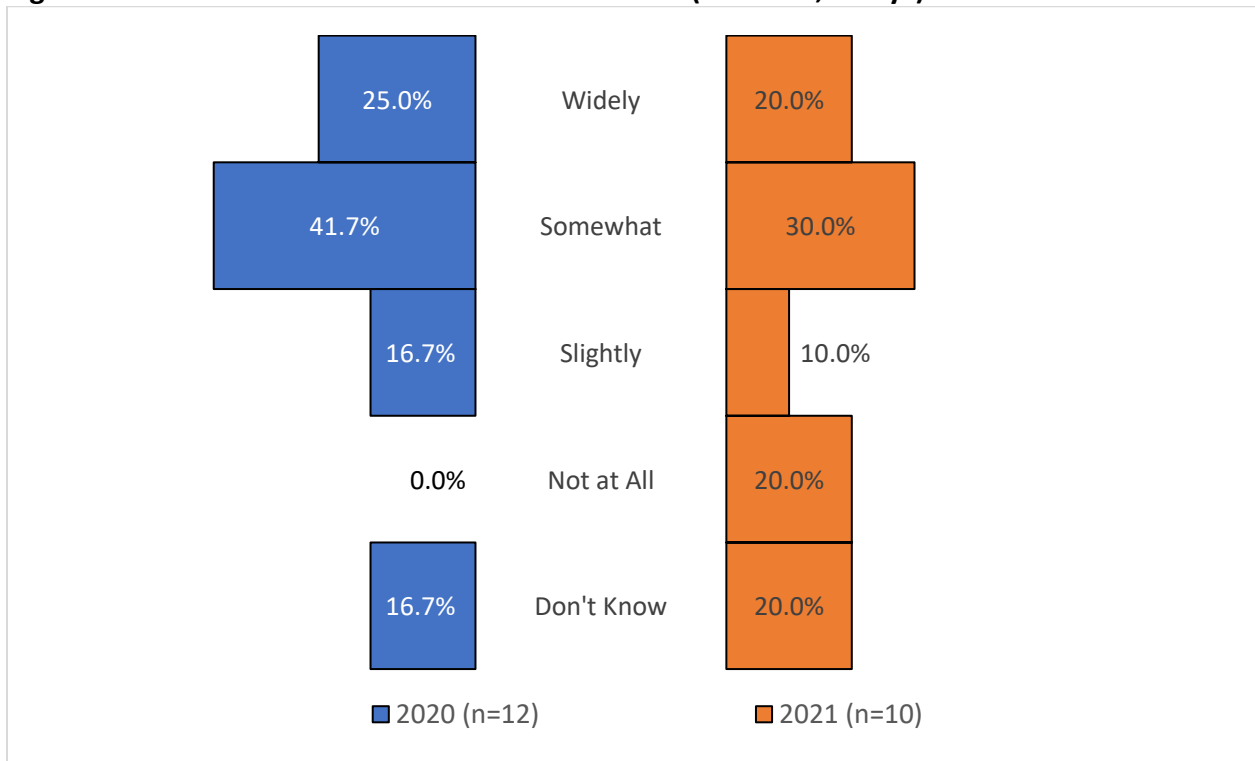
Figure 5.22 Intensive In-Home Services

	2020 (n=12)		2021 (n=10)
Widely	8.3%		0.0%
Somewhat	33.3%		40.0%
Slightly	16.7%		20.0%
Not at All	0.0%		10.0%
Don't Know	41.7%		30.0%
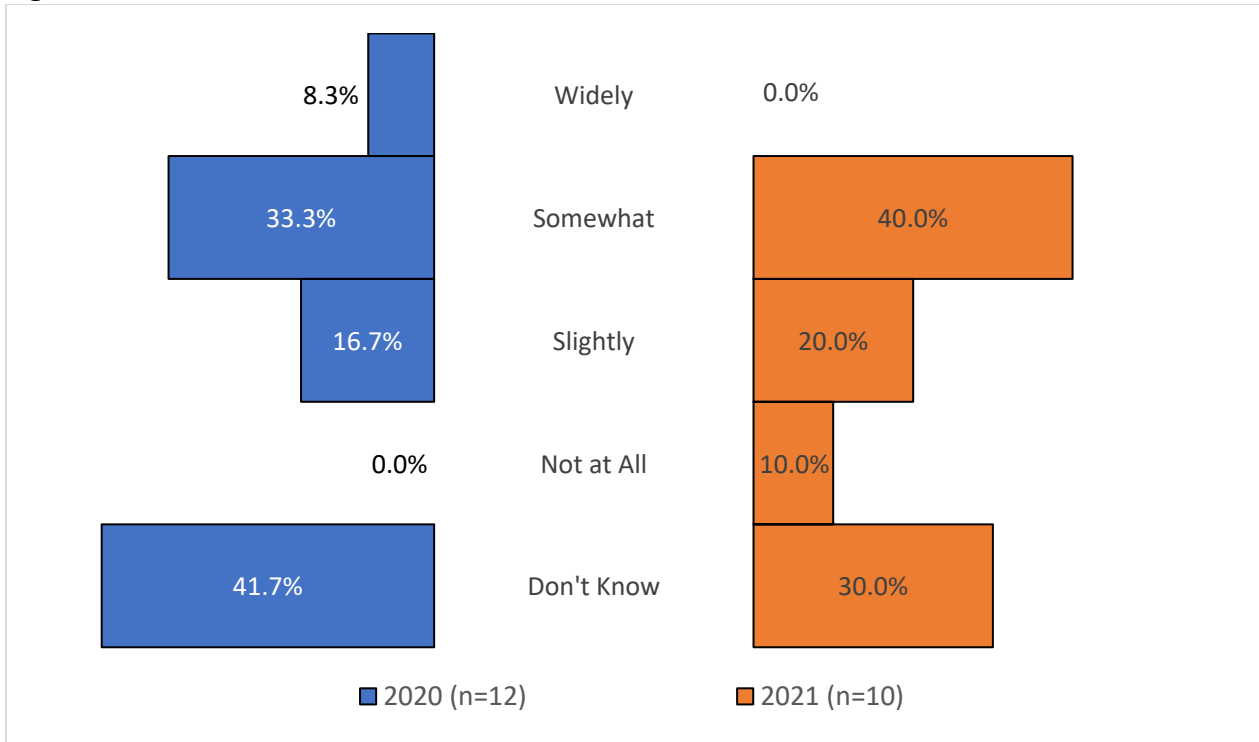
Figure 5.23 School-based Behavioral Health Services

	2020 (n=12)		2021 (n=10)
Widely	33.3%		0.0%
Somewhat	33.3%		70.0%
Slightly	25.0%		20.0%
Not at All	8.3%		10.0%
Don't Know	0.0%		0.0%
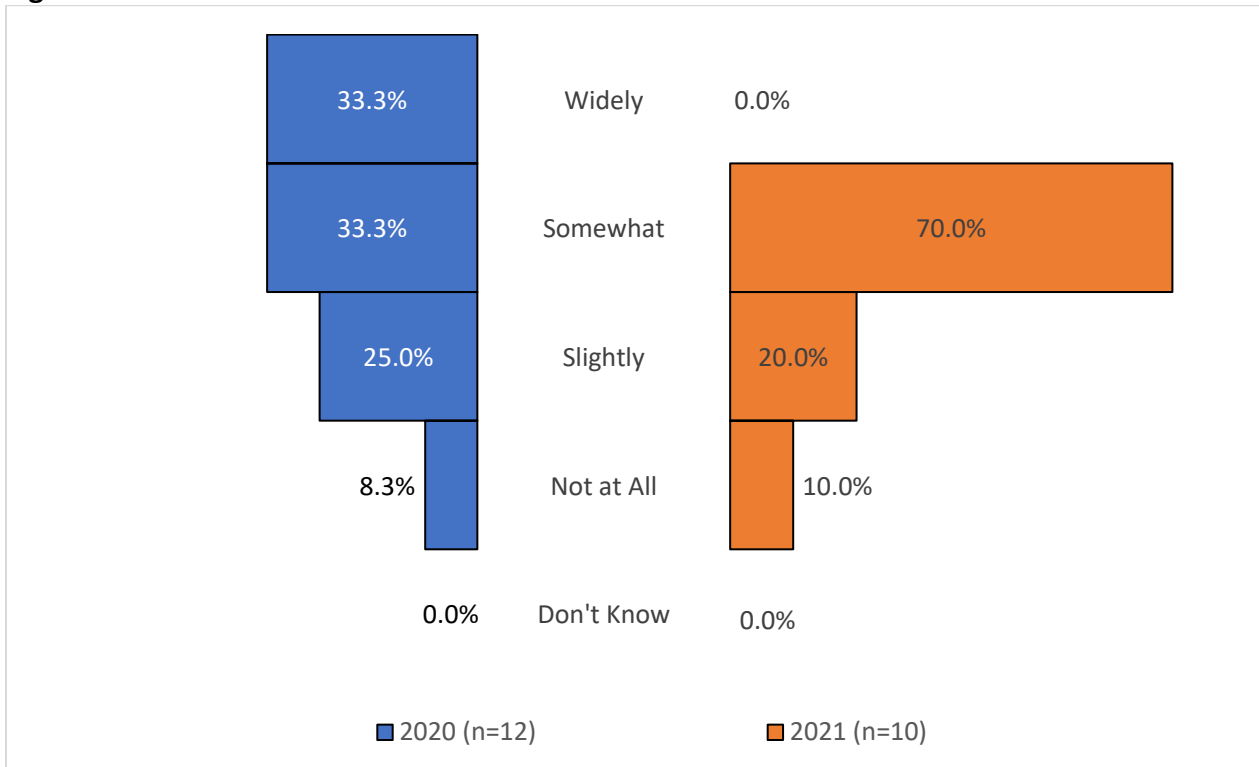
Figure 5.24 Day Treatment

	2020 (n=12)		2021 (n=10)
Widely	16.7%		0.0%
Somewhat	16.7%		0.0%
Slightly	25.0%		30.0%
Not at All	8.3%		30.0%
Don't Know	33.3%		40.0%
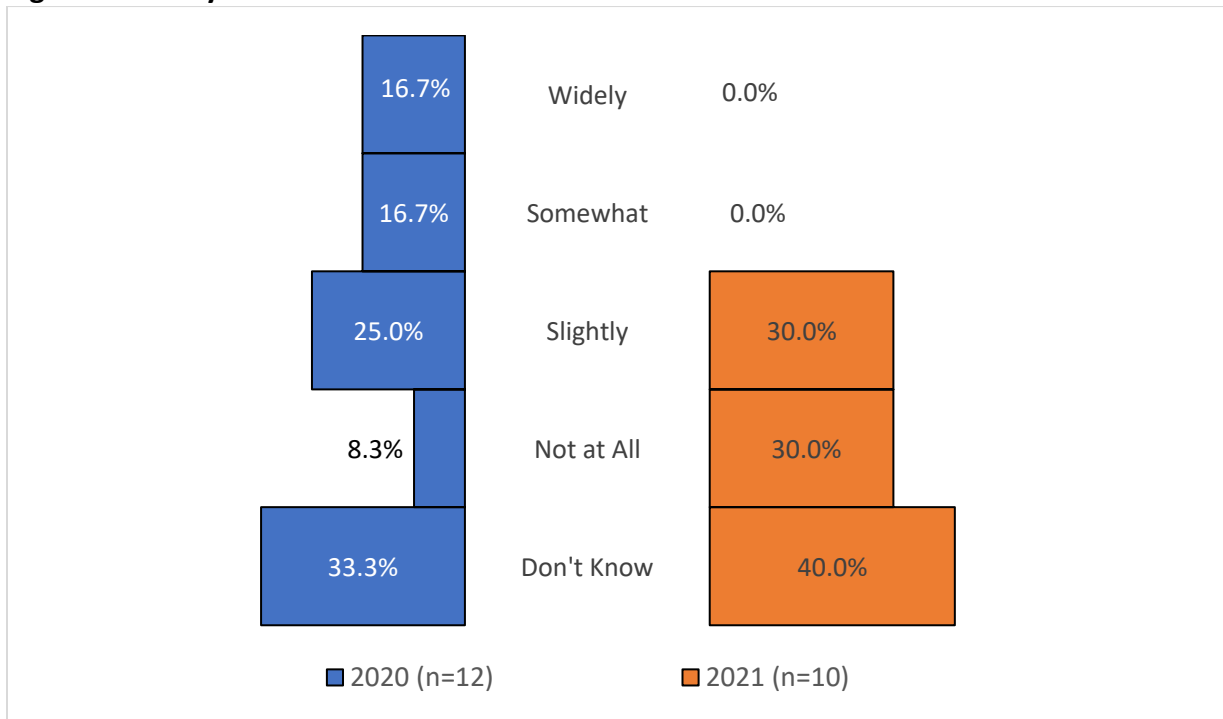
Figure 5.25 Substance Use Treatment

	2020 (n=12)		2021 (n=10)
Widely	41.7%		10.0%
Somewhat	50.0%		50.0%
Slightly	8.3%		20.0%
Not at All	0.0%		10.0%
Don't Know	0.0%		10.0%
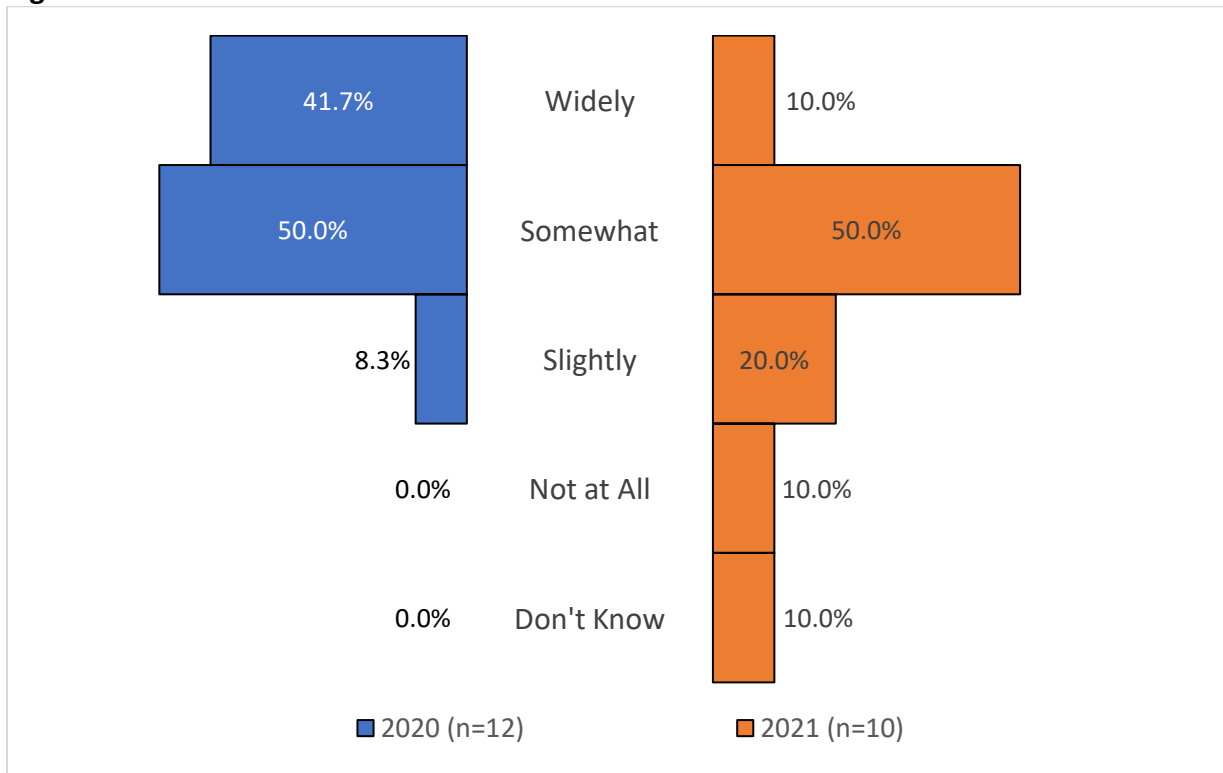
Figure 5.26 Therapeutic Behavioral Aide Services

16.7%	Widely	0.0%
33.3%	Somewhat	20.0%
16.7%	Slightly	20.0%
0.0%	Not at All	0.0%
33.3%	Don't Know	60.0%

■ 2020 (n=12)   ■ 2021 (n=10)
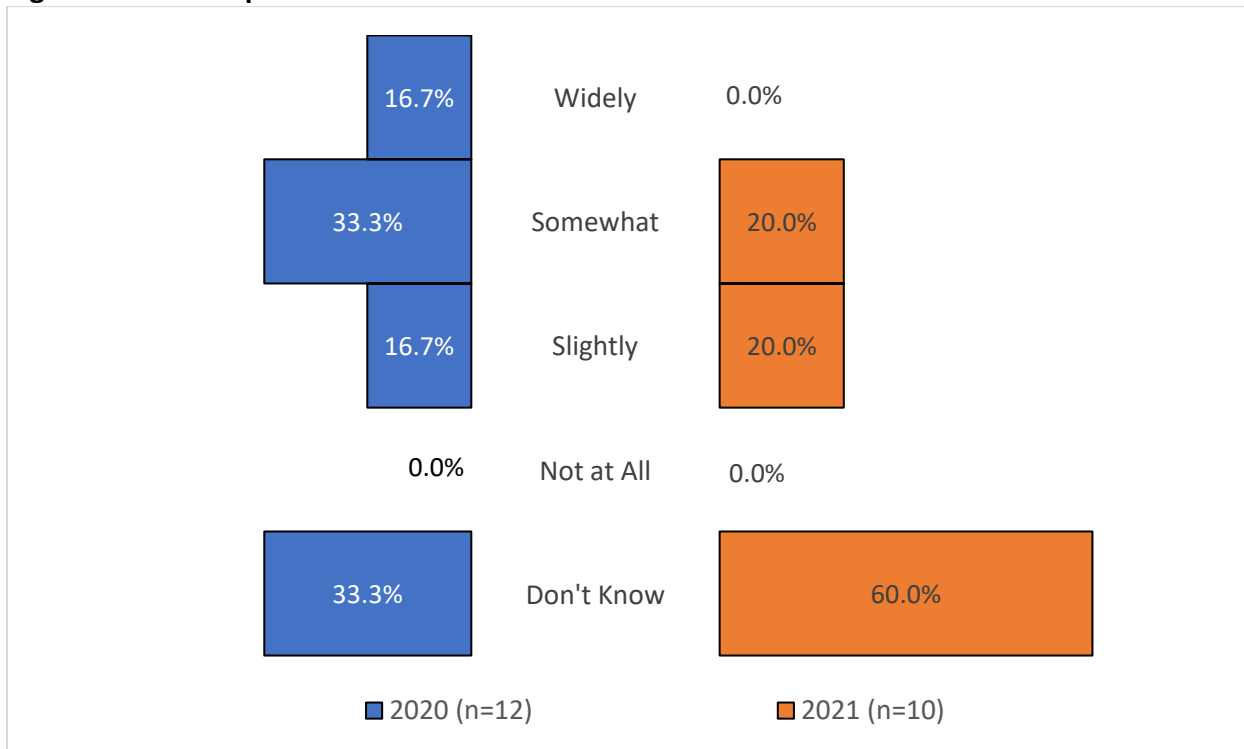
Figure 5.27 Behavior Management Skills Training

16.7%	Widely	10.0%
33.3%	Somewhat	20.0%
25.0%	Slightly	20.0%
0.0%	Not at All	0.0%
25.0%	Don't Know	50.0%

■ 2020 (n=12)   ■ 2021 (n=10)
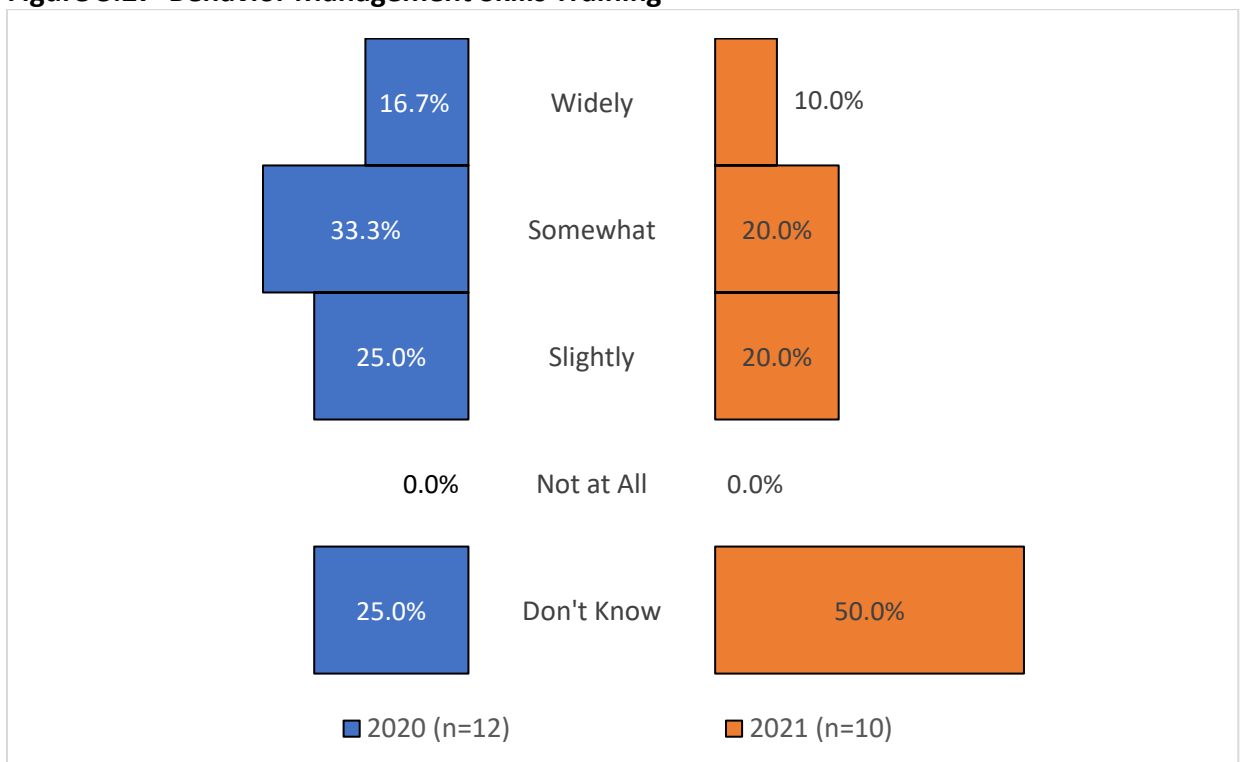
Figure 5.28 Tele-Behavioral Health Services

	2020 (n=12)	2021 (n=10)
Widely	8.3%	40.0%
Somewhat	25.0%	20.0%
Slightly	0.0%	10.0%
Not at All	25.0%	10.0%
Don't Know	41.7%	20.0%
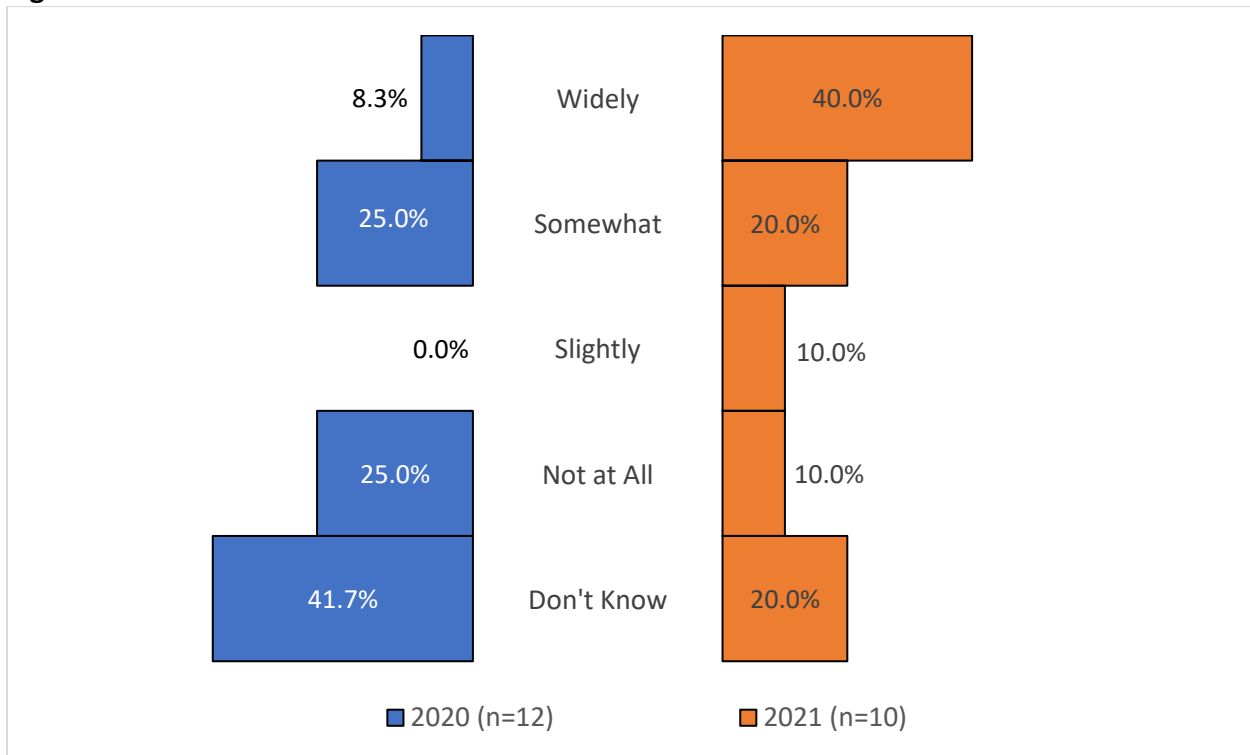
Figure 5.29 Youth and Family Education

	2020 (n=12)	2021 (n=10)
Widely	8.3%	0.0%
Somewhat	58.3%	40.0%
Slightly	25.0%	30.0%
Not at All	8.3%	0.0%
Don't Know	0.0%	30.0%
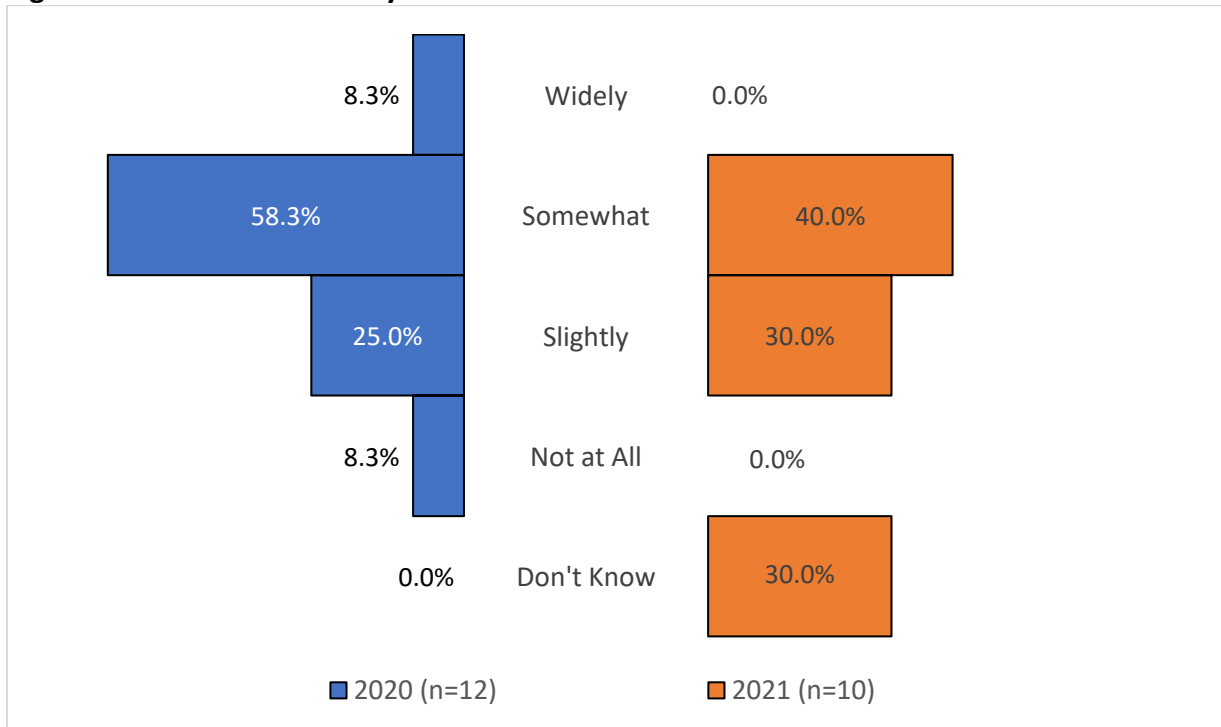
Figure 5.30 Respite Services

	2020 (n=12)		2021 (n=10)
Widely	0.0%		0.0%
Somewhat	33.3%		40.0%
Slightly	16.7%		10.0%
Not at All	0.0%		20.0%
Don't Know	50.0%		30.0%
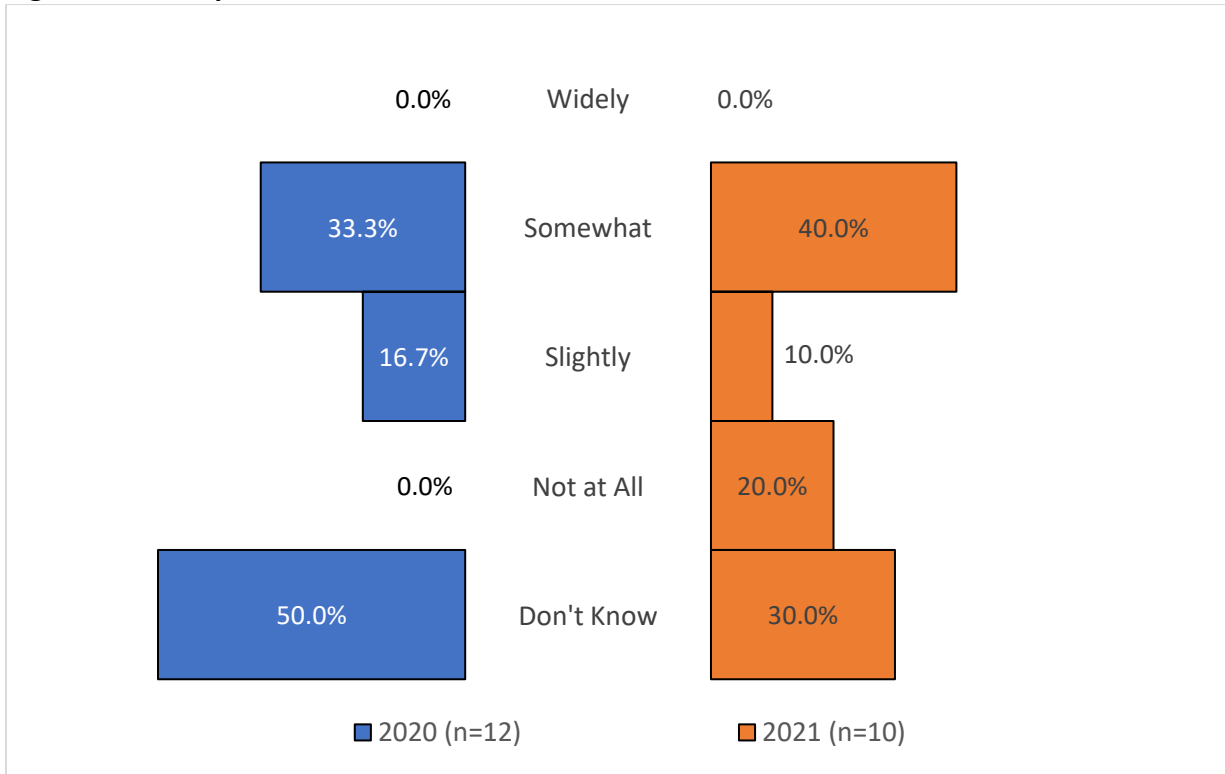
Figure 5.31 Therapeutic Mentoring

	2020 (n=12)		2021 (n=10)
Widely	0.0%		0.0%
Somewhat	16.7%		20.0%
Slightly	33.3%		30.0%
Not at All	0.0%		10.0%
Don't Know	50.0%		40.0%
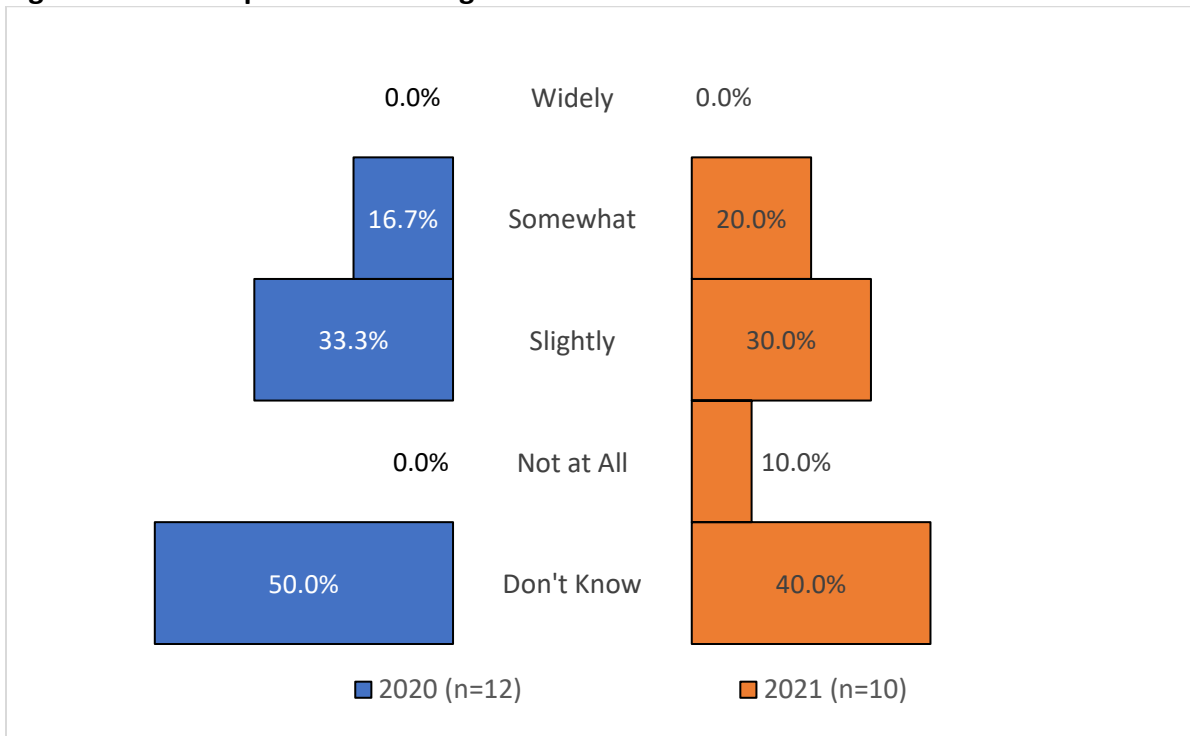
Figure 5.32 Mental Health Consultation

	2020 (n=12)	Category	2021 (n=10)
	25.0%	Widely	50.0%
	50.0%	Somewhat	0.0%
	16.7%	Slightly	10.0%
	0.0%	Not at All	10.0%
	8.3%	Don't Know	30.0%

■ 2020 (n=12)   ■ 2021 (n=10)
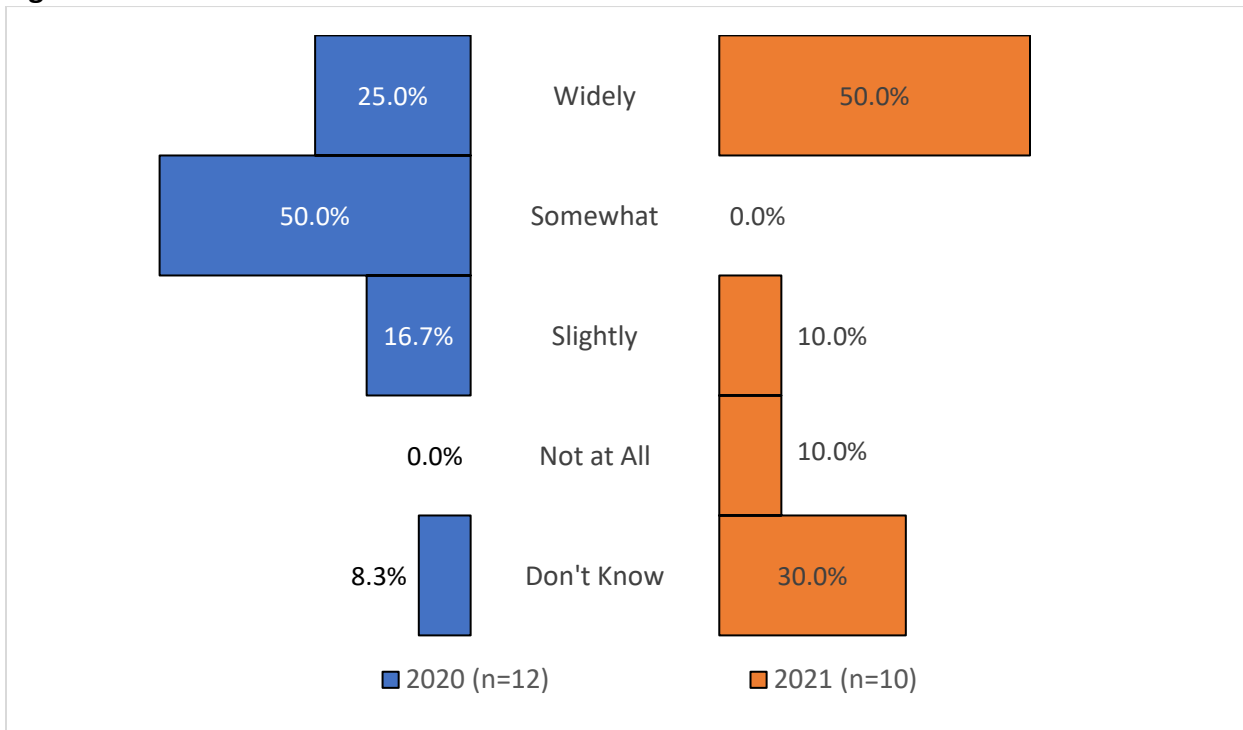
Figure 5.33 Supported Education and Employment

	2020 (n=12)	Category	2021 (n=10)
	25.0%	Widely	0.0%
	25.0%	Somewhat	30.0%
	25.0%	Slightly	20.0%
	8.3%	Not at All	10.0%
	16.7%	Don't Know	40.0%

■ 2020 (n=12)   ■ 2021 (n=10)
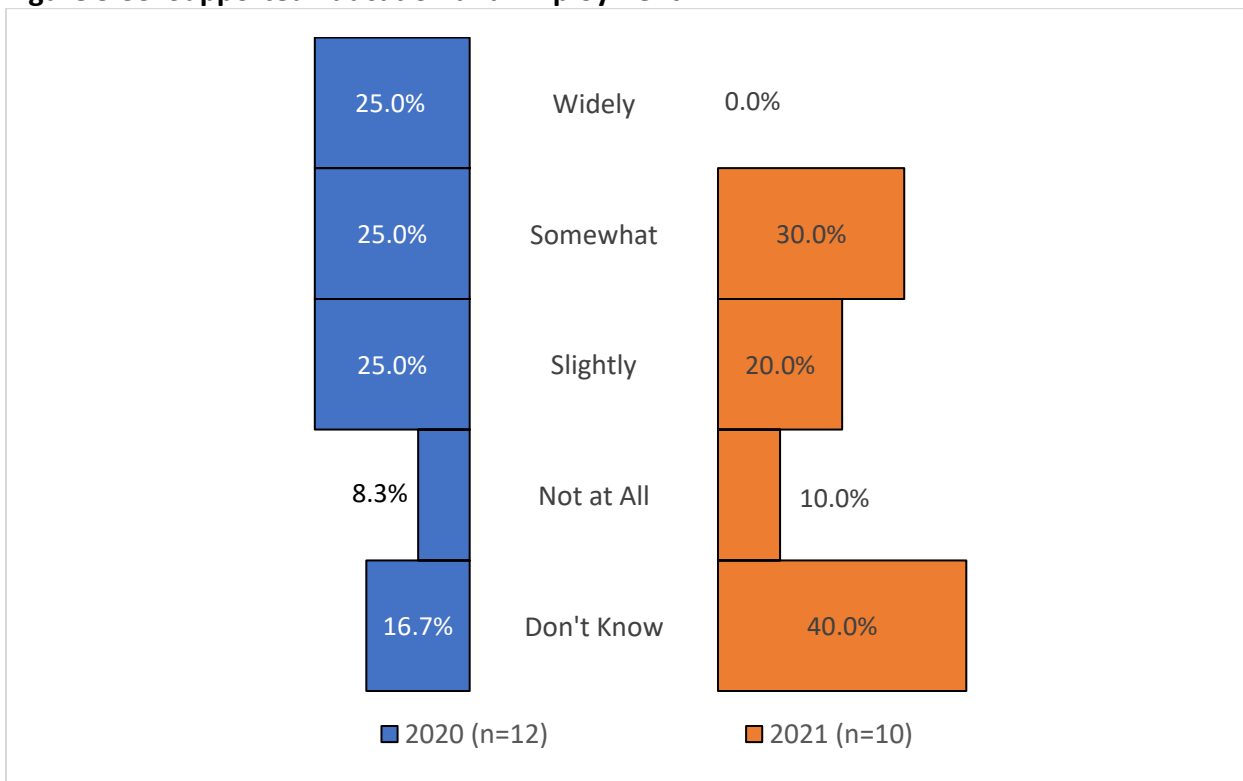
Figure 5.34 Supported Independent Living

	2020 (n=12)		2021 (n=10)
Widely	16.7%		0.0%
Somewhat	50.0%		40.0%
Slightly	0.0%		20.0%
Not at All	0.0%		10.0%
Don't Know	33.3%		30.0%
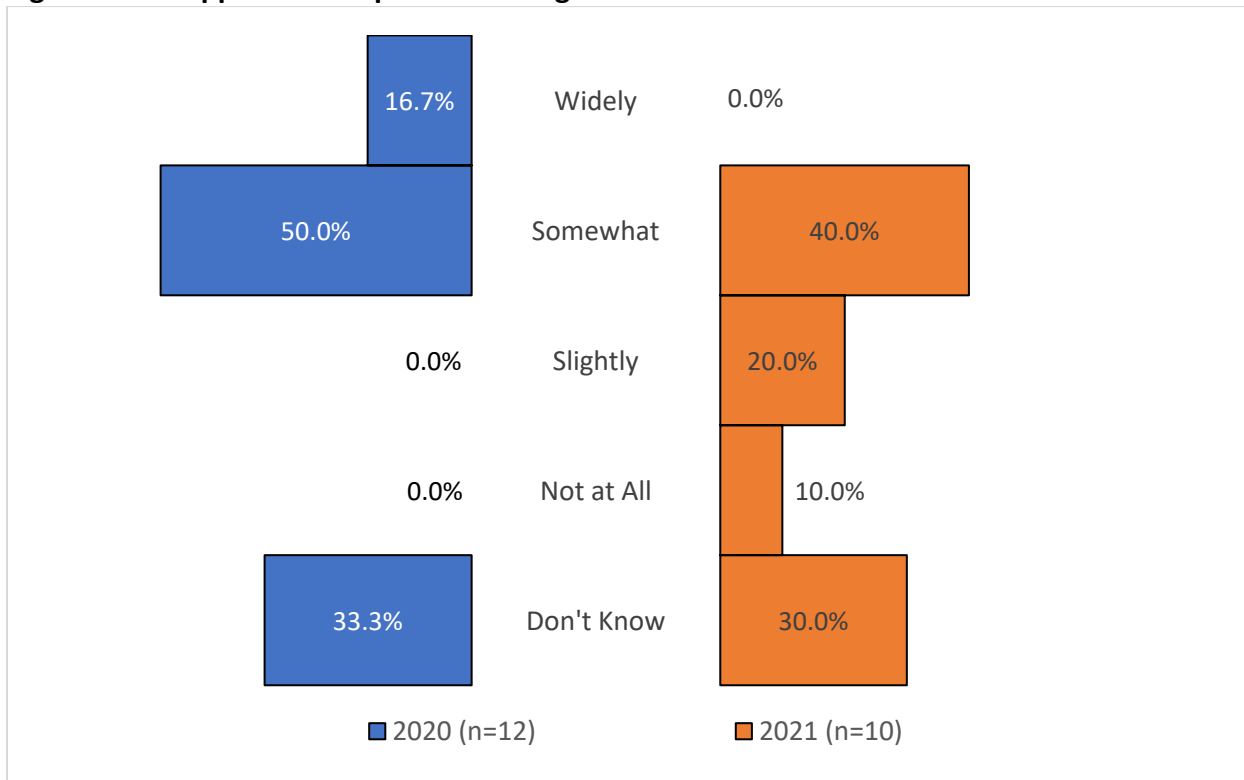
Figure 5.35 Transportation

	2020 (n=11)		2021 (n=10)
Widely	9.1%		0.0%
Somewhat	63.6%		30.0%
Slightly	0.0%		30.0%
Not at All	0.0%		20.0%
Don't Know	27.3%		20.0%
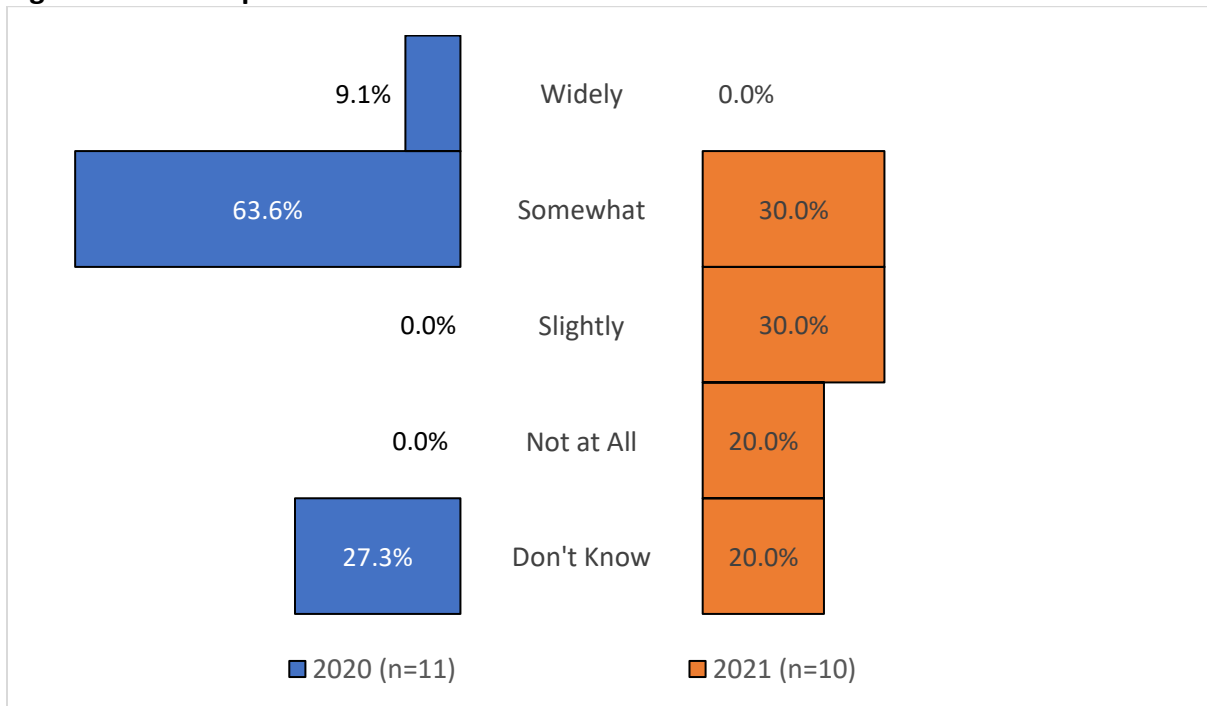
5.2.3 Out-of-Home Treatment Services

The perceived availability of most out-of-town treatment services decreased slightly from 2020 to 2021.

Figure 5.36 Therapeutic Foster Care
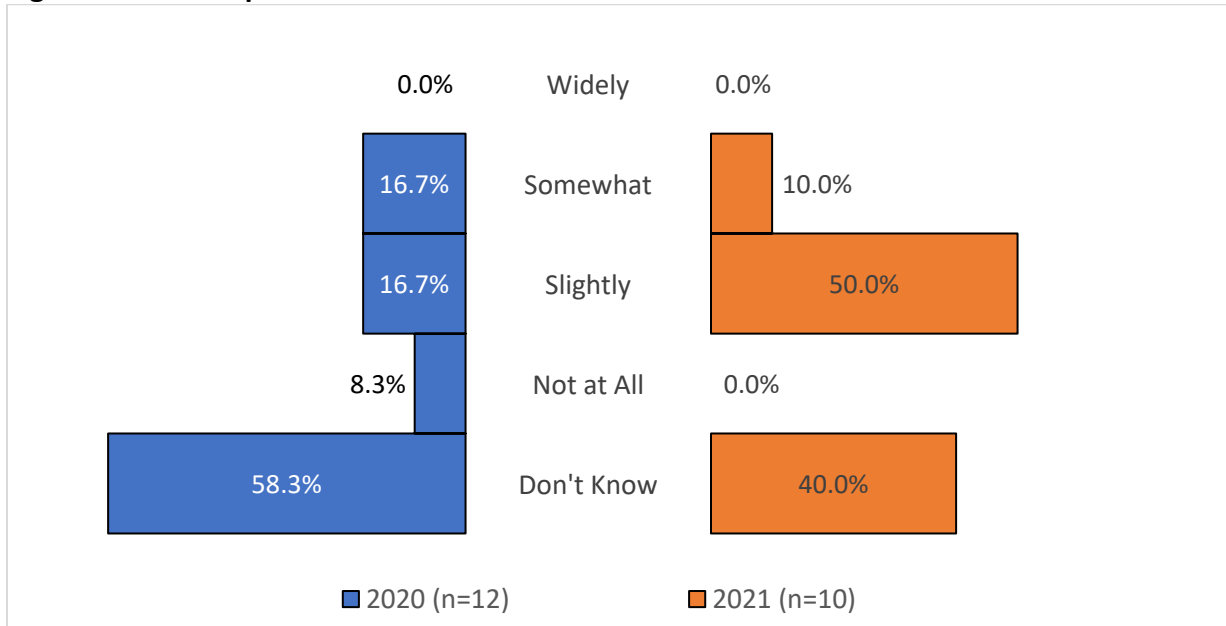
Figure 5.37 Therapeutic Group Home Care
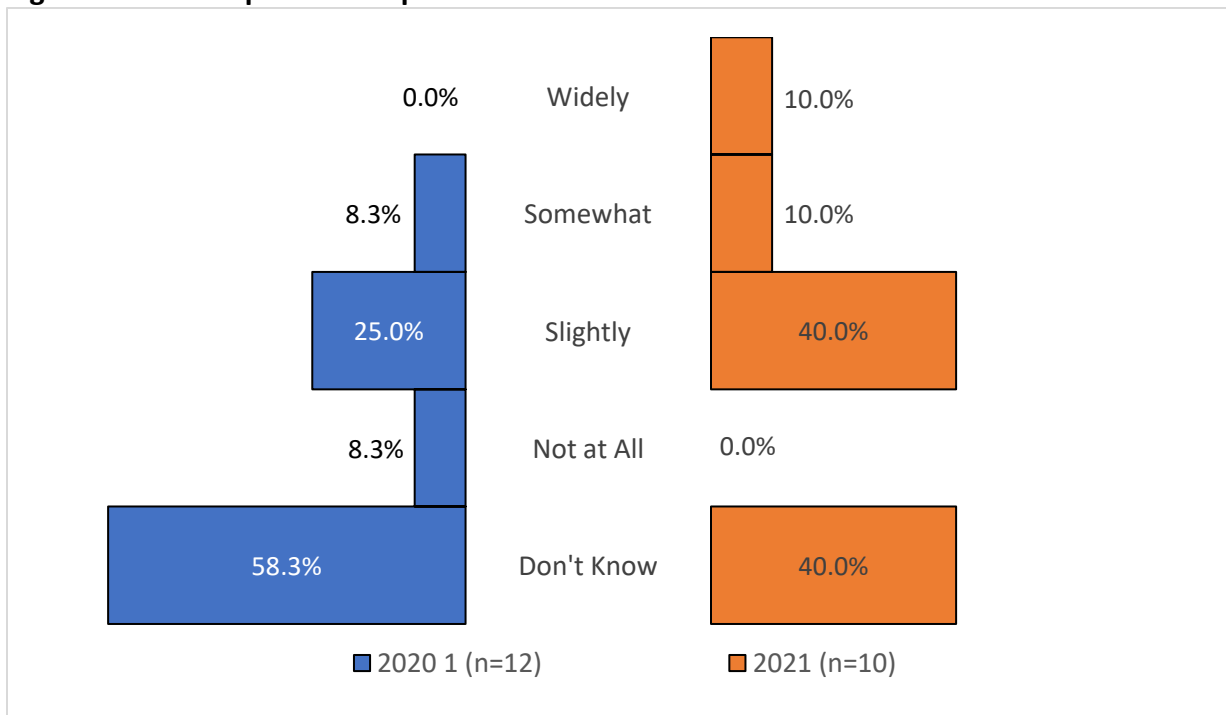
Figure 5.38 Crisis Stabilization Beds

	2020 (n=11)		2021 (n=10)
Widely	18.2%		10.0%
Somewhat	9.1%		20.0%
Slightly	36.4%		30.0%
Not at All	0.0%		20.0%
Don't Know	36.4%		20.0%

■ 2020 (n=11)   ■ 2021 (n=10)
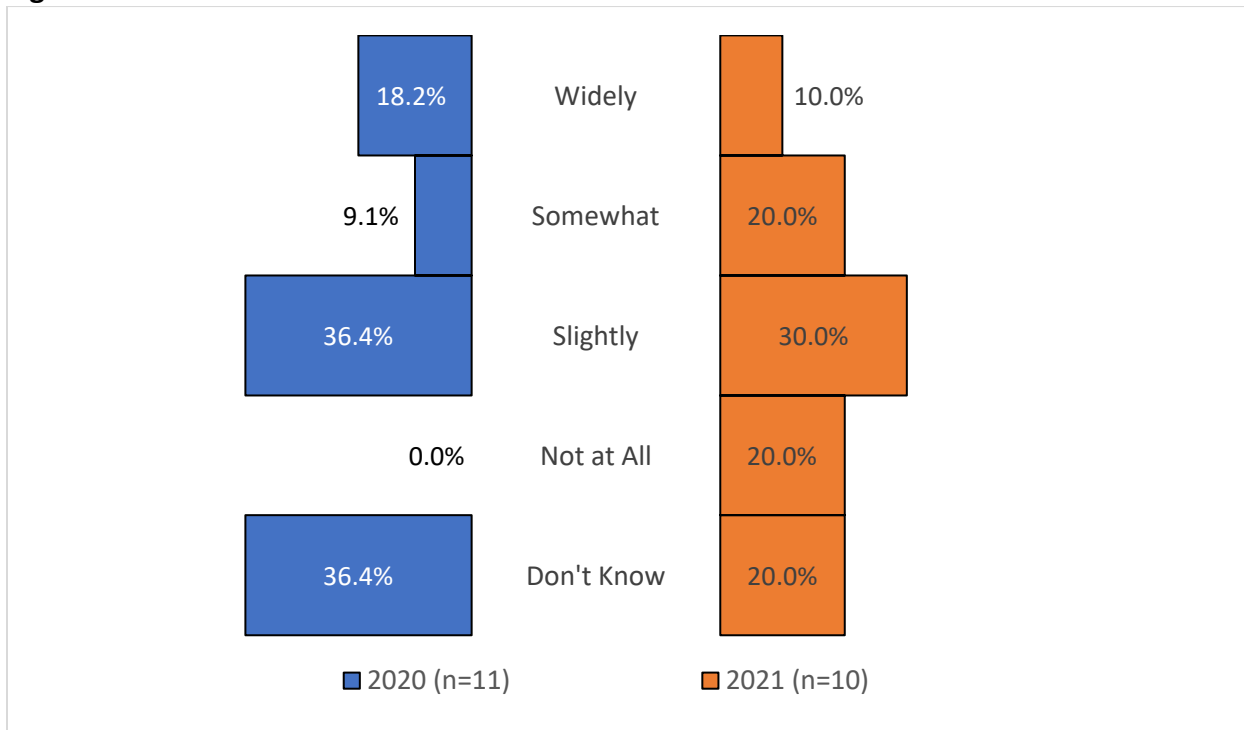
Figure 5.39 Medical Detoxification

	2020 (n=12)		2021 (n=10)
Widely	33.3%		20.0%
Somewhat	41.7%		20.0%
Slightly	16.7%		10.0%
Not at All	0.0%		30.0%
Don't Know	8.3%		20.0%

■ 2020 (n=12)   ■ 2021 (n=10)
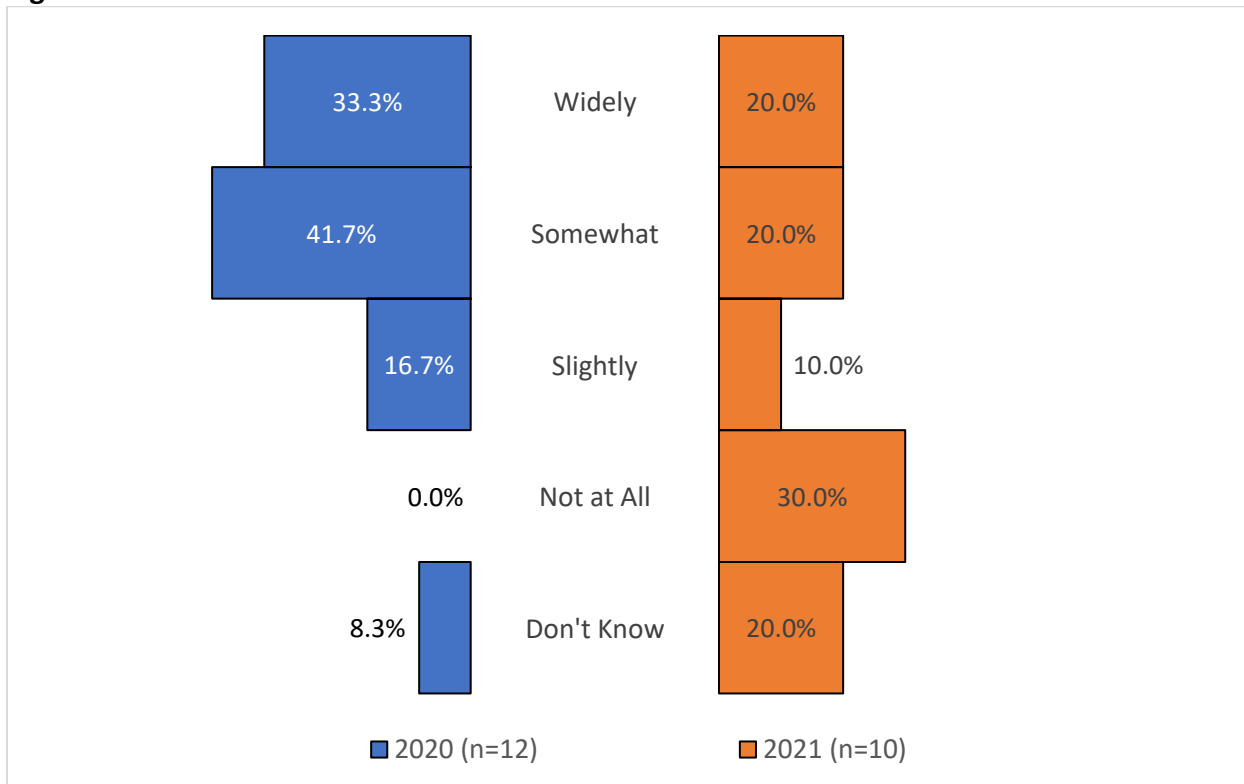
Figure 5.40 Substance Use Residential Treatment

	2020 (n=12)	2021 (n=10)
Widely	33.3%	30.0%
Somewhat	41.7%	10.0%
Slightly	16.7%	20.0%
Not at All	0.0%	30.0%
Don't Know	8.3%	10.0%
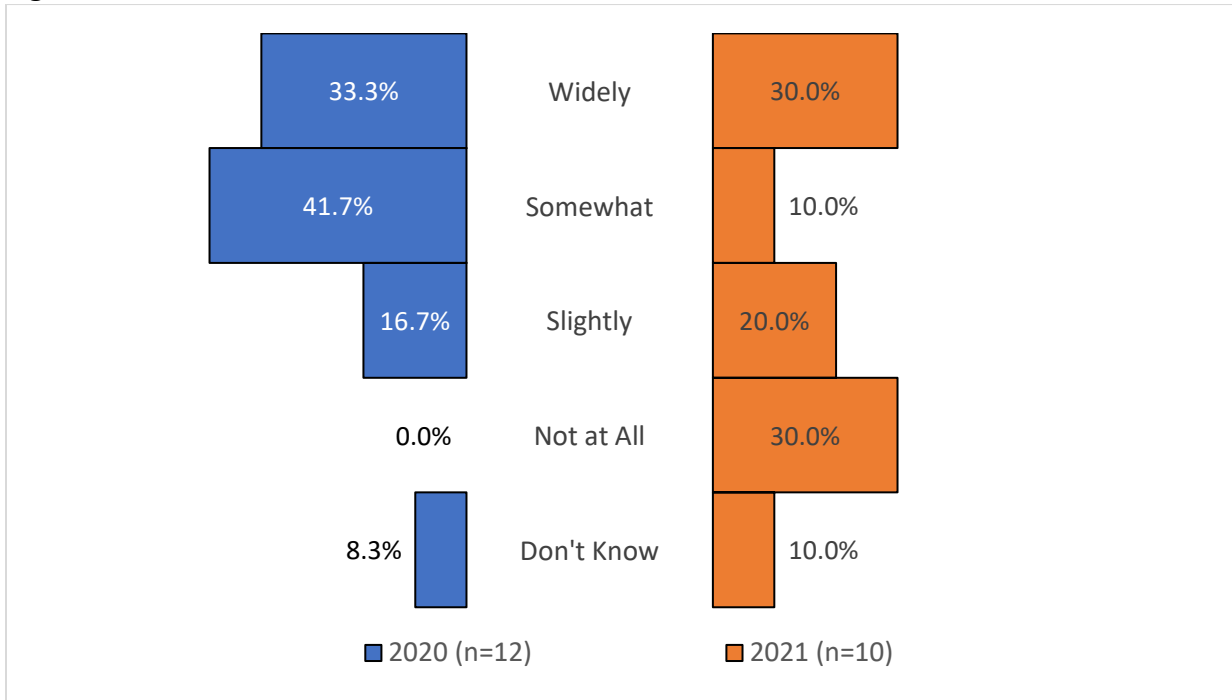
Figure 5.41 Residential Treatment

	2020 (n=12)	2021 (n=10)
Widely	25.0%	20.0%
Somewhat	41.7%	10.0%
Slightly	16.7%	40.0%
Not at All	0.0%	10.0%
Don't Know	16.7%	20.0%
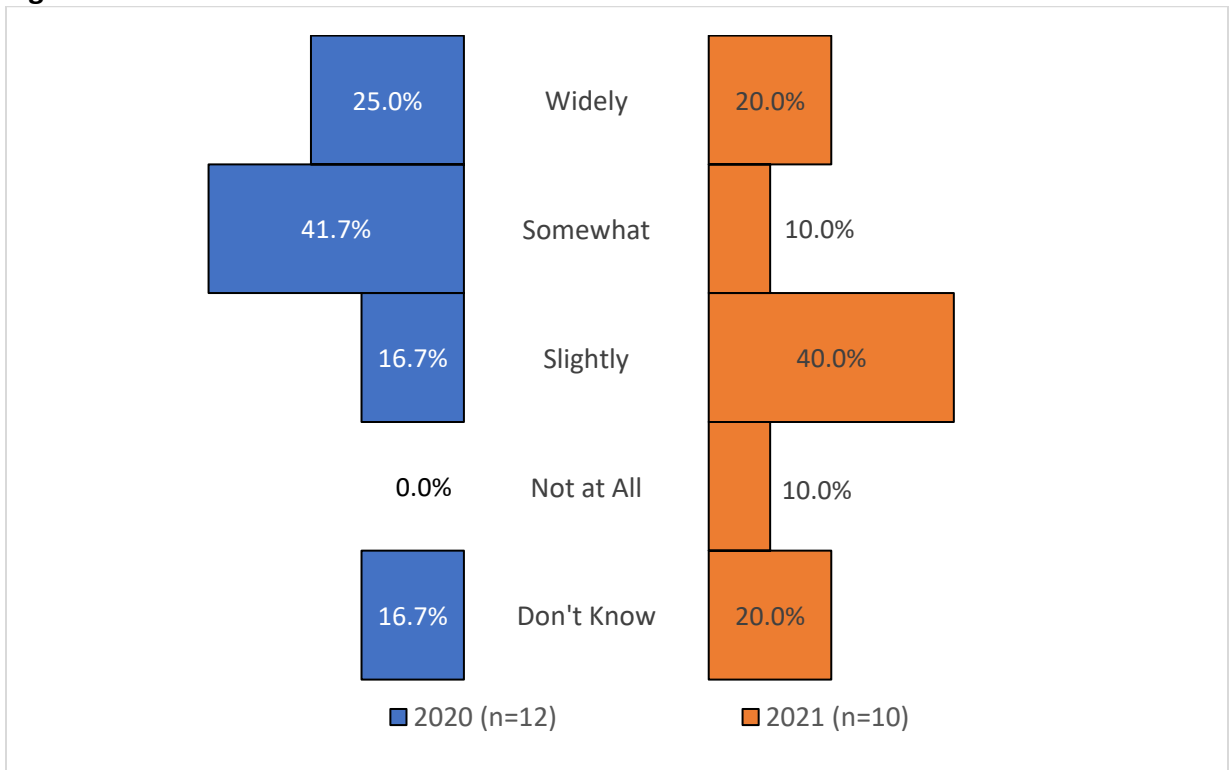
Figure 5.42 Inpatient Hospitalization

	2020 (n=12)	2021 (n=10)
Widely	16.7%	20.0%
Somewhat	58.3%	20.0%
Slightly	16.7%	30.0%
Not at All	0.0%	10.0%
Don't Know	8.3%	20.0%
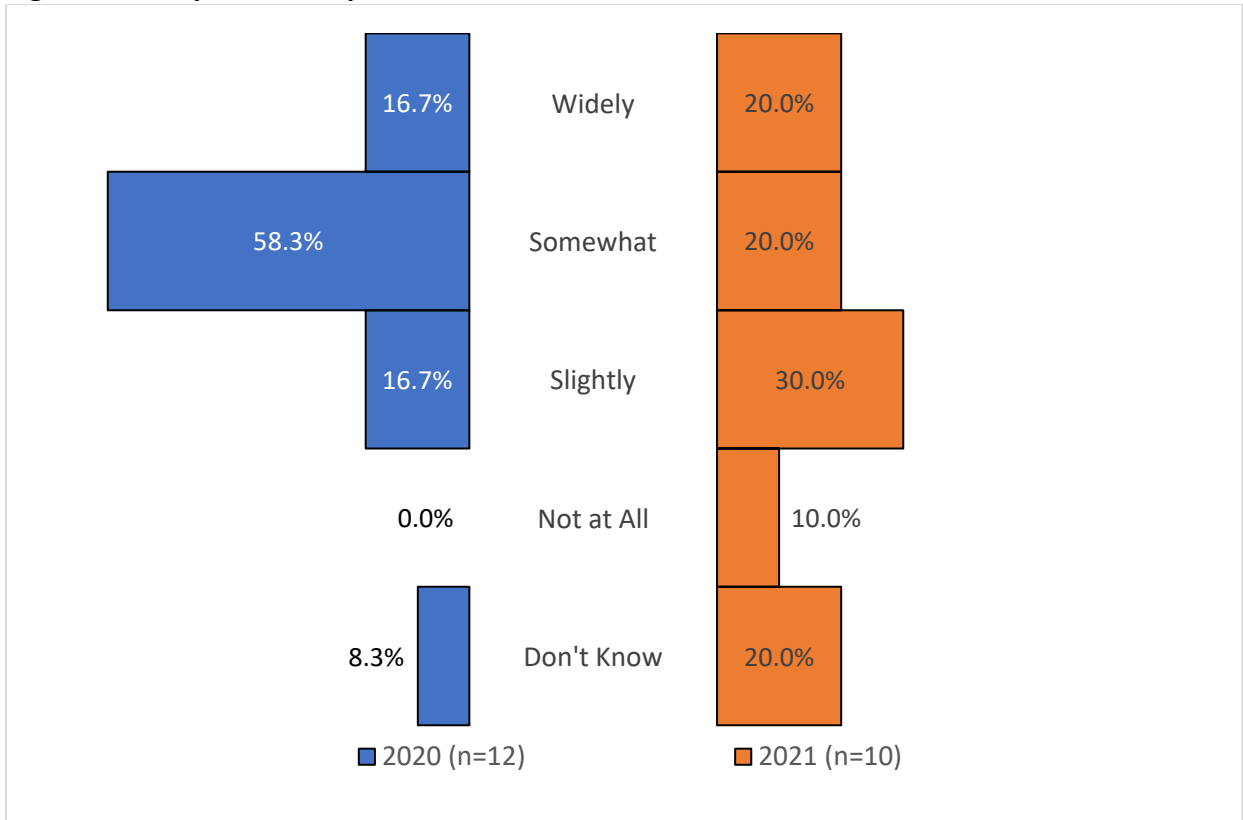
5.2.4 Peer-Provided Services (ILCHF Outcome)

The perceived availability of parent and youth peer-provided services did not substantially change from 2020 to 2021. Stakeholders at both times felt that these services were not at all or only slightly available.

Figure 5.43 Youth Peer-provided Services

	2020 (n=12)		2021 (n=10)
Widely	0.0%		0.0%
Somewhat	8.3%		0.0%
Slightly	25.0%		30.0%
Not at All	33.3%		30.0%
Don't Know	33.3%		40.0%
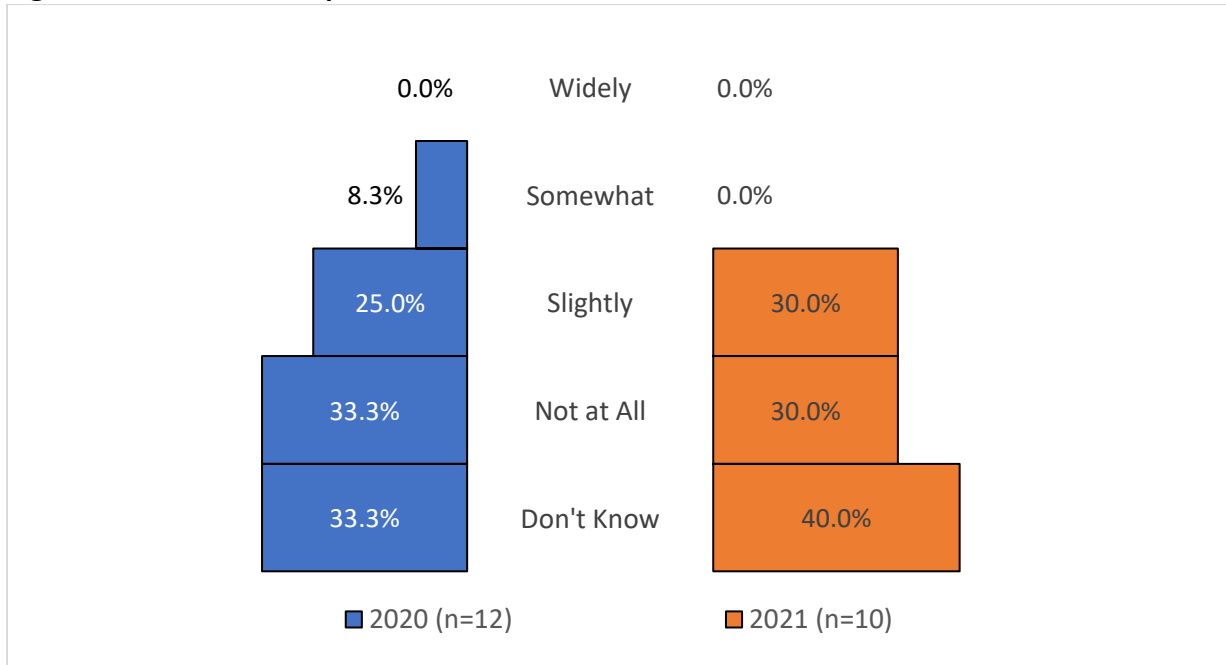
Figure 5.44 Caregiver Peer-provided Services

	2020 (n=12)		2021 (n=10)
Widely	8.3%		0.0%
Somewhat	16.7%		20.0%
Slightly	25.0%		30.0%
Not at All	16.7%		20.0%
Don't Know	33.3%		30.0%

119
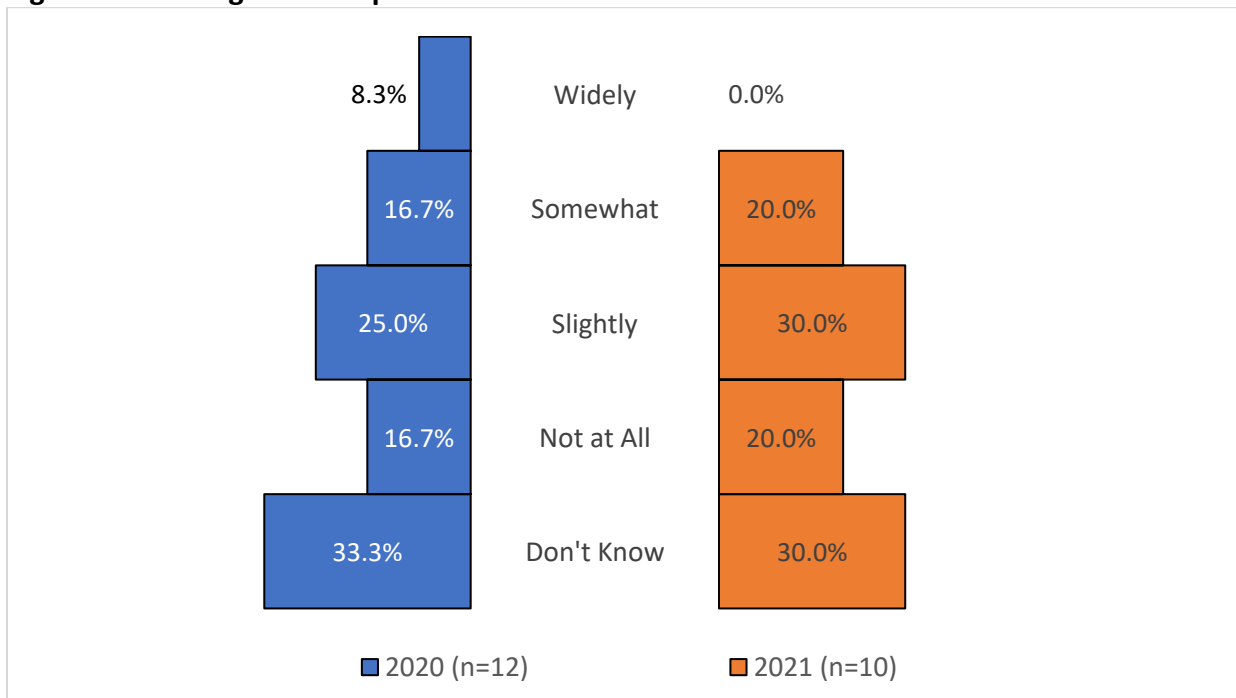
5.2.5 Evidence-Based Services (ILCHF Outcome)

Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Table 5.1 shows the percentage of respondents who indicated that the service was available. The reported use of evidence-based treatments was minimal at both time points and did not appear to change. However, it should be pointed out that the majority of stakeholders at both administrations did not know the answer to these questions.

Table 5.1 Use of Evidence-Based Mental Health Interventions

	2020 (n=12) (% Yes)	2021 (n=10) (% Yes)
Triple P – Positive Parenting Program	0.0%	10.0%
Parent-Child Interaction Therapy	8.3%	0.0%
Brief Strategic Family Therapy	16.7%	10.0%
Multisystemic Therapy	16.7%	0.0%
Functional Family Therapy	33.3%	20.0%
Multidimensional Treatment Foster Care	0.0%	0.0%
Trauma-Focused Cognitive Behavioral Therapy	33.3%	30.0%
Project ACHIEVE	0.0%	0.0%
Second Step	0.0%	0.0%
Promoting Alternative Thinking Strategies (PATHS)	8.3%	10.0%
Incredible Years	0.0%	0.0%
Problem-Solving Skills Training	16.7%	0.0%
First Steps to Success	0.0%	0.0%
Don't Know	66.7%	60.0%
None	0.0%	10.0%

5.2.6 Service Coordination and Integration (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase service coordination among providers in the community. Table 5.2 shows the mean scores on the individual items of the service coordination subscale from Figure 5.10 in 2020 and 2021. Stakeholders gave moderate scores on questions about service coordination and integration. Ratings increased on the provision of intensive/targeted care coordination and on basic care coordination.

Table 5.2 Service Coordination and Integration

	2020 Mean (n = 7-9)	2021 Mean (n = 8-10)
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families	2.29 (0.76)	3.00 (0.76)
Basic care coordination is provided for children and families at lower levels of service intensity	2.57 (0.98)	3.33 (0.87)
Care is coordinated across multiple child-serving agencies and systems	2.89 (0.93)	3.00 (0.67)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	2.43 (0.79)	2.67 (1.00)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020 and 2021 are shown in Table 5.3. Most service systems were rated on both the first and second administrations of the survey as somewhat to widely coordinated on average with the children's mental health system.

Table 5.3 Service Coordination with Children's Mental Health System

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

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. While most respondents at both time points reported that services for early identification of mental health problems were slightly to moderately available, a few stakeholders at the second administration thought they were widely available.

Figure 5.45 Services for Early Identification of Mental Health Problems
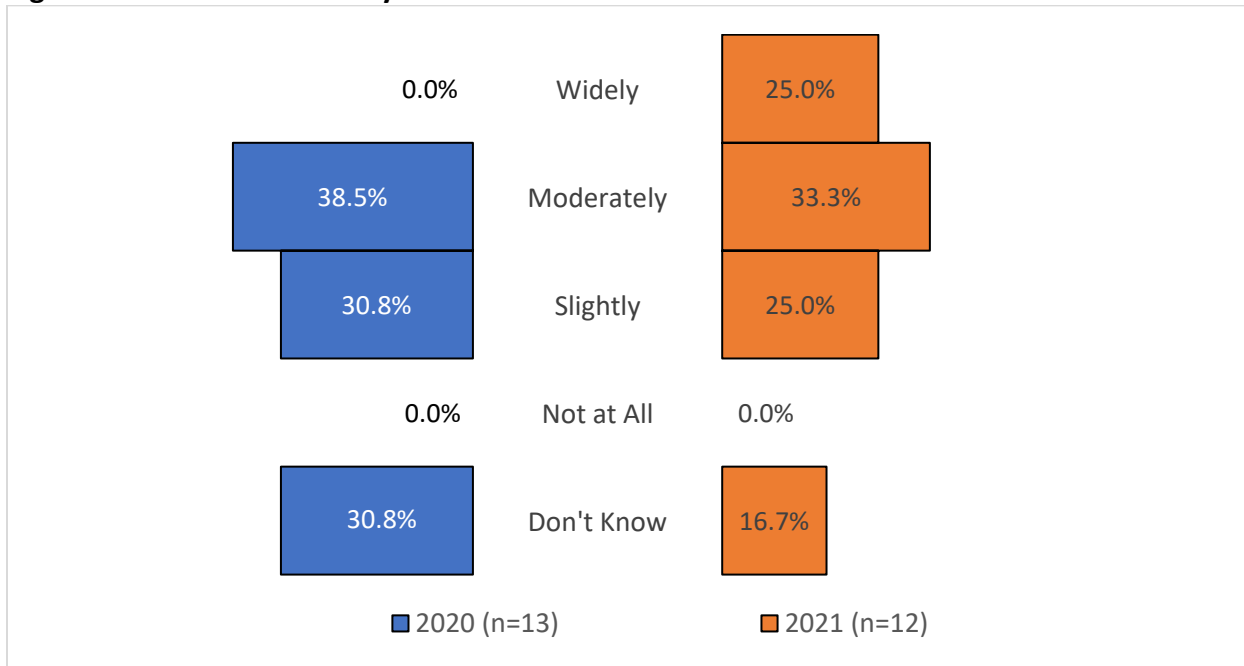
0.0%	Widely	25.0%
38.5%	Moderately	33.3%
30.8%	Slightly	25.0%
0.0%	Not at All	0.0%
30.8%	Don't Know	16.7%

■ 2020 (n=13)   ■ 2021 (n=12)

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). At both time points, most stakeholders reported that screening for behavioral health needs was somewhat to widely available.

Figure 5.46 Screening for Behavioral Health Needs

25.0%	Widely	40.0%
50.0%	Somewhat	30.0%
8.3%	Slightly	20.0%
0.0%	Not at All	10.0%
16.7%	Don't Know	0.0%

■ 2020 (n=12)　　　■ 2021 (n=10)
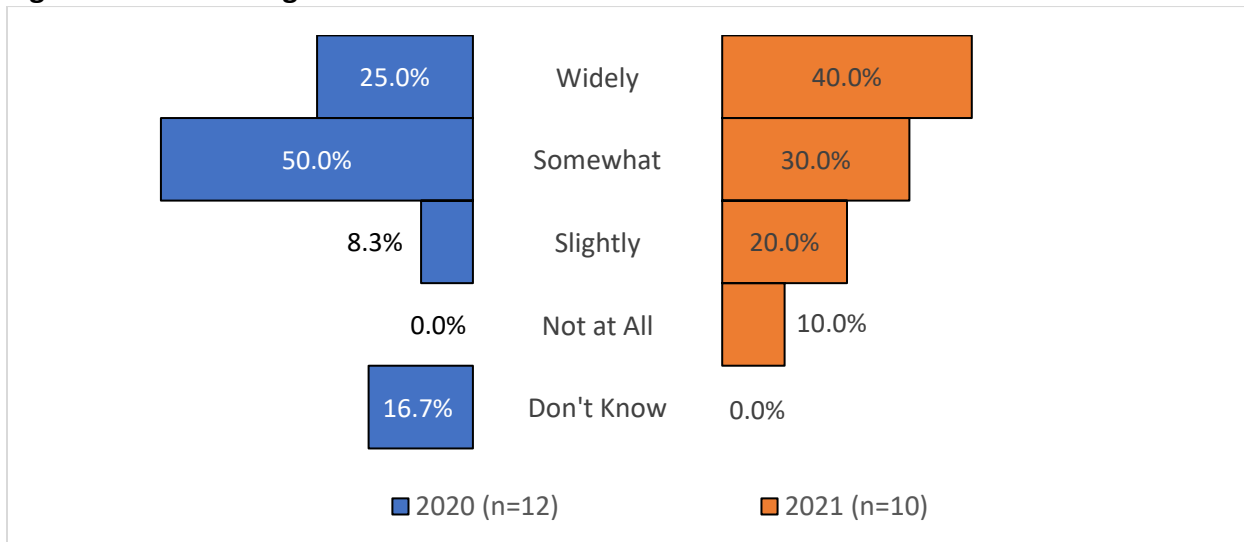
5.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the Children's Mental Health Initiative is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Table 5.4 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. At each time point, stakeholders thought that the items asking about the capacity to provide evidence-based clinical interventions were moderately true. There was little change on the scores from 2020 to 2021.

Table 5.4 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 5-9)	2021 Mean (n = 9-10)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.13 (0.64)	3.30 (0.48)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	2.78 (0.67)	3.10 (0.74)
Best practice guidelines, clinical protocols, and manuals are provided to practitioners	2.83 (0.75)	3.11 (0.93)
Fidelity to evidence-informed practices and outcomes is measured	2.40 (0.89)	2.60 (1.08)

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

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to this infrastructure component was present in their community in 2020 and 2021. Most stakeholders reported that use of local outcome data to inform decision-making was partially in place.

Figure 5.47 Use of Local Outcome Data to Inform Decision-making
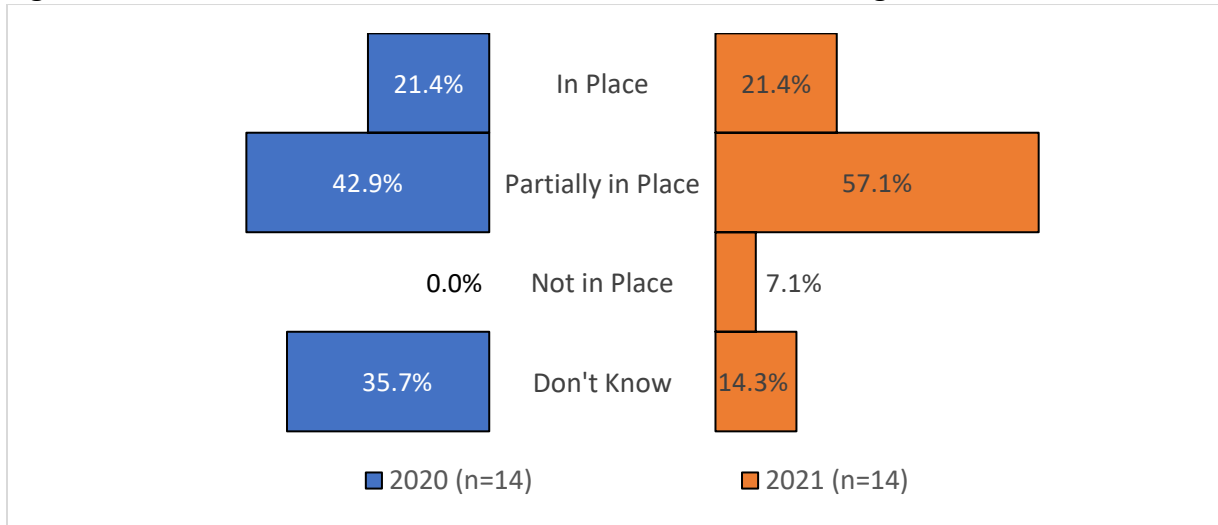
Stakeholders were also asked their site's capacity for gathering data for continuous quality improvement. At both administrations, about half of the respondents reported that this was somewhat in place and about a third reported that they did not know.

Figure 5.48 Capacity for Gathering Data for Continuous Quality Improvement

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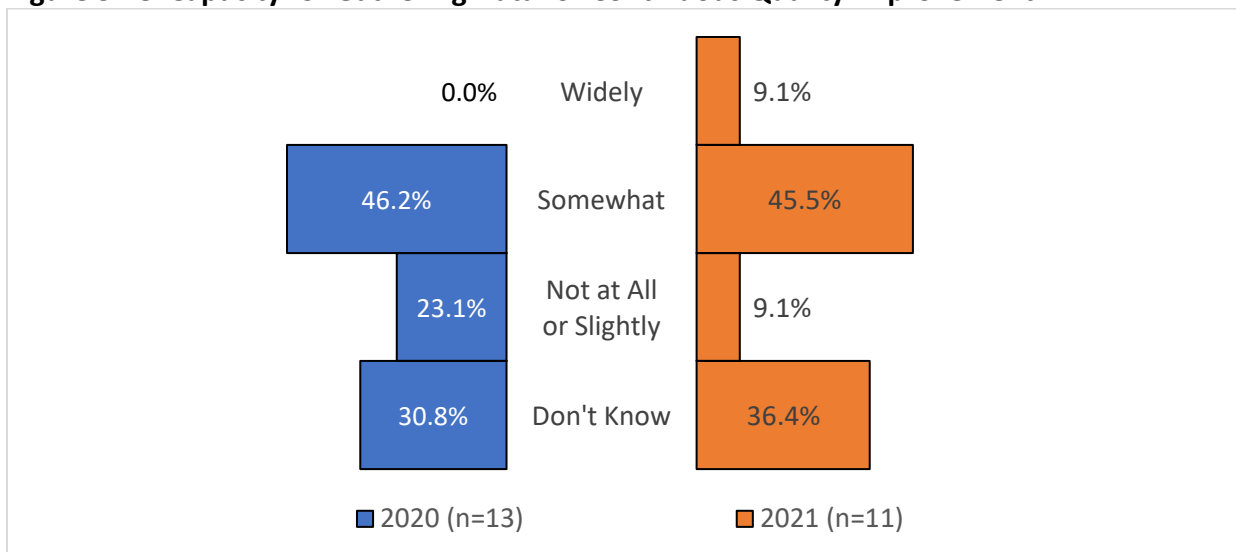
5.3.4   Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders also answered a question about whether training opportunities for developing a well-prepared mental health workforce were available. At both time points, half or more reported that this was in place and a large majority that it was at least partially in place.

Figure 5.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce
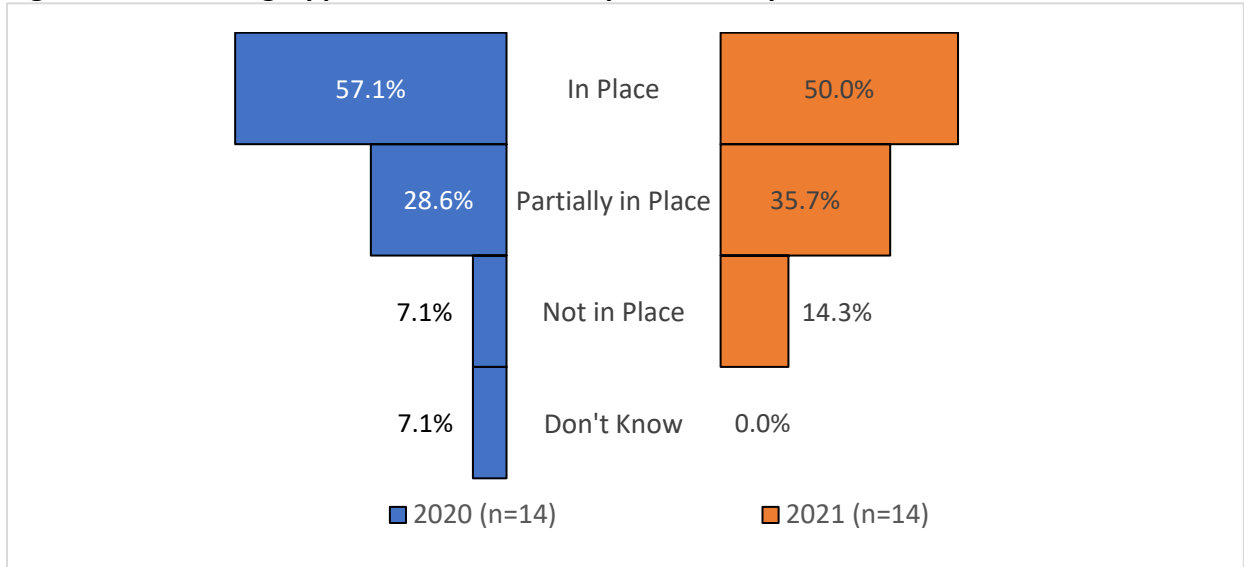
5.3.5   System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2020 and 2021; response options included 1 = not at all or slightly, 2 = somewhat, and 3 = widely. Scores for most items did not substantially change between 2020 and 2021; most stakeholders in 2021 rated these infrastructure components as somewhat implemented. A few items scored small increases between 2020 and 201, including a point of accountability structure for management; financing for system of care services; structure to manage care for high need populations; and structure for strategic planning, identifying, and resolving barriers. It is difficult to interpret these changes, however, because the increases averaged only about half a point across respondents and the number of stakeholders completing the survey was small.

Figure 5.50 System of Care Infrastructure Components
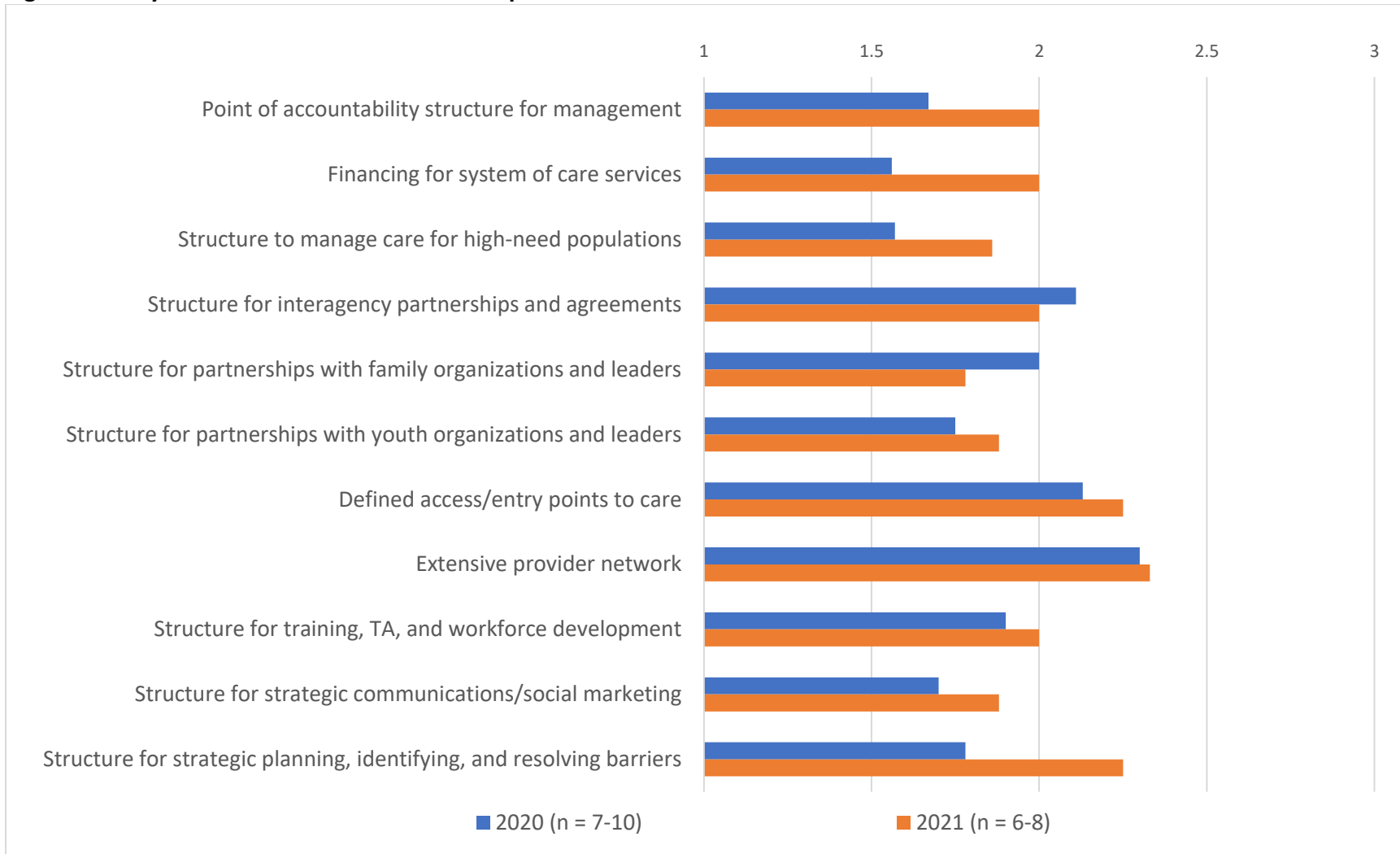
Note: "Don't know" responses were not included when calculating the mean scores.

5.4   Parent Survey Results

In 2021, parents involved in the development of the system of care completed a stakeholder survey that was adapted for them. Five parents provided data on the parent version of the stakeholder survey. Sample sizes that small can produce percentages that fluctuate widely, so the figures for the results of the parent survey show the number of individuals who selected each response option.

Figure 5.51 Overall System of Care Implementation (n = 5)

Figure 5.52 Parent and Youth Involvement in System of Care Implementation (n = 5)

Figure 5.53 Individualized Services (n = 5)

Legend: Don't Know | Not At All | Slightly | Moderately | Widely

Categories (left to right):
- Child and family teams are used to develop service plans for children: Don't Know 2, Slightly 1, Widely 2
- Service plans are individualized to address children's unique needs: Don't Know 2, Slightly 1, Widely 2
- Individualized assessments and tests are used to plan children's services and supports: Don't Know 2, Slightly 1, Widely 2
- Children's service plans address more than one area of their life: Don't Know 1, Not At All 1, Widely 3
- Children's service plans include informal supports in addition to formal services and treatments: Don't Know 2, Not At All 1, Widely 2

Figure 5.54 Family-Driven Services (n = 5)

Legend: Don't Know | Not At All | Slightly | Moderately | Widely

Categories (left to right):
- Families have the most say in deciding which services and support their child gets: Slightly 1, Widely 4
- Children's services make use of their family's strengths: Not At All 1, Widely 4
- Families have a real choice about what services and supports the child and family receive: Slightly 1, Widely 4
- Parents have access to support from other parents who have children with mental health needs: Slightly 2, Moderately 1, Widely 2
- There are organizations that support family involvement in children's mental health services: Slightly 1, Widely 4

Figure 5.55 Youth-Guided Services (n = 5)

Children and youth have a say in what services they get	Children's services make use of their strengths and interests	Youth have a real choice between different services and supports	Youth have access to support from other youth who have mental health needs	There are organizations that support youth involvement in service planning and delivery

Legend: ■ Don't Know ■ Not At All ■ Slightly ■ Moderately ■ Widely

Figure 5.56 Coordinated Services (n = 5)

Different agencies work together as a team to provide services

Legend: ■ Don't Know ■ Not At All ■ Slightly ■ Moderately ■ Widely

Figure 5.57 Culturally and Linguistically Competent Services (n = 5)

Services and supports are available that are a good match for families of different cultures: Don't Know 2, Not At All 1, Moderately 1, Widely 1

Service providers are available for families who don't speak English: Don't Know 4, Moderately 1

Don't Know   Not At All   Slightly   Moderately   Widely

Figure 5.58 Least Restrictive Services (n = 5)

Children are served at home rather than a group home or residential treatment center: Moderately 1, Widely 4

Don't Know   Not At All   Slightly   Moderately   Widely

Figure 5.59 Service Array (n = 5)

Data by category:

Response	Many different types of services and supports are available	Services are available for children age 5 and younger	Services are available for young adults who are transitioning to adulthood	There is a place that families can go when they decide to start getting mental health services for their child
Don't Know			2	
Slightly		1	1	
Moderately	2	3	2	
Widely	3	1		5

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 5.60 Service Coordination (n = 5)

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

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 5.61 Service Availability (n = 5)

Service	Don't Know	Not At All	Slightly	Moderately	Widely
Inpatient hospitalization	1		2	1	1
Residential treatment	2	1	2		
Transportation	2	1	1		1
Supported independent living	1	1	1	1	1
Supported education and employment	1	1		3	
Respite services	1	2		1	
Caregiver peer provided services	1		3	1	
Youth peer provided services	1	3	1		
Tele-behavioral health services			1	1	3
Substance use residential treatment	3				2
Substance use treatment	1			2	2
Day treatment	4		1		
Behavior management skills training	1		2	2	
School-based mental health services			1	3	1
Crisis response services	1		1		3
Medication treatment/management	1		1	2	1
Outpatient therapy	1			2	2
Coordination between different services		1		3	1
Individualized service planning			1	1	3
Assessment and testing			1	1	3
Early intervention services	1		1	2	1
Community-based prevention services	1		1	2	1
School-based prevention services	1			2	2
Screening children			1	3	1

6.   Building Compassionate Communities – Centerstone of Illinois

The sample sizes and composition of the first and second administrations of stakeholder survey for the Building Compassionate Communities project were different. The first administration consisted of 16 respondents that included two parents and 14 social service providers, healthcare workers, educators, juvenile justice and child protection representatives, community members, and those classified as others. The second administration consisted a smaller sample of 8 providers with less diverse representation of service sectors including social services, healthcare, education, child protection, and others. Three parents completed the parent version of the survey in 2021. In some ways, the results from the 2021 administration of the stakeholder survey were consistent with results from the 2020, but there were many differences that may be attributed to the smaller and less diverse group of stakeholders that completed the survey in 2021.

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 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 percentage who perceived that SOC was widely implemented increased between 2020 and 2021, while the percentage who felt that SOC was somewhat implemented decreased.
- When asked about specific implementation supports and activities, the percentage of stakeholders who reported that a strategic plan was fully in place decreased between 2020 and 2021 while the partially in place response increased. All respondents in both years indicated that a planning committee to guide implementation was fully in place. In both 2020 and 2021, stakeholders perceived a high level of buy-in and leadership from child-serving systems as well as clear communication from leadership. About 75% of

stakeholders in both years felt that technical assistance opportunities were fully or partially in place.

- Stakeholders reported a high level of parent involvement in both years. Youth involvement was less fully in place but increased from 2020 to 2021.

- There was little change in the perceived level of commitment from most child-serving systems. The juvenile justice/court system and the substance use treatment system were perceived as having a decrease in commitment between 2020 and 2021; while perceived commitment increased for a few, including among youth leaders and managed care systems. The mental health system both years represented the highest level of perceived commitment.

- 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. The lowest rated principle in both years was "youth-guided" (between slightly and moderately implemented) and the highest rated in both years was "least restrictive" (between moderately and widely implemented. The amount of change from 2020 to 2021 was small.

- 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 2020 and 2021, but availability of most services did not substantially change. There were perceived increases in the availability of community-based prevention services, medication management, tele-behavioral health, respite, therapeutic monitoring, and transportation. There was a perceived decrease in 24-hour crisis response services.

- There was a perceived increase in the availability of some out-of-home treatment services, including substance use residential treatment and residential treatment.

- The perceived availability of both youth and caregiver peer-provided services increased from 2020 to 2021.

- Across both years trauma-focused cognitive behavioral therapy and Second Step were the only services that were perceived as available. However, over half of the respondents in 2021 indicated that they did not know about the availability of these practices.

- There was little change in the level of service coordination perceived from 2020 to 2021; most of the items were rated as moderately implemented.

- The perceived availability of screening for early identification of mental health problems remained about the same. Stakeholders in 2021 had differing opinions on the availability of screening services; 43% felt they were widely available and 43% felt they were only slightly available.

- Stakeholders rated the perceived capacity of the system to provide evidence-based clinical interventions about the same in 2020 and 2021.

- Stakeholders perceived a significant increase in the use of local outcomes to inform decision-making, but no change in the system's capacity to gather data for continuous quality improvement.
- Regarding perceptions of a well-prepared mental health workforce, stakeholders indicated a large increase in training opportunities.
- Stakeholder perceptions of system infrastructure based on SOC approach indicated little change from 2020 to 2021 on these components; most of them were rated as between moderately and widely implemented.

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 2020 and 2021 are shown in Figure 6.1. The percentage of stakeholders who felt that SOC was widely implemented increased from 10% in 2020 to 42.9% in 2021, while the percentage who felt that SOC was somewhat implemented decreased from 80% to 28.6%.

Figure 6.1 Overall Assessment of System of Care Implementation

	2020 (n=10)	2021 (n=7)
Widely	10.0%	42.9%
Somewhat	80.0%	28.6%
Slightly	10.0%	14.3%
Not at All	0.0%	0.0%
Don't Know	0.0%	14.3%

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 2020 and 2021. When asked about specific implementation supports and activities, the percentage of

stakeholders who reported that a strategic plan was fully in place decreased between 2020 and 2021 while the partially in place response increased. All respondents in both years indicated that a planning committee to guide implementation was fully in place. In both 2020 and 2021, stakeholders perceived a high level of buy-in and leadership from child-serving systems as well as clear communication from leadership. About 75% of stakeholders in both years felt that technical assistance opportunities were fully or partially in place.

Figure 6.2 Strategic Plan That Guides System of Care Implementation Activities

	2020 (n=16)		2021 (n=8)
In Place	81.3%		37.5%
Partially in Place	18.8%		50.0%
Not in Place	0.0%		0.0%
Don't Know	0.0%		12.5%
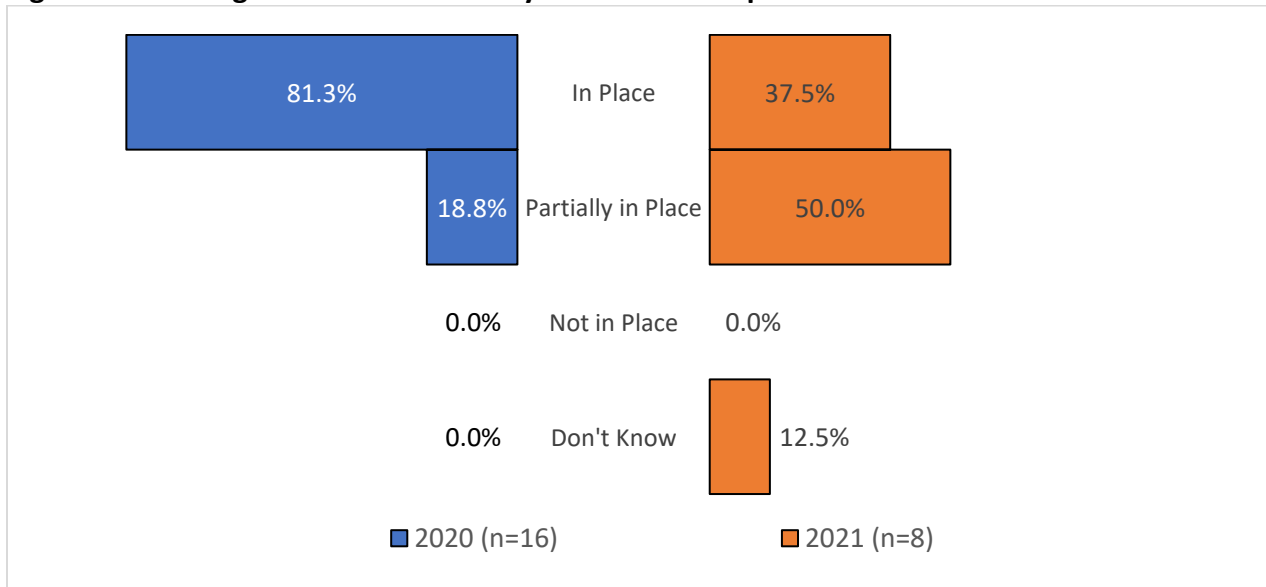
Figure 6.3 Planning Committee That Meets Frequently to Guide Implementation Activities

	2020 (n=16)		2021 (n=8)
In Place	100.0%		100.0%
Partially in Place	0.0%		0.0%
Not in Place	0.0%		0.0%
Don't Know	0.0%		0.0%
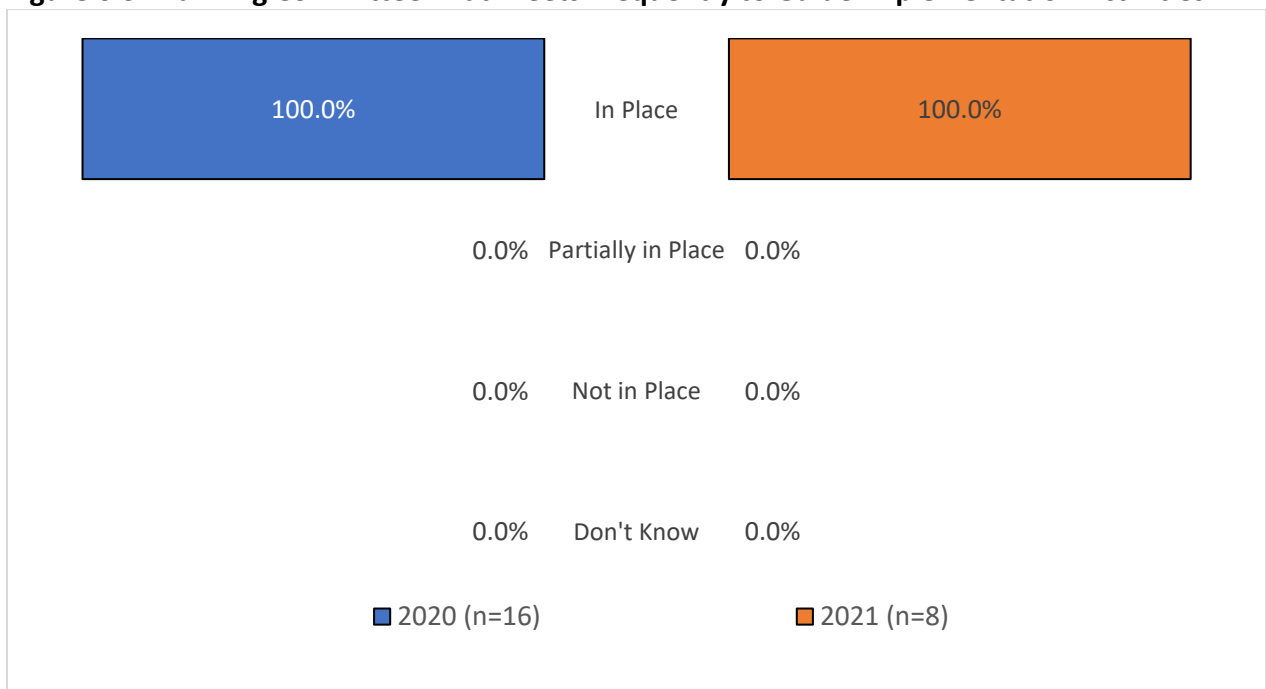
Figure 6.4 Buy-in, Leadership, and Champions from Multiple Child-Serving Systems
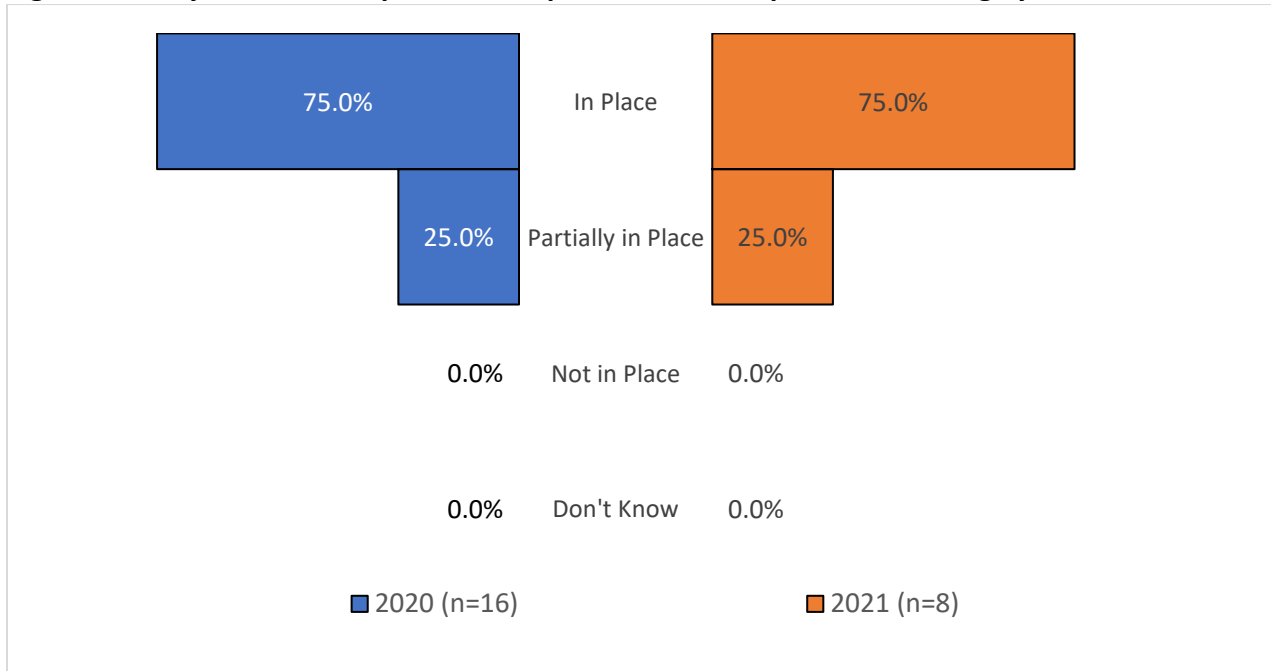
Figure 6.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders
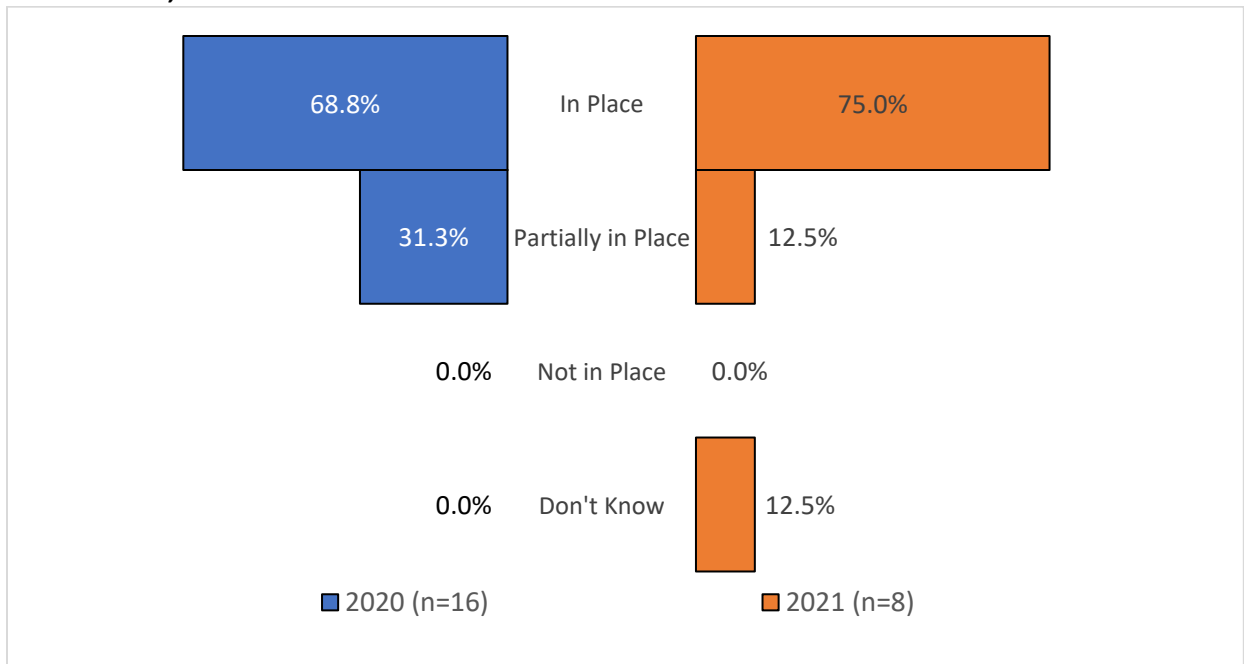
Figure 6.6 Technical Assistance Opportunities to Support Implementation

43.8%	In Place	50.0%
37.5%	Partially in Place	25.0%
0.0%	Not in Place	0.0%
18.8%	Don't Know	25.0%
■ 2020 (n=16)		■ 2021 (n=8)
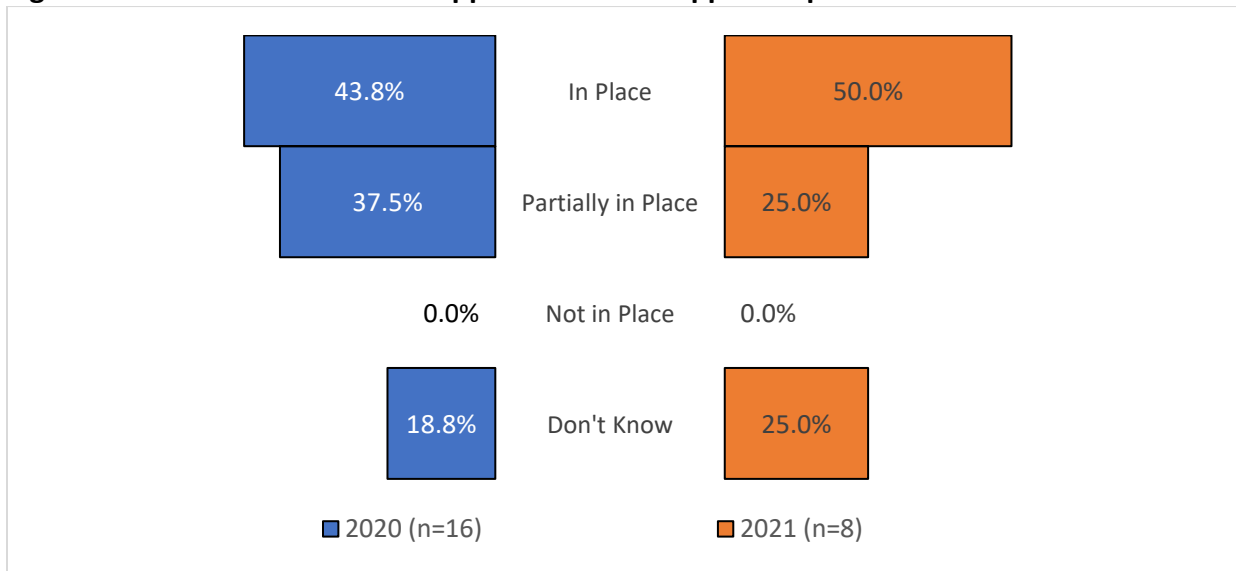
6.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2020 and 2021. Stakeholders reported a high level of parent involvement in both years. Youth involvement was less fully in place but increased from 2020 to 2021.

Figure 6.7 Parent Involvement in System of Care Implementation Activities

56.3%	In Place	50.0%
37.5%	Partially in Place	37.5%
0.0%	Not in Place	0.0%
6.3%	Don't Know	12.5%
■ 2020 (n=16)		■ 2021 (n=8)
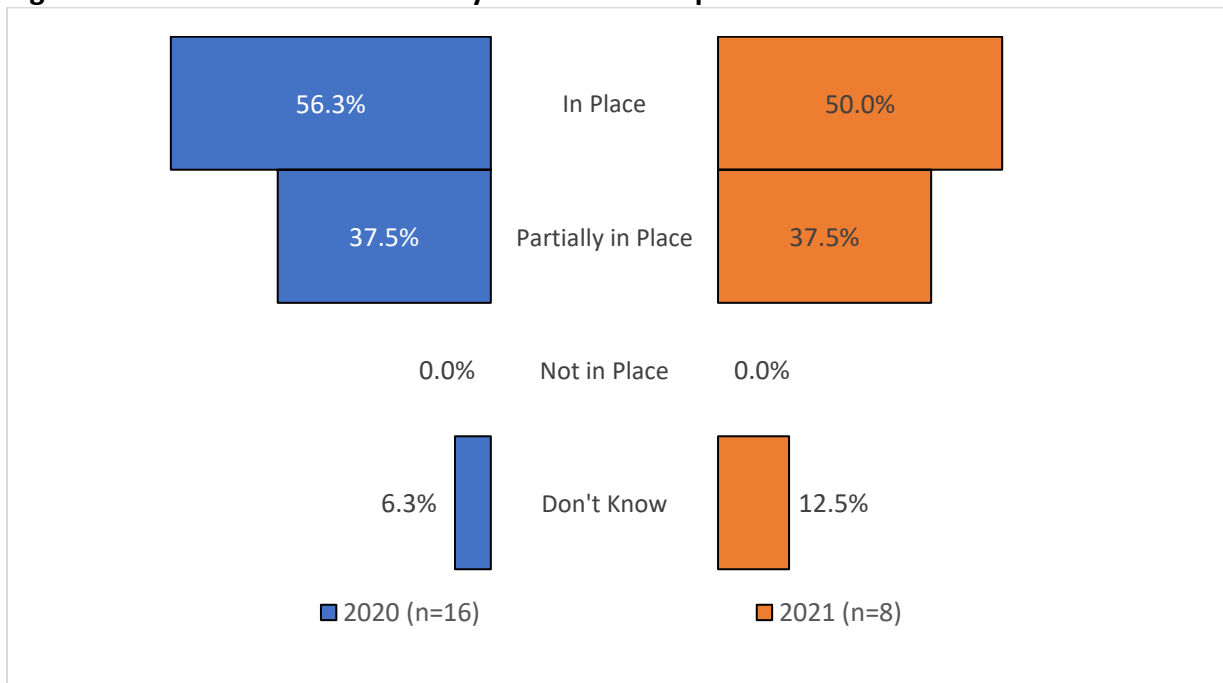
Figure 6.8 Youth Involvement in System of Care Implementation Activities

	2020 (n=16)		2021 (n=8)
In Place	12.5%		37.5%
Partially in Place	50.0%		50.0%
Not in Place	18.8%		0.0%
Don't Know	18.8%		12.5%
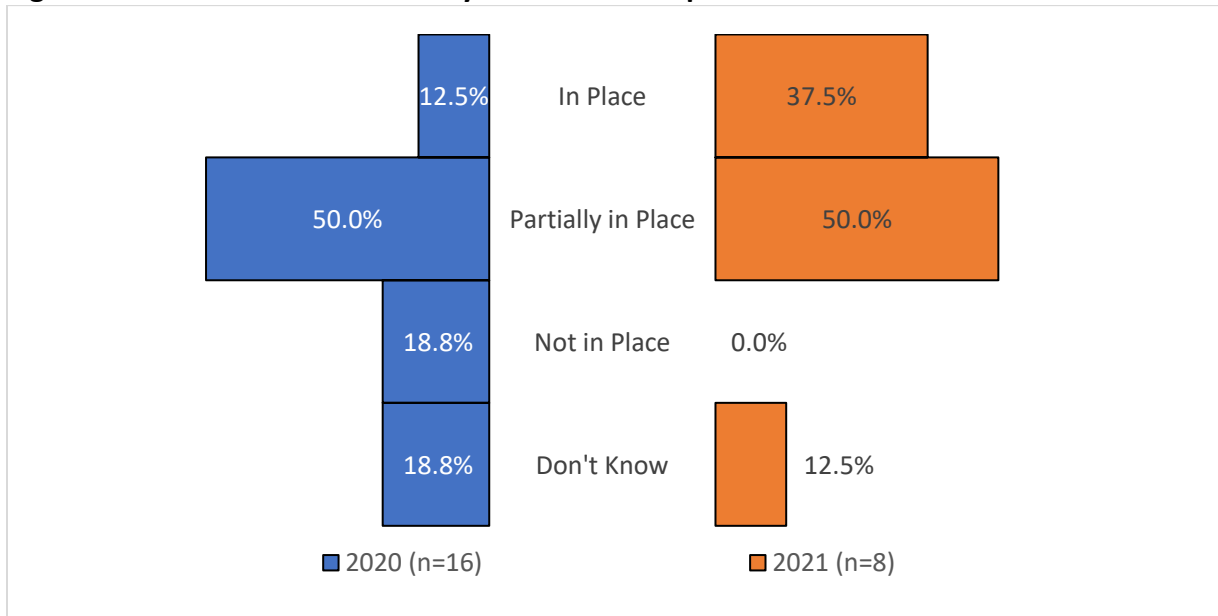
6.1.4   Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 6.9 shows the mean scores for the perceived commitment of each child-serving system in 2020 (blue bar) and 2021 (orange bar). There was little change in the perceived level of commitment from most child-serving systems. The juvenile justice/court system and the substance use treatment system were perceived as having a decrease in commitment between 2020 and 2021; while perceived commitment increased for a few, including among youth leaders and managed care systems. The mental health system both years represented the highest level of perceived commitment.

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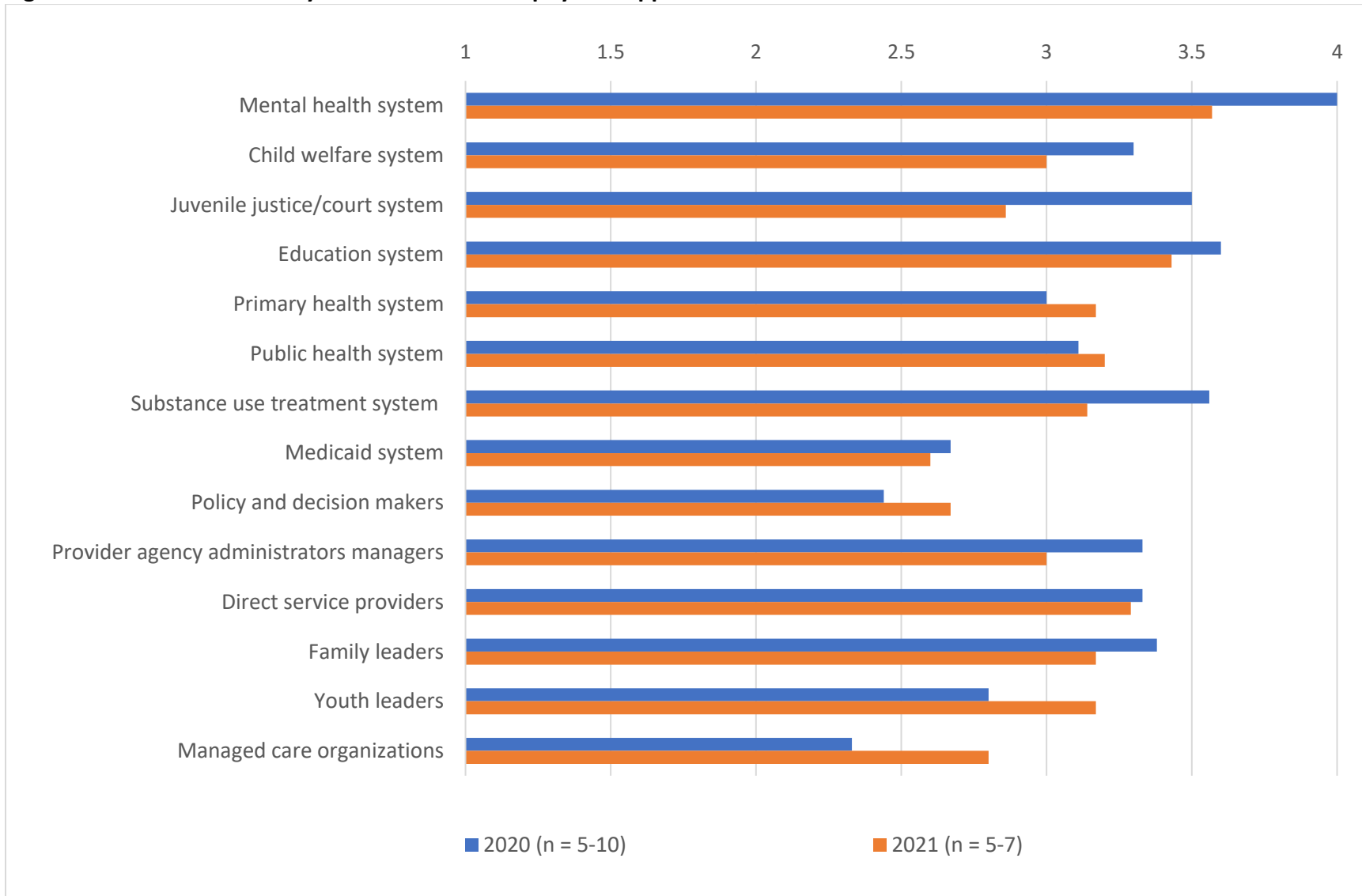
Note: "Don't know" responses were not included when calculating the mean scores.

6.2   System of Care Service Outcomes

6.2.1   Service Delivery Guided by System of Care Values and Principles

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

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 long list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. 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 2020 and 2021, but availability of most services did not substantially change. There were perceived increases in the availability of community-based prevention services, medication management, tele-behavioral health, respite, therapeutic monitoring, and transportation. There was a perceived decrease in 24-hour crisis response services.

Figure 6.11 School-based Prevention Services

	2020 (n=10)		2021 (n=7)
Widely	30.0%		28.6%
Somewhat	50.0%		42.9%
Slightly	0.0%		0.0%
Not at All	0.0%		14.3%
Don't Know	20.0%		14.3%
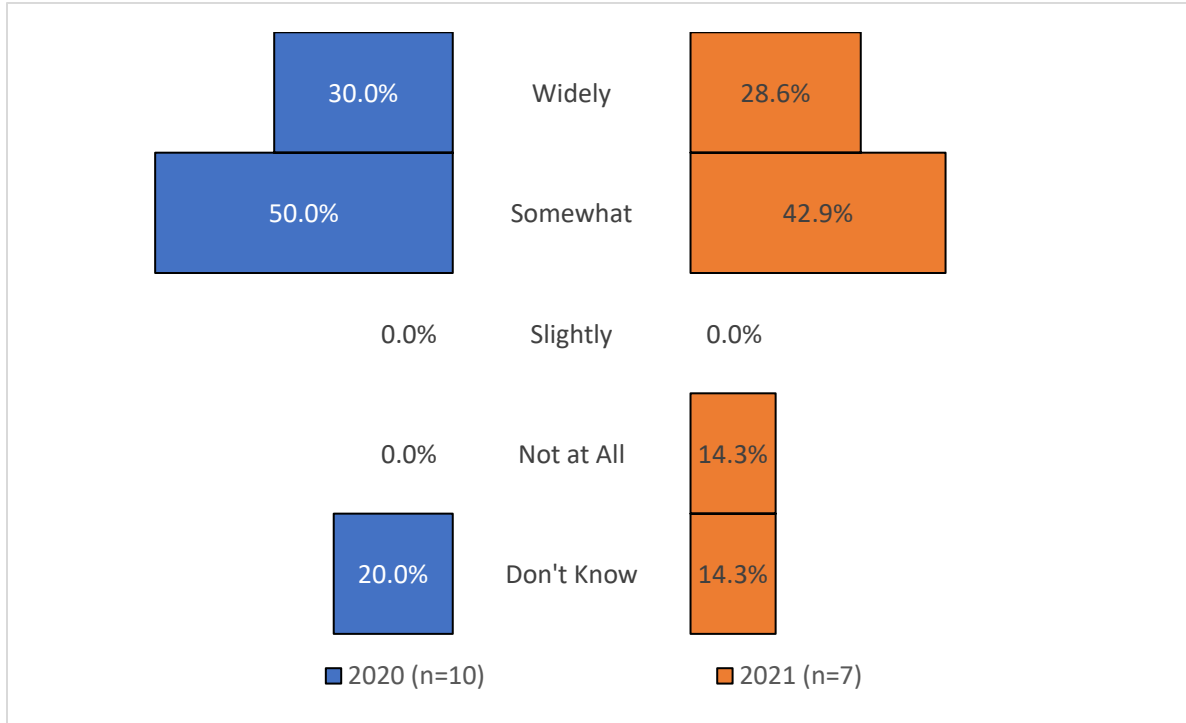
Figure 6.12 Community-based Prevention Services

	2020 (n=10)	2021 (n=7)
Widely	20.0%	57.1%
Somewhat	50.0%	14.3%
Slightly	0.0%	14.3%
Not at All	10.0%	0.0%
Don't Know	20.0%	14.3%
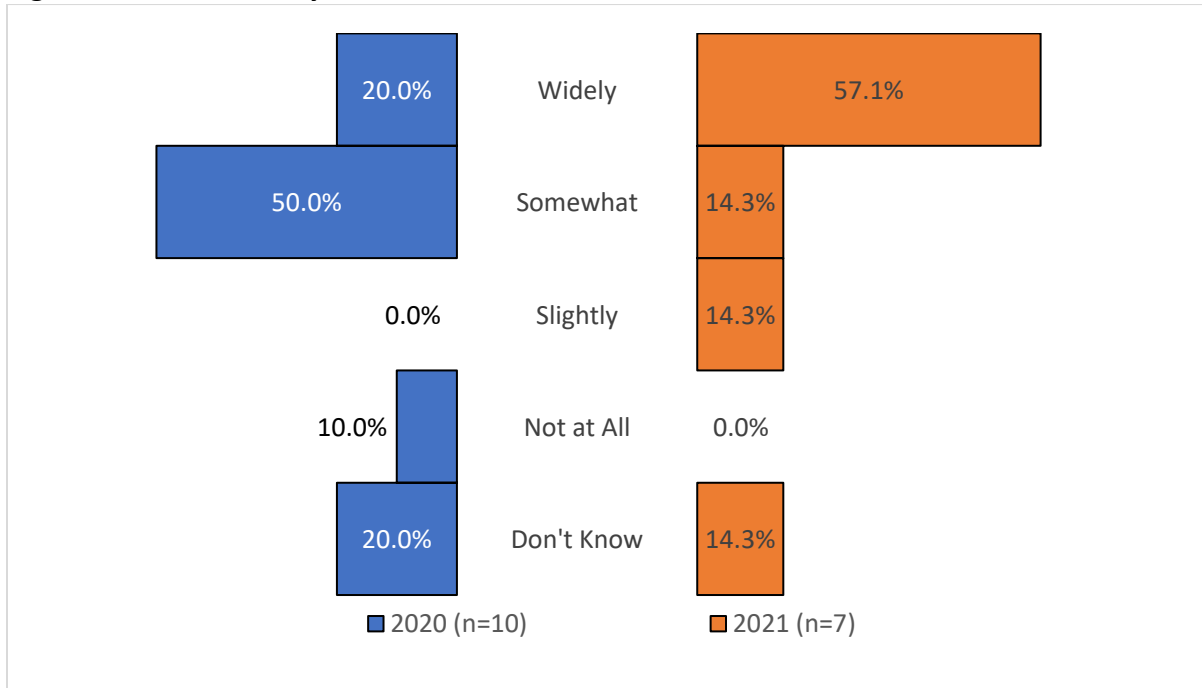
Figure 6.13 Early Intervention Services

	2020 (n=10)	2021 (n=7)
Widely	50.0%	28.6%
Somewhat	10.0%	42.9%
Slightly	20.0%	14.3%
Not at All	10.0%	0.0%
Don't Know	10.0%	14.3%

Figure 6.14 Assessment

	2020 (n=10)	2021 (n=7)
Widely	50.0%	42.9%
Somewhat	30.0%	28.6%
Slightly	0.0%	28.6%
Not at All	10.0%	0.0%
Don't Know	10.0%	0.0%
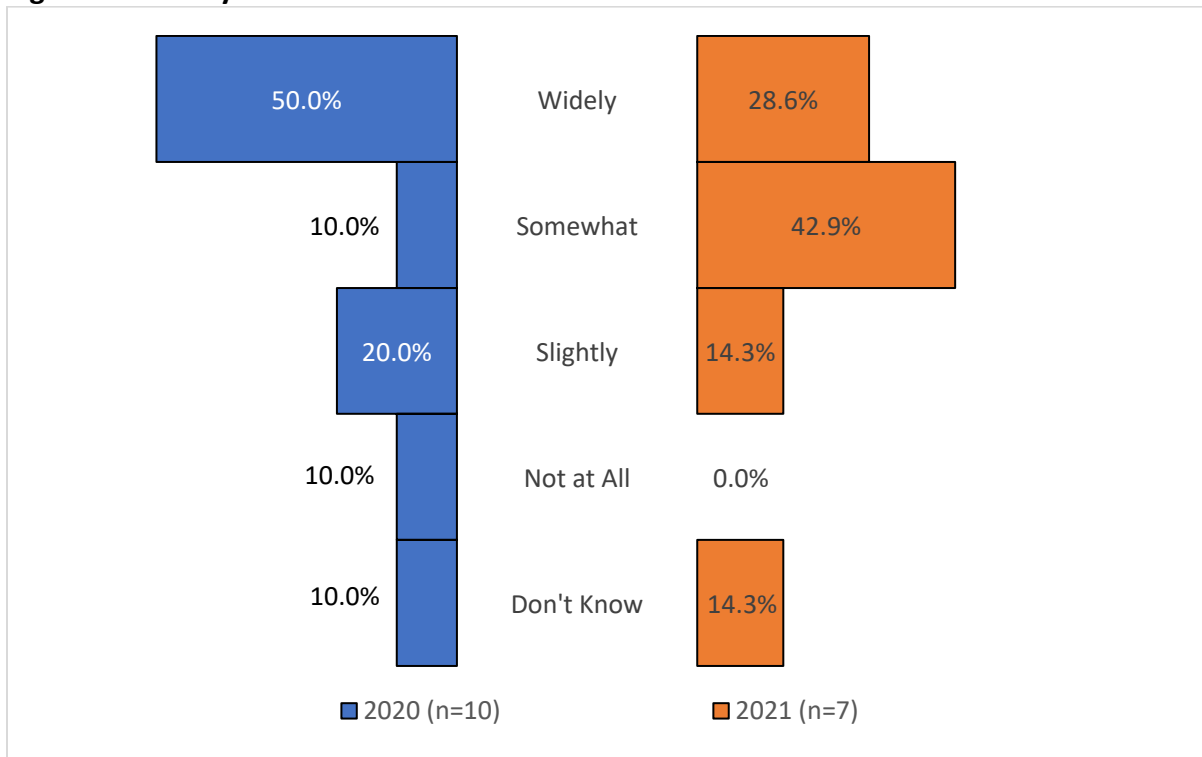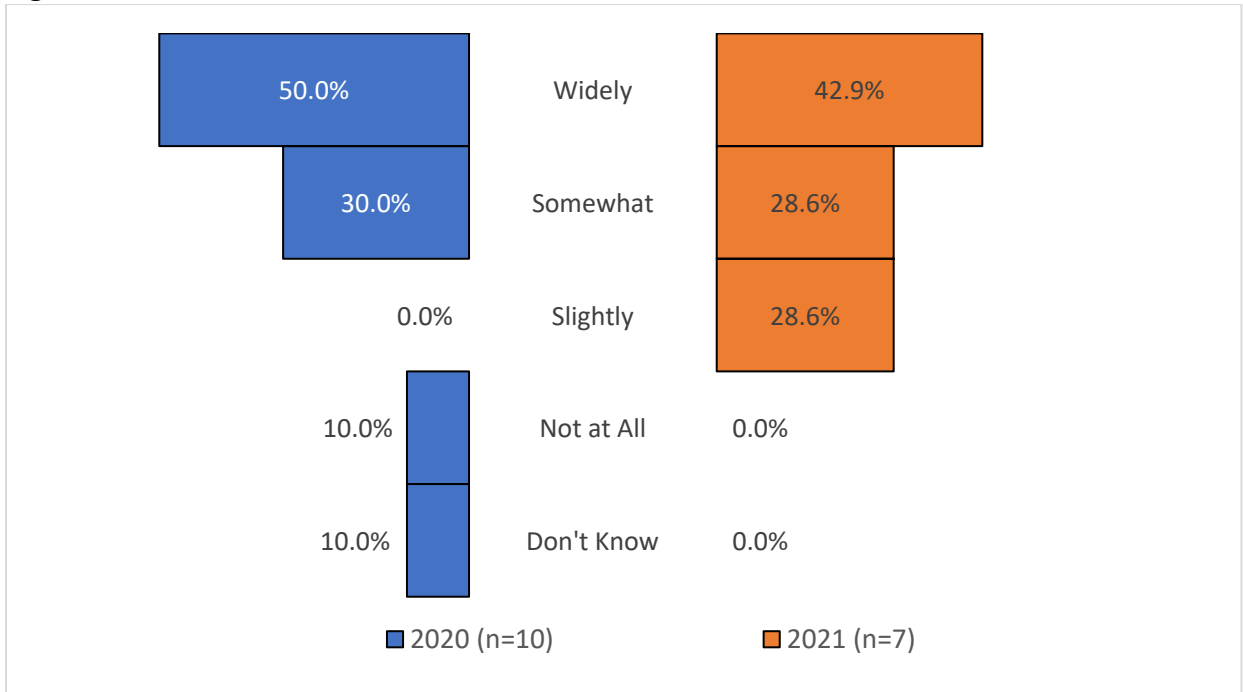
Figure 6.15 Individualized Service Planning

	2020 (n=10)	2021 2 (n=7)
Widely	40.0%	28.6%
Somewhat	30.0%	14.3%
Slightly	10.0%	14.3%
Not at All	10.0%	14.3%
Don't Know	10.0%	28.6%
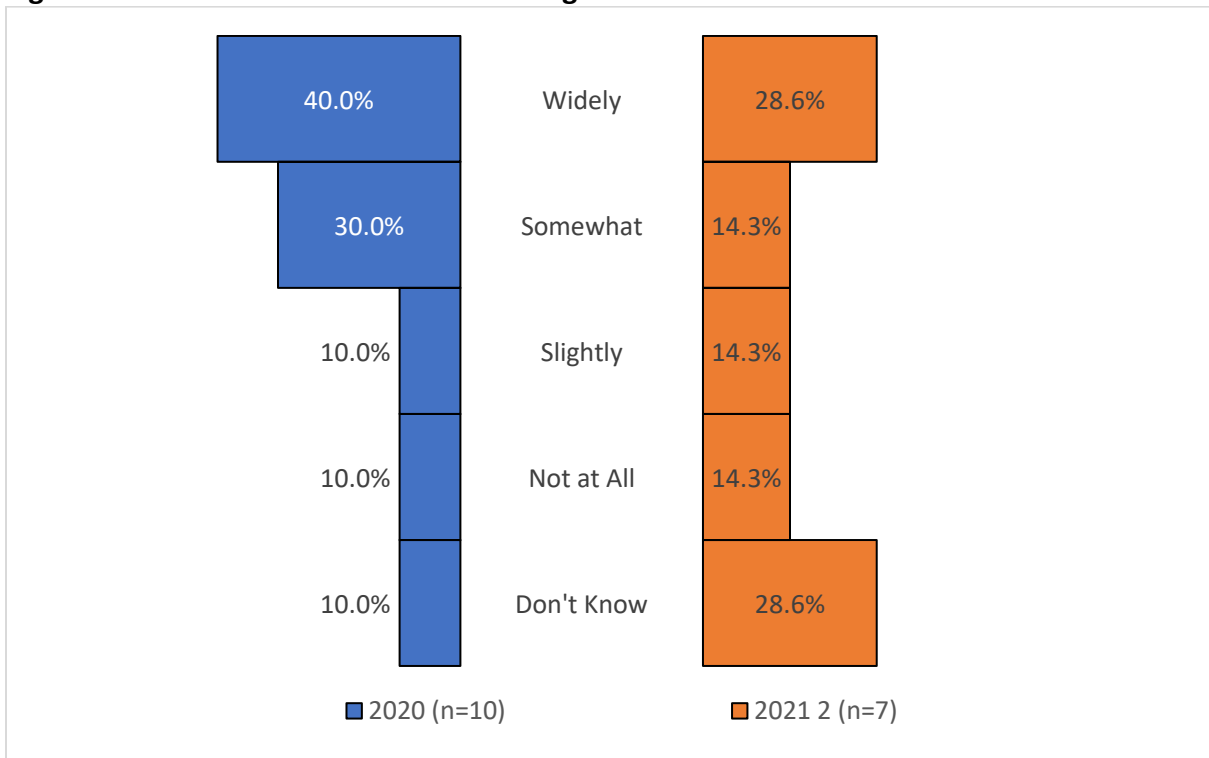
Figure 6.16 Intensive Care Management

	2020 (n=10)		2021 (n=7)
Widely	30.0%		28.6%
Somewhat	20.0%		14.3%
Slightly	30.0%		14.3%
Not at All	10.0%		28.6%
Don't Know	10.0%		14.3%

■ 2020 (n=10)   ■ 2021 (n=7)
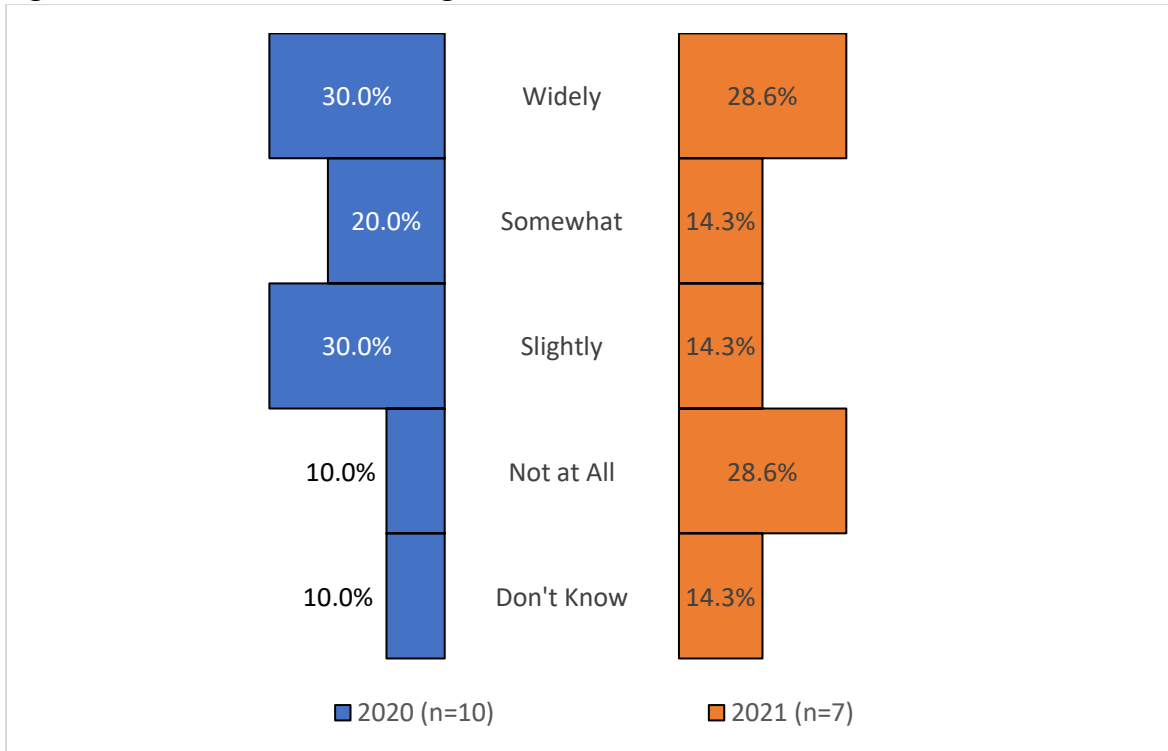
Figure 6.17 Service Coordination for Youth at Lower Levels of Service Intensity

	2020 (n=10)		2021 (n=7)
Widely	40.0%		28.6%
Somewhat	20.0%		14.3%
Slightly	20.0%		28.6%
Not at All	10.0%		14.3%
Don't Know	10.0%		14.3%

■ 2020 (n=10)   ■ 2021 (n=7)

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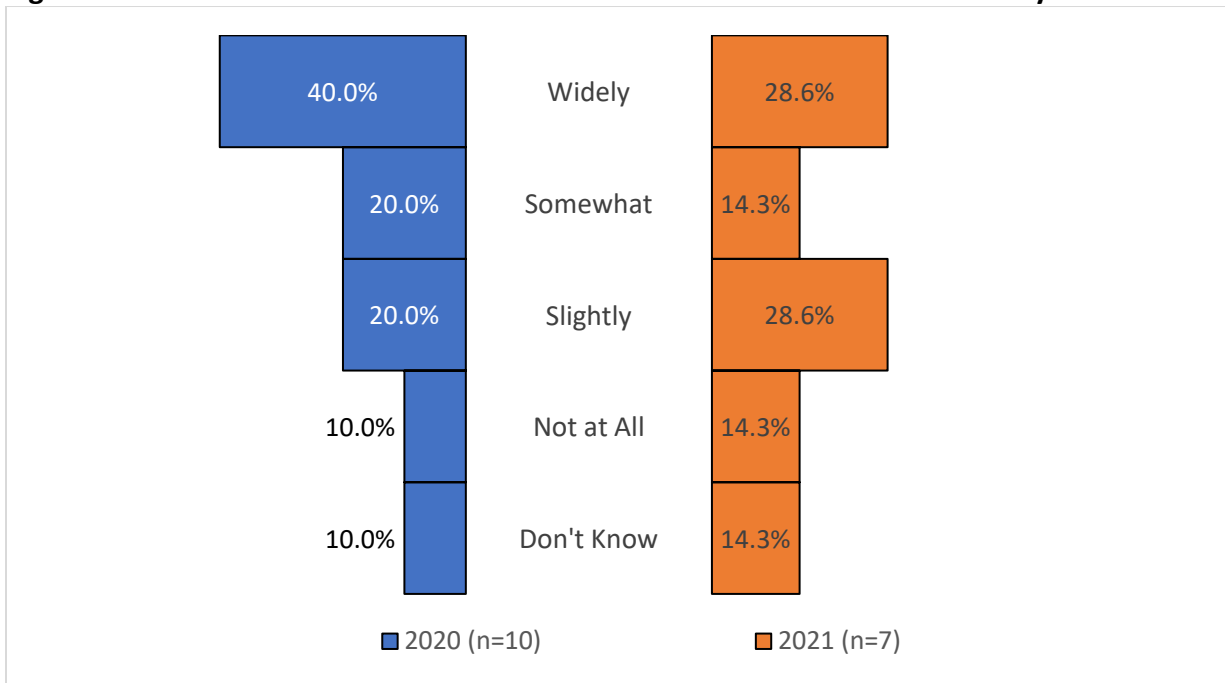
Figure 6.18 Outpatient Therapy

	2020 (n=10)	2021 (n=6)
Widely	40.0%	33.3%
Somewhat	40.0%	33.3%
Slightly	0.0%	16.7%
Not at All	0.0%	16.7%
Don't Know	20.0%	0.0%
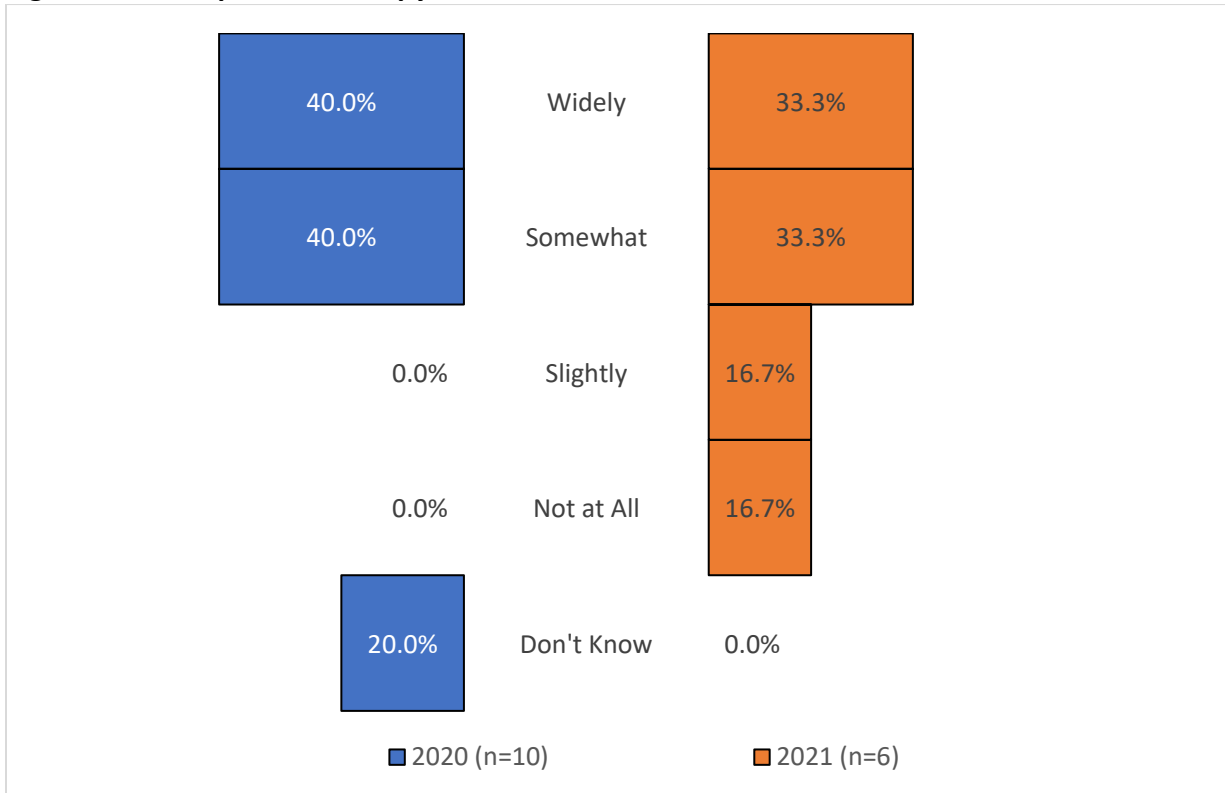
Figure 6.19 Medication Treatment/Management

	2020 (n=10)	2021 (n=7)
Widely	0.0%	42.9%
Somewhat	30.0%	14.3%
Slightly	40.0%	28.6%
Not at All	0.0%	14.3%
Don't Know	30.0%	0.0%
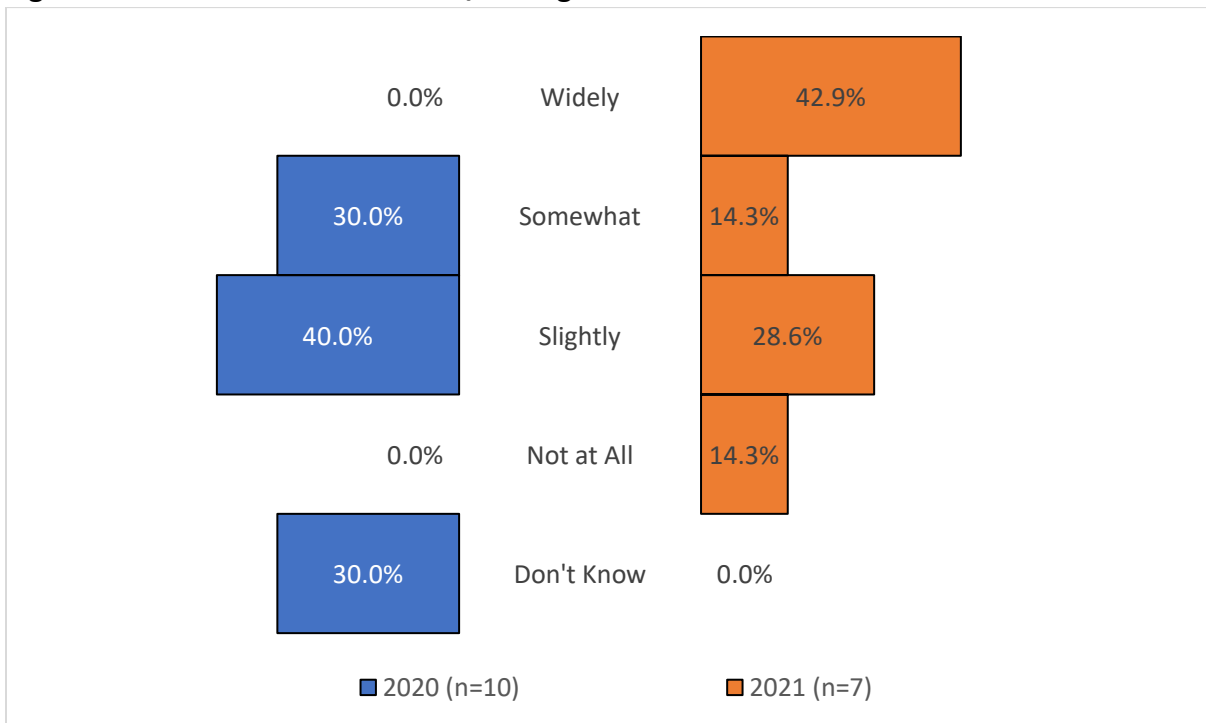
Figure 6.20 Crisis Response Services, Non-Mobile (24 hours, 7 days)

60.0%	Widely	42.9%
30.0%	Somewhat	14.3%
0.0%	Slightly	42.9%
0.0%	Not at All	0.0%
10.0%	Don't Know	0.0%

■ 2020 (n=10)   ■ 2021 (n=7)
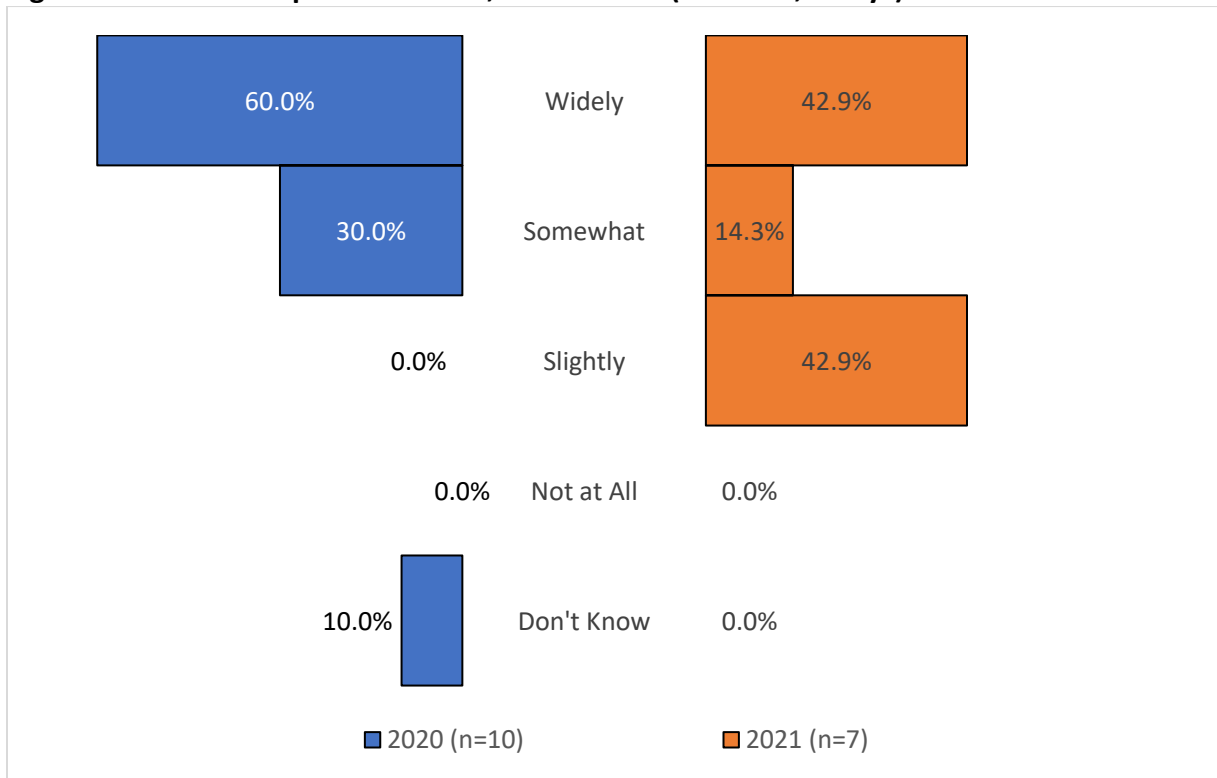
Figure 6.21 Mobile Crisis and Stabilization Services (24 hours, 7 days)

50.0%	Widely	42.9%
30.0%	Somewhat	0.0%
0.0%	Slightly	28.6%
0.0%	Not at All	14.3%
20.0%	Don't Know	14.3%

■ 2020 (n=10)   ■ 2021 (n=7)

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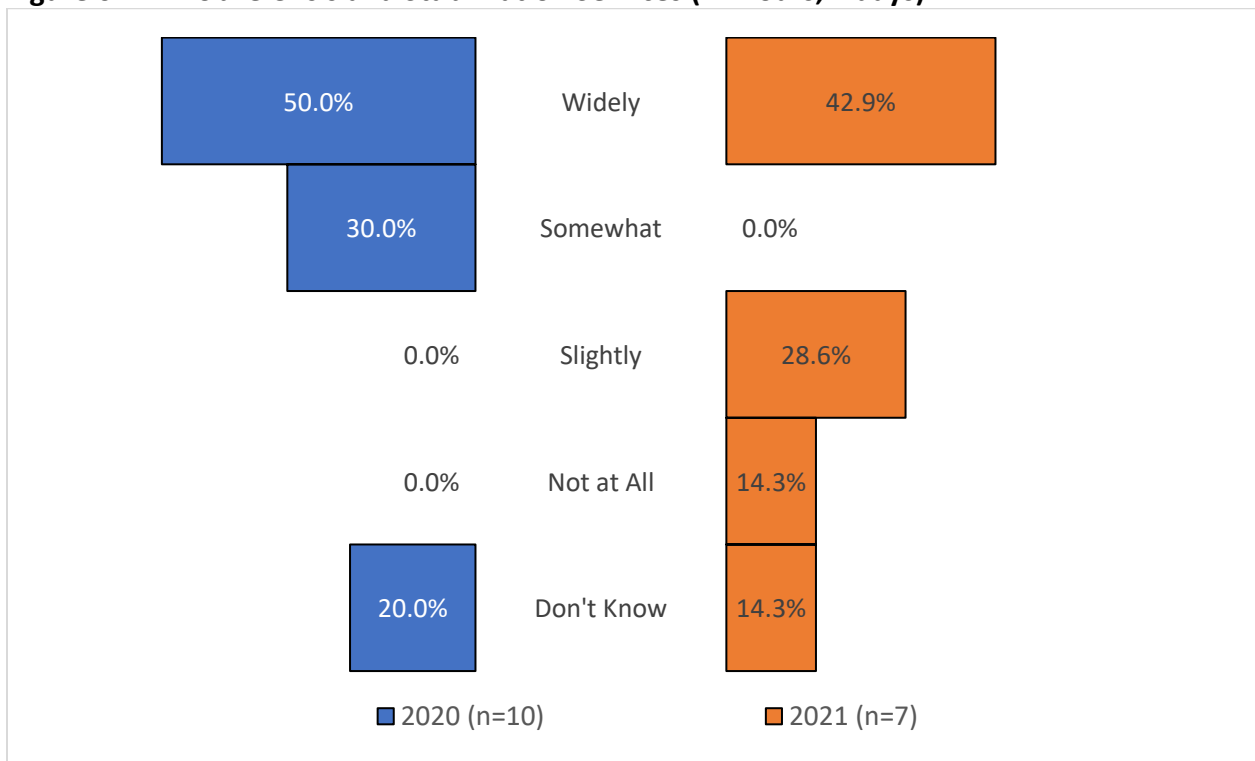
Figure 6.22 Intensive In-Home Services

	2020 (n=10)		2021 (n=7)
Widely	20.0%		28.6%
Somewhat	30.0%		0.0%
Slightly	20.0%		42.9%
Not at All	10.0%		14.3%
Don't Know	20.0%		14.3%
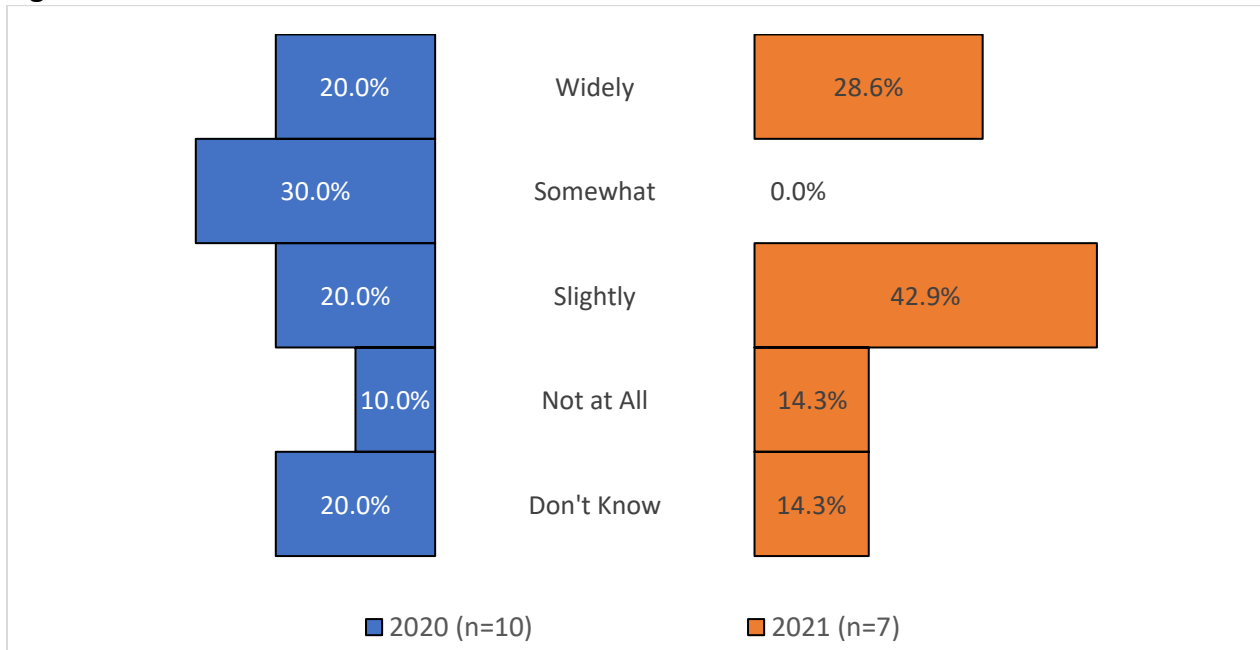
Figure 6.23 School-based Behavioral Health Services

	2020 (n=10)		2021 (n=7)
Widely	70.0%		57.1%
Somewhat	10.0%		14.3%
Slightly	10.0%		14.3%
Not at All	0.0%		14.3%
Don't Know	10.0%		0.0%
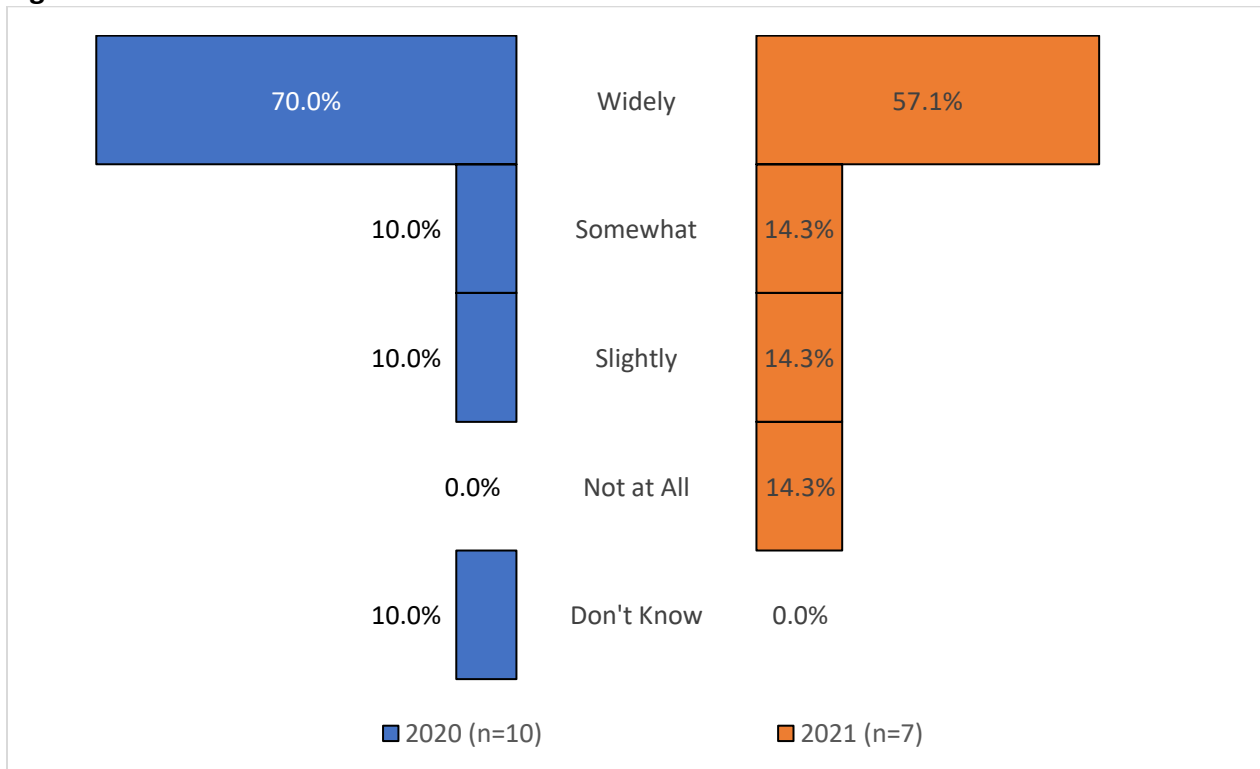
Figure 6.24 Day Treatment

	2020 (n=10)		2021 (n=7)
Widely	10.0%		28.6%
Somewhat	20.0%		0.0%
Slightly	30.0%		0.0%
Not at All	10.0%		42.9%
Don't Know	30.0%		28.6%
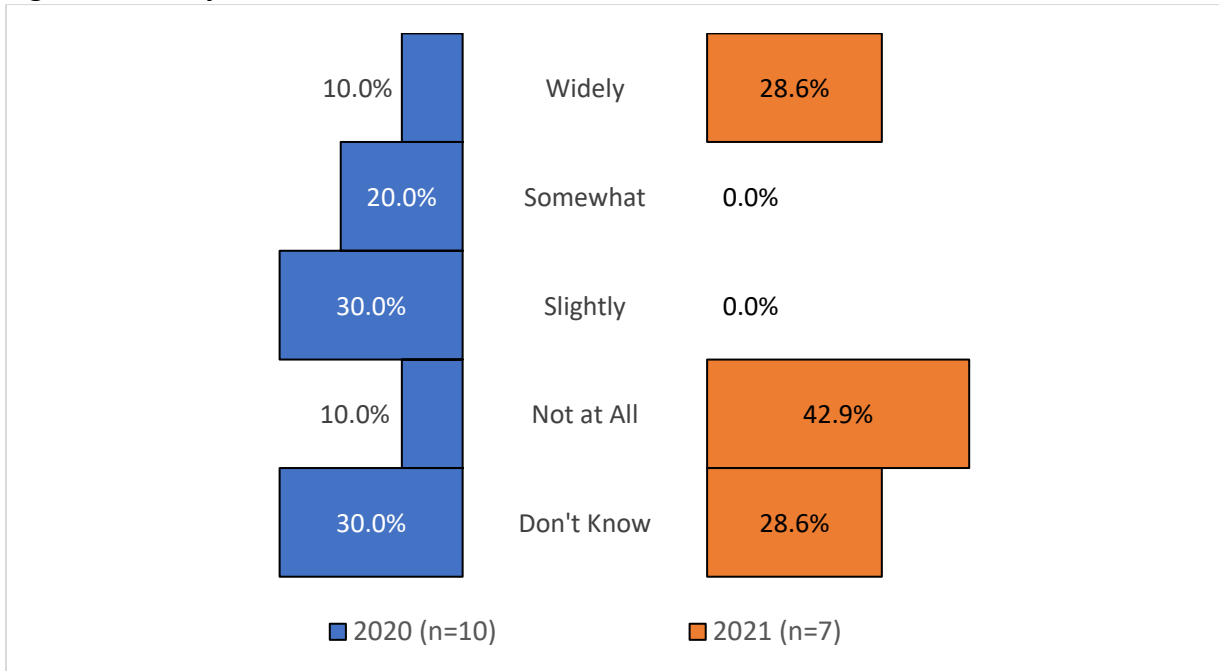
Figure 6.25 Substance Use Treatment

	2020 (n=10)		2021 (n=7)
Widely	40.0%		42.9%
Somewhat	50.0%		28.6%
Slightly	0.0%		0.0%
Not at All	0.0%		28.6%
Don't Know	10.0%		0.0%

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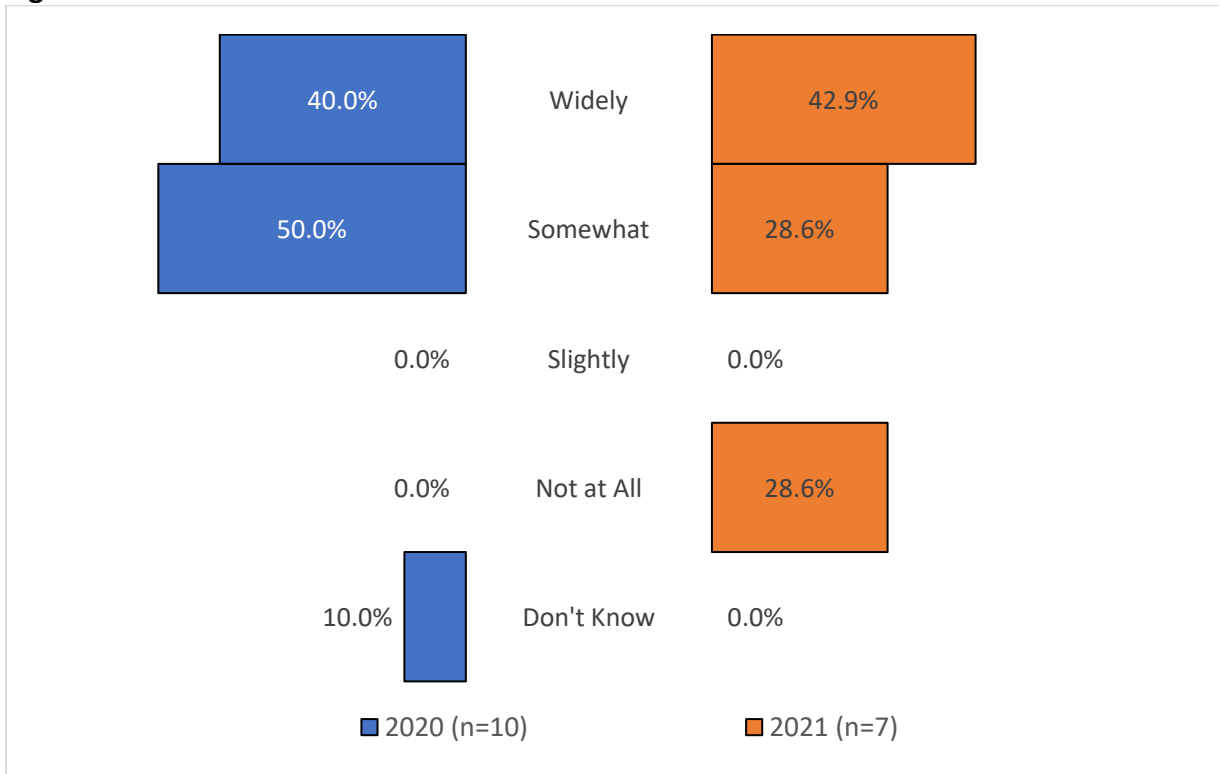
Figure 6.26 Therapeutic Behavioral Aide Services

	2020 (n=10)	2021 (n=7)
Widely	20.0%	28.6%
Somewhat	30.0%	14.3%
Slightly	20.0%	14.3%
Not at All	10.0%	14.3%
Don't Know	20.0%	28.6%
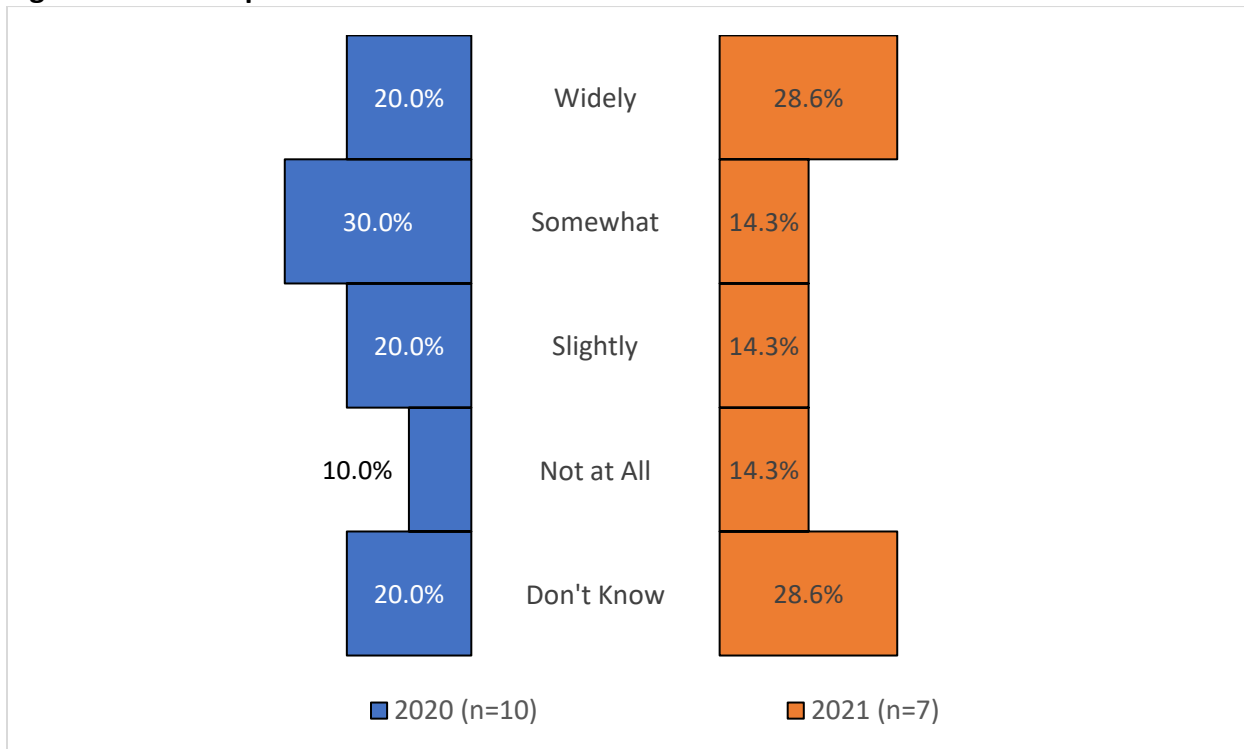
Figure 6.27 Behavior Management Skills Training

	2020 (n=10)	2021 (n=7)
Widely	30.0%	28.6%
Somewhat	40.0%	28.6%
Slightly	20.0%	14.3%
Not at All	0.0%	14.3%
Don't Know	10.0%	14.3%
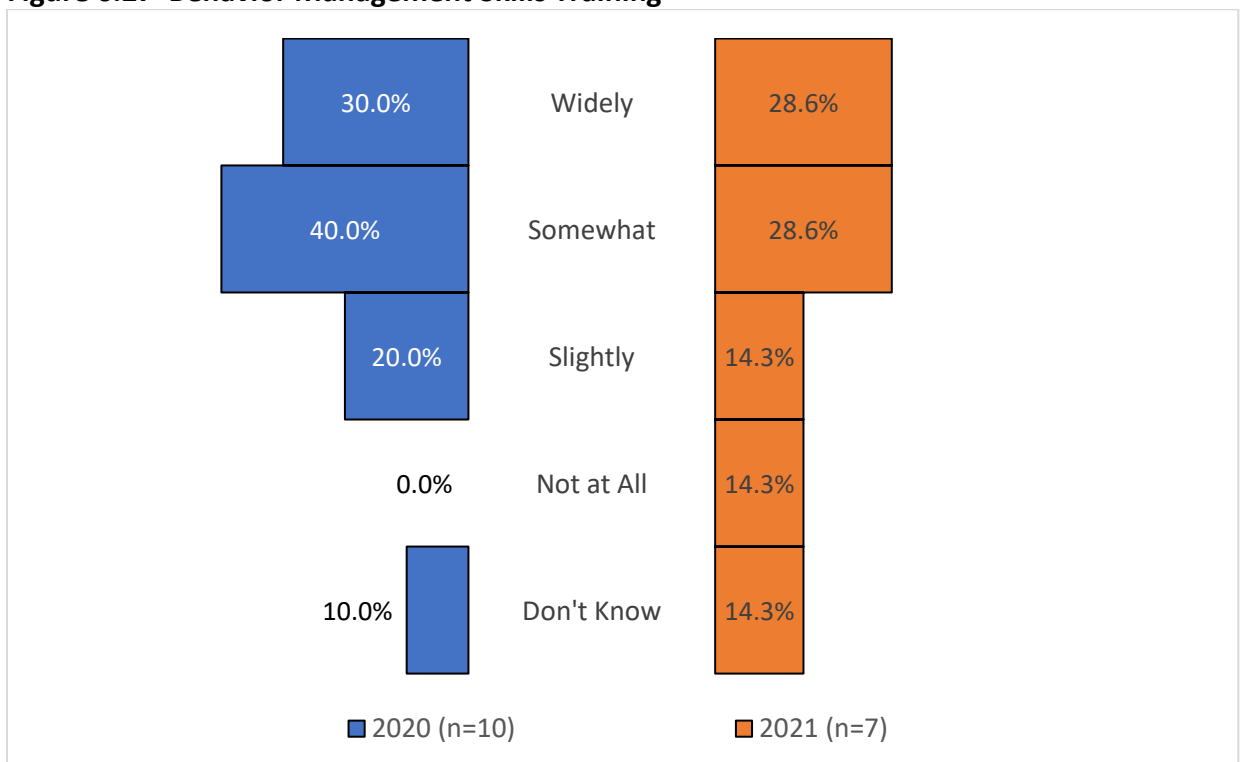
Figure 6.28 Tele-Behavioral Health Services

	2020 (n=10)		2021 (n=7)
Widely	0.0%		42.9%
Somewhat	60.0%		42.9%
Slightly	10.0%		0.0%
Not at All	0.0%		14.3%
Don't Know	30.0%		0.0%
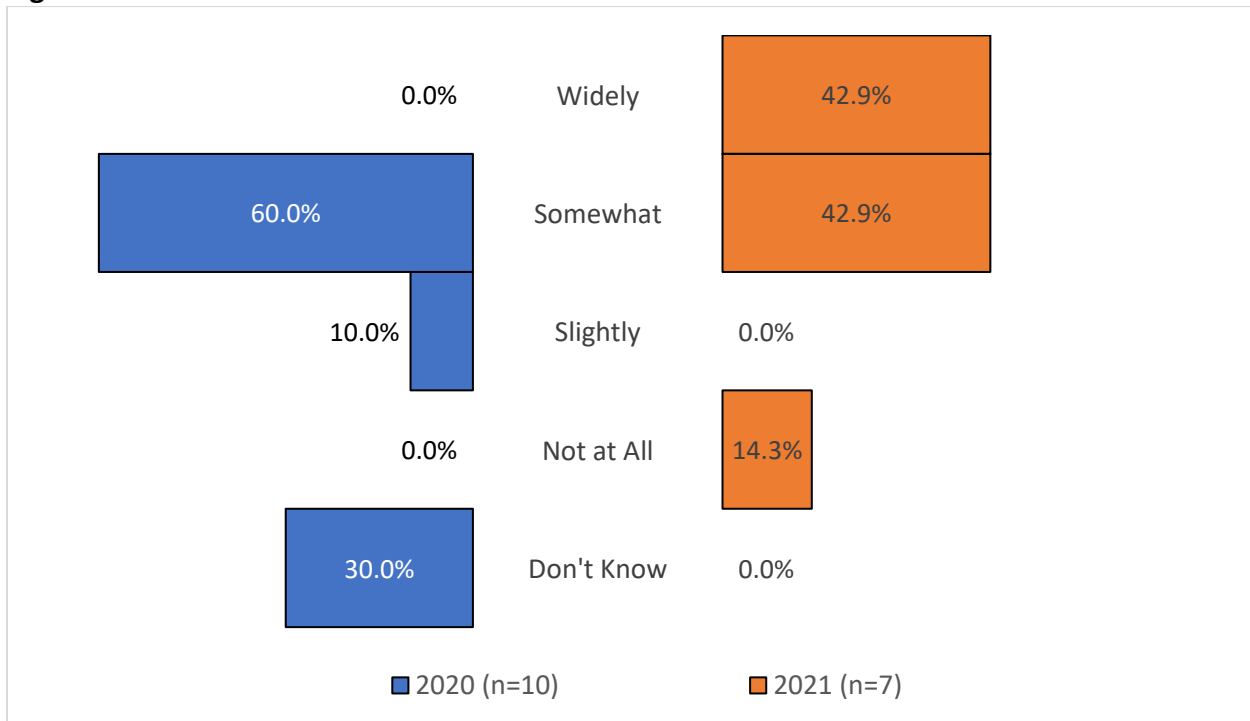
Figure 6.29 Youth and Family Education

	2020 (n=10)		2021 (n=7)
Widely	30.0%		28.6%
Somewhat	40.0%		42.9%
Slightly	10.0%		14.3%
Not at All	10.0%		0.0%
Don't Know	10.0%		14.3%
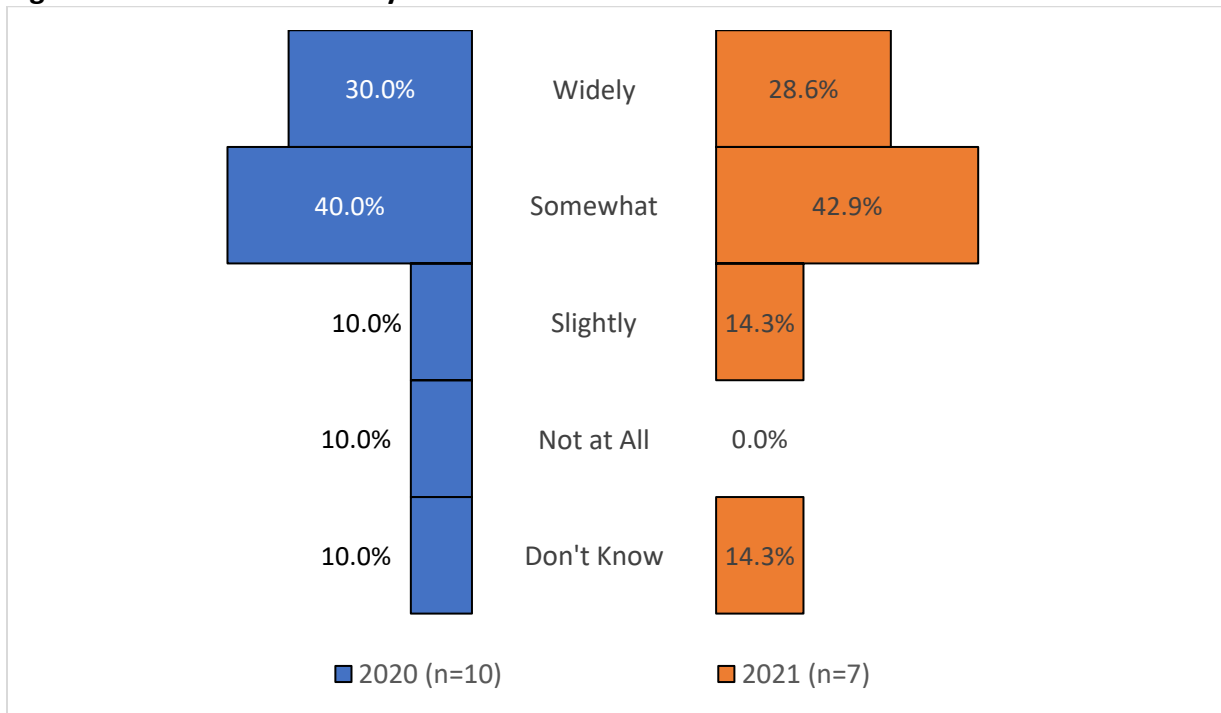
Figure 6.30 Respite Services

	2020 (n=10)	2021 (n=7)
Widely	0.0%	28.6%
Somewhat	10.0%	0.0%
Slightly	40.0%	14.3%
Not at All	20.0%	28.6%
Don't Know	30.0%	28.6%
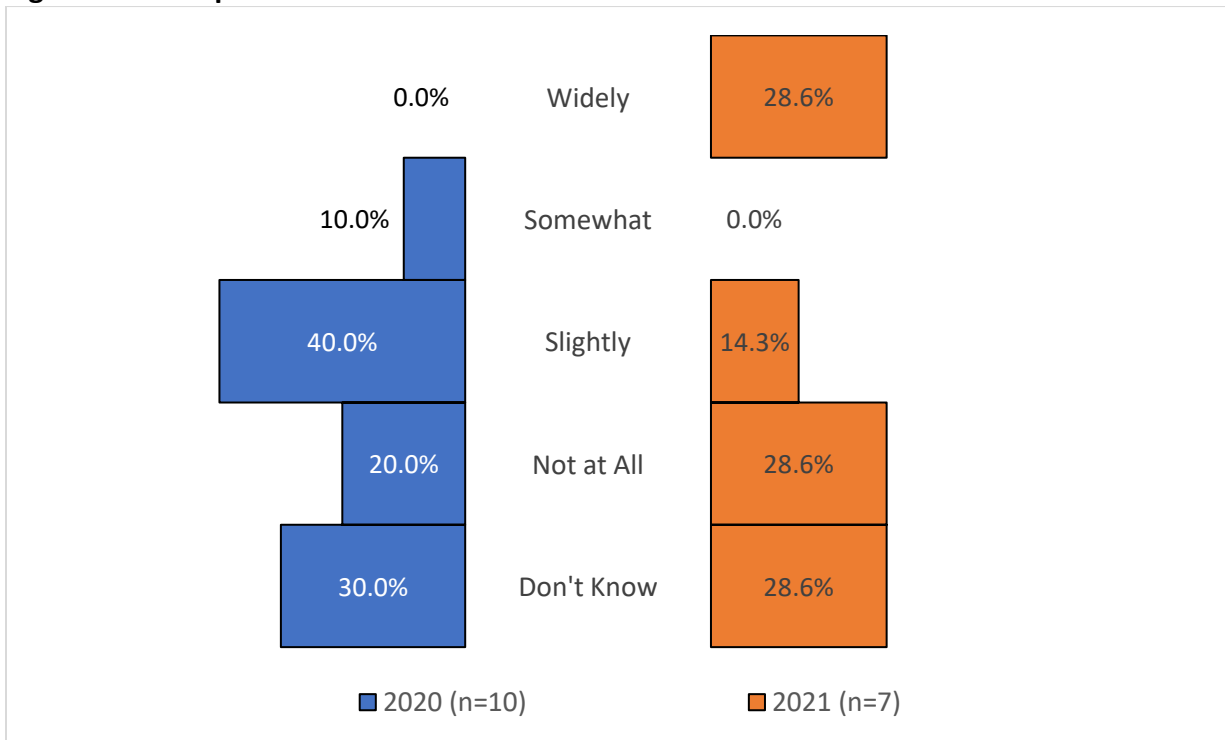
Figure 6.31 Therapeutic Mentoring

	2020 (n=10)	2021 (n=6)
Widely	0.0%	33.3%
Somewhat	10.0%	16.7%
Slightly	20.0%	16.7%
Not at All	30.0%	0.0%
Don't Know	40.0%	33.3%
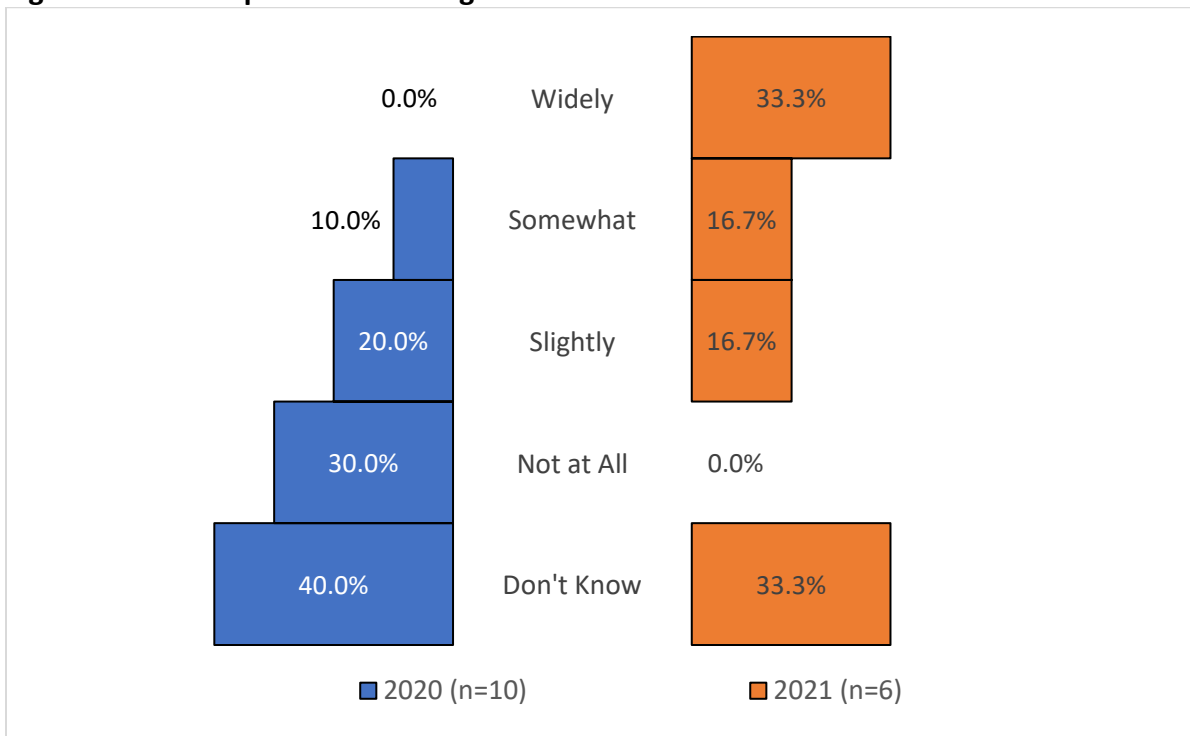
Figure 6.32 Mental Health Consultation

	2020 (n=10)		2021 (n=7)
Widely	40.0%		57.1%
Somewhat	30.0%		14.3%
Slightly	10.0%		0.0%
Not at All	10.0%		14.3%
Don't Know	10.0%		14.3%

■ 2020 (n=10)   ■ 2021 (n=7)
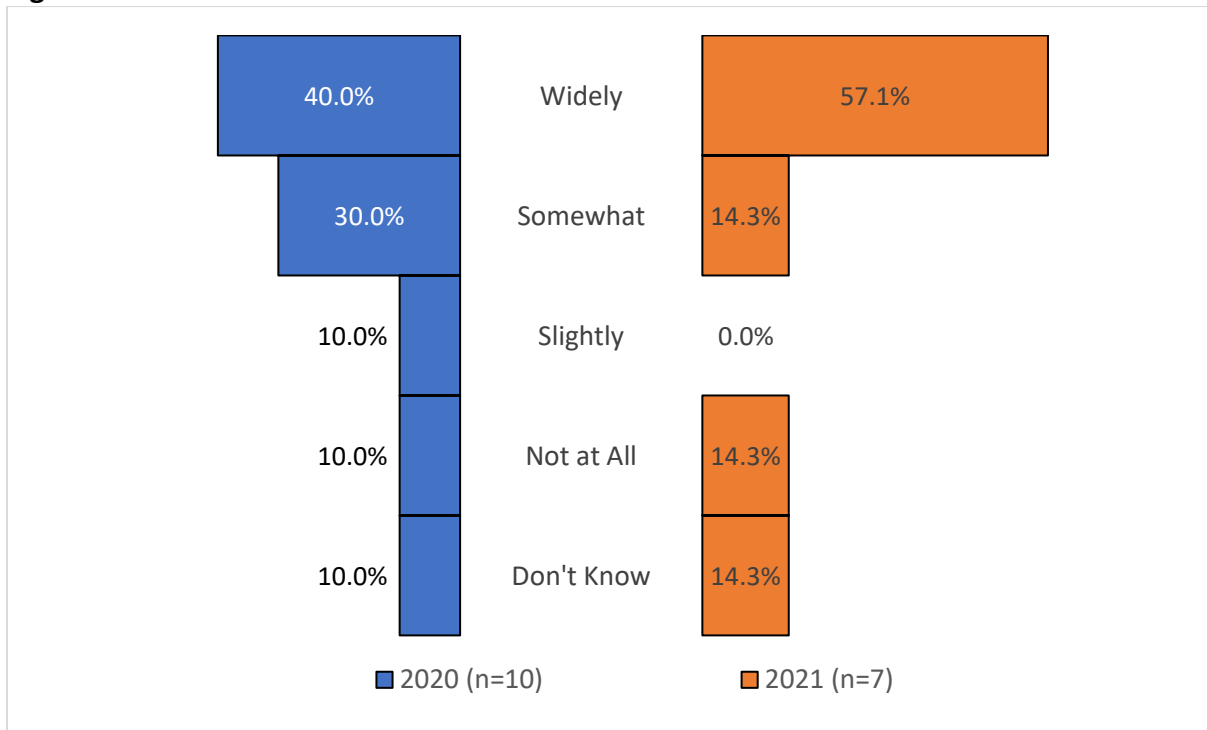
Figure 6.33 Supported Education and Employment

	2020 (n=10)		2021 (n=7)
Widely	10.0%		28.6%
Somewhat	10.0%		28.6%
Slightly	30.0%		14.3%
Not at All	10.0%		14.3%
Don't Know	40.0%		14.3%

■ 2020 (n=10)   ■ 2021 (n=7)
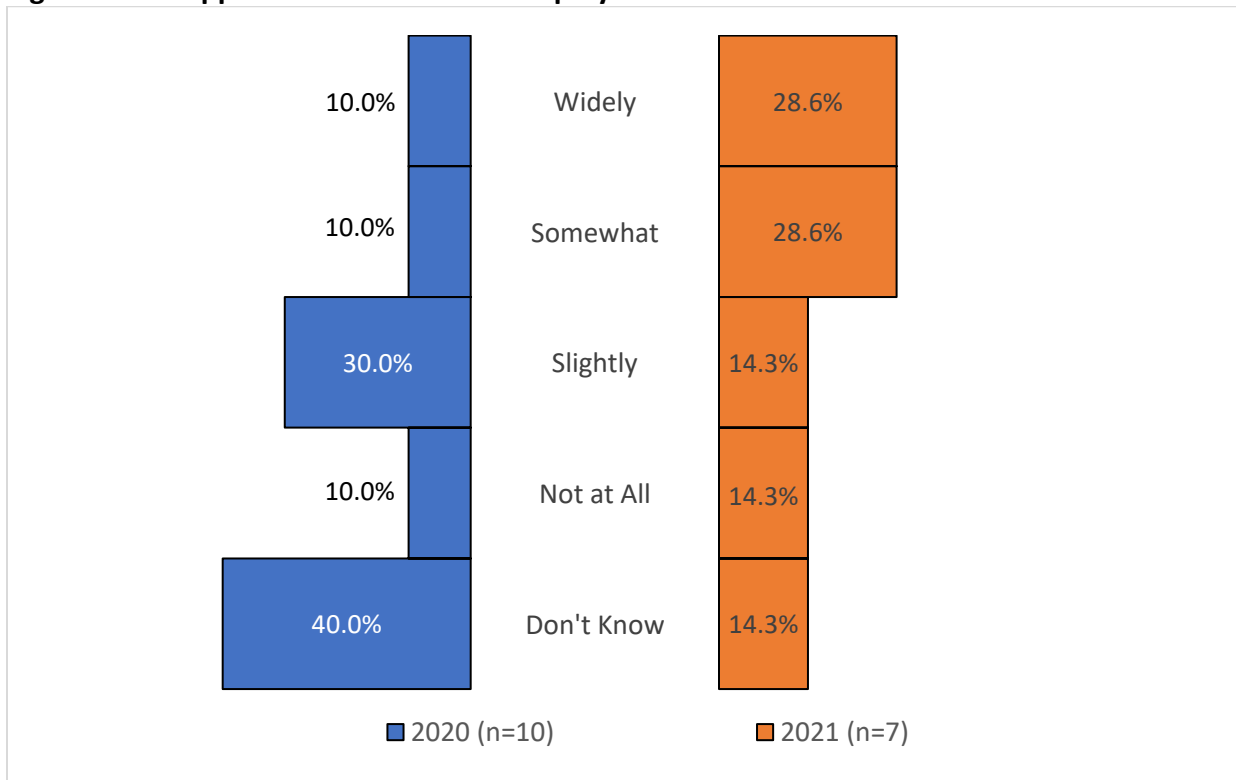
Figure 6.34 Supported Independent Living

	2020 (n=10)		2021 (n=7)
Widely	10.0%		28.6%
Somewhat	20.0%		28.6%
Slightly	20.0%		14.3%
Not at All	10.0%		14.3%
Don't Know	40.0%		14.3%
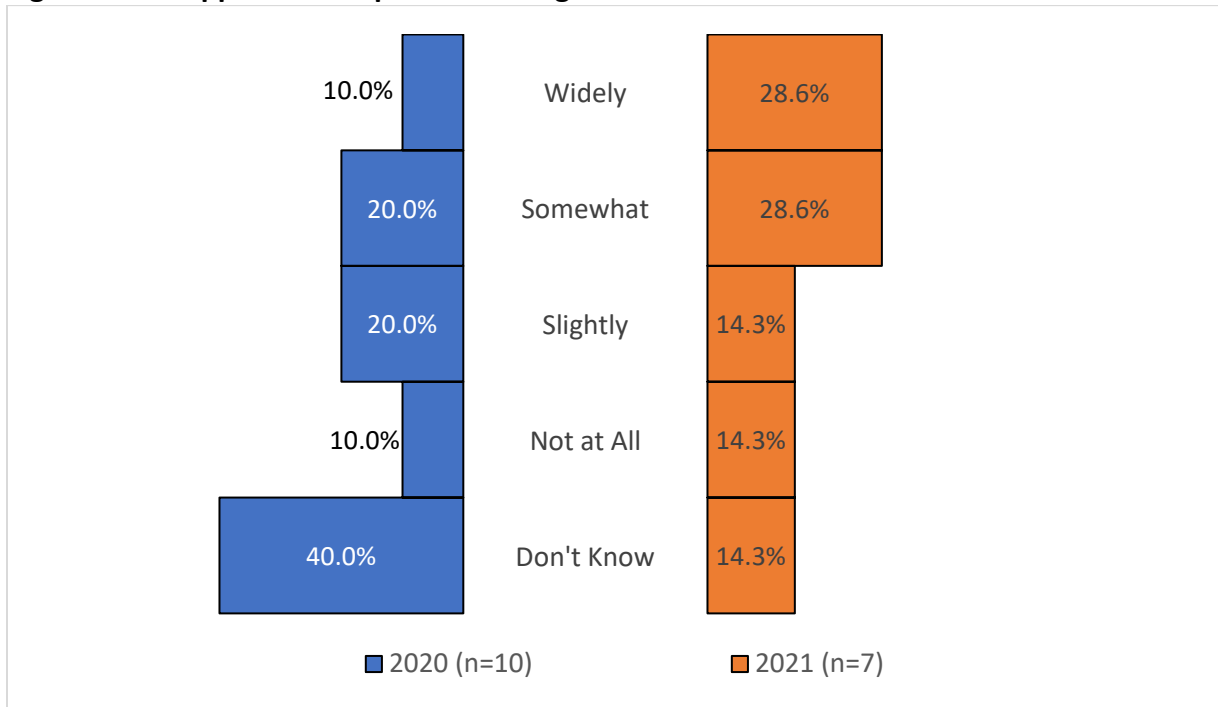
Figure 6.35 Transportation

	2020 (n=9)		2021 (n=6)
Widely	0.0%		16.7%
Somewhat	11.1%		16.7%
Slightly	55.6%		33.3%
Not at All	11.1%		16.7%
Don't Know	22.2%		16.7%

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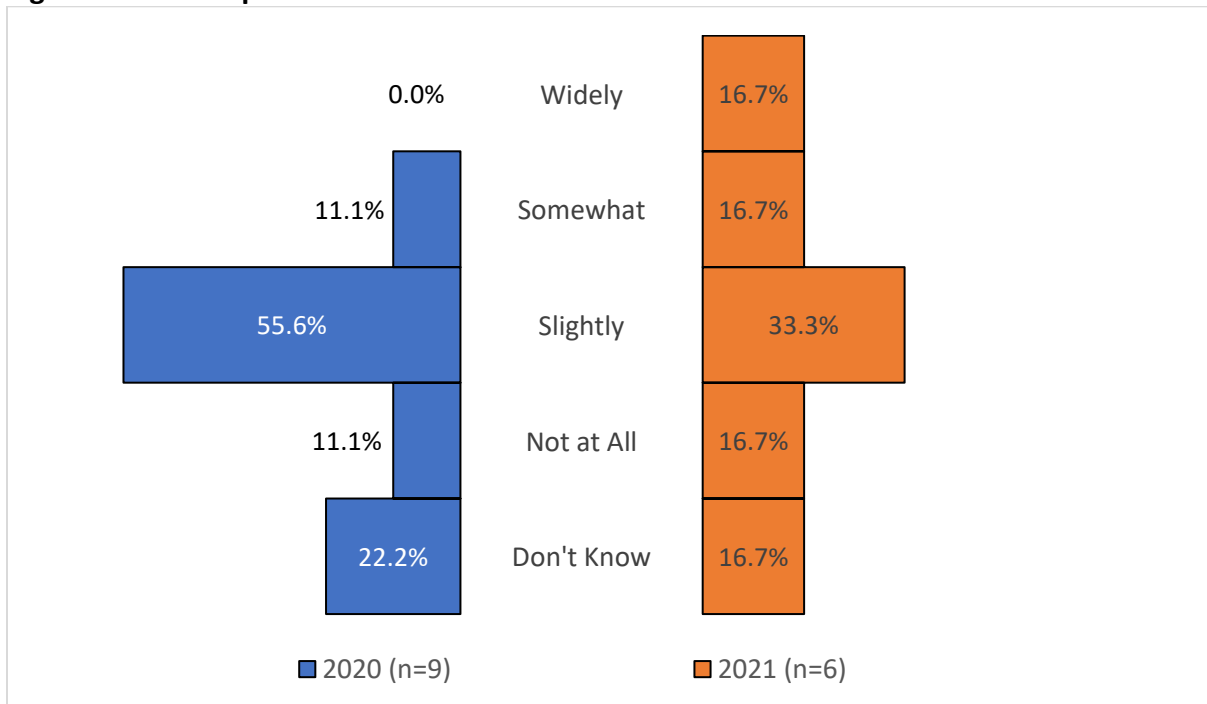
6.2.3 Out-of-Home Treatment Services

The perceived availability of most out-of-home treatment services was similar in 2020 and 2021; however, there was a perceived increase in the availability of substance use residential treatment and residential treatment.

Figure 6.36 Therapeutic Foster Care

	2020 (n=10)	2021 (n=7)
Widely	0.0%	14.3%
Somewhat	20.0%	14.3%
Slightly	40.0%	28.6%
Not at All	10.0%	28.6%
Don't Know	30.0%	14.3%
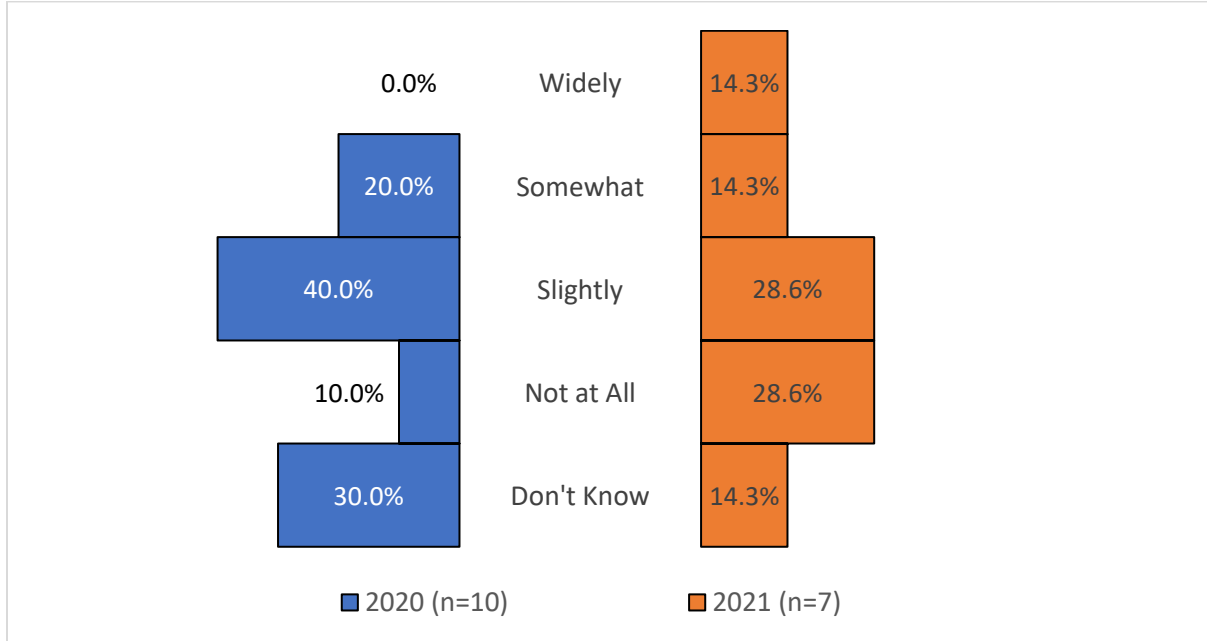
Figure 6.37 Therapeutic Group Home Care

	2020 1 (n=10)	2021 (n=7)
Widely	0.0%	14.3%
Somewhat	0.0%	0.0%
Slightly	30.0%	28.6%
Not at All	20.0%	28.6%
Don't Know	50.0%	28.6%
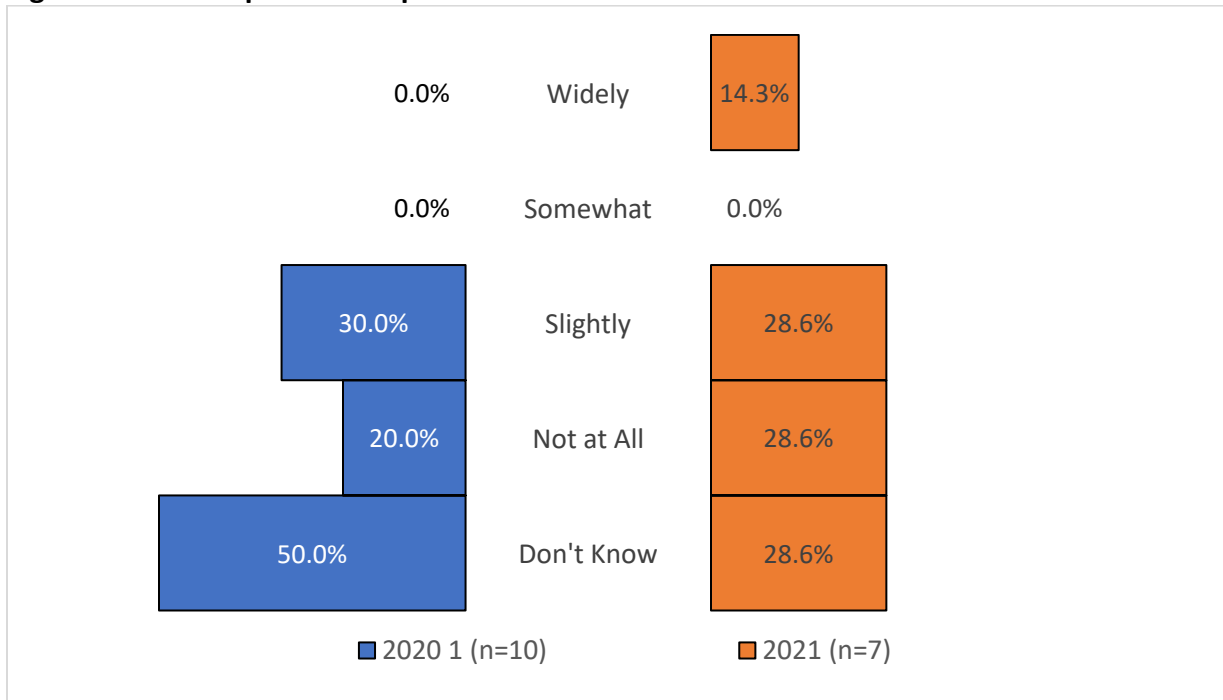
Figure 6.38 Crisis Stabilization Beds

	2020 (n=10)	2021 (n=6)
Widely	10.0%	33.3%
Somewhat	40.0%	0.0%
Slightly	20.0%	16.7%
Not at All	0.0%	16.7%
Don't Know	30.0%	33.3%
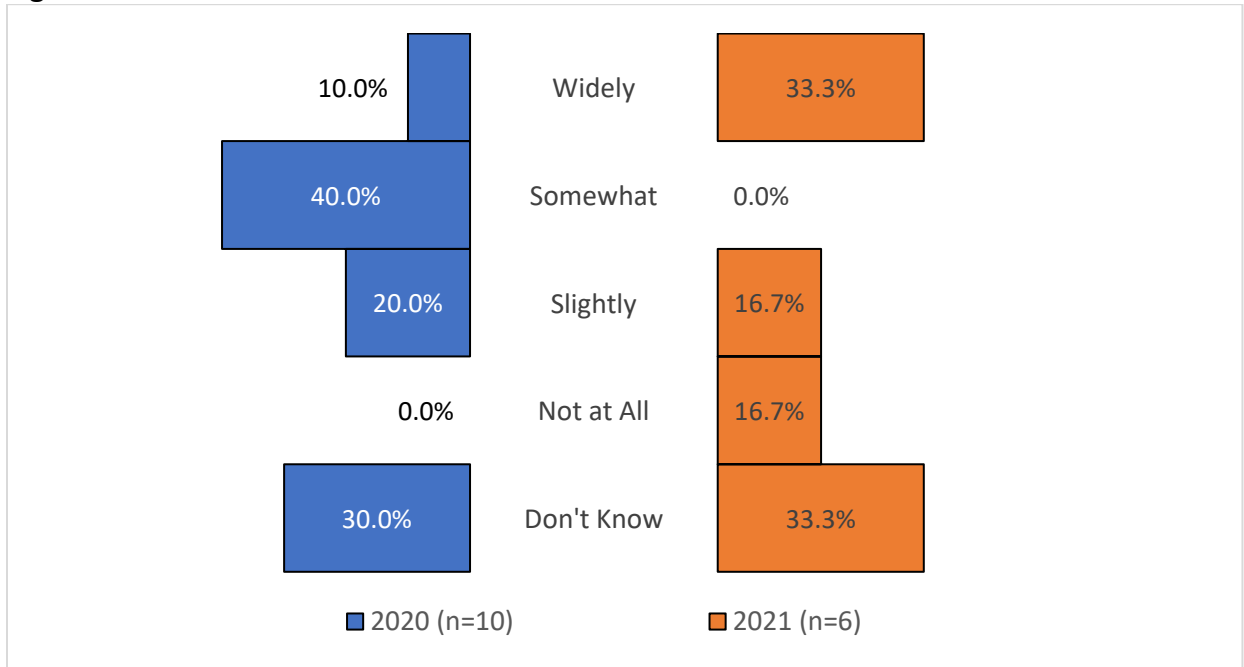
Figure 6.39 Medical Detoxification

	2020 (n=10)	2021 (n=7)
Widely	0.0%	42.9%
Somewhat	40.0%	14.3%
Slightly	30.0%	14.3%
Not at All	0.0%	14.3%
Don't Know	30.0%	14.3%
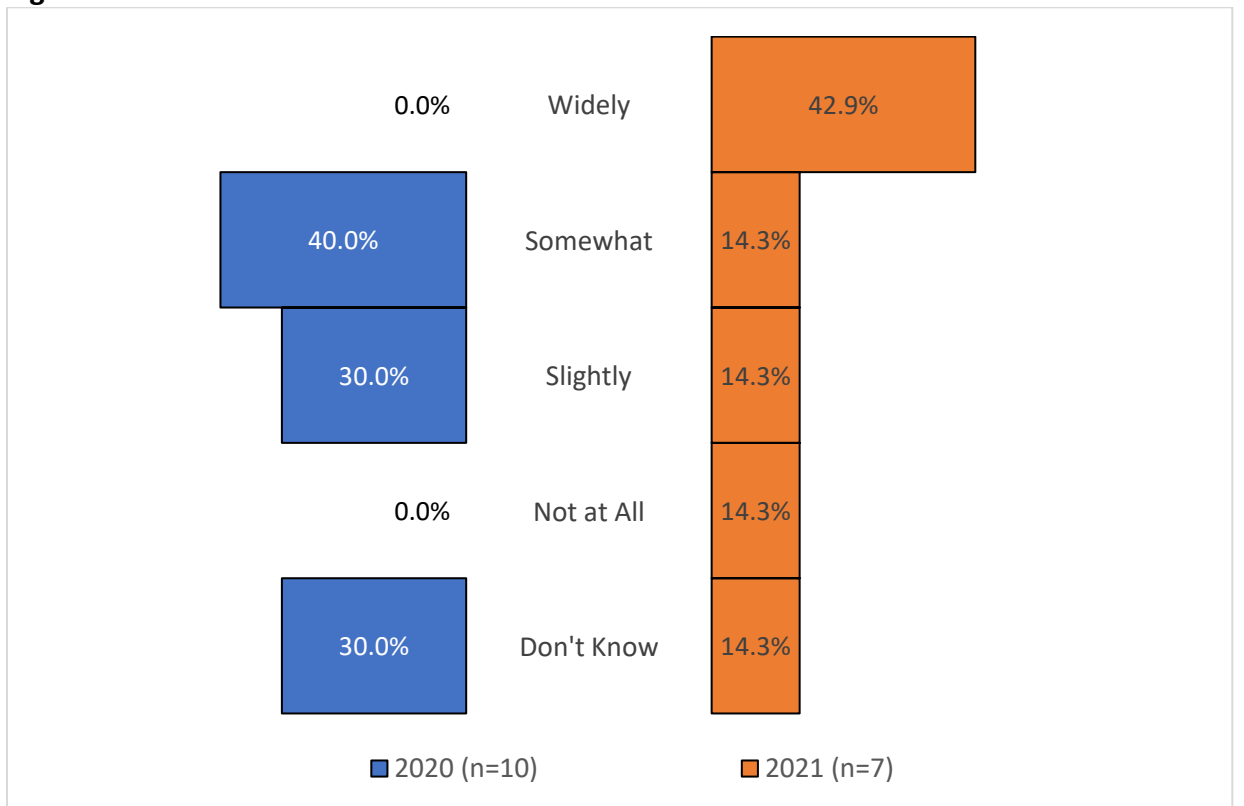
Figure 6.40 Substance Use Residential Treatment

	2020 (n=10)	2021 (n=7)
Widely	0.0%	42.9%
Somewhat	50.0%	28.6%
Slightly	30.0%	14.3%
Not at All	0.0%	14.3%
Don't Know	20.0%	0.0%
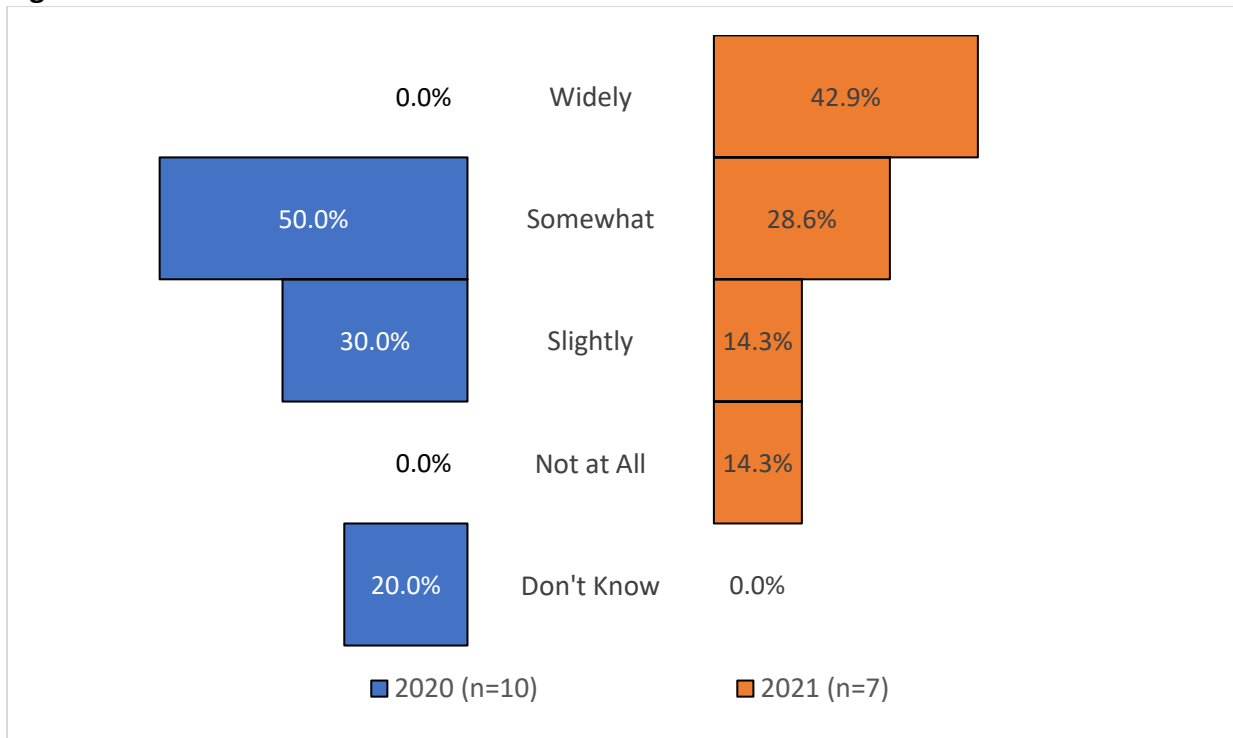
Figure 6.41 Residential Treatment

	2020 (n= 10)	2021 (n=7)
Widely	0.0%	28.6%
Somewhat	30.0%	0.0%
Slightly	30.0%	14.3%
Not at All	20.0%	42.9%
Don't Know	20.0%	14.3%
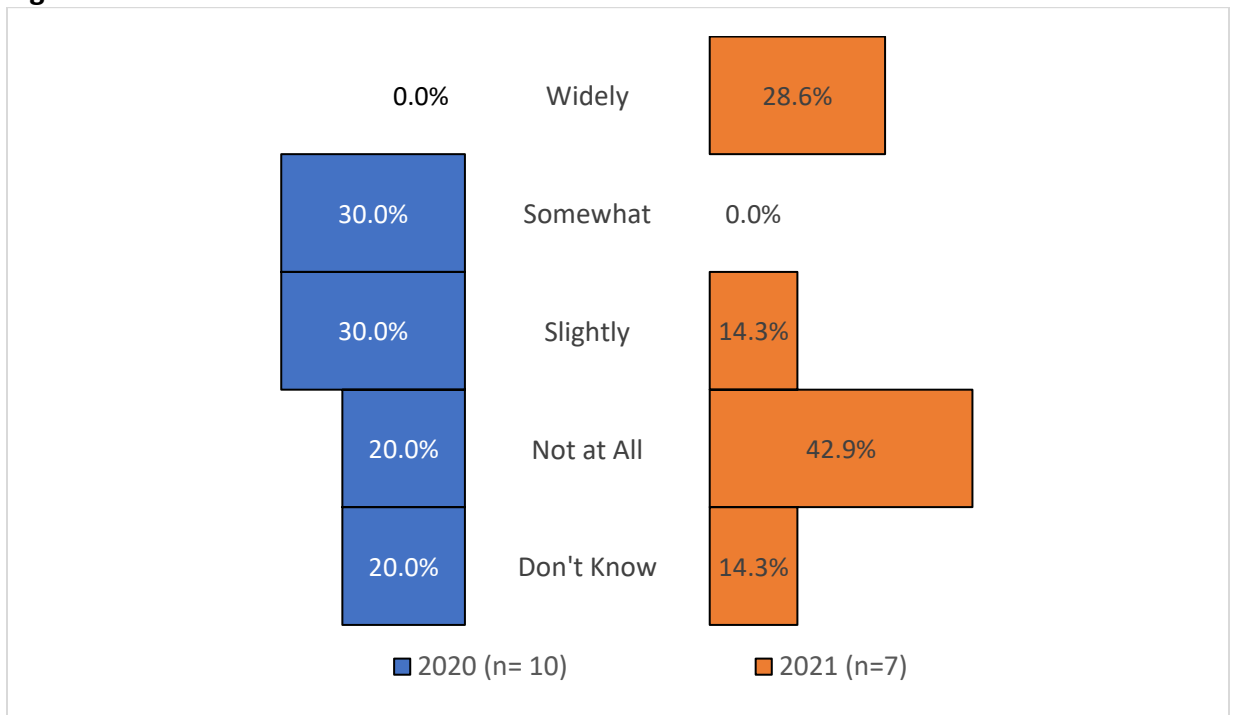
Figure 6.42 Inpatient Hospitalization

0.0%	Widely	28.6%
60.0%	Somewhat	42.9%
20.0%	Slightly	0.0%
0.0%	Not at All	28.6%
20.0%	Don't Know	0.0%

■ 2020 (n=10)   ■ 2021 (n=7)
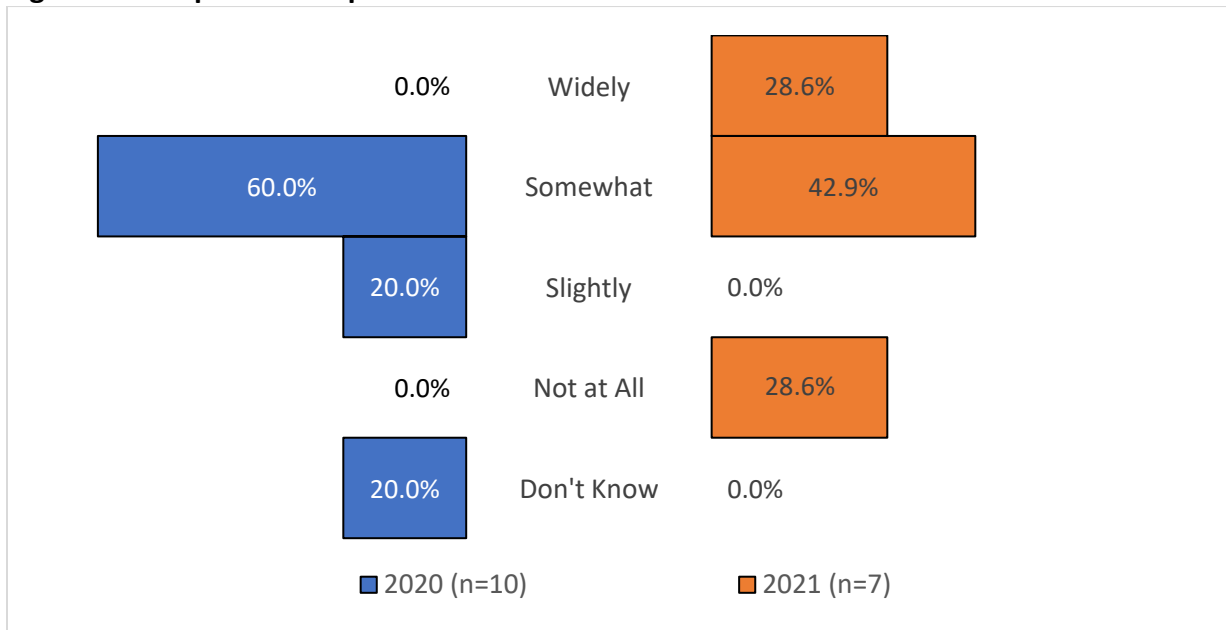
6.2.4   Peer-provided Services (ILCHF Outcome)

The perceived availability of both youth and caregiver peer-provided services increased slightly from 2020 to 2021. For youth peer-provided services, the perception of wide implementation was 28.6% in 2021, up from 0% in 2020. Similarly, 28.6% also perceived wide implementation of caregiver peer support services which was at 10% the year prior.

Figure 6.43 Youth Peer-provided Services

0.0%	Widely	28.6%
0.0%	Somewhat	0.0%
20.0%	Slightly	28.6%
20.0%	Not at All	14.3%
60.0%	Don't Know	28.6%

■ 2020 (n=10)   ■ 2021 (n=7)
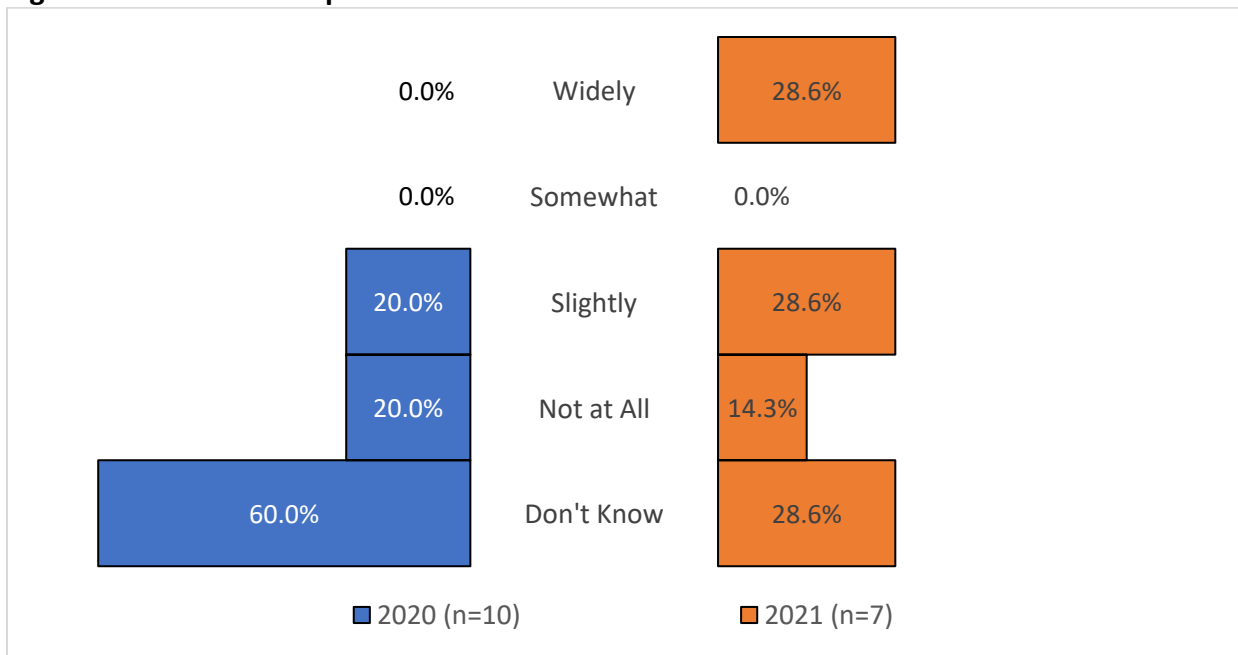
Figure 6.44 Caregiver Peer-provided Services

	2020 (n=10)	2021 (n=7)
Widely	10.0%	28.6%
Somewhat	30.0%	14.3%
Slightly	20.0%	14.3%
Not at All	10.0%	14.3%
Don't Know	30.0%	28.6%
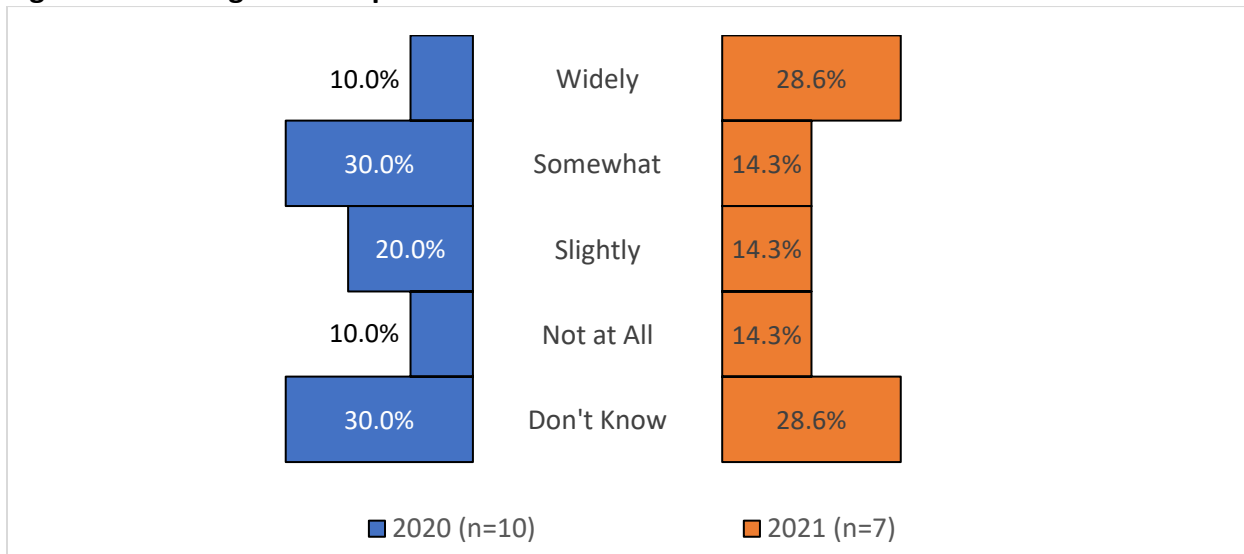
6.2.5   Evidence-based Services (ILCHF Outcome)

Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Table 6.1 shows the percentage of respondents who indicated that the service was available. Across both years trauma-focused cognitive behavioral therapy and Second Step were the only services that were perceived as available. However, over half of the respondents in 2021 indicated that they did not know about the availability of these practices.

Table 6.1 Use of Evidence-Based Mental Health Interventions

	2020 (n=10) (% Yes)	2021 (n=7) (% Yes)
Triple P – Positive Parenting Program	10.0%	0.0%
Parent-Child Interaction Therapy	30.0%	0.0%
Brief Strategic Family Therapy	10.0%	0.0%
Multisystemic Therapy	10.0%	14.3%
Functional Family Therapy	10.0%	0.0%
Multidimensional Treatment Foster Care	0.0%	0.0%
Trauma-Focused Cognitive Behavioral Therapy	50.0%	42.9%
Project ACHIEVE	10.0%	0.0%
Second Step	40.0%	28.6%
Promoting Alternative Thinking Strategies (PATHS)	0.0%	0.0%
Incredible Years	10.0%	0.0%
Problem-Solving Skills Training	0.0%	0.0%
First Steps to Success	0.0%	0.0%
Don't Know	20.0%	57.1%
None	10.0%	0.0%

6.2.6 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 6.2 shows the mean scores on the individual items of the service coordination subscale from Figure 6.10. There was little change in the level of service coordination perceived from 2020 to 2021; most of the items were rated as moderately implemented.

Table 6.2 Service Coordination and Integration

	2020 Mean (n = 10-12)	2021 Mean (n = 6)
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families	3.10 (0.88)	3.17 (1.17)
Basic care coordination is provided for children and families at lower levels of service intensity	3.18 (0.87)	3.33 (0.82)
Care is coordinated across multiple child-serving agencies and systems	2.92 (1.00)	3.17 (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)	2.60 (1.08)	3.17 (0.75)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020 and 2021 are shown in Table 6.3.

Table 6.3 Service Coordination with Children's Mental Health System

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

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

6.3 System of Care Infrastructure

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

Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages. The perceived availability of screening for early identification of mental health problems remained about the same in 2020 and 2021.

Figure 6.45 Services for Early Identification of Mental Health Problems
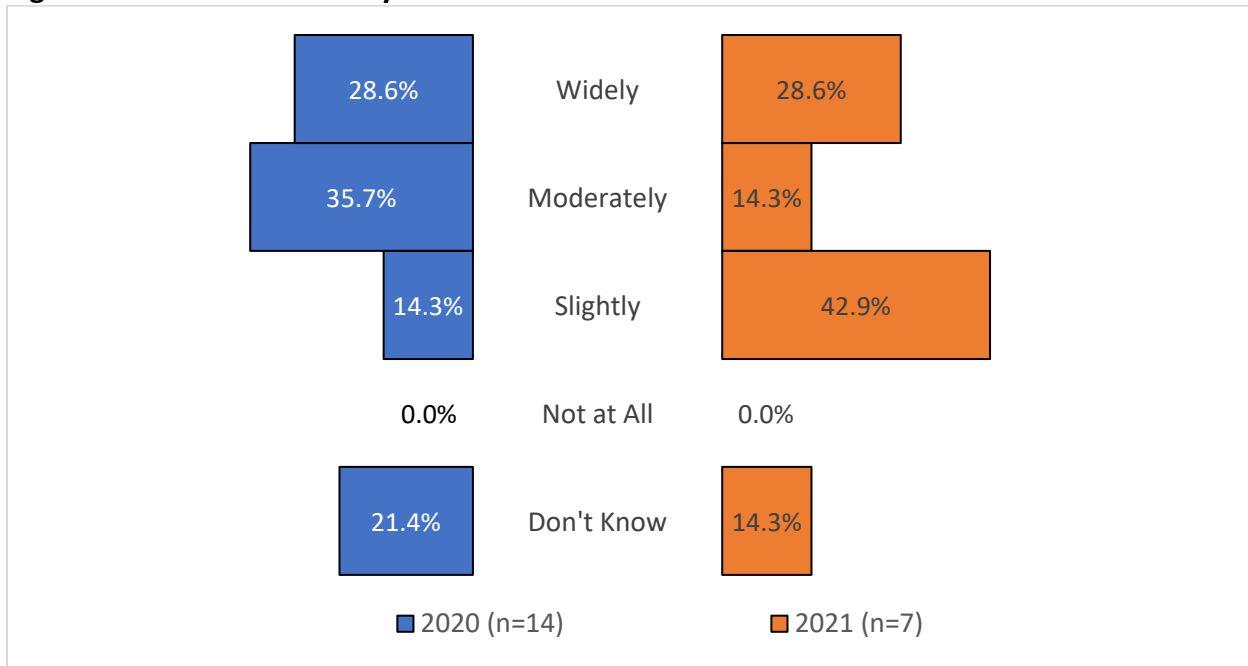
In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g. in early care, education, primary care, child welfare, and juvenile justice settings). Stakeholders in 2021 had differing opinions on the availability of screening services; 43% felt they were widely available and 43% felt they were only slightly available.

Figure 6.46 Screening for Behavioral Health Needs

30.0%	Widely	42.9%
20.0%	Somewhat	0.0%
30.0%	Slightly	42.9%
0.0%	Not at All	0.0%
20.0%	Don't Know	14.3%

■ 2020 (n=10)   ■ 2021 (n=7)
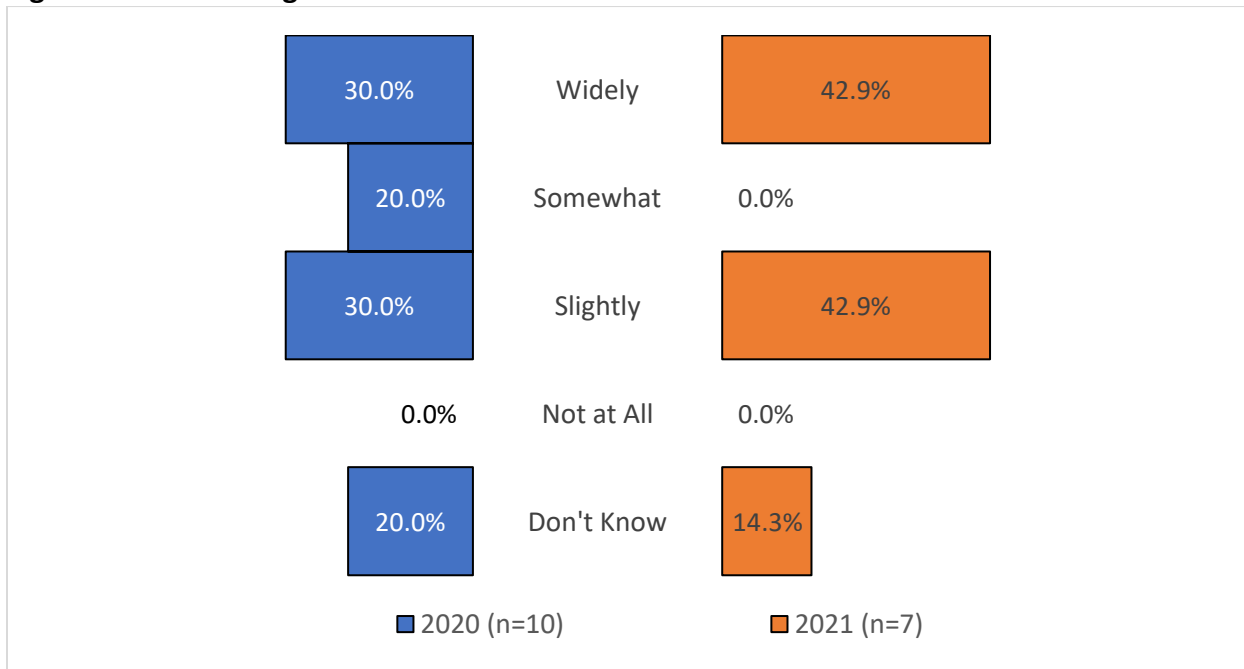
6.3.2   Increased Capacity in the Service System to Provide Evidence-based Clinical Interventions (ILCHF Outcome)

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 6.4 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was little change in the perceived capacity of the system to provide evidence-based clinical interventions.

Table 6.4 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 10-13)	2021 Mean (n = 6)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.38 (0.65)	3.50 (0.84)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	3.38 (0.65)	3.33 (1.03)
Best practice guidelines, clinical protocols, and manuals are provided to practitioners	3.45 (0.69)	3.50 (0.84)
Fidelity to evidence-informed practices and outcomes is measured	3.40 (0.84)	3.50 (0.84)

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 2020 and 2021. Stakeholders perceived a significant increase in the use of local outcomes to inform decision-making, from 18.8% in 2020 to 87.5% in 2021.

Figure 6.47 Use of Local Outcome Data to Inform Decision-making
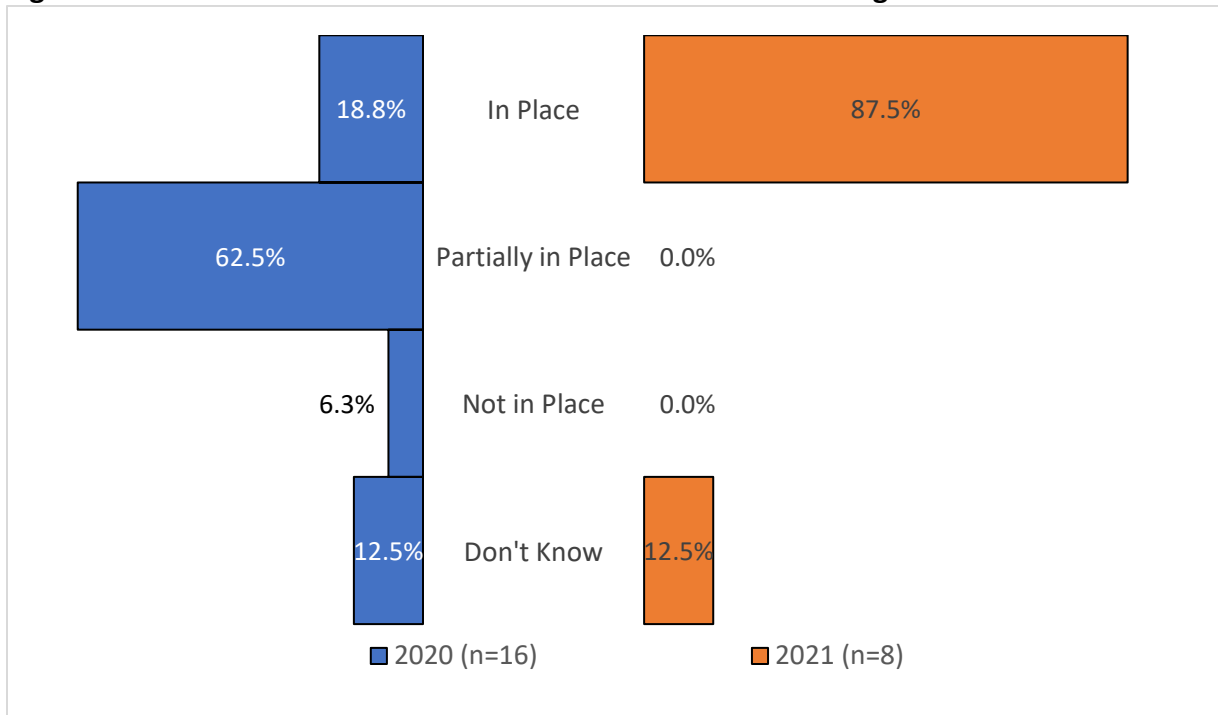
Stakeholders were also asked the extent to which their community had implemented a structure or process for measuring and monitoring quality, outcomes, and costs and for using data for continuous quality improvement. There was little change in the perceived capacity to gather data for continuous quality improvement over the two-year period.

Figure 6.48 Capacity for Gather Data for Continuous Quality Improvement

	2020 (n=12)	2021 (n=7)
Widely	50.0%	42.9%
Somewhat	25.0%	28.6%
Not at All or Slightly	0.0%	14.3%
Don't Know	25.0%	14.3%
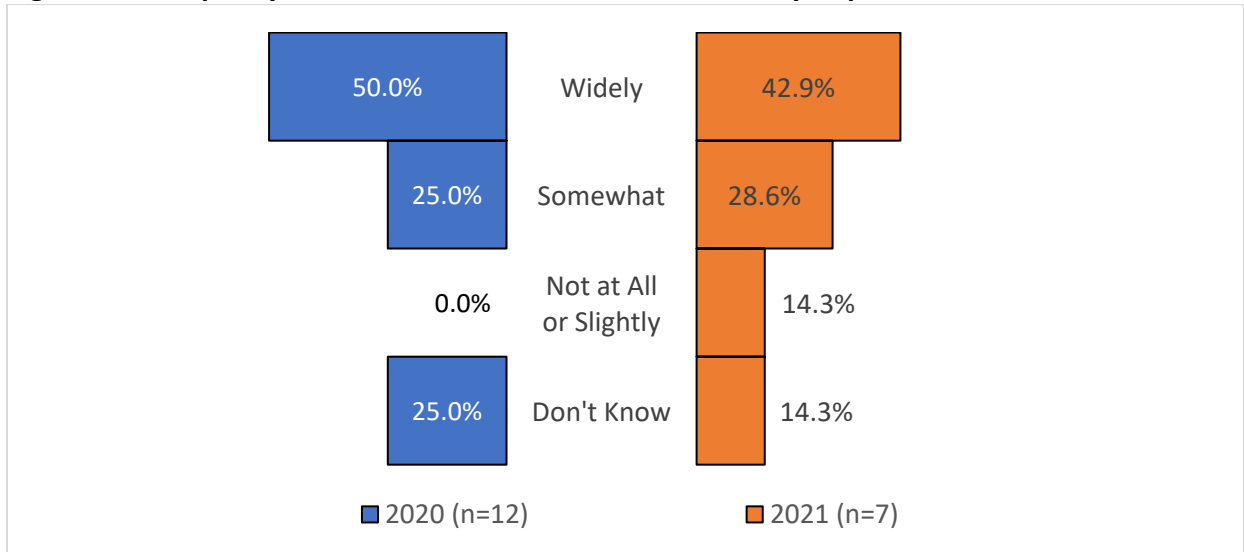
6.3.4   Development of a Well-Prepared Mental Health Workforce

Regarding perceptions of a well-prepared mental health workforce, stakeholders indicated a large increase in training opportunities from 2020 to 2021, and no respondent indicated an absence of such opportunity.

Figure 6.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

	2020 (n=16)	2021 (n=8)
In Place	56.3%	87.5%
Partially in Place	37.5%	12.5%
Not in Place	0.0%	0.0%
Don't Know	6.3%	0.0%
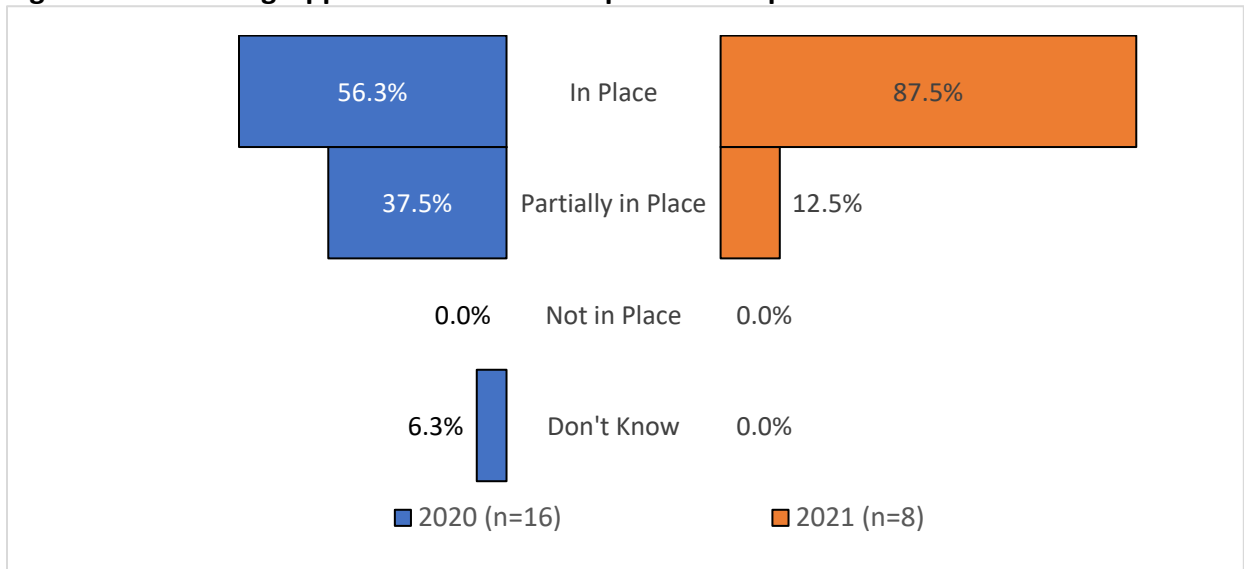
6.3.5 System Infrastructure Based on Systems of Care Approach

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 2020 and 2021. There was little change from 2020 to 2021 on these infrastructure components; most of them were rated as between moderately and widely implemented.

Figure 6.50 System of Care Infrastructure Components

Point of accountability structure for management

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

■ 2020 (n = 6-9)　　　　■ 2021 (n = 5-6)

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

6.4   Parent Survey Results

Three parents completed the parent version of the stakeholder survey. Sample sizes that small can produce percentages that fluctuate widely, so the figures for the results of the parent survey show the number of individuals who selected each response option.

Figure 6.51 Overall System of Care Implementation (n = 3)

Overall, how much has your community created a system of care?

■ Don't Know   ■ Not At All   ■ Slightly   ■ Moderately   ■ Widely

Figure 6.52 Parent and Youth Involvement in System of Care Implementation (n = 3)

Parents of children with mental health problems have been involved in planning the system of care in your community   Youth with mental health problems have beenn involved in planning the system of care in your community

■ Don't Know   ■ Not At All   ■ Slightly   ■ Moderately   ■ Widely

Figure 6.53 Individualized Services (n = 3)

Child and family teams are used to develop service plans for children: Moderately 1, Widely 2

Service plans are individualized to address children's unique needs: Slightly 1, Widely 2

Individualized assessments and tests are used to plan children's services and supports: Moderately 2, Widely 1

Children's service plans address more than one area of their life: Moderately 1, Widely 2

Children's service plans include informal supports in addition to formal services and treatments: Slightly 1, Moderately 2

Legend: Don't Know | Not At All | Slightly | Moderately | Widely

Figure 6.54 Family-Driven Services (n = 3)

Families have the most say in deciding which services and support their child gets: Slightly 1, Widely 2

Children's services make use of their family's strengths: Slightly 1, Moderately 2

Families have a real choice about what services and supports the child and family receive: Slightly 1, Moderately 1, Widely 1

Parents have access to support from other parents who have children with mental health needs: Slightly 1, Moderately 1, Widely 1

There are organizations that support family involvement in children's mental health services: Slightly 1, Moderately 2

Legend: Don't Know | Not At All | Slightly | Moderately | Widely

Figure 6.55 Youth-Guided Services (n = 3)

	Children and youth have a say in what services they get	Children's services make use of their strengths and interests	Youth have a real choice between different services and supports	Youth have access to support from other youth who have mental health needs	There are organizations that support youth involvement in service planning and delivery

Legend: ■ Don't Know ■ Not At All ■ Slightly ■ Moderately ■ Widely

Figure 6.56 Coordinated Services (n = 3)

Different agencies work together as a team to provide services

Legend: ■ Don't Know ■ Not At All ■ Slightly ■ Moderately ■ Widely

Figure 6.57 Culturally and Linguistically Competent Services (n = 3)

Figure 6.58 Least Restrictive Services (n = 3)

Figure 6.59 Service Array (n = 3)

Service Array data:

- Many different types of services and supports are available: Slightly 1, Moderately 1, Widely 1
- Services are available for children age 5 and younger: Not At All 1, Widely 2
- Services are available for young adults who are transitioning to adulthood: Slightly 1, Moderately 1, Widely 1
- There is a place that families can go when they decide to start getting mental health services for their child: Not At All 1, Moderately 2

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 6.60 Service Coordination (n = 3)

Service Coordination data:

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

Legend: Don't Know, Not At All, Slightly, Moderately, Widely

Figure 6.61 Service Availability (n = 3)

Service	Don't Know	Not At All	Slightly	Moderately	Widely
Inpatient hospitalization			1	1	1
Residential treatment			2	1	
Transportation	1	1		1	
Supported independent living	1		1	1	
Supported education and employment			1	2	
Respite services	1	1	1		
Caregiver peer provided services			1	1	1
Youth peer provided services	1	1	1		
Tele-behavioral health services			1		2
Substance use residential treatment			2		1
Substance use treatment			1		2
Day treatment	1		2		
Behavior management skills training			1	2	
School-based mental health services			1	1	1
Crisis response services			1		2
Medication treatment/management	1		1		1
Outpatient therapy	1		1		1
Coordination between different services			1	2	
Individualized service planning			1	1	1
Assessment and testing			1	2	
Early intervention services			1	1	1
Community-based prevention services		1		1	1
School-based prevention services		1		1	1
Screening children			1	1	1

■ Don't Know ■ Not At All ■ Slightly ■ Moderately ■ Widely

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7. Kids Connected – Primo Center for Women and Children

The sample sizes of the first and second administrations of the stakeholder survey for Kids Connected were both very small. The first administration consisted of 9 respondents that included one parent and eight social service providers, housing services providers, homelessness services providers, healthcare providers, religious community providers, and community members. The second administration consisted of one parent and 11 providers with a slightly broader representation of provider sectors including social service, housing and homelessness, education, child protection, religious community, and community members. Although the sample sizes were roughly equivalent, most of the survey questions were completed by only five respondents in the 2020 survey sample, whereas the 11 respondents who took the survey in 2021 responded to every question. Thus, differences between the two administrations of the survey may be attributed to the larger and more diverse group of stakeholders that answered the individual survey items in 2021.

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 respondent perceptions of the system of care and the results should not be interpreted as objective measures of service availability, coordination, or implementation status.
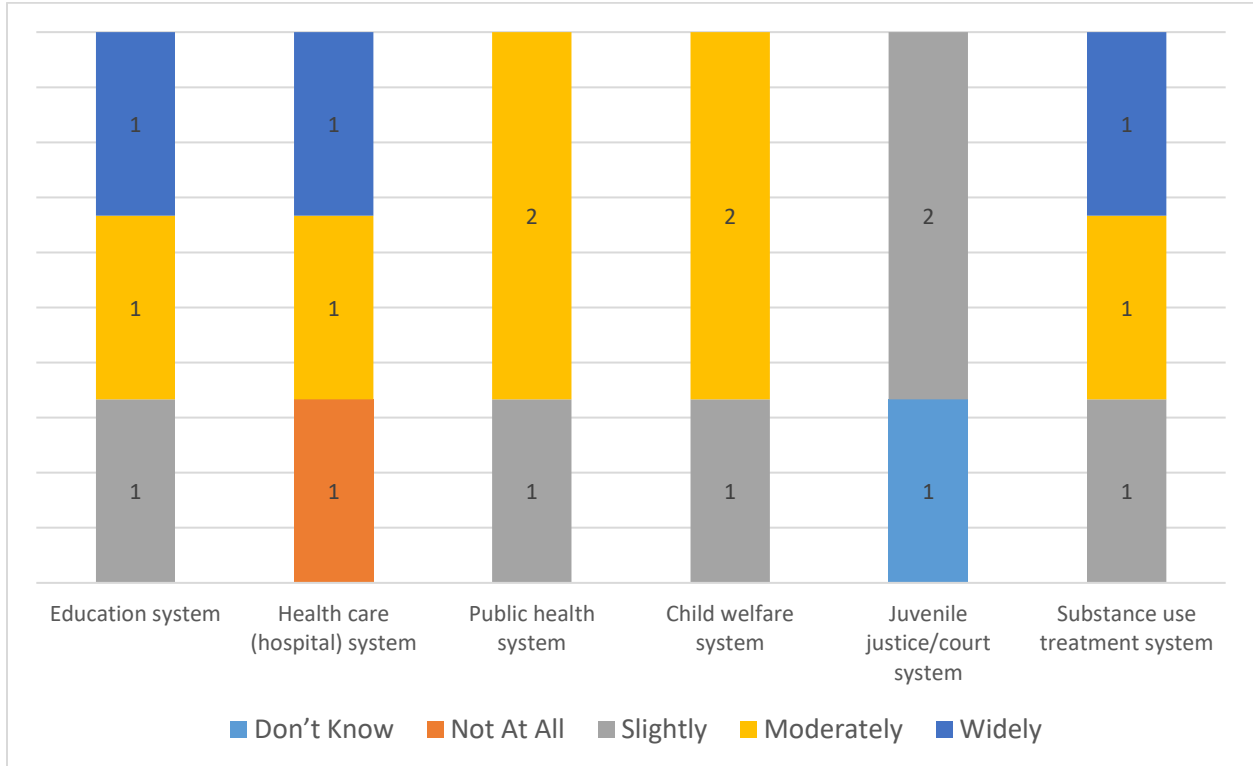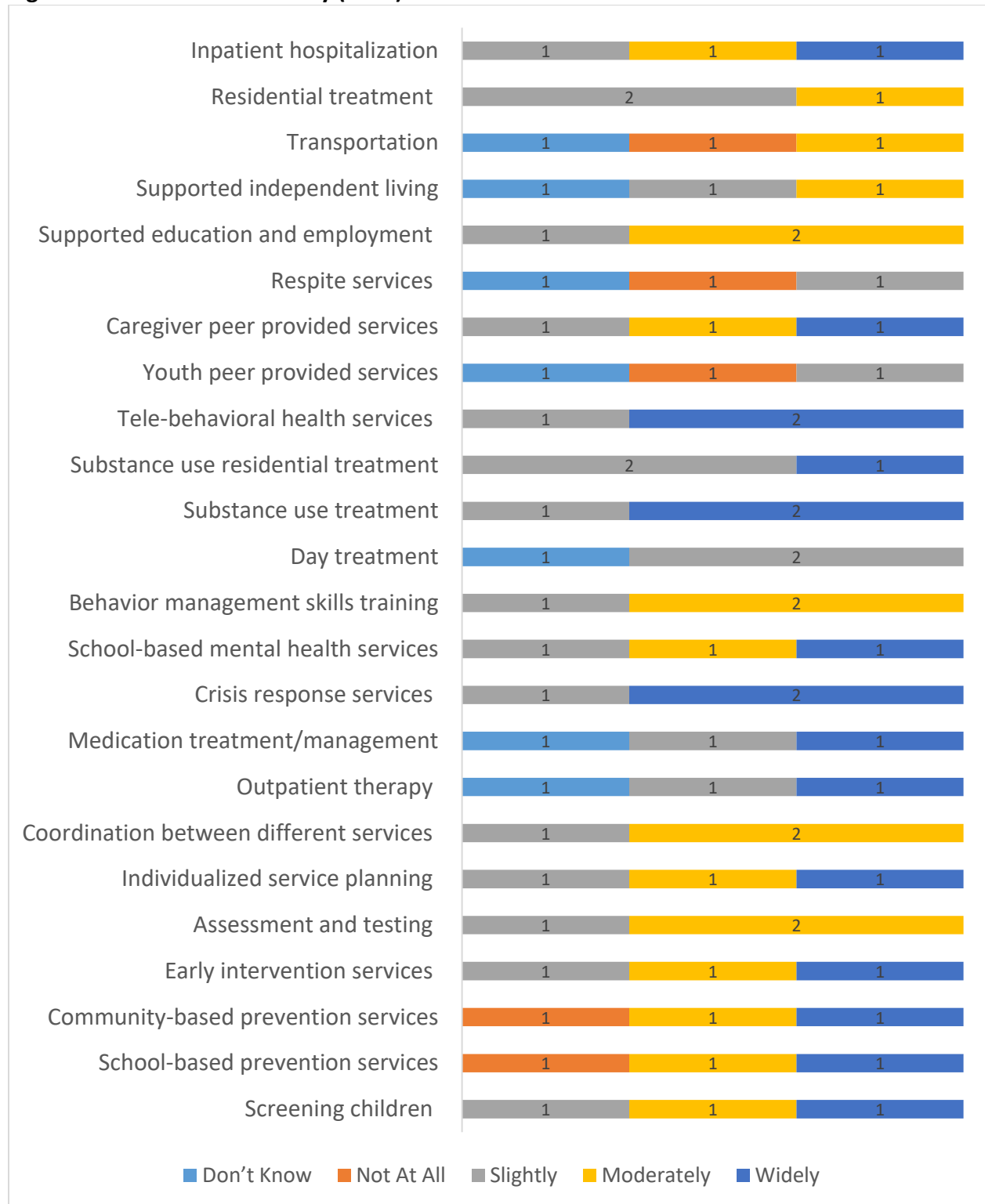
The following sections provide detailed descriptions of Kids Connected System of Care stakeholder perceptions of the overall implementation of systems of care; implementation supports and activities; system of care service provision values and service availability; service coordination; early identification of children with mental health problems; 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.

- A smaller proportion of the 2021 stakeholders (45.5%) reported that the system of care approach was widely implemented compared to the 2020 stakeholders (66.7%), and a larger proportion reported that the approach was slightly implemented (16.7% in 2020 versus 36.4% in 2021).
- When asked about specific implementation supports and activities, almost all respondents in both years felt that a strategic plan is partially or fully in place. The majority of stakeholders in both 2020 and 2021 reported that a planning committee and buy-in, leadership, and champions from multiple child-serving systems were fully in place. Almost a quarter of the stakeholders felt that clear communication was "not in place" in 2020; no respondents gave that answer in 2021. There were small changes in

the responses related to technical assistance opportunities to support implementation; about 55-70% of the respondents felt these were in place or partially in place.

- Stakeholder perceptions of parent involvement in system of care implementation activities were largely consistent for the 2020 and 2021 stakeholders, with a little more than half reporting that this is "in place."
- In 2021, only 1 out of 11 stakeholders reported that youth involvement is "in place" and were more likely to report that youth involvement in system of care implementation activities is "partially in place."
- Most mean ratings of the commitment of other child service systems to the system of care philosophy and approach are in the "somewhat" range and either declined or changed very little.
- Stakeholders' mean ratings of the extent to which services in their community are guided by each of the eight system of care principles mostly changed by small amounts between the two years, and fell within the range of "moderately."
- A small number of respondents answered these survey items in 2020 (n = 5) and most of them thought that these community-based services were "widely available." The 11 respondents who took the survey in 2021 were less likely to perceive that services were widely available and more likely to report that they were somewhat, slightly, or not at all available.
- At least half or more of the respondents in 2020 reported that out-of-home treatment services were widely or somewhat available. Greater numbers and percentages of 2021 stakeholders reported that five of the seven out-of-home treatment services included in the survey are not widely available: therapeutic foster care, therapeutic group home, substance use residential treatment, residential treatment, and inpatient treatment.
- Lower percentages of 2021 stakeholders (27.3%) rated youth and caregiver peer-provided services as widely available compared to the results in 2020 (60%). A greater percentages of 2021 stakeholders reported that youth and caregiver peer-provided services are not at all available (27.3% and 18.2%, respectively).
- All but one of the 2021 stakeholders reported the availability of trauma-focused cognitive behavior therapy. A little over half reported the availability of the Triple P -- Positive Parenting Program. One to three of 11 stakeholders reported the availability of parent-child interaction therapy, multisystemic therapy, functional family therapy, PATHS, and problem-solving skills training.
- There was little change in the perceived level of service coordination from 2020 to 2021; mean scores on items pertaining to service coordination and integration indicated that services were "somewhat" coordinated.
- The mean ratings of stakeholders regarding service coordination between mental health other child- and family-serving systems declined in 2021 and hover around "somewhat."
- Similar proportions of 2020 and 2021 stakeholders (57%, 64%) reported less than wide implementation of services for early identification of mental health problems.
- While 100% of 2020 stakeholders reported wide availability of screening for behavioral health needs, almost half of the 2021 stakeholders report that this screening is not widely available.

- There was little change from 2020 to 2021 in the mean ratings on the four questions about the capacity to provide evidence-based interventions; ratings at both survey administrations indicated a perception of moderate capacity to provide evidence-based interventions.
- Stakeholders' ratings of the effective use of data for decision-making declined. Compared to the results from the 2020 survey, a smaller percentage of stakeholders felt that this was fully in place and a larger percentage reported that this was either partially in place or not in place.
- When compared to the 2020 survey results (43%), a smaller proportion of the 2021 stakeholders (27%) reported that the capacity to use data for continuous quality improvement was fully in place.
- When compared to the 2020 survey results (44%), a smaller proportion of the 2021 stakeholders (27%) reported that training opportunities to develop a well-prepared mental health workforce were fully in place.
- Stakeholders' mean ratings on questions about system of care infrastructure were either consistent across the two years or declined in 2021. Stakeholder mean ratings, clustering around "somewhat implemented," were consistent for structure to manage care for high-need populations; extensive provider network; structure for training, TA and workforce development; and structure for strategic communications/social marketing. Stakeholder mean ratings approximating "widely implemented" were consistent for a point of accountability structure for management; and structure for strategic planning, identifying, and resolving barriers. Mean ratings declined to cluster around "somewhat implemented" for structure for interagency partnerships and agreements; structure for partnerships with family organizations and leaders; and defined access/entry points to care.
- One parent completed the parent version of the stakeholder survey. This parent's overall assessment was that Kids Connect has slightly created a system of care, and this parent rated many of the individual survey items as slightly implemented.

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 not at all, slightly, somewhat, and widely. The distribution of responses in 2020 and 2021 are shown in Figure 7.1. A smaller proportion of the 2021 stakeholders reported that the system of care approach is widely implemented, and a larger proportion reported that the approach is slightly implemented.

Figure 7.1 Overall Assessment of System of Care Implementation

	2020 (n=6)		2021 (n=11)
Widely	66.7%		45.5%
Somewhat	16.7%		18.2%
Slightly	16.7%		36.4%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%
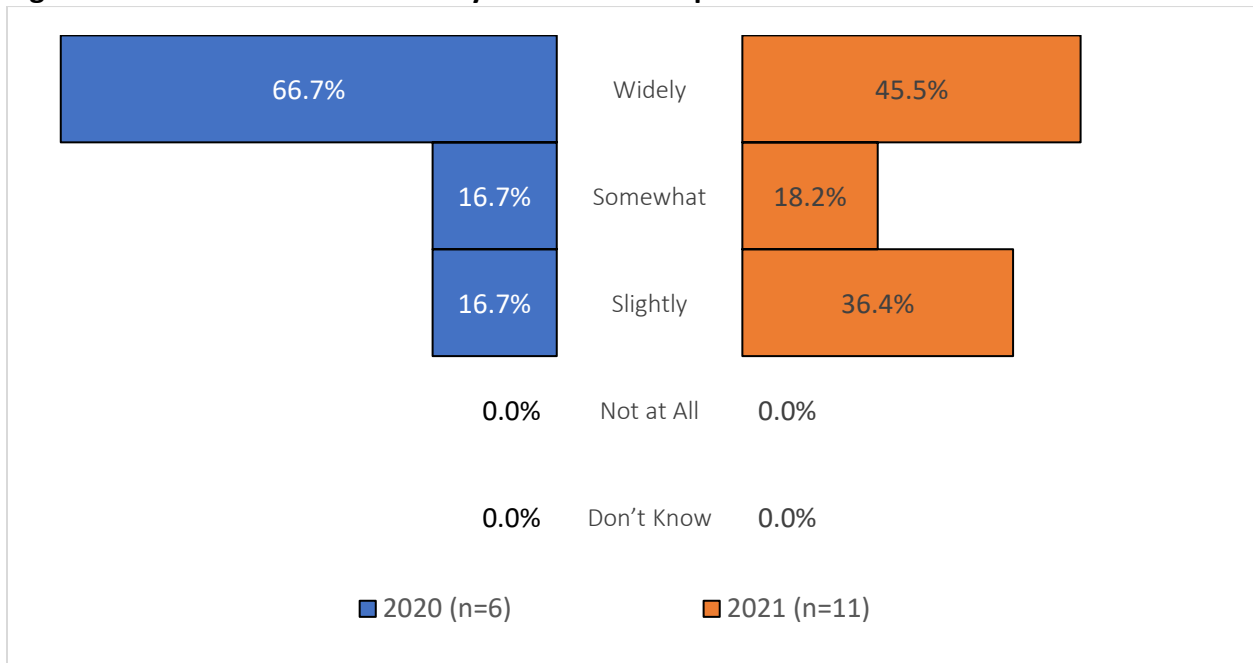
7.1.2   System of Care Implementation Supports and Activities

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 2020 and 2021. Almost all respondents in both years felt that a strategic plan is partially or fully in place. The majority of stakeholders in both 2020 and 2021 reported that a planning committee and buy-in, leadership, and champions from multiple child-serving systems were fully in place. Almost a quarter of the stakeholders felt that clear communication was "not in place" in 2020; no respondents gave that answer in 2021. There were small changes in the responses related to technical assistance opportunities to support implementation; about 55-70% of the respondents felt these were in place or partially in place.

Figure 7.2 Strategic Plan That Guides System of Care Implementation Activities

	2020 (n=9)	2021 (n=11)
In Place	66.7%	54.5%
Partially in Place	22.2%	45.5%
Not in Place	11.1%	0.0%
Don't Know	0.0%	0.0%
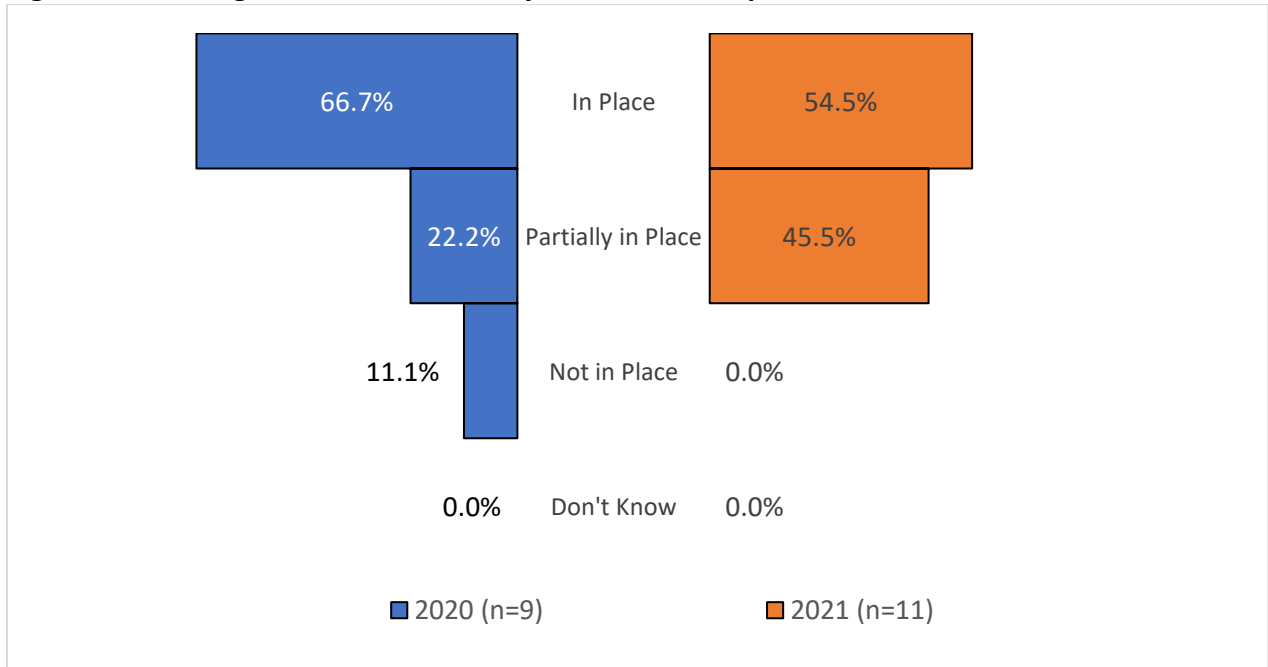
Figure 7.3 Planning Committee That Meets Frequently to Guide Implementation Activities

	2020 (n=9)	2021 (n=11)
In Place	77.8%	81.8%
Partially in Place	22.2%	18.2%
Not in Place	0.0%	0.0%
Don't Know	0.0%	0.0%
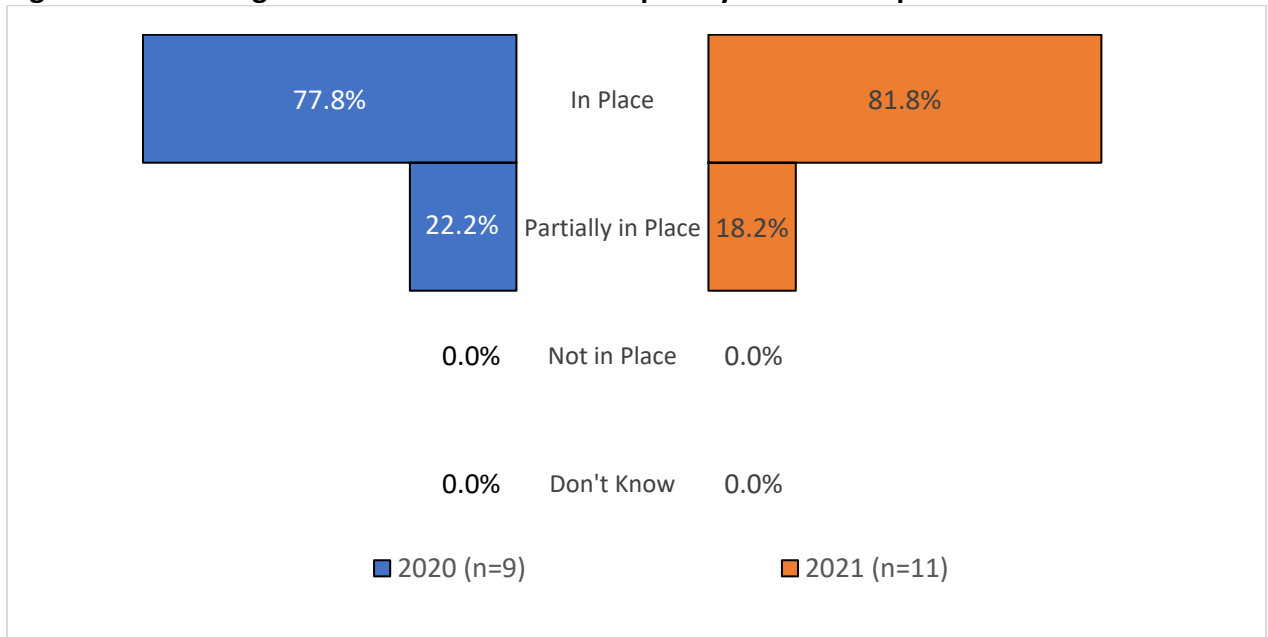
Figure 7.4 Buy-in, Leadership, and Champions from Multiple Child-Serving Systems

	2020 (n=9)	2021 (n=11)
In Place	66.7%	63.6%
Partially in Place	33.3%	36.4%
Not in Place	0.0%	0.0%
Don't Know	0.0%	0.0%
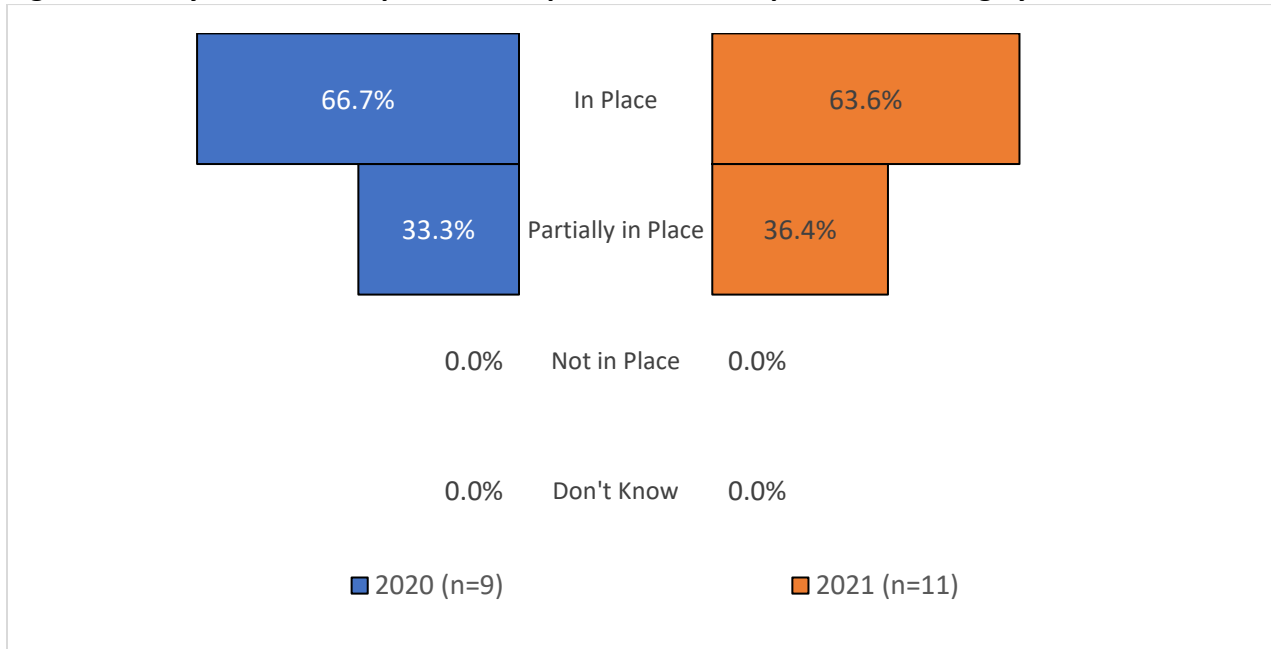
Figure 7.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders

	2020 (n=9)	2021 (n=11)
In Place	55.6%	45.5%
Partially in Place	22.2%	54.5%
Not in Place	22.2%	0.0%
Don't Know	0.0%	0.0%
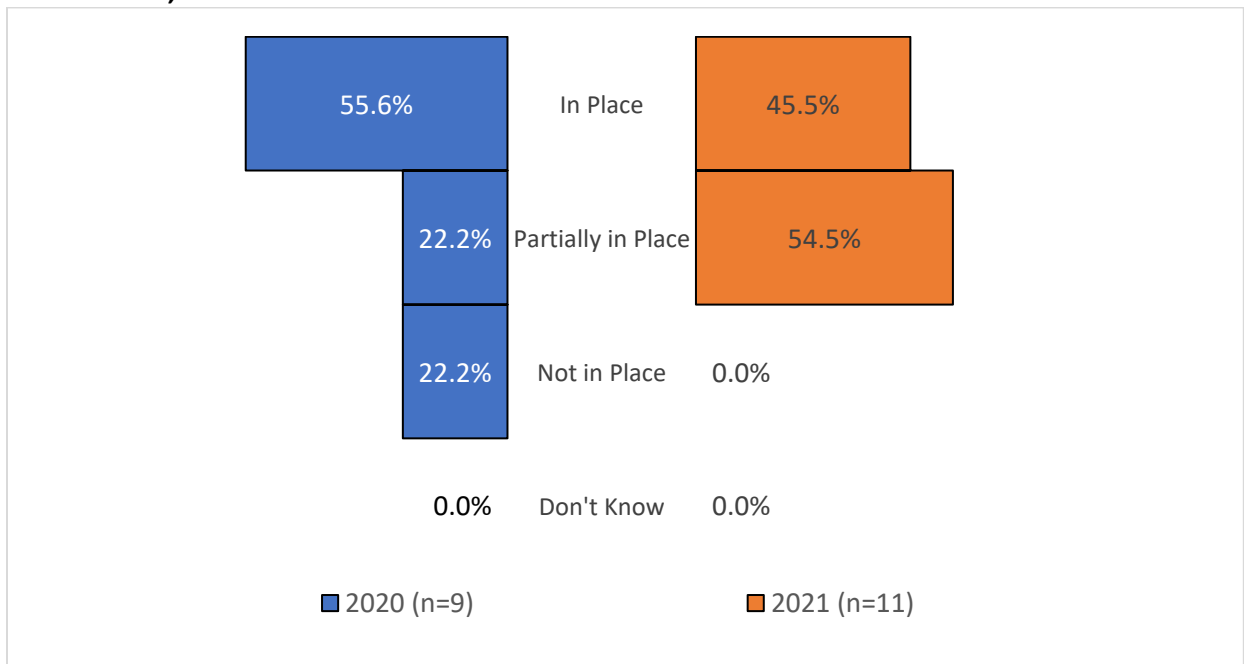
Figure 7.6 Technical Assistance Opportunities to Support Implementation

	2020 (n=9)		2021 (n=11)
In Place	44.4%		36.4%
Partially in Place	11.1%		36.4%
Not in Place	22.2%		18.2%
Don't Know	22.2%		9.1%
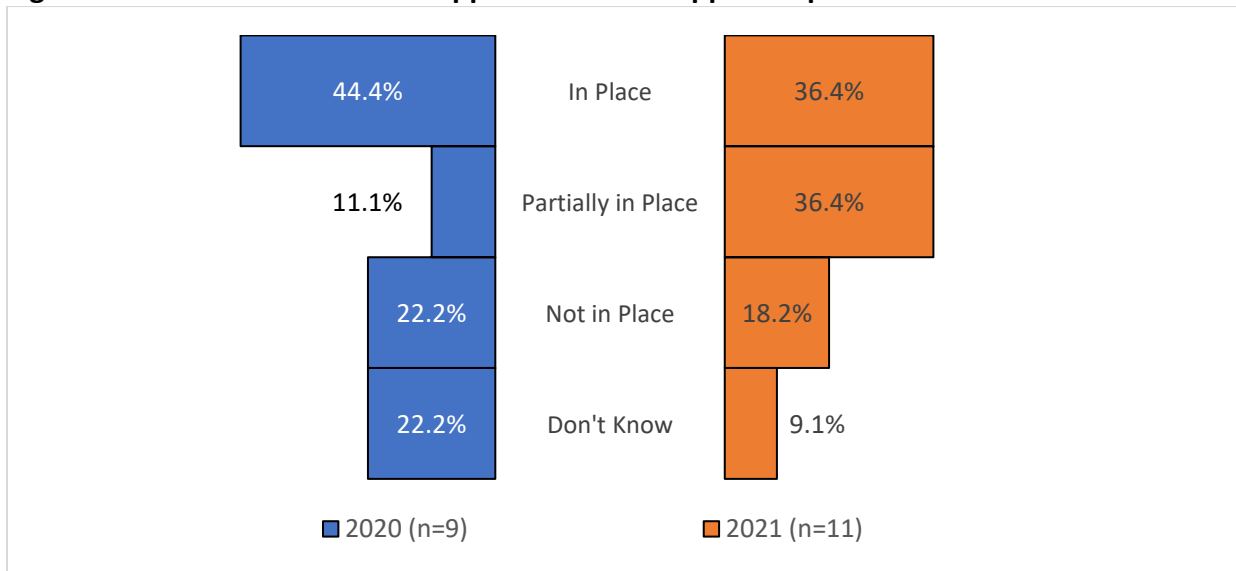
7.1.3   Parent and Youth Involvement in Implementation Activities (ILCHF Outcome)

Stakeholders were also asked to rate the extent to which parents and youth had been involved in system of care implementation activities in 2020 and 2021. Stakeholder perceptions of parent involvement in system of care implementation activities were largely consistent for the 2020 and 2021 stakeholders, with a little more than half reporting that this is "in place." However, in 2021 only 1 out of 11 stakeholders reported that youth involvement is "in place" and were more likely to report that youth involvement in system of care implementation activities is "partially in place."

Figure 7.7 Parent Involvement in System of Care Implementation Activities

	2020 (n=9)		2021 (n=11)
In Place	55.6%		54.5%
Partially in Place	33.3%		45.5%
Not in Place	11.1%		0.0%
Don't Know	0.0%		0.0%
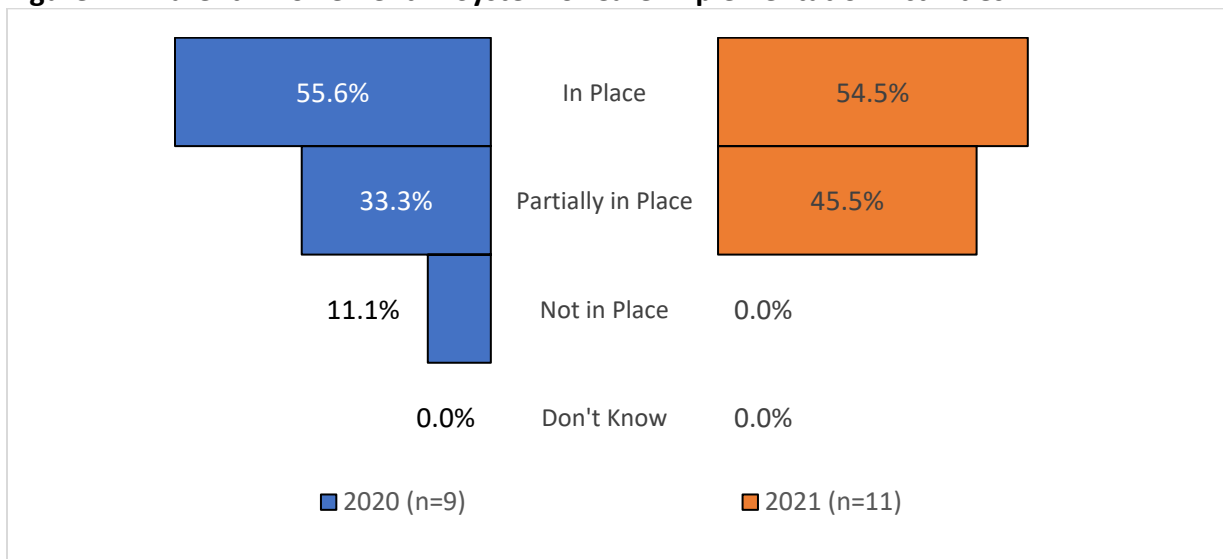
Figure 7.8 Youth Involvement in System of Care Implementation Activities

	2020 (n=9)		2021 (n=11)
In Place	33.3%		9.1%
Partially in Place	22.2%		54.5%
Not in Place	33.3%		27.3%
Don't Know	11.1%		9.1%
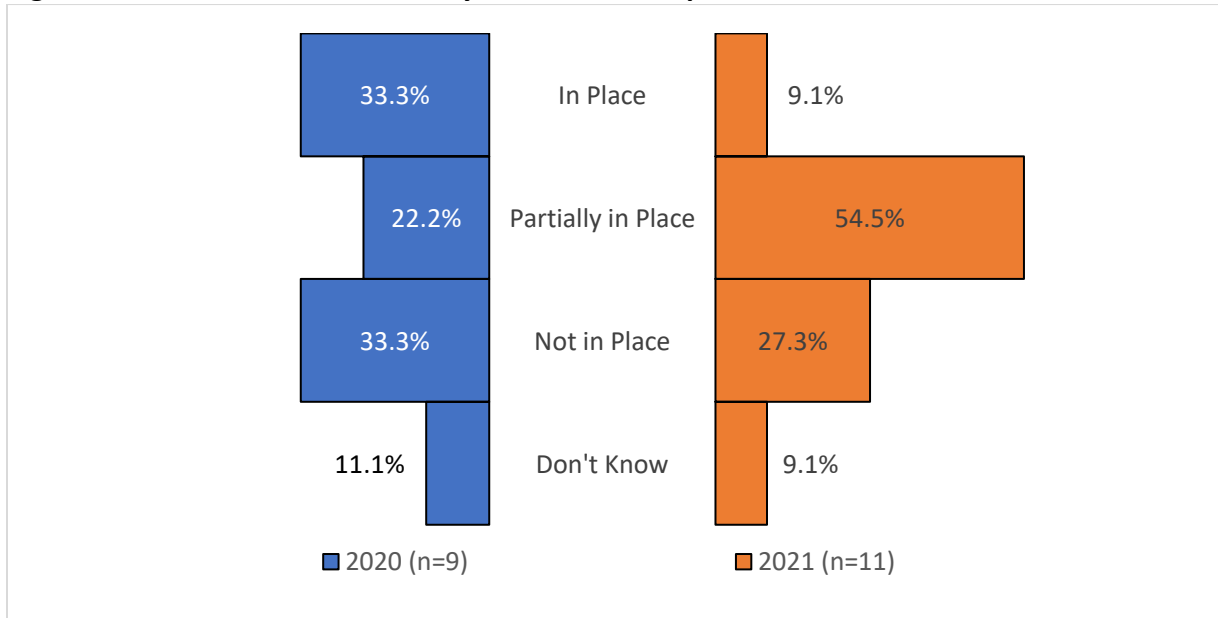
7.1.4   Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 7.9 shows the mean scores for the perceived commitment of each child-serving system in 2020 (blue bar) and 2021 (orange bar). Most mean ratings of the commitment of other child service systems to the system of care philosophy and approach are in the "somewhat" range and either slightly declined or changed very little from 2020 to 2021. There was an increase in mean stakeholder ratings of the commitment of family leaders.

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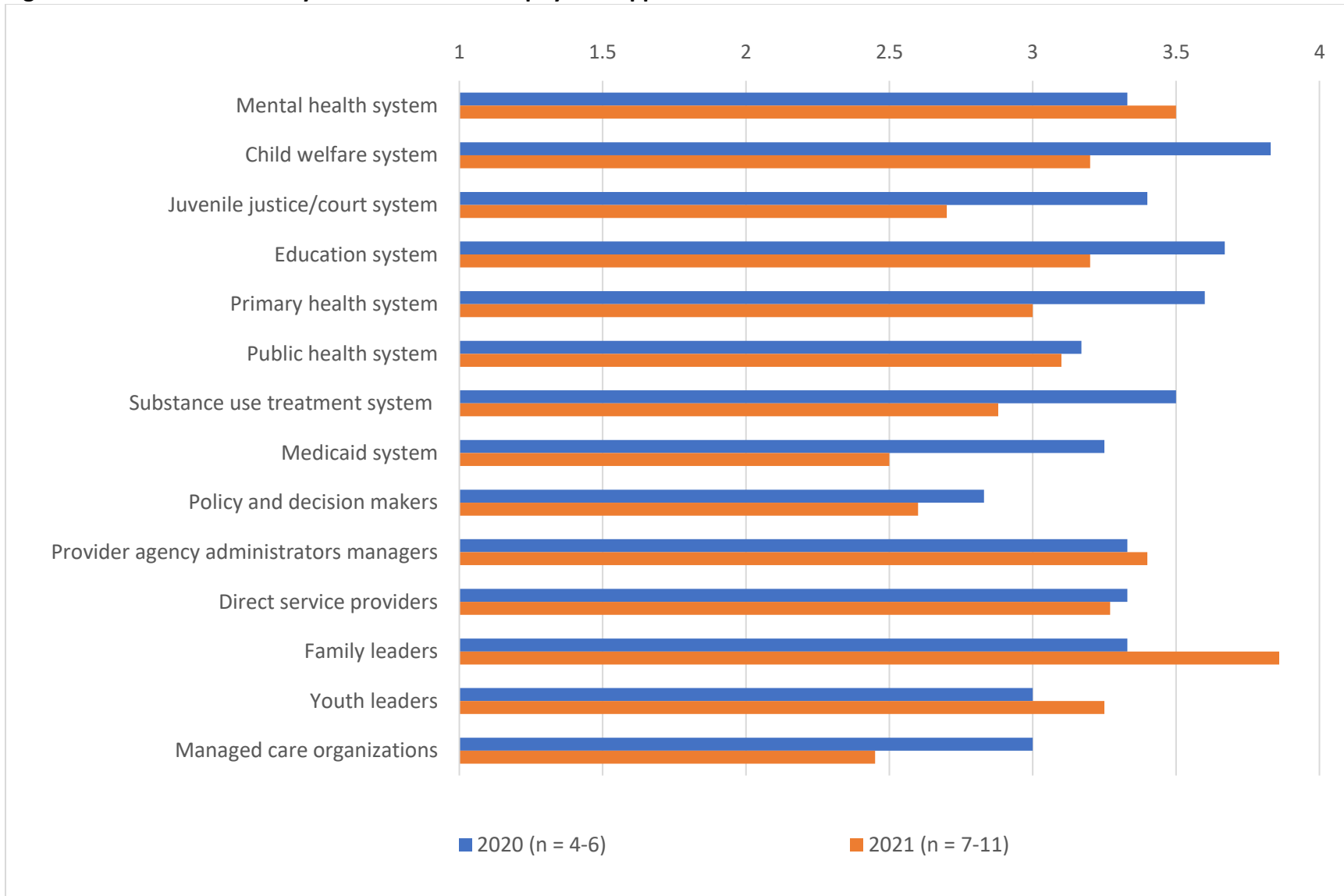
Note: "Don't know" responses were not included when calculating the mean scores.

7.2   System of Care Service Outcomes

7.2.1   Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these 8 principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Mean scores for each subscale in 2020 and 2021 are shown in Figure 7.10. Stakeholders' mean ratings mostly changed by small amounts between the two years, and fell within the range of "moderately."

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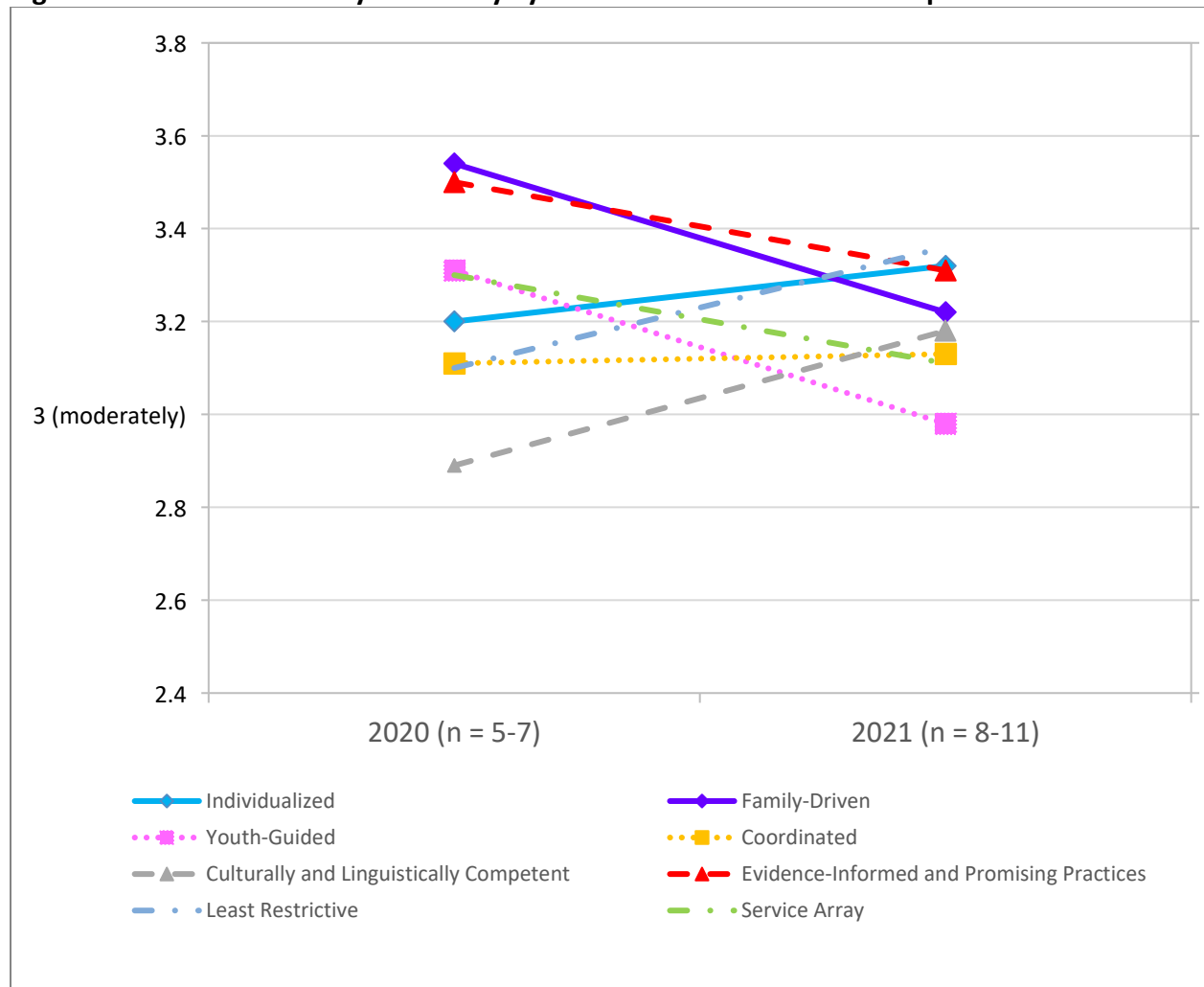
7.2.2   Service Availability – Community-Based Treatment and Support Services

Survey participants were provided with a long list of home-based and out-of-home services and asked to rate the availability of each service in their community during the prior 12 months. A small number of respondents answered these survey items in 2020 (n = 5) and most of them thought that these community-based services were "widely available." The 11 respondents who took the survey in 2021 were less likely to perceive that services were widely available and more likely to report that they were somewhat, slightly, or not at all available. There are several home- and community-based services for which at least a third and less than a half of 2021 stakeholders rated as slightly or not at all available: mobile crisis and stabilization services, school-based behavioral health services, day treatment, respite services, and supported education and employment. Home- and community-based services for which at least a quarter, but less than a third, of 2021 stakeholders report as slightly or not at all available include non-mobile crisis response services, therapeutic behavior aide services, behavior management skills training, and supported independent living.

Figure 7.11 School-based Prevention Services

	2020 (n=5)		2021 (n=11)
Widely	60.0%		27.3%
Somewhat	40.0%		45.5%
Slightly	0.0%		18.2%
Not at All	0.0%		0.0%
Don't Know	0.0%		9.1%
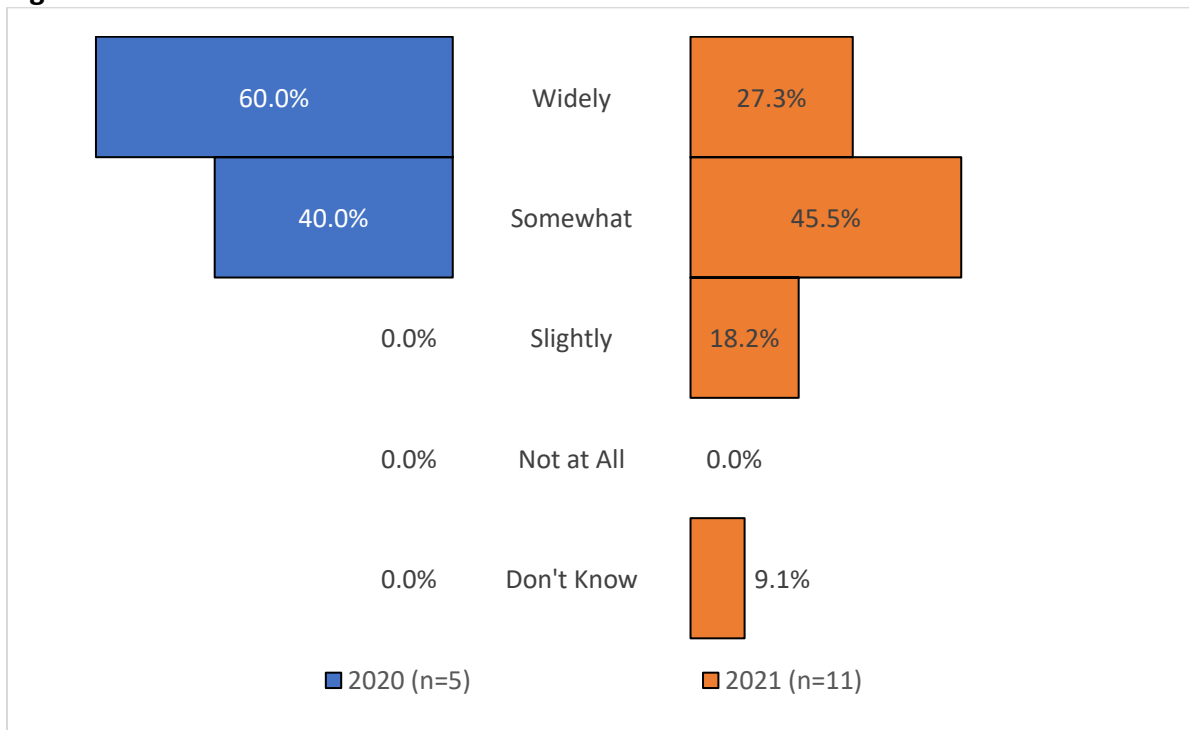
Figure 7.12 Community-based Prevention Services

		2020 (n=5)	2021 (n=11)
Widely		80.0%	54.5%
Somewhat		20.0%	27.3%
Slightly		0.0%	18.2%
Not at All		0.0%	0.0%
Don't Know		0.0%	0.0%
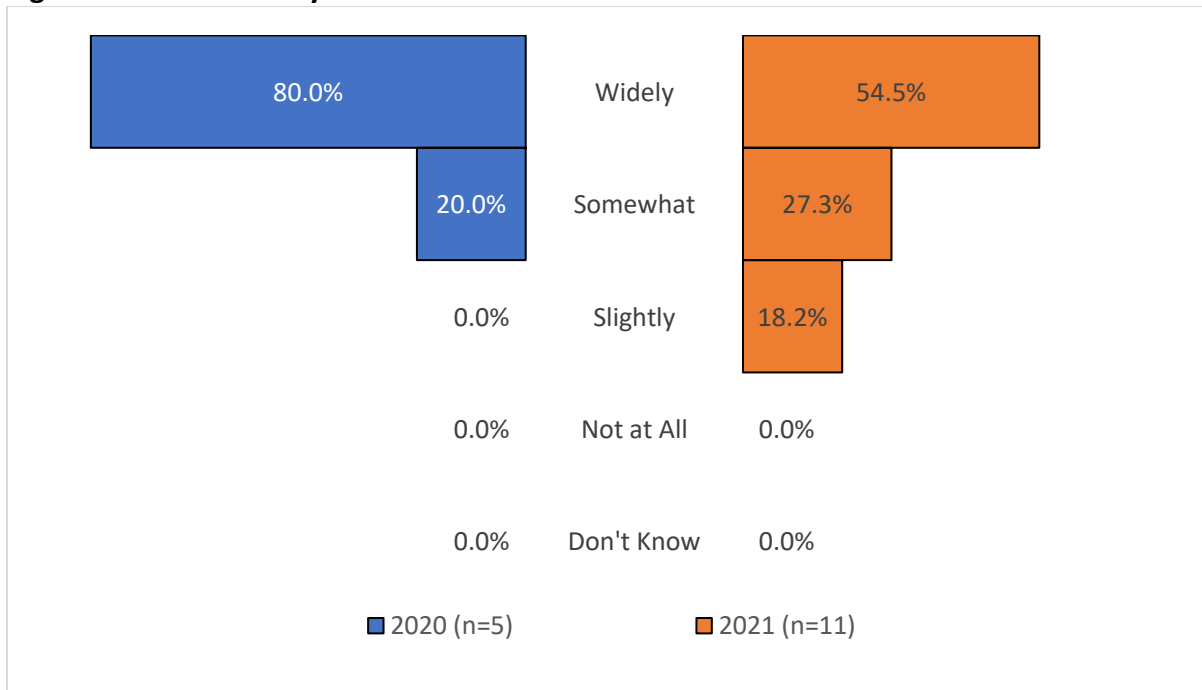
Figure 7.13 Early Intervention Services

		2020 (n=5)	2021 (n=11)
Widely		80.0%	36.4%
Somewhat		0.0%	27.3%
Slightly		0.0%	36.4%
Not at All		0.0%	0.0%
Don't Know		20.0%	0.0%

Figure 7.14 Assessment

2020 (n=5)		2021 (n=11)
100.0%	Widely	54.5%
0.0%	Somewhat	36.4%
0.0%	Slightly	0.0%
0.0%	Not at All	0.0%
0.0%	Don't Know	9.1%
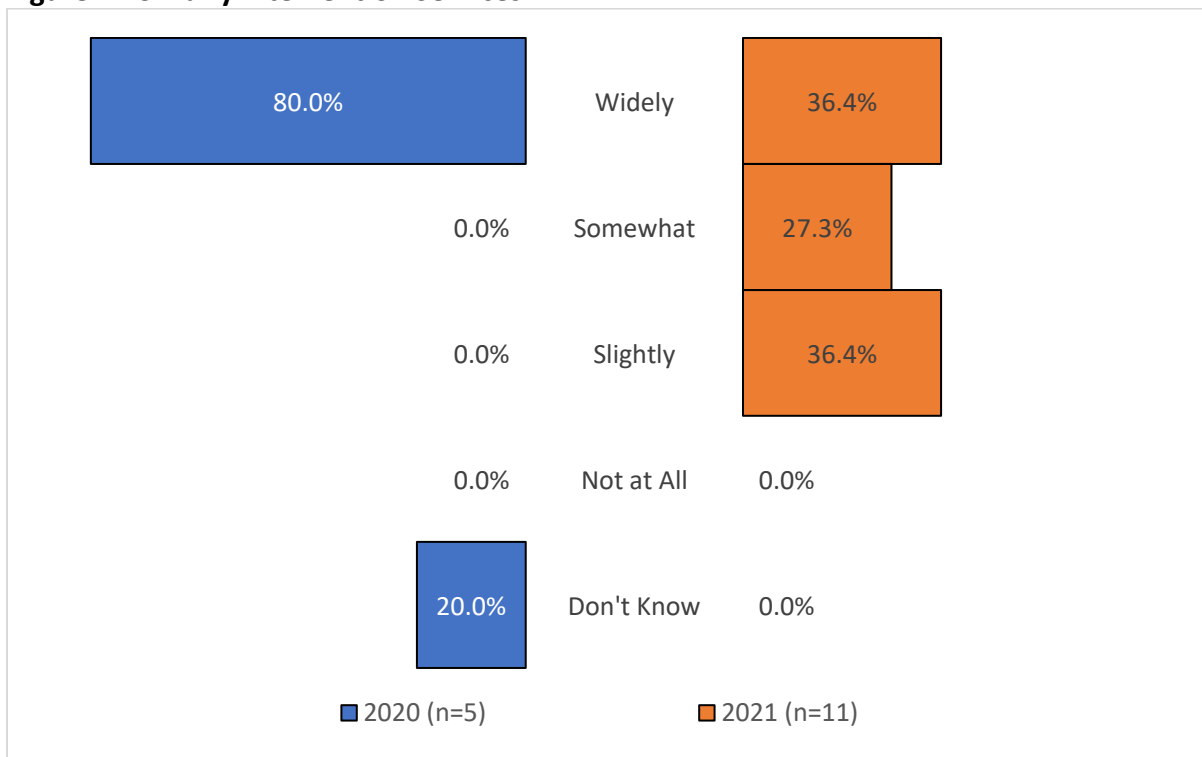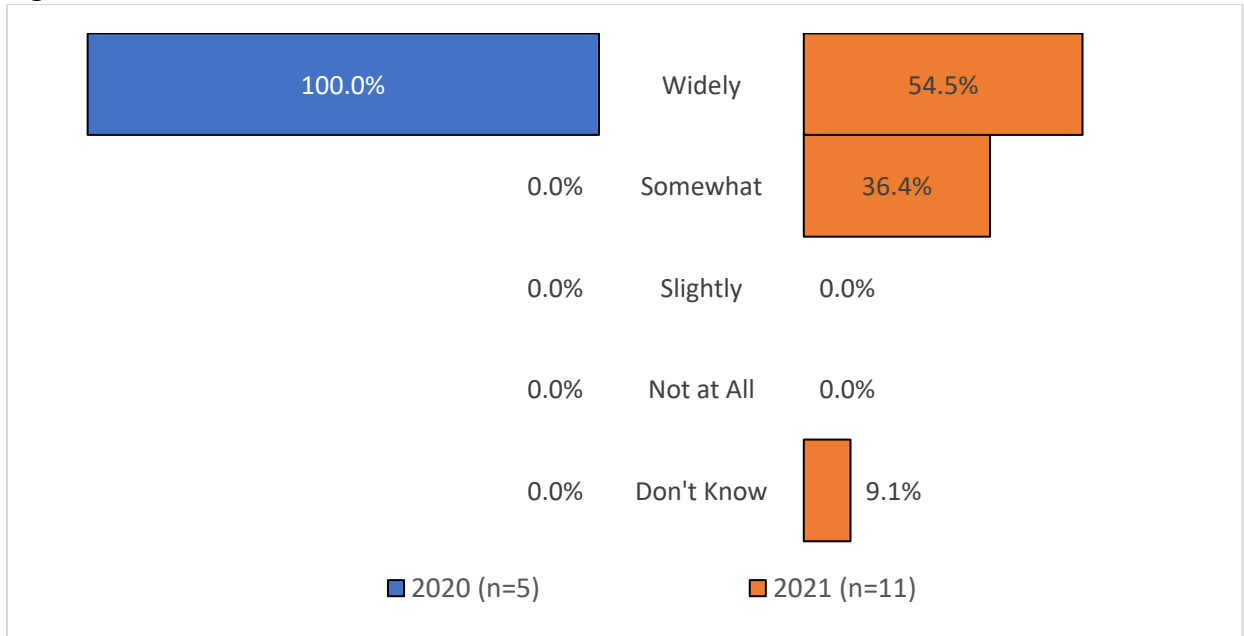
Figure 7.15 Individualized Service Planning

2020 (n=5)		2021 (n=11)
80.0%	Widely	45.5%
20.0%	Somewhat	36.4%
0.0%	Slightly	9.1%
0.0%	Not at All	0.0%
0.0%	Don't Know	9.1%
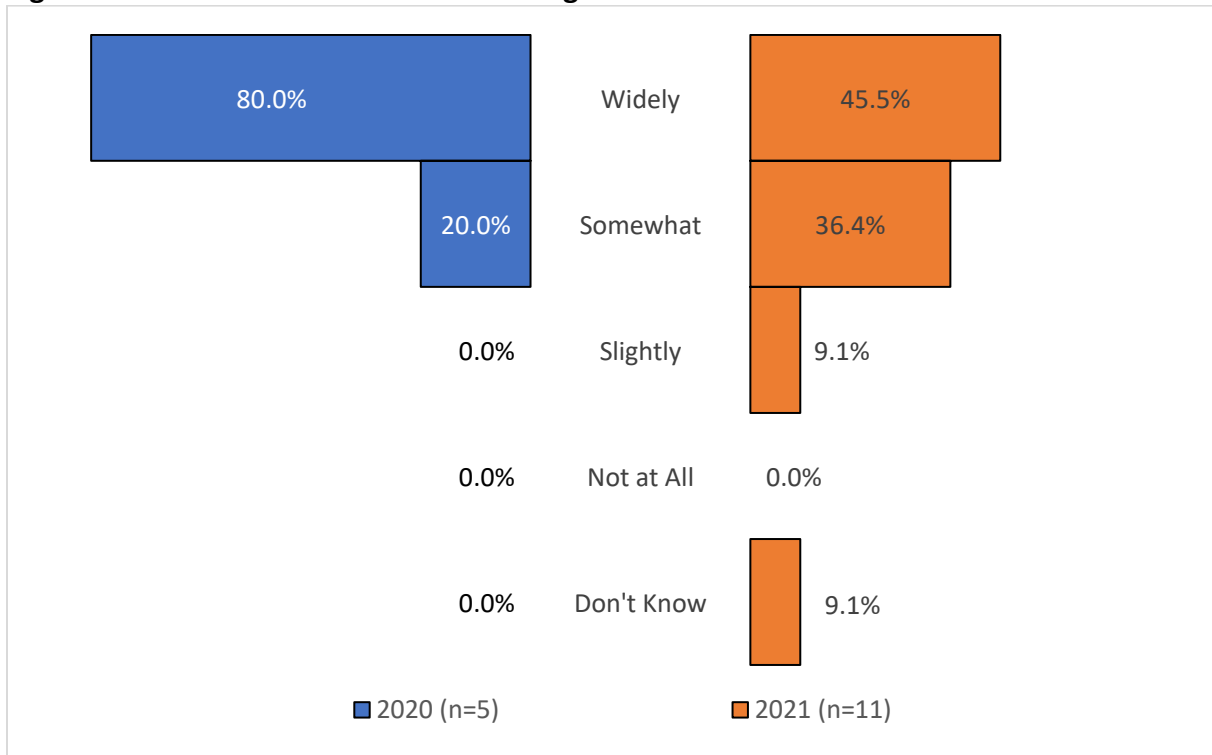
Figure 7.16 Intensive Care Management

	2020 (n=5)		2021 (n=11)
Widely	80.0%		45.5%
Somewhat	0.0%		27.3%
Slightly	20.0%		18.2%
Not at All	0.0%		0.0%
Don't Know	0.0%		9.1%

■ 2020 (n=5)   ■ 2021 (n=11)
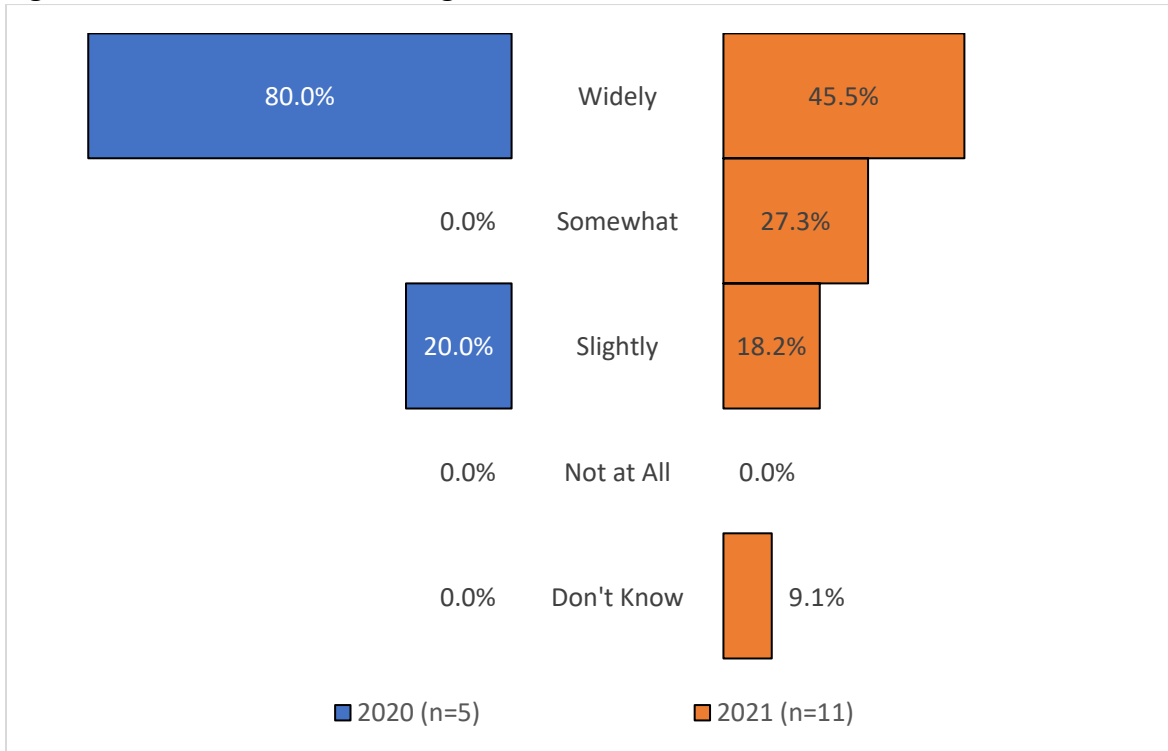
Figure 7.17 Service Coordination for Youth at Lower Levels of Service Intensity

	2020 (n=5)		2021 (n=11)
Widely	60.0%		36.4%
Somewhat	20.0%		36.4%
Slightly	20.0%		0.0%
Not at All	0.0%		0.0%
Don't Know	0.0%		27.3%

■ 2020 (n=5)   ■ 2021 (n=11)
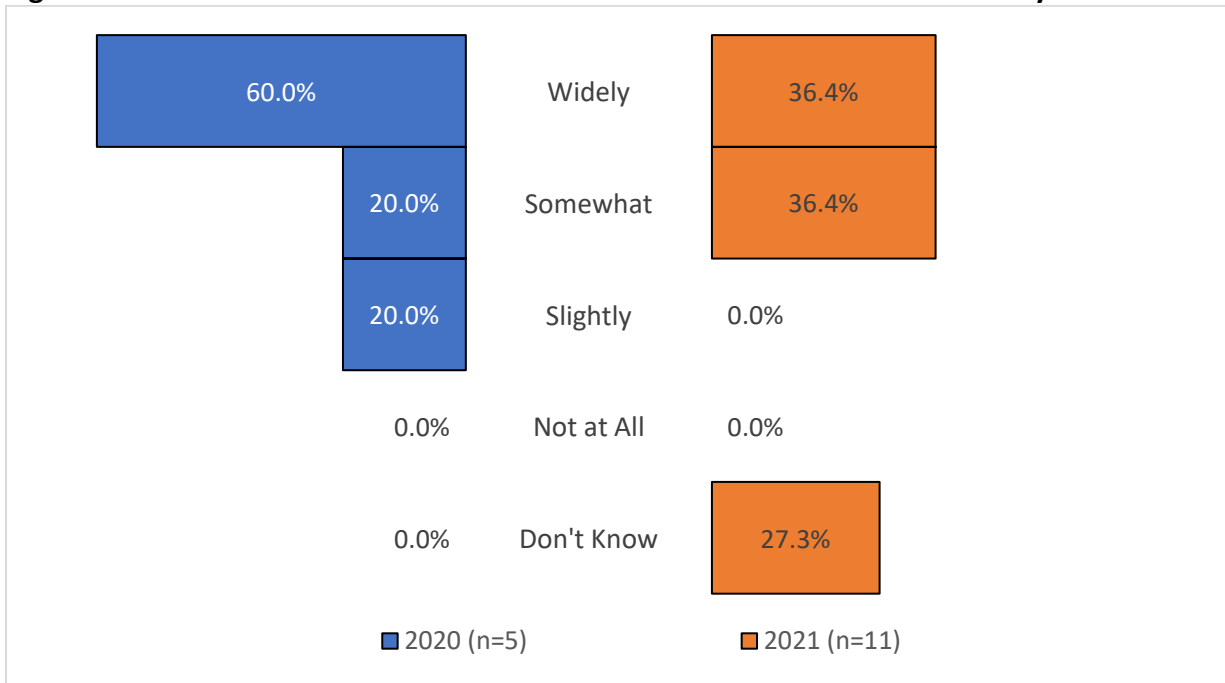
Figure 7.18 Outpatient Therapy

	2020 (n=5)		2021 (n=11)
Widely	80.0%		72.7%
Somewhat	20.0%		9.1%
Slightly	0.0%		9.1%
Not at All	0.0%		0.0%
Don't Know	0.0%		9.1%

■ 2020 (n=5)   ■ 2021 (n=11)
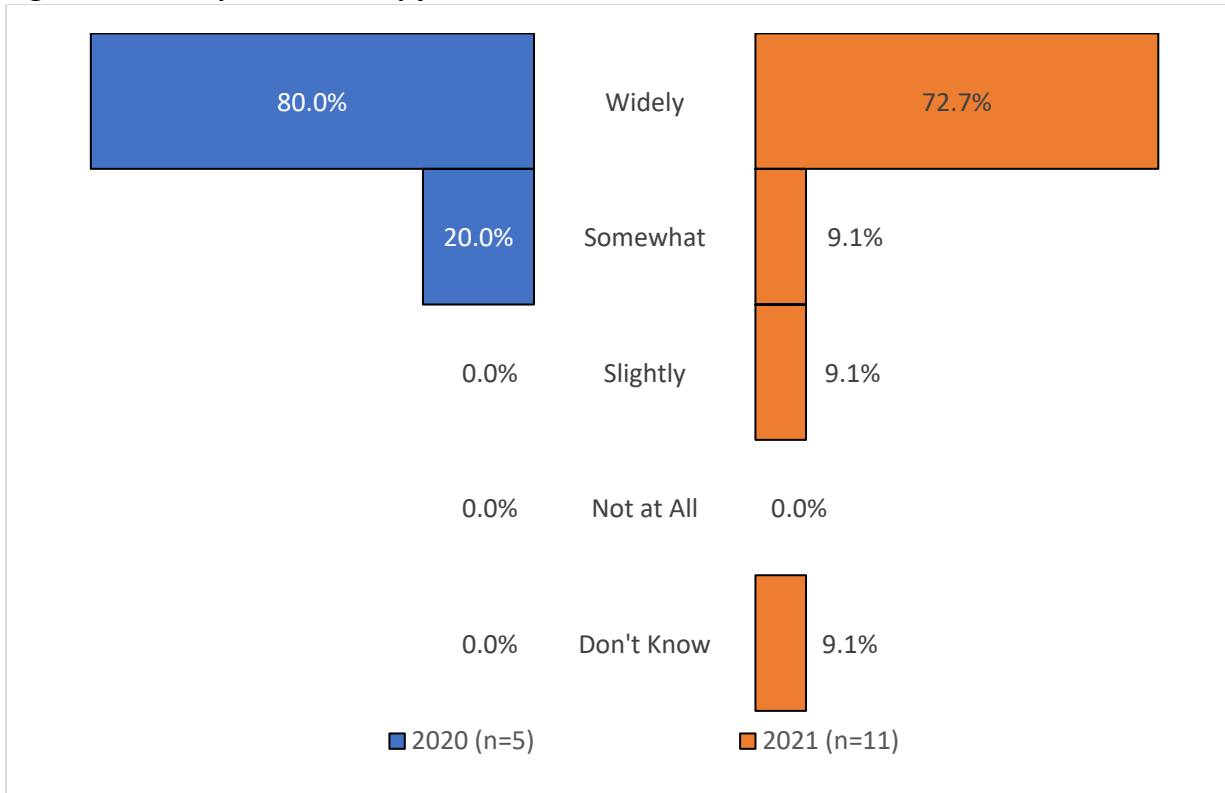
Figure 7.19 Medication Treatment/Management

	2020 (n=5)		2021 (n=11)
Widely	80.0%		54.5%
Somewhat	20.0%		27.3%
Slightly	0.0%		18.2%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2020 (n=5)   ■ 2021 (n=11)
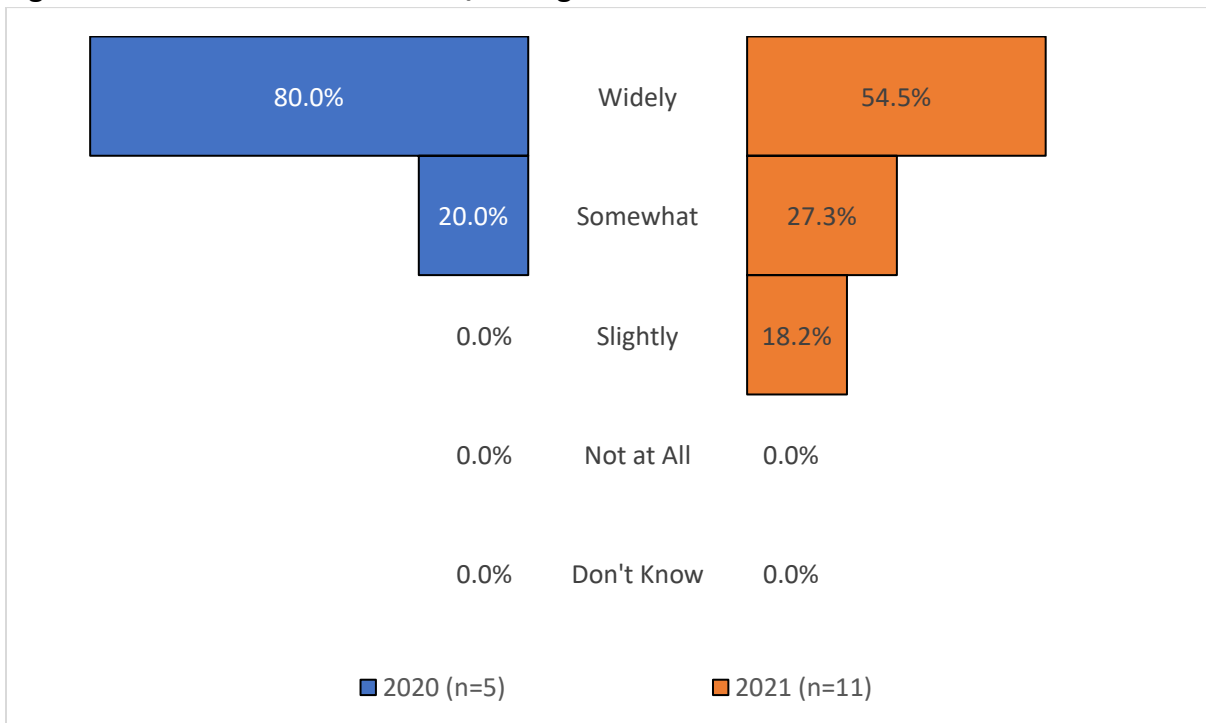
Figure 7.20 Crisis Response Services, Non-Mobile (24 hours, 7 days)

	2020 (n=5)		2021 (n=11)
Widely	80.0%		36.4%
Somewhat	20.0%		36.4%
Slightly	0.0%		27.3%
Not at All	0.0%		0.0%
Don't Know	0.0%		0.0%

■ 2020 (n=5)　　■ 2021 (n=11)
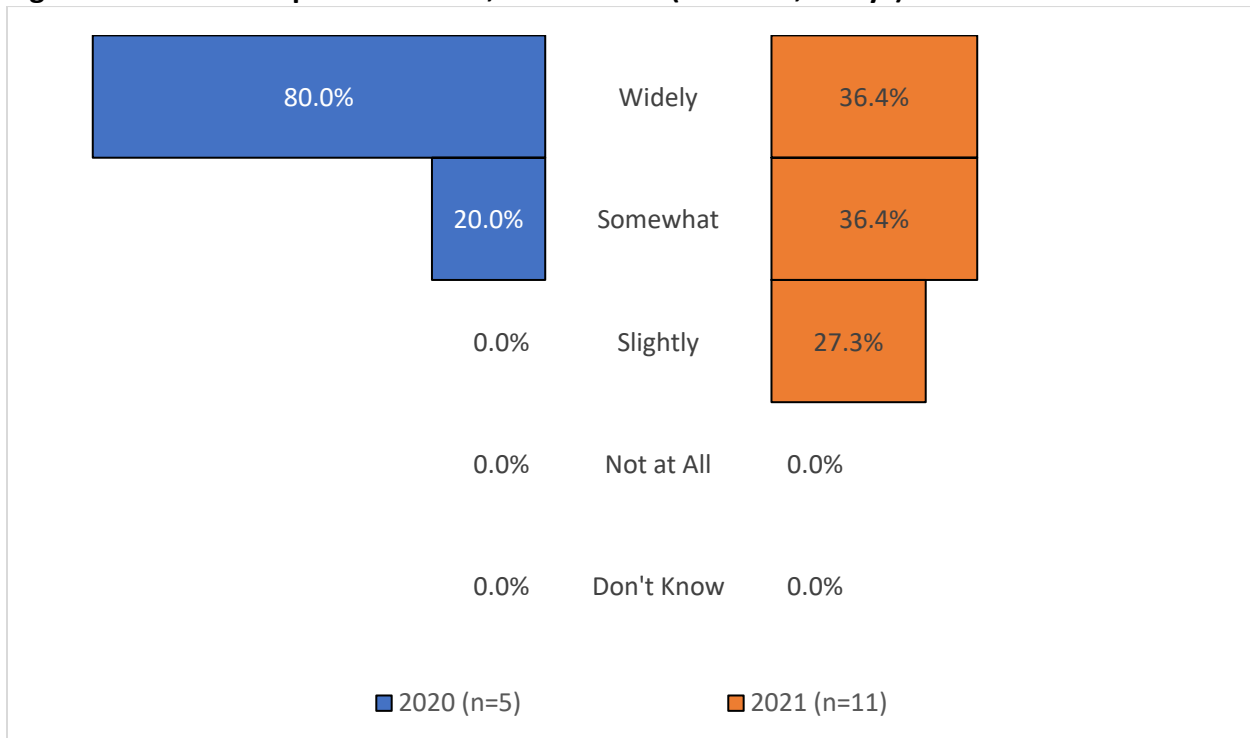
Figure 7.21 Mobile Crisis and Stabilization Services (24 hours, 7 days)

	2020 (n=5)		2021 (n=11)
Widely	80.0%		36.4%
Somewhat	20.0%		18.2%
Slightly	0.0%		27.3%
Not at All	0.0%		9.1%
Don't Know	0.0%		9.1%

■ 2020 (n=5)　　■ 2021 (n=11)
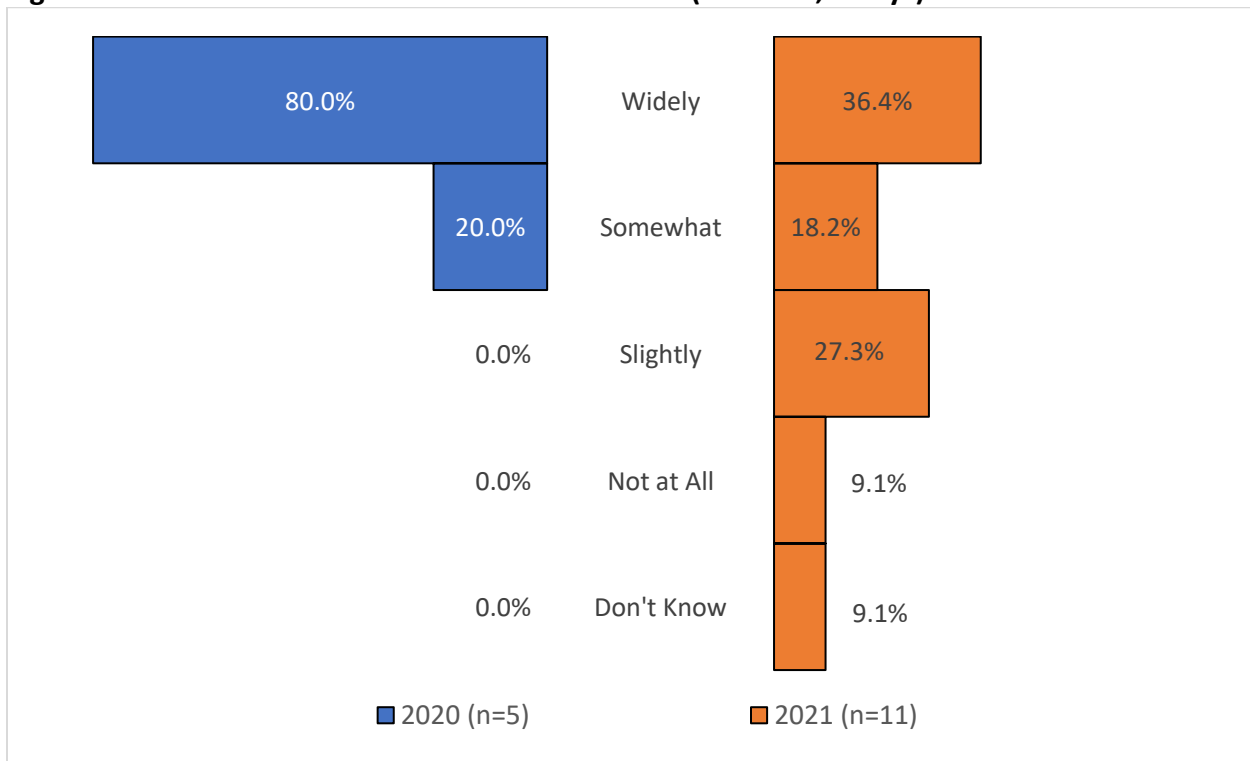
Figure 7.22 Intensive In-Home Services

	Widely	
60.0%		27.3%
20.0%	Somewhat	9.1%
20.0%	Slightly	45.5%
0.0%	Not at All	9.1%
0.0%	Don't Know	9.1%

■ 2020 (n=5)   ■ 2021 (n=11)
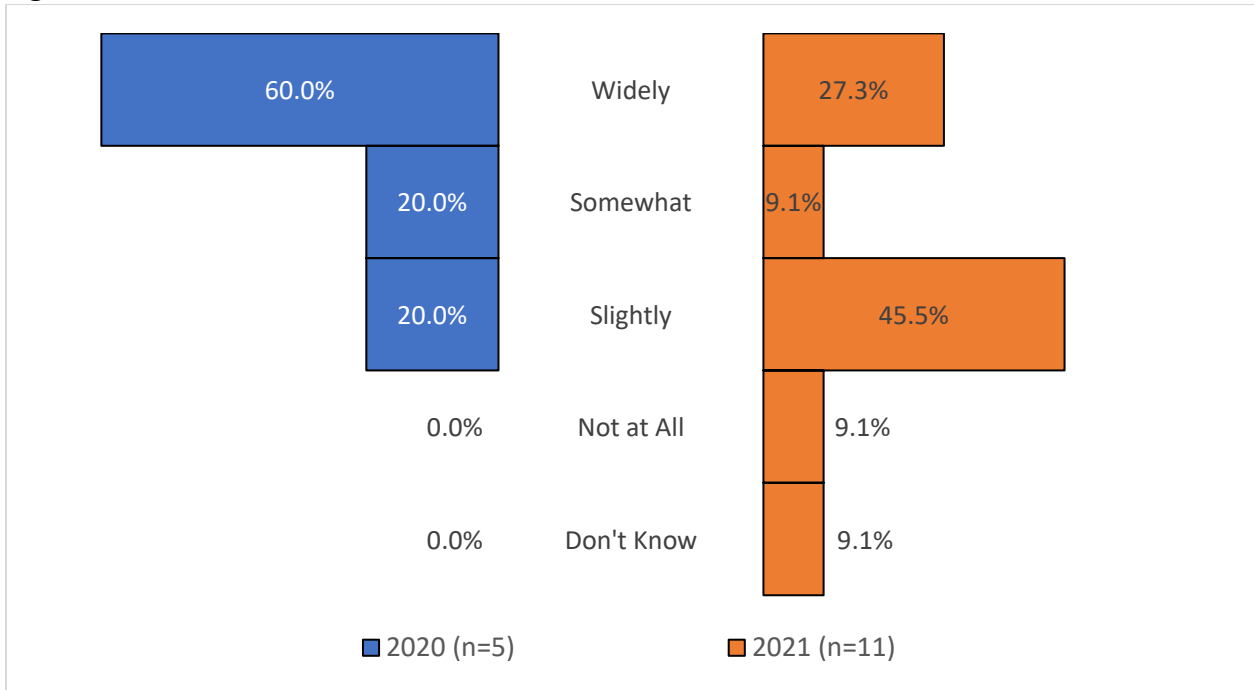
Figure 7.23 School-based Behavioral Health Services

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

■ 2020 (n=5)   ■ 2021 (n=10)
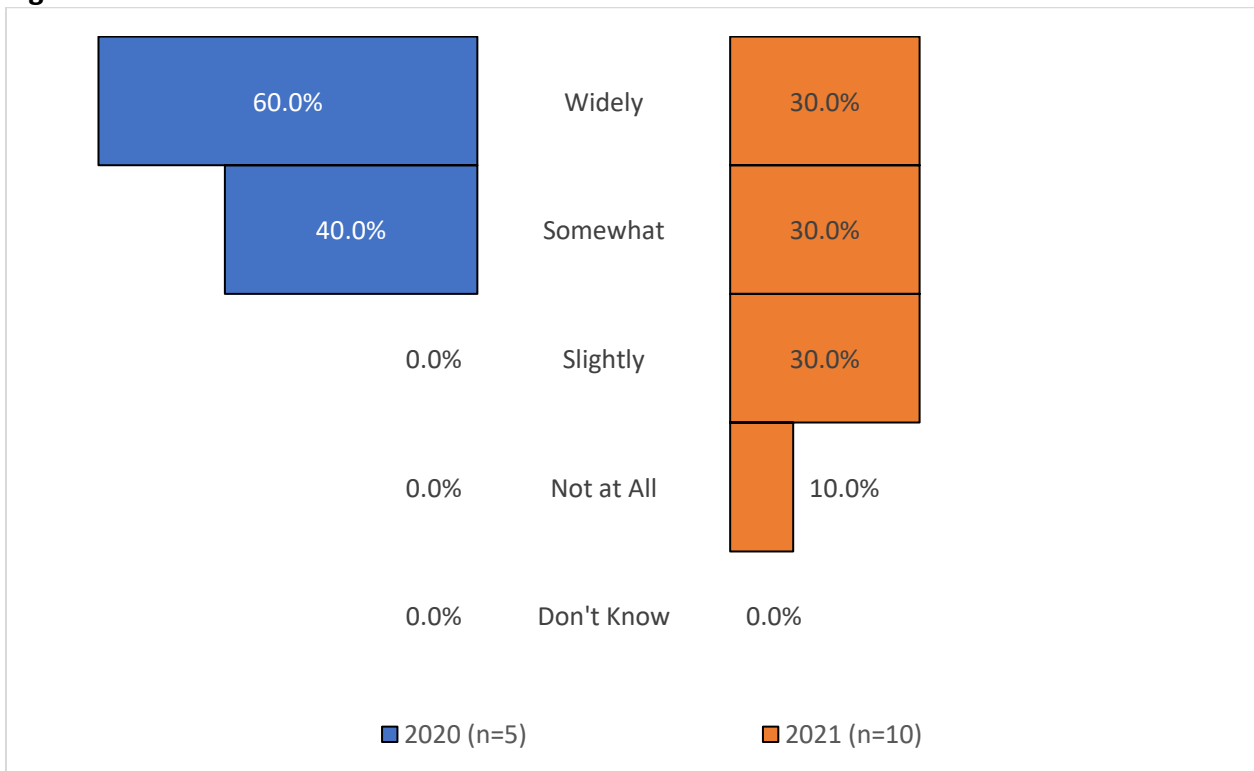
Figure 7.24 Day Treatment

	2020 (n=5)		2021 (n=11)
Widely	60.0%		18.2%
Somewhat	20.0%		27.3%
Slightly	0.0%		18.2%
Not at All	0.0%		18.2%
Don't Know	20.0%		18.2%

■ 2020 (n=5)   ■ 2021 (n=11)
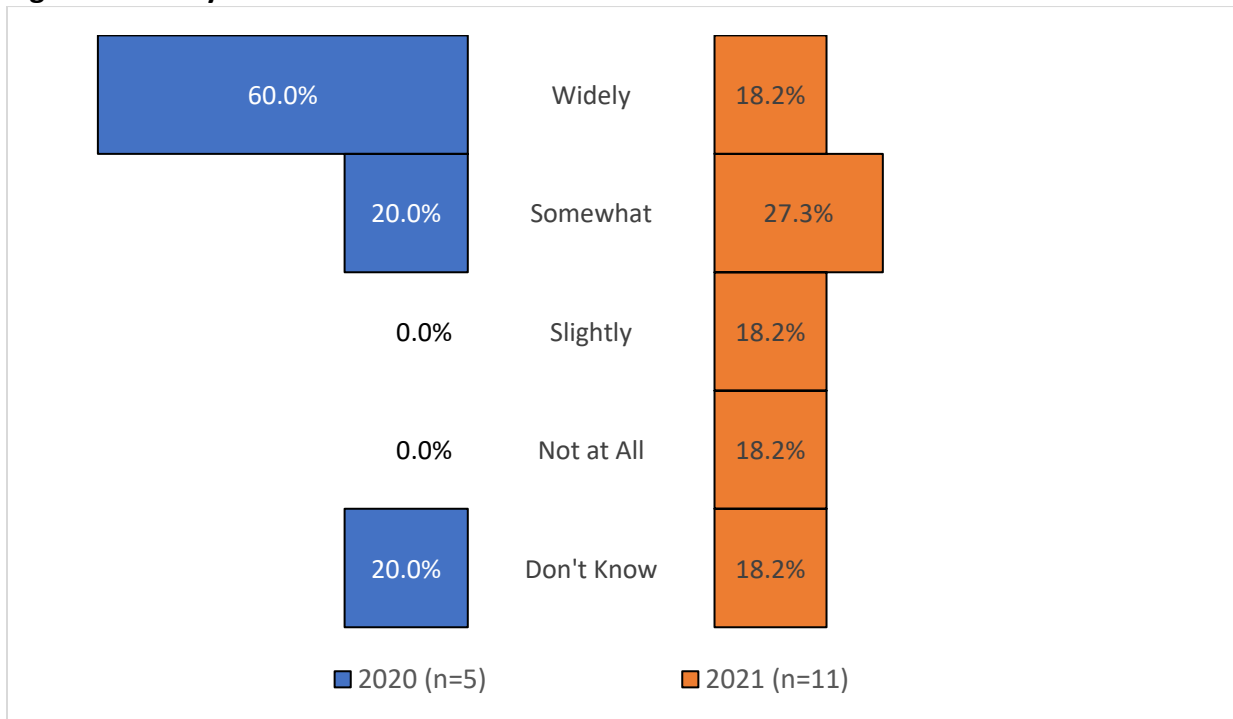
Figure 7.25 Substance Use Treatment

	2020 (n=5)		2021 (n=11)
Widely	80.0%		54.5%
Somewhat	20.0%		27.3%
Slightly	0.0%		9.1%
Not at All	0.0%		0.0%
Don't Know	0.0%		9.1%

■ 2020 (n=5)   ■ 2021 (n=11)
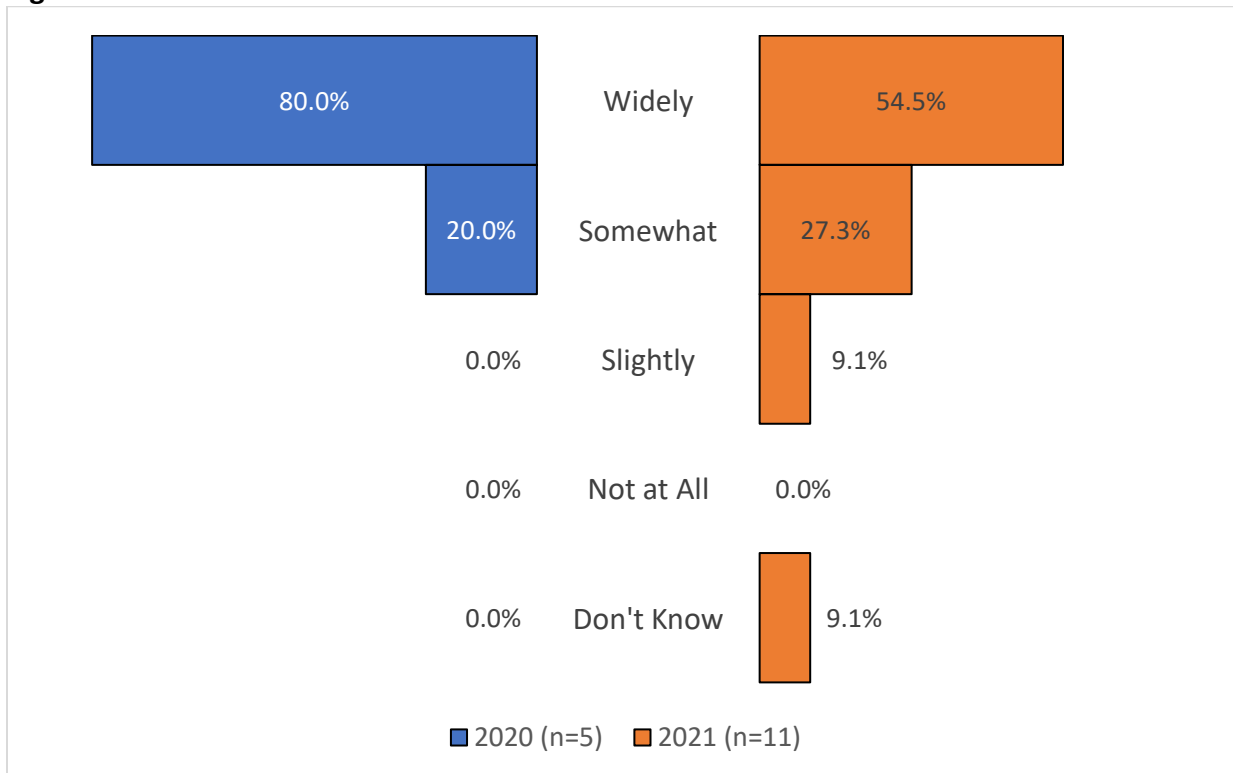
Figure 7.26 Therapeutic Behavioral Aide Services

	2020 (n=5)		2021 (n=11)
Widely	60.0%		27.3%
Somewhat	20.0%		9.1%
Slightly	0.0%		27.3%
Not at All	0.0%		0.0%
Don't Know	20.0%		36.4%
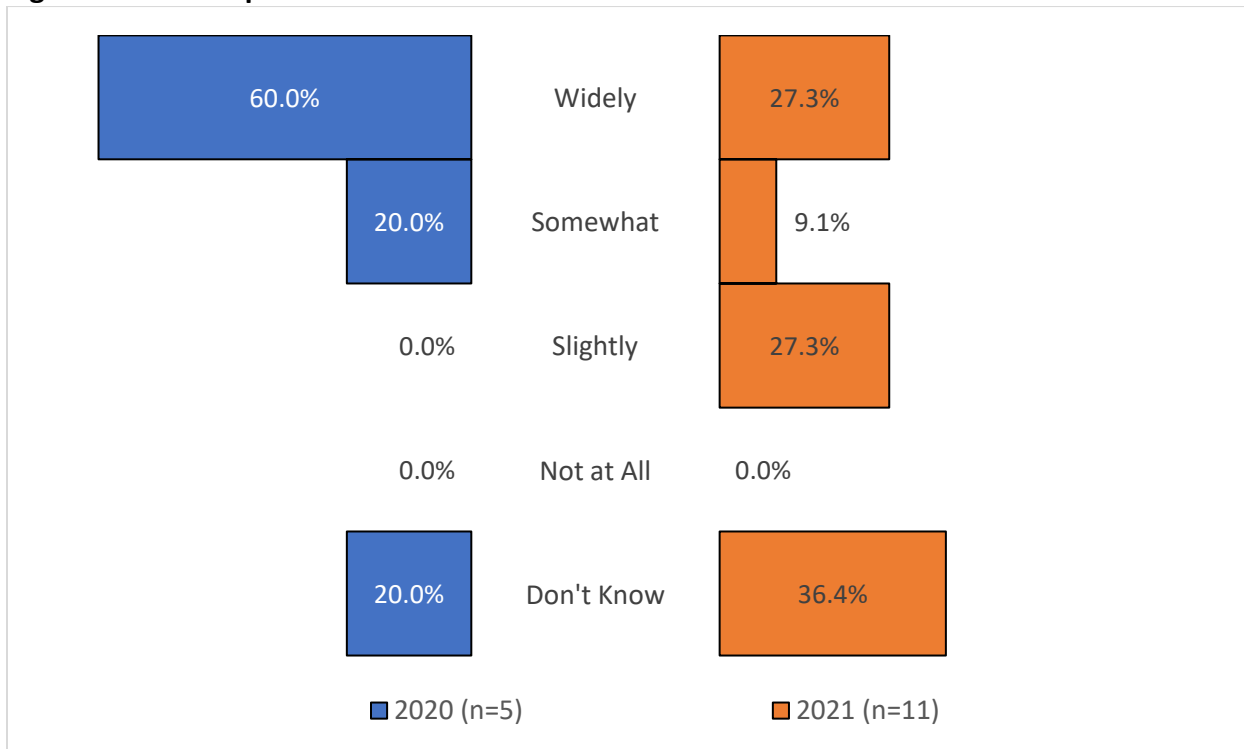
Figure 7.27 Behavior Management Skills Training

	2020 (n=5)		2021 (n=11)
Widely	60.0%		27.3%
Somewhat	20.0%		27.3%
Slightly	0.0%		18.2%
Not at All	0.0%		9.1%
Don't Know	20.0%		18.2%
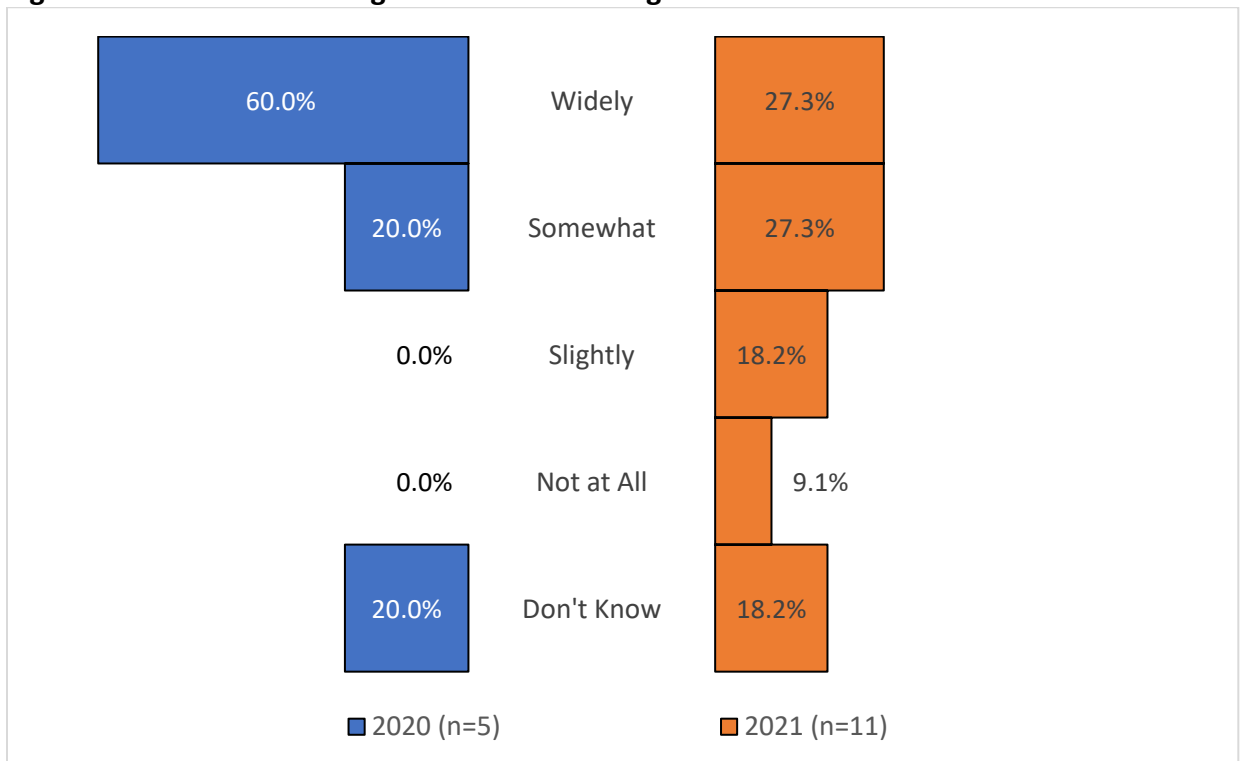
Figure 7.28 Tele-Behavioral Health Services

	2020 (n=5)	2021 (n=11)
Widely	60.0%	72.7%
Somewhat	40.0%	18.2%
Slightly	0.0%	9.1%
Not at All	0.0%	0.0%
Don't Know	0.0%	0.0%
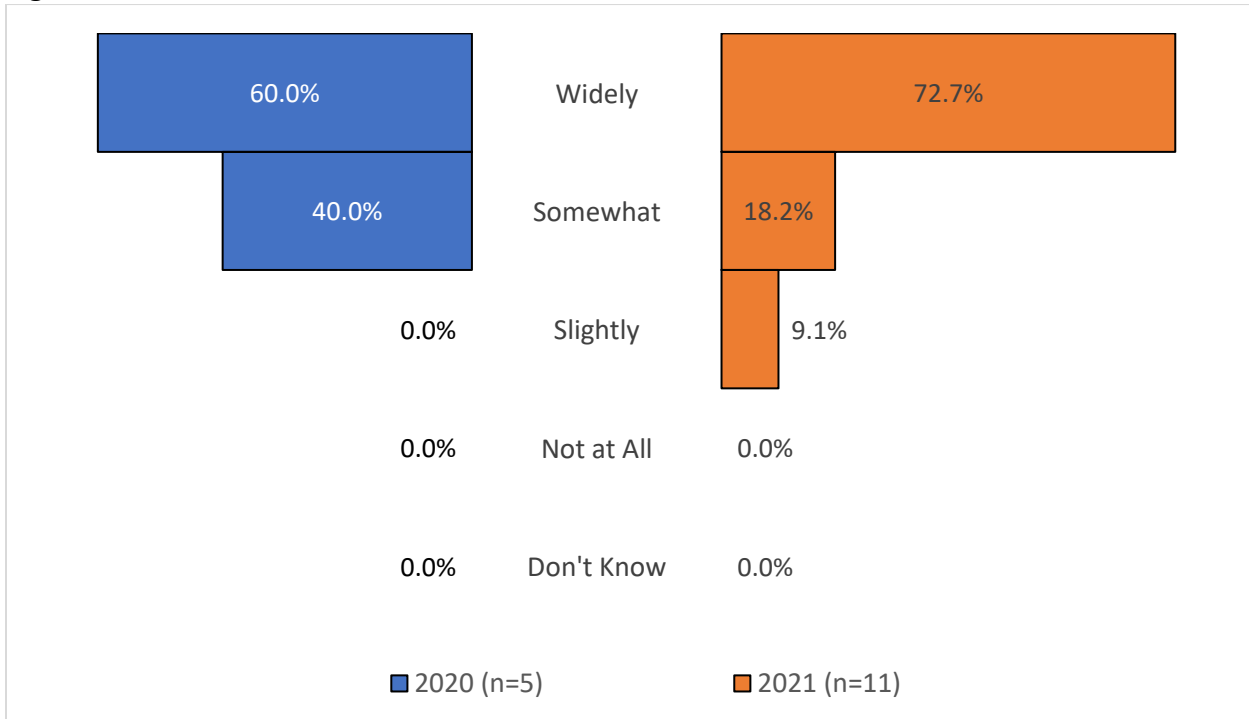
Figure 7.29 Youth and Family Education

	2020 (n=5)	2021 (n=11)
Widely	60.0%	54.5%
Somewhat	40.0%	18.2%
Slightly	0.0%	18.2%
Not at All	0.0%	0.0%
Don't Know	0.0%	9.1%
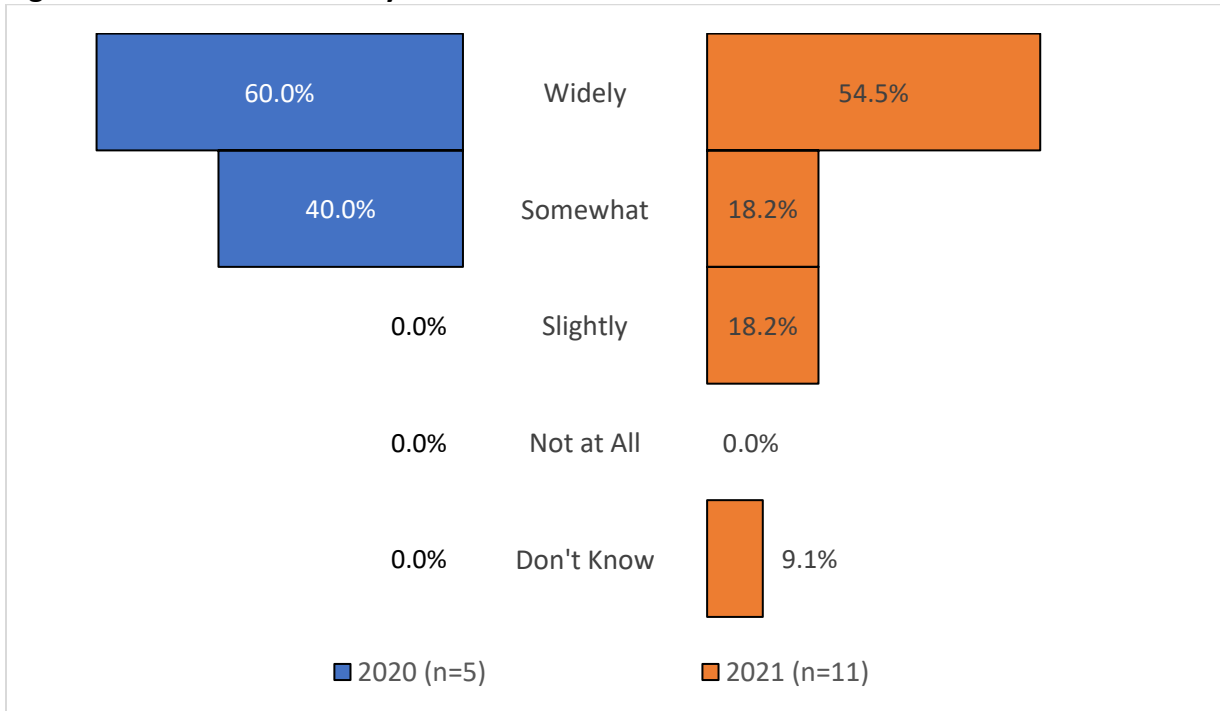
Figure 7.30 Respite Services

	Widely		
60.0%	Widely	36.4%	
40.0%	Somewhat	9.1%	
0.0%	Slightly	27.3%	
0.0%	Not at All	9.1%	
0.0%	Don't Know	18.2%	

■ 2020 (n=5)   ■ 2021 (n=11)
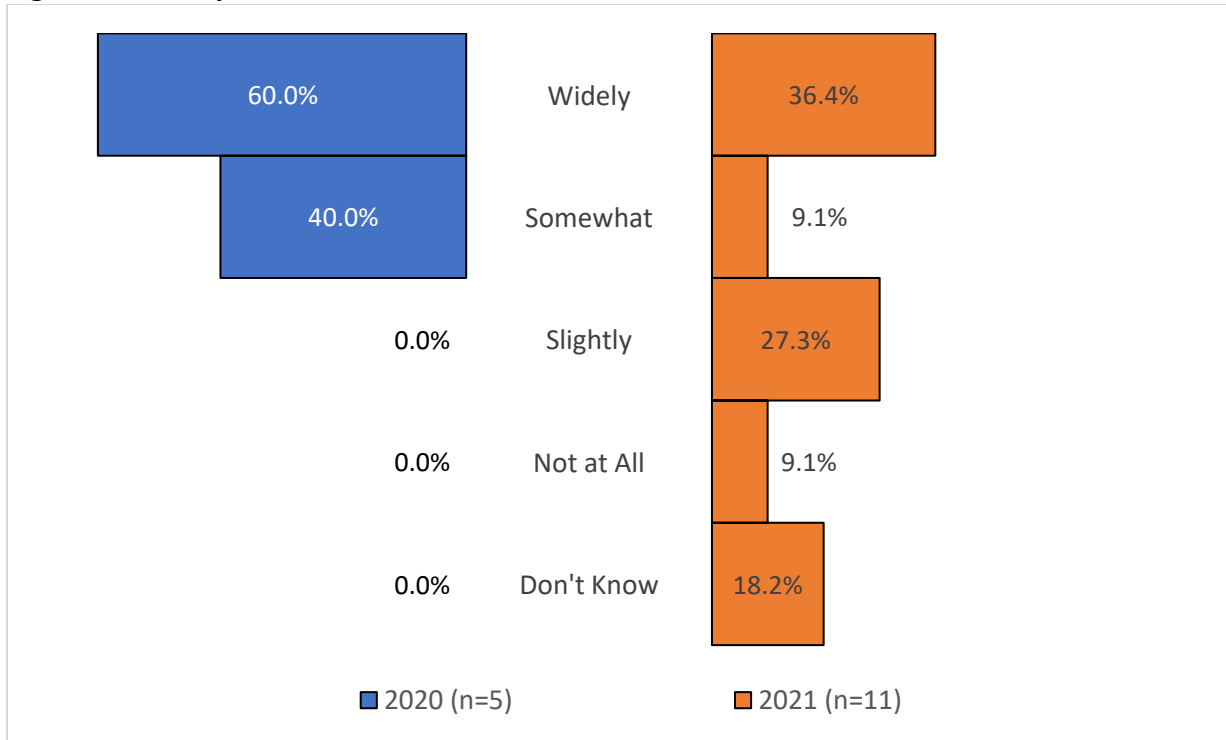
Figure 7.31 Therapeutic Mentoring

	Widely		
60.0%	Widely	27.3%	
20.0%	Somewhat	18.2%	
0.0%	Slightly	9.1%	
20.0%	Not at All	9.1%	
0.0%	Don't Know	36.4%	

■ 2020 (n=5)   ■ 2021 (n=11)

193
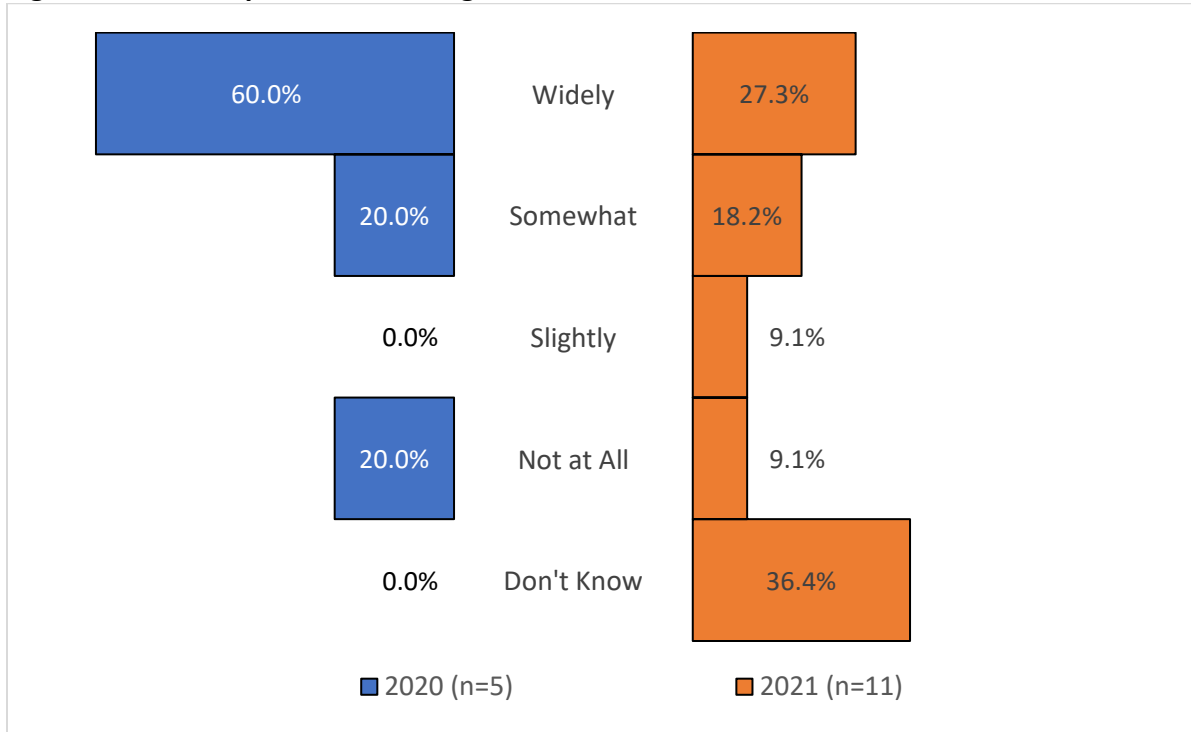
Figure 7.32 Mental Health Consultation

	2020 (n=5)	2021 (n=11)
Widely	80.0%	54.5%
Somewhat	20.0%	36.4%
Slightly	0.0%	0.0%
Not at All	0.0%	0.0%
Don't Know	0.0%	9.1%
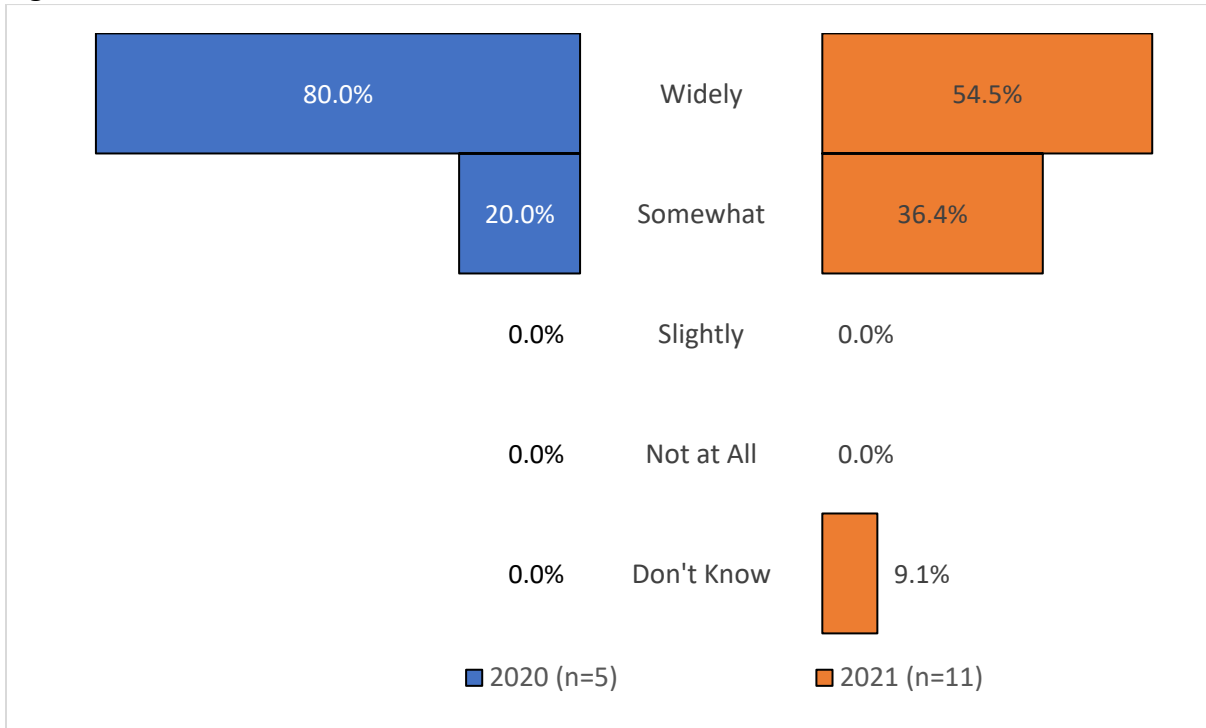
Figure 7.33 Supported Education and Employment

	2020 (n=5)	2021 (n=11)
Widely	60.0%	36.4%
Somewhat	20.0%	9.1%
Slightly	0.0%	27.3%
Not at All	20.0%	9.1%
Don't Know	0.0%	18.2%
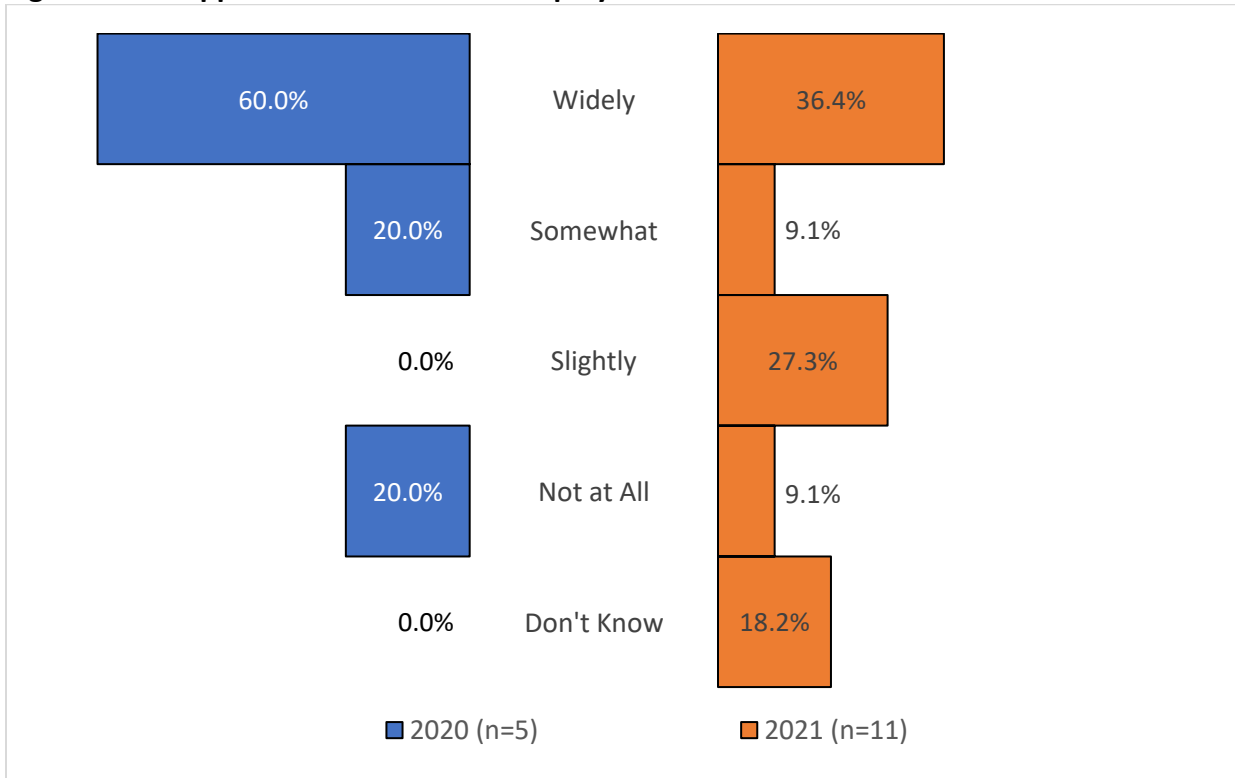
Figure 7.34 Supported Independent Living

	2020 (n=5)		2021 (n=11)
Widely	60.0%		9.1%
Somewhat	0.0%		45.5%
Slightly	40.0%		27.3%
Not at All	0.0%		0.0%
Don't Know	0.0%		18.2%
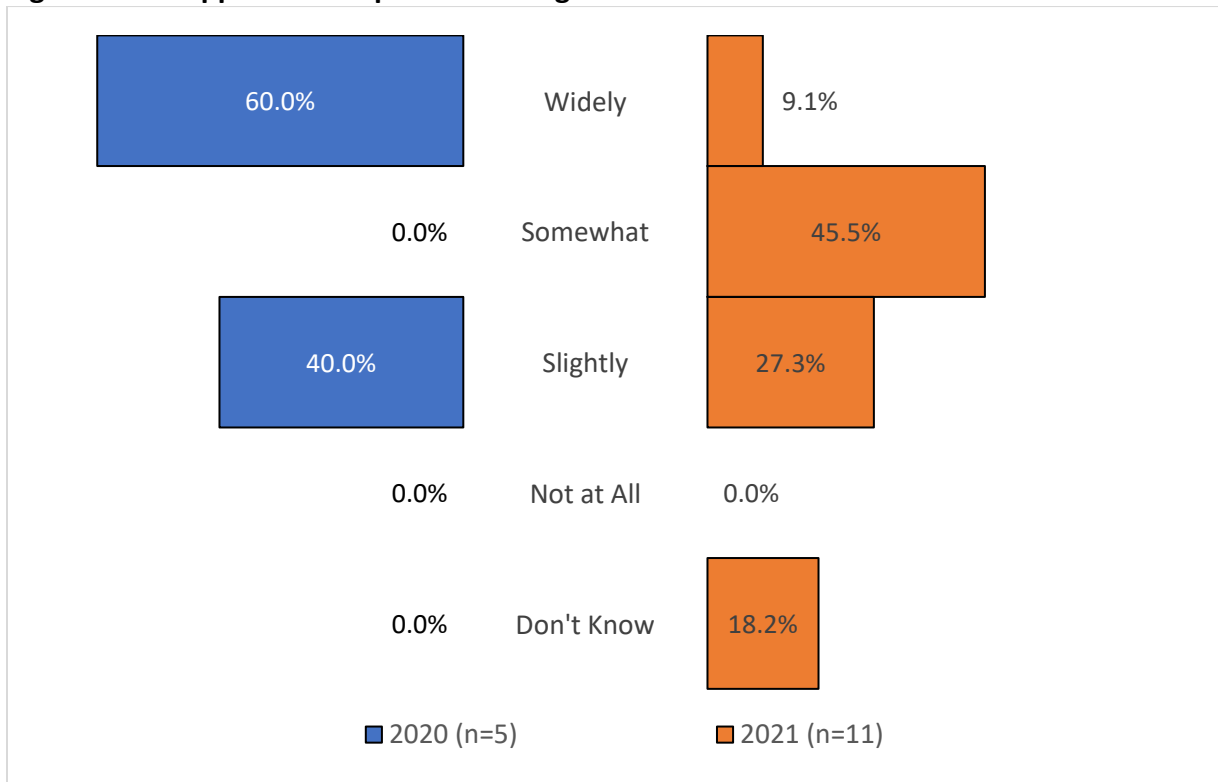
Figure 7.35 Transportation

	2020 (n=5)		2021 (n=11)
Widely	60.0%		45.5%
Somewhat	0.0%		27.3%
Slightly	40.0%		0.0%
Not at All	0.0%		9.1%
Don't Know	0.0%		18.2%

195
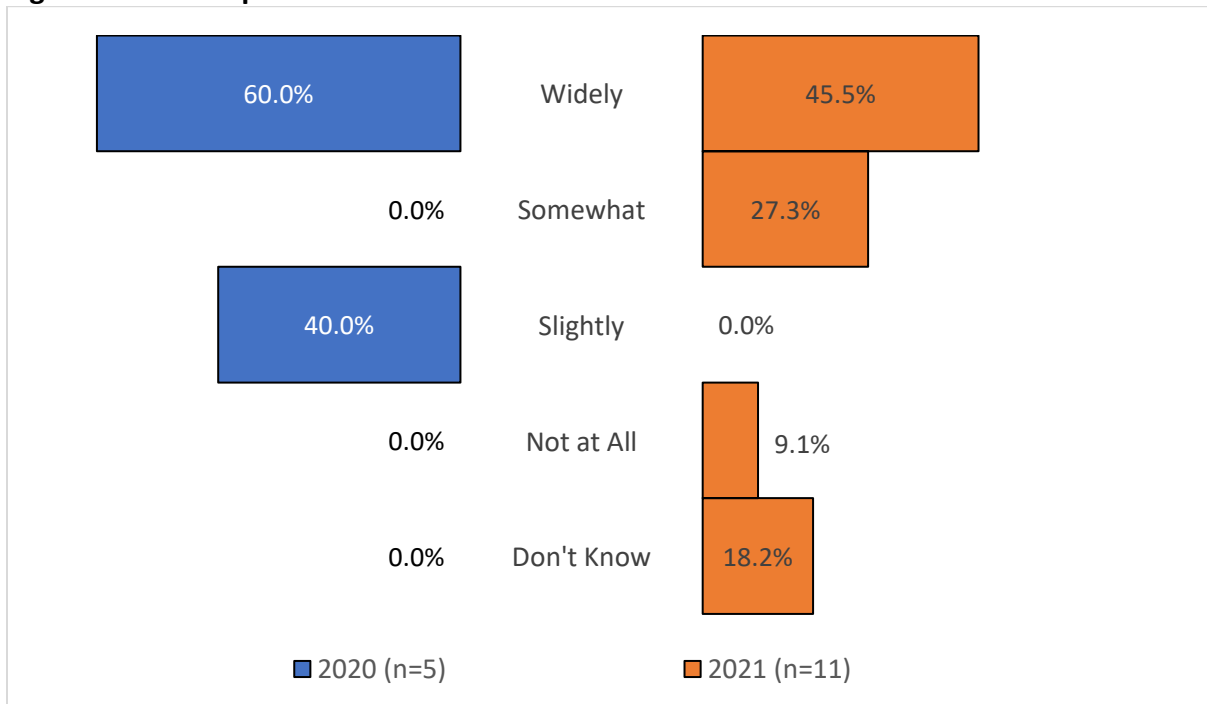
7.2.3 Out-of-Home Treatment Services

Stakeholders' perceptions regarding the availability of out-of-home treatment services followed a similar pattern as the community-based services. At least half or more of the respondents in 2020 reported that out-of-home treatment services were widely or somewhat available.

Greater numbers and percentages of 2021 stakeholders reported that five of the seven out-of-home treatment services included in the survey are not widely available: therapeutic foster care, therapeutic group home, substance use residential treatment, residential treatment, and inpatient treatment. At least a third of 2021 stakeholders reported therapeutic group homes as slightly or not at all available.

Figure 7.36 Therapeutic Foster Care
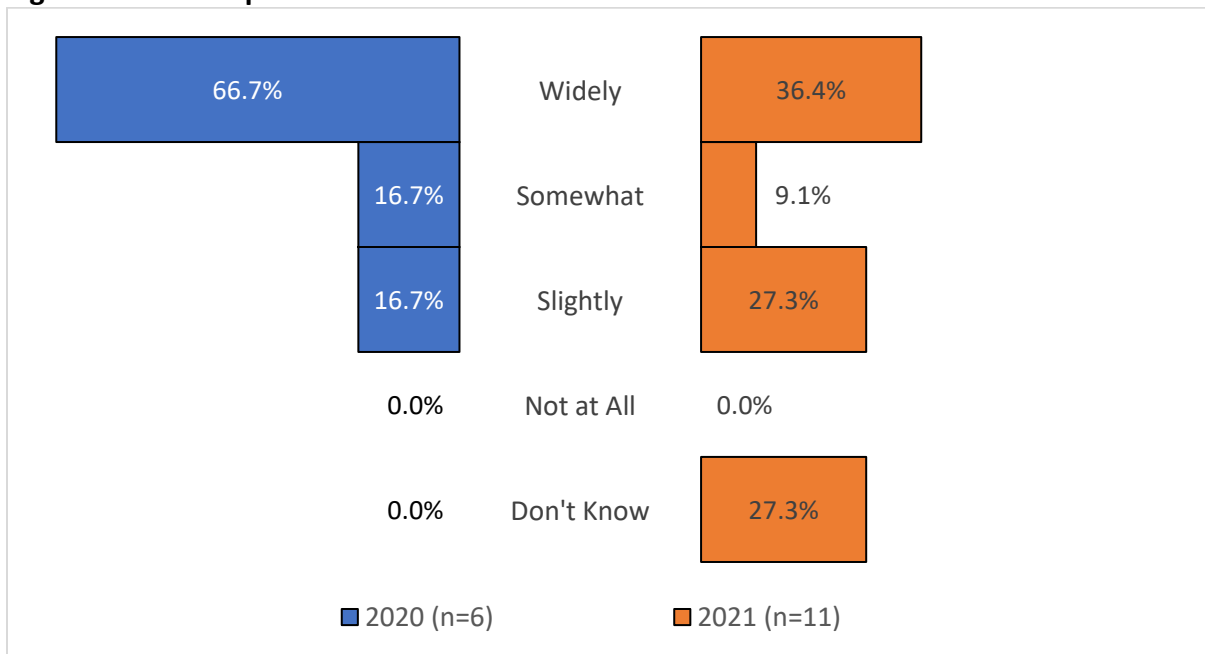
Figure 7.37 Therapeutic Group Home Care

	2020 1 (n=6)		2021 (n=11)
Widely	50.0%		18.2%
Somewhat	33.3%		36.4%
Slightly	16.7%		27.3%
Not at All	0.0%		9.1%
Don't Know	0.0%		9.1%
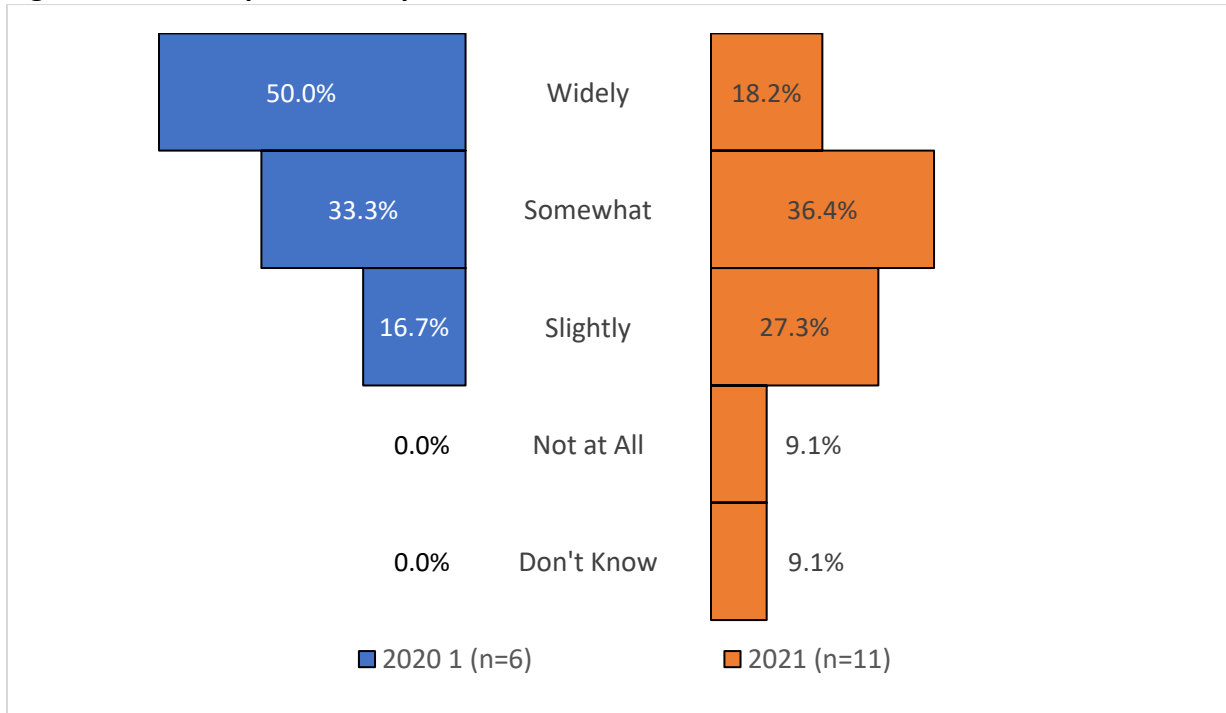
Figure 7.38 Crisis Stabilization Beds

	2020 (n=6)		2021 (n=10)
Widely	50.0%		20.0%
Somewhat	0.0%		30.0%
Slightly	50.0%		0.0%
Not at All	0.0%		20.0%
Don't Know	0.0%		30.0%
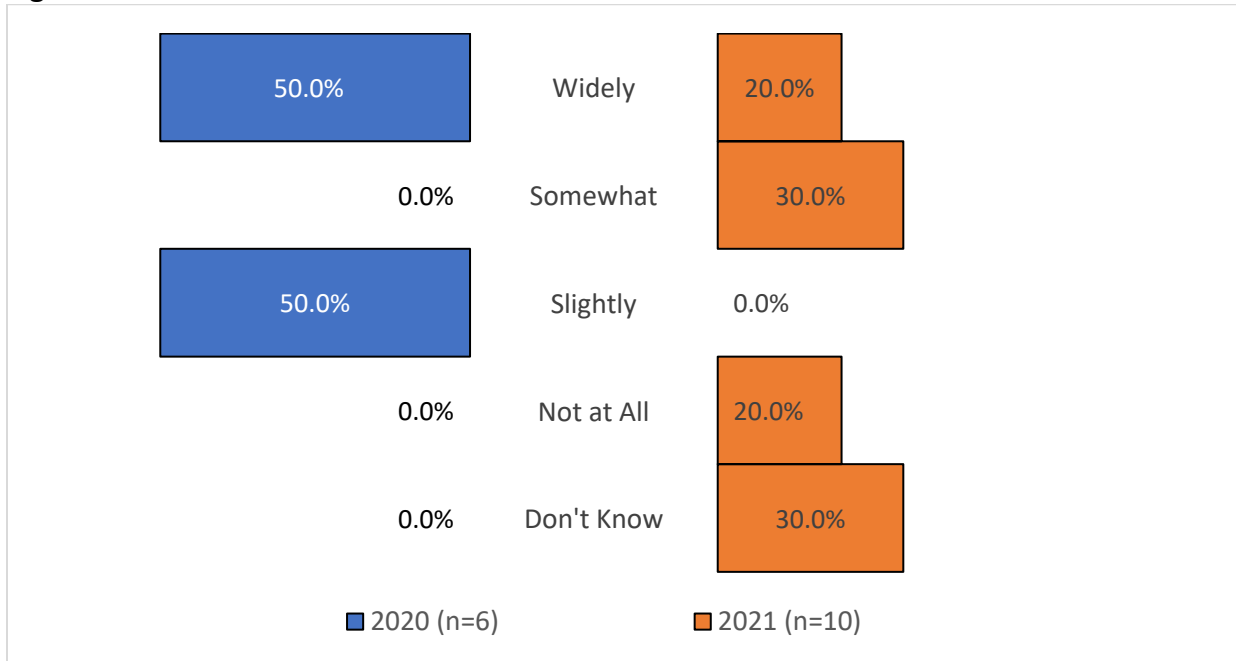
Figure 7.39 Medical Detoxification

	2020 (n=6)		2021 (n=11)
Widely	50.0%		45.5%
Somewhat	16.7%		9.1%
Slightly	16.7%		9.1%
Not at All	16.7%		18.2%
Don't Know	0.0%		18.2%
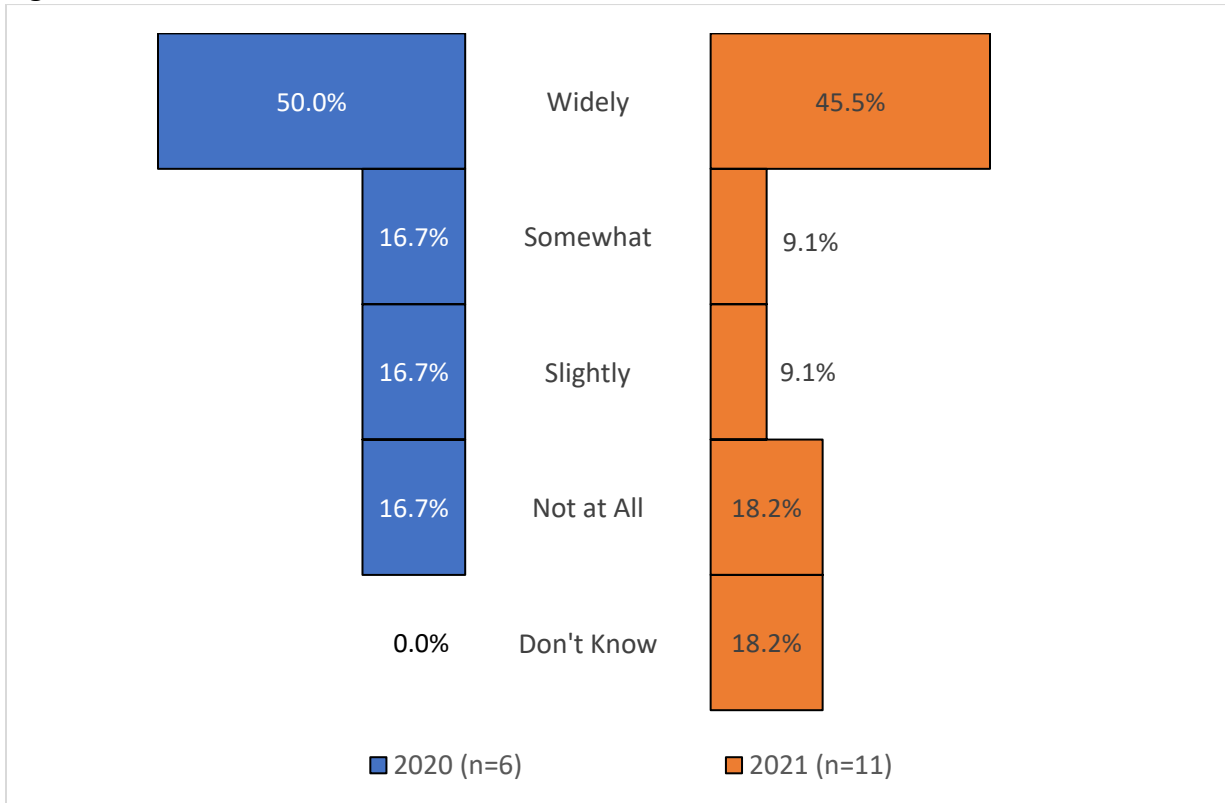
Figure 7.40 Substance Use Residential Treatment

	2020 (n=6)		2021 (n=11)
Widely	66.7%		36.4%
Somewhat	0.0%		36.4%
Slightly	33.3%		9.1%
Not at All	0.0%		0.0%
Don't Know	0.0%		18.2%
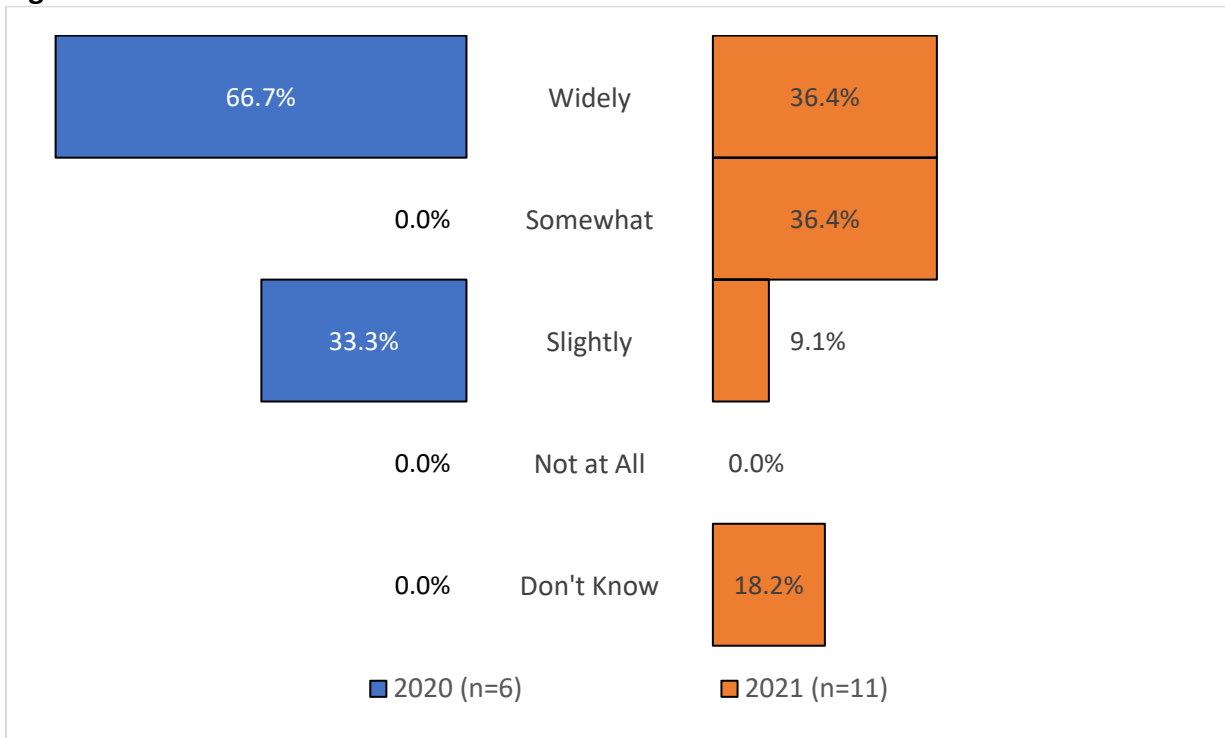
Figure 7.41 Residential Treatment

	2020 (n=6)	2021 (n=11)
Widely	50.0%	36.4%
Somewhat	33.3%	36.4%
Slightly	16.7%	18.2%
Not at All	0.0%	9.1%
Don't Know	0.0%	0.0%
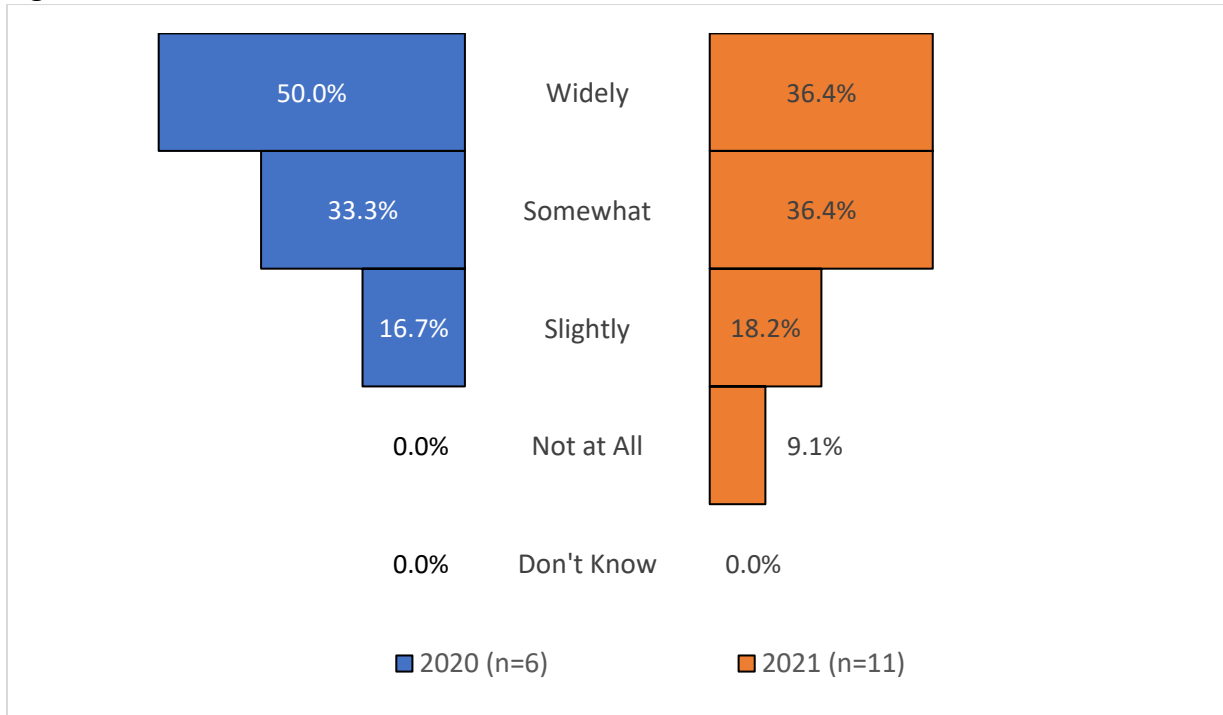
Figure 7.42 Inpatient Hospitalization

	2020 (n=6)	2021 (n=11)
Widely	83.3%	45.5%
Somewhat	0.0%	36.4%
Slightly	16.7%	18.2%
Not at All	0.0%	0.0%
Don't Know	0.0%	0.0%
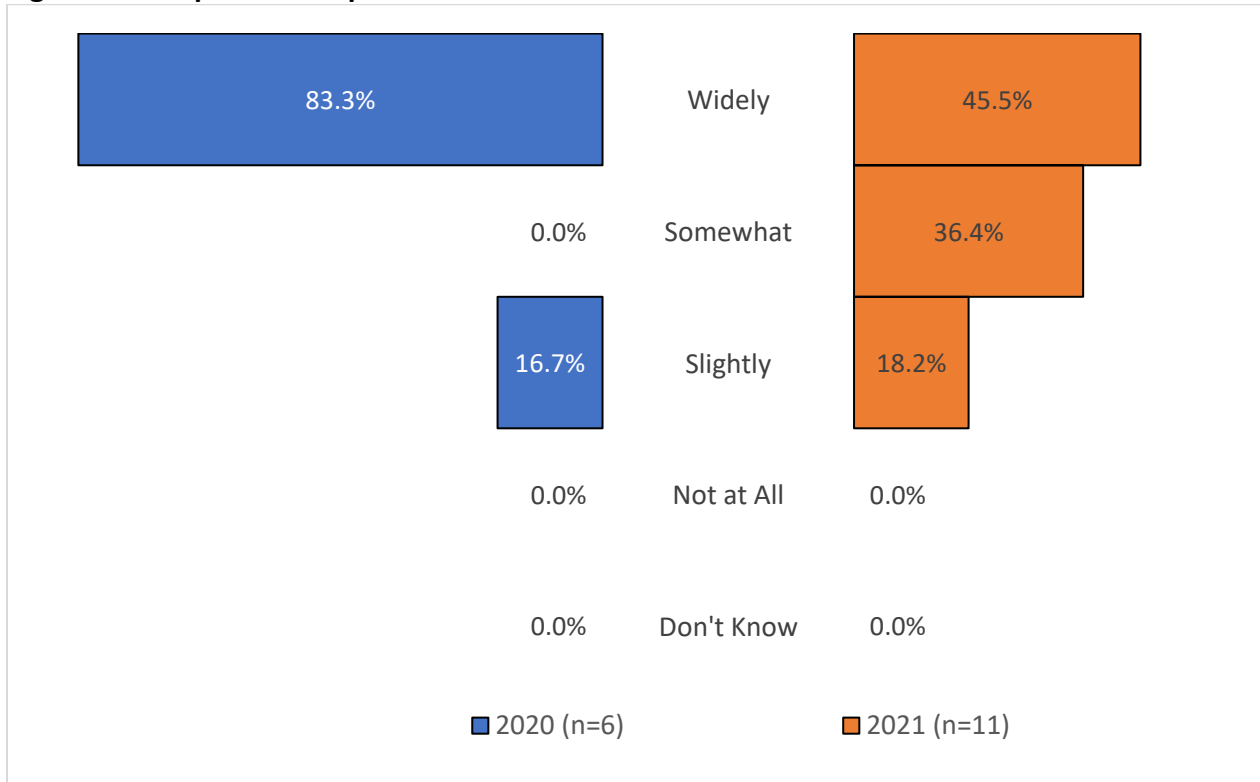
7.2.4 Peer-Provided Services (ILCHF Outcome)

Compared to those who took the survey in 2020, greater numbers and percentages of 2021 stakeholders reported that youth and caregiver peer-provided services are not widely available. Over a third of 2021 stakeholders reported that youth peer-provided services are either slightly or not at all available.

Figure 7.43 Youth Peer-provided Services

	2020 (n=5)	2021 (n=11)
Widely	60.0%	27.3%
Somewhat	20.0%	9.1%
Slightly	0.0%	9.1%
Not at All	20.0%	27.3%
Don't Know	0.0%	27.3%
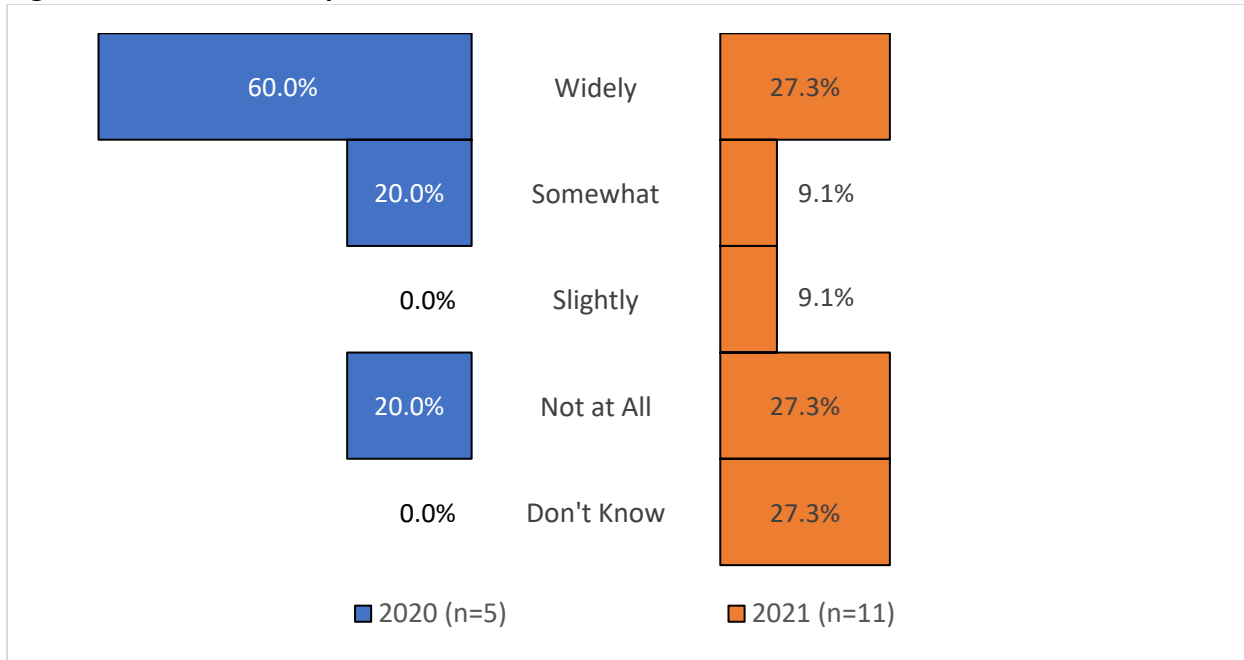
Figure 7.44 Caregiver Peer-provided Services

	2020 (n=5)	2021 (n=11)
Widely	60.0%	27.3%
Somewhat	20.0%	36.4%
Slightly	20.0%	0.0%
Not at All	0.0%	18.2%
Don't Know	0.0%	18.2%
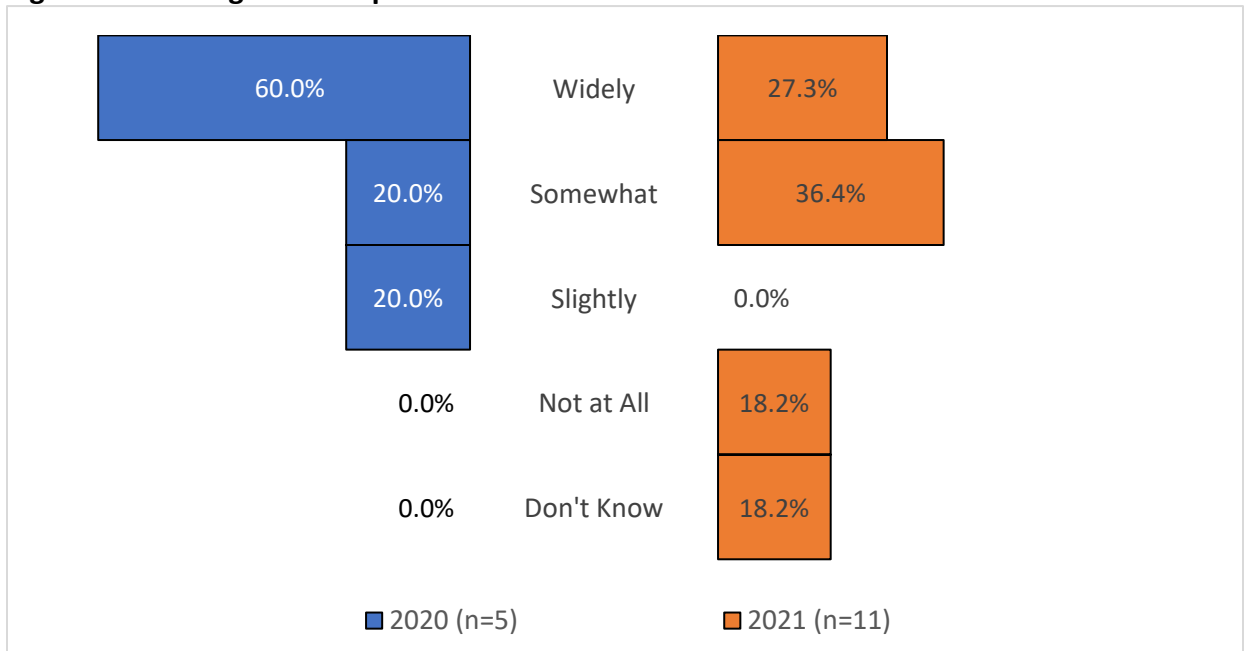
7.2.5 Evidence-Based Services (ILCHF Outcome)

Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Table 7.1 shows the percentage of respondents who indicated that the service was available. Half of the 2020 stakeholders reported they did not know whether the included evidence-based mental health interventions were available in their community. All but one of the 2021 stakeholders reported the availability of trauma-focused cognitive behavior therapy. A little over half reported the availability of the Triple P -- Positive Parenting Program. One to three stakeholders reported the availability of parent-child interaction therapy, multisystemic therapy, functional family therapy, PATHS, and problem-solving skills training.

Table 7.1 Use of Evidence-Based Mental Health Interventions

	2020 (n=6) (% Yes)	2021 (n=11) (% Yes)
Triple P – Positive Parenting Program	16.7%	54.5%
Parent-Child Interaction Therapy	33.3%	27.3%
Brief Strategic Family Therapy	33.3%	0.0%
Multisystemic Therapy	16.7%	18.2%
Functional Family Therapy	16.7%	9.1%
Multidimensional Treatment Foster Care	16.7%	0.0%
Trauma-Focused Cognitive Behavioral Therapy	16.7%	81.8%
Project ACHIEVE	0.0%	0.0%
Second Step	0.0%	0.0%
Promoting Alternative Thinking Strategies (PATHS)	16.7%	18.2%
Incredible Years	0.0%	0.0%
Problem-Solving Skills Training	16.7%	9.1%
First Steps to Success	0.0%	0.0%
Don't Know	50.0%	9.1%
None	16.7%	0.0%

7.2.6 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 7.2 shows the mean scores on the individual items of the service coordination subscale from Figure 7.10. The mean rankings of stakeholders on these items hovered around "somewhat" and there was little change from 2020 to 2021.

Table 7.2 Service Coordination and Integration

	2020 Mean (n = 6-7)	2021 Mean (n = 9-11)
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families	3.14 (1.07)	3.09 (0.83)
Basic care coordination is provided for children and families at lower levels of service intensity	3.67 (0.52)	3.27 (0.65)
Care is coordinated across multiple child-serving agencies and systems	3.00 (1.16)	3.10 (0.88)
One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)	3.00 (1.16)	3.11 (1.17)

Stakeholders were also asked to rate the extent to which other child-serving systems coordinate with mental health providers to provide system of care services to children and families in their community. Response options were 1 = not at all, 2 = slightly, 3 = somewhat, 4 = widely, and 0 = don't know. Mean scores for the level of service coordination for each system in 2020 and 2021 are shown in Table 7.3. The mean ratings of stakeholders regarding service coordination with each of the other child-serving systems declined in 2021 and hover around "somewhat."

Table 7.3 Service Coordination with Children's Mental Health System

	2020 Mean (n = 5)	2021 Mean (n = 10-11)
Child welfare system	3.80 (0.45)	3.18 (0.87)
Juvenile justice/court system	3.60 (0.89)	2.73 (0.91)
Education system	3.60 (0.55)	3.00 (0.89)
Primary health system	3.60 (0.89)	3.10 (0.88)
Public health system	3.60 (0.89)	2.90 (0.99)
Substance use treatment system	3.40 (0.89)	3.20 (0.79)

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. Similar proportions of 2020 and 2021 stakeholders reported less than wide implementation of services for early identification of mental health problems.

Figure 7.45   Services for Early Identification of Mental Health Problems
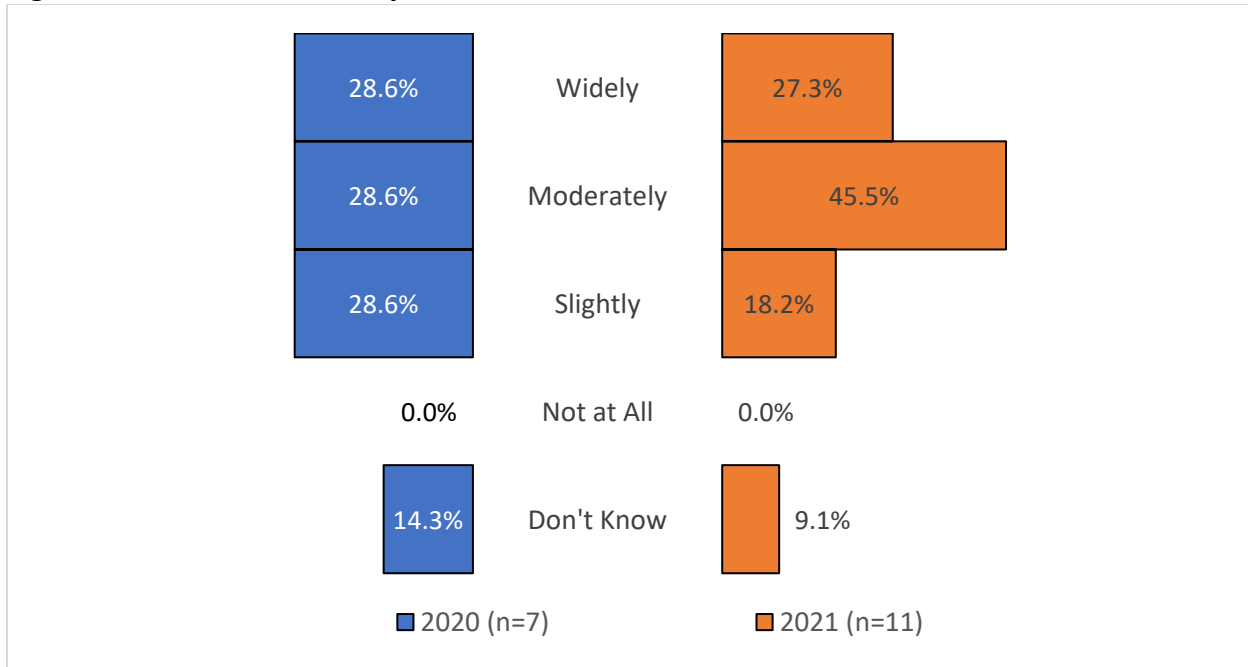
	2020 (n=7)		2021 (n=11)
Widely	28.6%		27.3%
Moderately	28.6%		45.5%
Slightly	28.6%		18.2%
Not at All	0.0%		0.0%
Don't Know	14.3%		9.1%

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). While 100% of the 2020 stakeholders reported wide availability of screening for behavioral health needs, almost half of the 2021 stakeholders report that this screening is not widely available.

Figure 7.46 Screening for Behavioral Health Needs

	2020 (n=5)		2021 (n=11)
Widely	100.0%		54.5%
Somewhat	0.0%		27.3%
Slightly	0.0%		9.1%
Not at All	0.0%		9.1%
Don't Know	0.0%		0.0%
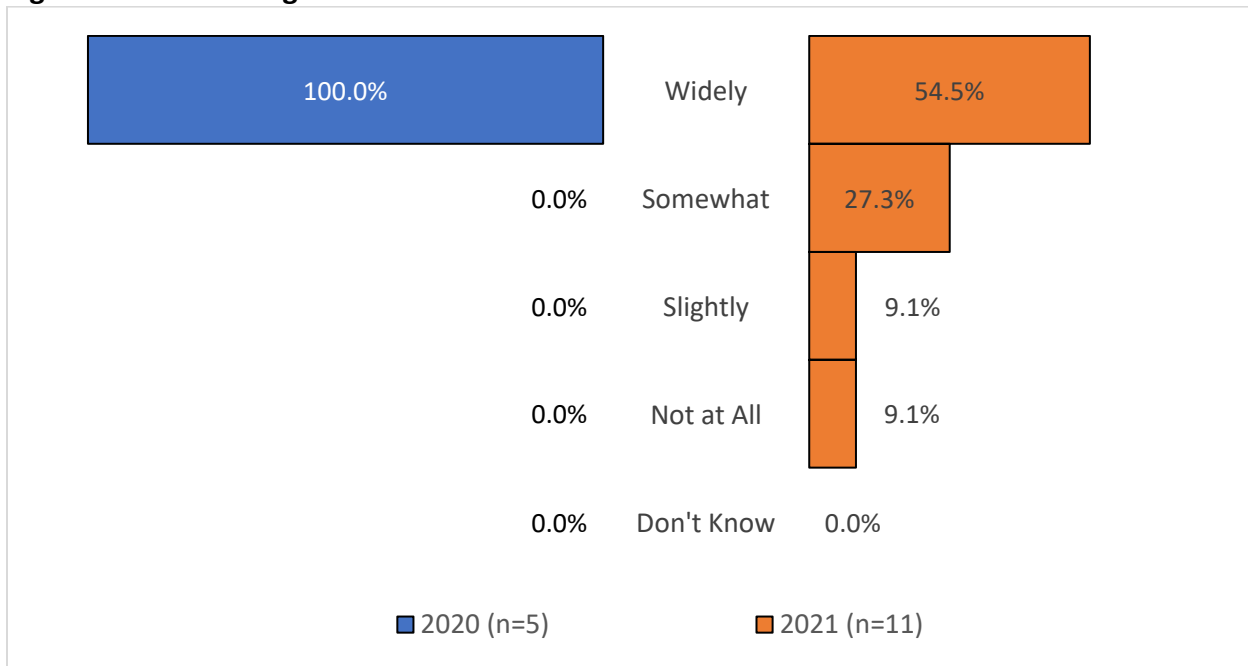
7.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

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 7.4 shows the mean scores of the individual items from the evidence-informed and promising practices subscale of the system of care principles section of the survey. Response options were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. There was little change in the mean ratings on these items from 2020 to 2021; stakeholders perceived a moderate capacity to provide evidence-based interventions.

Table 7.4 Capacity to Provide Evidence-Based Clinical Interventions

	2020 Mean (n = 5-6)	2021 Mean (n = 9-11)
Evidence-informed practices are implemented within the array of services and supports to improve outcomes	3.60 (0.55)	3.27 (0.79)
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components	3.83 (0.41)	3.50 (0.71)
Best practice guidelines, clinical protocols, and manuals are provided to practitioners	3.50 (0.55)	3.22 (0.83)
Fidelity to evidence-informed practices and outcomes is measured	3.00 (1.23)	3.00 (0.87)

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

One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to which this infrastructure component was present in their community in 2020 and 2021. Figure 7.47 indicates that stakeholders' ratings of the effective use of data for decision-making declined. A larger number and proportion of 2021 stakeholders reported that this was either partially in place or not in place.

Figure 7.47 Use of Local Outcome Data to Inform Decision-making
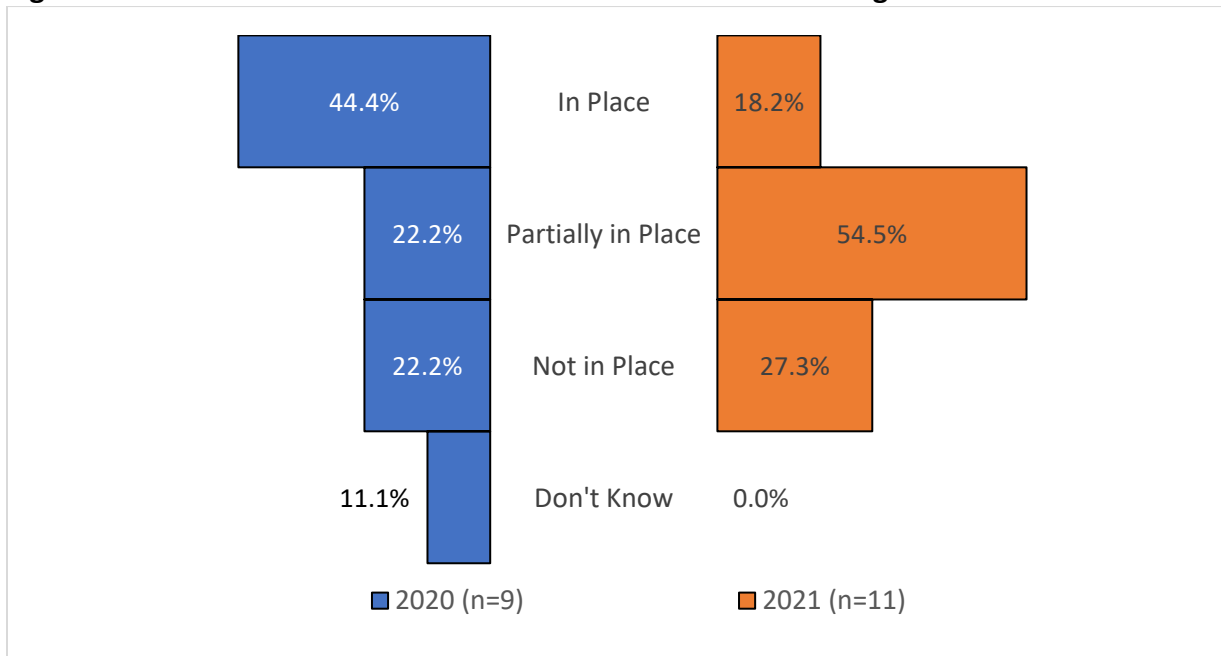
	2020 (n=9)		2021 (n=11)
In Place	44.4%		18.2%
Partially in Place	22.2%		54.5%
Not in Place	22.2%		27.3%
Don't Know	11.1%		0.0%

■ 2020 (n=9)   ■ 2021 (n=11)

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. Figure 7.48 indicates that a smaller proportion of the 2021 stakeholders report that this capacity is widely implemented.

Figure 7.48 Capacity for Using Data for Continuous Quality Improvement

	2020 (n=7)		2021 (n=11)
Widely	42.9%		27.3%
Somewhat	28.6%		45.5%
Not at All or Slightly	28.6%		18.2%
Don't Know	0.0%		9.1%

■ 2020 (n=7)   ■ 2021 (n=11)
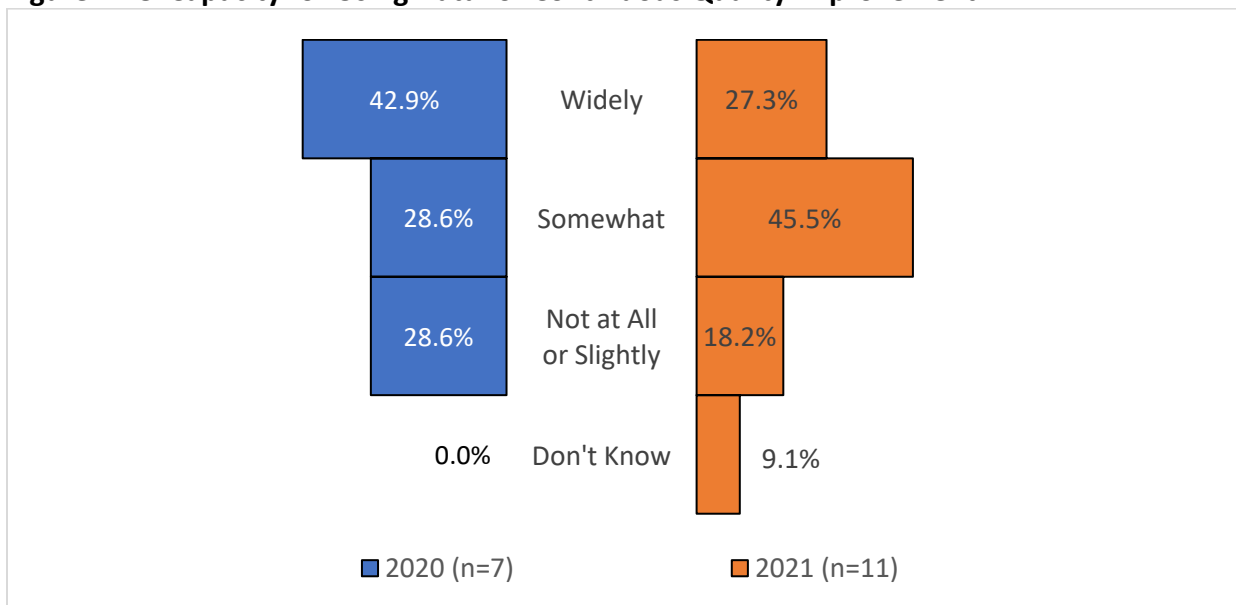
7.3.4   Development of a Well-Prepared Mental Health Workforce (ILCHF Outcome)

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. In 2021, a slightly smaller percentage of stakeholders reported that training opportunities for the mental health workforce were in place.

Figure 7.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce

	2020 (n=9)	2021 (n=11)
In Place	44.4%	27.3%
Partially in Place	33.3%	36.4%
Not in Place	22.2%	27.3%
Don't Know	0.0%	9.1%
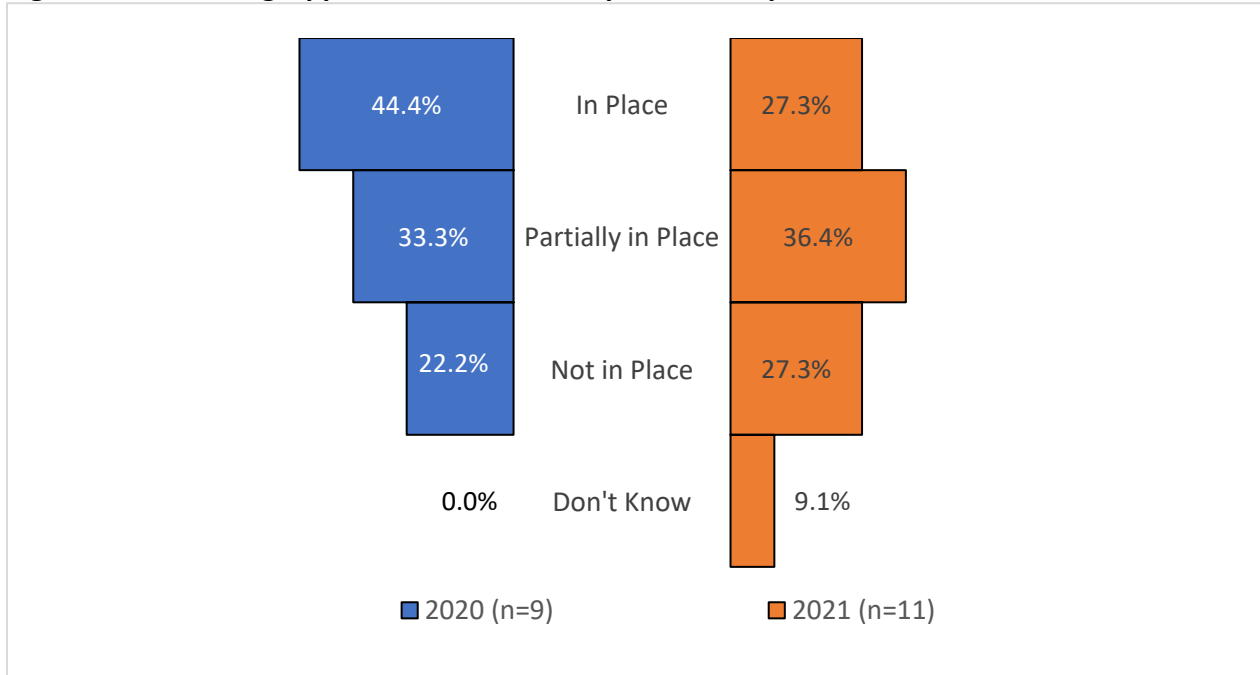
7.3.5   System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2020 and 2021. Stakeholders' mean ratings on questions about system of care infrastructure were either consistent across the two years or declined in 2021; mean ratings in both years indicated that SOC infrastructure was "somewhat implemented."

Figure 7.50 System of Care Infrastructure Components

Point of accountability structure for management

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

■ 2020 (n = 5-7)   ■ 2021 (n = 7-11)

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

7.4   Parent Survey Results

Only one parent completed the parent version of the stakeholder survey, which precludes the presentation of the results in figures. Instead, their responses are listed here. The parent reported that:

- Overall, the community had slightly implemented a system of care.
- Parents of children with mental health problems and youth with mental health problems have been slightly involved in planning the system of care.
- Services were slightly individualized:
    - There is slight use of child and family teams to develop service plans for children.
    - Children's service plans slightly address more than one area of the children's lives.
    - Children's service plans slightly include informal supports in addition to formal services and treatments.
    - They did not know if service plans were individualized to address children's unique needs or if individual assessments were used to plan services and supports.
- Services were slightly or moderately family-driven:
    - Families moderately have the most say in deciding services and supports for their child.
    - Services moderately make use of their family's strengths.
    - Parents slightly have access to support from other parents who have children with mental health needs.
    - There is a slight presence of organizations that support family involvement in children's mental health services.
    - They did not know if families have a real choice in what services and supports the child received.
- They did not know or have an opinion on whether services were youth-guided, coordinated, culturally and linguistically competent, or provided in the least restrictive environment.
- There was a moderate amount of service coordination with other child-serving systems.
- Most services were reported as being slightly available, including mental health screening for children, school- and community-based prevention services, assessment and testing, individualized service planning, school-based mental health services, behavior management skills training, day treatment, substance use treatment, tele-behavioral health services, supported education and employment, and residential treatment for mental health problems.
- There was moderate availability of transportation and inpatient hospitalization.

Appendix A. Stakeholder Survey – Provider Version

Introduction

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 today's date?

_____ / _____ / _____
Month   Day   Year

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 involved with mental health services

☐ Community member

☐ Other _____

Which of the grantee communities are you involved in?

☐ Kane County

☐ Kankakee County

☐ Chicago (Primo Center)

☐ Franklin, Jackson, Perry, and Williamson Counties

☐ Macon County

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 systems.	1	2	3	0
Clear and frequent communication channels 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 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 has 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 assessments of child and family strengths and needs are used to plan services and supports	1	2	3	4	0
Individualized service plans are developed and implemented for each child and family that address multiple life domains	1	2	3	4	0
Services include informal and natural supports in addition to treatment	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

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
A family organization exists and supports family involvement at the system and service delivery levels	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
A youth organization exists and supports youth involvement at the system and service delivery levels	1	2	3	4	0

Coordinated

	Not At All	Slightly	Moderately	Widely	Don't Know
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families	1	2	3	4	0
Basic care coordination is provided for children and families at lower levels of service intensity	1	2	3	4	0
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
Services and supports are adapted to ensure access and effectiveness for culturally diverse populations	1	2	3	4	0
Providers represent the cultural and linguistic characteristics of the population served	1	2	3	4	0
Providers are trained in cultural and linguistic competence	1	2	3	4	0
Specific strategies are used to reduce racial and ethnic disparities in access to and outcomes of services	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
Best practice guidelines, clinical protocols, and manuals are provided to practitioners	1	2	3	4	0
Fidelity to evidence-informed practices and outcomes is measured	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 not served in settings more restrictive than necessary	1	2	3	4	0
Inpatient hospitalization is primarily used for short-term, acute treatment and stabilization when necessary and appropriate	1	2	3	4	0
Residential treatment is primarily used for short-term lengths of stay to achieve specific treatment goals when necessary and appropriate	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 or is linked to services and activities to identify behavioral health problems at earlier stages and 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
Point of accountability structure for system of care management and oversight	1	2	3	0
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
Structure and/or process for interagency partnerships and agreements	1	2	3	0
Structure and/or process for partnerships with family organization and family leaders	1	2	3	0
Structure and/or process for partnerships with youth organization and youth leaders	1	2	3	0
Defined access/entry points to care	1	2	3	0
Extensive provider network to provide comprehensive array of services and supports	1	2	3	0
Structure and/or process for training, TA, and workforce development	1	2	3	0
Structure and/or process for measuring and monitoring quality, outcomes, and costs (including IT system) and for using data for continuous quality improvement	1	2	3	0

Structure and/or process for strategic communications/social marketing	1	2	3	0
Structure and/or process for strategic planning and identifying and resolving barriers	1	2	3	0

Service Availability

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
Service coordination for youth at lower levels of service intensity	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
Mobile crisis and stabilization services (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
Day treatment	1	2	3	4	0
Substance use treatment	1	2	3	4	0

Therapeutic behavioral aide services	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
Therapeutic mentoring	1	2	3	4	0
Mental health consultation	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
Therapeutic mentoring	1	2	3	4	0
Mental health consultation	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
Therapeutic foster care	1	2	3	4	0
Therapeutic group home care	1	2	3	4	0
Crisis stabilization beds	1	2	3	4	0
Medical detoxification	1	2	3	4	0
Substance use residential treatment	1	2	3	4	0

	1	2	3	4	0
Residential treatment	1	2	3	4	0
Inpatient hospitalization	1	2	3	4	0

Use of Evidence-Based Mental Health Interventions

Which of the following evidence-based mental health interventions is available in your community?

- ☐ Triple P – Positive Parenting Program
- ☐ Parent-Child Interaction Therapy
- ☐ Brief Strategic Family Therapy
- ☐ Multisystemic Therapy
- ☐ Functional Family Therapy
- ☐ Multidimensional Treatment Foster Care
- ☐ Trauma-Focused Cognitive Behavioral Therapy
- ☐ Project ACHIEVE
- ☐ Second Step
- ☐ Promoting Alternative Thinking Strategies (PATHS)
- ☐ Incredible Years
- ☐ Problem-Solving Skills Training
- ☐ First Steps to Success
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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

Where which community do you live in?

☐   Kane County

☐   Kankakee County

☐   Chicago (Primo Center)

☐   Franklin, Jackson, Perry, and Williamson Counties

☐   Macon County

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
Do children's services make use of their family's strengths?	1	2	3	4	0

	Not At All	Slightly	Moderately	Widely	Don't Know
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