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SCHOOL OF SOCIAL WORK

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

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1. Background and Overview

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

The Illinois Children's Healthcare Foundation (ILCHF) awarded 4-year grants to five Illinois communities to develop partnerships and strategies to build children's mental health systems of care (SOC). ILCHF defines systems of care using the definition developed by Stroul, Blau, and Friedman (2010): "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."[1] Children and youth with or at risk of mental health disorders and their families need supports and services from many different child- and family-serving agencies. Often, these services are provided in a fragmented fashion. By creating partnerships and integration among agencies and organizations, systems of care are able to coordinate services and supports to meet the ever-changing needs of children and families, which leads to improved outcomes.[2]

During the grant period, each of the five communities is expected to build the local infrastructure necessary to implement their CMHI 3.0 plan. This includes the development of a formal strategic plan, organizational structure, financial model, and plan for sustainability. The plan must include an analysis of the community's strengths (assets) and weaknesses (gaps in services), as well as an analysis of the current system of care in the community. Sites are also expected to build or enhance an effective and sustainable children's mental health system of care.[3] Although ILCHF expects that these plans will be unique to each community, the implementation plans must be consistent with the Child and Adolescent Service System Principles (CASSP) outlined by Stroul, Blau, and Friedman (2010):[4]

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

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

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

[3] ILCHF (2019), ibid.

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

The goals of the CMHI 3.0 are to impact the following outcomes related to effective service systems and child and family well-being:

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

1.2 Background and Purpose of the Stakeholder Survey

ILCHF has partnered with the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign to design and conduct a comprehensive evaluation of the CMHI 3.0.[5] The proposed evaluation has several components, some of which are adapted from those utilized in the national evaluation of the Children's Mental Health Initiative (CMHI).[6] The components of the CMHI 3.0 evaluation include:

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

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

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

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

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

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

Items in the Stakeholder Survey measure six of the 11 CMHI 3.0 outcome goals,[8] including:

1. Early identification of children and youth for whom there is concern about possible mental health disorders.

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

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

2. Increased capacity in the service system to provide families with evidence-based clinical interventions.
3. Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.
4. Effective local use of outcomes measurement data to inform operations and changes in the system, including sharing data between service provider systems.
5. Increased service integration among service providers in the community.
6. Development of a well-prepared mental health workforce.

In addition to the provider version of the Stakeholder Survey, the CFRC created a version of the survey that is administered to parents involved in the SOC implementation efforts. The Parent-Stakeholder Survey contains 25 items related to the fidelity of system of care services (the extent to which parents perceive that services are individualized, family-driven, youth-guided, coordinated, culturally and linguistically competent, based on evidence-informed and promising practices, least restrictive, and comprehensive), two items related to parent and youth involvement in implementation activities, 24 items related to specific service availability, six items related to service coordination with other child-serving systems, and an overall assessment of the level of implementation of systems of care in their community.

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; only two of the five sites had parent stakeholders who were invited to take the survey. Parent stakeholders were compensated $25 for completing the survey; no other survey participants received compensation.

Recruitment emails that contained a description of the study and a link to the online survey were sent to the participants in May 2021. Prior to 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 May and June. The total numbers of individuals invited to take the survey in each site are shown in Table 2.1, as well as the number who responded to the invitation and took at least the first page of the survey,[9] and the resulting response rate. Site response rates ranged from 22% to 100%.

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

Table 2.1 Stakeholder Survey Response Rates

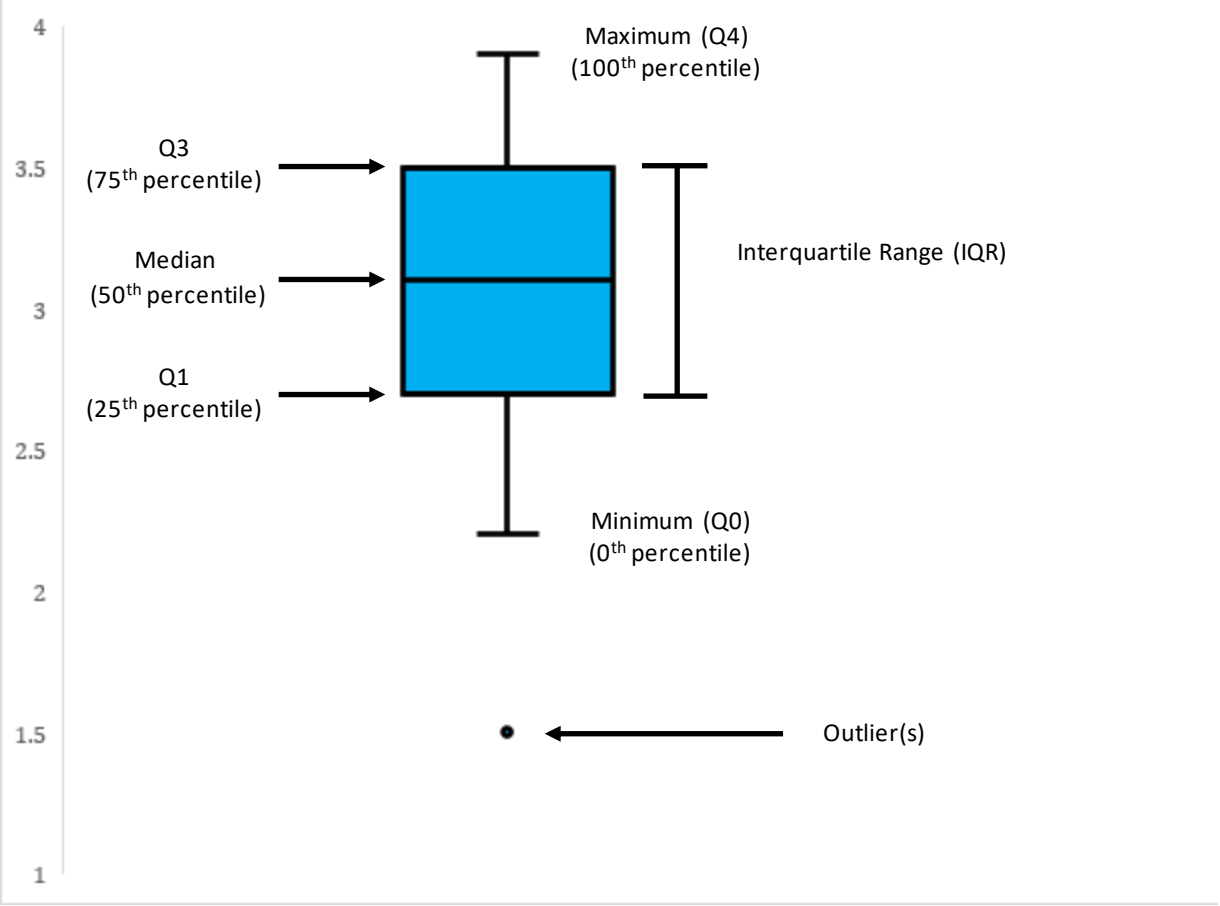
	Provider			Parent			Total		
	Invited	Response	Rate	Invited	Response	Rate	Invited	Response	Rate
Bridgeway	45	19	42%	0	0	-	45	19	**42%**
Chestnut	14	6	43%	5	2	40%	19	8	**42%**
UnityPoint	17	17	100%	0	0	-	17	17	**100%**
Rosecrance	45	10	22%	0	0	-	45	10	**22%**
Rush	41	23	56%	8	7	88%	49	30	**61%**
Total	162	75	46%	13	9	69%	175	84	**48%**

Although this is the first administration of the Stakeholder Survey for the CMHI 3.0 sites, *the ultimate purpose of the survey will be to assess change over time within each site rather than to compare scores among the five sites*. Each of the CMHI 3.0 sites is located in a unique community, serving a unique population, and with unique resources. The following sections therefore present the results of the survey separately for each site. For each site, there are four sections of results related to 1) System of Care Implementation Processes, 2) System of Care Service Outcomes, 3) System of Care Infrastructure Outcomes, and 4) Parent Survey Results if available).

This report uses graphics to convey results in a glance. Most often these are bar charts that most people are familiar with, but we also include a box-and-whisker plot in the results for each site. In order to understand how to interpret them, Figure 2.1 shows an example of a box-and-whisker plot with labels for its various parts. The blue box shows where the middle half of the scores occur (between the 25^{th} and 75^{th} percentile). The line inside the blue box is the middle score or median. The lines above and below the blue box are the whiskers, which represent the data that are outside of the middle 50 percentile. Extreme or outlier scores that are very high or low are represented as dot points outside of the box-and-whiskers. A box-and-whisker plot therefore shows:

- where the scores cluster,
- whether scores tend to be high, medium, or low,
- whether scores vary a lot (wide boxes and/or whiskers) or only a little (narrow boxes and whiskers)
- whether some people have outlier scores that are extremely different from other scores.

Figure 2.1 Box and Whisker Plot Example



3. Youth Empowerment Services (YES) System of Care – Bridgeway

Nineteen stakeholders completed at least a portion of the baseline survey. The respondents included stakeholders that worked in several different service sectors including social services, services for families experiencing homelessness, primary healthcare, education, juvenile justice, child welfare, and maternal and early childhood services. No parents were invited to take the parent version of the stakeholder survey. The following sections provide detailed descriptions of YES System of Care stakeholder perceptions of the overall implementation of 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 of the baseline results is provided here.

- Survey respondents were asked to provide an overall assessment of the SOC implementation at baseline, and the majority of the stakeholders (8 of 12) felt that it was somewhat implemented.
- Participants also responded to questions about the presence of specific elements that are critical to the implementation of an SOC. Of the 19 stakeholders who answers these questions, 12 felt that a strategic plan was in place with several others perceiving it as partially in place or not in place. Thirteen of the 19 felt that a planning committee to guide implementation and clear channels of communication were fully in place. Regarding buy-in and leadership, 14 of the 18 who responded to the question felt this support was in place. Respondents were less sure about the presence of technical assistance opportunities; six of the 19 stakeholders did not know and seven perceived that this was in place.
- Parent and youth involvement are key elements of SOC implementation, and the stakeholders who responded to this survey perceived this differently. In terms of parent involvement, five stakeholders stated that they didn't know, three indicated it was not in place, seven felt it was partially in place, and four felt it was fully in place. Perceptions of youth involvement were a little bit different with nine people stating that this element is partially in place, five didn't know and three who stated it was in place.
- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. On average, survey respondents perceived that the stakeholders in most child-serving domains were somewhat to widely committed to the SOC philosophy. The lowest levels of perceived commitment were among high-level policy and decision makers and family leaders, while the highest perceived levels of commitment were among the mental health, child welfare, and public health systems.
- Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of

each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these eight principles. Most respondents felt that these values and principles were followed moderately to widely. However, scores for youth-guided and family-driven were lower, meaning that several respondents felt that these values applied slightly or not at all.

- Service availability within the SOC is a key outcome of interest, and stakeholders were asked about the perceived availability of many type of services in their community. Stakeholders perceived that most of the services were either somewhat or widely available in the community. A few services were perceived as less widely available, including day treatment, respite, transportation, residential treatment, and inpatient hospitalization. Many respondents did not know about the availability of respite services, crisis stabilization, and therapeutic monitoring.
- An important outcome for the SOC implementation is the establishment of peer-provided services. Most stakeholders perceived that youth and caregiver peer-provided services were slightly or somewhat available, and some stakeholders did not know about their availability.
- Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. The majority of stakeholders did not know about the availability of these specific interventions in their community.
- In terms of service coordination and integration within the SOC, mean scores indicated that respondents felt that services provided by other systems, including child welfare, juvenile justice, education, health, and substance treatment were somewhat coordinated with mental health services.
- Stakeholders were asked to rate the extent to which the service array in their community identifies behavioral health problems at early stages. Most stakeholders perceived that early identification of mental health concerns was somewhat or widely available; similar results were found for the presence of behavioral health screening.
- One of the goals of the CMHI is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Average scores indicated that stakeholders felt that this capacity is moderately to widely in place.
- Survey respondents were asked to gauge progress toward the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Results show that stakeholders had differing perceptions about this, and many had no knowledge of this infrastructure component.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. Most respondents felt that these were partially or fully in place in 2021.

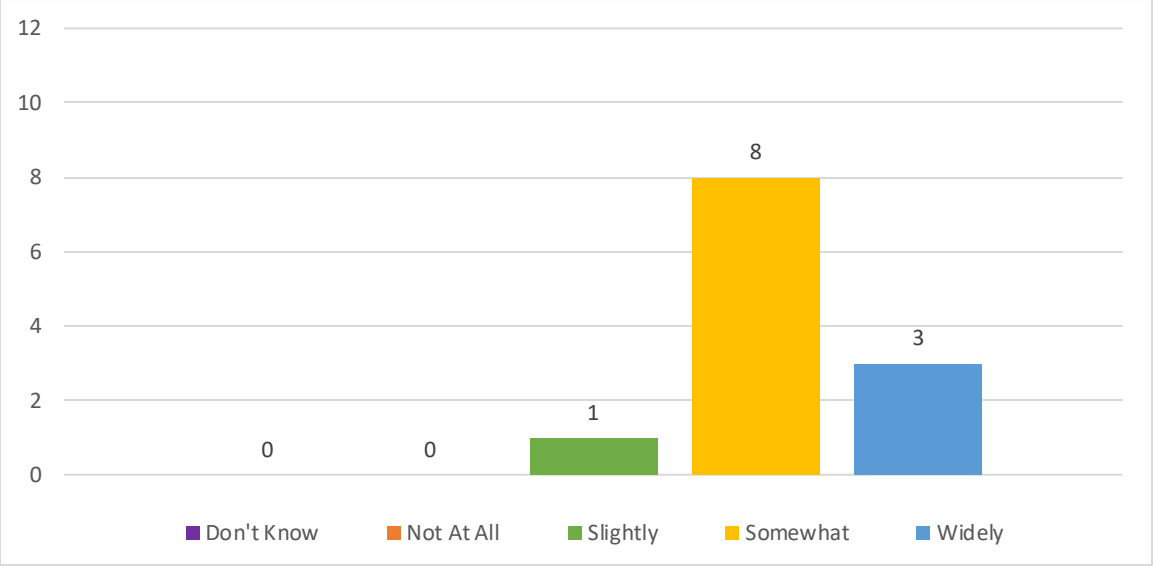
- Using the Georgetown Assessment for SOC implementation, the survey explored elements of infrastructure. Results indicate that all of the infrastructure components were at least somewhat implemented with some rated lower than others; the lowest average scores were defined access or entry point to the SOC, a structure to manage care for high-needs populations, and a structure for strategic communication. More highly rated elements were financing for SOC services and the presence of an extensive provider network.

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 (see Figure 3.1). Of the 12 stakeholders who answered this question, one perceived that SOC was slightly implemented, eight felt it was somewhat implemented, and three felt it was widely implemented in 2021.

Figure 3.1 Overall Assessment of System of Care Implementation (n=12)



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 2021. Of the 19 stakeholders who answered these questions, 12 perceived that a strategic plan was fully in place, 13 perceived that a planning committee was fully in place, 14 felt that buy-in and leadership from multiple child-serving systems was fully in place, and 13 thought that clear and consistent communication was fully in place. Three stakeholders believed that technical assistance opportunities to support SOC implementation were not in place, three felt that they were partially in place, seven felt they were fully in place, and 6 stakeholders did not know.

Figure 3.2 Strategic Plan That Guides System of Care Implementation Activities (n=19)

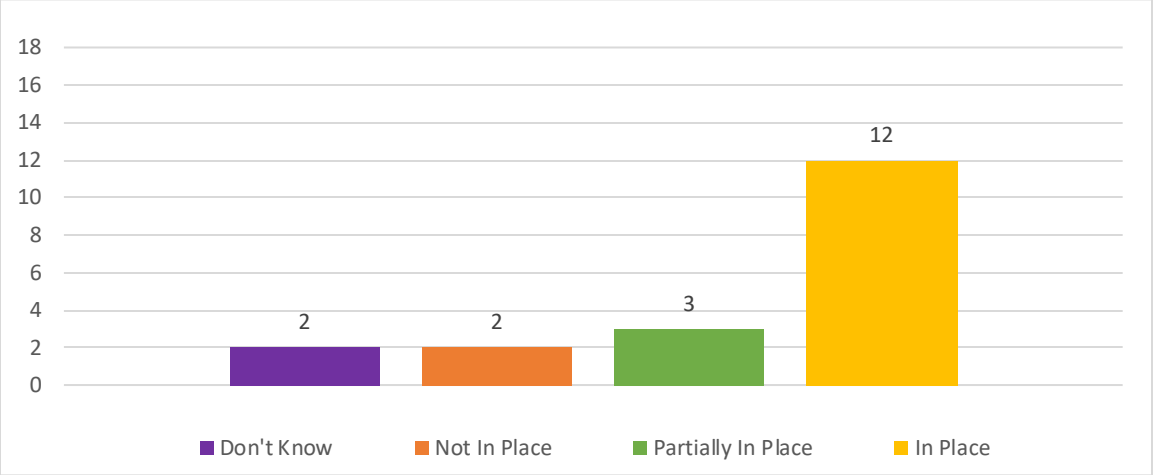


Figure 3.3 Planning Committee That Meets Frequently to Guide Implementation (n=19)

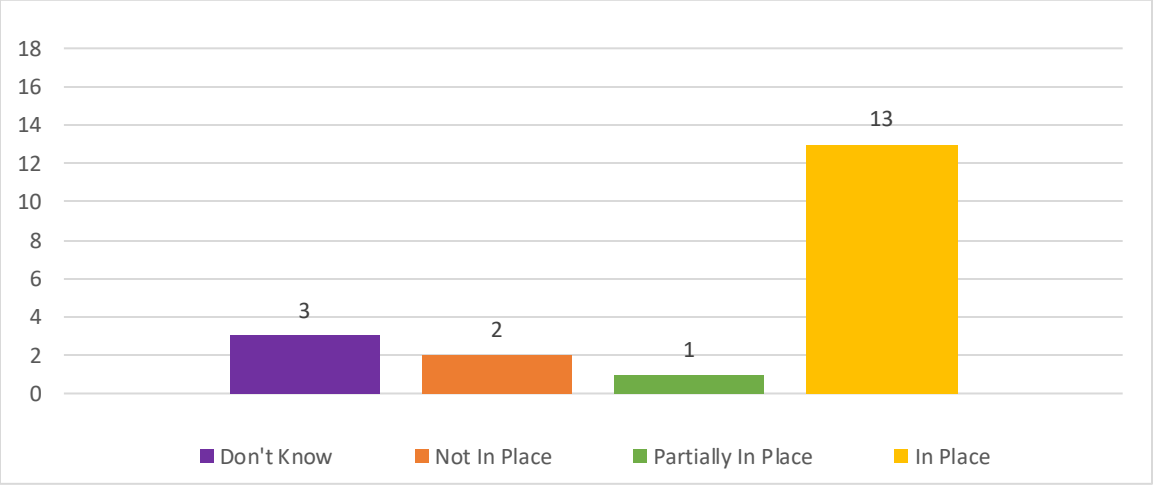


Figure 3.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems (n=18)

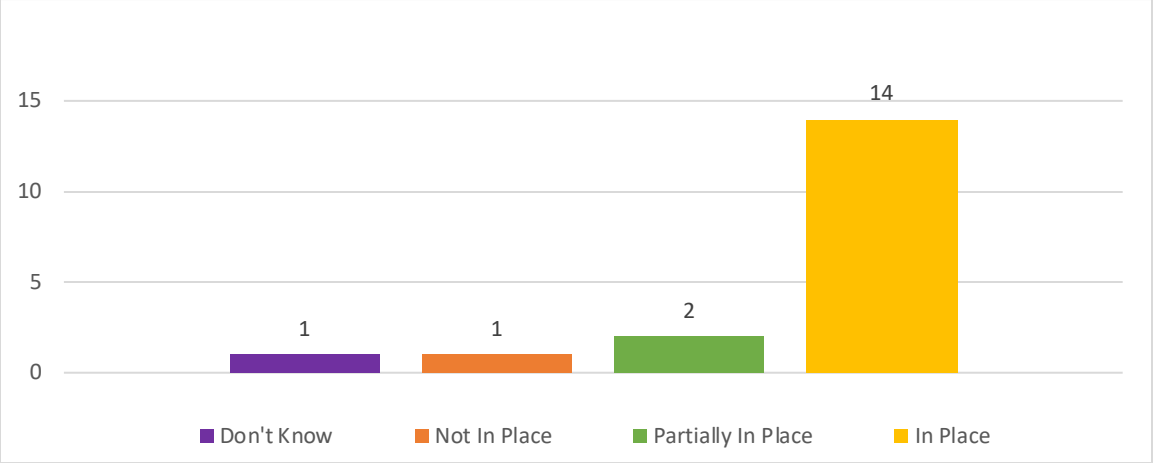


Figure 3.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders (n=19)

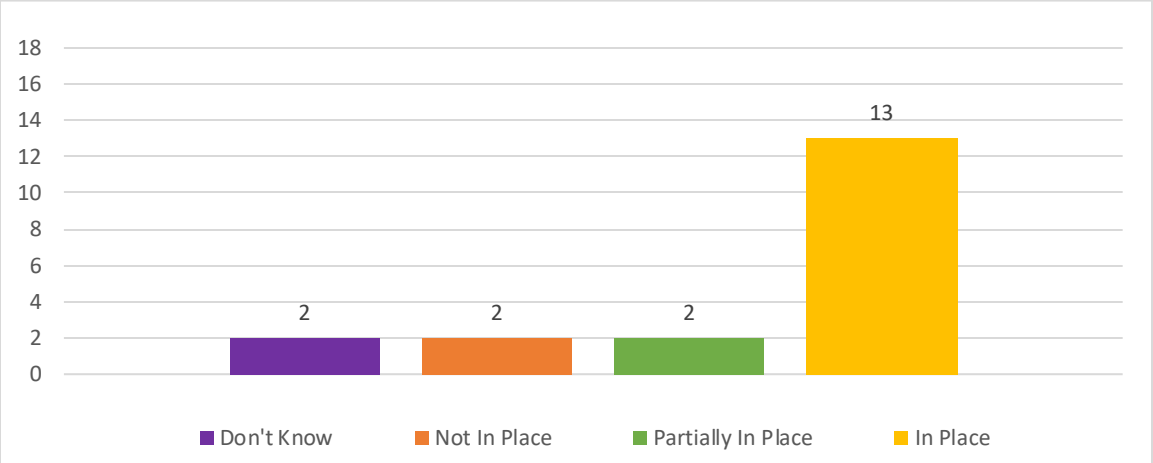
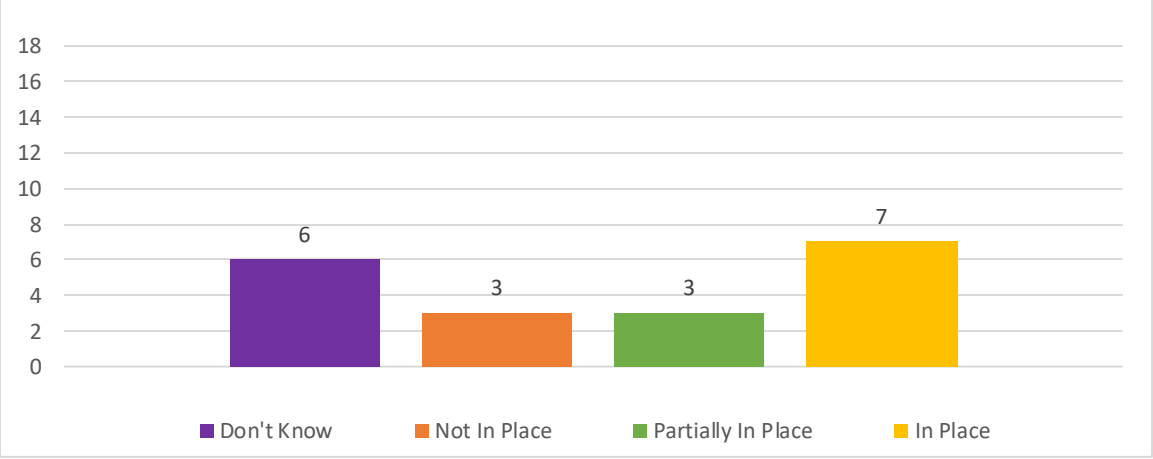


Figure 3.6 Technical Assistance Opportunities to Support Implementation (n=19)



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.

Figure 3.7 Parent Involvement in System of Care Implementation Activities (n=19)

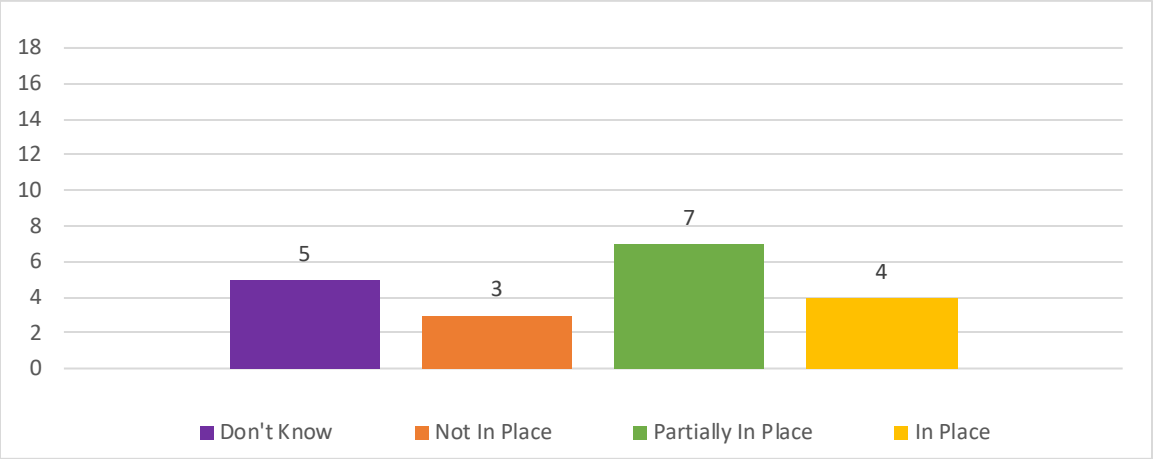
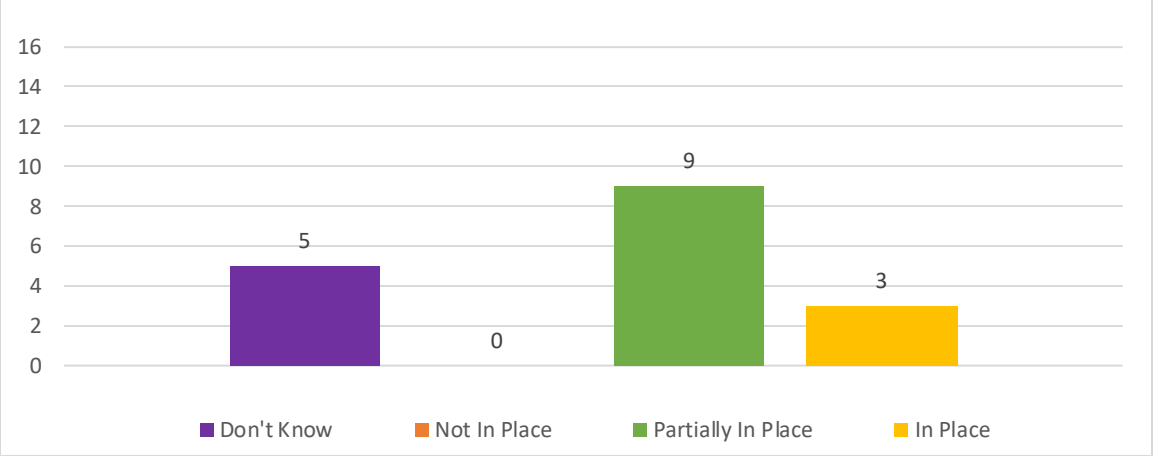


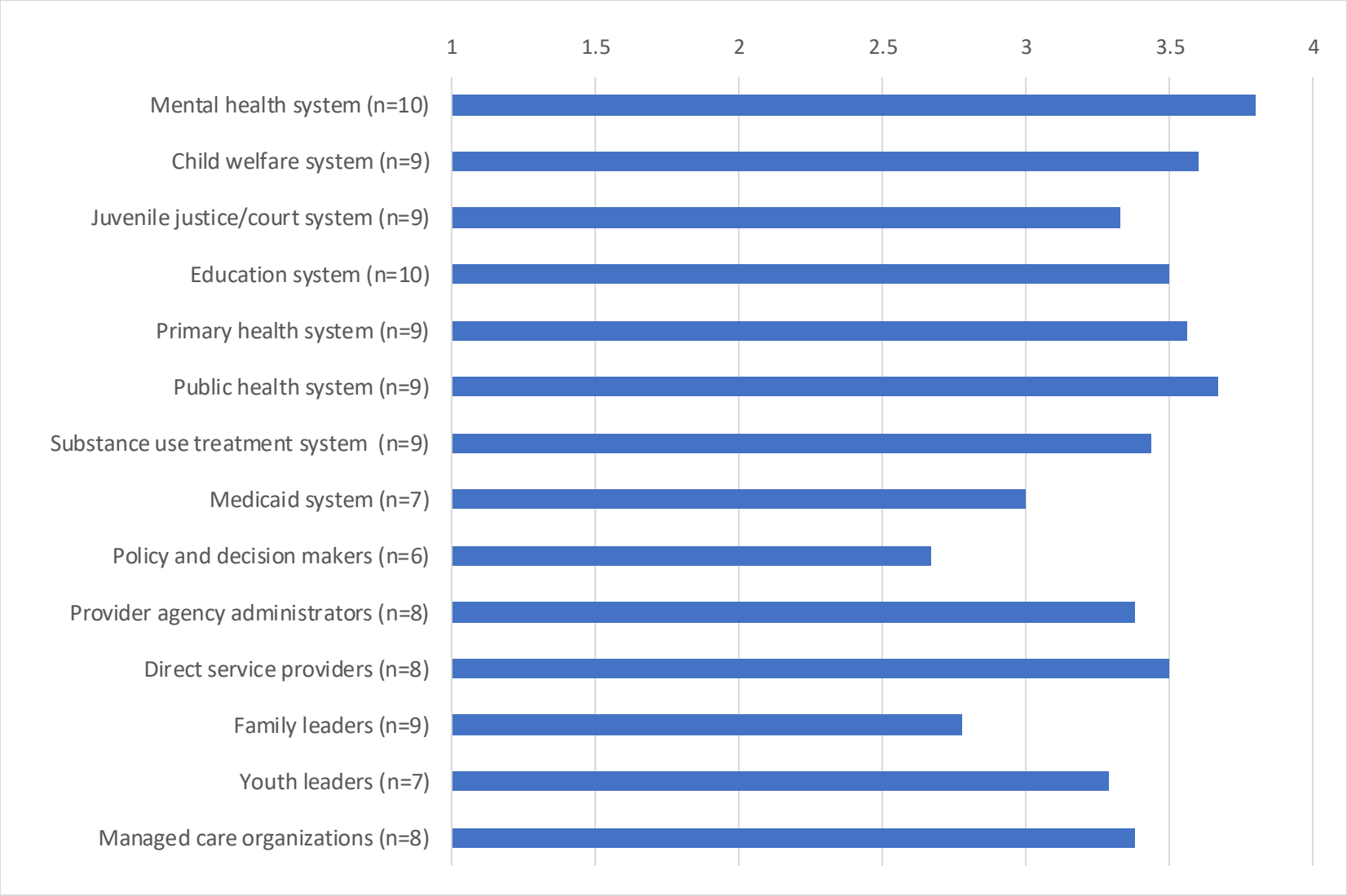
Figure 3.8 Youth Involvement in System of Care Implementation Activities (n=17)



3.1.4 Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 3.9 shows the mean scores for the perceived commitment of each child-serving system in 2021. On average, survey respondents perceived that stakeholders in most child-serving domains were somewhat to widely committed to the SOC philosophy. The lowest levels of perceived commitment were among high-level policy and decision makers and family leaders.

Figure 3.9 Commitment to System of Care Philosophy and Approach



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

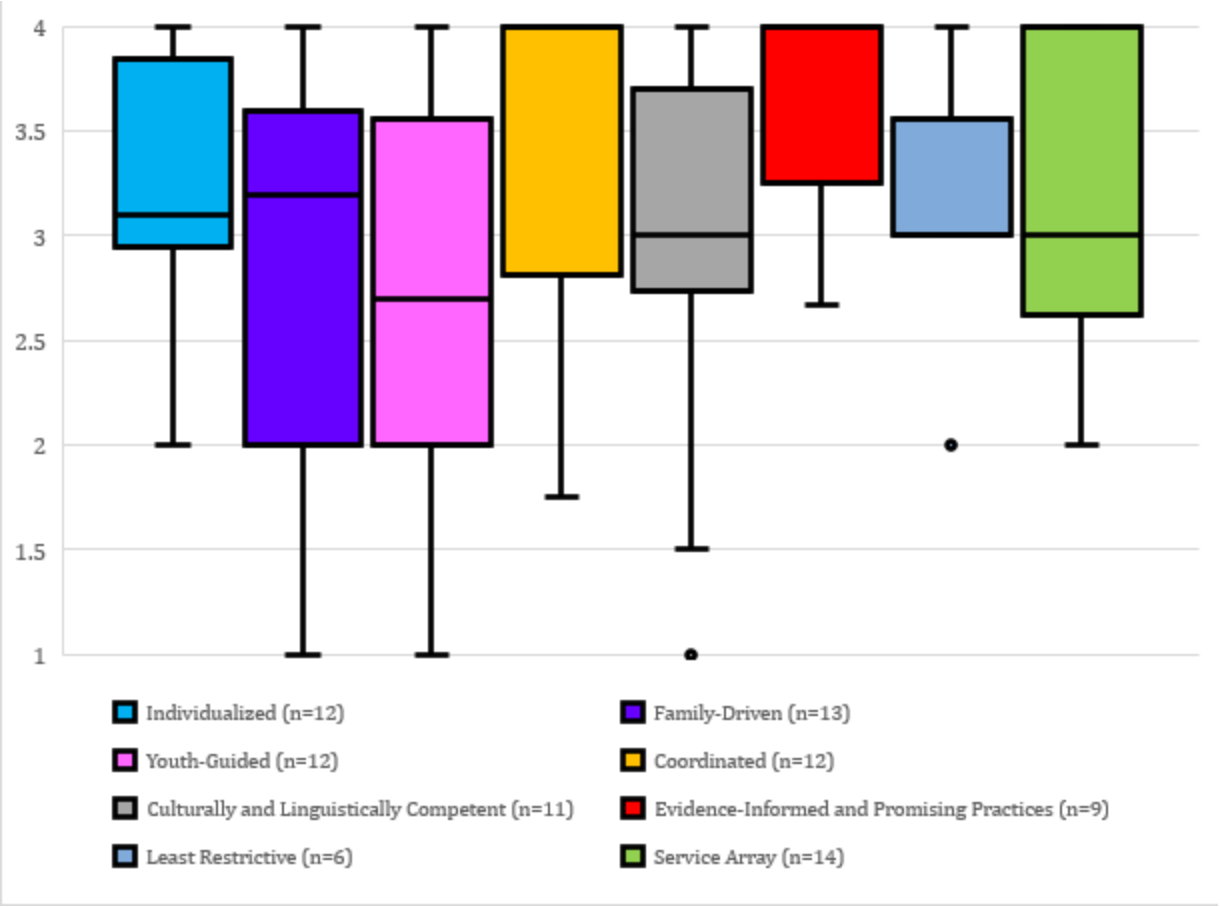
3.2 System of Care Service Outcomes

3.2.1 Service Delivery Guided by System of Care Values and Principles

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

Figure 3.10 shows the distribution of scores for each subscale. The boxes show that most respondents felt that these values and principles were followed moderately to widely. However, scores for youth-guided and family-driven were lower and had more variability, meaning that several respondents felt that these values applied slightly or not at all.

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 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.

Figure 3.11 School-based Prevention Services (n=12)

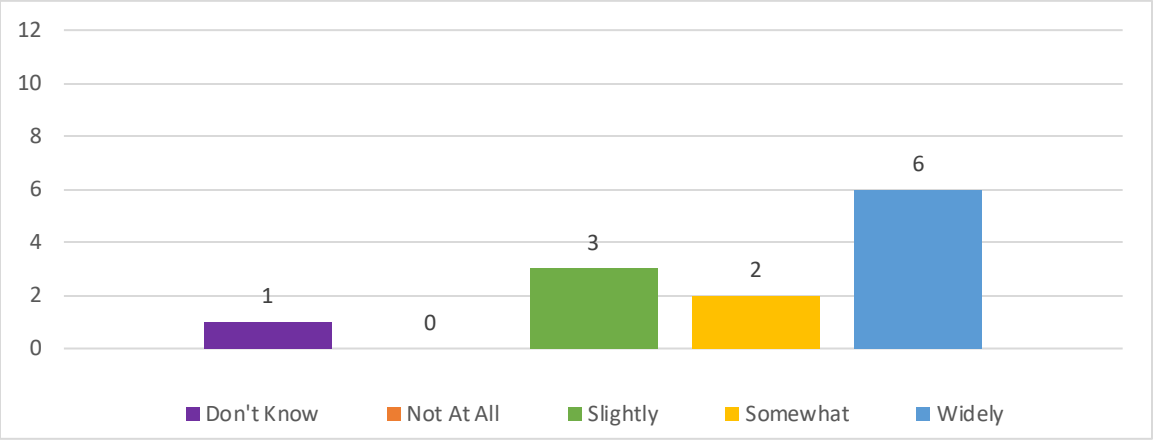


Figure 3.12 Community-based Prevention Services (n=12)

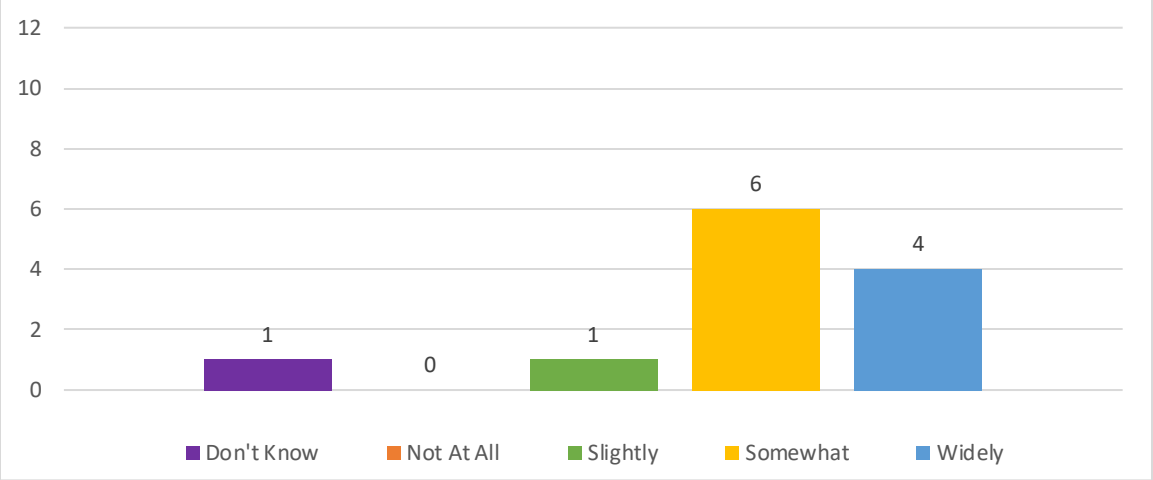


Figure 3.13 Early Intervention Services (n=12)

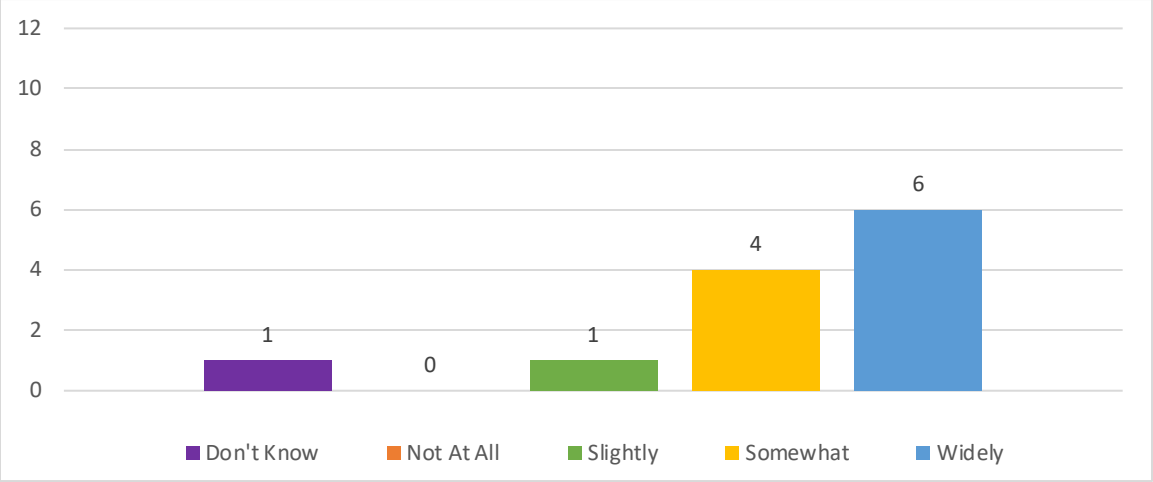


Figure 3.14 Assessment (n=12)

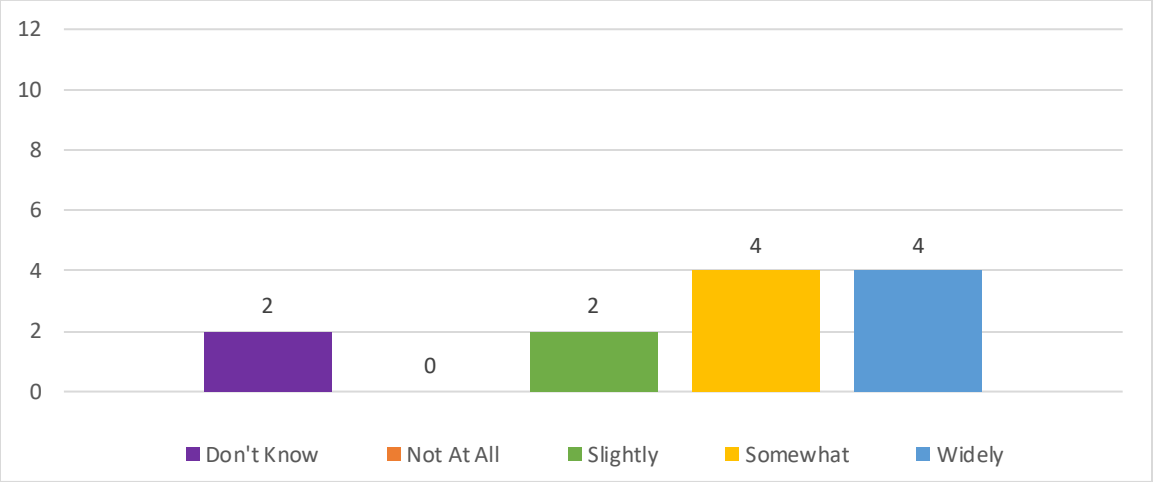


Figure 3.15 Individualized Service Planning (n=12)

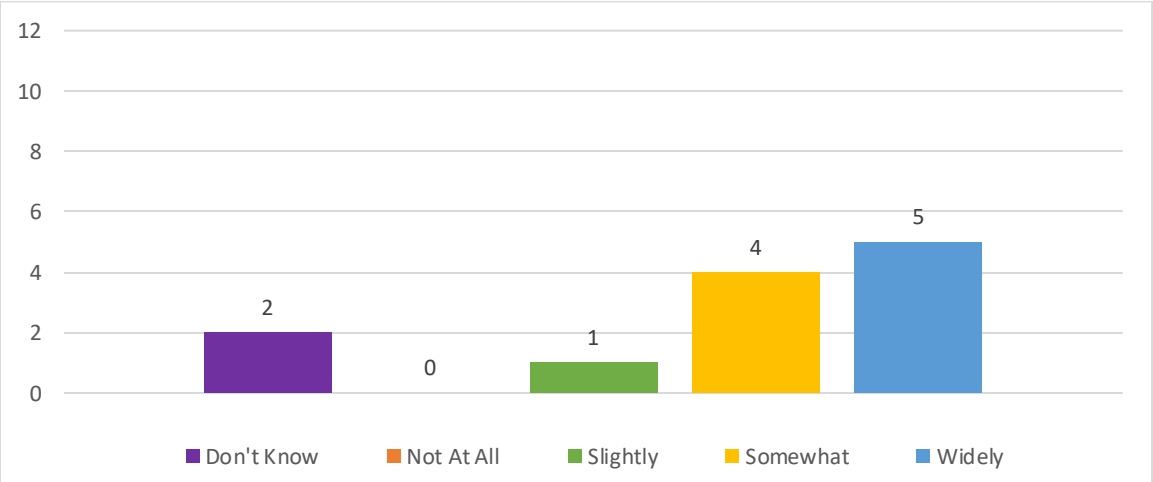


Figure 3.16 Intensive Care Management (n=12)

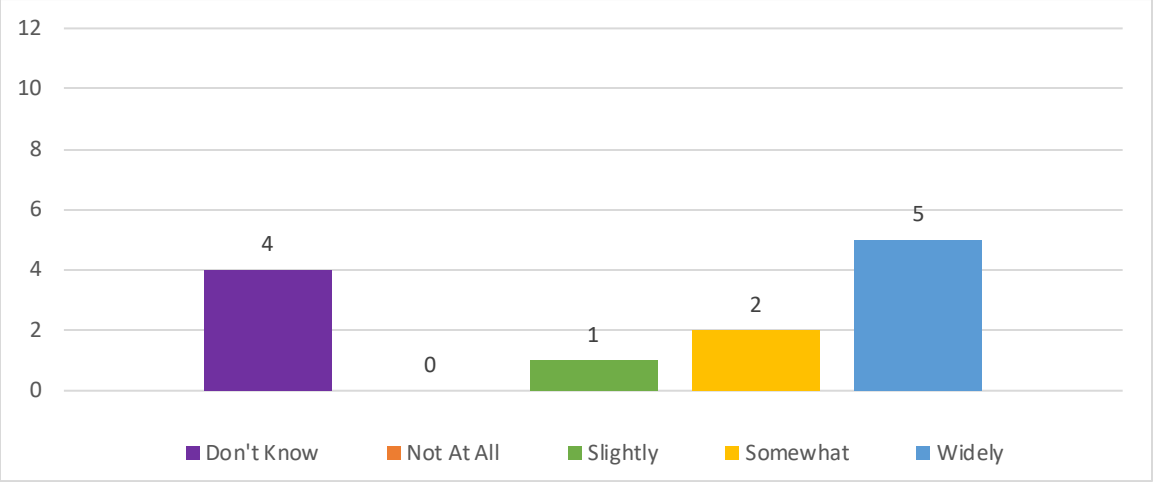


Figure 3.17 Service Coordination for Youth at Lower Levels of Service Intensity (n=12)

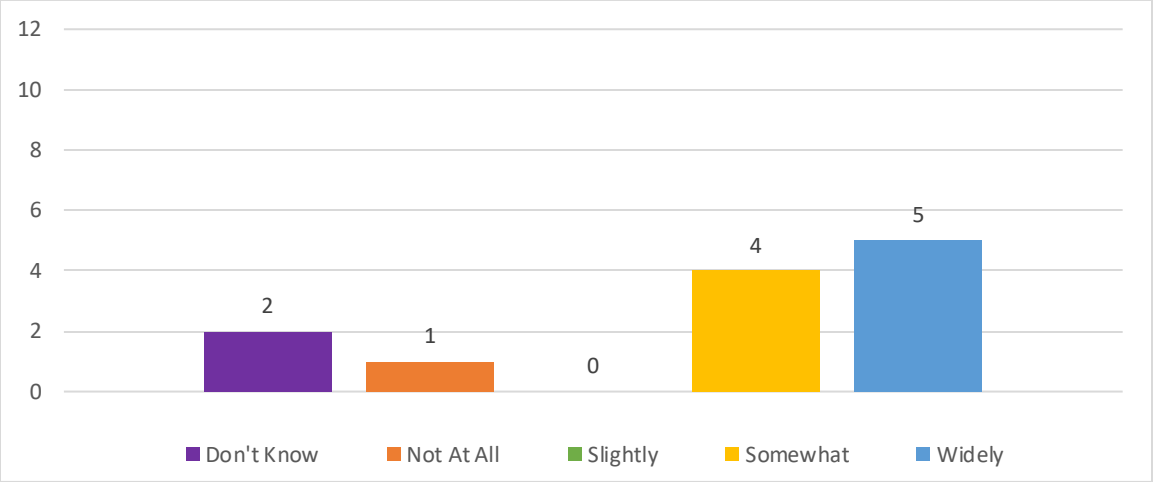


Figure 3.18 Outpatient Therapy (n=11)

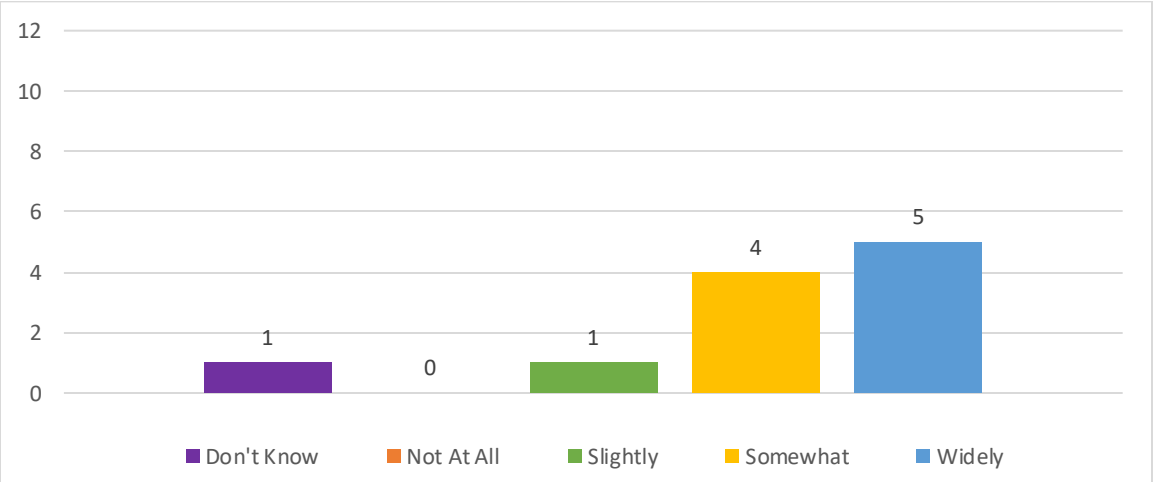


Figure 3.19 Medication Treatment/Management (n=12)

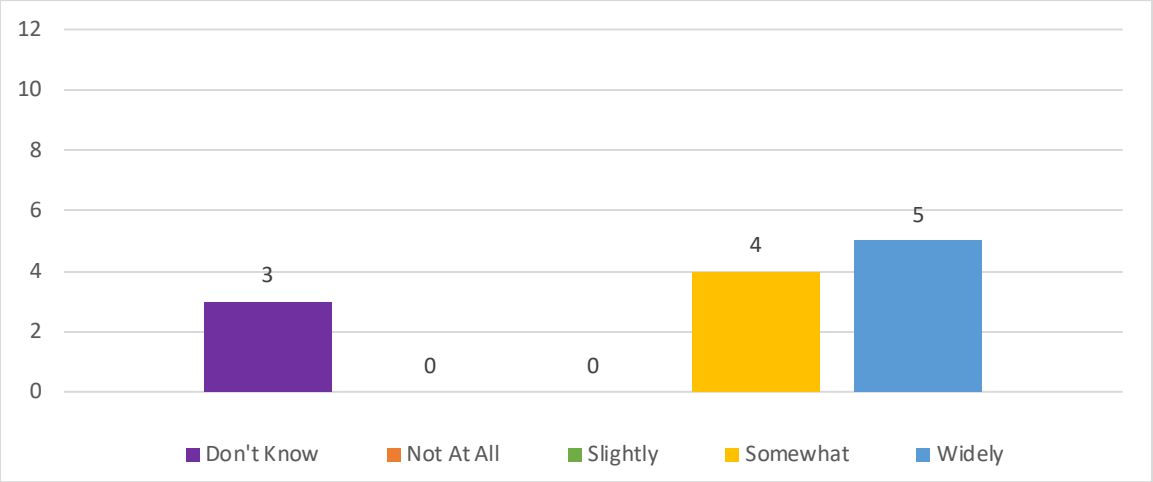


Figure 3.20 Crisis Response Services, Non-Mobile (24 hours, 7 days) (n=12)

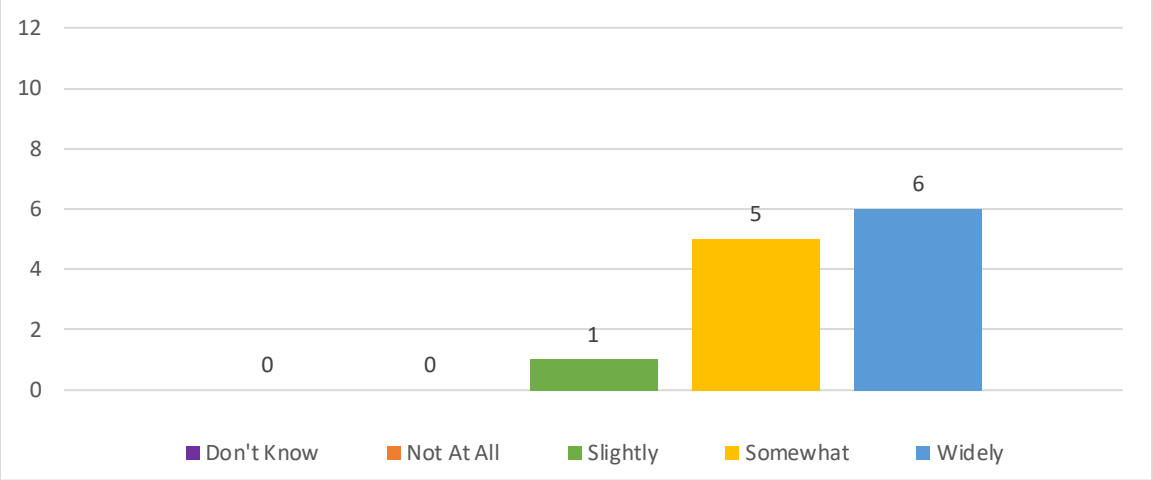


Figure 3.21 Mobile Crisis and Stabilization Services (24 hours, 7 days) (n=12)

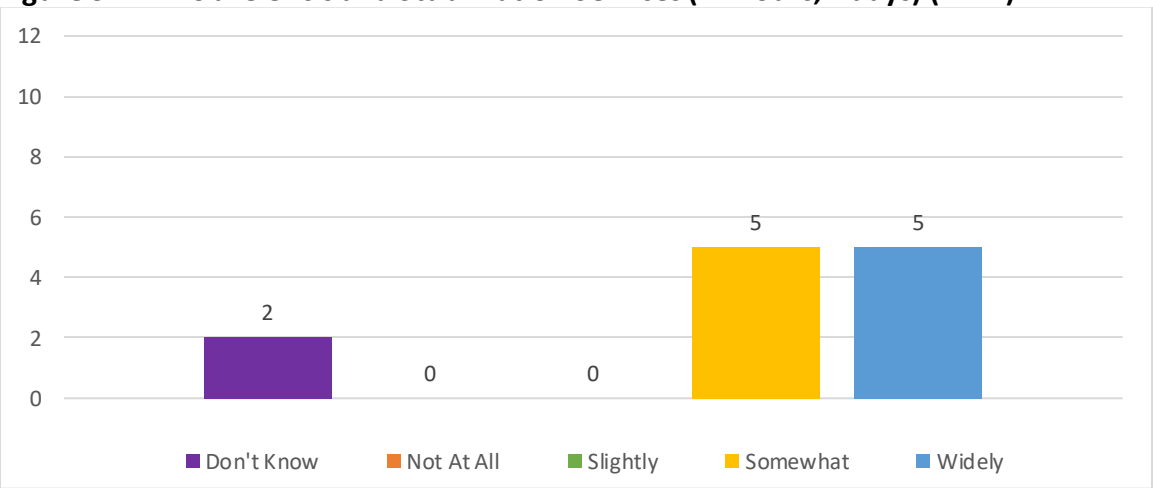


Figure 3.22 Intensive In-Home Services (n=11)

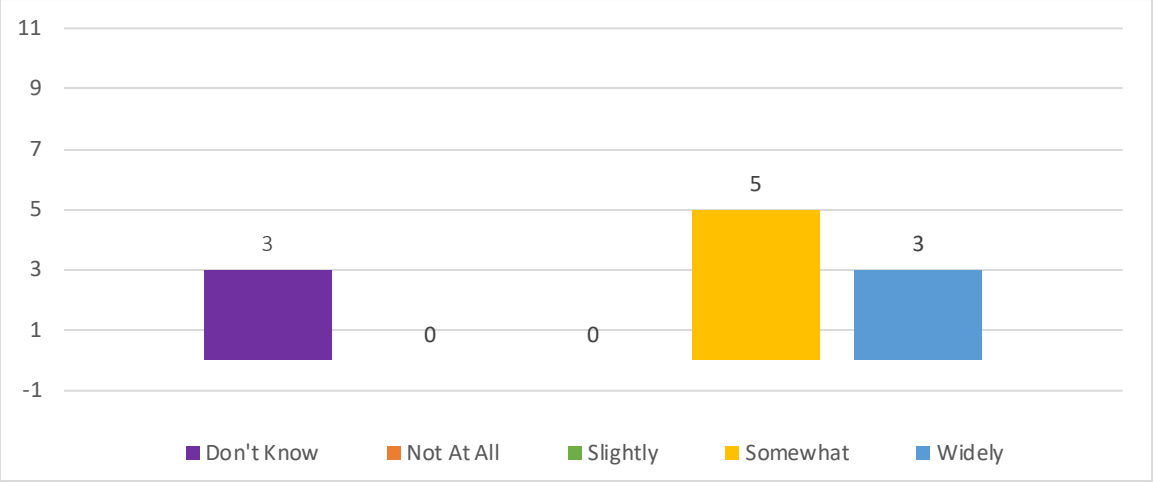


Figure 3.23 School-Based Behavioral Health Services (n=12)

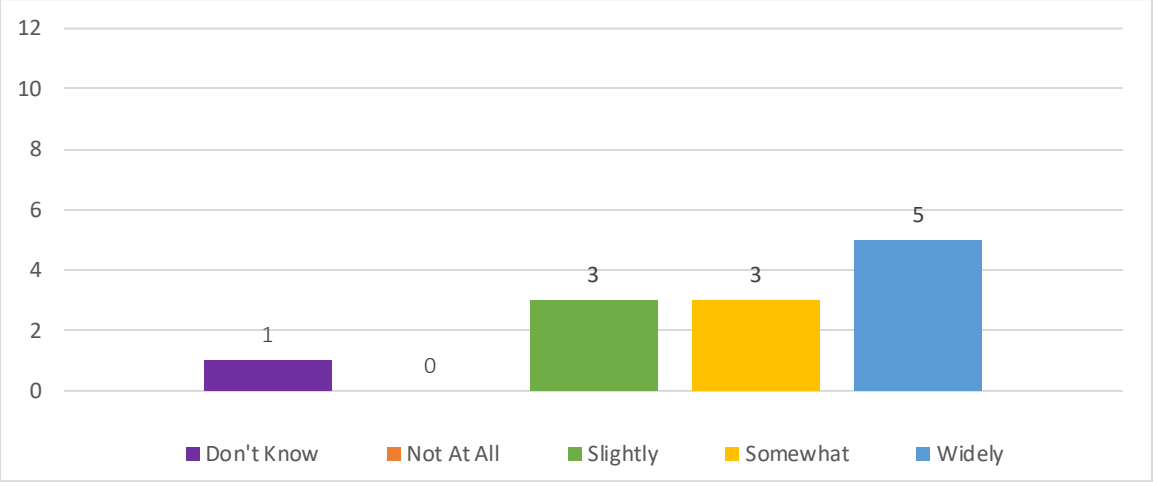


Figure 3.24 Day Treatment (n=12)

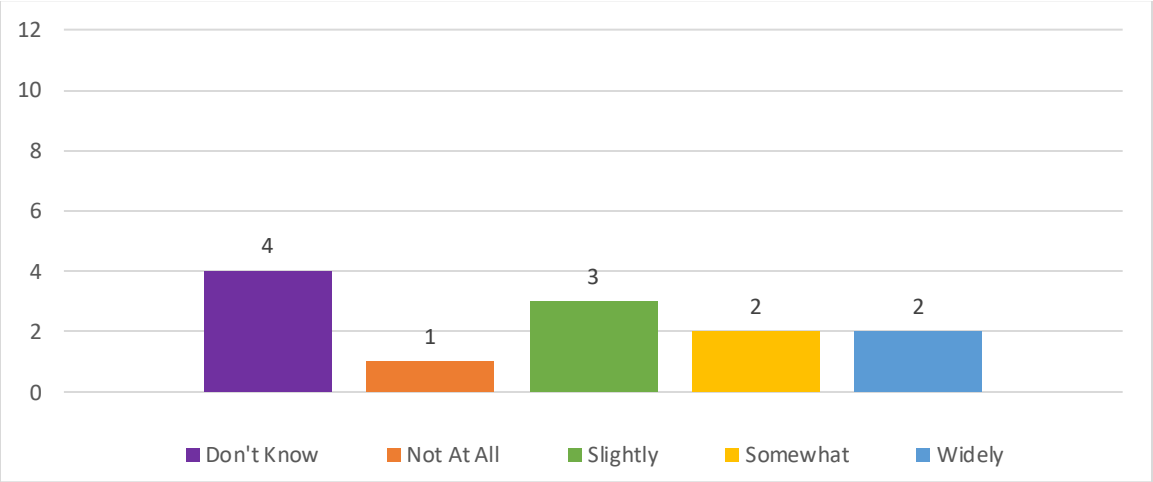


Figure 3.25 Substance Use Treatment (n=12)

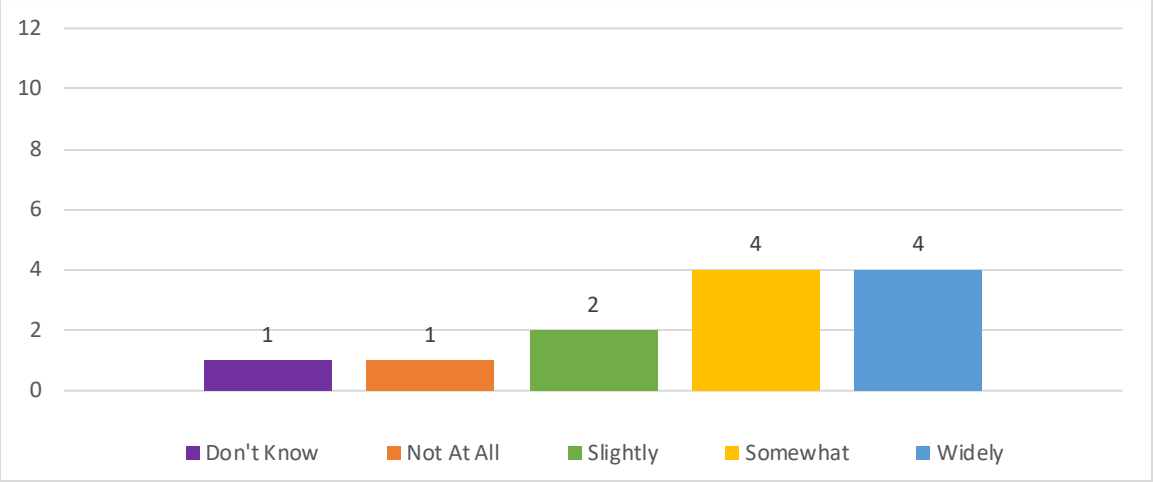


Figure 3.26 Therapeutic Behavioral Aide Services (n=12)

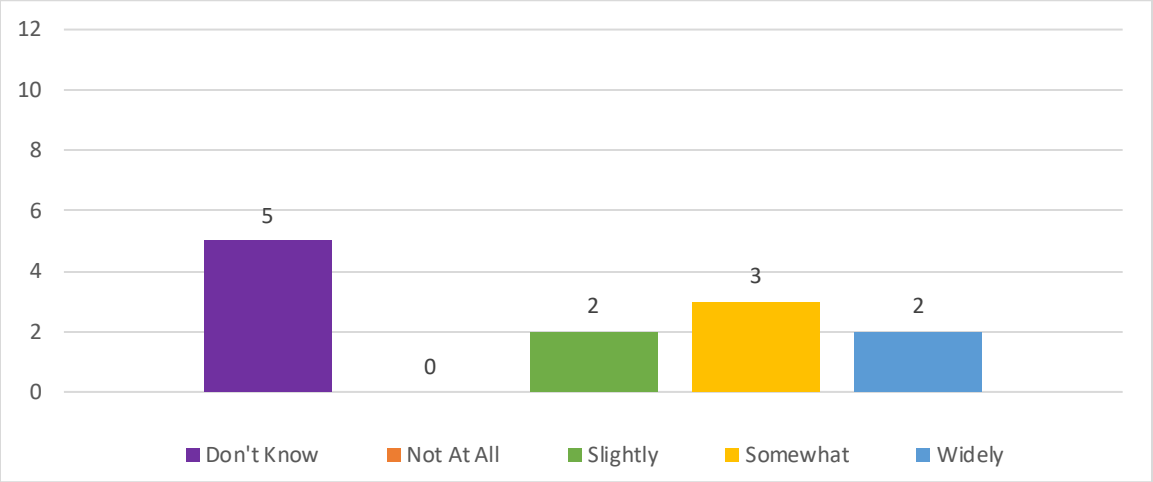


Figure 3.27 Behavior Management Skills Training (n=12)

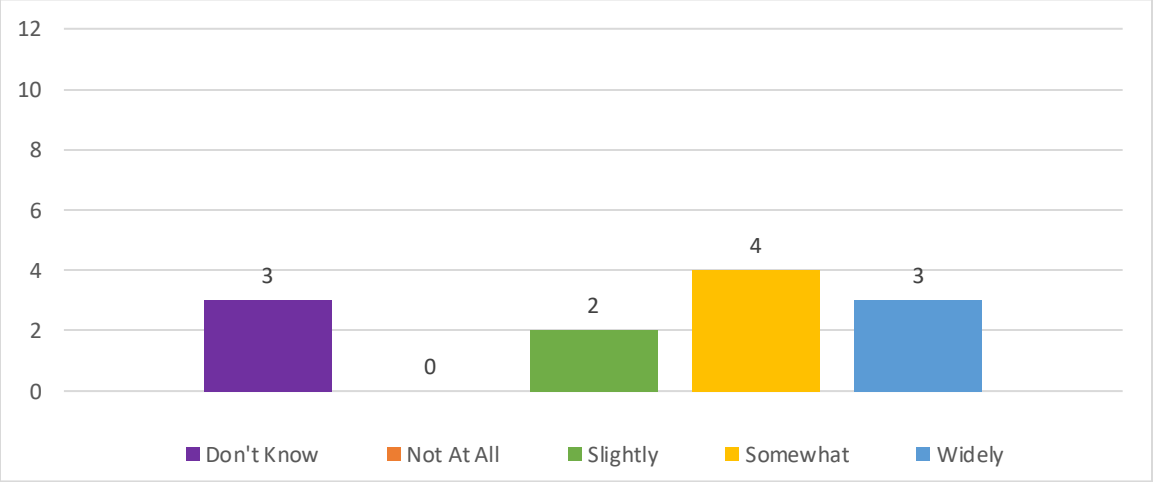


Figure 3.28 Tele-Behavioral Health Services (n=12)

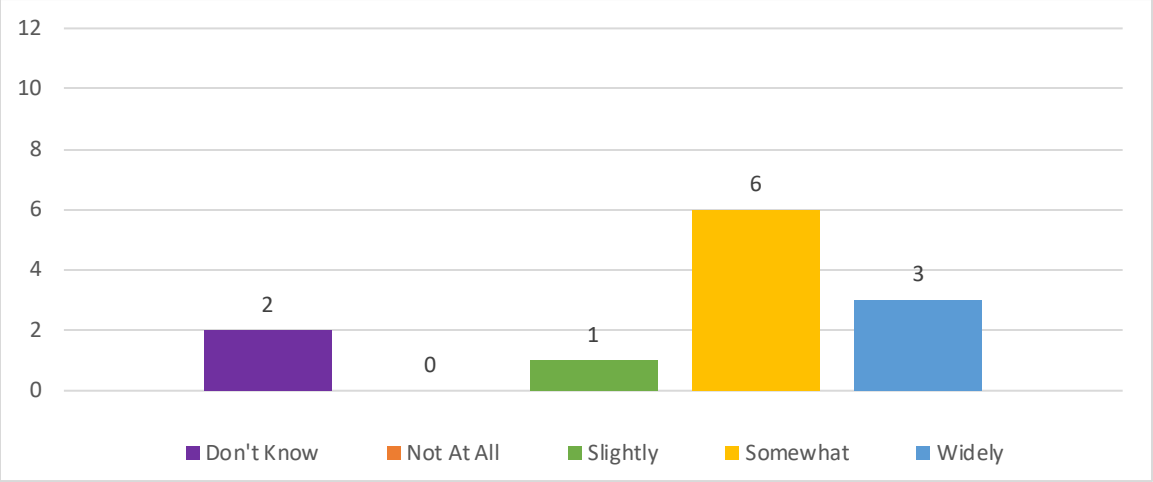


Figure 3.29 Youth and Family Education (n=12)

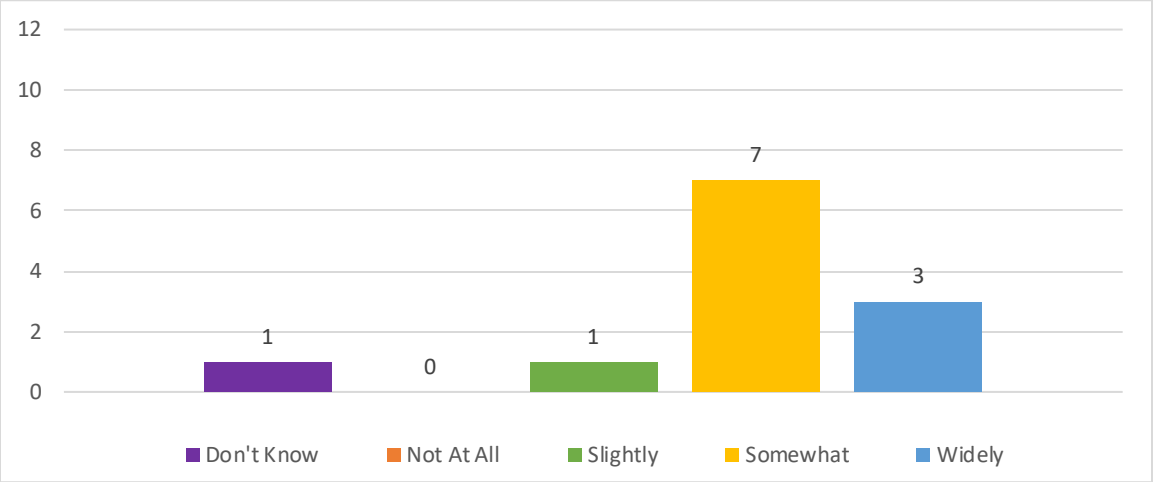


Figure 3.30 Respite Services (n=12)

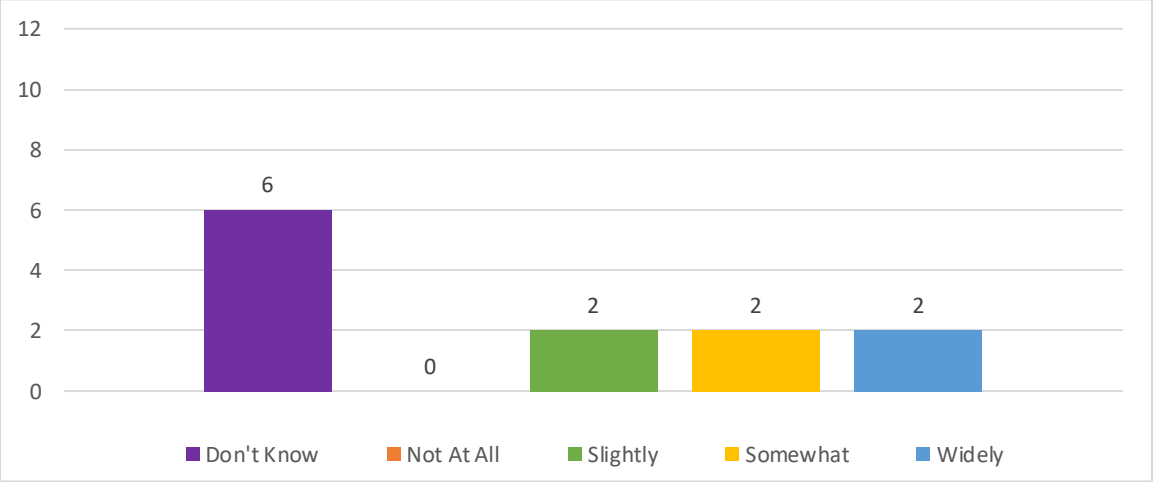


Figure 3.31 Therapeutic Mentoring (n=12)

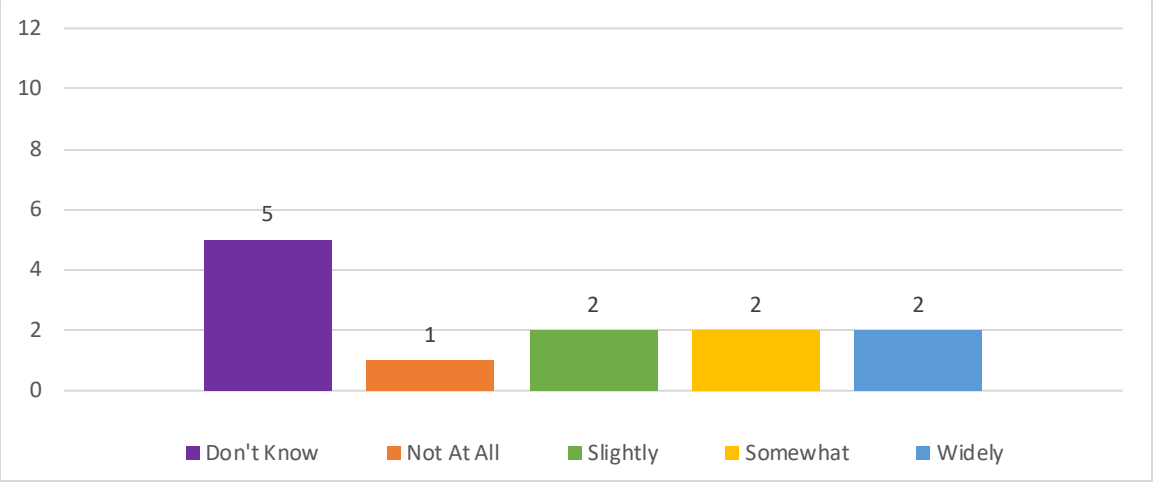


Figure 3.32 Mental Health Consultation (n=12)

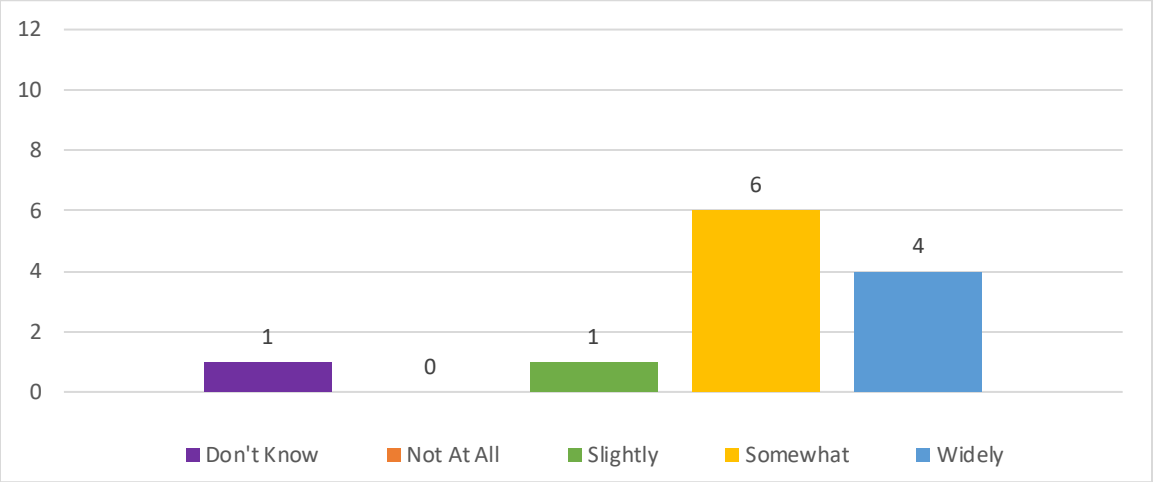


Figure 3.33 Supported Education and Employment (n=12)

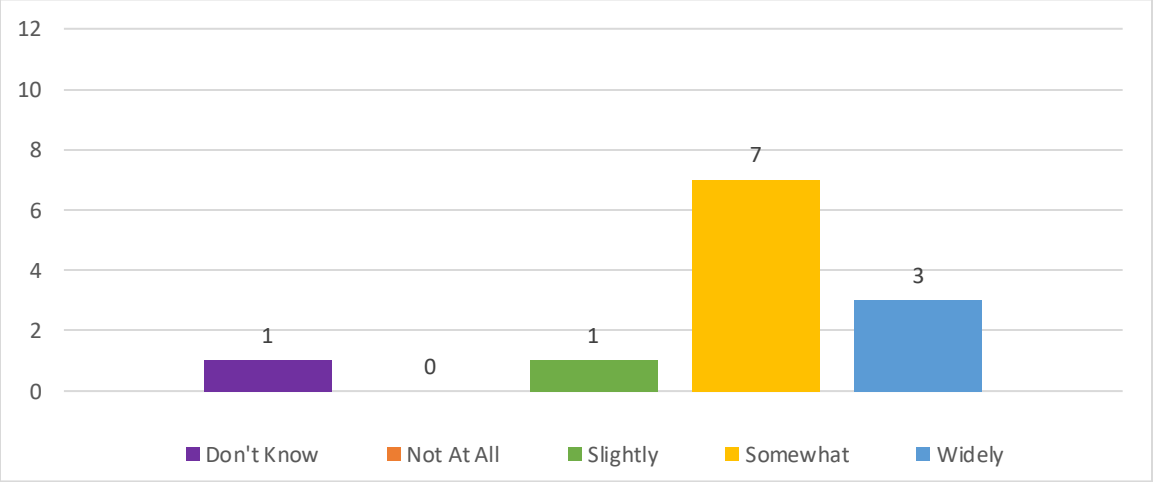


Figure 3.34 Supported Independent Living (n=12)

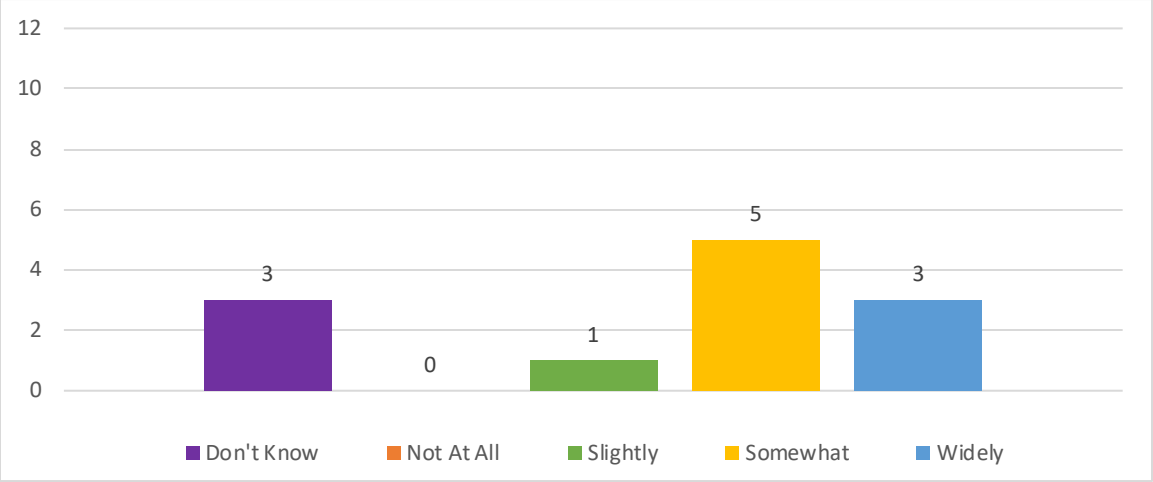
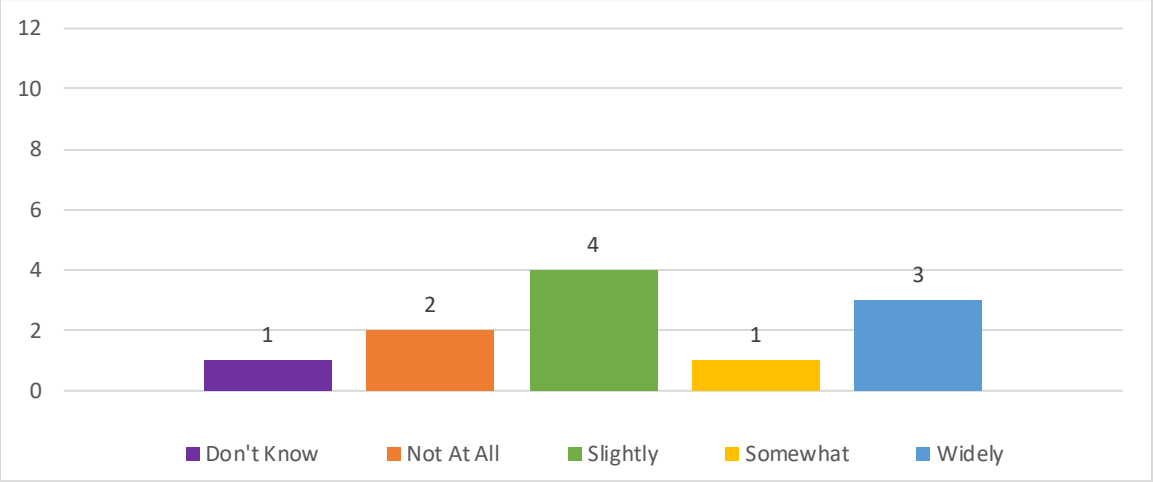


Figure 3.35 Transportation (n=11)



3.2.3 Out-of-Home Treatment Services

Many of the out-of-home treatment services were perceived as less available, and several respondents did not know about the availability of these services in their community.

Figure 3.36 Therapeutic Foster Care (n=12)

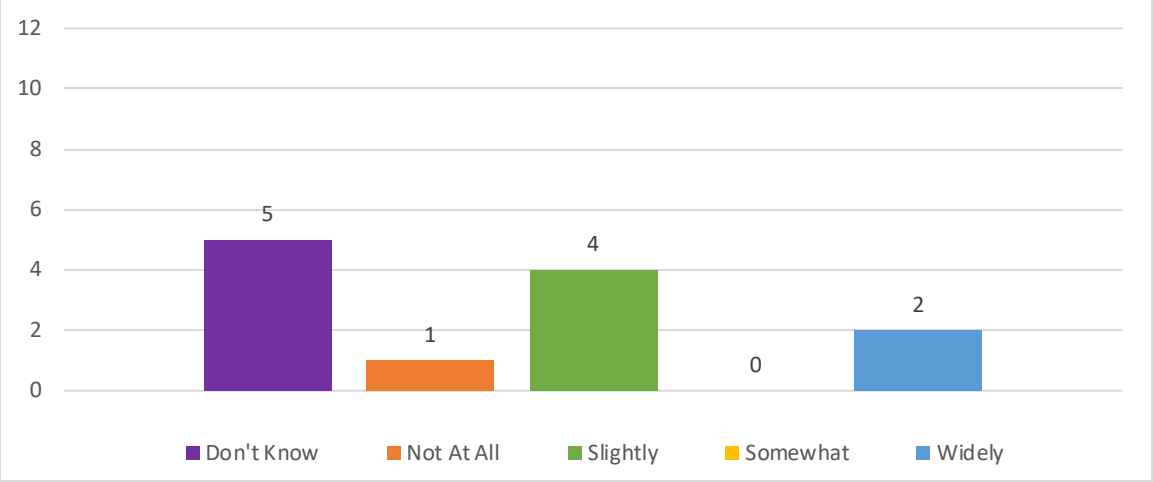


Figure 3.37 Therapeutic Group Home Care (n=12)

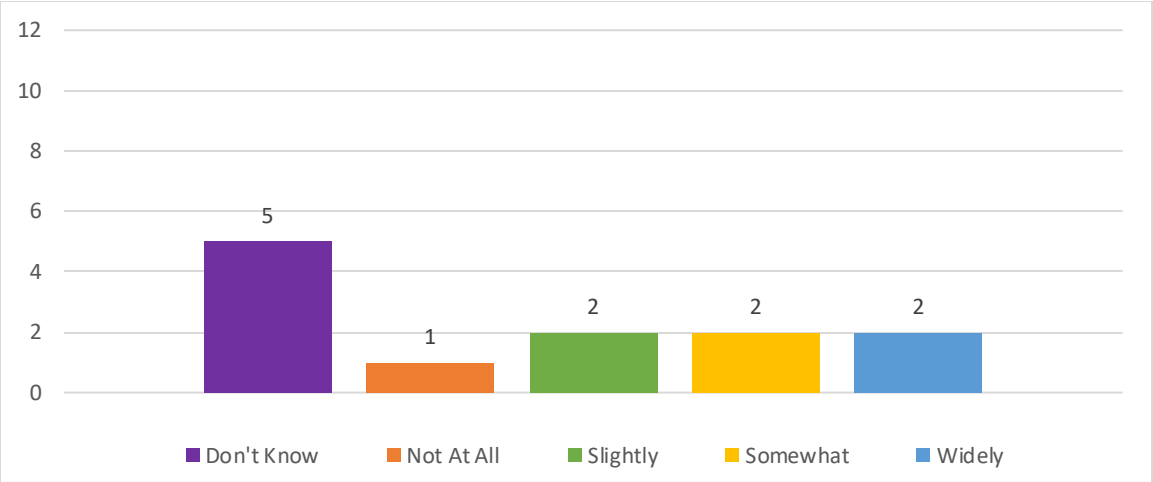


Figure 3.38 Crisis Stabilization Beds (n=12)

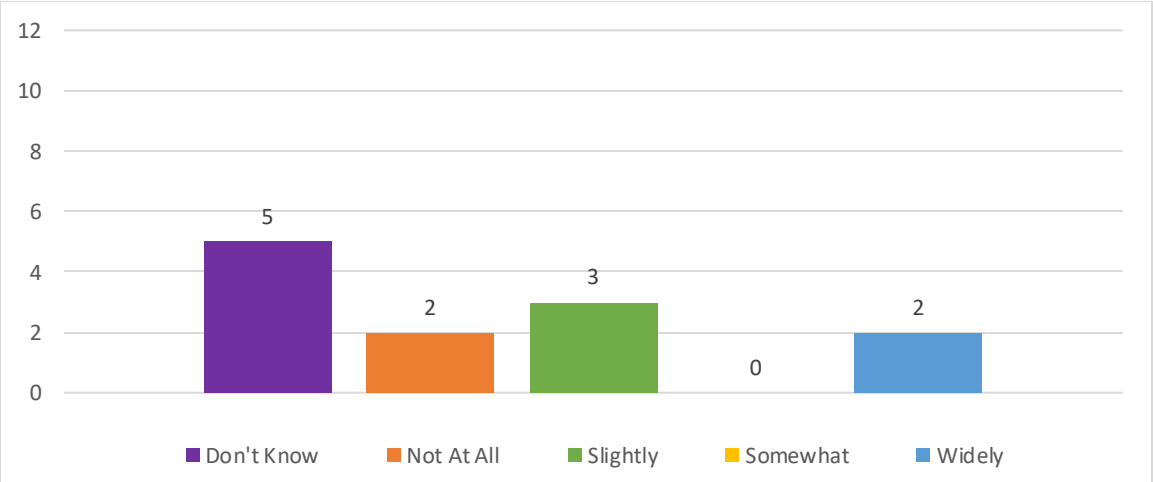


Figure 3.39 Medical Detoxification (n=12)

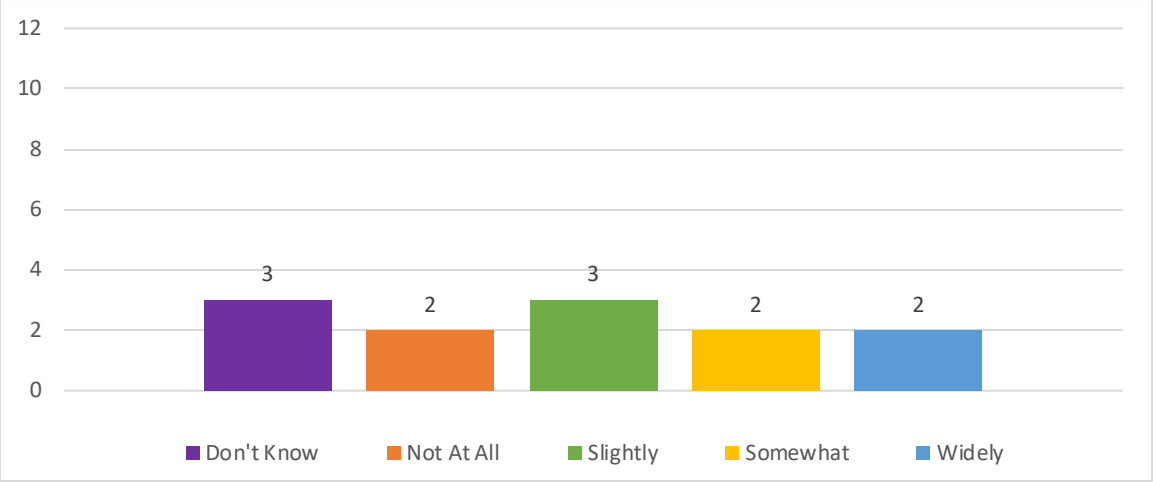


Figure 3.40 Substance Use Residential Treatment (n=12)

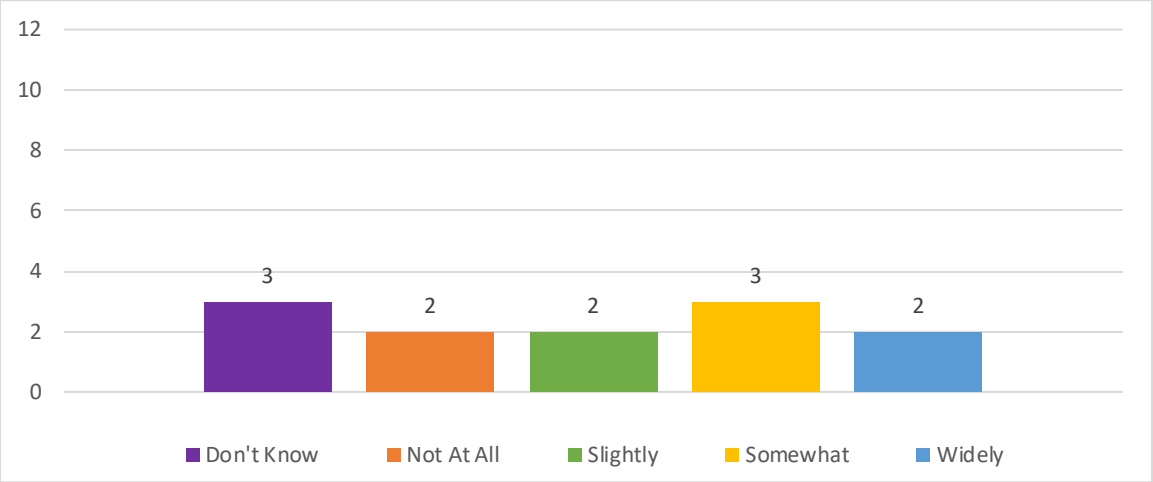


Figure 3.41 Residential Treatment (n=12)

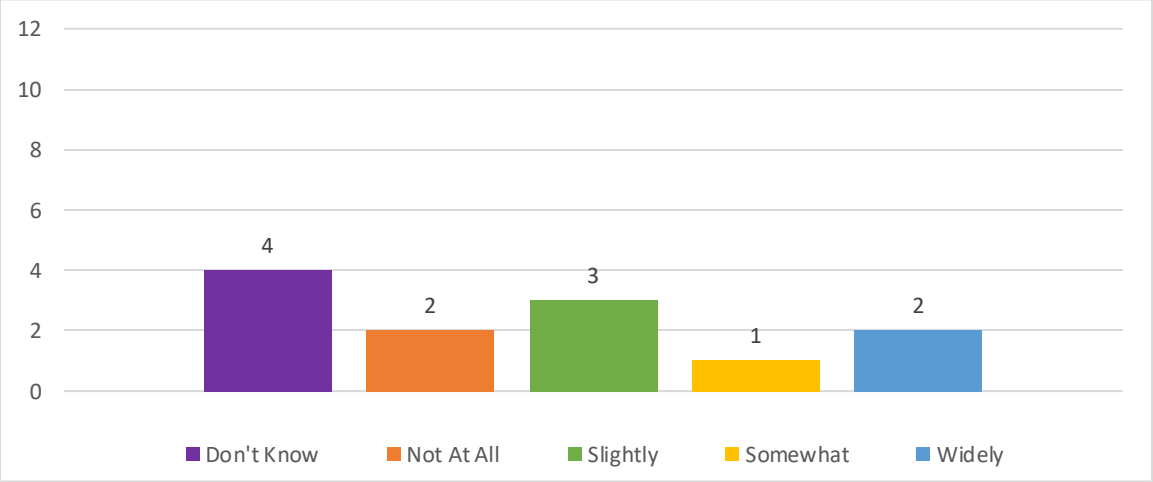
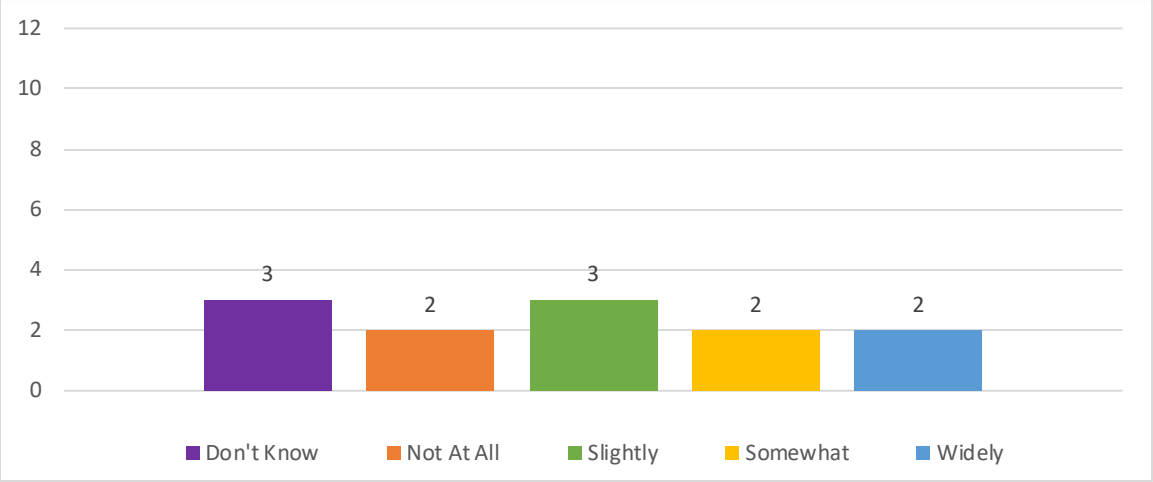


Figure 3.42 Inpatient Hospitalization (n=12)



3.2.4 Peer-Provided Services (ILCHF Outcome)

Most stakeholders perceived that youth and caregiver peer-provided services were slightly or somewhat available, and some stakeholders did not know about their availability.

Figure 3.43 Youth Peer-Provided Services (n=12)

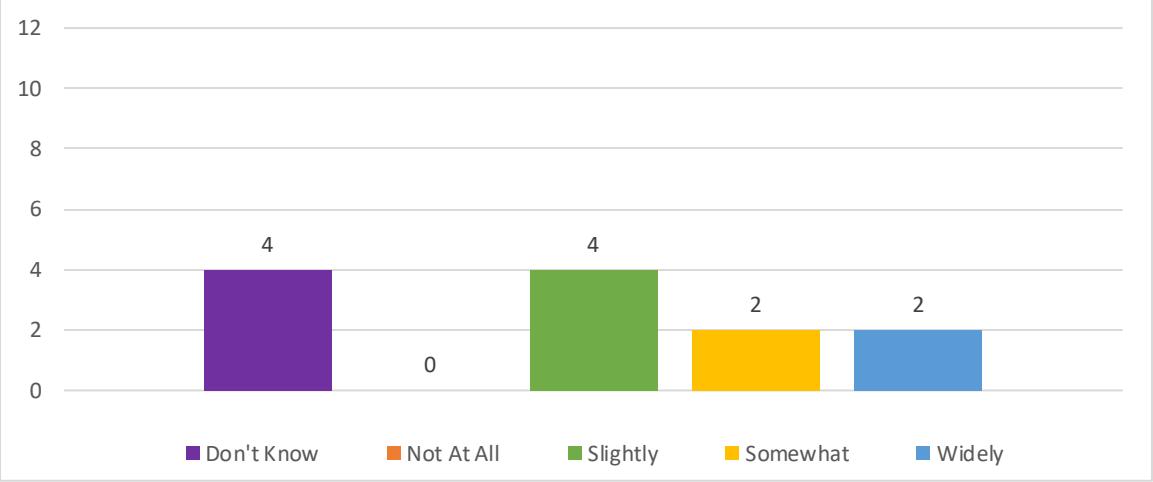
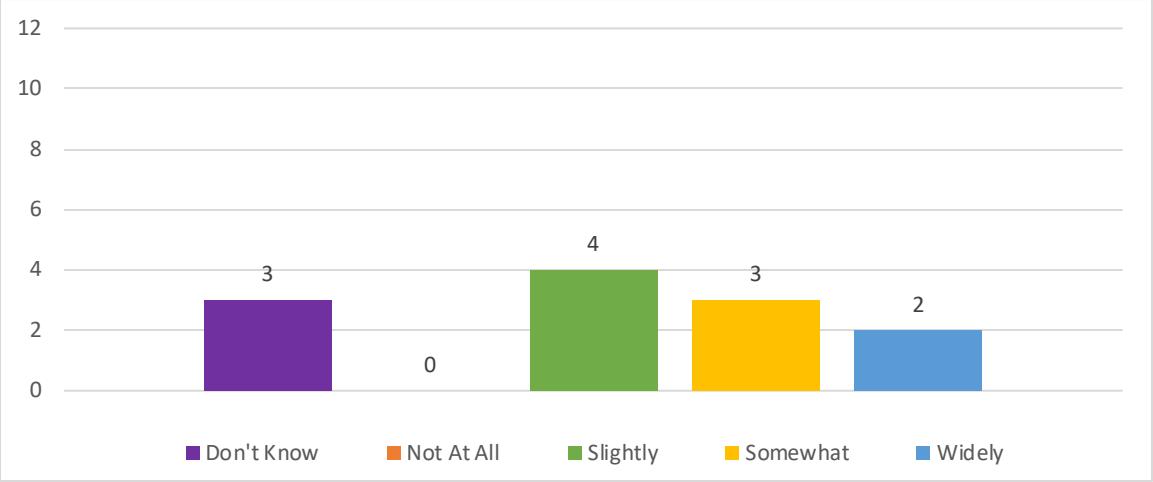


Figure 3.44 Caregiver Peer-Provided Services (n=12)



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. The majority of stakeholders did not know about the availability of these specific interventions in their community.

Table 3.1 Use of Evidence-Based Mental Health Interventions (n=12)

	# Yes/Available
Triple P – Positive Parenting Program	0
Parent-Child Interaction Therapy	2
Brief Strategic Family Therapy	1
Multisystemic Therapy	0
Functional Family Therapy	1
Multidimensional Treatment Foster Care	0
Trauma-Focused Cognitive Behavioral Therapy	2
Project ACHIEVE	0
Second Step	1
Promoting Alternative Thinking Strategies (PATHS)	0
Incredible Years	0
Problem-Solving Skills Training	1
First Steps to Success	0
Don't Know	11
None	0

3.2.6 Service Coordination and Integration (ILCHF Outcome)

One of the goals of the CMHI 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. Stakeholders perceived that services were between moderately and widely coordinated.

Table 3.2 Service Coordination and Integration

	Mean	SD
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families (n=11)	3.5	0.8
Basic care coordination is provided for children and families at lower levels of service intensity (n=11)	3.5	0.8
Care is coordinated across multiple child-serving agencies and systems (n=13)	3.3	1.0
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) (n=13)	3.2	1.1

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

Table 3.3 Service Coordination with Children's Mental Health System

	Mean	SD
Child welfare system (n=9)	3.4	0.5
Juvenile justice/court system (n=10)	3.2	0.6
Education system (n=10)	3.2	0.8
Primary health system (n=10)	3.3	0.7
Public health system (n=10)	3.1	0.9
Substance use treatment system (n=9)	3.1	0.9

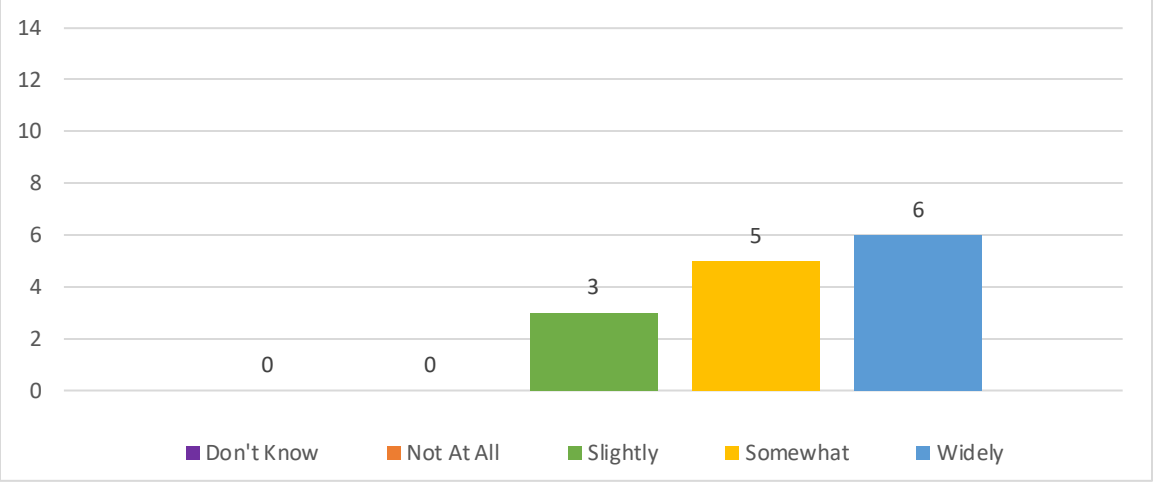
Note: "I Don't Know" responses were excluded when calculating the mean

3.3 System of Care Infrastructure

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

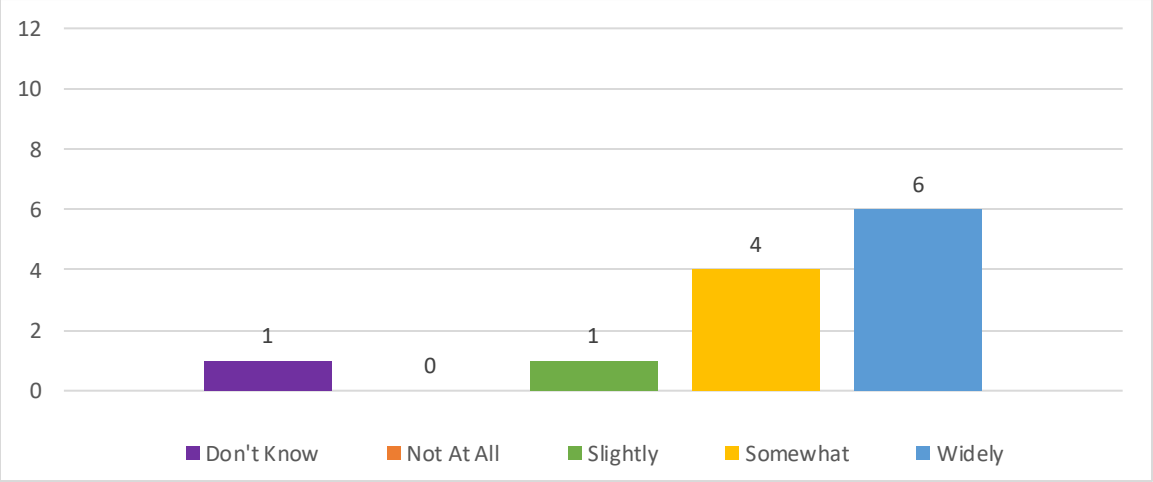
Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages; Figure 3.45 shows that most stakeholders perceived that early identification was somewhat or widely available.

Figure 3.45 Services for Early Identification of Mental Health Problems (n=14)



In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g. in early care, education, primary care, child welfare, and juvenile justice settings). Most stakeholders felt that these services were somewhat or widely available in 2021.

Figure 3.46 Screening for Behavioral Health Needs (n=12)



3.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the CMHI 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. Average scores indicated that stakeholders felt that this capacity is widely available.

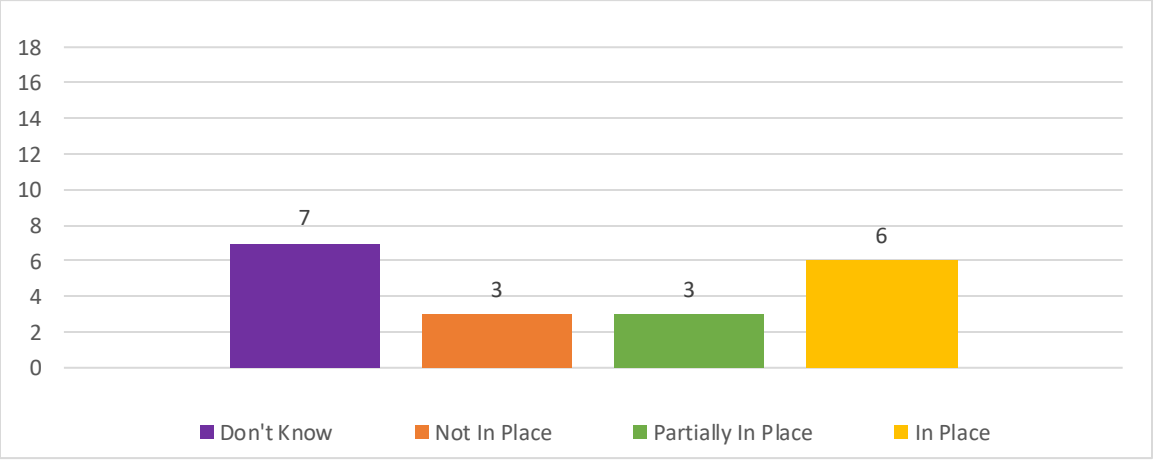
Table 3.4 Capacity to Provide Evidence-Based Clinical Interventions

	Mean	SD
Evidence-informed practices are implemented within the array of services and supports to improve outcomes (n=11)	3.6	0.5
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components (n=10)	3.6	0.5
Best practice guidelines, clinical protocols, and manuals are provided to practitioners (n=8)	3.8	0.5
Fidelity to evidence-informed practices and outcomes is measured (n=9)	3.7	0.7

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

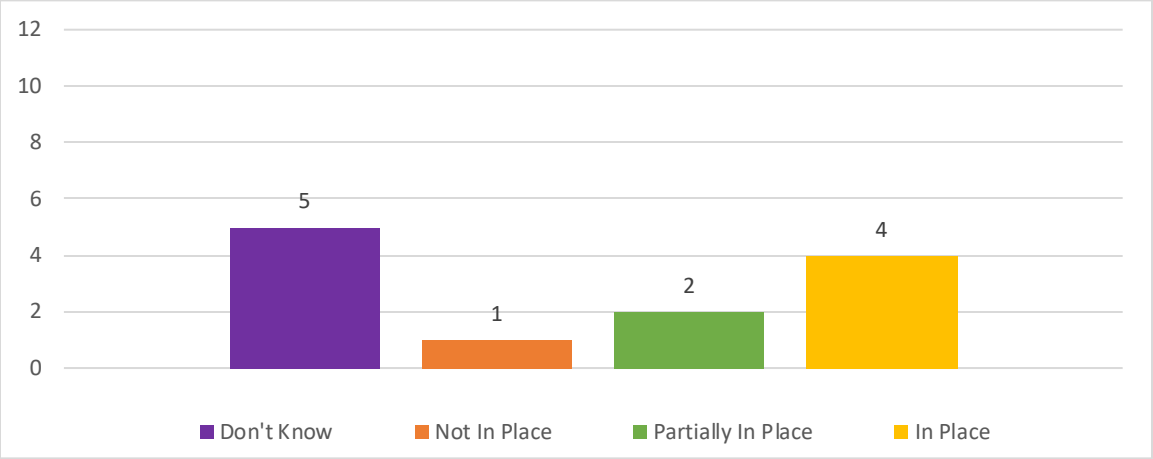
Another goal of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to which this infrastructure component was present in their community; the results in Figure 3.47 show that stakeholders had differing perceptions about this, and many had no knowledge of this.

Figure 3.47 Use of Local Outcome Data to Inform Decision-making (n=19)



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 that some felt this was already in place, but several respondents did not have knowledge about this.

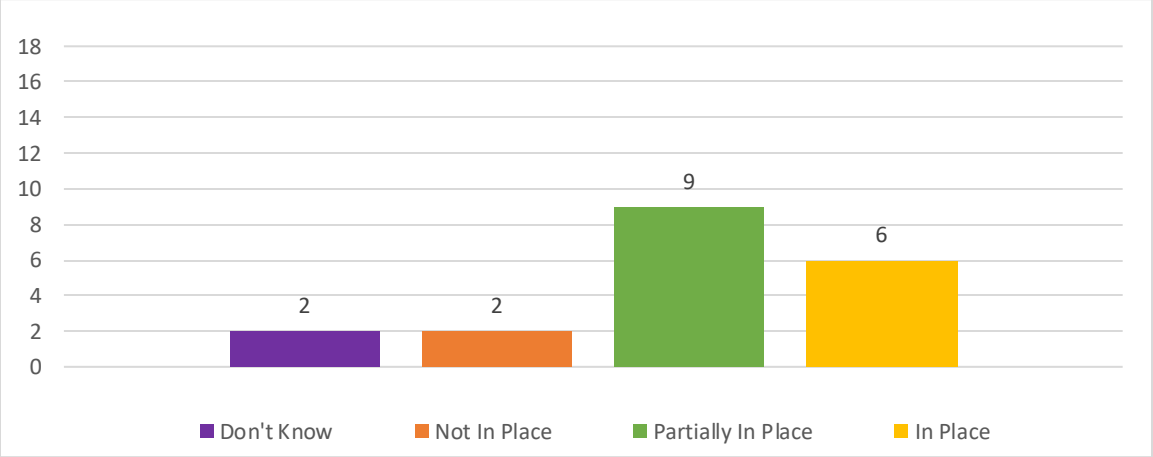
Figure 3.48 Capacity for Gather Data for Continuous Quality Improvement (n=12)



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. Most respondents felt that these were partially or fully in place in 2021.

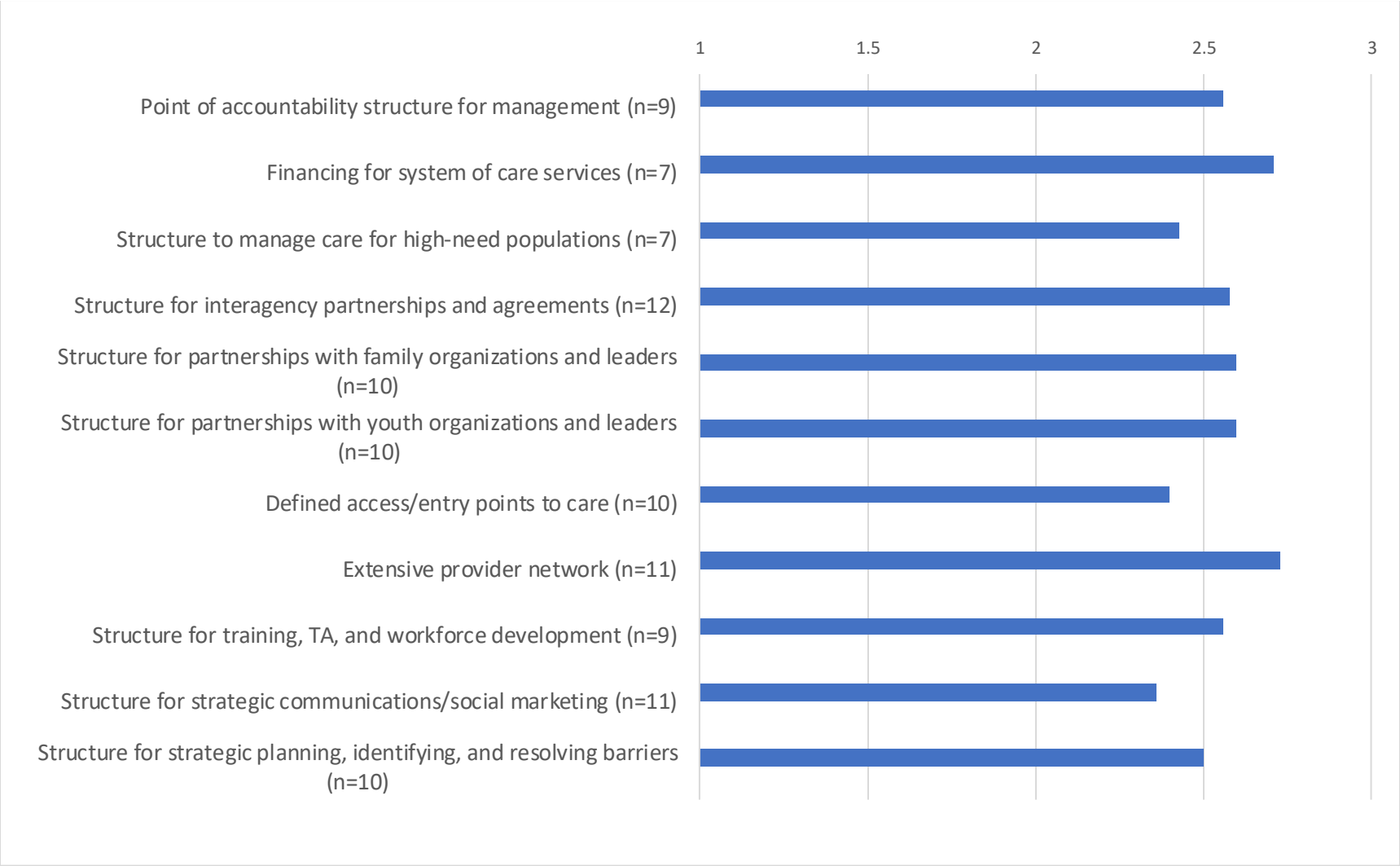
Figure 3.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce (n=19)



3.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2021. Results indicate that all of the infrastructure components were at least somewhat implemented (Figure 3.50). The components with the lowest average score were defined access or entry point to the SOC, a structure to manage care for high-needs populations, and a structure for strategic communication.

Figure 3.50 System of Care Infrastructure Components



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

4. St. Clair County Systems of Care Coordination Project – Chestnut Health Systems

Six providers completed at least a portion of the baseline stakeholder survey. The respondents included individuals that worked in several different sectors including social services, education, law enforcement, juvenile justice, and local government. In addition, two parents completed the parent version of the stakeholder survey. The following sections provide detailed descriptions of site 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.

- Survey respondents were asked to provide an overall assessment of the implementation of the St. Clair County SOC project; four of the five respondents perceived that SOC was somewhat implemented and one pereceived that it was already widely implemented.
- Stakeholders were asked to rate the extent to which critical implementation supports were perceived as present. Three people perceived that a strategic plan was partially in place and three perceived it to be fully in place; four indicated that a planning committee was fully in place; five felt that buy-in and leadership from multiple child-serving systems was fully in place. Three of five responding stakeholders thought that clear and consistent communication was fully in place. Two stakeholders believed that technical assistance opportunities to support SOC implementation were not in place, two felt that they were partially in place, one felt they were fully in place, and one stakeholder did not know.
- Parent and youth involvement are key elements of SOC implementation, and the stakeholders who responded to this survey perceived this differently. In terms of both youth and parent involvement, three indicated it was partially in place and two indicated that it was fully in place.
- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the SOC philosophy. The lowest levels of perceived commitment were among child welfare and youth leaders, and the highest levels were among mental health, education, agency administrators, and direct service providers.
- Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by

each of these eight principles. Overall, respondents felt that these principles were between slightly and moderately implemented. The principles that were rated the highest were individualized, culturally and linguistically competent, and least restrictive; those that were rated lower included family-driven, youth-guided, coordinated, and adequate service array.

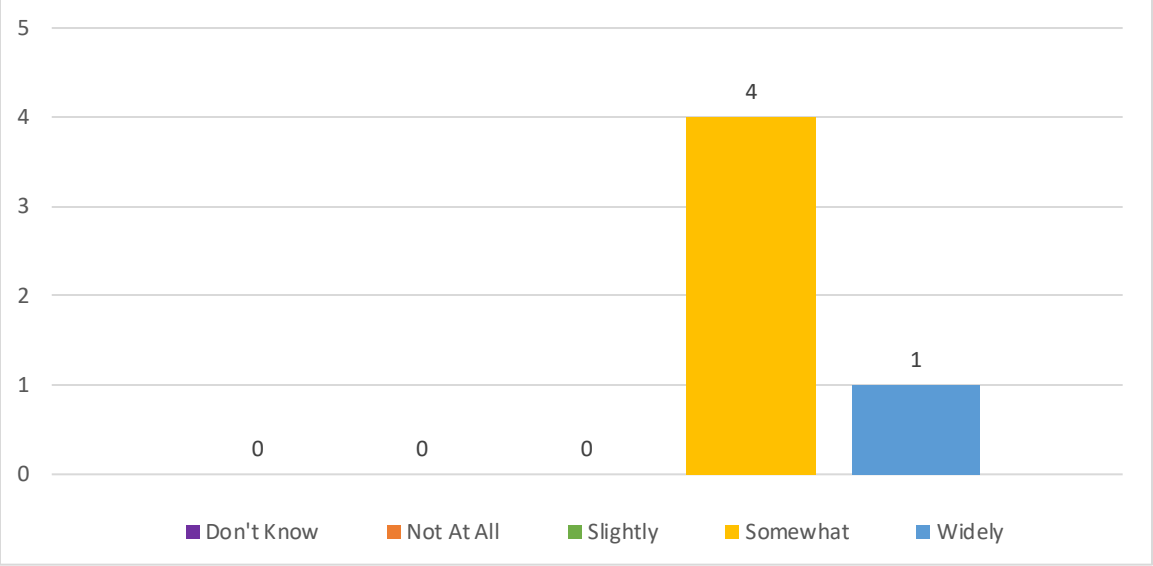
- Service availability within the SOC is a key outcome of interest, and stakeholders were asked about the perceived availability of many types of services in their community. Stakeholders perceived that most of the services were either somewhat or widely available. The services that were perceived as less widely available include: day treatment, therapeutic behavioral aides, youth and family education, respite services, therapeutic mentoring, supported education and employment, and residential treatment.
- An important outcome for the SOC implementation is the establishment of peer-provided services for parents and youth. Most stakeholders perceived that youth and caregiver peer-provided services were not at all or slightly available.
- Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Trauma-focused cognitive behavioral therapy was perceived as widely available in the community; the other interventions were not available or slightly available.
- In terms of service coordination with other child-serving systems, respondents indicated the highest amount of perceived coordination with the education system and the lowest with the public health system.
- Stakeholders were asked to rate the extent to which the service array in their community identifies behavioral health problems at early stages. Most stakeholders perceived that early identification of mental health concerns was slightly or somewhat; similar results were found for the presence of behavioral health screening.
- One of the goals of the CMHI is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Average scores indicated that stakeholders felt that this capacity is moderately in place.
- Survey respondents were asked to gauge progress toward the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Results show that some stakeholders felt this was partially in place, and others did not know.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. Most stakeholders felt this capacity was partially in place.
- Using the Georgetown Assessment for SOC implementation, the survey explored elements of infrastructure. Results indicate that most of the infrastructure components were at least somewhat implemented; however, two structures were perceived as not at all or slightly implemented – a structure for partnership with youth leaders and a structure for strategic communication and social marketing.

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 (see Figure 4.1). Of the five stakeholders who answered this question, four felt it was somewhat implemented and one felt it was widely implemented in 2021.

Figure 4.1 Overall Assessment of System of Care Implementation (n=5)



4.1.2 System of Care Implementation Supports and Activities

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

Figure 4.2 Strategic Plan That Guides System of Care Implementation Activities (n=6)

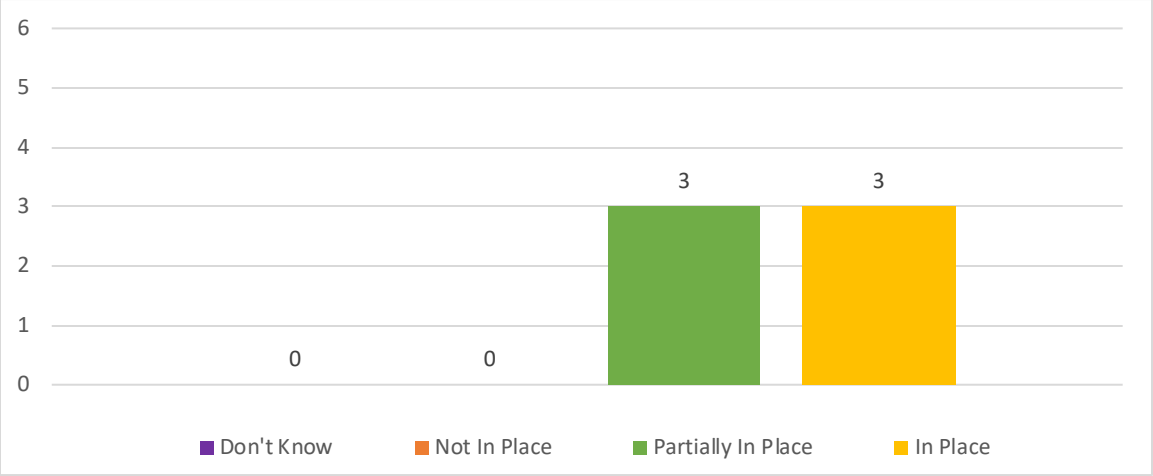


Figure 4.3 Planning Committee That Meets Frequently to Guide Implementation (n=6)

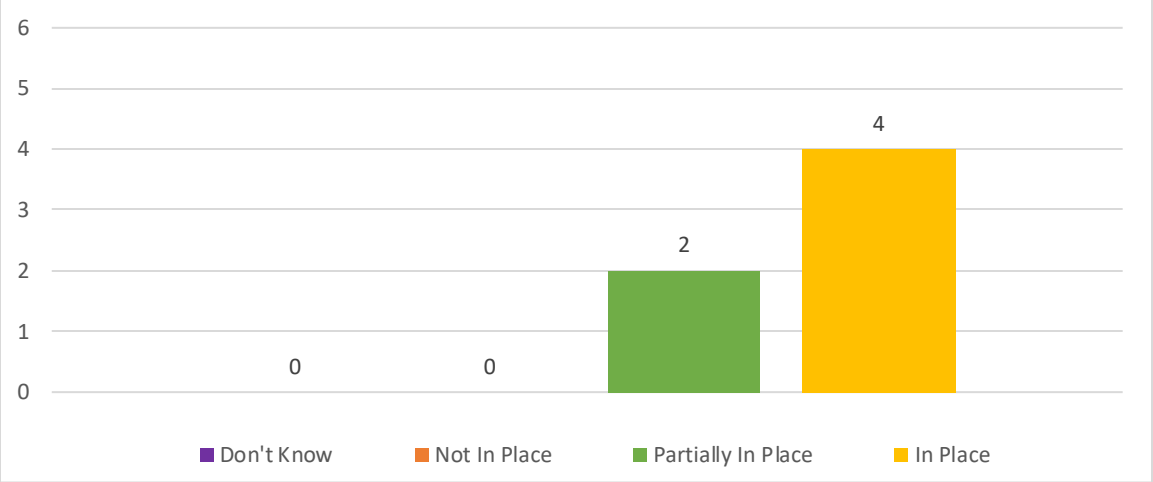


Figure 4.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems (n=6)

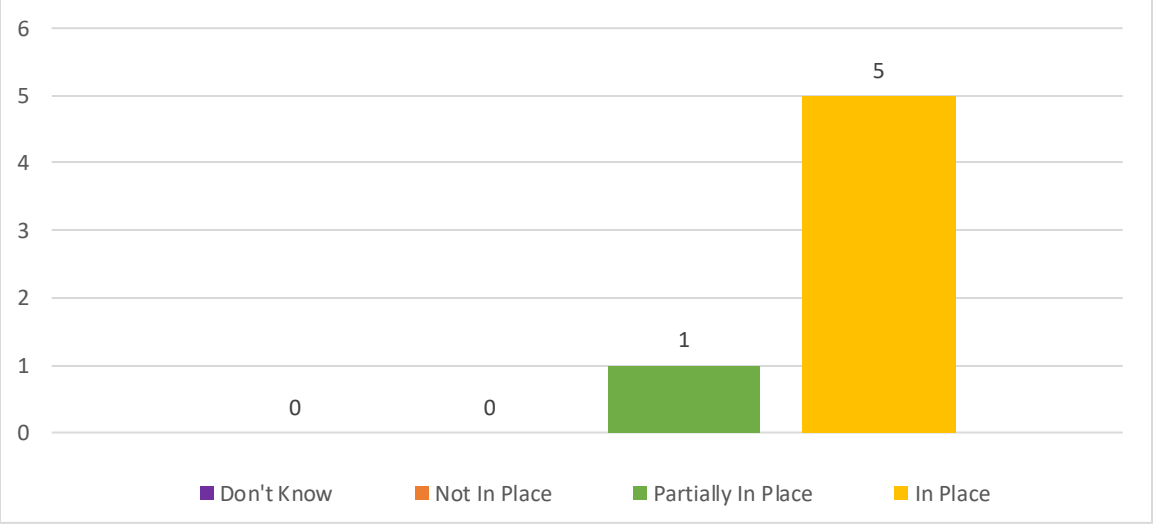


Figure 4.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders (n=5)

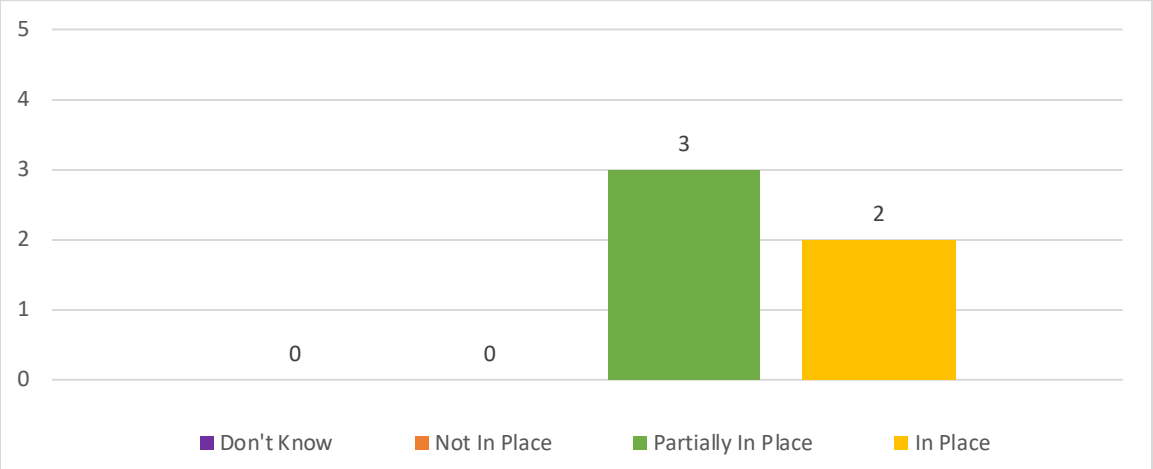
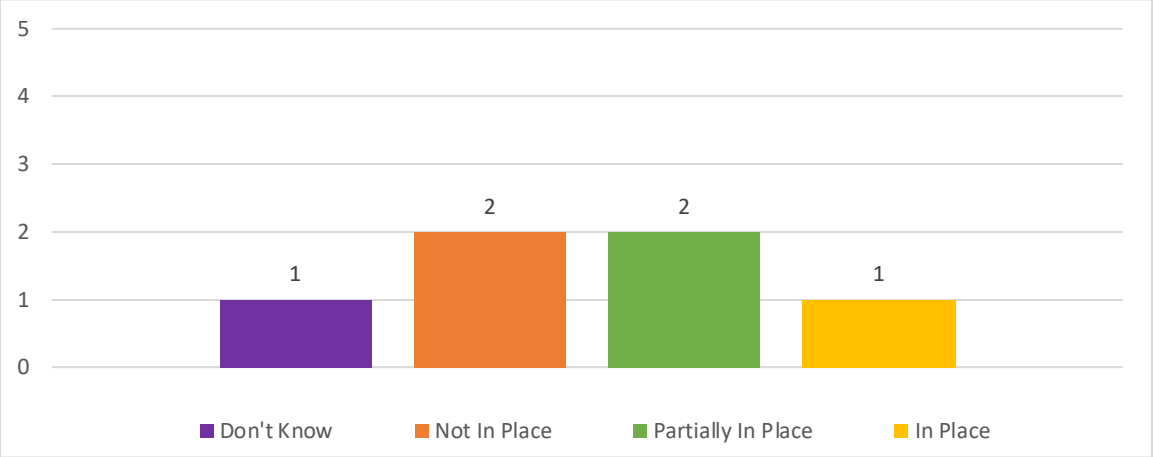


Figure 4.6 Technical Assistance Opportunities to Support Implementation (n=6)



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.

Figure 4.7 Parent Involvement in System of Care Implementation Activities (n=6)

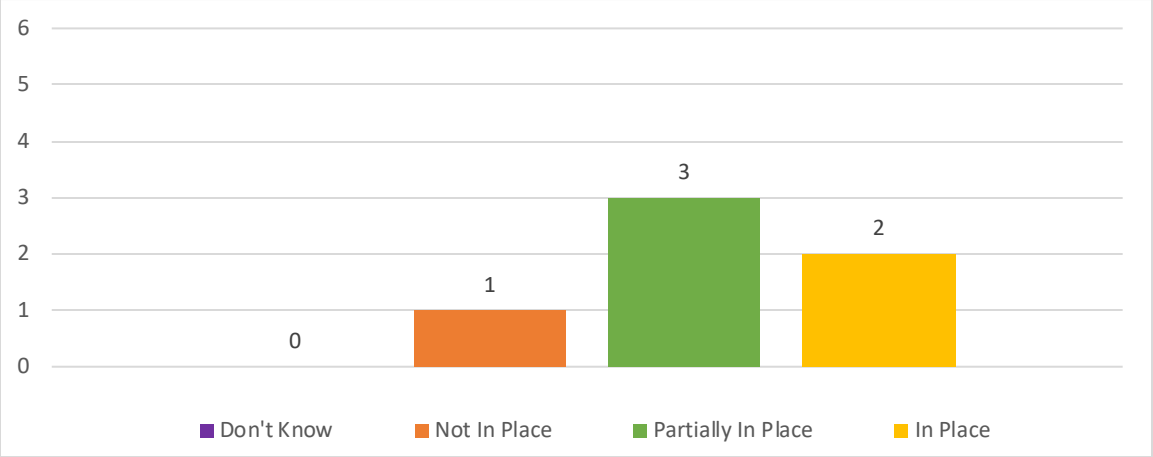
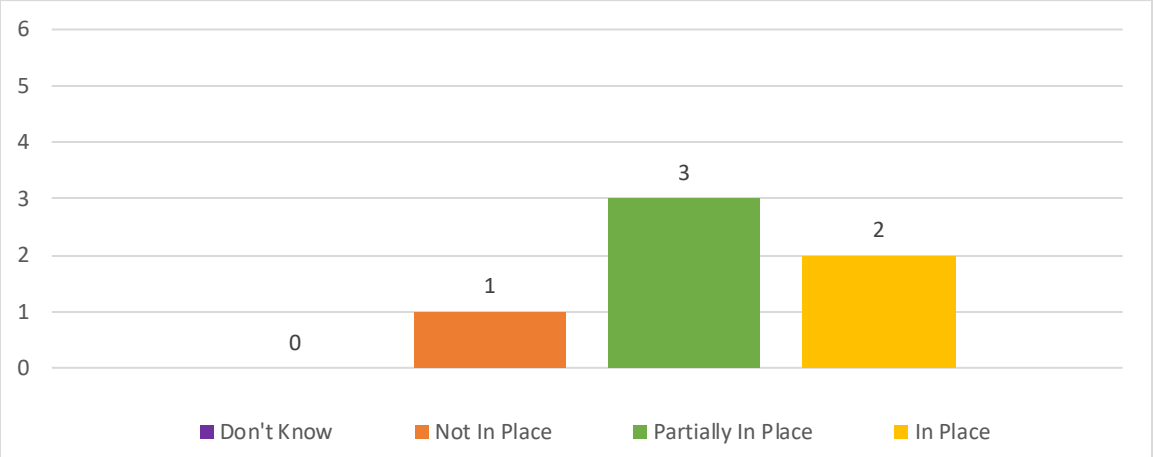


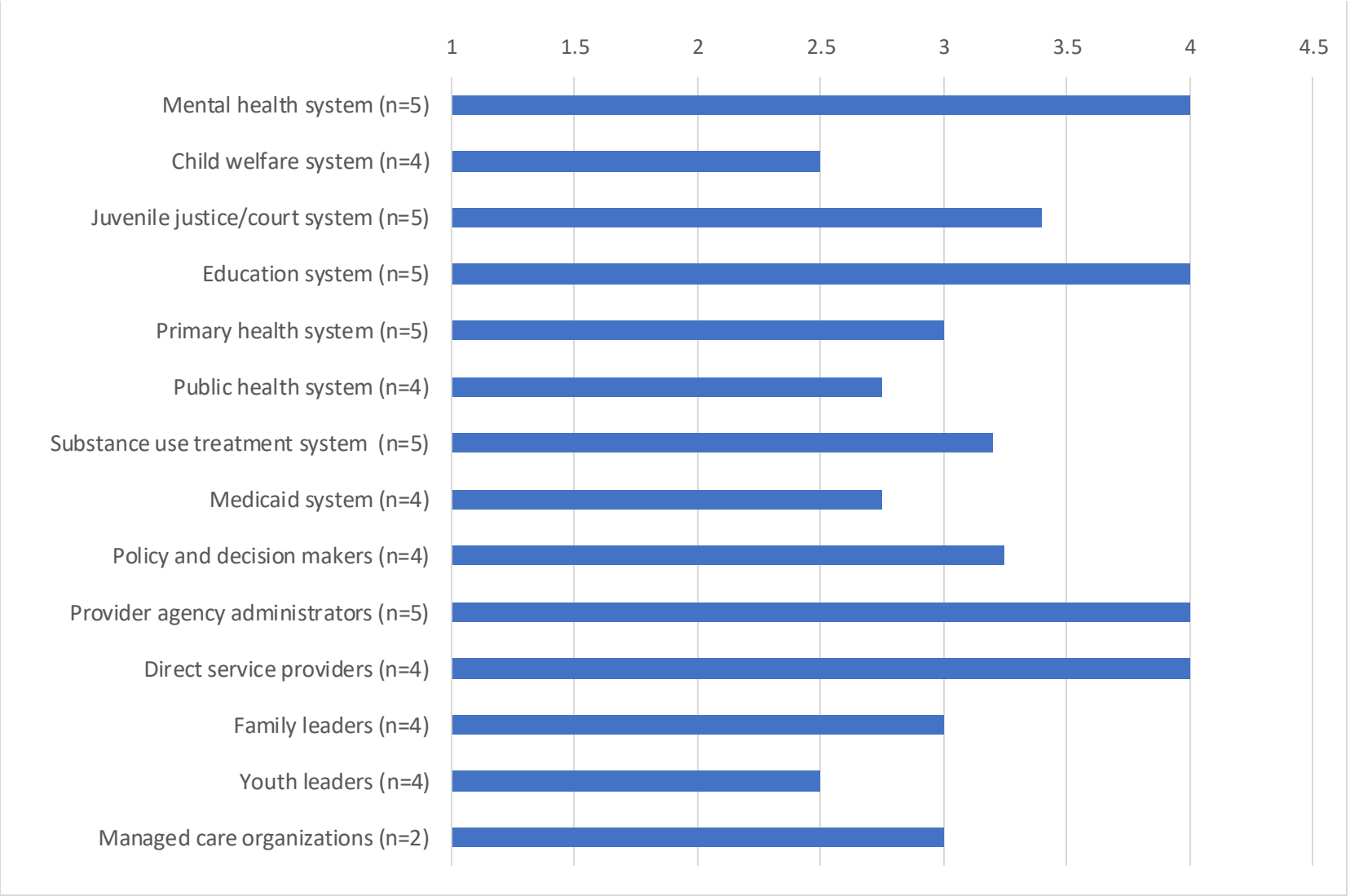
Figure 4.8 Youth Involvement in System of Care Implementation Activities (n=6)



4.1.4 Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 4.9 shows the mean scores for the perceived commitment of each child-serving system in 2021. On average, survey respondents perceived that stakeholders in most child-serving domains were slightly to somewhat committed to the SOC philosophy. The lowest levels of perceived commitment were among child welfare and youth leaders, and the highest levels were among mental health, education, agency administrators, and direct service providers.

Figure 4.9 Commitment to System of Care Philosophy and Approach



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

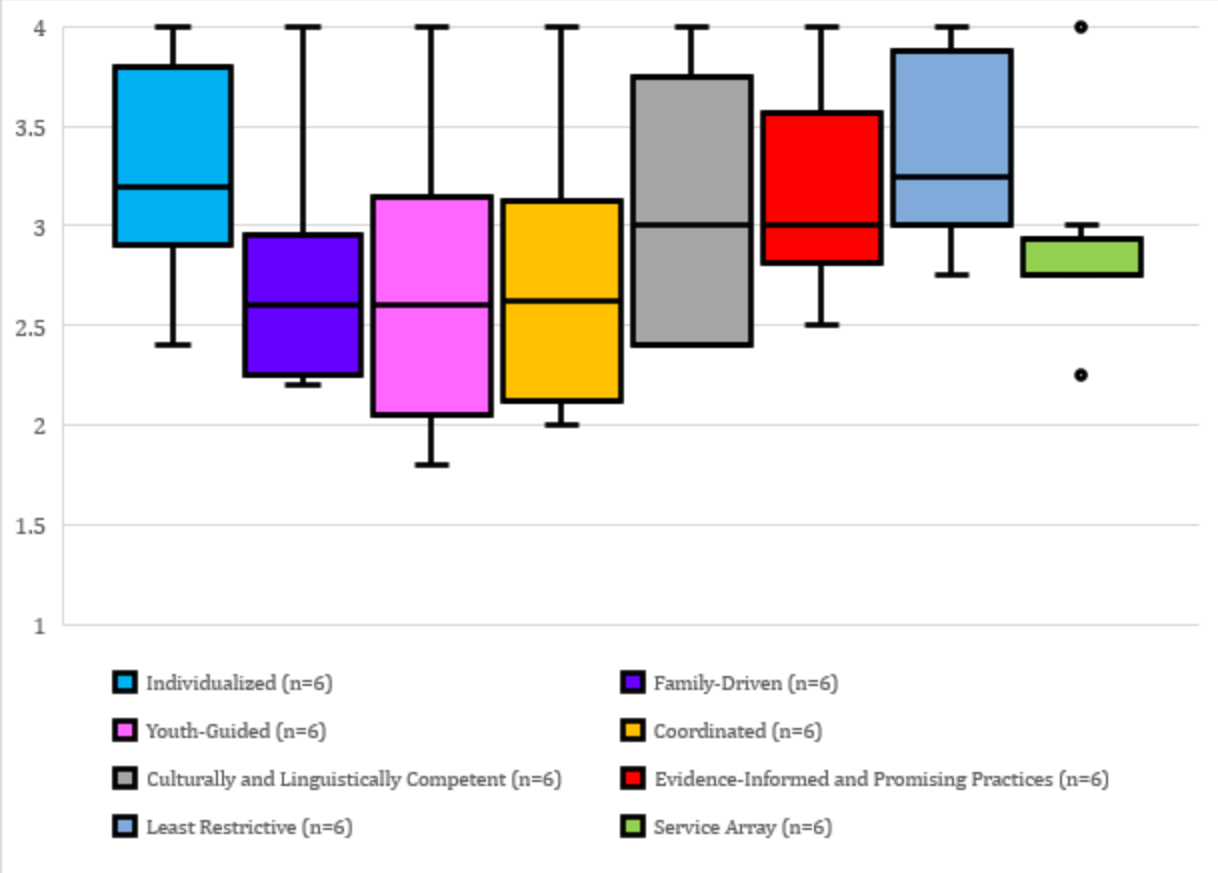
4.2 System of Care Service Outcomes

4.2.1 Service Delivery Guided by System of Care Values and Principles

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

Figure 4.10 shows the distribution of scores for each subscale. The six respondents gave higher scores to services being individualized, culturally and linguistically competent, and least restrictive; the boxes indicate that most respondents rated these as moderately to widely present. They gave lower ratings to services being family-driven, youth-guided, and coordinated.

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 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.

Figure 4.11 School-based Prevention Services (n=5)

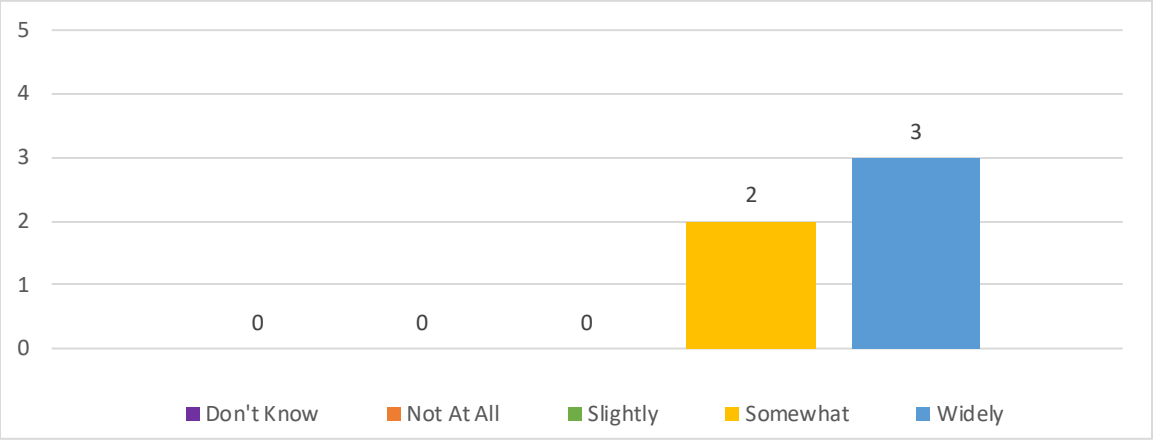


Figure 4.12 Community-based Prevention Services (n=5)

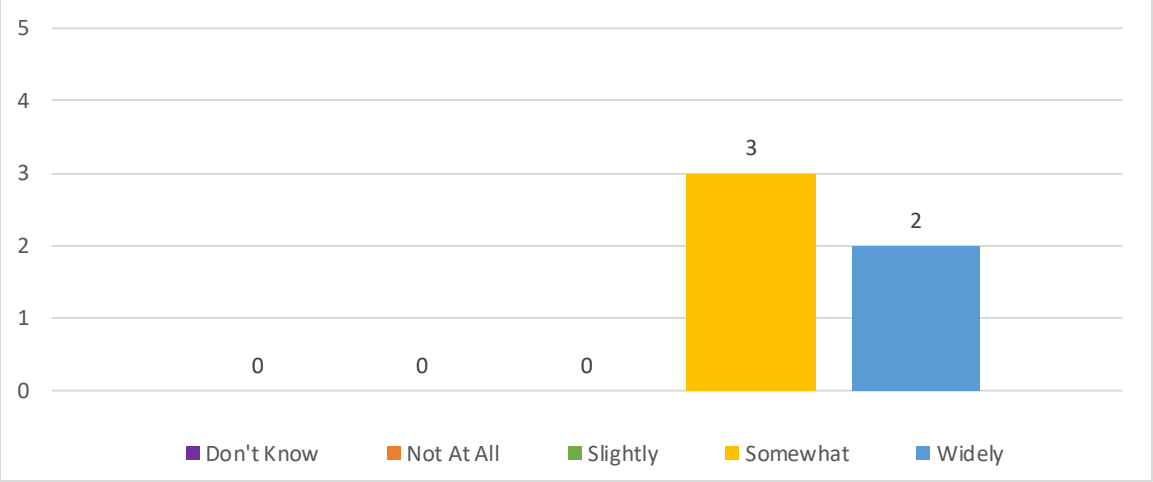


Figure 4.13 Early Intervention Services (n=5)

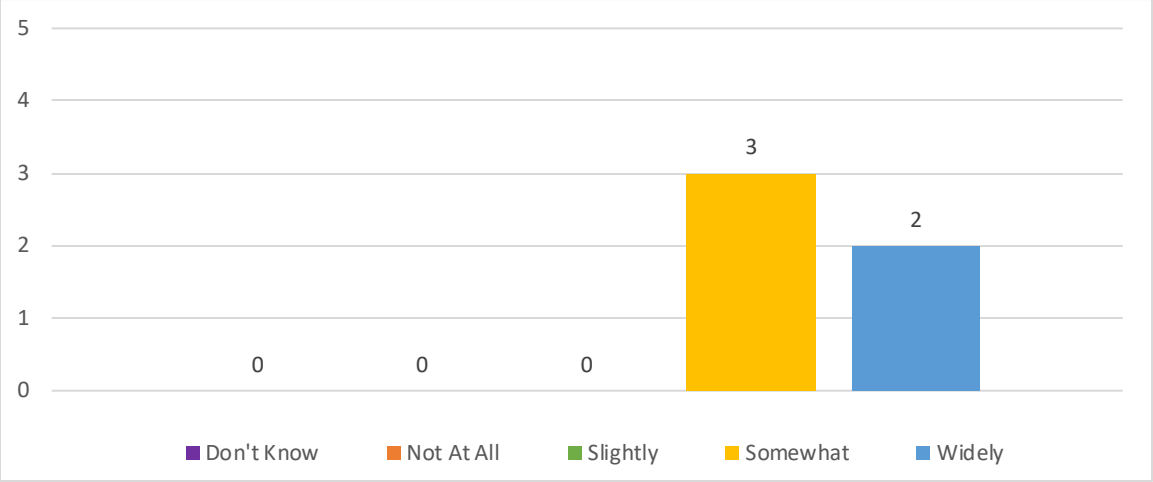


Figure 4.14 Assessment (n=5)

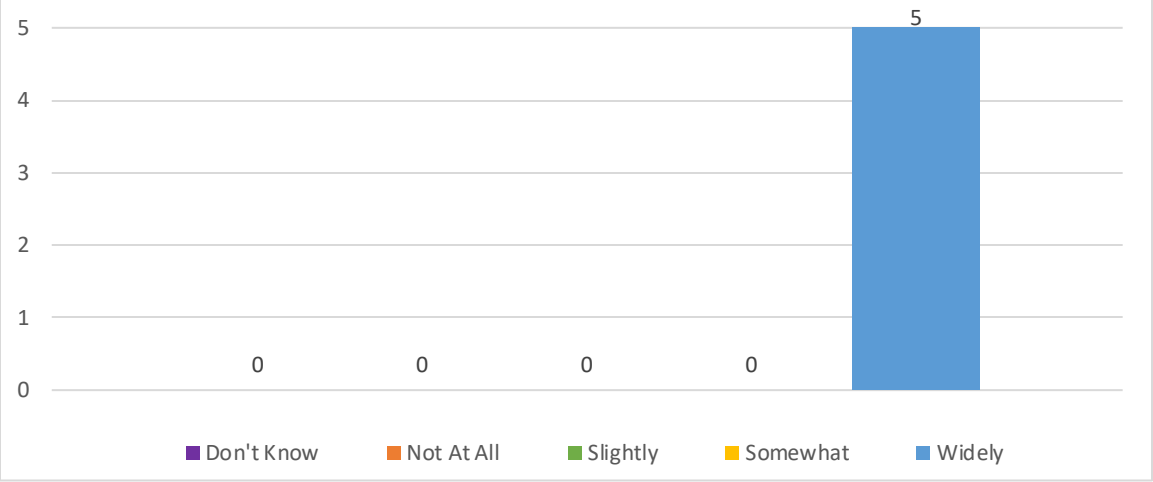


Figure 4.15 Individualized Service Planning (n=5)

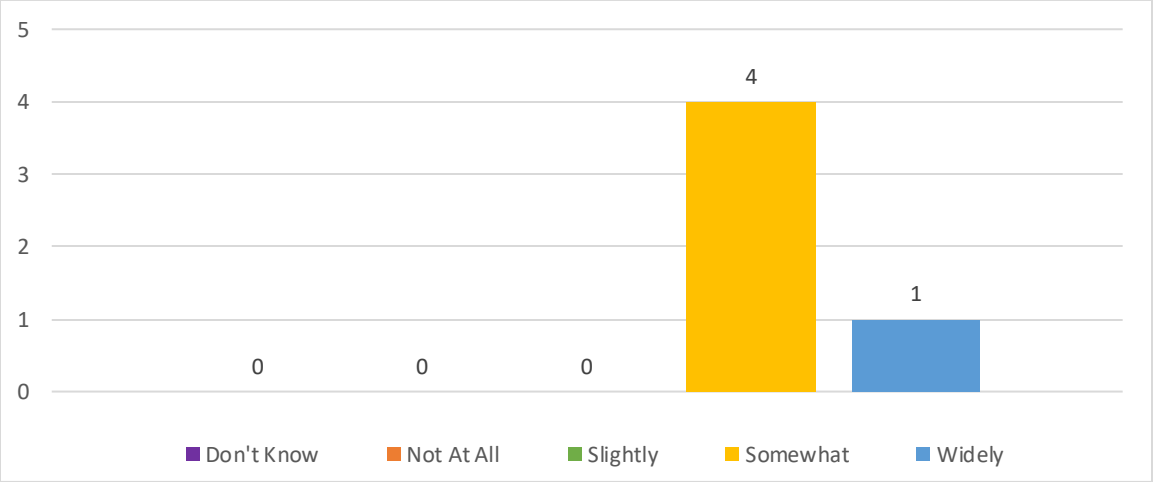


Figure 4.16 Intensive Care Management (n=5)

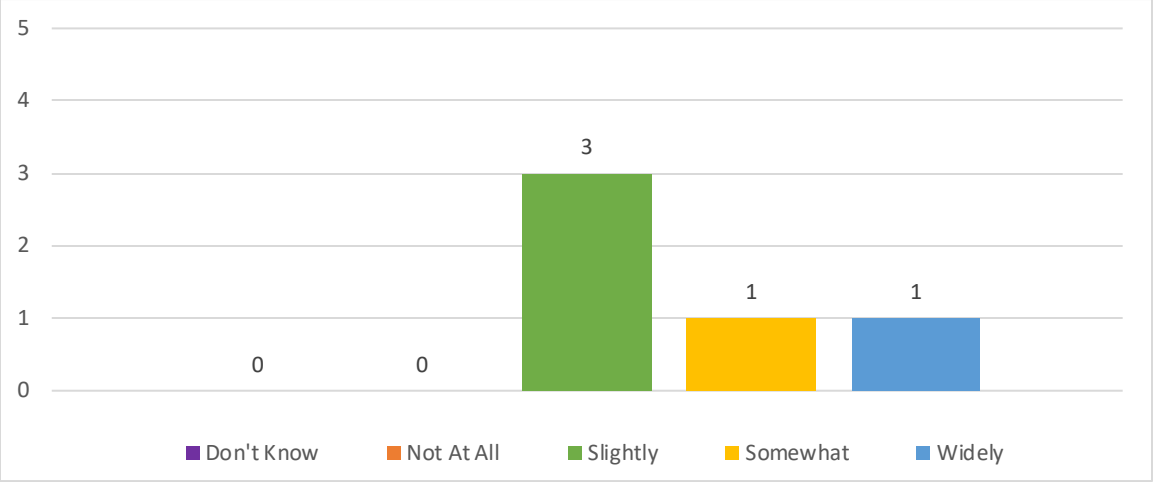


Figure 4.17 Service Coordination for Youth at Lower Levels of Service Intensity (n=5)

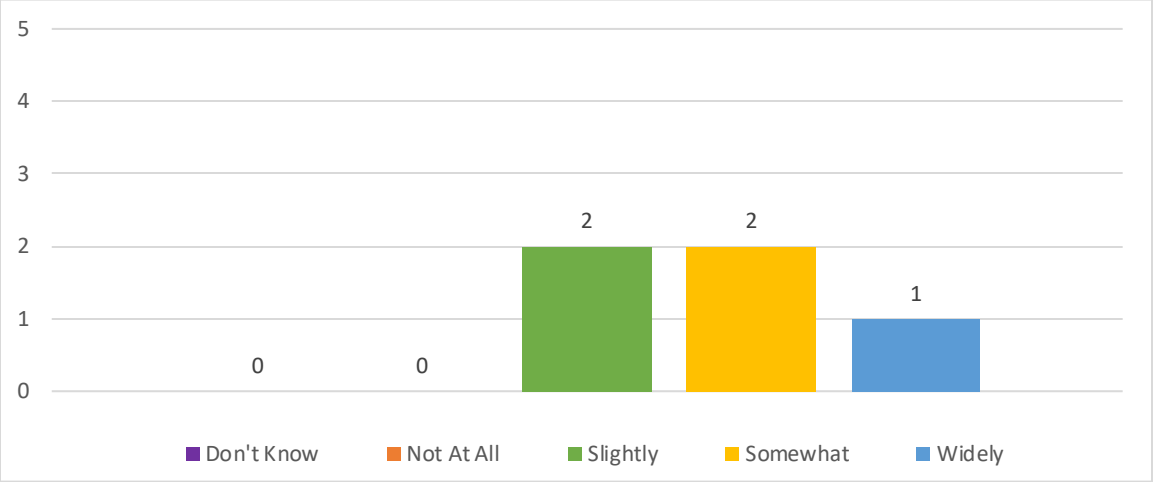


Figure 4.18 Outpatient Therapy (n=5)

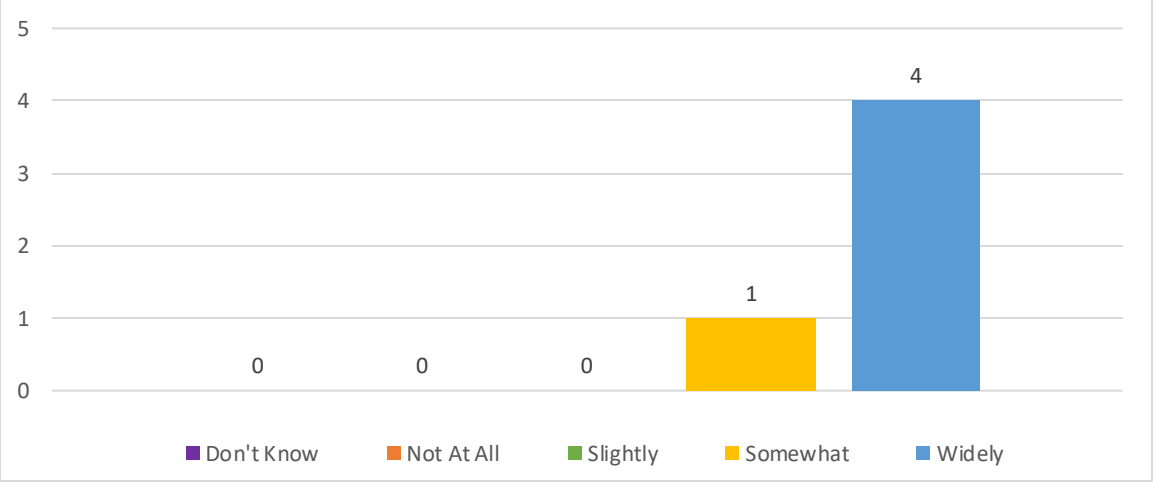


Figure 4.19 Medication Treatment/Management (n=5)

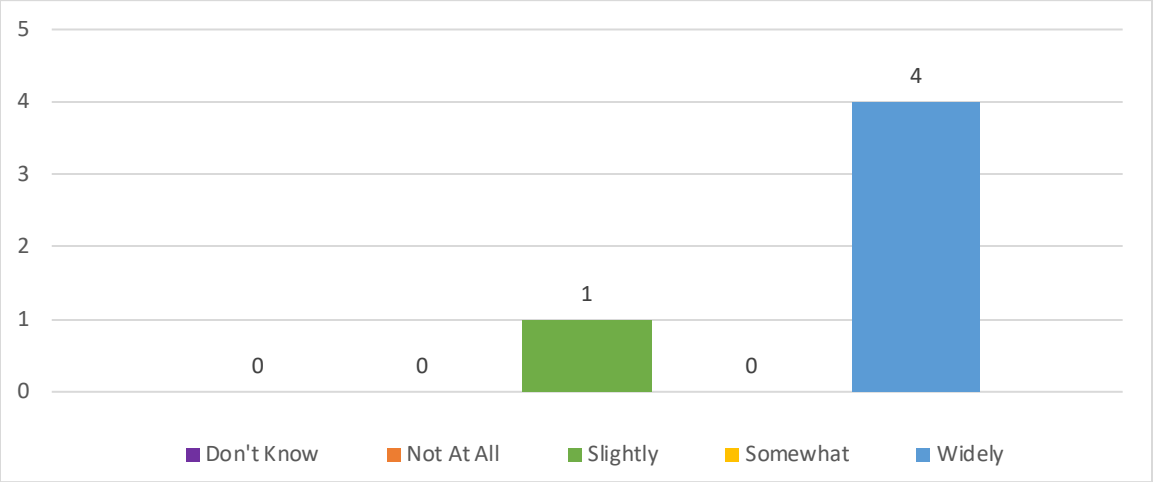


Figure 4.20 Crisis Response Services, Non-Mobile (24 hours, 7 days) (n=5)

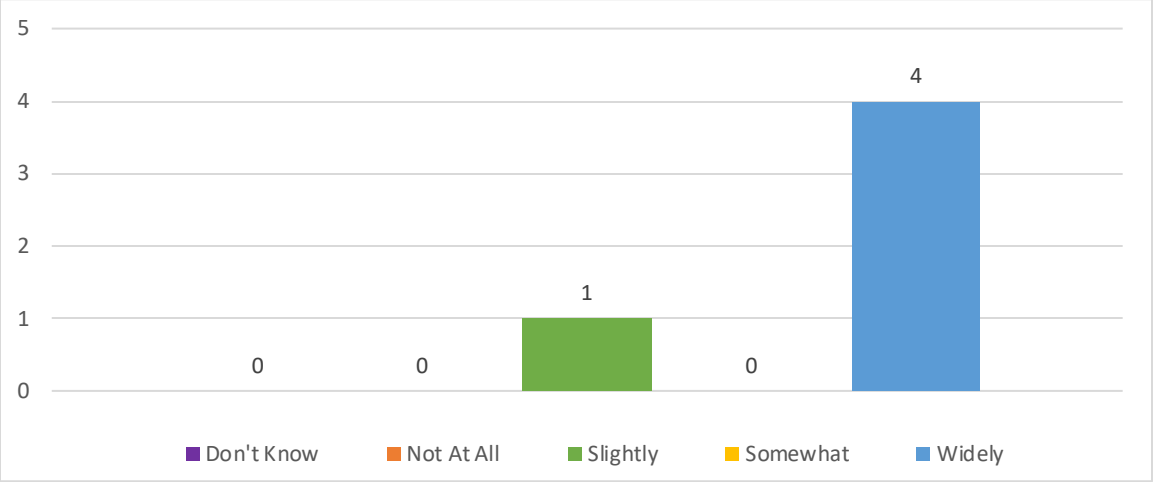


Figure 4.21 Mobile Crisis and Stabilization Services (24 hours, 7 days) (n=5)

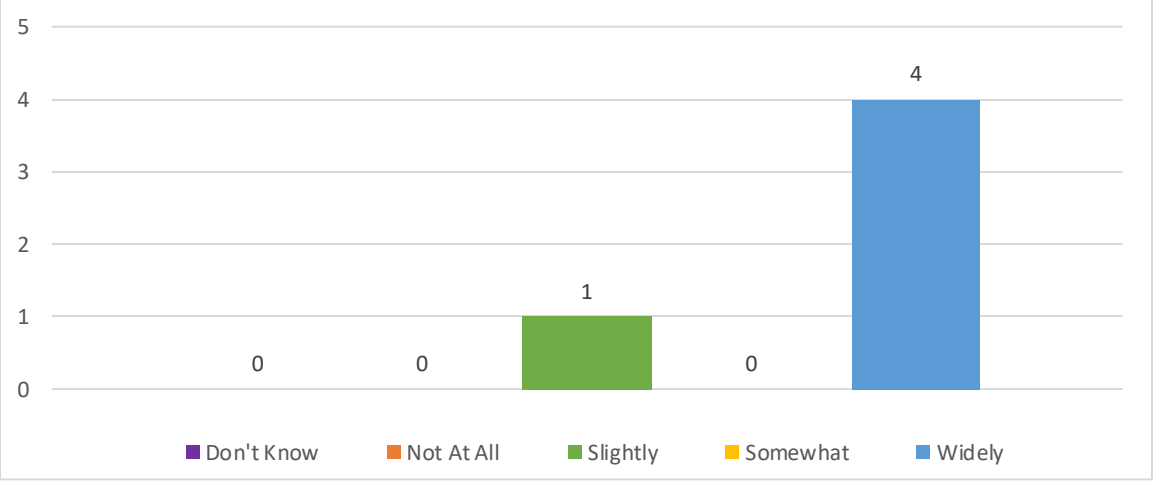


Figure 4.22 Intensive In-Home Services (n=5)

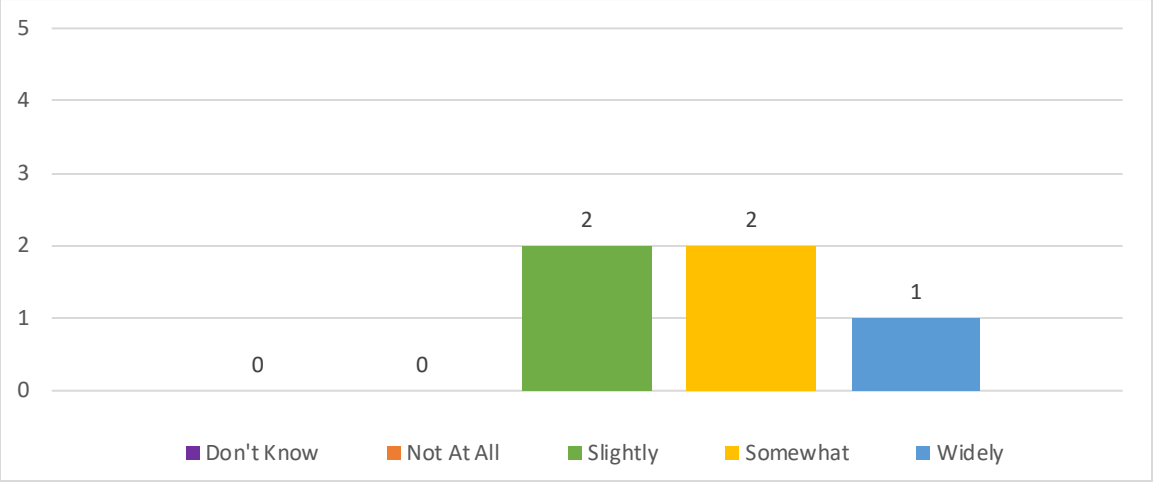


Figure 4.23 School-Based Behavioral Health Services (n=5)

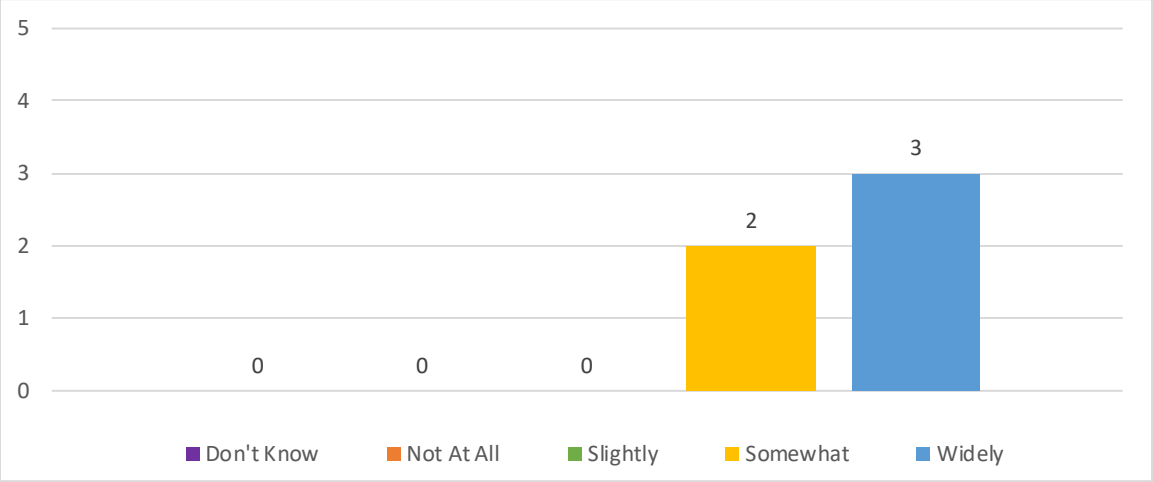


Figure 4.24 Day Treatment (n=5)

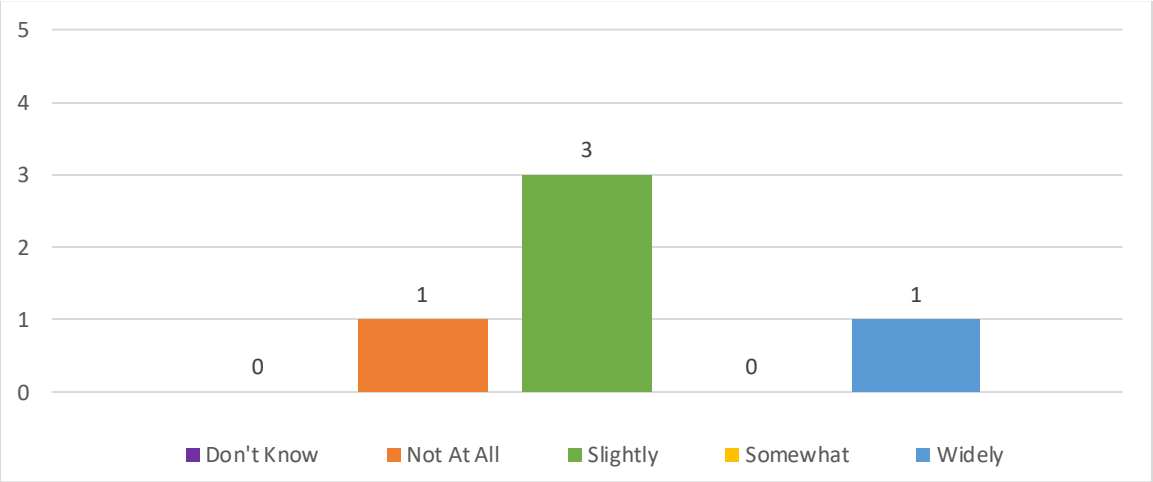


Figure 4.25 Substance Use Treatment (n=4)

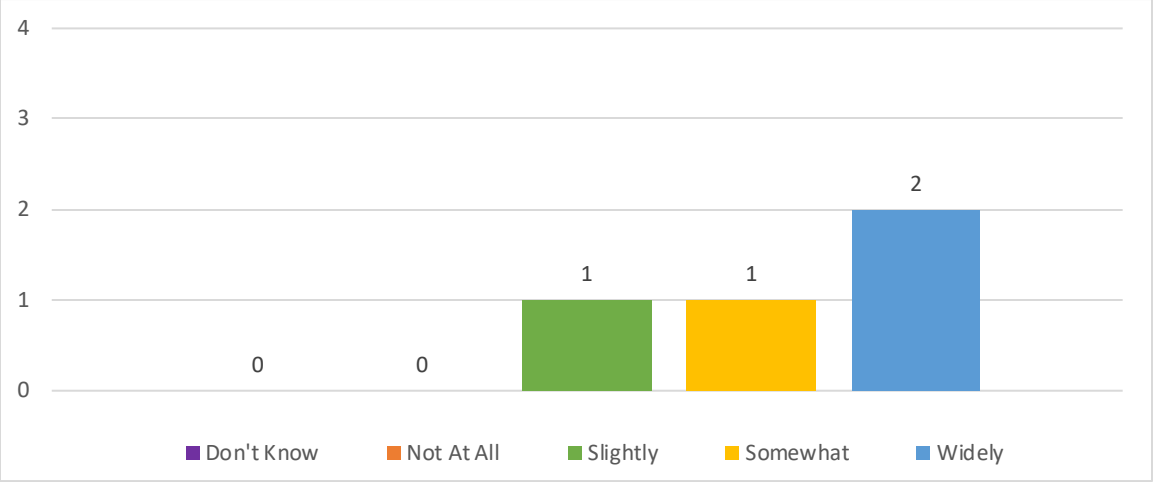


Figure 4.26 Therapeutic Behavioral Aide Services (n=4)

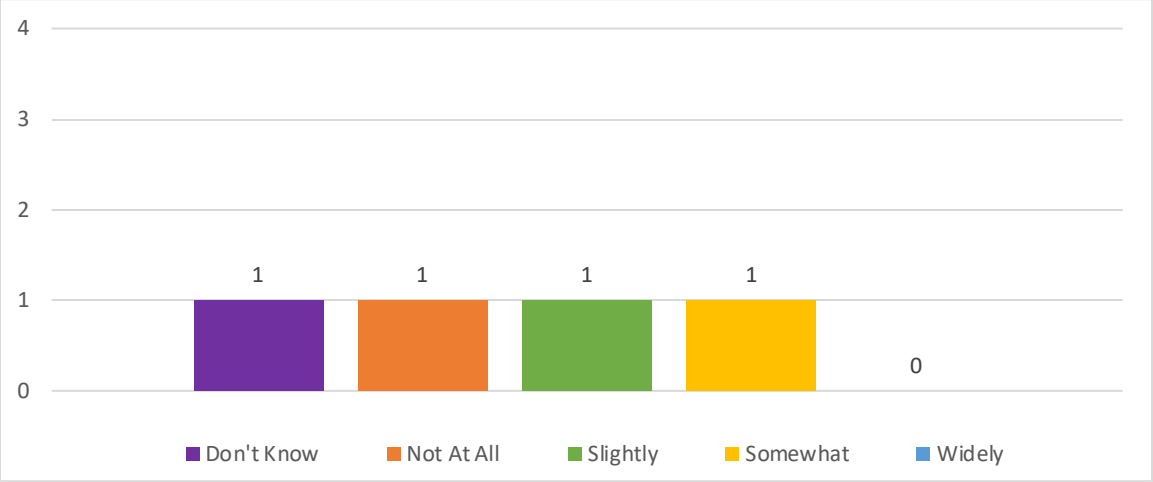


Figure 4.27 Behavior Management Skills Training (n=5)

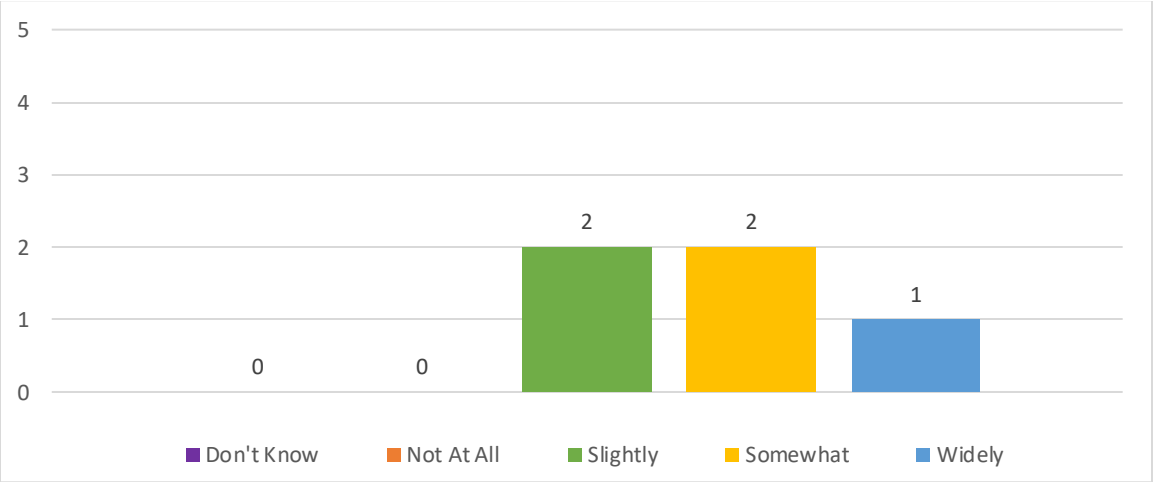


Figure 4.28 Tele-Behavioral Health Services (n=5)

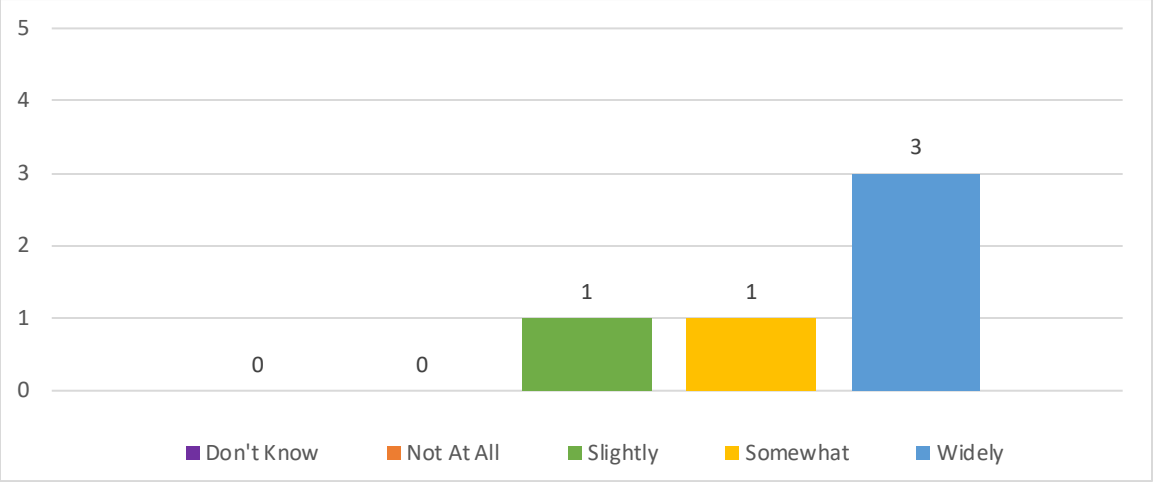


Figure 4.29 Youth and Family Education (n=5)

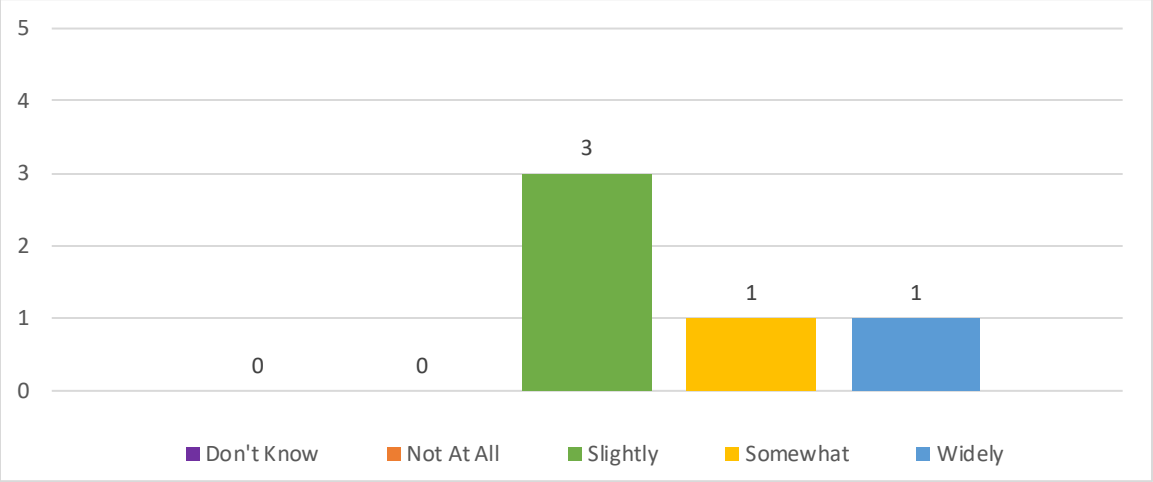


Figure 4.30 Respite Services (n=5)

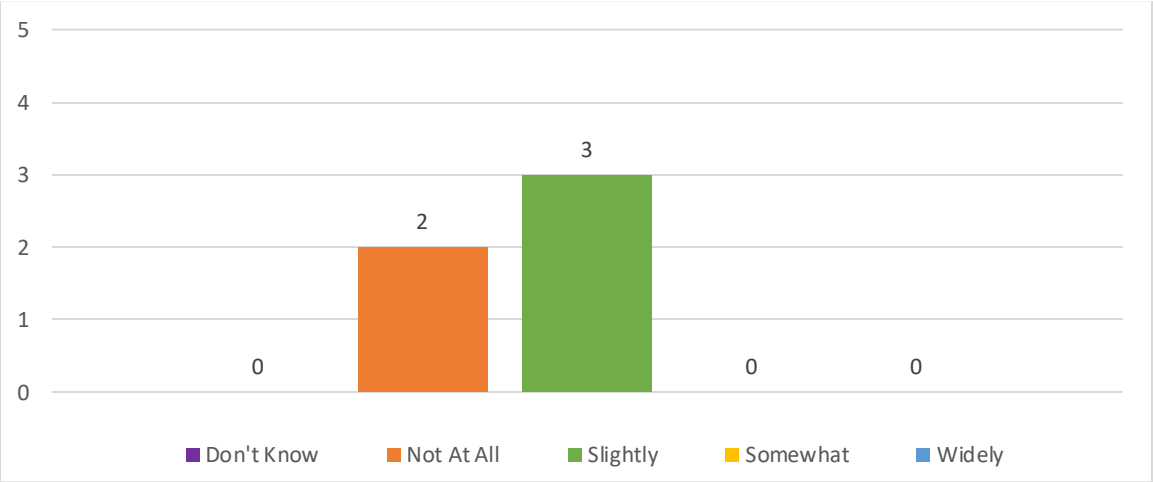


Figure 4.31 Therapeutic Mentoring (n=5)

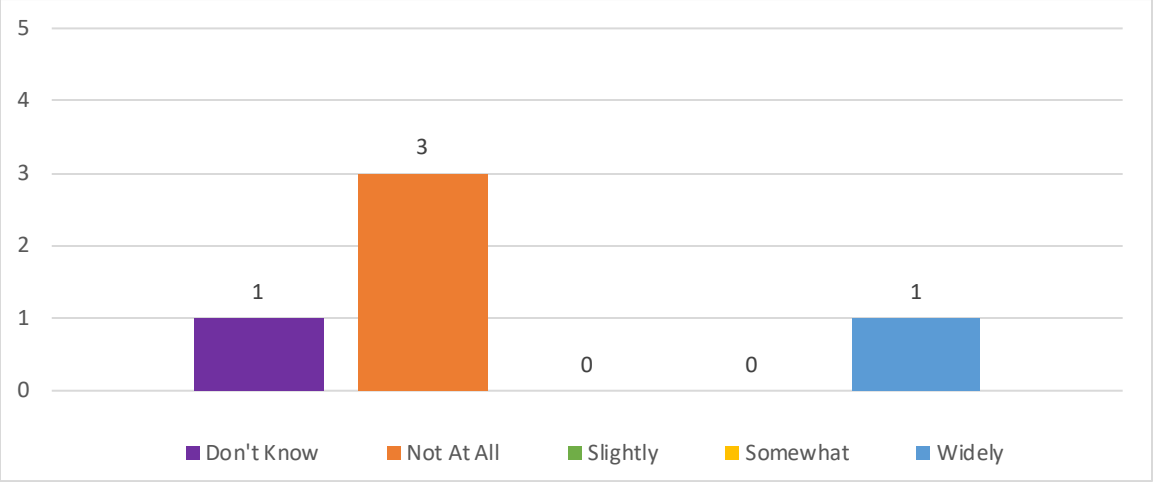


Figure 4.32 Mental Health Consultation (n=5)

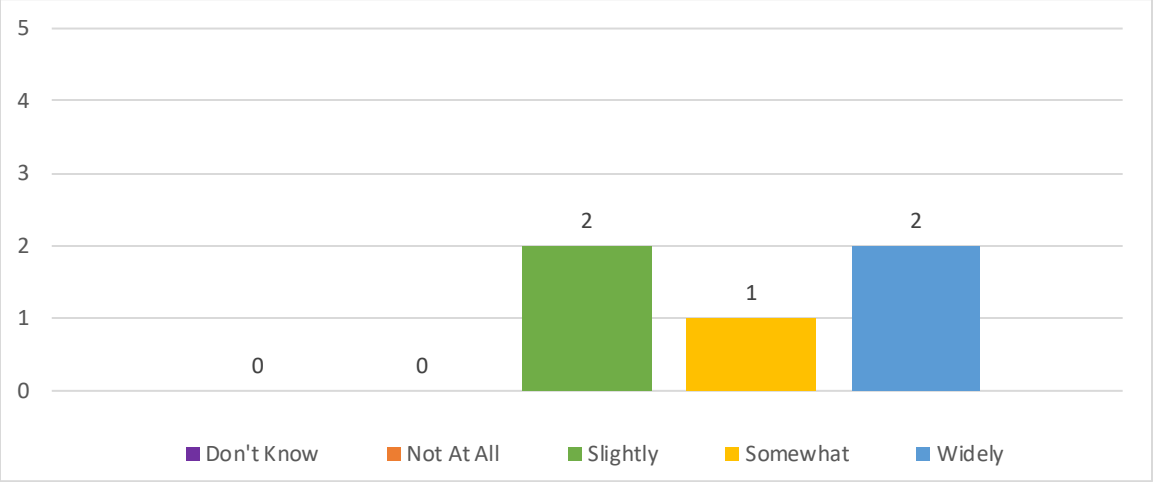


Figure 4.33 Supported Education and Employment (n=5)

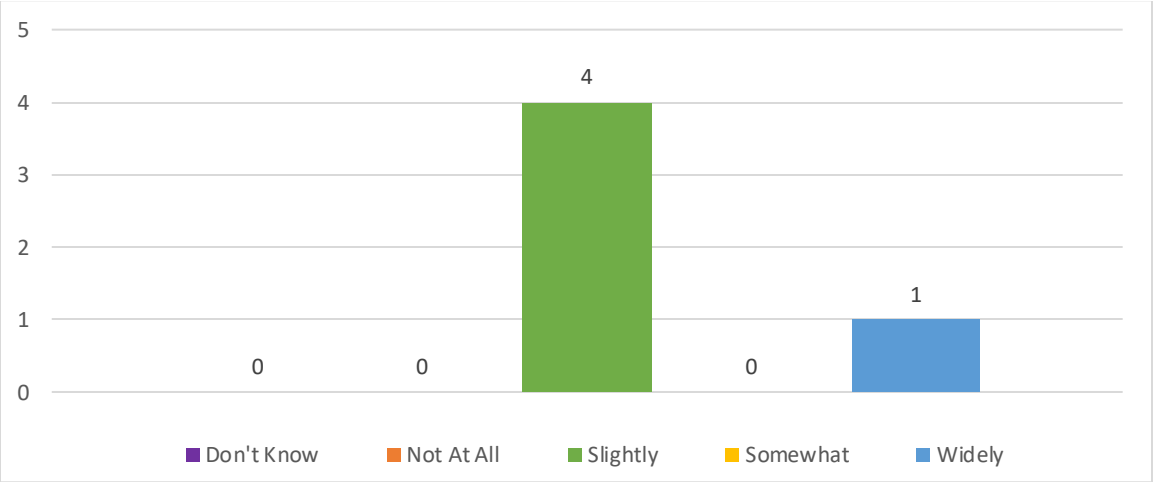


Figure 4.34 Supported Independent Living (n=4)

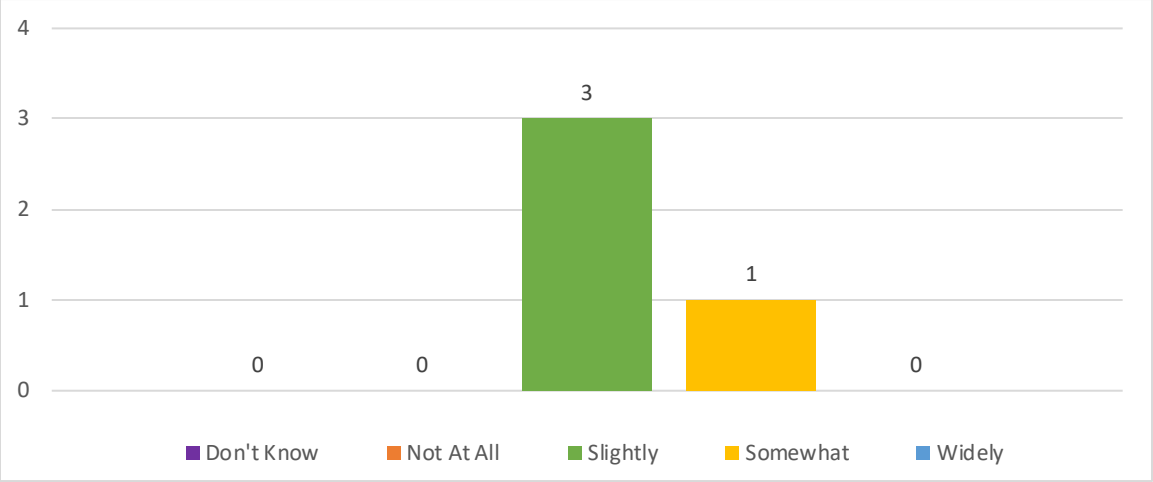
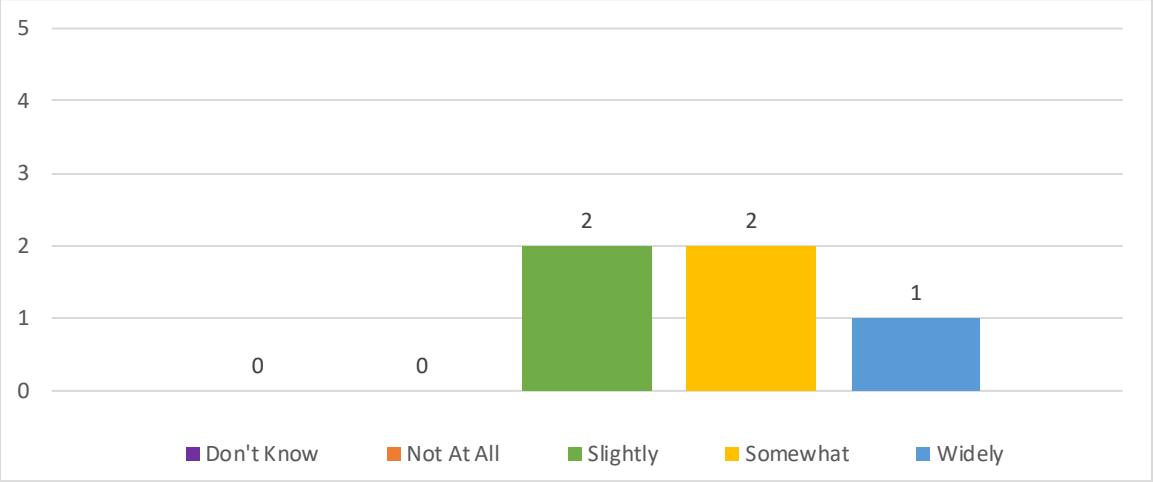


Figure 4.35 Transportation (n=5)



4.2.3 Out-of-Home Treatment Services

Most out-of-home treatment services were perceived as slightly or somewhat available.

Figure 4.36 Therapeutic Foster Care (n=5)

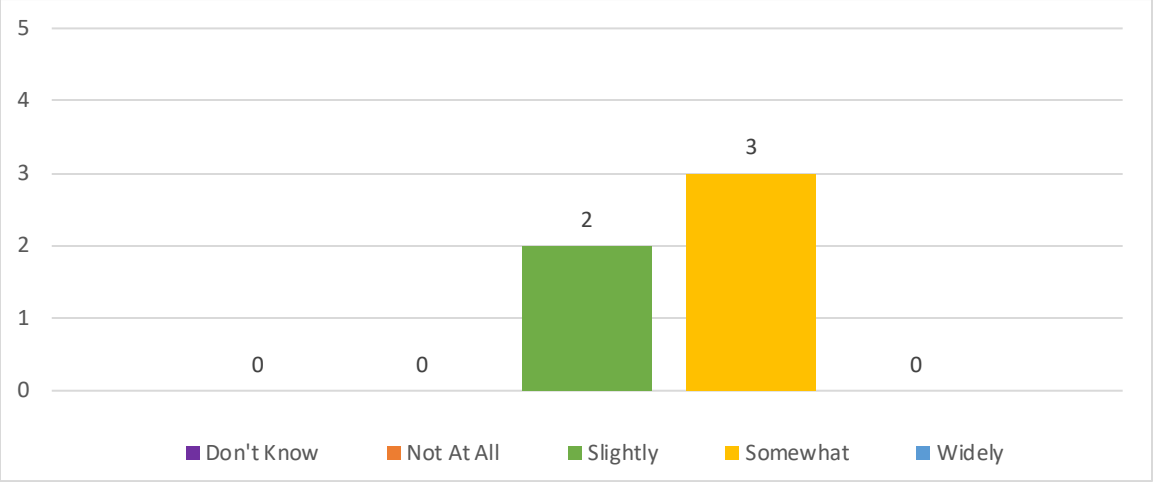


Figure 4.37 Therapeutic Group Home Care (n=5)

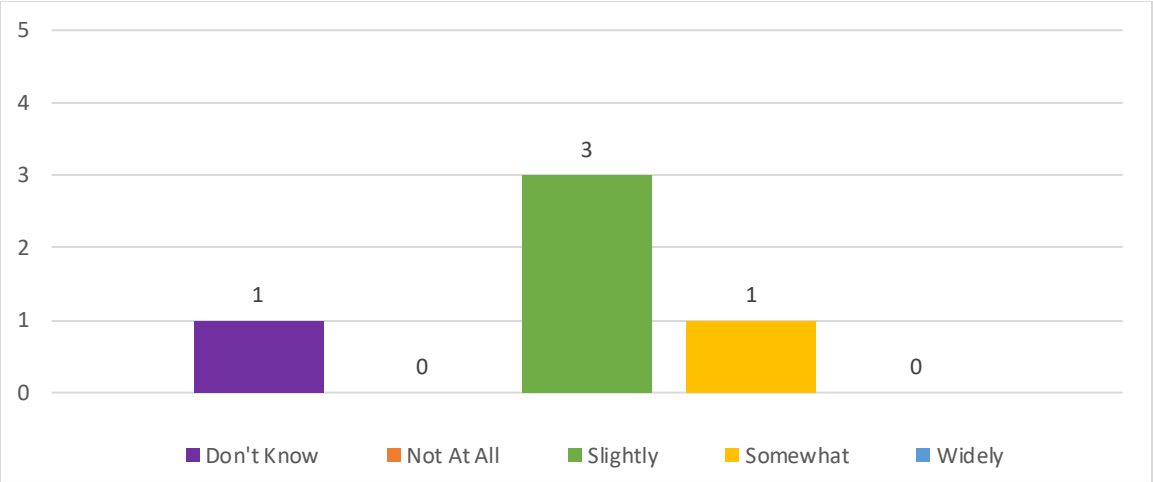


Figure 4.38 Crisis Stabilization Beds (n=4)

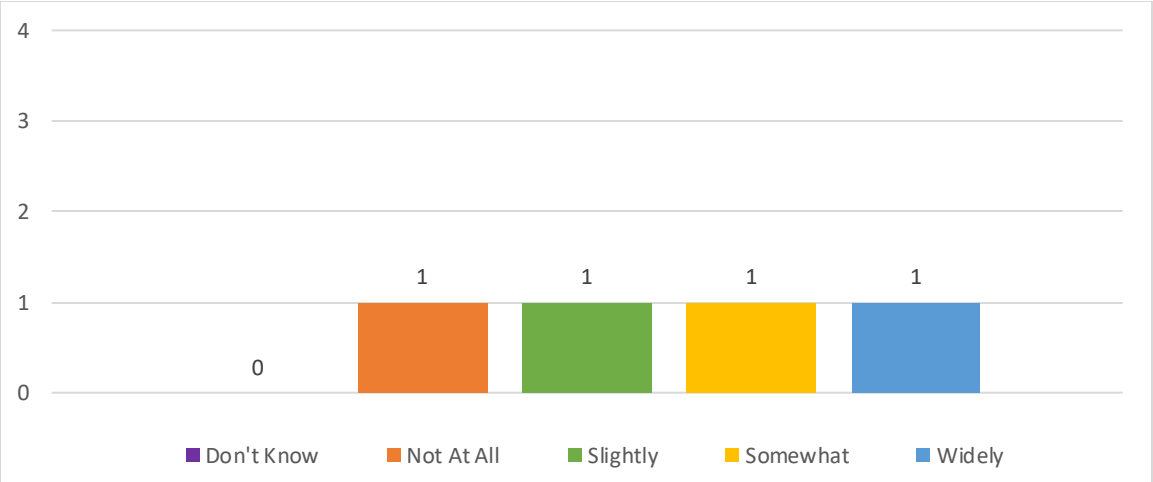


Figure 4.39 Medical Detoxification (n=5)

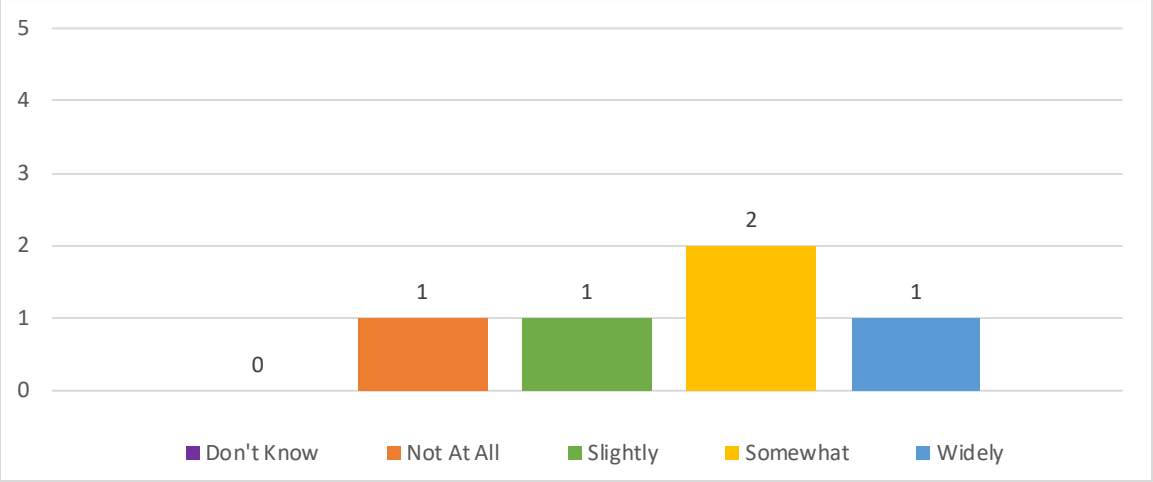


Figure 4.40 Substance Use Residential Treatment (n=5)

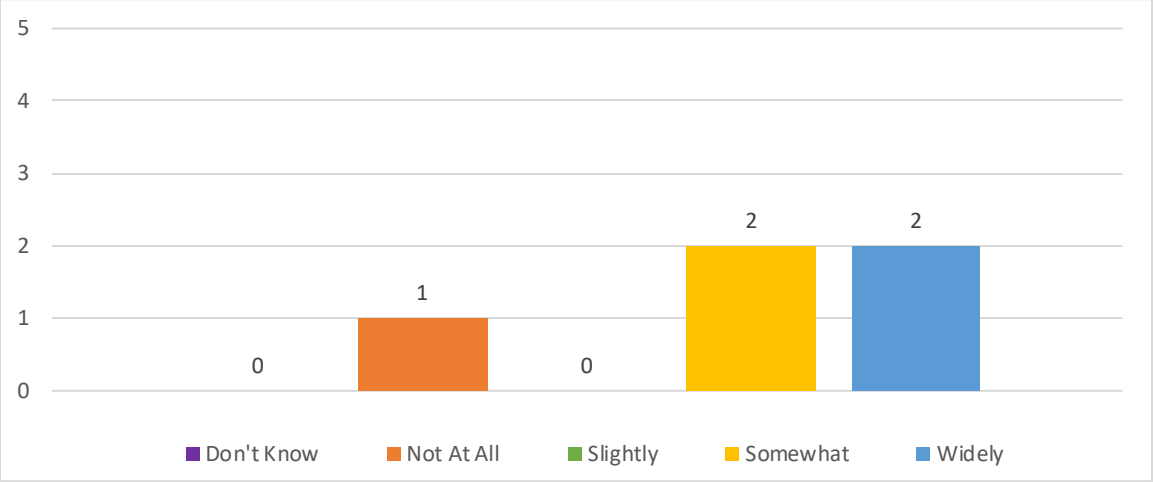


Figure 4.41 Residential Treatment (n=5)

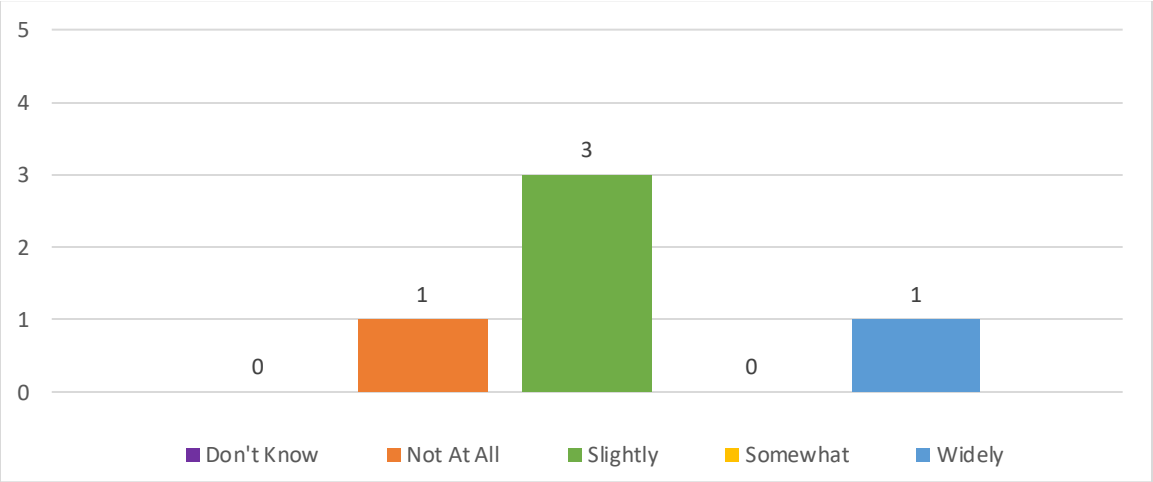
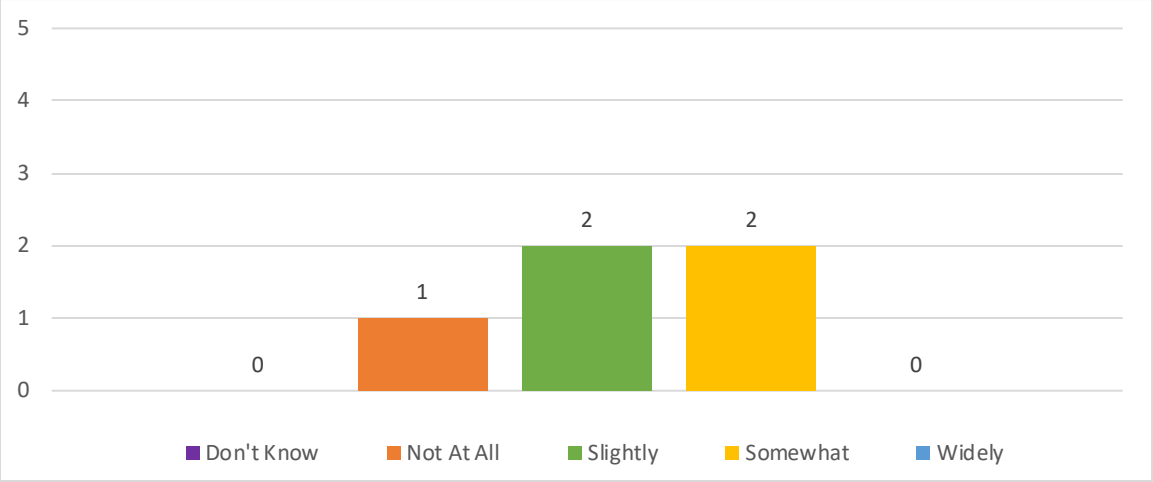


Figure 4.42 Inpatient Hospitalization (n=5)



4.2.4 Peer-Provided Services (ILCHF Outcome)

Most stakeholders perceived that youth and caregiver peer-provided services were not at all or slightly available.

Figure 4.43 Youth Peer-Provided Services (n=5)

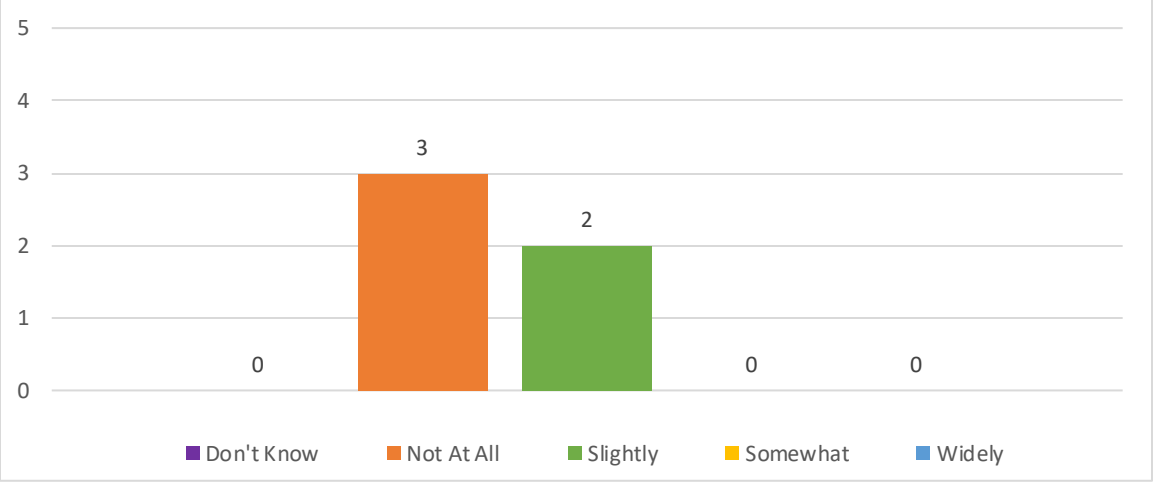
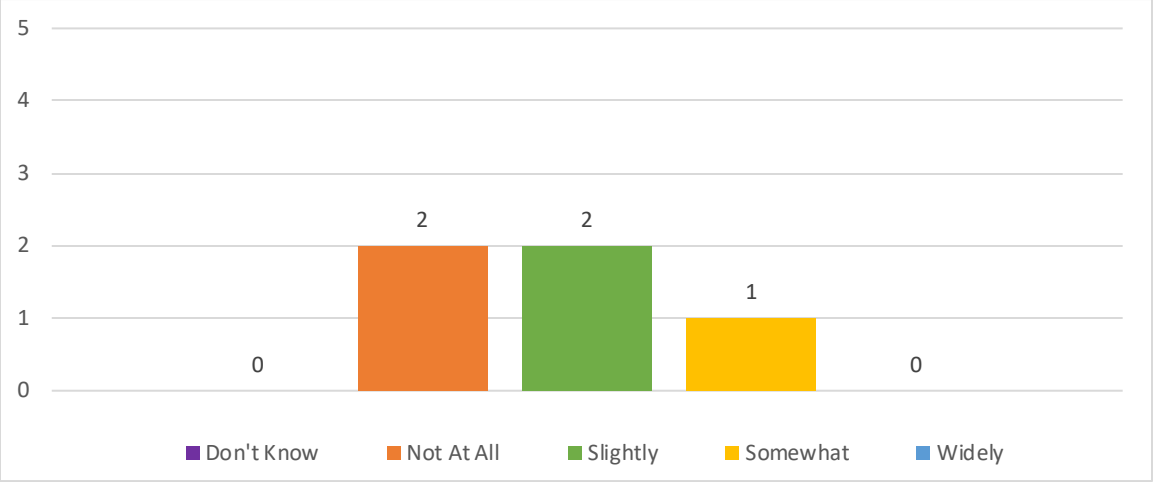


Figure 4.44 Caregiver Peer-Provided Services (n=5)



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. Trauma-focused cognitive behavioral therapy was perceived as widely available in the community; the other interventions were not available or slightly available.

Table 4.1 Use of Evidence-Based Mental Health Interventions (n=5)

	# Yes/Available
Triple P – Positive Parenting Program	0
Parent-Child Interaction Therapy	2
Brief Strategic Family Therapy	1
Multisystemic Therapy	2
Functional Family Therapy	2
Multidimensional Treatment Foster Care	0
Trauma-Focused Cognitive Behavioral Therapy	5
Project ACHIEVE	0
Second Step	2
Promoting Alternative Thinking Strategies (PATHS)	0
Incredible Years	0
Problem-Solving Skills Training	0
First Steps to Success	0
Don’t Know	0
None	0

4.2.6 Service Coordination and Integration (ILCHF Outcome)

One of the goals of the CMHI 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. Stakeholders perceived that services were between slightly and moderately coordinated.

Table 4.2 Service Coordination and Integration

	Mean	SD
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families (n=6)	2.8	1.0
Basic care coordination is provided for children and families at lower levels of service intensity (n=6)	3.0	0.9
Care is coordinated across multiple child-serving agencies and systems (n=6)	2.8	0.8
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) (n=6)	2.3	0.8

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

Table 4.3 Service Coordination with Children's Mental Health System

	Mean	SD
Child welfare system (n=5)	2.8	0.5
Juvenile justice/court system (n=4)	3.0	1.4
Education system (n=5)	3.4	0.6
Primary health system (n=5)	2.6	0.6
Public health system (n=5)	2.4	1.1
Substance use treatment system (n=4)	3.0	1.4

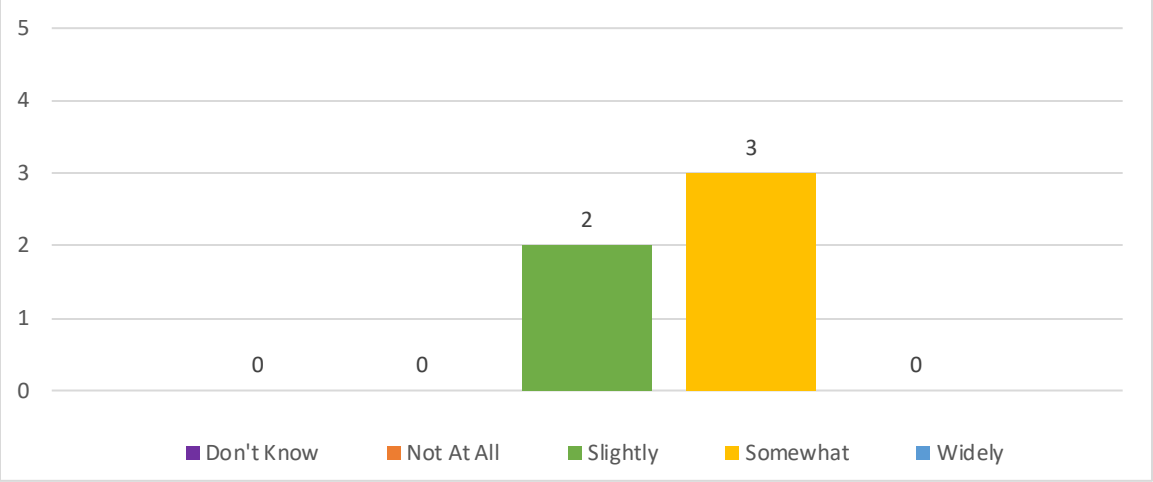
Note: "I Don't Know" responses were excluded when calculating the mean

4.3 System of Care Infrastructure

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

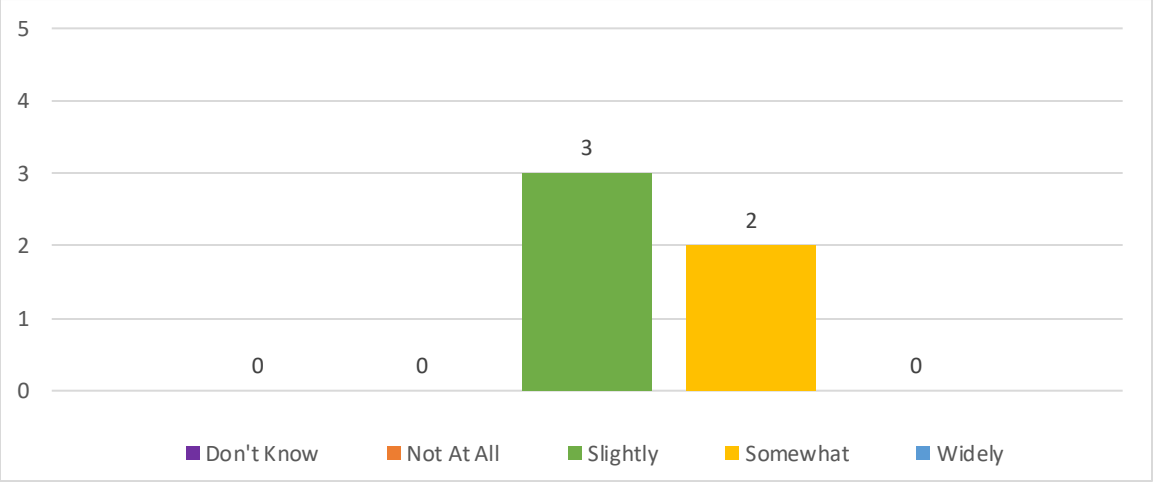
Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages; Figure 4.45 shows that stakeholders perceived that early identification was slightly or somewhat available.

Figure 4.45 Services for Early Identification of Mental Health Problems (n=5)



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). The stakeholders felt that these services were slightly or somewhat available in 2021.

Figure 4.46 Screening for Behavioral Health Needs (n=5)



4.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the CMHI 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. Average scores indicated that stakeholders felt that this capacity is moderately available.

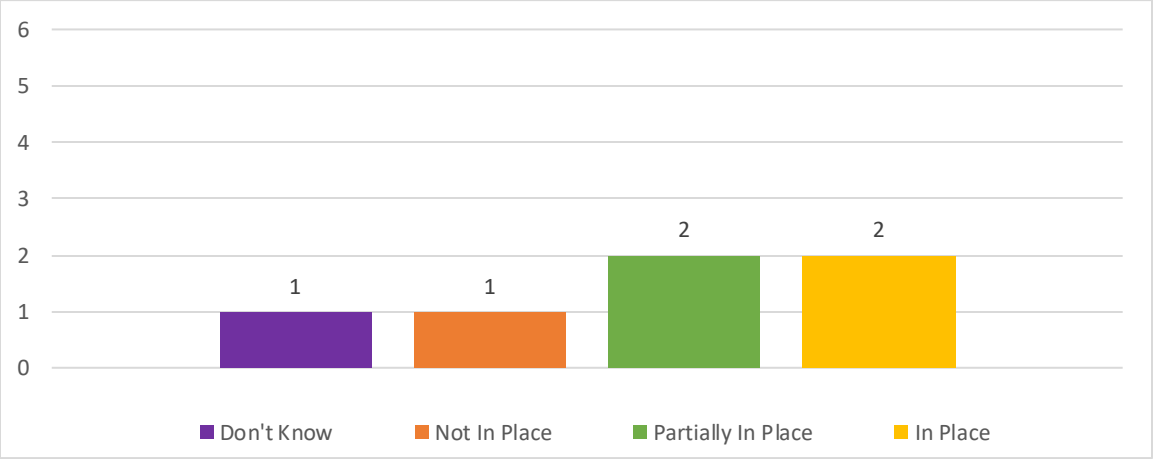
Table 4.4 Capacity to Provide Evidence-Based Clinical Interventions

	Mean	SD
Evidence-informed practices are implemented within the array of services and supports to improve outcomes (n=6)	3.3	0.5
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components (n=6)	3.3	0.5
Best practice guidelines, clinical protocols, and manuals are provided to practitioners (n=6)	3.3	0.5
Fidelity to evidence-informed practices and outcomes is measured (n=6)	2.7	1.0

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

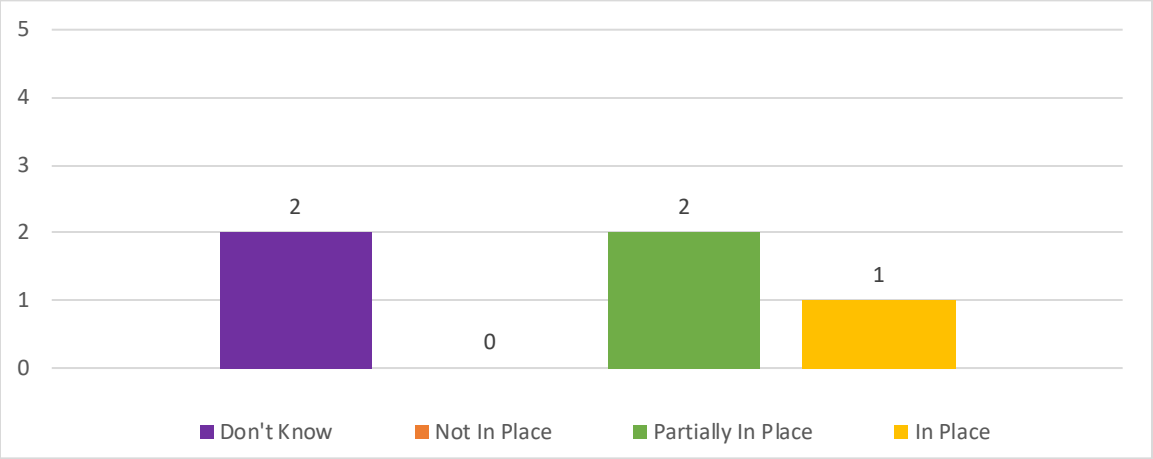
One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to which this infrastructure component was present in their community; the results in Figure 4.47 show that stakeholders had differing perceptions about this outcome.

Figure 4.47 Use of Local Outcome Data to Inform Decision-making (n=6)



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 that some felt this was partially in place, but other respondents did not have knowledge about this.

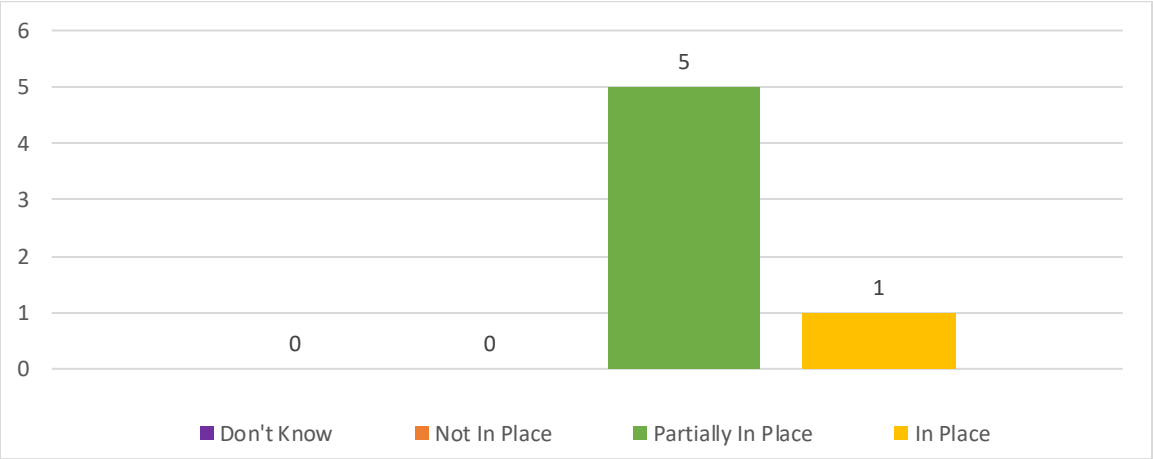
Figure 4.48 Capacity for Gather Data for Continuous Quality Improvement (n=5)



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; most respondents felt that these were partially in place in 2021.

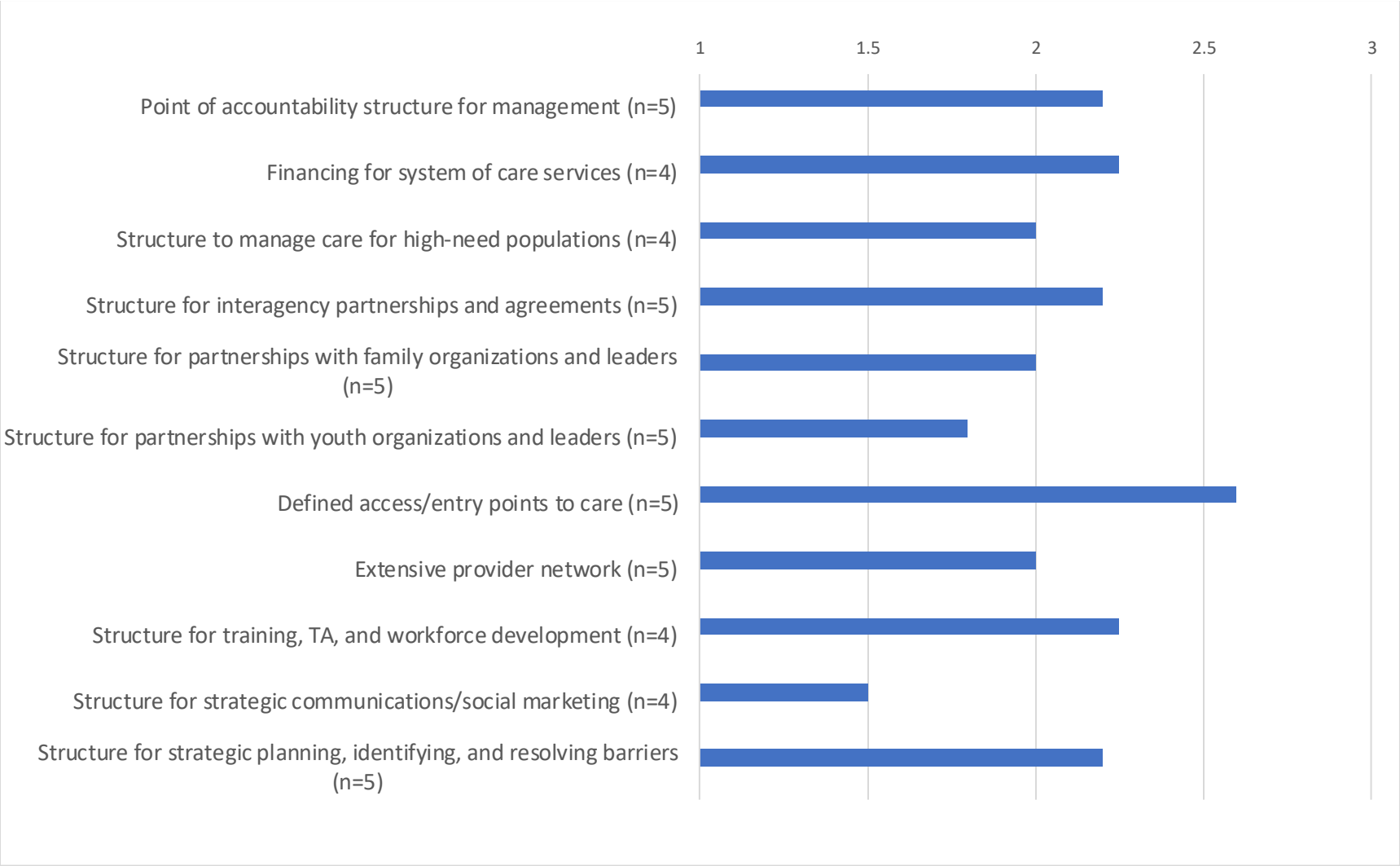
Figure 4.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce (n=6)



4.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2021. Results indicate that most of the infrastructure components were at least somewhat implemented; however, two structures were perceived as not at all or slightly implemented – a structure for partnership with youth leaders and a structure for strategic communication and social marketing.

Figure 4.50 System of Care Infrastructure Components



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

4.4 Parent Survey Results

Parents involved in the development of the system of care completed a stakeholder survey that was adapted for them. Two parents involved with St. Clair County Systems of Care Coordination Project 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 = 2)

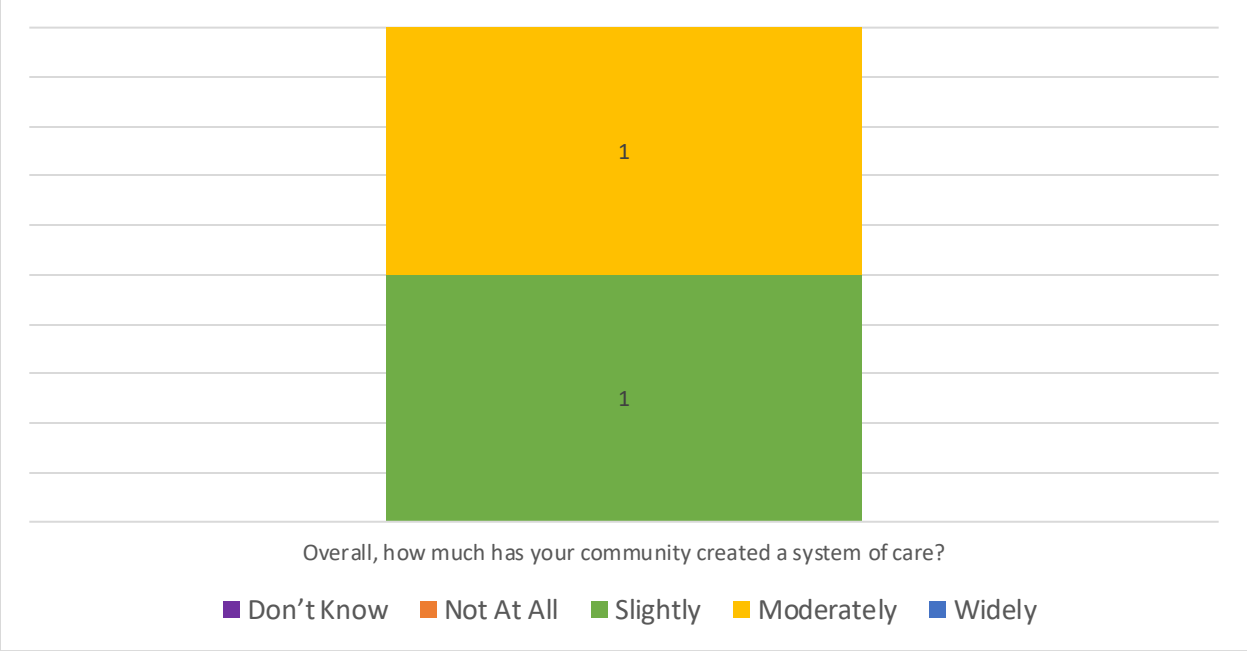


Figure 4.52 Parent and Youth Involvement in System of Care Implementation (n = 2)

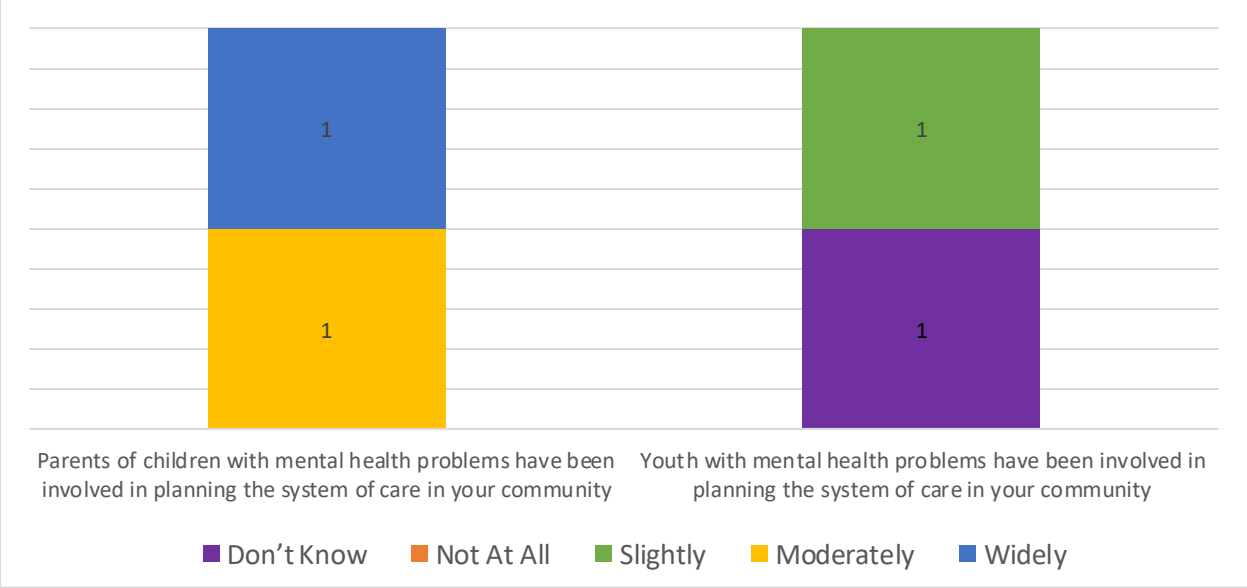


Figure 4.53 Individualized Services (n = 2)

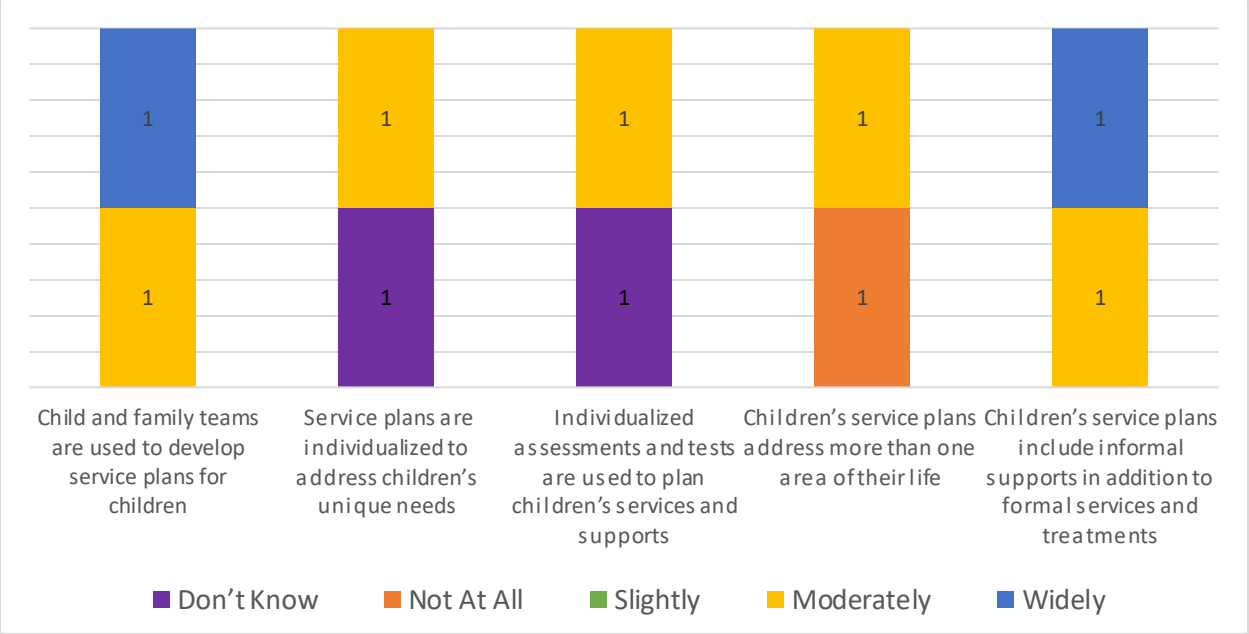


Figure 4.54 Family-Driven Services (n = 2)

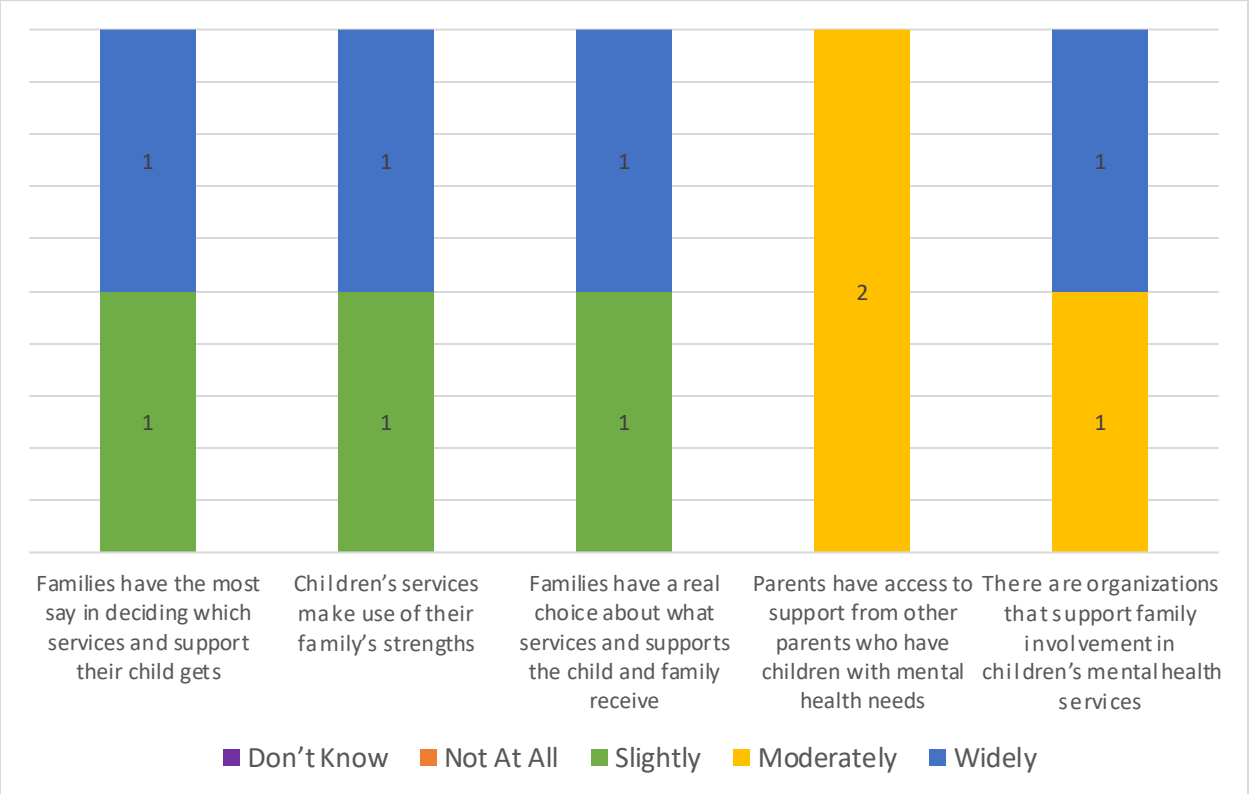


Figure 4.55 Youth-Guided Services (n = 2)

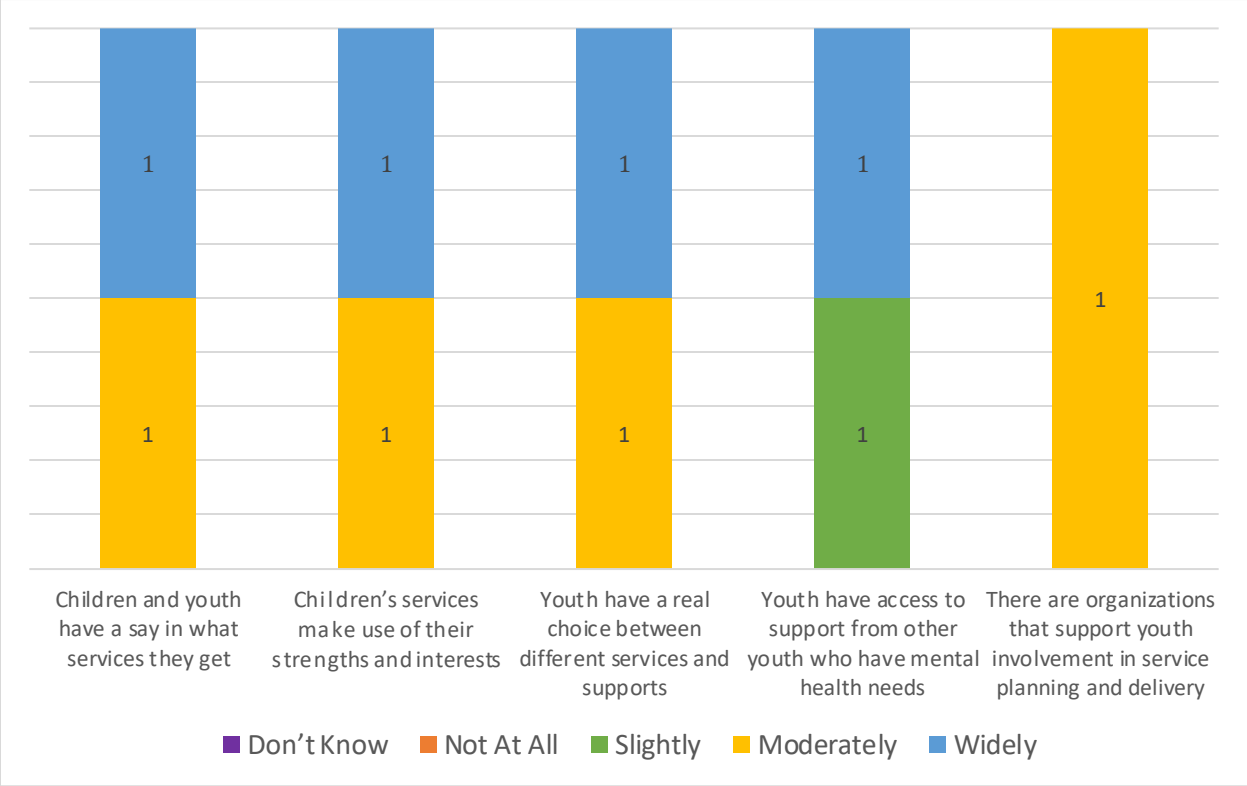


Figure 4.56 Coordinated Services (n = 2)

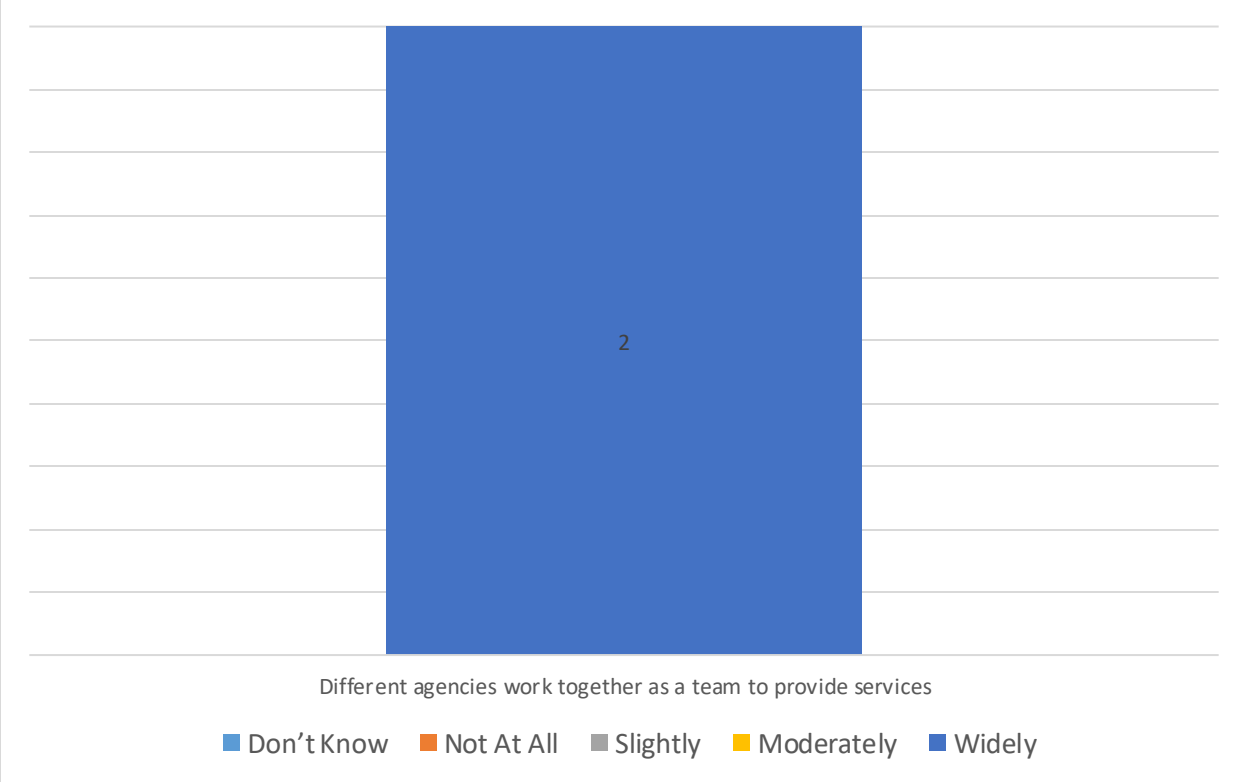


Figure 4.57 Culturally and Linguistically Competent Services (n = 2)

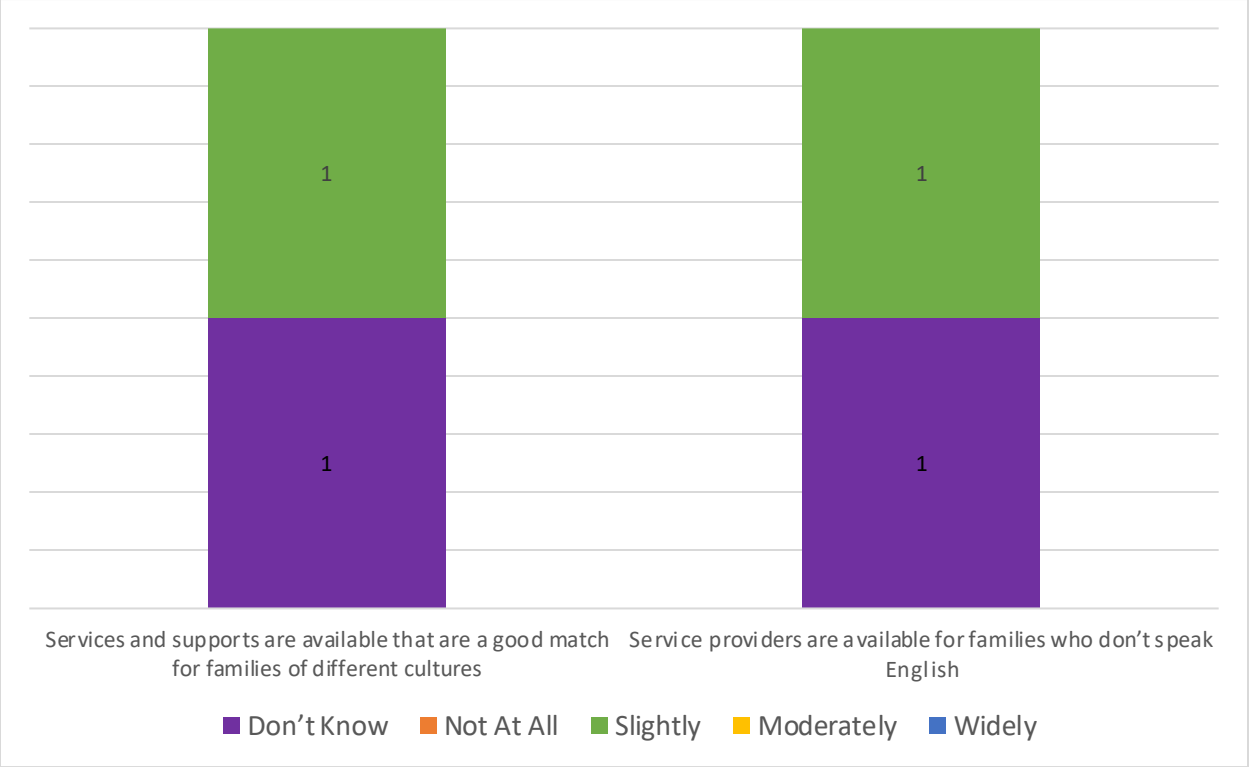


Figure 4.58 Least Restrictive Services (n = 2)

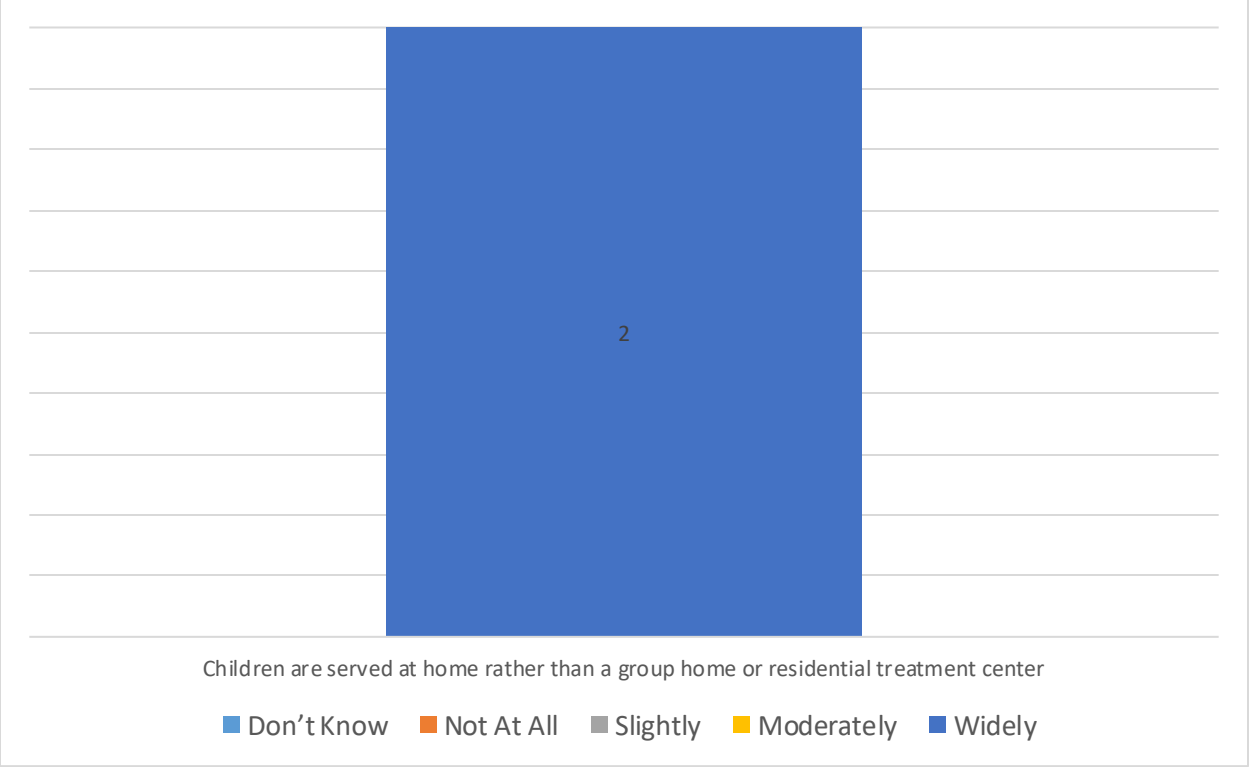


Figure 4.59 Service Array (n = 2)

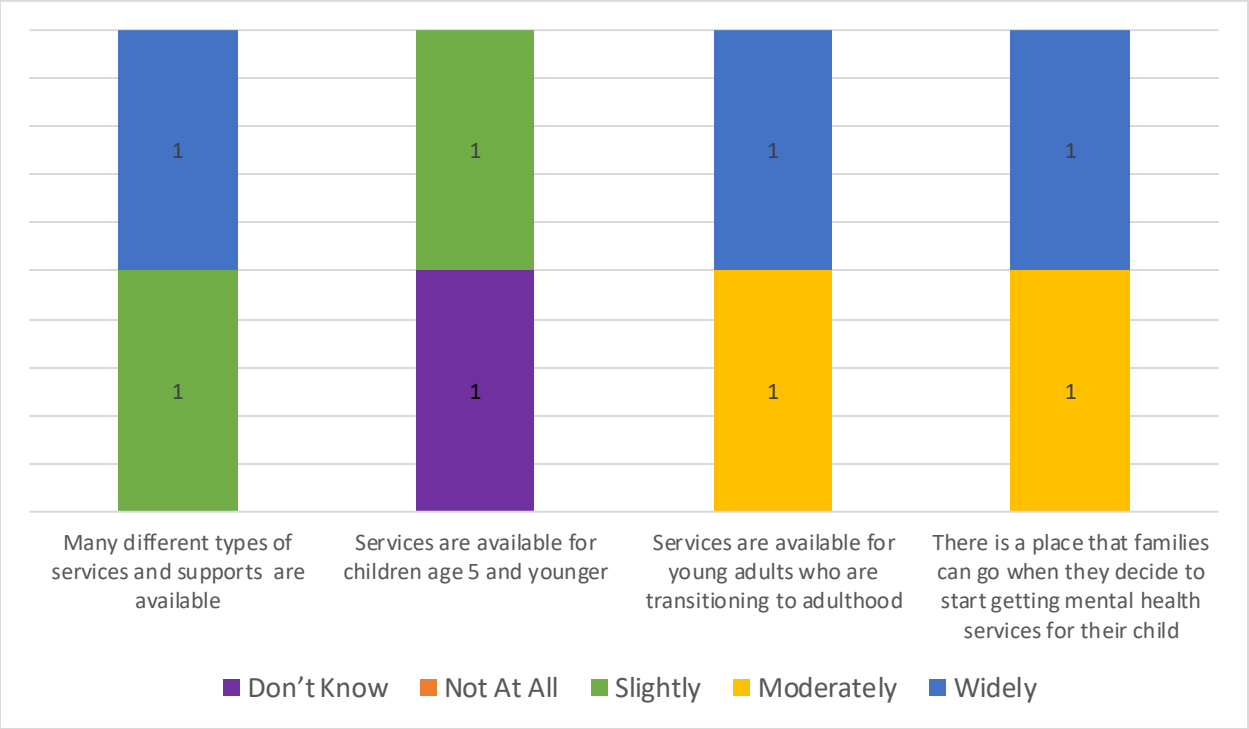


Figure 4.60 Service Coordination (n = 2)

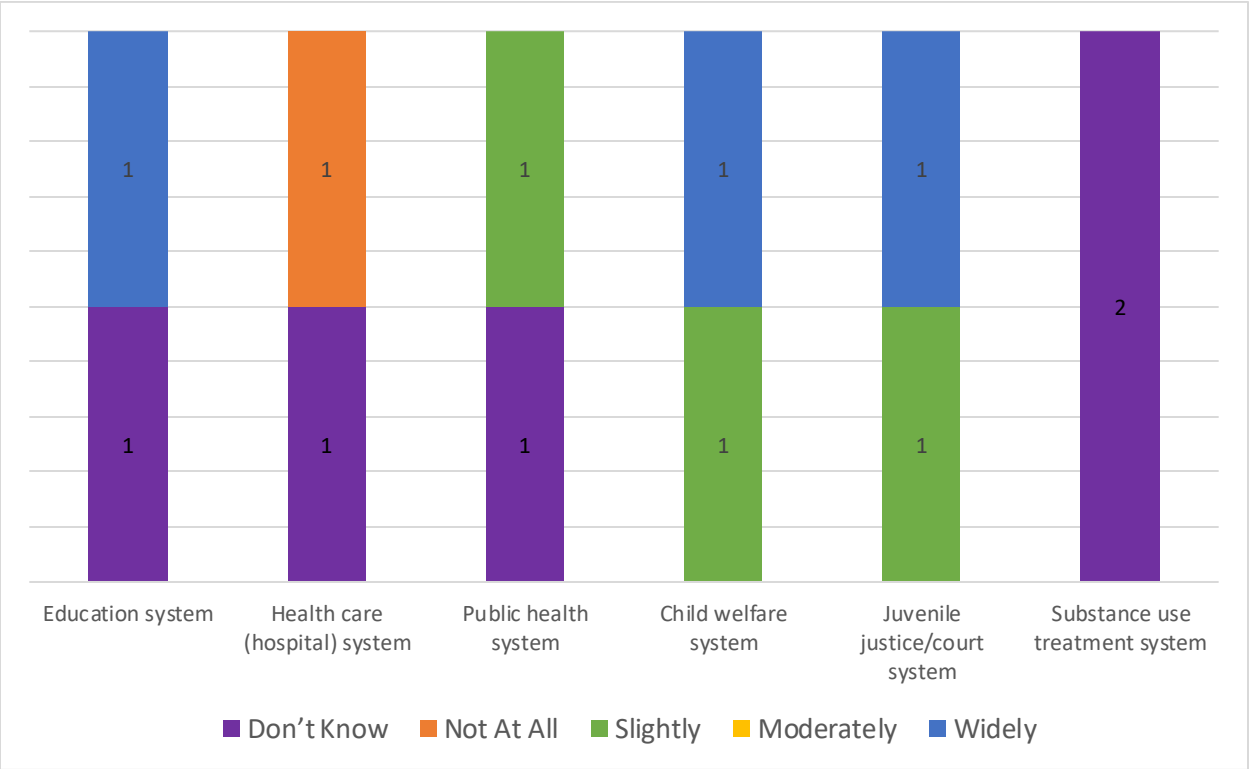
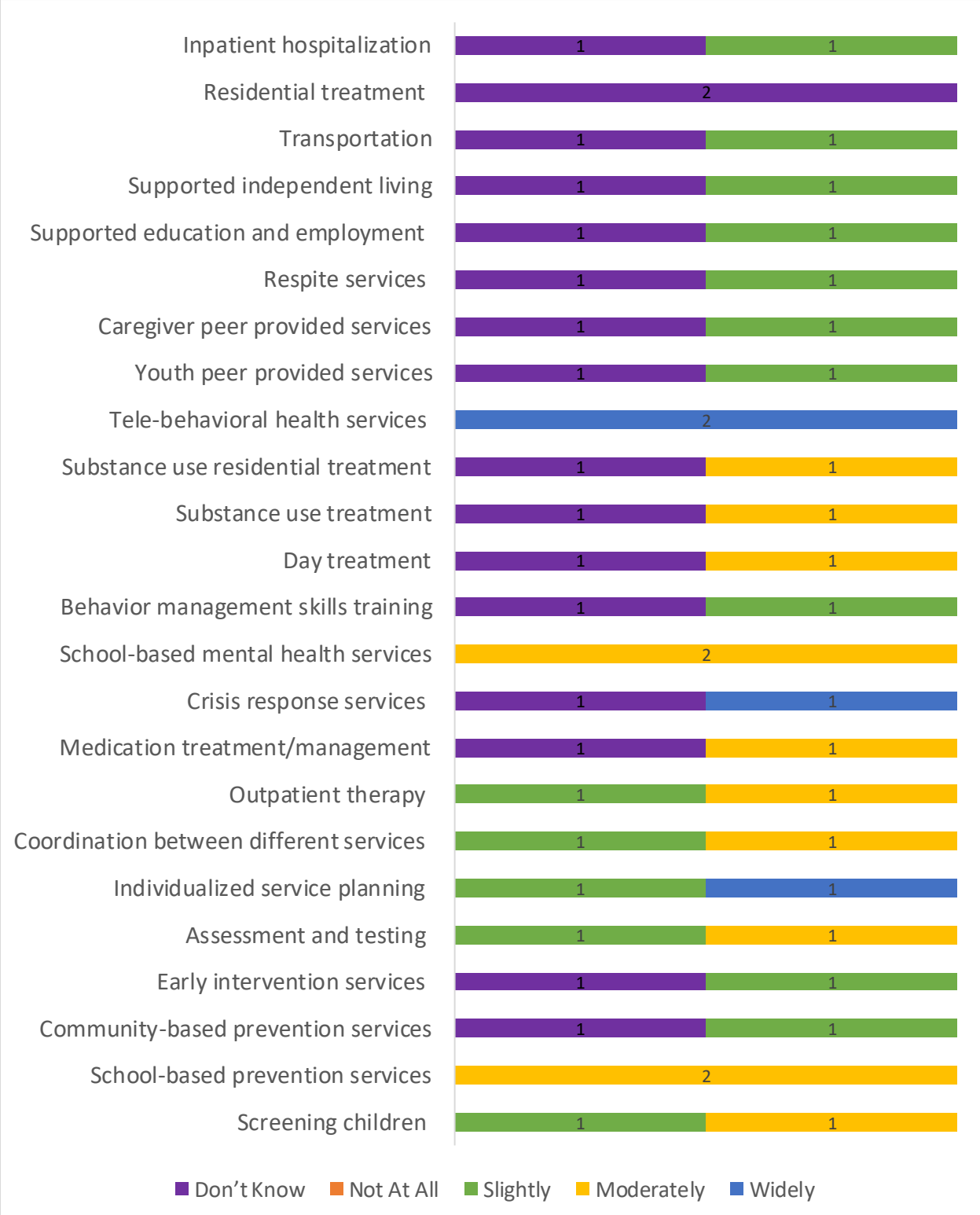


Figure 4.61 Service Availability (n = 2)



5. Greater Peoria Area Youth Mental Health Initiative – UnityPoint

Seventeen providers completed at least a portion of the baseline stakeholder survey. The respondents included individuals who worked in several different sectors including social services, housing services, services for families experiencing homelessness, primary healthcare, education, juvenile justice, and child welfare. No parents completed the parent version of the stakeholder survey. The following sections provide detailed descriptions of site 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.

- Survey respondents were asked to provide an overall assessment of the report their perceptions of the SOC implementation at baseline. There was a wide range of responses among the 16 stakeholders who answered this question: the largest number (seven) perceived that the SOC was slightly implemented, two felt it was not at all implemented, two felt it was somewhat implemented, two felt it was widely implemented, and three did not know.
- Stakeholders were asked to rate the extent to which critical implementation supports were perceived as present. Seven of 17 respondents perceived that a strategic plan was not in place and five perceived that one was partially in place. Only three of 17 respondents felt that a planning committee to guide implementation was fully in place. A majority of stakeholders felt that buy-in, leadership, and clear communication channels were partially or fully in place. Perceptions were split about the presence of technical assistance; some felt they were not at all in place and others thought they were partially in place.
- Parent and youth involvement are key elements of SOC implementation, and the stakeholders who responded to this survey reported differing perceptions. In terms of both parent involvement, eight of the 17 who responded to the question indicated it was not place, and for youth involvement, nine indicated not in place. Several respondents either didn't know or felt these elements were partially in place.
- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the SOC philosophy. Average scores indicated that stakeholders in other systems were perceived as being somewhat committed to the SOC philosophy; slightly lower scores were given to the Medicaid system, policy and decision-makers, and managed care organizations.
- Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what

is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these eight principles. Overall, respondents felt that these principles were between slightly and moderately implemented.

- Service availability within the SOC is a key outcome of interest, and stakeholders were asked about the perceived availability of many types of services in their community. Stakeholders perceived that most of the services were either slightly or somewhat available. About a quarter of the stakeholders did not know about the availability of many services.
- An important outcome for the SOC implementation is the establishment of peer-provided services for parents and youth. Half of the respondents said that they did not know about this; answers among the other half were varied.
- Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Trauma-focused cognitive behavioral therapy was perceived as available by about half of the respondents; the other interventions were not available or slightly available. About half of the respondents did not know about the availability of evidence-based services.
- In terms of service coordination and integration within the SOC, mean scores indicated that respondents felt that services provided by other systems were somewhat coordinated with mental health services.
- Stakeholders were asked to rate the extent to which the service array in their community identifies behavioral health problems at early stages. Most stakeholders perceived that early identification of mental health concerns was slightly or somewhat available; similar results were found for the presence of behavioral health screening.
- One of the goals of the CMHI is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Average scores indicated that stakeholders felt that this capacity is moderately available across four domains including evidence-informed practice, training for providers, best practice guidelines and protocols, and fidelity.
- Survey respondents were asked to gauge progress toward the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Results show that stakeholders had differing perceptions about this, and most felt that this capacity was not in place.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. A majority of respondents felt this was partially in place.
- Using the Georgetown Assessment for SOC implementation, the survey explored elements of infrastructure. Results indicate that all of the infrastructure components were between

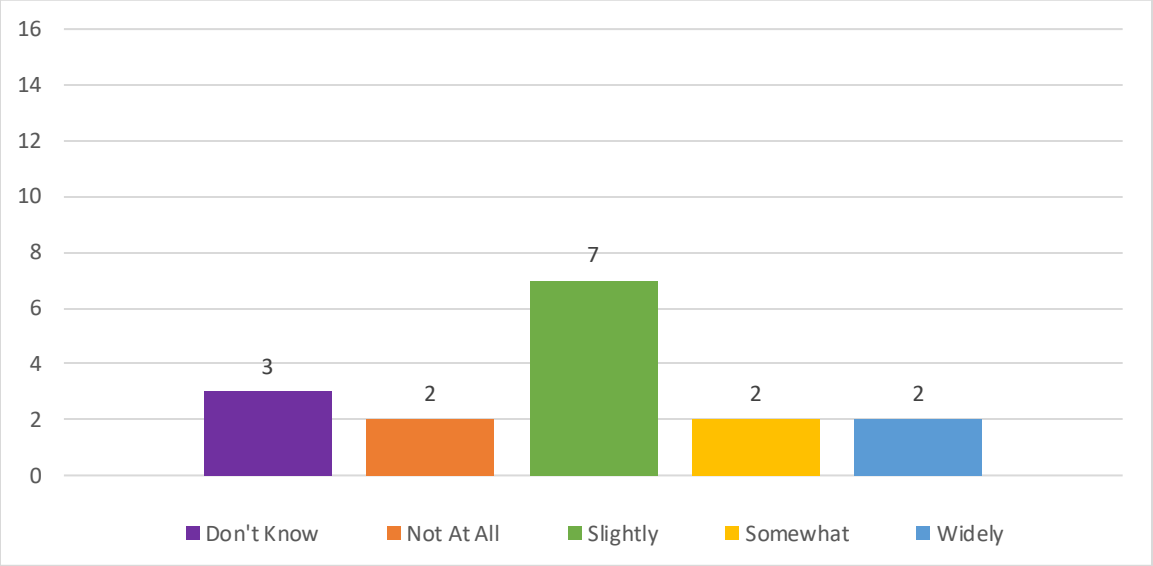
slightly and somewhat implemented. The lowest rated structure was that for strategic planning, identifying and resolving barriers.

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 (see Figure 5.1). There was a wide range of responses; two each for "not at all," "somewhat," and "widely." The largest number of stakeholders (seven) felt a system of care was slightly implemented. Two stakeholders said they did not know.

Figure 5.1 Overall Assessment of System of Care Implementation (n=16)



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 2021.

Figure 5.2 Strategic Plan That Guides System of Care Implementation Activities (n=17)

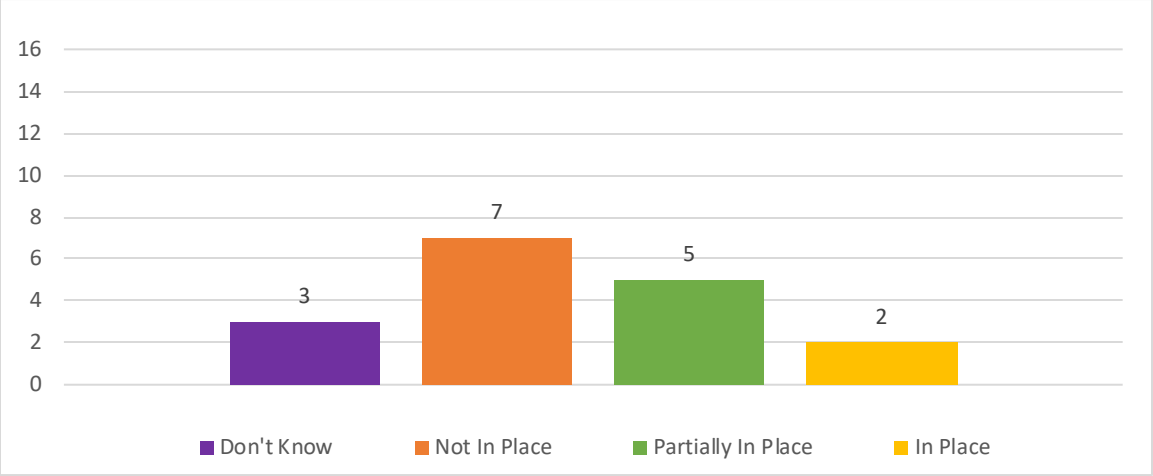


Figure 5.3 Planning Committee That Meets Frequently to Guide Implementation (n=17)

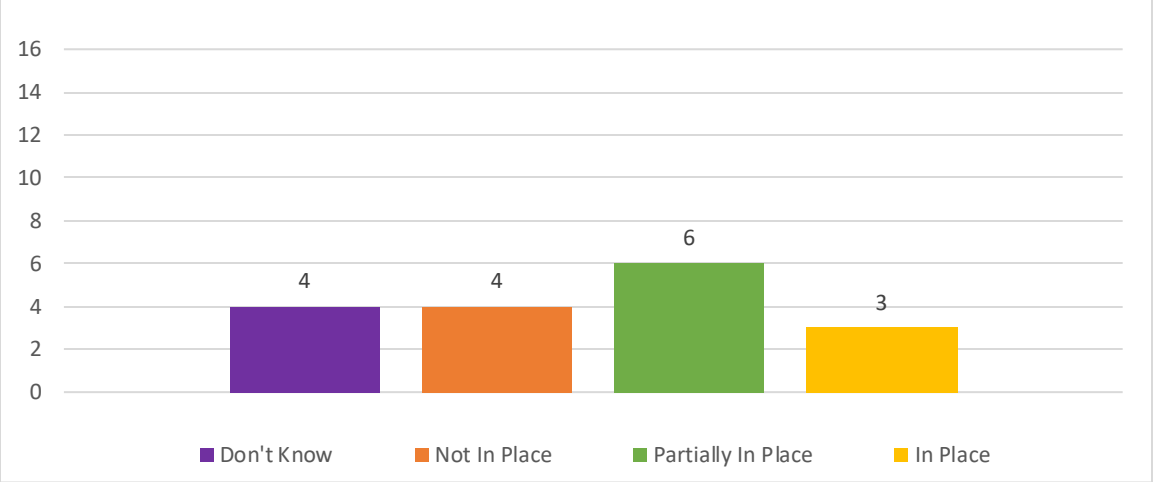


Figure 5.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems (n=17)

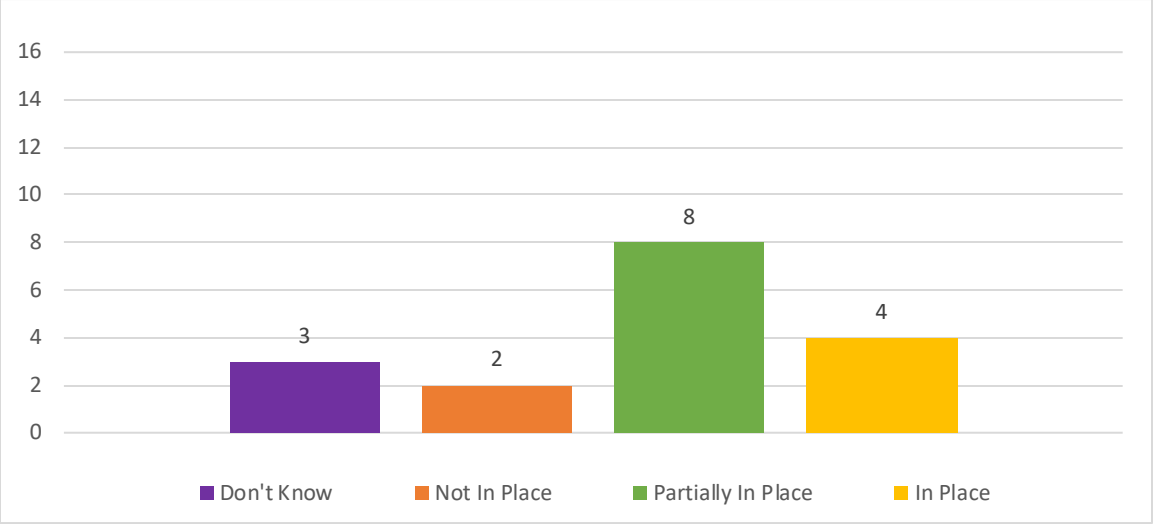


Figure 5.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders (n=17)

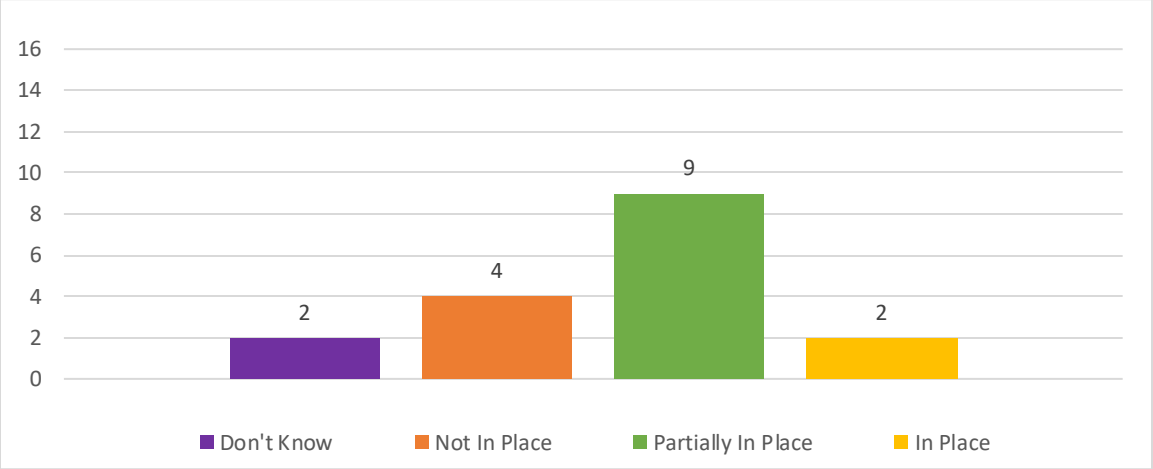
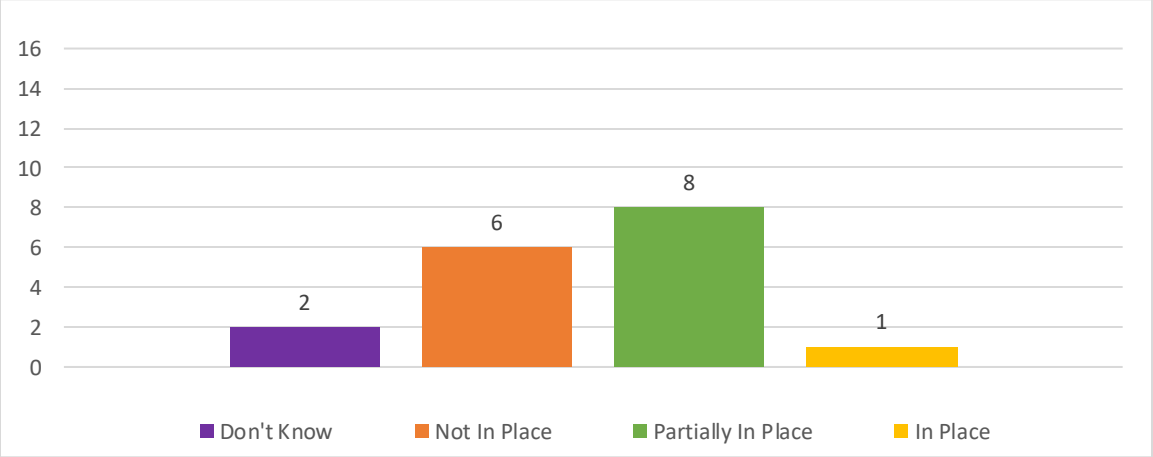


Figure 5.6 Technical Assistance Opportunities to Support Implementation (n=17)



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.

Figure 5.7 Parent Involvement in System of Care Implementation Activities (n=17)

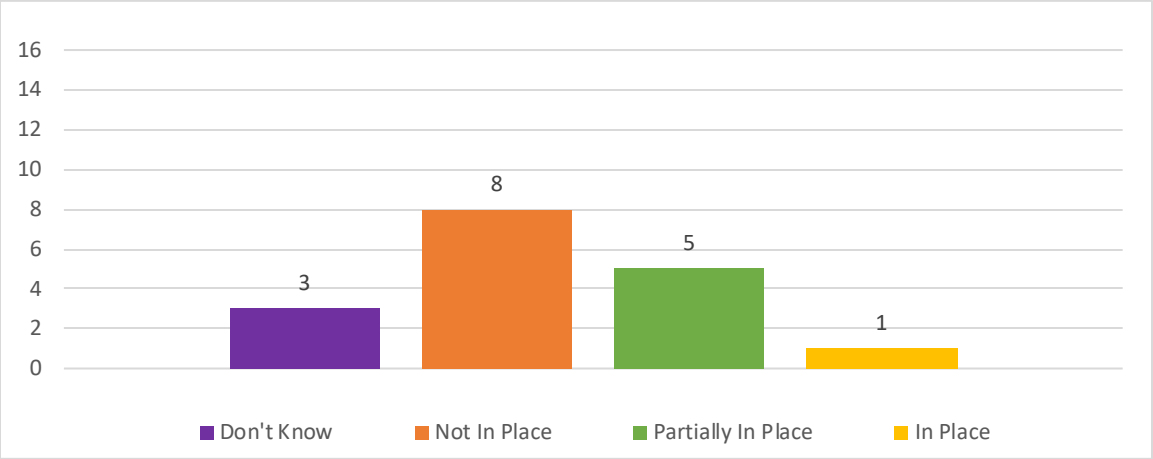
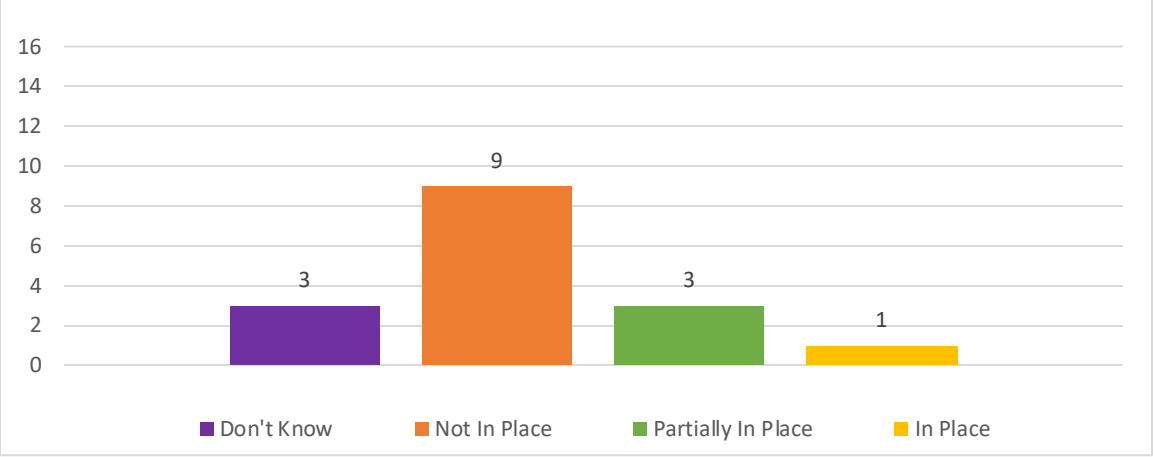


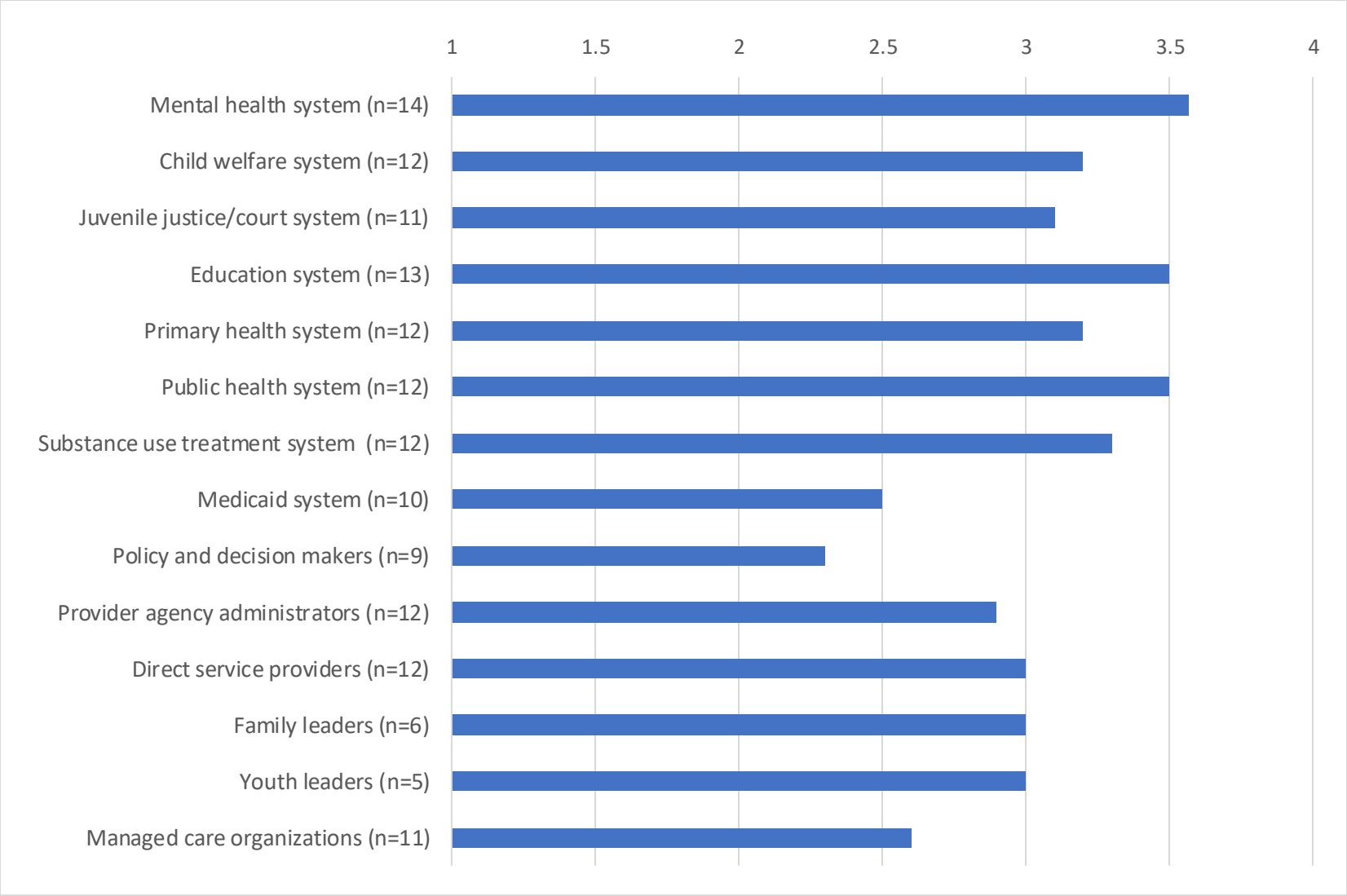
Figure 5.8 Youth Involvement in System of Care Implementation Activities (n=17)



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 2021. On average, survey respondents perceived that stakeholders in most child-serving domains were somewhat to widely committed to the SOC philosophy. The lowest levels of perceived commitment were among the Medicaid system, managed care organizations, and high-level policy and decision makers.

Figure 5.9 Commitment to System of Care Philosophy and Approach



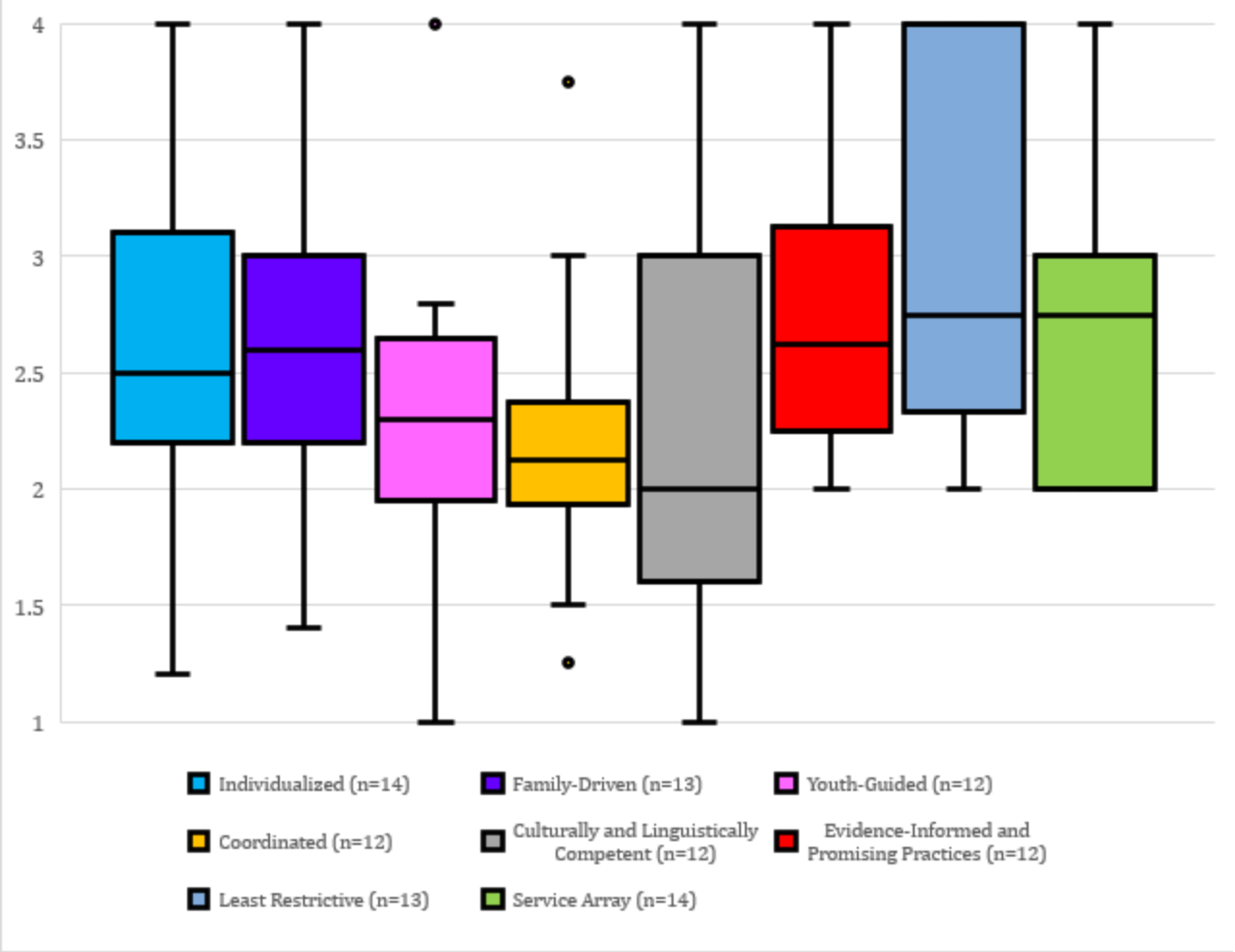
Note: "Don't know" responses were not included when calculating the mean scores.

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. Figure 5.10 shows the distribution of scores for each subscale. Notice that the box and whiskers show that most scales had a range of high, low and medium scores, indicating that people disagreed about how most of these values and principles were applied. Usually "slightly" or "moderately" were chosen.

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 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 perceived that most of the services were either slightly or somewhat available; and about a quarter of the stakeholders did not know about the availability of the services.

Figure 5.11 School-based Prevention Services (n=16)

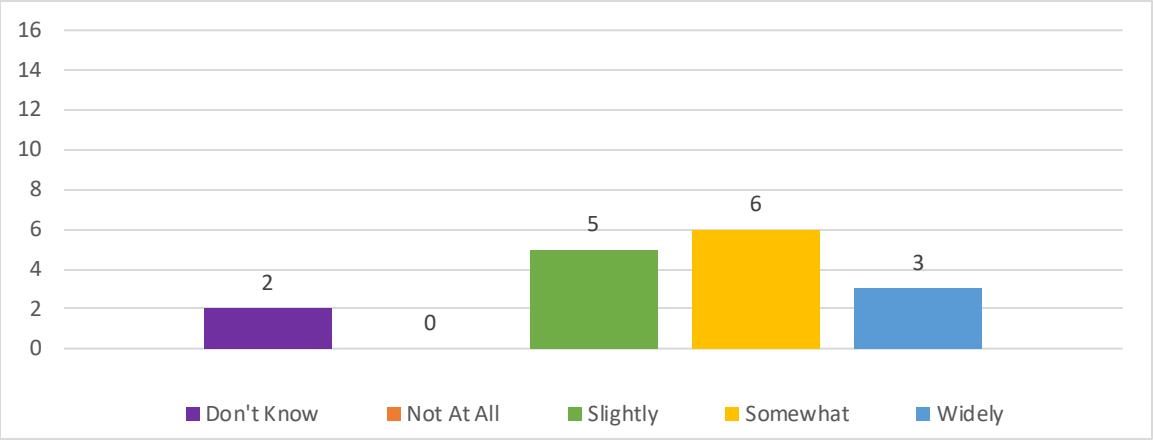


Figure 5.12 Community-based Prevention Services (n=16)

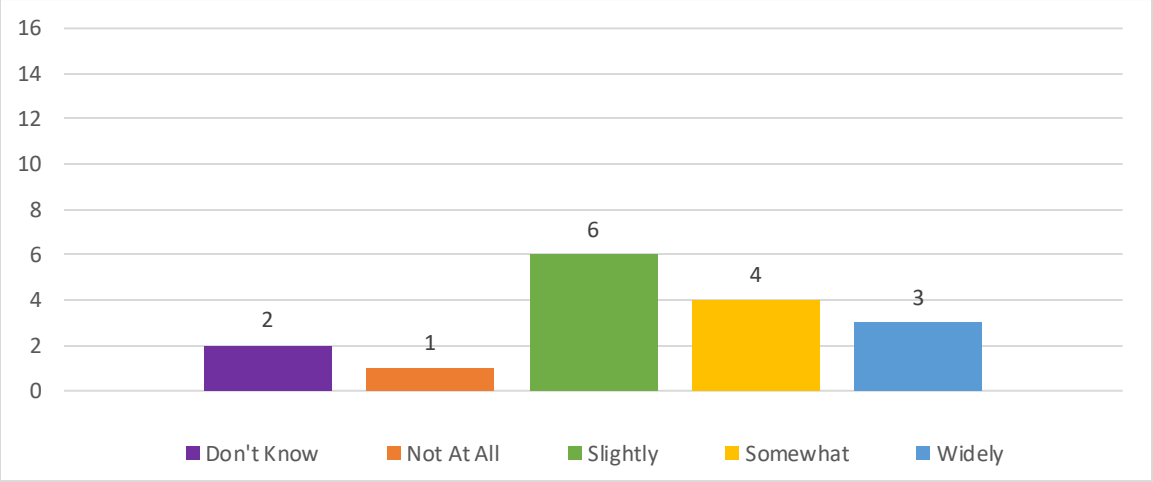


Figure 5.13 Early Intervention Services (n=16)

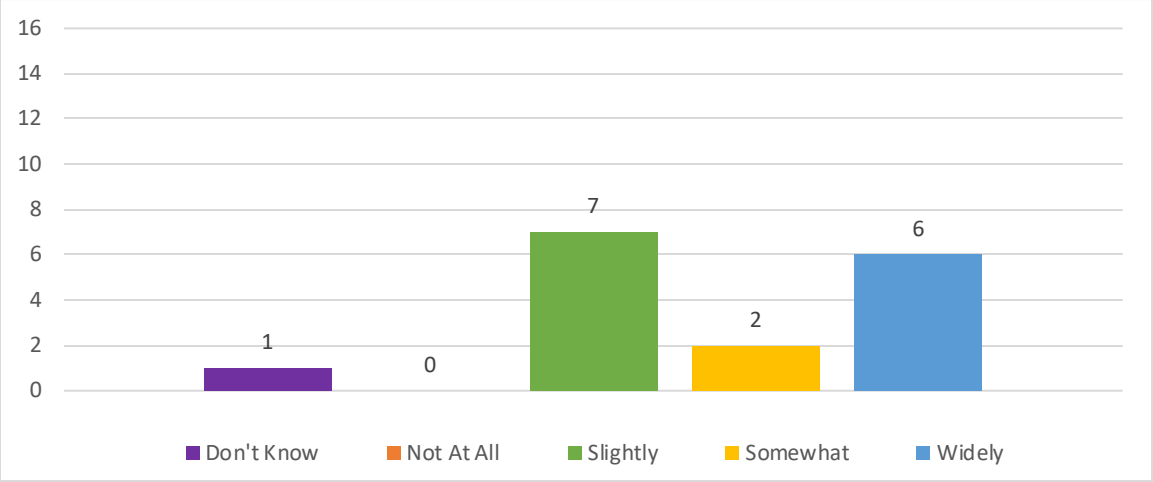


Figure 5.14 Assessment (n=16)

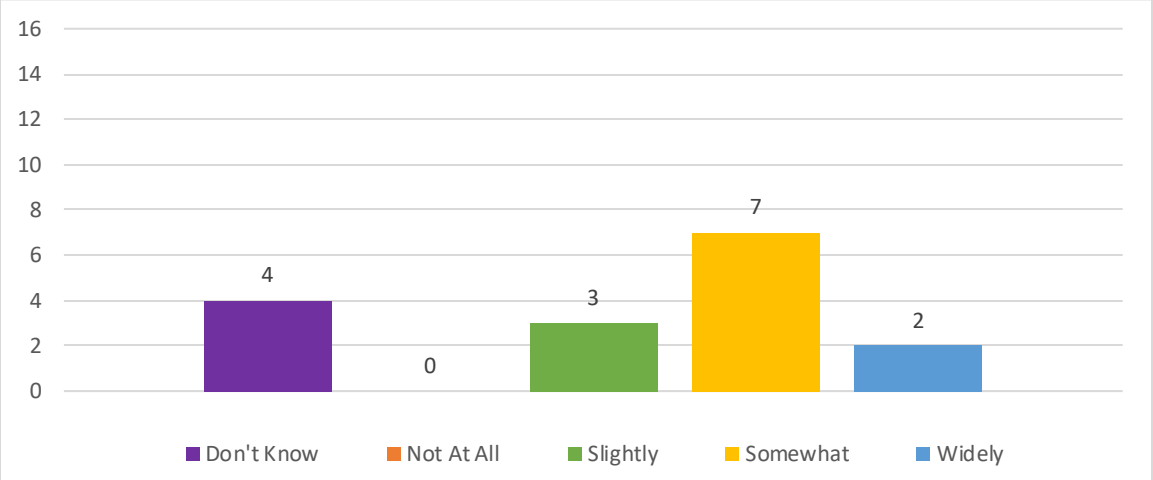


Figure 5.15 Individualized Service Planning (n=16)

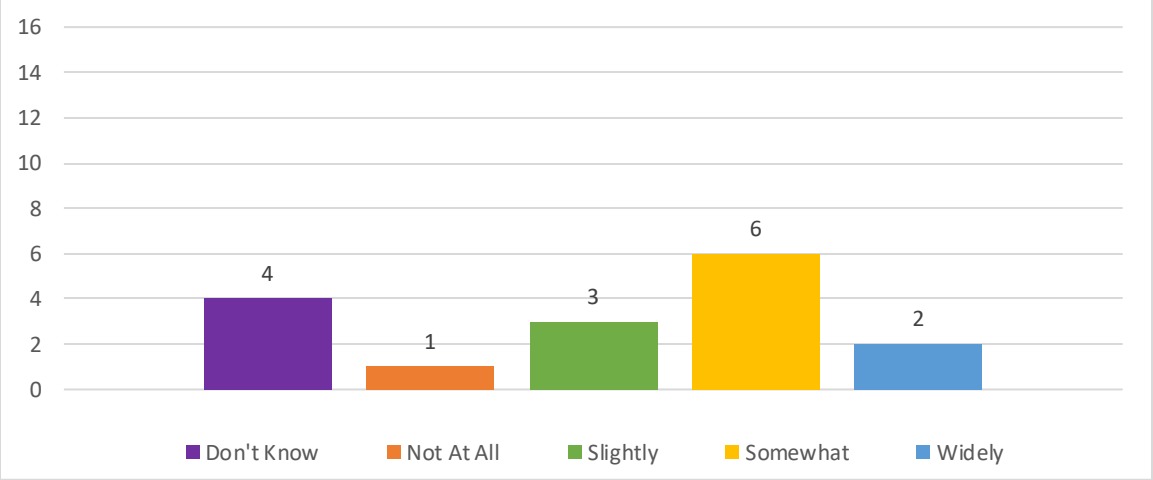


Figure 5.16 Intensive Care Management (n=16)

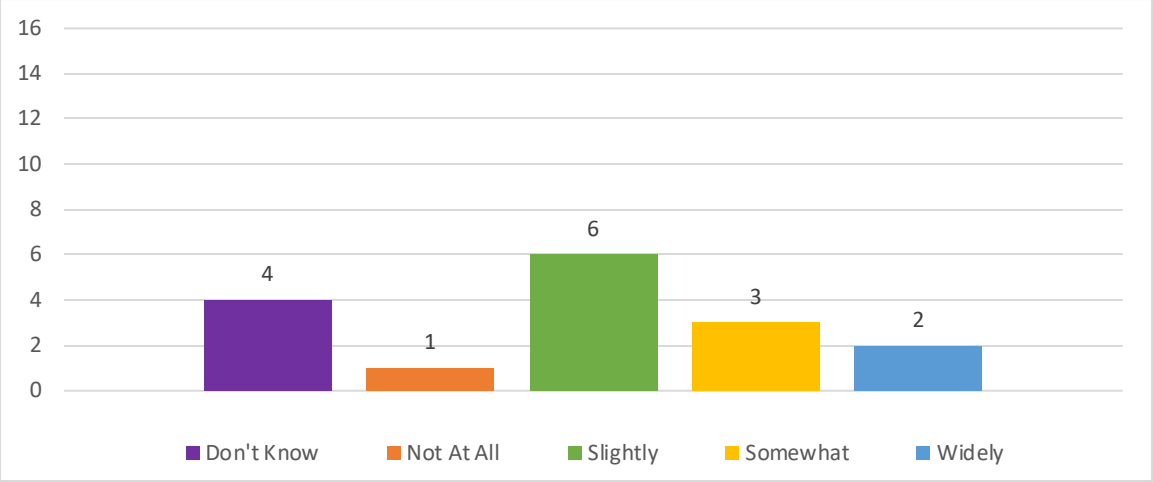


Figure 5.17 Service Coordination for Youth at Lower Levels of Service Intensity (n=16)

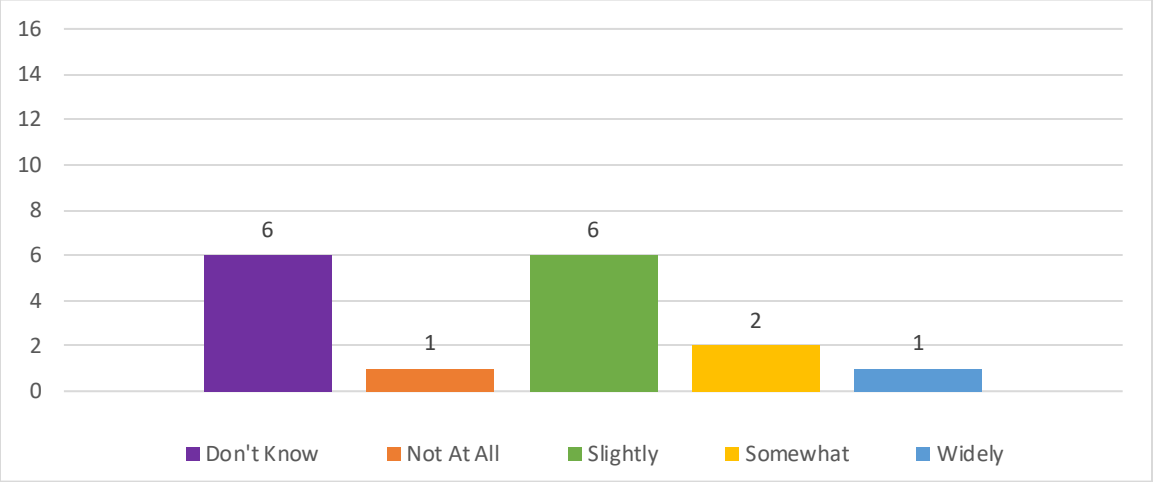


Figure 5.18 Outpatient Therapy (n=16)

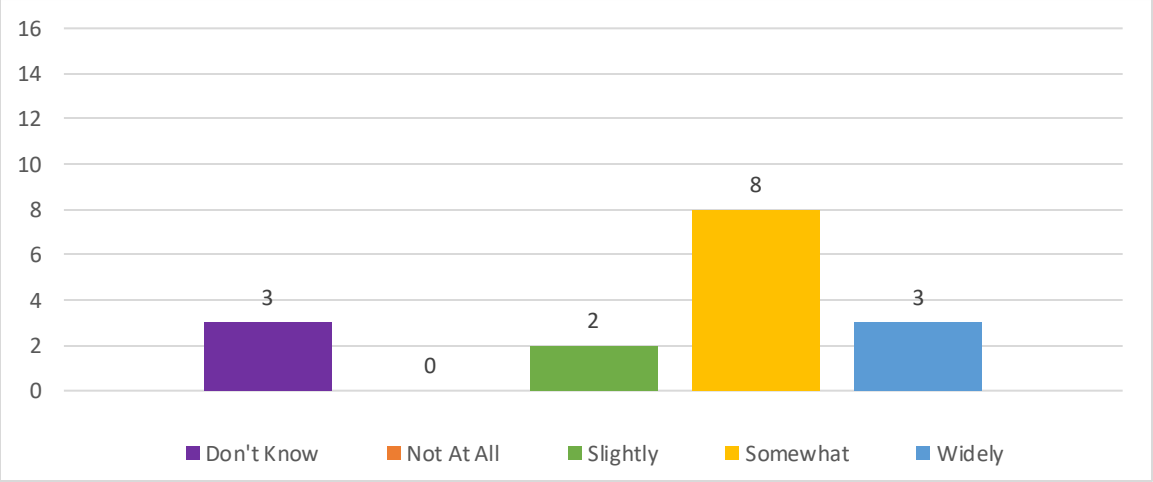


Figure 5.19 Medication Treatment/Management (n=16)

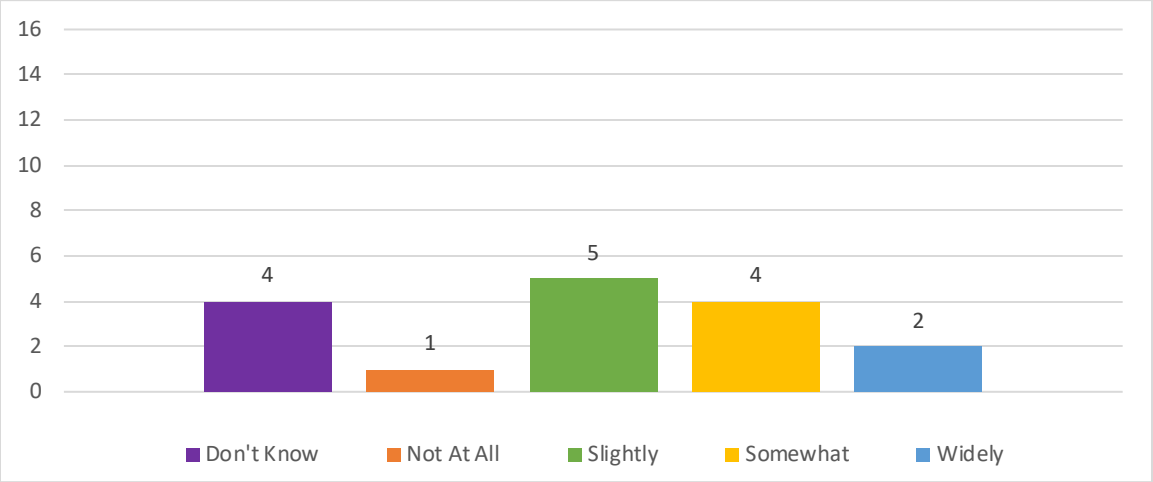


Figure 5.20 Crisis Response Services, Non-Mobile (24 hours, 7 days) (n=16)

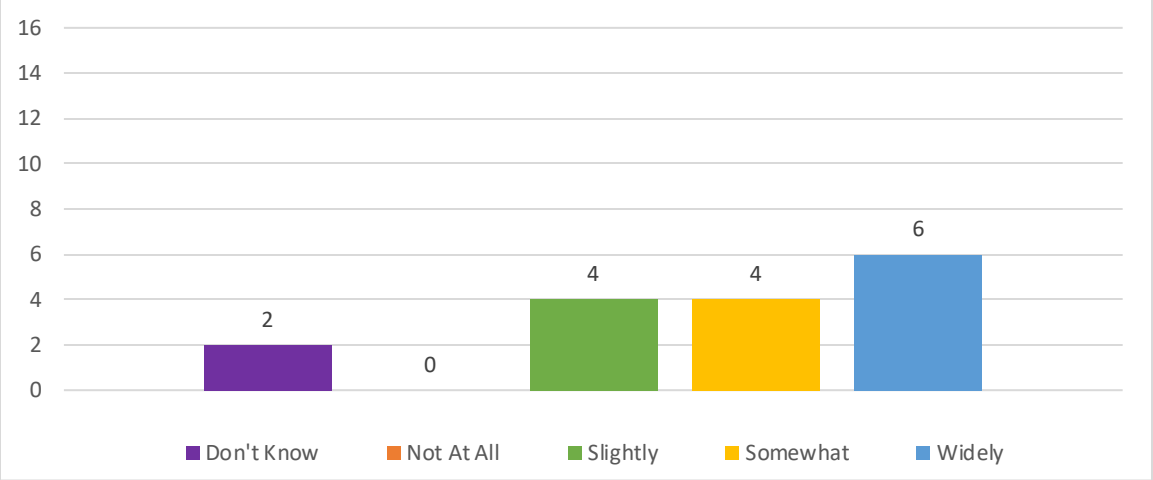


Figure 5.21 Mobile Crisis and Stabilization Services (24 hours, 7 days) (n=15)

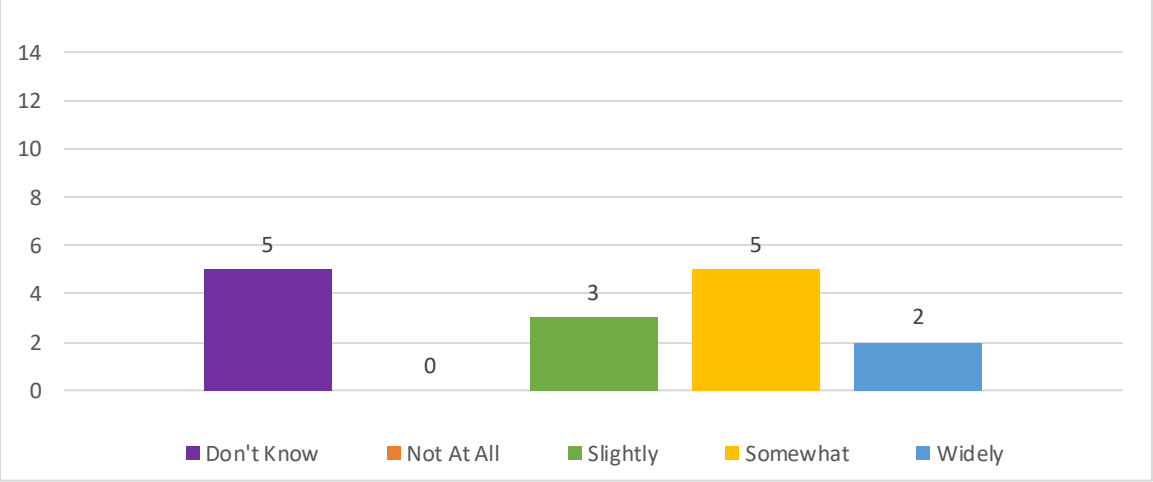


Figure 5.22 Intensive In-Home Services (n=15)

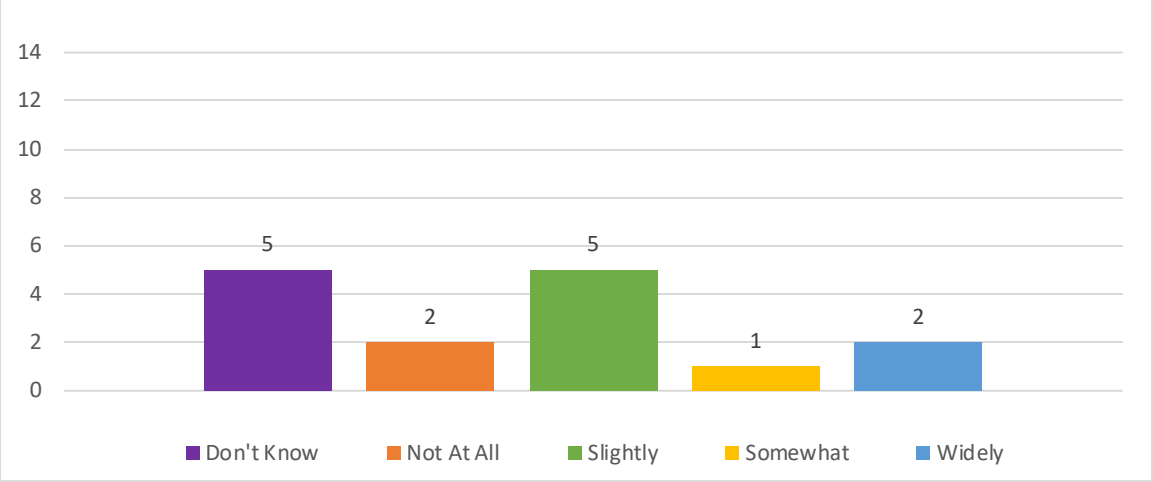


Figure 5.23 School-Based Behavioral Health Services (n=16)

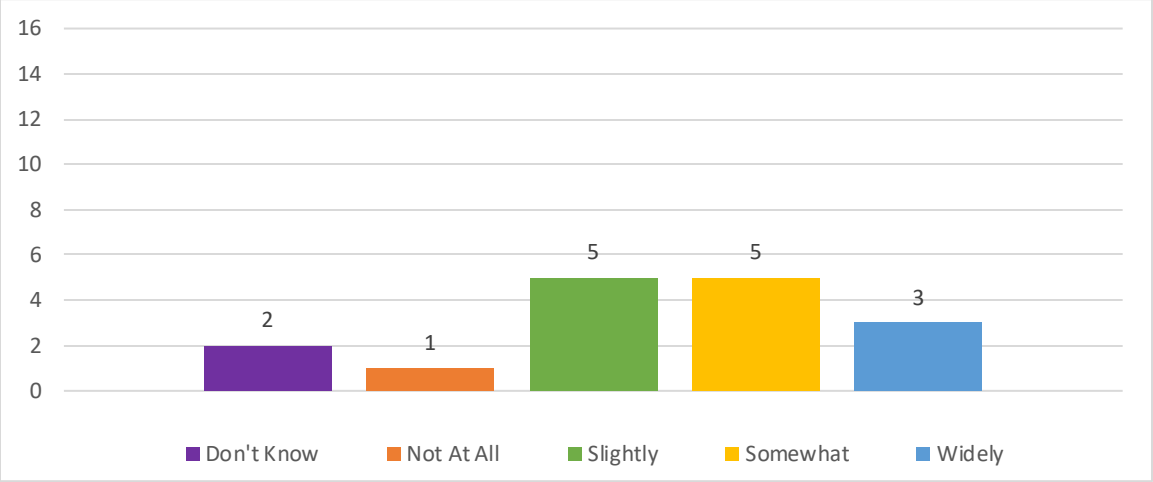


Figure 5.24 Day Treatment (n=16)

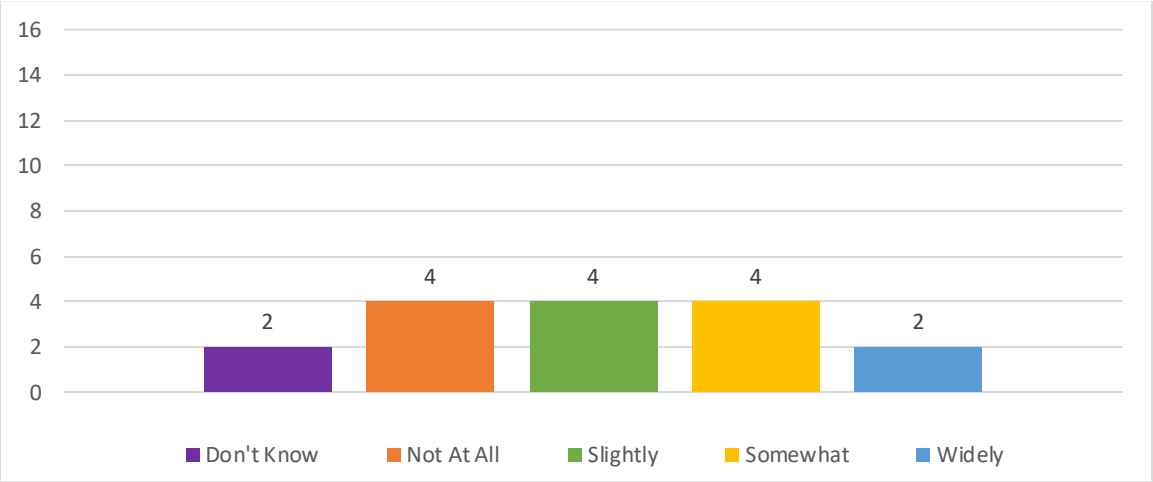


Figure 5.25 Substance Use Treatment (n=16)

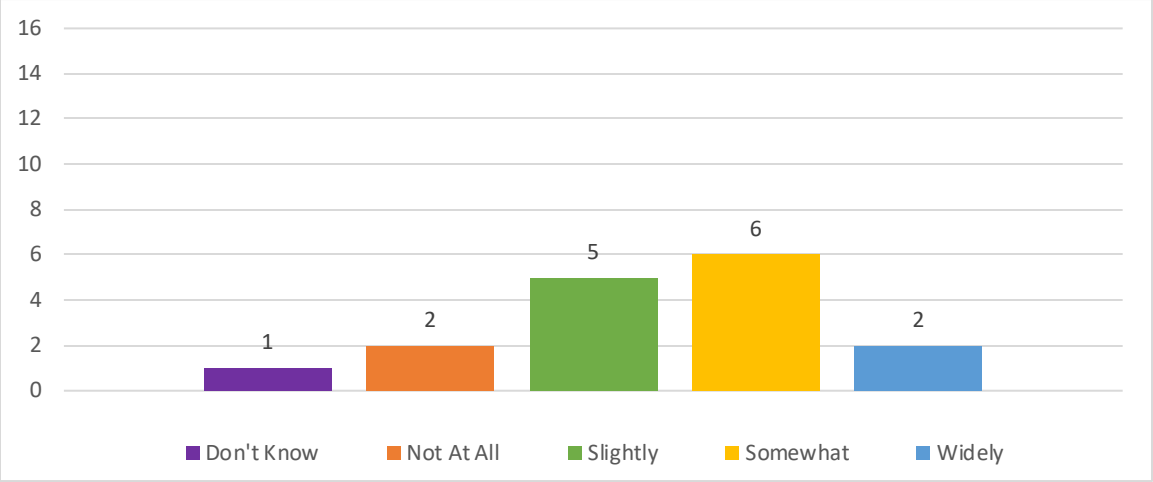


Figure 5.26 Therapeutic Behavioral Aide Services (n=15)

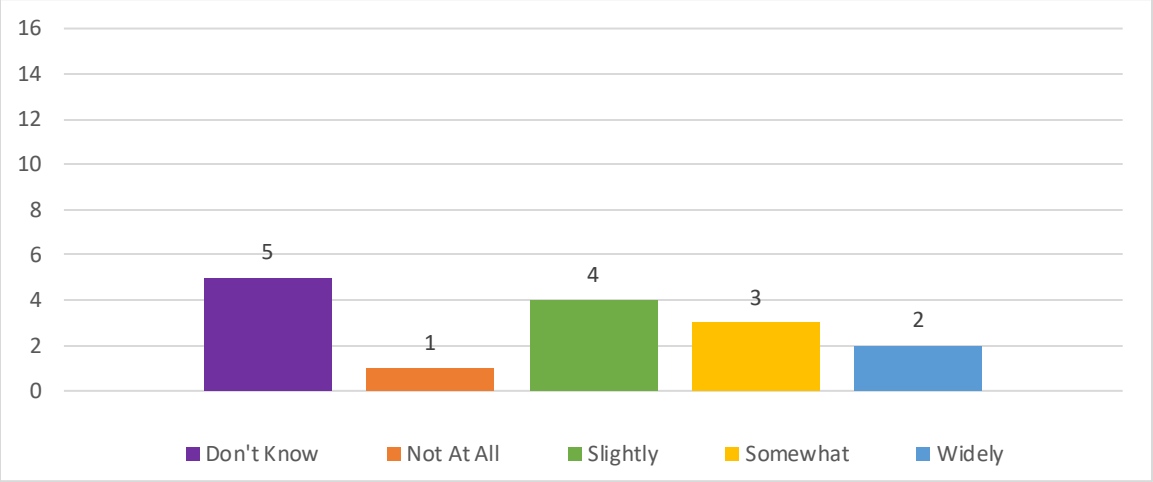


Figure 5.27 Behavior Management Skills Training (n=15)

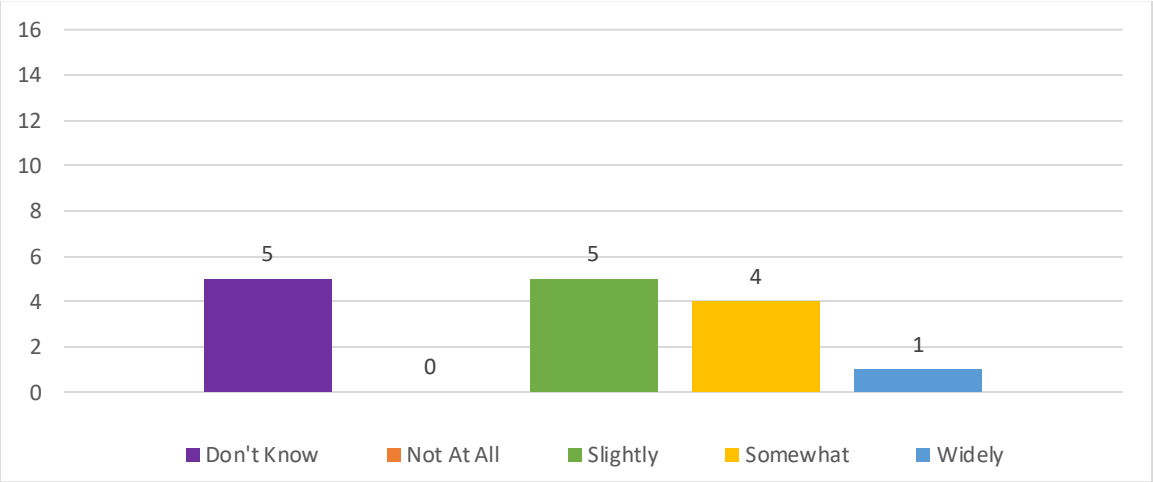


Figure 5.28 Tele-Behavioral Health Services (n=16)

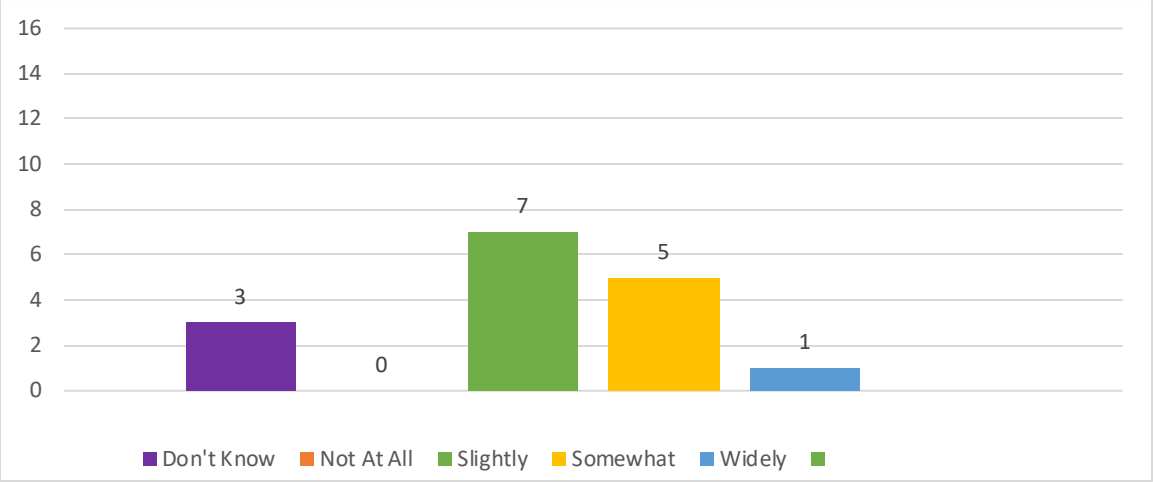


Figure 5.29 Youth and Family Education (n=16)

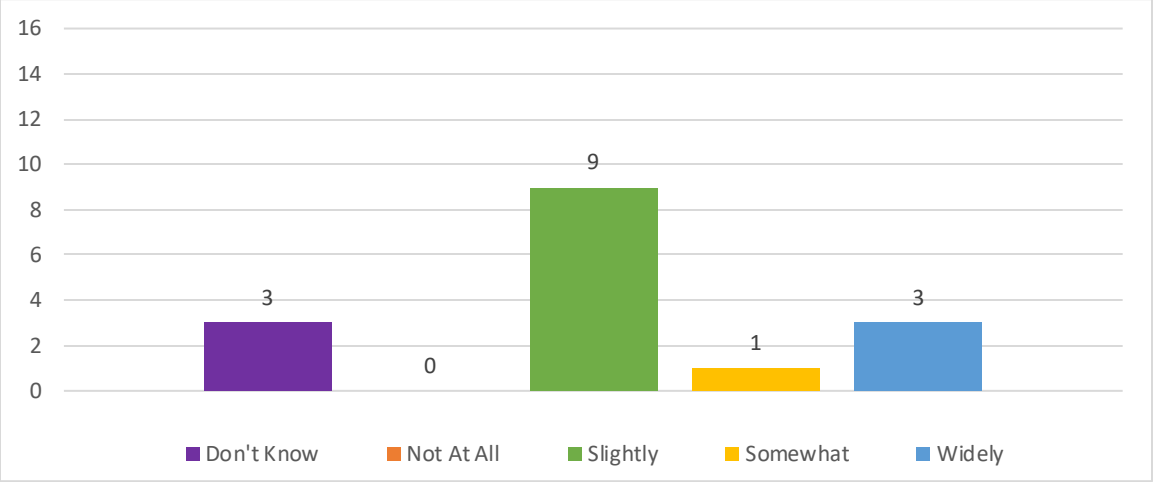


Figure 5.30 Respite Services (n=16)

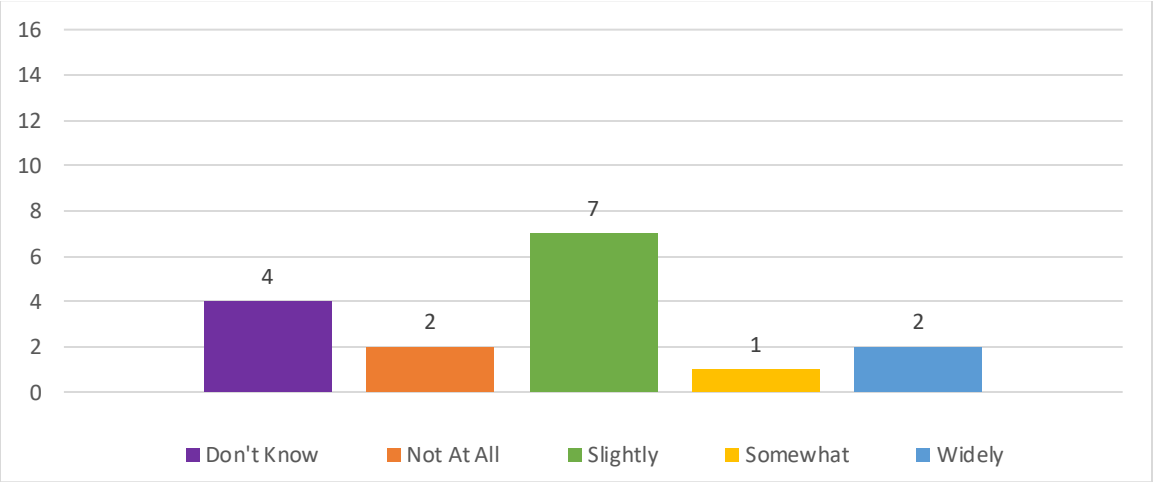


Figure 5.31 Therapeutic Mentoring (n=16)

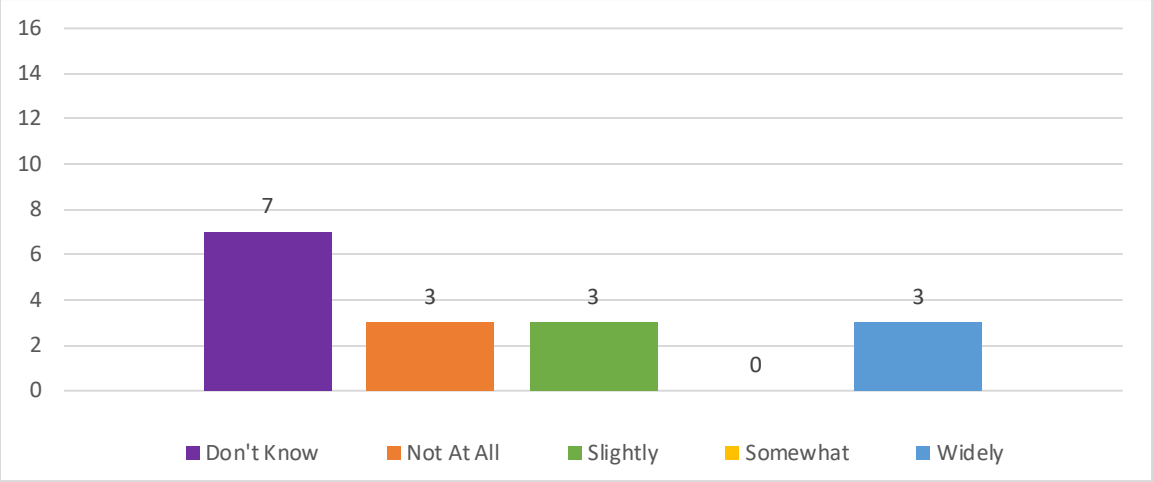


Figure 5.32 Mental Health Consultation (n=16)

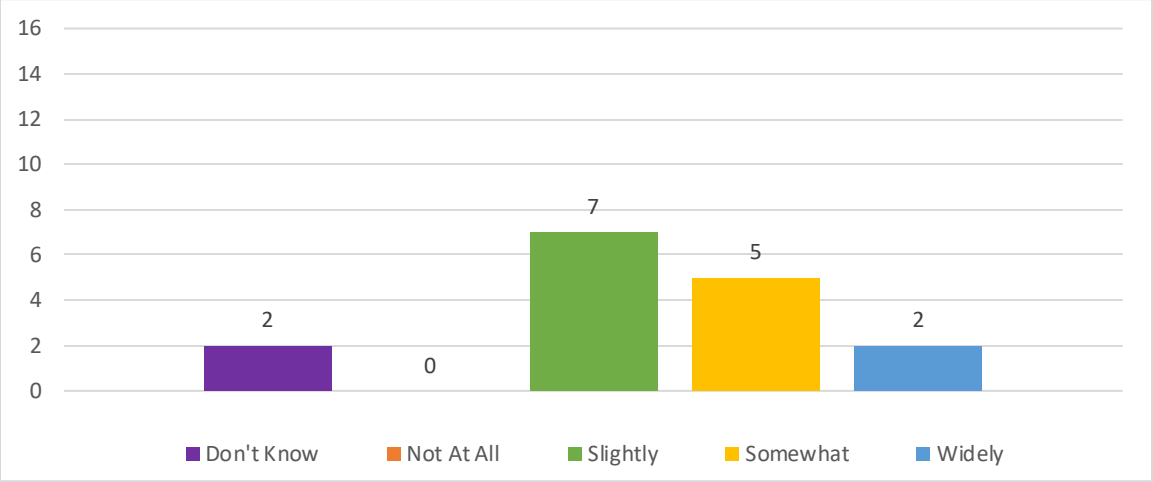


Figure 5.33 Supported Education and Employment (n=16)

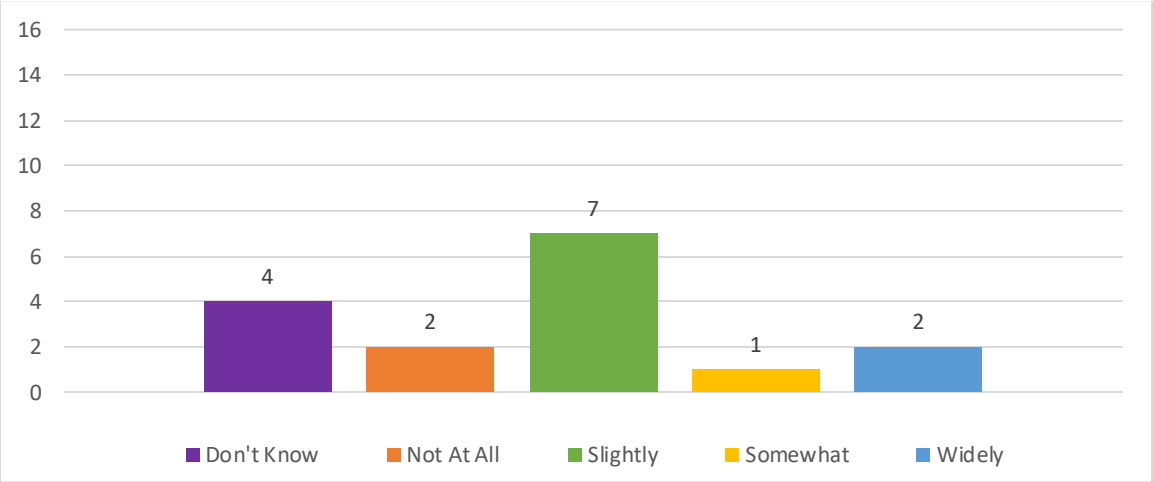


Figure 5.34 Supported Independent Living (n=16)

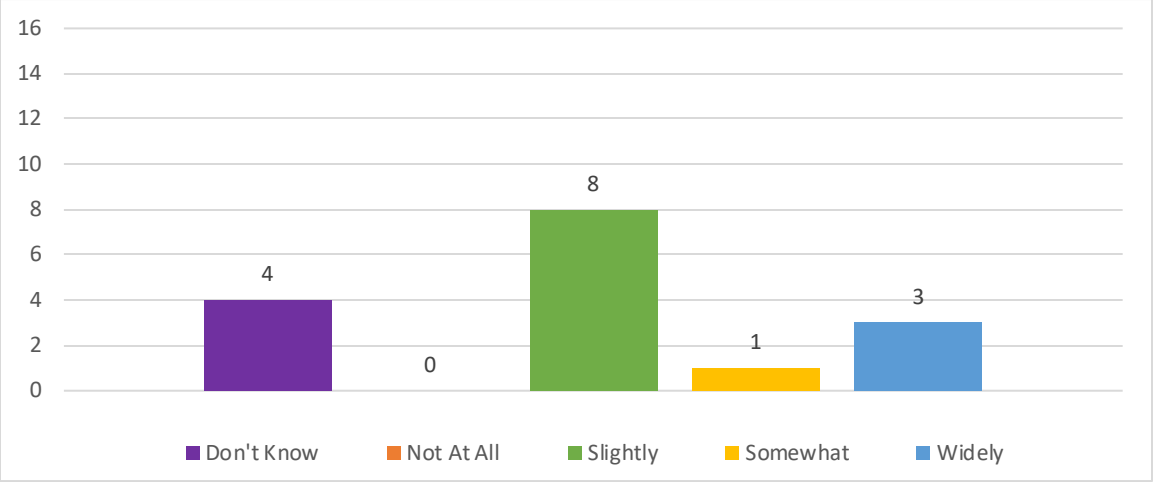
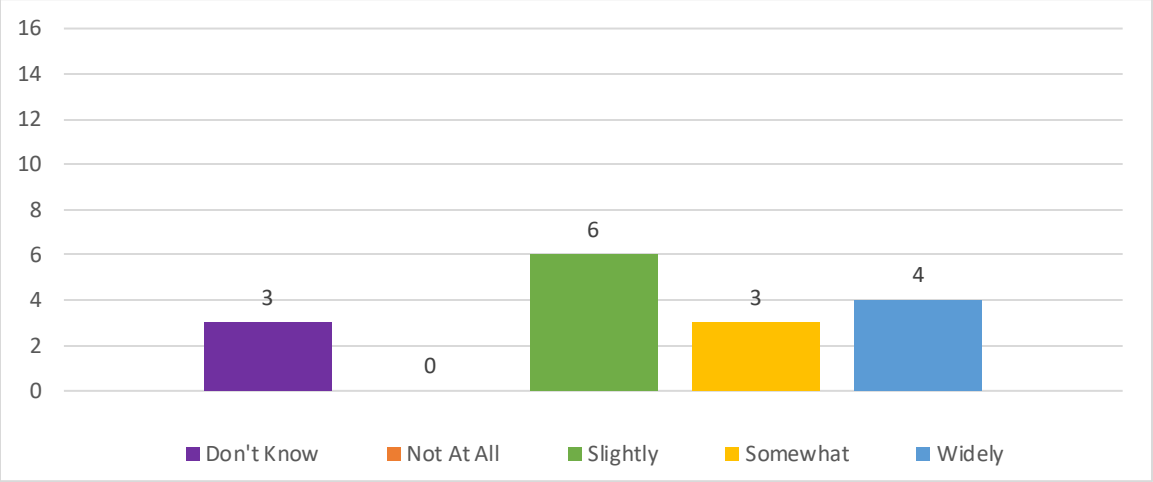


Figure 5.35 Transportation (n=16)



5.2.3 Out-of-Home Treatment Services

Stakeholders had different perceptions of the availability of most out of home treatment services.

Figure 5.36 Therapeutic Foster Care (n=16)

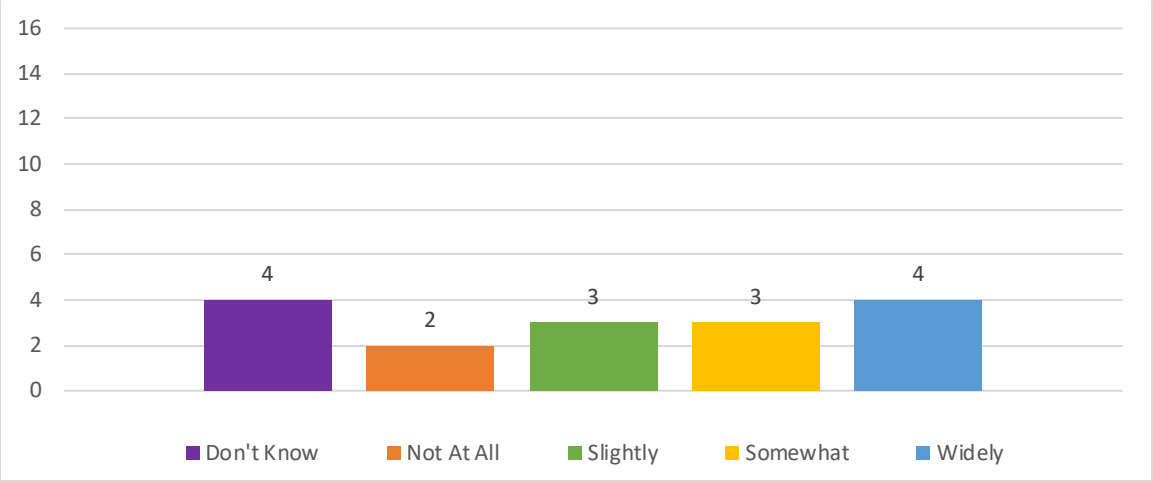


Figure 5.37 Therapeutic Group Home Care (n=16)

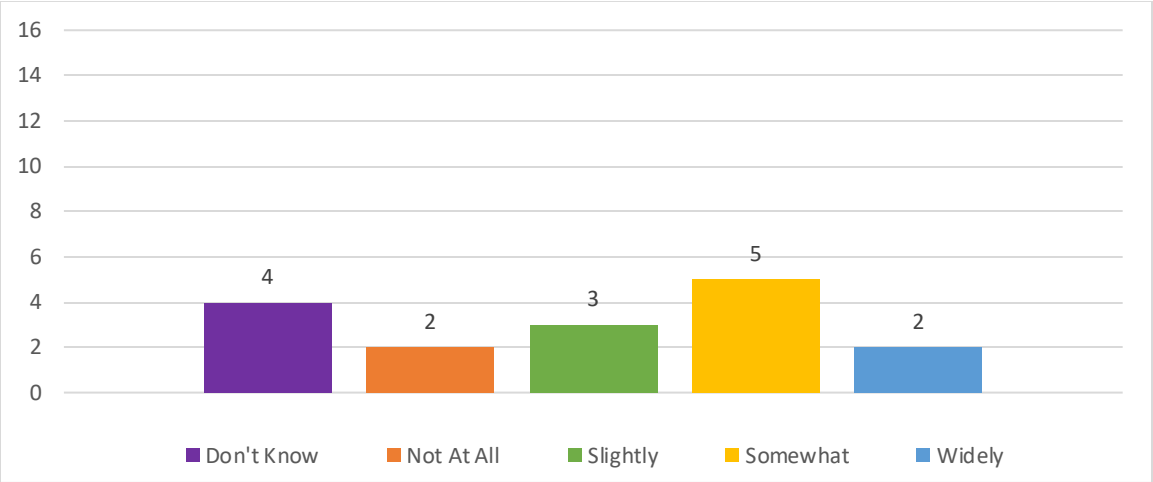


Figure 5.38 Crisis Stabilization Beds (n=16)

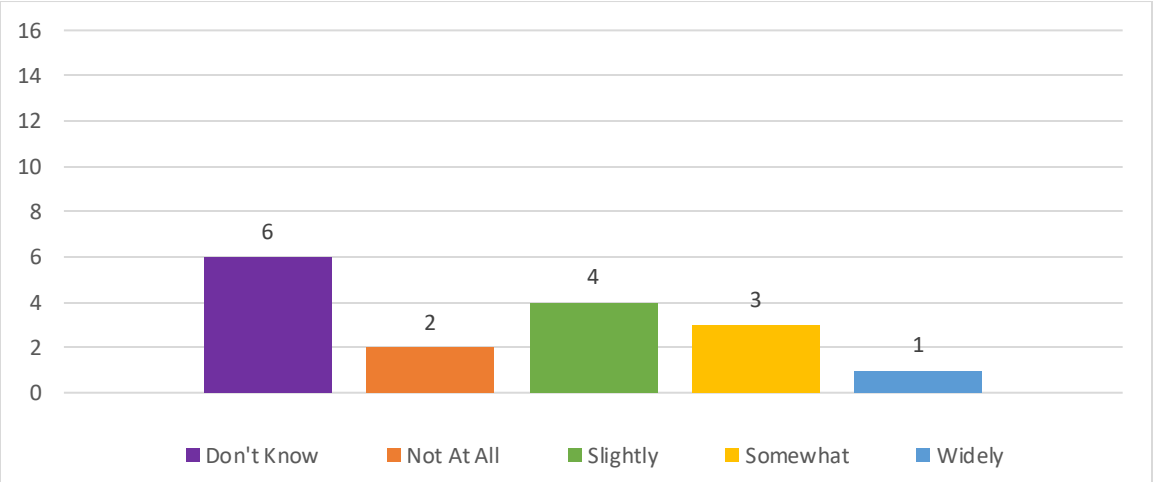


Figure 5.39 Medical Detoxification (n=16)

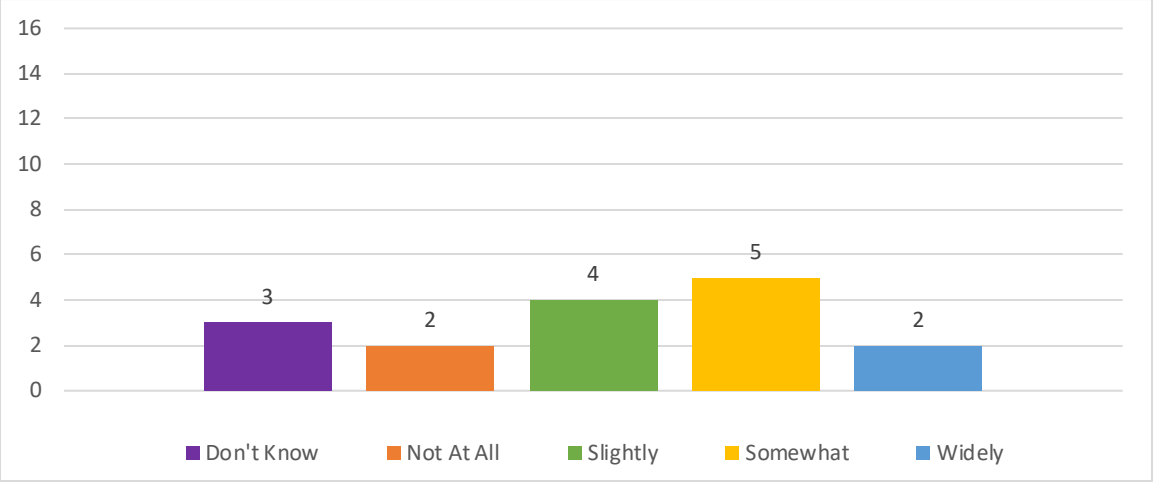


Figure 5.40 Substance Use Residential Treatment (n=16)

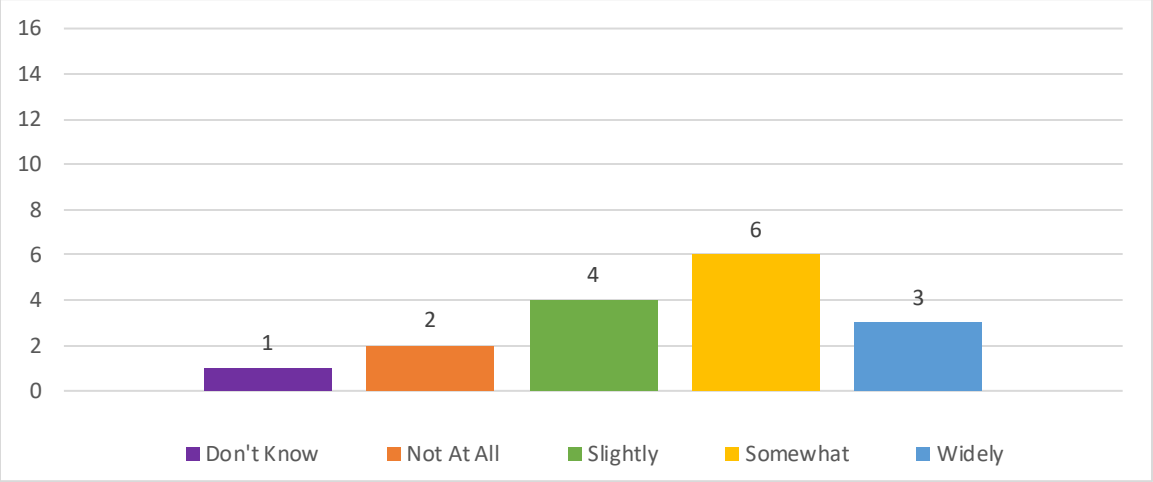


Figure 5.41 Residential Treatment (n=16)

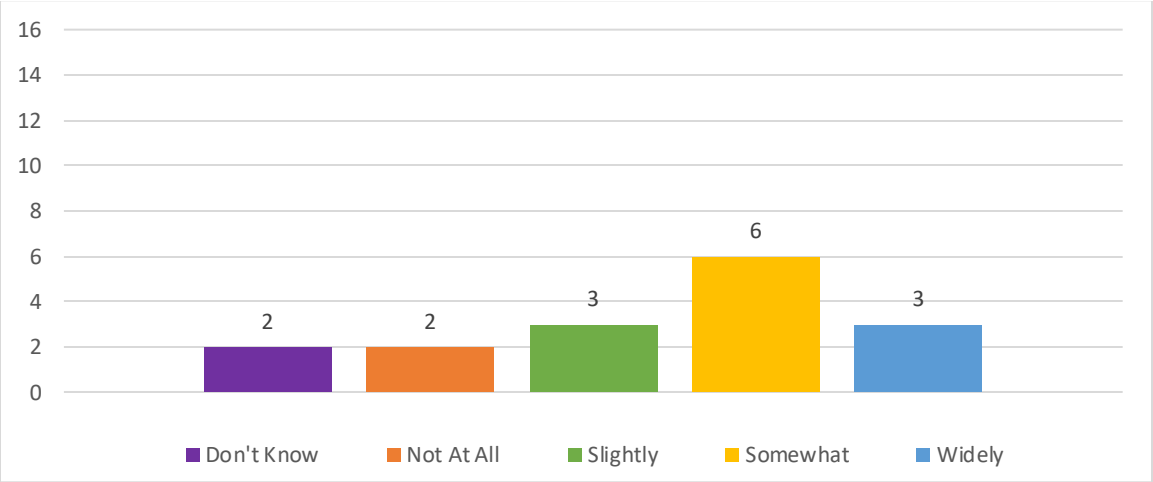
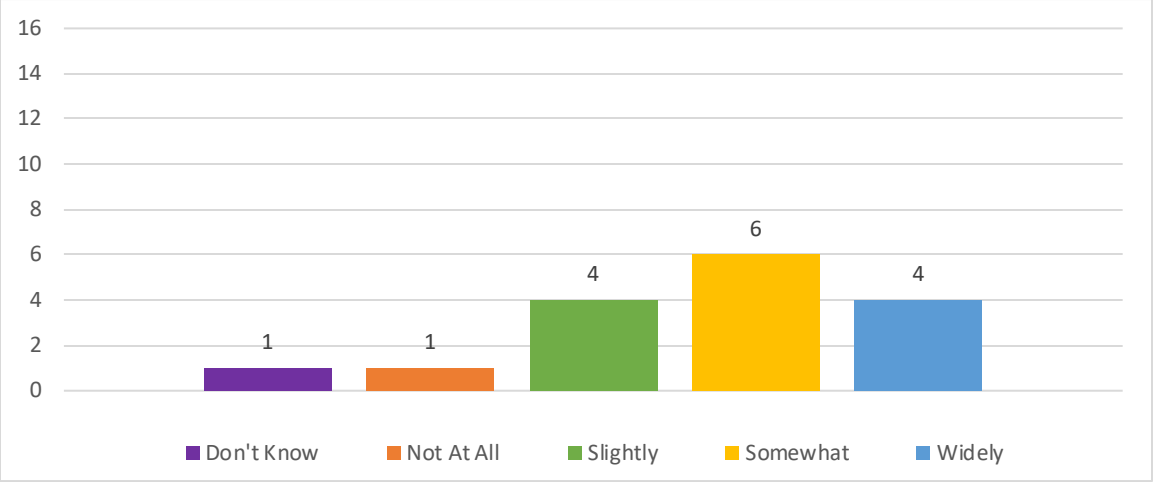


Figure 5.42 Inpatient Hospitalization (n=16)



5.2.4 Peer-Provided Services (ILCHF Outcome)

Stakeholders' perceptions of the availability of youth and caregiver peer-provided services also varied a lot; about half of the stakeholders did not know about their availability.

Figure 5.43 Youth Peer-Provided Services (n=16)

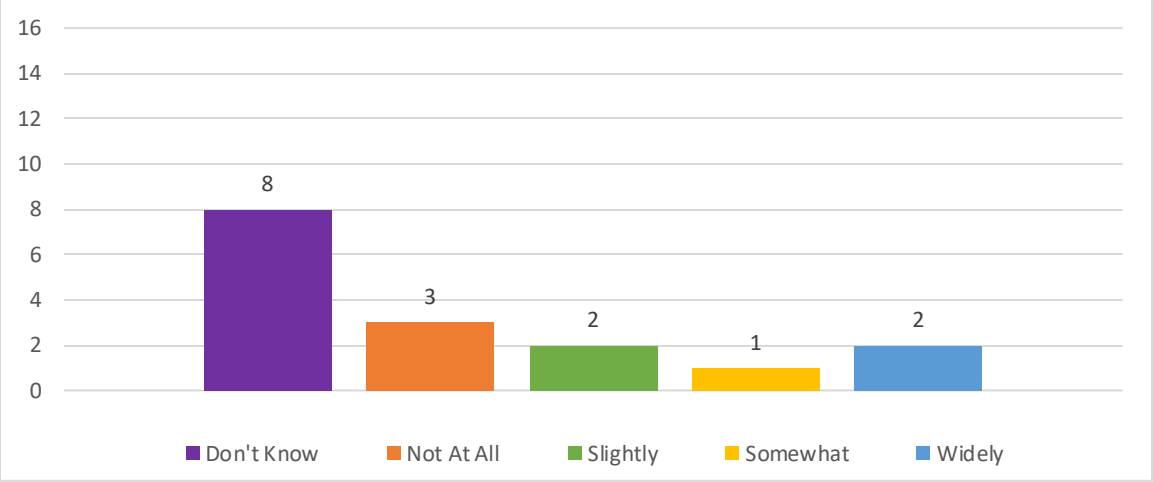
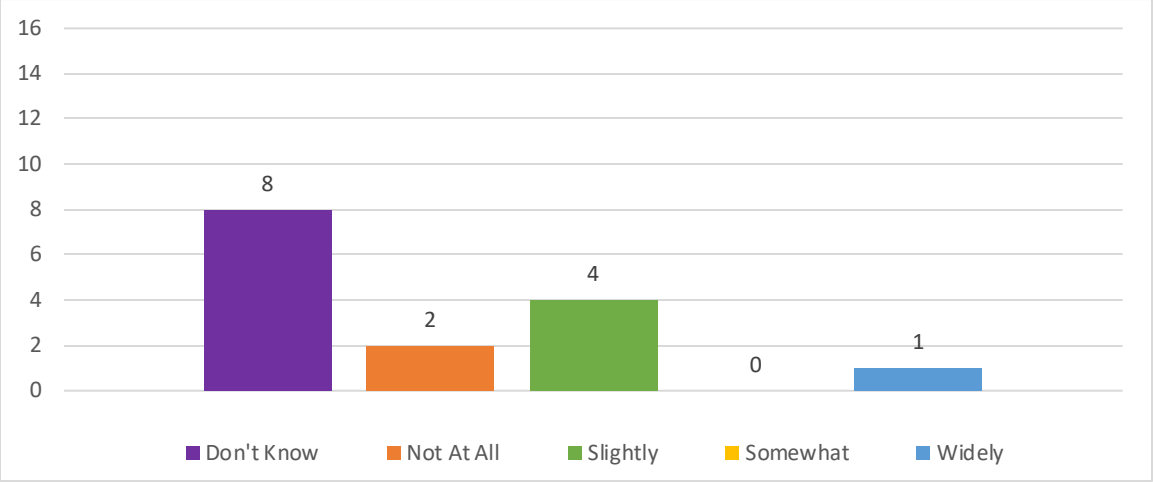


Figure 5.44 Caregiver Peer-Provided Services (n=15)



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. Trauma-focused cognitive behavioral therapy was perceived as available by about half of the respondents; the other interventions were not available or slightly available. About half of the respondents did not know about the availability of evidence-based services.

Table 5.1 Use of Evidence-Based Mental Health Interventions (n=16)

	# Yes/Available
Triple P – Positive Parenting Program	1
Parent-Child Interaction Therapy	3
Brief Strategic Family Therapy	3
Multisystemic Therapy	1
Functional Family Therapy	1
Multidimensional Treatment Foster Care	1
Trauma-Focused Cognitive Behavioral Therapy	8
Project ACHIEVE	0
Second Step	4
Promoting Alternative Thinking Strategies (PATHS)	1
Incredible Years	0
Problem-Solving Skills Training	3
First Steps to Success	0
Don't Know	6
None	0

5.2.6 Service Coordination and Integration (ILCHF Outcome)

One of the goals of the CMHI 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. Stakeholders perceived that services were between slightly and moderately coordinated.

Table 5.2 Service Coordination and Integration

	Mean	SD
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families (n=10)	2.3	1.0
Basic care coordination is provided for children and families at lower levels of service intensity (n=12)	2.7	0.9
Care is coordinated across multiple child-serving agencies and systems (n=14)	2.3	0.8
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) (n=13)	1.7	0.8

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

Table 5.3 Service Coordination with Children's Mental Health System

	Mean	SD
Child welfare system (n=13)	3.2	0.8
Juvenile justice/court system (n=13)	2.9	0.8
Education system (n=14)	2.9	0.8
Primary health system (n=13)	2.8	0.8
Public health system (n=13)	2.8	0.8
Substance use treatment system (n=14)	2.8	0.7

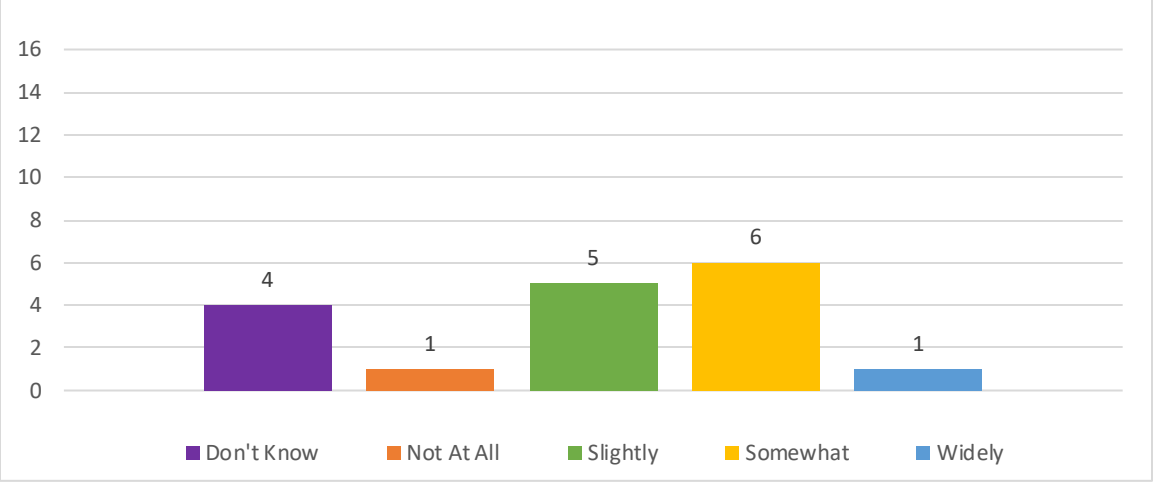
Note: "I Don't Know" responses were excluded when calculating the mean

5.3 System of Care Infrastructure

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

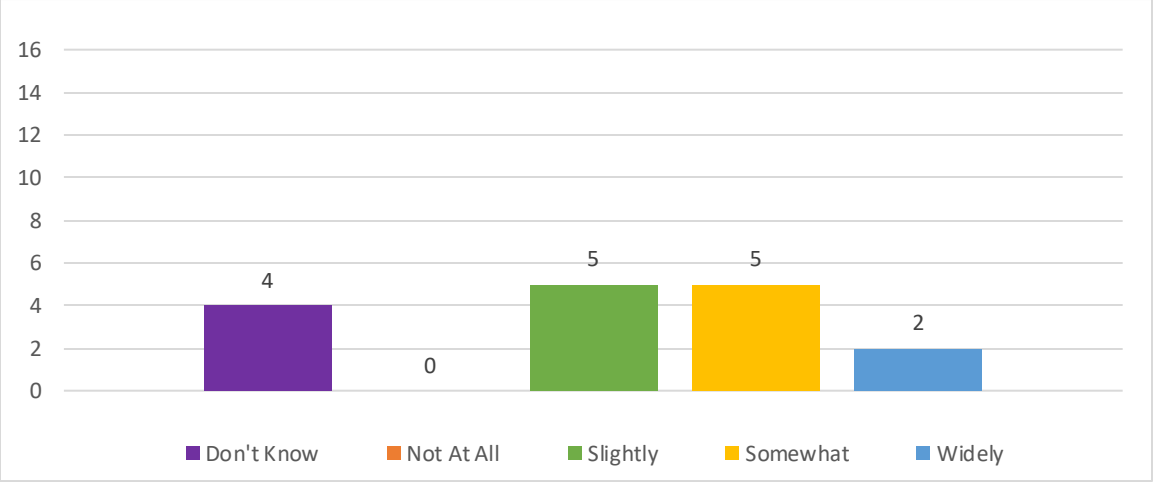
Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages; Figure 5.45 shows that most stakeholders perceived that early identification was slightly or somewhat available.

Figure 5.45 Services for Early Identification of Mental Health Problems (n=17)



In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g. in early care, education, primary care, child welfare, and juvenile justice settings). Most stakeholders felt that these services were slightly or somewhat available in 2021.

Figure 5.46 Screening for Behavioral Health Needs (n=17)



5.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the CMHI 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. Average scores indicated that stakeholders felt that this capacity is moderately available.

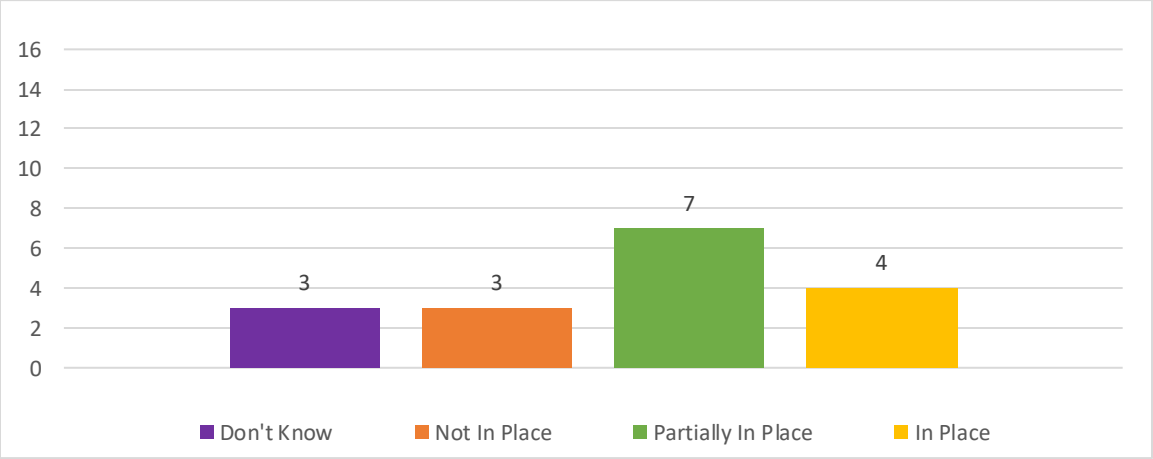
Table 5.4 Capacity to Provide Evidence-Based Clinical Interventions

	Mean	SD
Evidence-informed practices are implemented within the array of services and supports to improve outcomes (n=14)	2.8	0.7
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components (n=14)	2.8	0.7
Best practice guidelines, clinical protocols, and manuals are provided to practitioners (n=11)	2.9	0.7
Fidelity to evidence-informed practices and outcomes is measured (n=11)	2.6	1.0

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

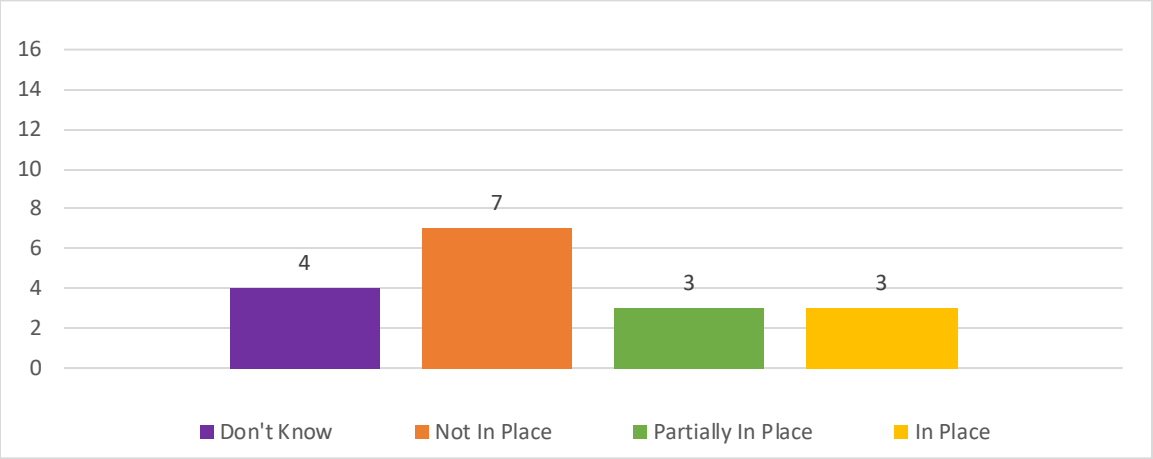
One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to this infrastructure component was present in their community; the results in Figure 5.47 show that stakeholders had differing perceptions about this, and some had no knowledge of this.

Figure 5.47 Use of Local Outcome Data to Inform Decision-making (n=17)



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 5.48 show that opinions varied, but many felt that this was not in place.

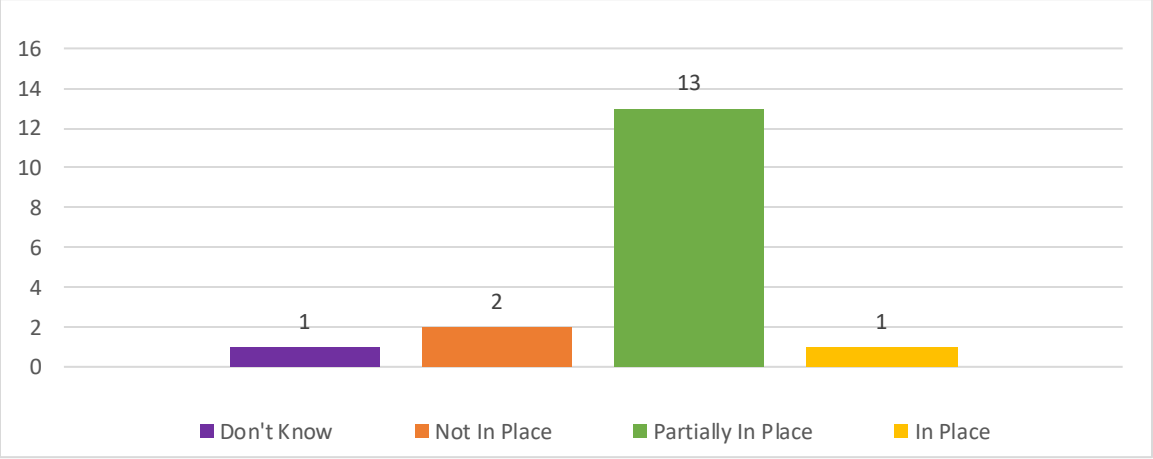
Figure 5.48 Capacity for Gather Data for Continuous Quality Improvement (n=17)



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

Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce; most respondents felt that these were partially in place in 2021.

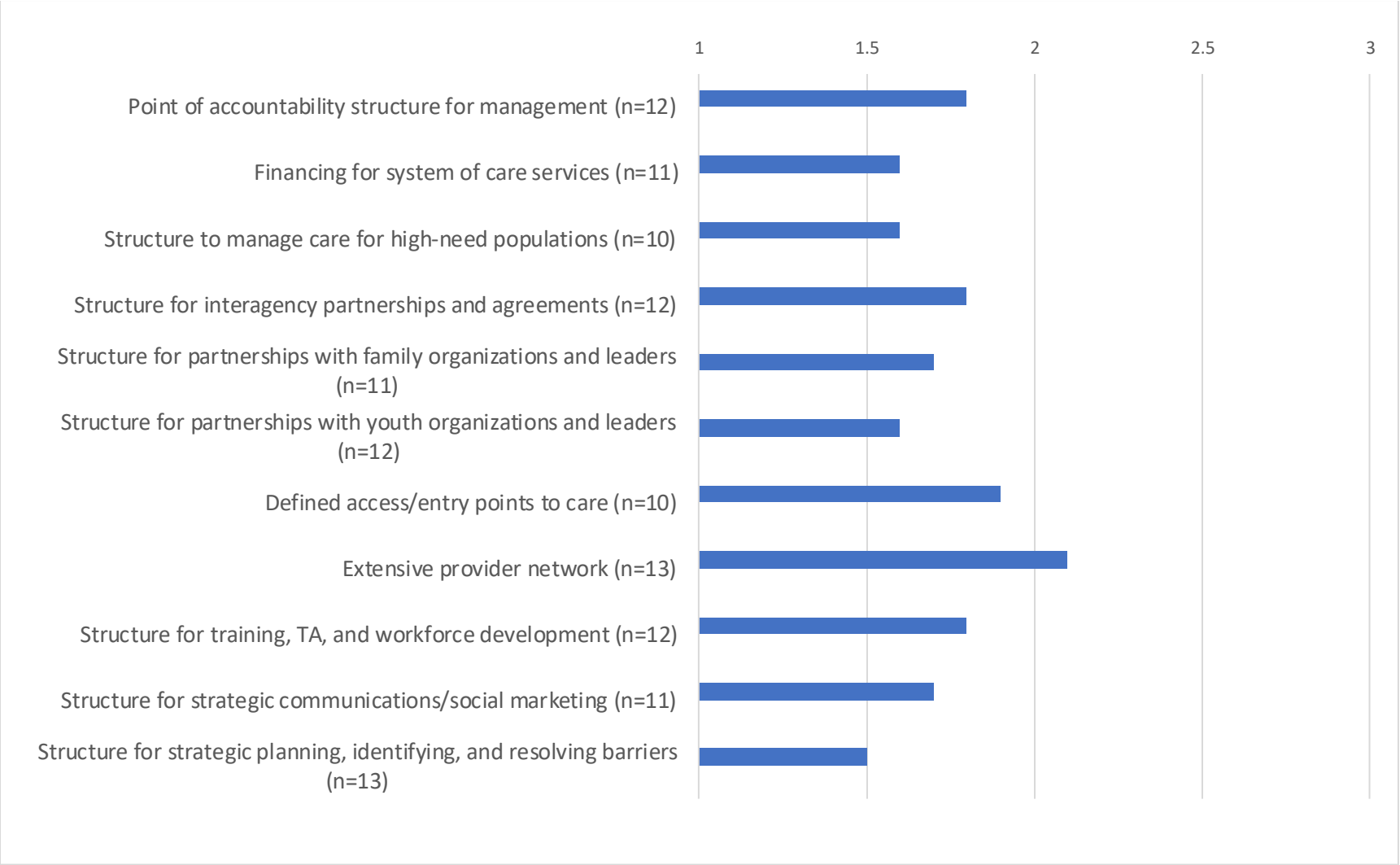
Figure 5.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce (n=17)



5.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2021. Results indicate that all except one of the infrastructure components were between slightly and somewhat implemented (Figure 5.50).

Figure 5.50 System of Care Infrastructure Components



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

6. Youth Mental Health System of Care – Rosecrance, Inc.

Ten providers completed at least a portion of the baseline stakeholder survey; the respondents included individuals that worked in several different sectors including social services, housing services, services for families experiencing homelessness, primary healthcare, education, child welfare, and public health. No parents completed the parent version of the stakeholder survey. The following sections provide detailed descriptions of site 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.

- Survey respondents were asked to provide an overall assessment of the SOC implementation at baseline; of the six people who answered this question, half felt that the SOC was slightly implemented, and one each felt that it was not at all, somewhat, and widely implemented.
- Stakeholders were asked to rate the extent to which critical implementation supports were perceived as present. Of the ten respondents, half felt that a strategic plan was partially in place, two felt there was none in place, and three felt one was fully in place. Eight of ten stakeholders perceived that a planning committee was fully in place. Buy-in and leadership as well as clear and frequent communication were viewed as in place or partially in place, but technical assistance opportunities to support implementation were viewed as either not in place or partially in place.
- Parent and youth involvement are key elements of SOC implementation. In terms of parent involvement, seven of the 10 who responded to the question indicated it was partially in place, and for youth involvement, the majority felt that this was not in place.
- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the SOC philosophy and approach. On average, survey respondents perceived that the stakeholders in most child-serving domains were somewhat to widely committed to the SOC philosophy. The lowest levels of perceived commitment were among high-level policy and decision makers.
- Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by

each of these eight principles. The highest rated qualities of the SOC were least restrictive and the use of evidence-informed and promising practices. SOC principles that were perceived as less present included family-driven, youth-guided, coordinated, and culturally and linguistically competent.

- Service availability within the SOC is a key outcome of interest, and stakeholders were asked about the perceived availability of many types of services in their community. Stakeholders perceived that most of the services were either slightly or somewhat available. Services perceived as more widely available included outpatient therapy, substance use treatment, residential substance use treatment, and inpatient hospitalization. Services that had lower perceived availability included service coordination and respite.
- An important outcome for the SOC implementation is the establishment of peer-provided services for parents and youth. Stakeholders had varied opinions about the availability of peer-provided services.
- Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Stakeholders either did not know about the availability of these specific interventions in their community or indicated they were not available. Trauma-focused cognitive behavioral therapy and Second Step were the only interventions that respondents were aware of in the community.
- In terms of service coordination and integration within the SOC, mean scores indicated that respondents felt that services provided by other systems (child welfare, education, etc.) were somewhat to widely coordinated with mental health services.
- Stakeholders were asked to rate the extent to which the service array in their community identifies behavioral health problems at early stages. Most stakeholders perceived that early identification of mental health concerns was slightly or somewhat available. Behavioral health screening was perceived as somewhat to widely available.
- One of the goals of the CMHI is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Average scores indicated that stakeholders felt that this capacity is moderately available across four domains including evidence-informed practice, training for providers, best practice guidelines and protocols, and fidelity.
- Survey respondents were asked to gauge progress toward the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Results show that stakeholders perceived this as partially or widely in place. In contrast, most respondents felt that the capacity to gather data for continuous quality improvement was not in place.
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. Results show that stakeholders perceived this as partially or widely in place.
- Using the Georgetown Assessment for SOC implementation, the survey explored elements of infrastructure. Results indicate that the infrastructure components were perceived as

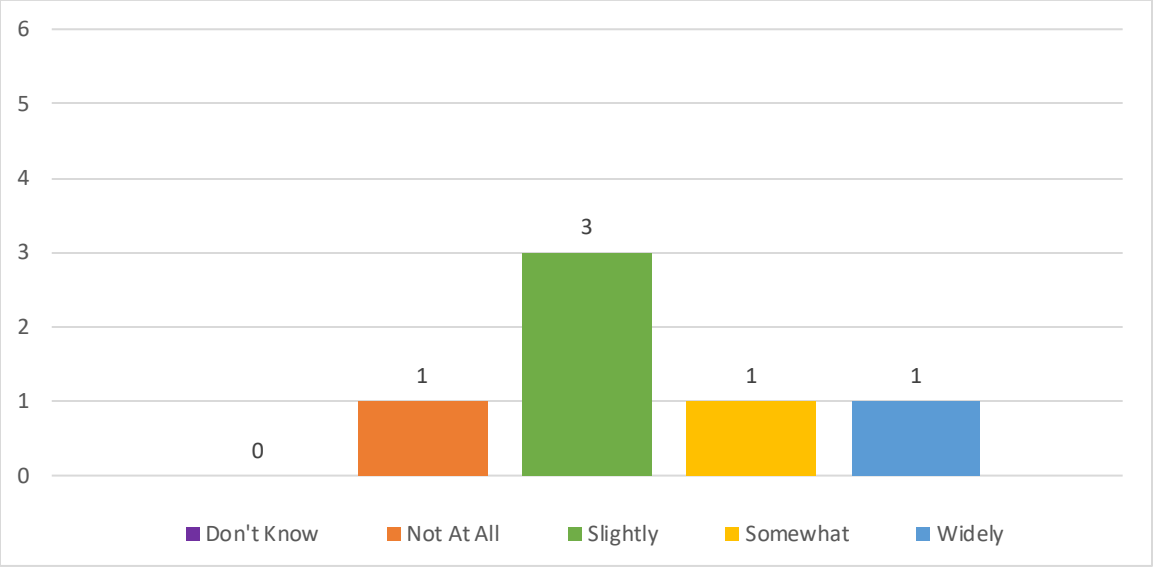
slightly or somewhat in place. The component with the lowest average score was a structure for training and workforce development while the most highly rated area was the presence of a structure for strategic planning.

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 (see Figure 6.1). Of the 6 stakeholders who answered this question, one perceived that SOC was not at all implemented, three felt it was slightly implemented, one felt it was somewhat implemented, and one felt it was widely implemented in 2021.

Figure 6.1 Overall Assessment of System of Care Implementation (n=6)



6.1.2 System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2021 (see Figures 6.2 – 6.6).

Figure 6.2 Strategic Plan That Guides System of Care Implementation Activities (n=10)

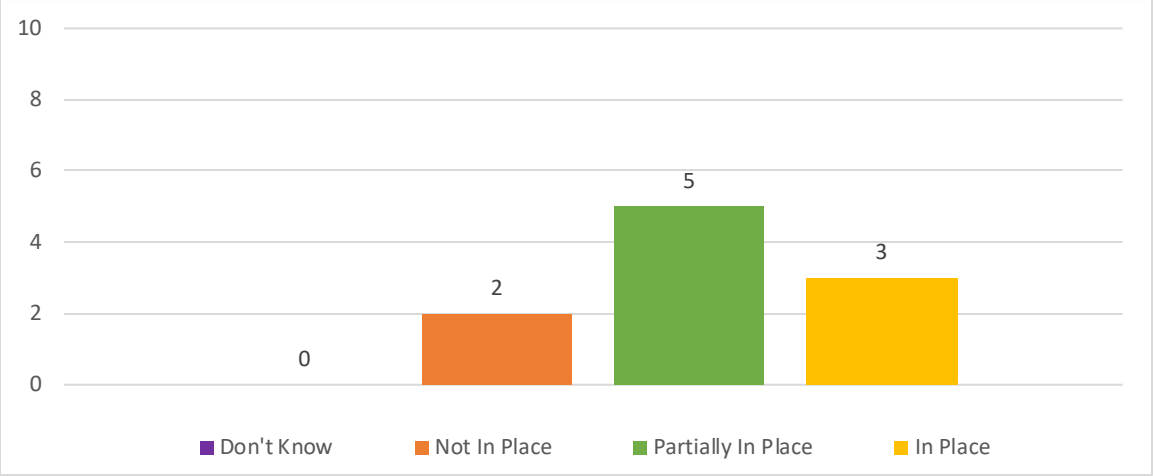


Figure 6.3 Planning Committee That Meets Frequently to Guide Implementation (n=10)

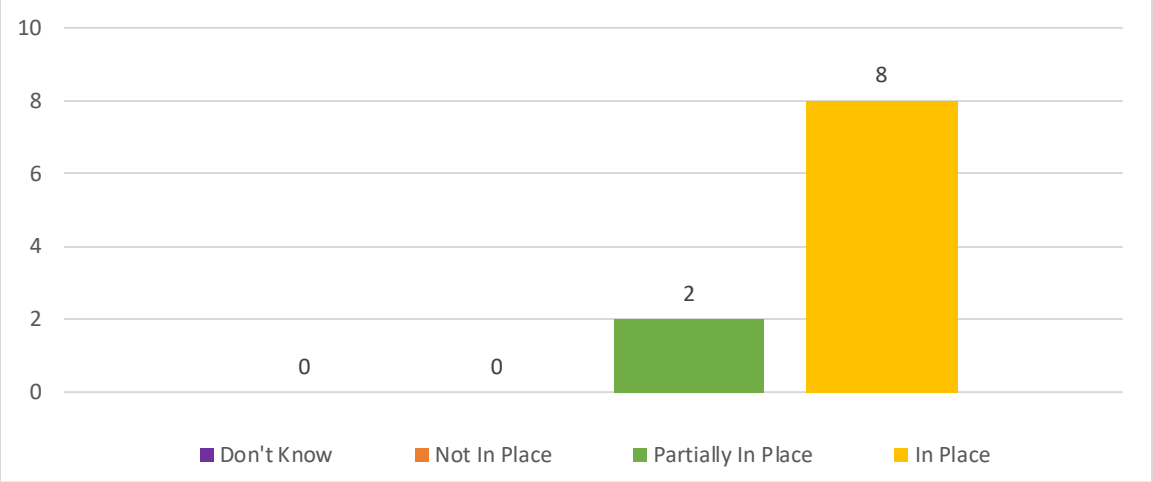


Figure 6.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems (n=10)

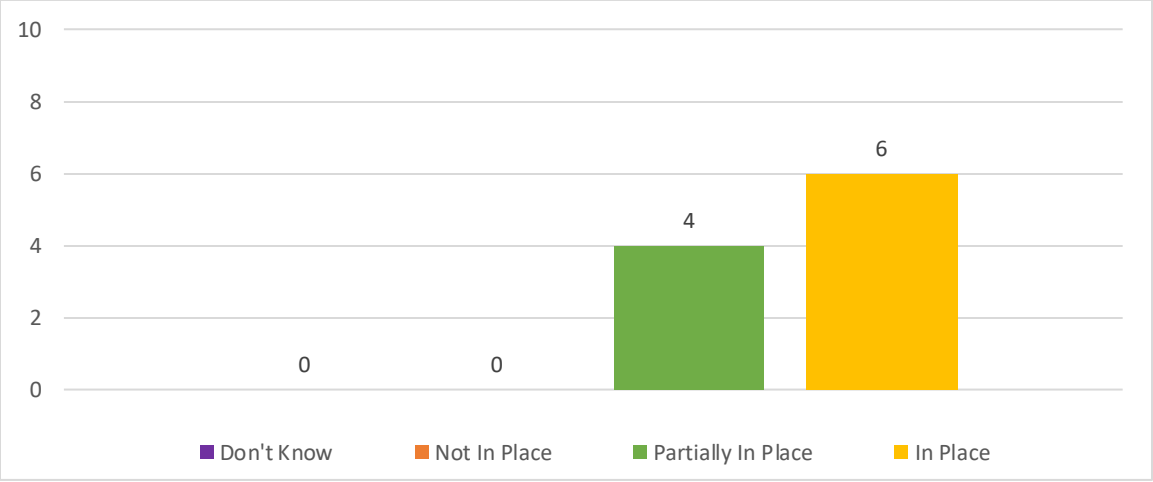


Figure 6.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders (n=10)

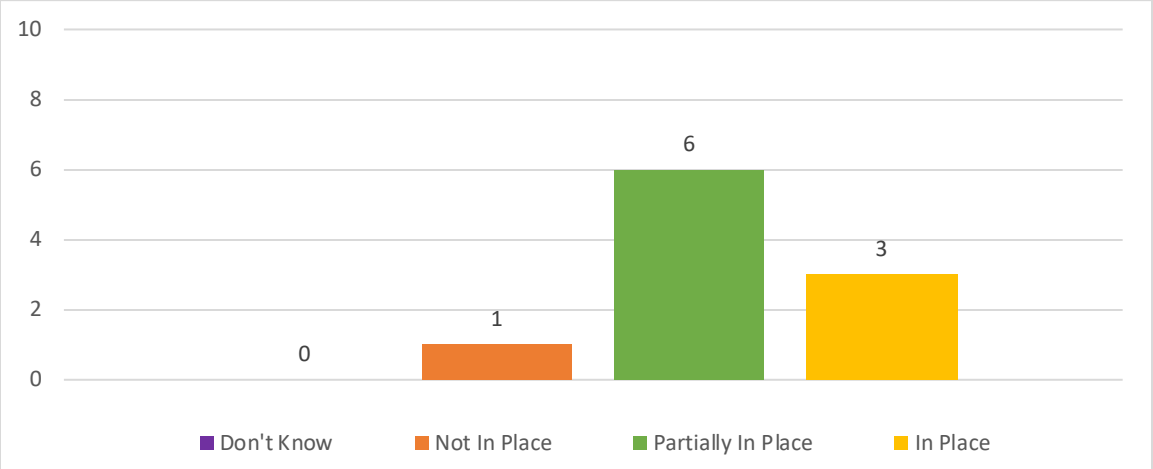
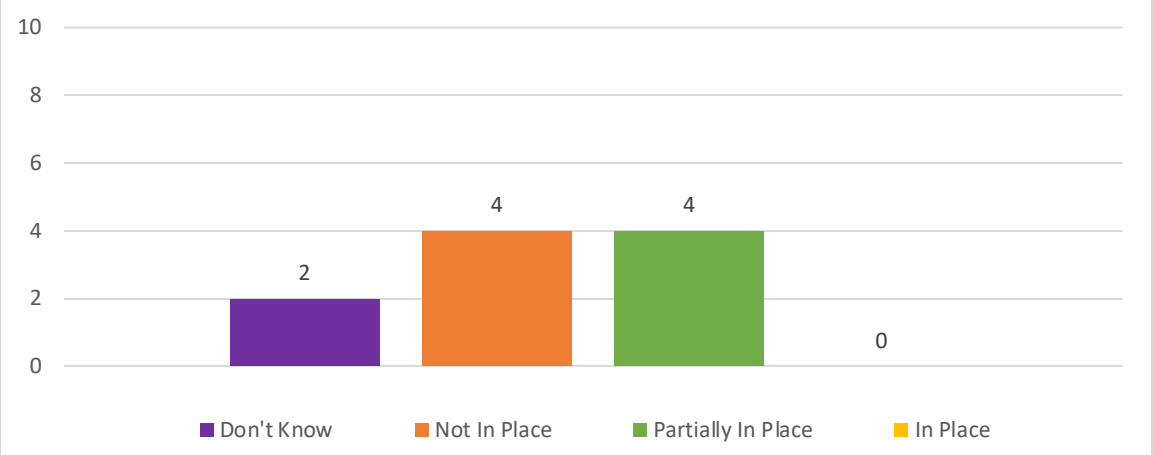


Figure 6.6 Technical Assistance Opportunities to Support Implementation (n=10)



6.1.3 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. Most stakeholders felt that parent involvement was partially in place and youth involvement was not yet in place.

Figure 6.7 Parent Involvement in System of Care Implementation Activities (n=10)

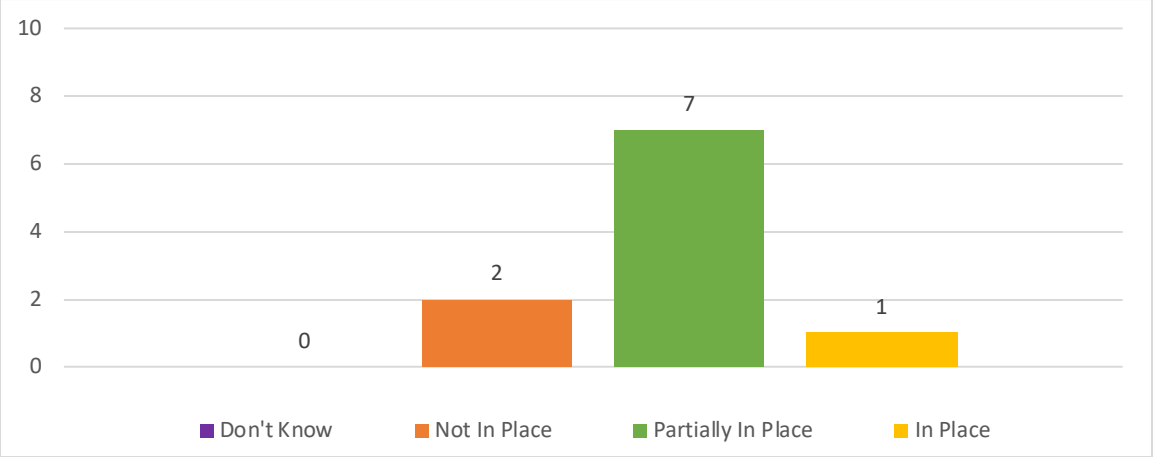
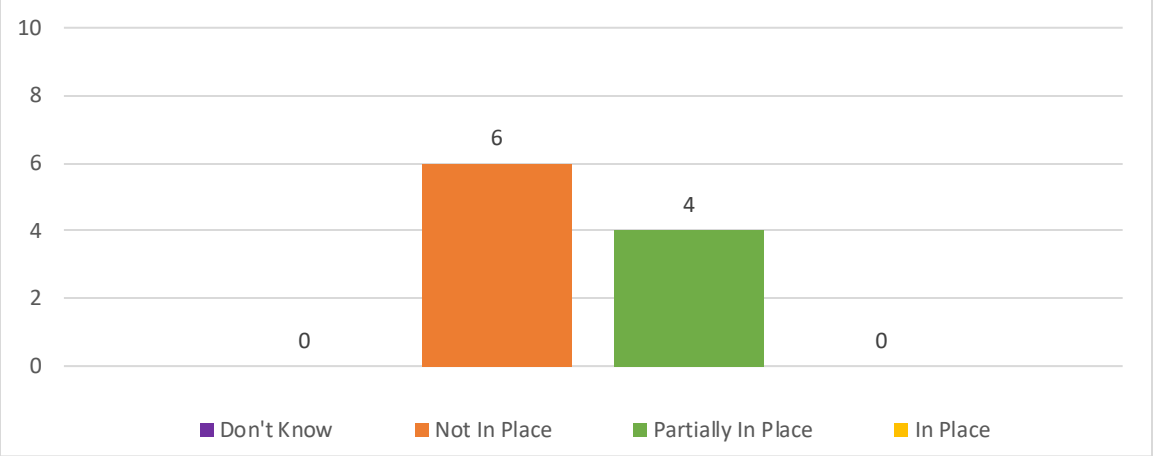


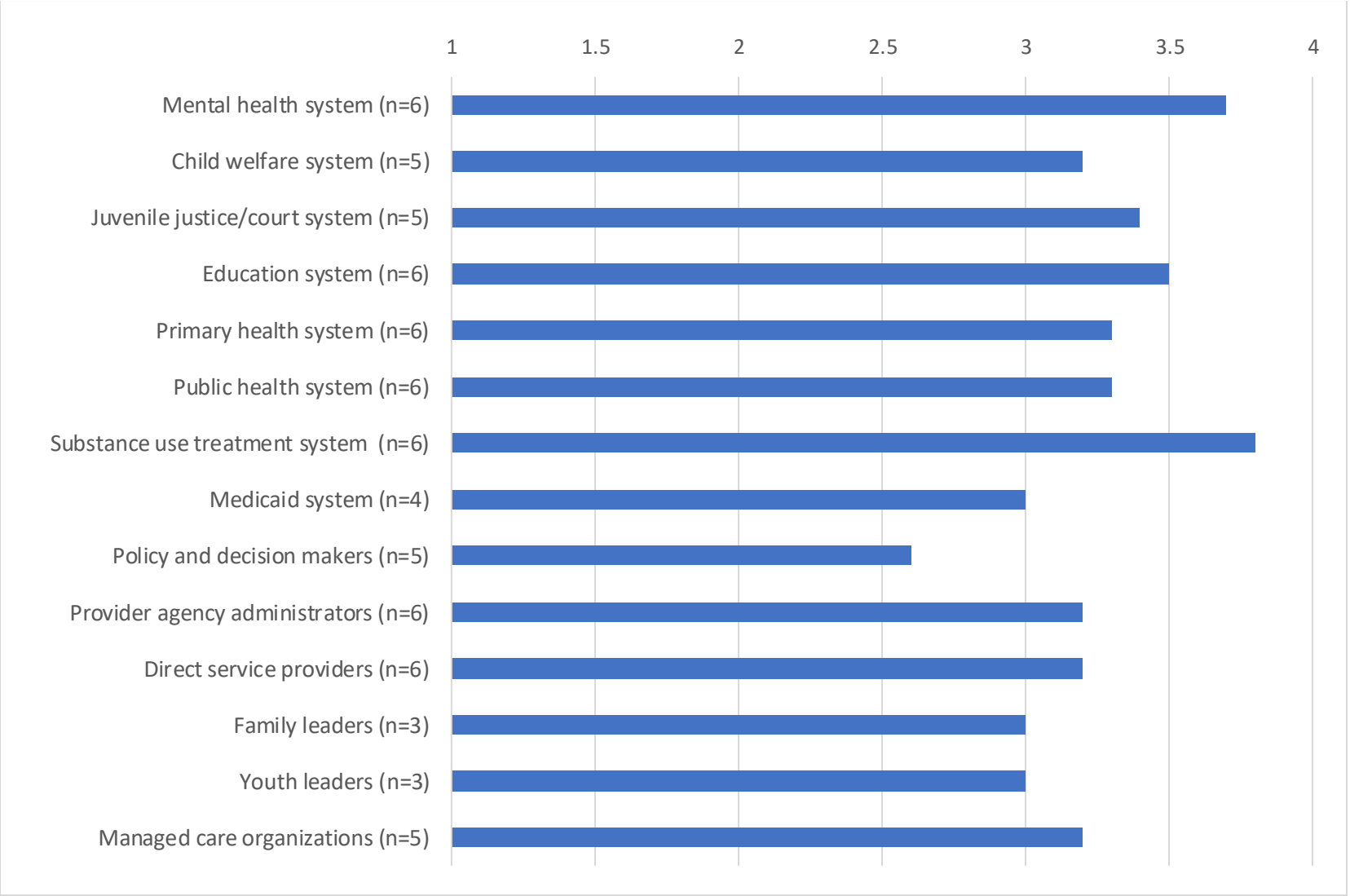
Figure 6.8 Youth Involvement in System of Care Implementation Activities (n=10)



6.1.4 Commitment to System of Care Philosophy and Approach

Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the system of care philosophy during the prior 12 months. Response options were 1 = not at all committed, 2 = slightly committed, 3 = somewhat committed, 4 = widely committed, and 0 = don't know. Figure 6.9 shows the mean scores for the perceived commitment of each child-serving system in 2021. On average, survey respondents perceived that stakeholders in most child-serving domains were somewhat to widely committed to the SOC philosophy. The lowest levels of perceived commitment were among high-level policy and decision makers.

Figure 6.9 Commitment to System of Care Philosophy and Approach



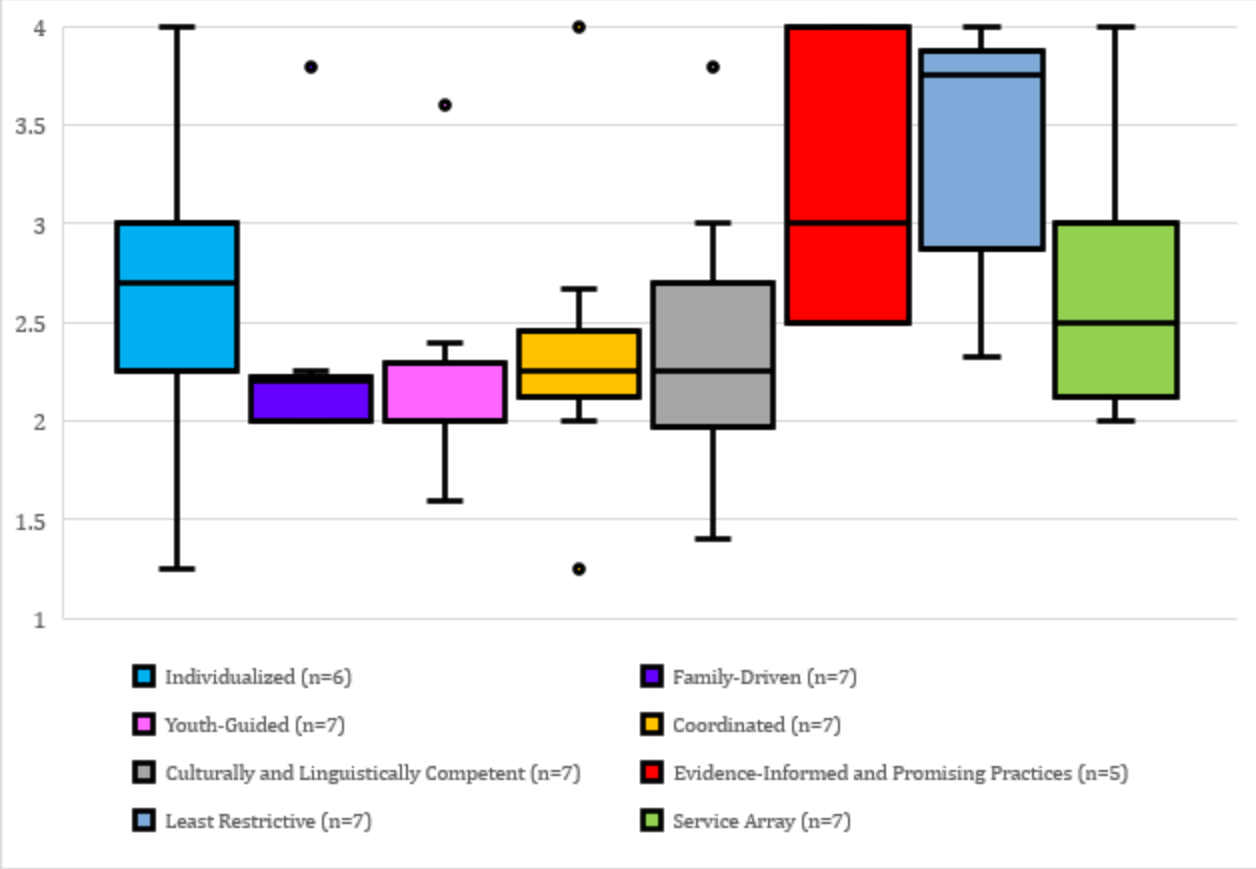
Note: "Don't know" responses were not included when calculating the mean scores.

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. Figure 6.10 shows the distribution of scores for each subscale. Respondents varied considerably on how individualized they thought that services were, as indicated by the long "whiskers" on that item. Respondents felt that the following values and principles were only slightly present: family-driven services, youth-guided services, coordinated services, and culturally and linguistically competent services. They gave higher scores to providing evidence-informed and promising practices and least restrictive services.

Figure 6.10 Service Delivery Guided by System of Care Values and Principles



6.2.2 Service Availability – Community-Based Treatment and Support Services

Survey participants were provided with a 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 perceived that most of the services were either slightly or somewhat available. The services that were perceived as less widely available include: service coordination for youth at lower level of service intensity, respite, therapeutic mentoring, and mental health consultation.

Figure 6.11 School-based Prevention Services (n=6)

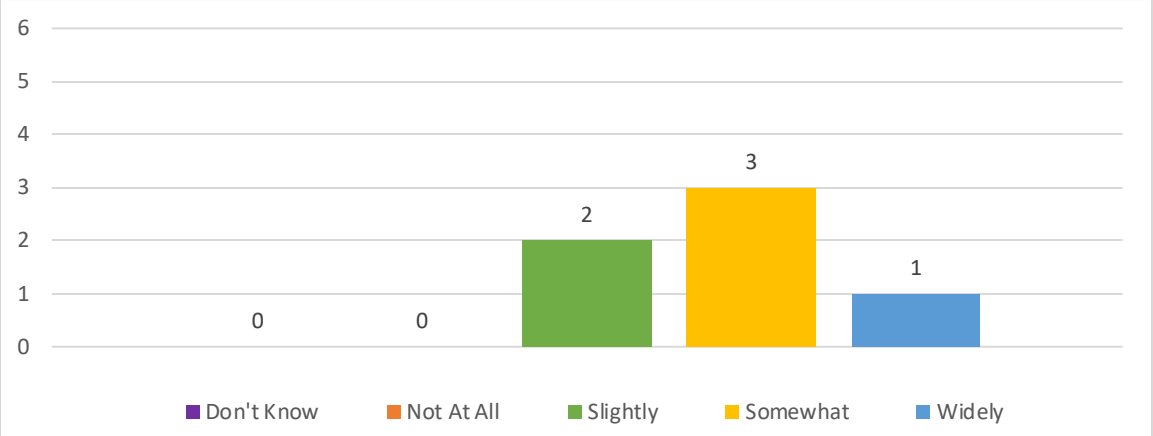


Figure 6.12 Community-based Prevention Services (n=6)

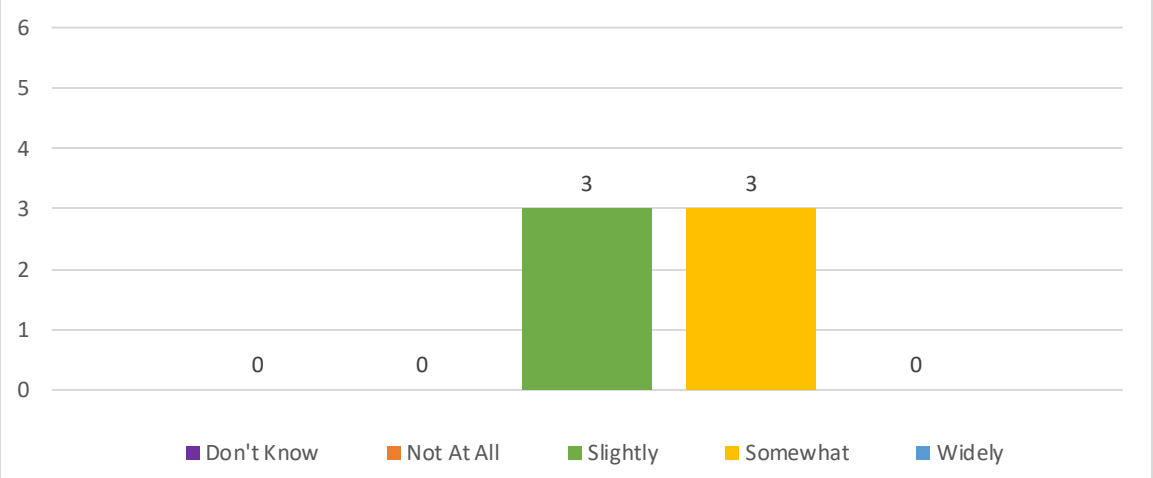


Figure 6.13 Early Intervention Services (n=6)

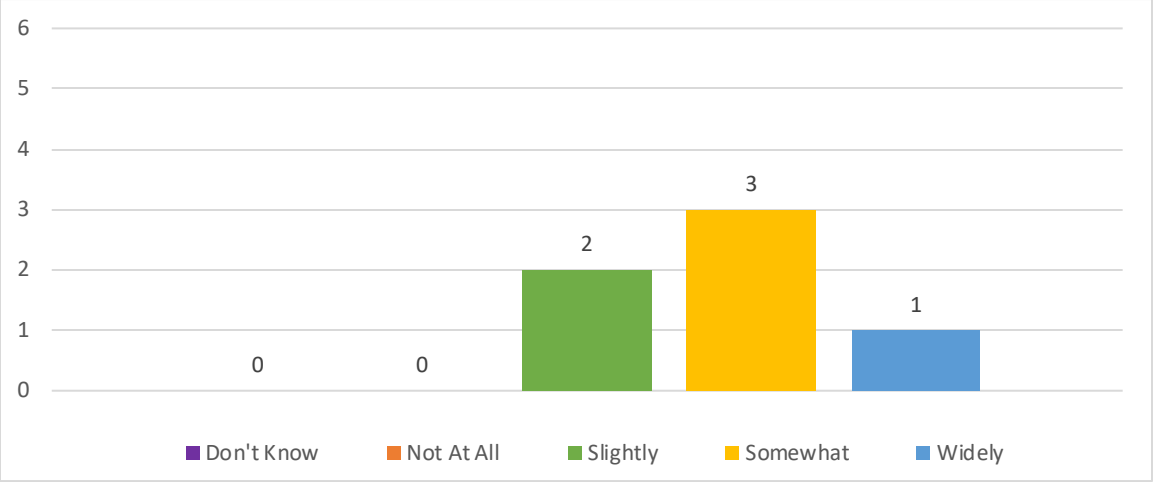


Figure 6.14 Assessment (n=6)

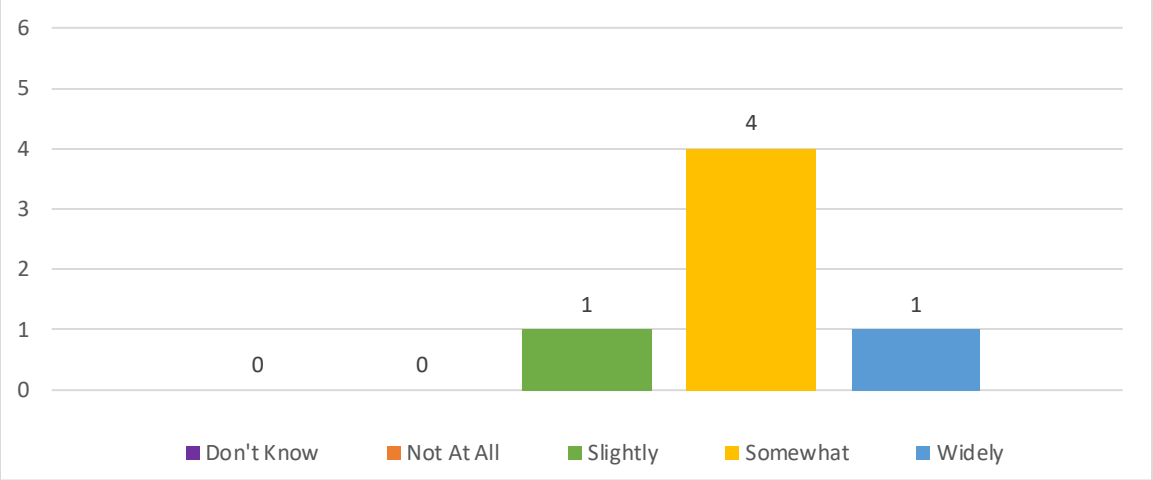


Figure 6.15 Individualized Service Planning (n=6)

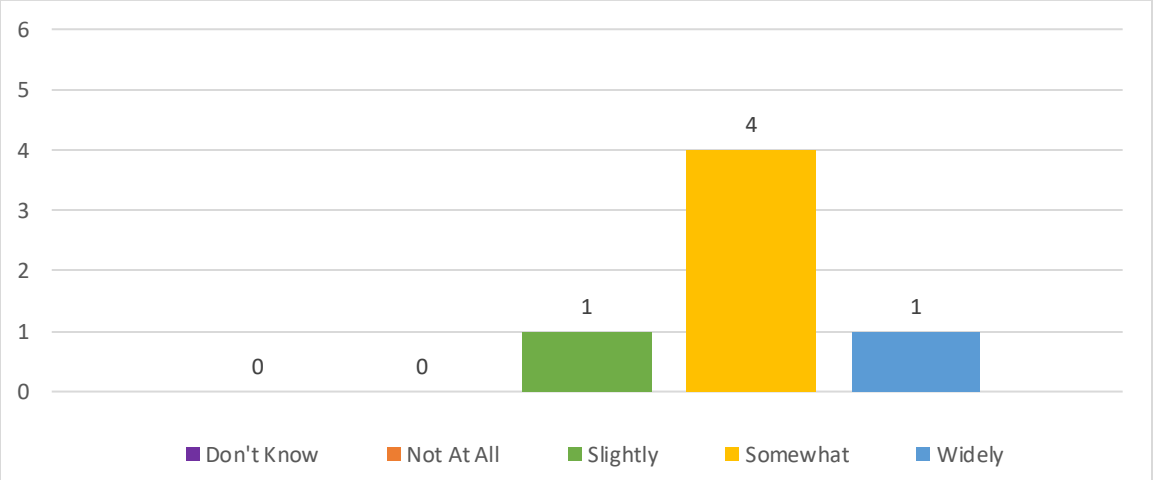


Figure 6.16 Intensive Care Management (n=6)

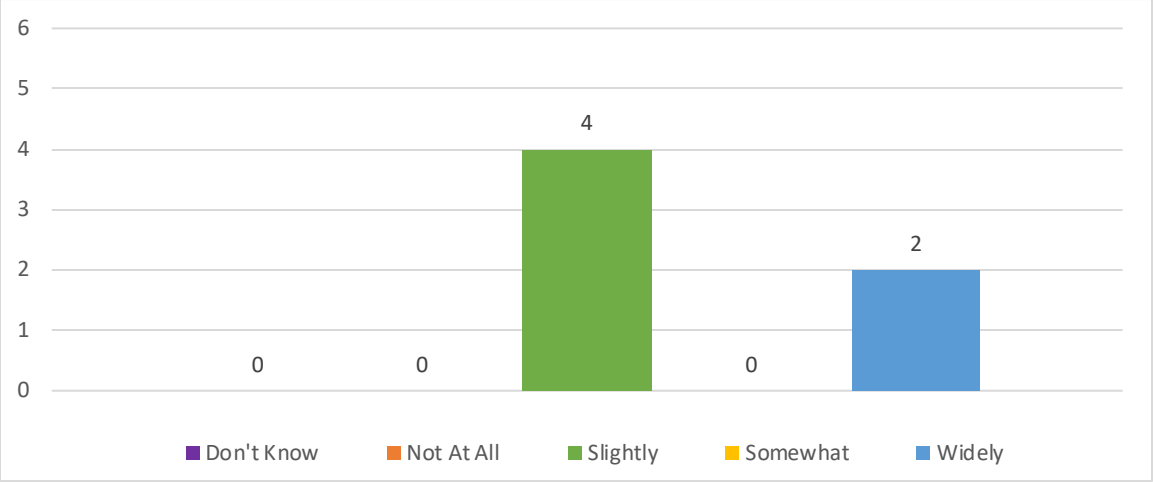


Figure 6.17 Service Coordination for Youth at Lower Levels of Service Intensity (n=6)

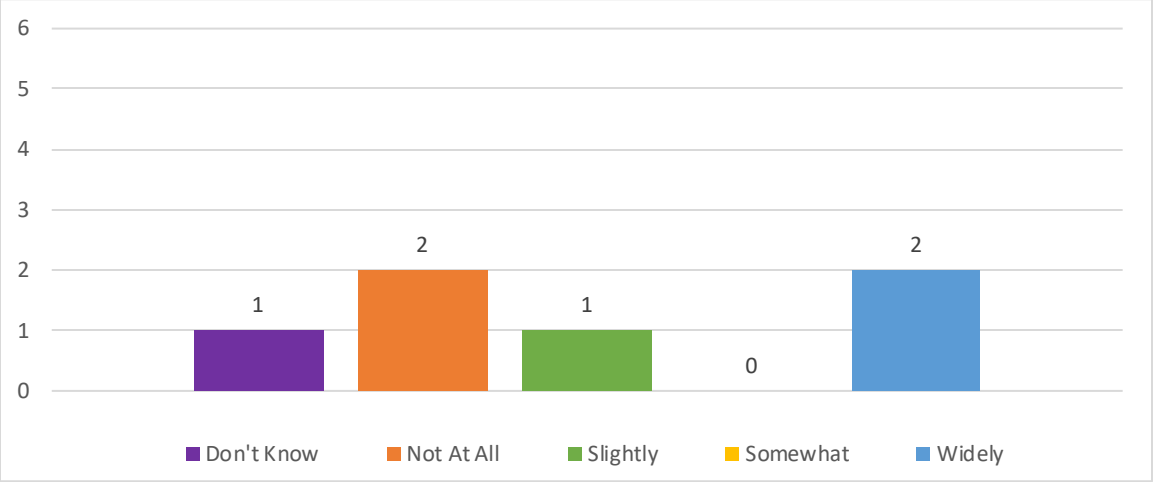


Figure 6.18 Outpatient Therapy (n=6)

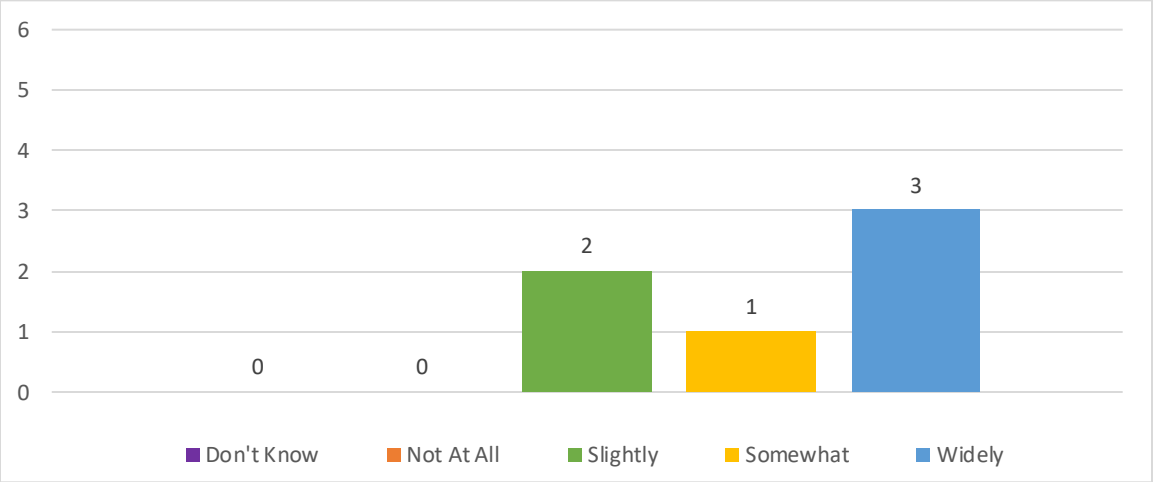


Figure 6.19 Medication Treatment/Management (n=6)

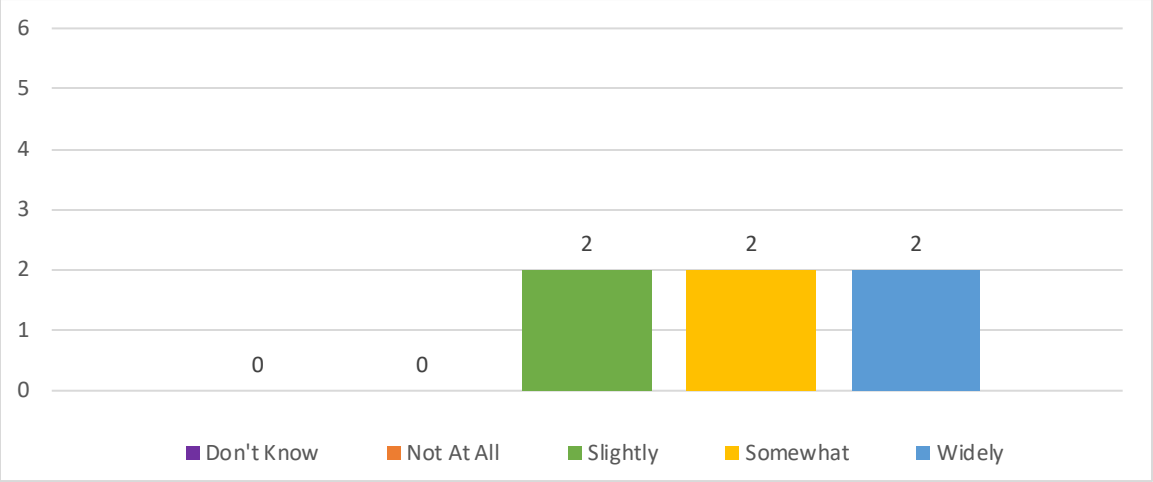


Figure 6.20 Crisis Response Services, Non-Mobile (24 hours, 7 days) (n=6)

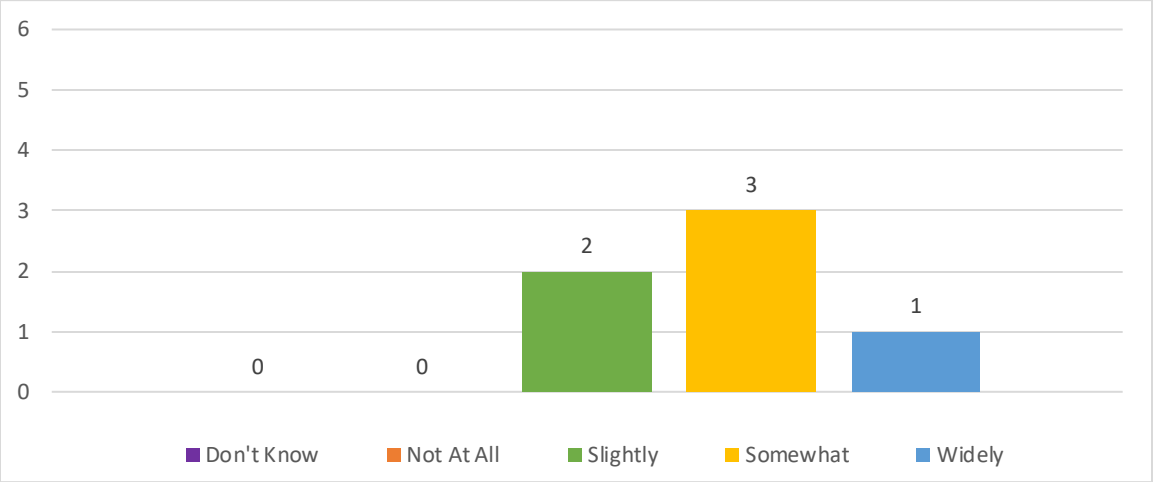


Figure 6.21 Mobile Crisis and Stabilization Services (24 hours, 7 days) (n=6)

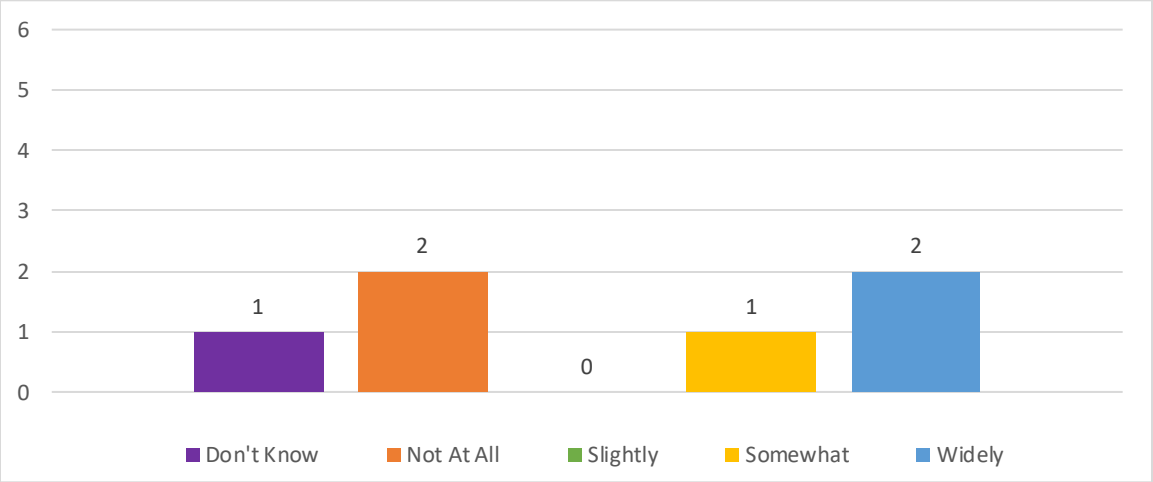


Figure 6.22 Intensive In-Home Services (n=6)

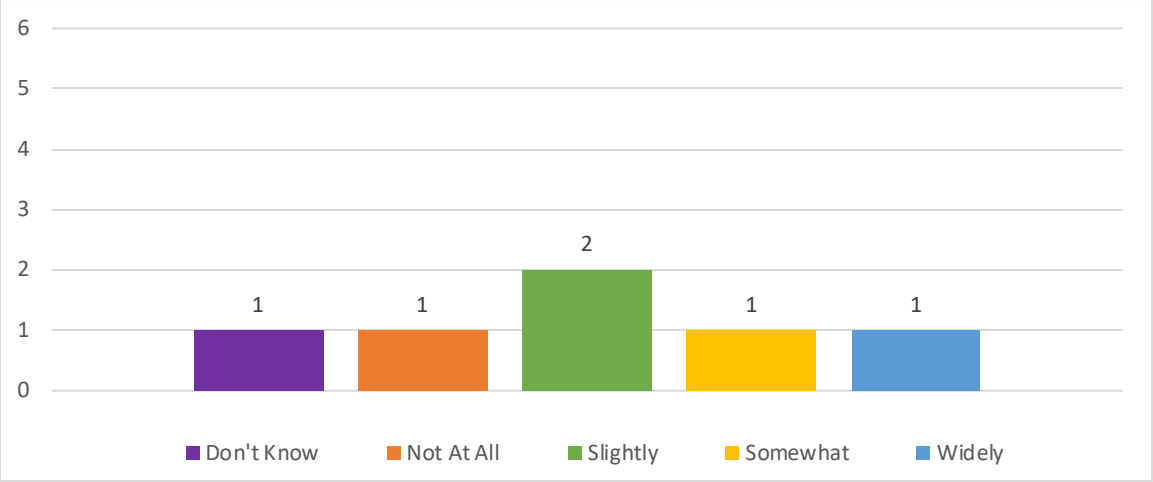


Figure 6.23 School-Based Behavioral Health Services (n=6)

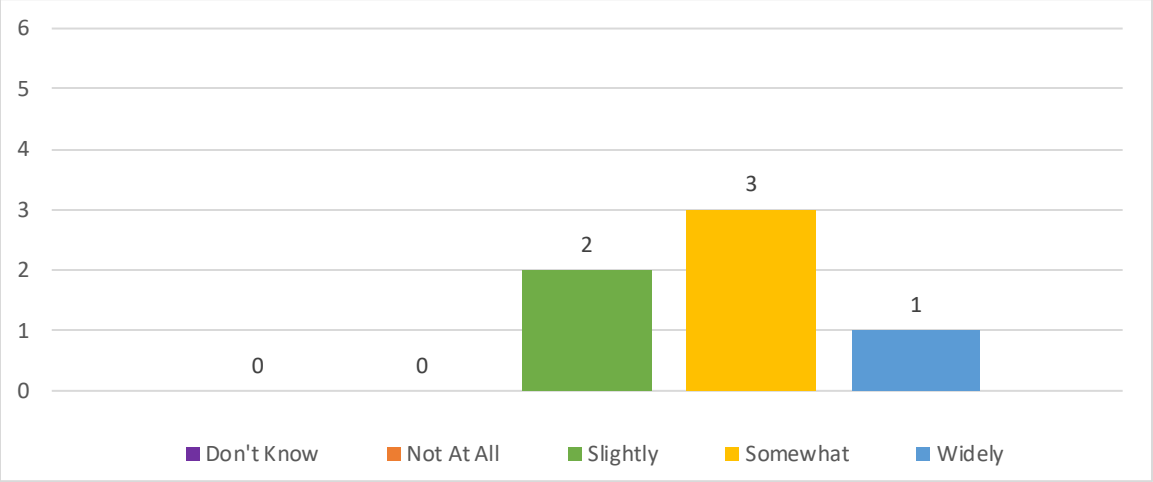


Figure 6.24 Day Treatment (n=6)

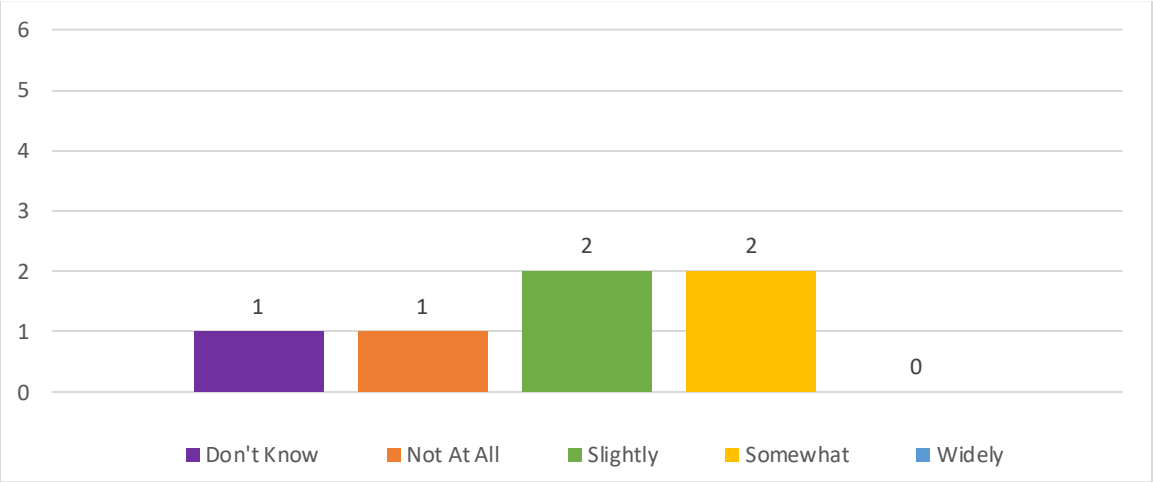


Figure 6.25 Substance Use Treatment (n=6)

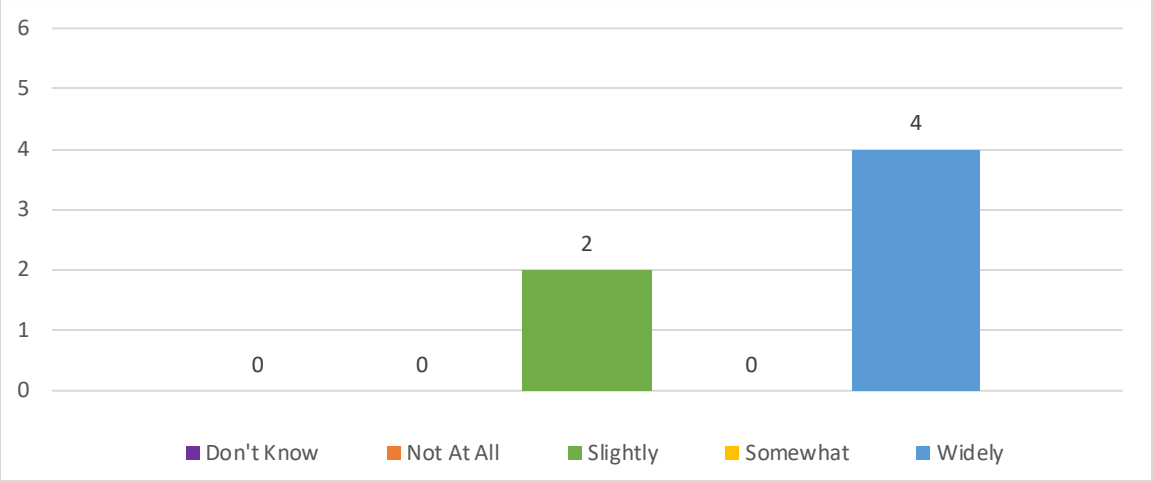


Figure 6.26 Therapeutic Behavioral Aide Services (n=6)

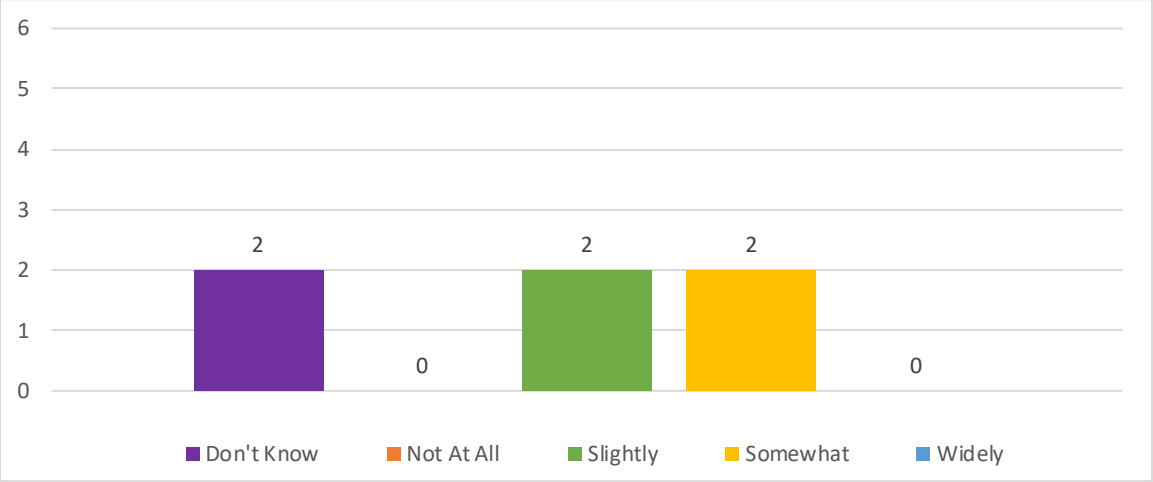


Figure 6.27 Behavior Management Skills Training (n=6)

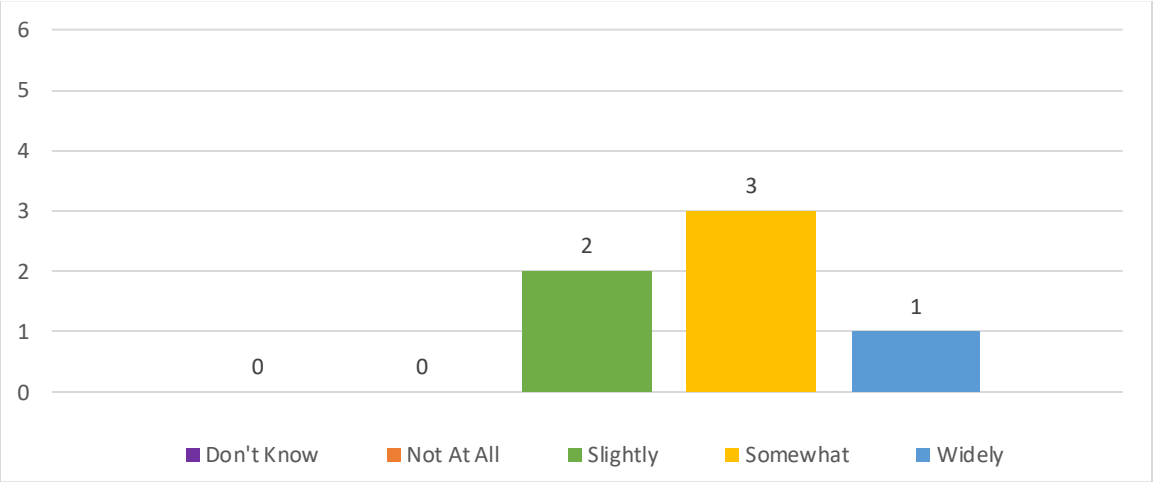


Figure 6.28 Tele-Behavioral Health Services (n=6)

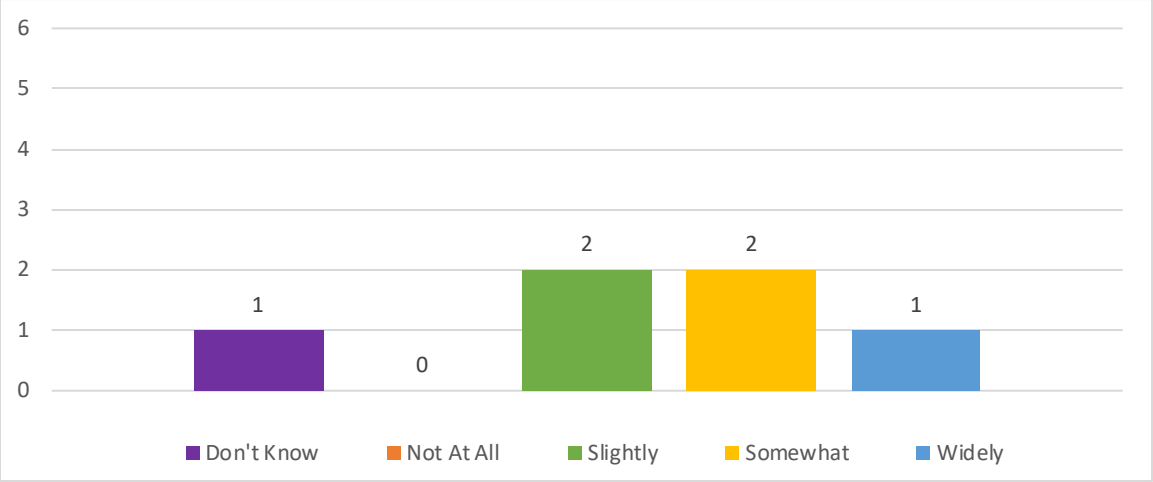


Figure 6.29 Youth and Family Education (n=6)

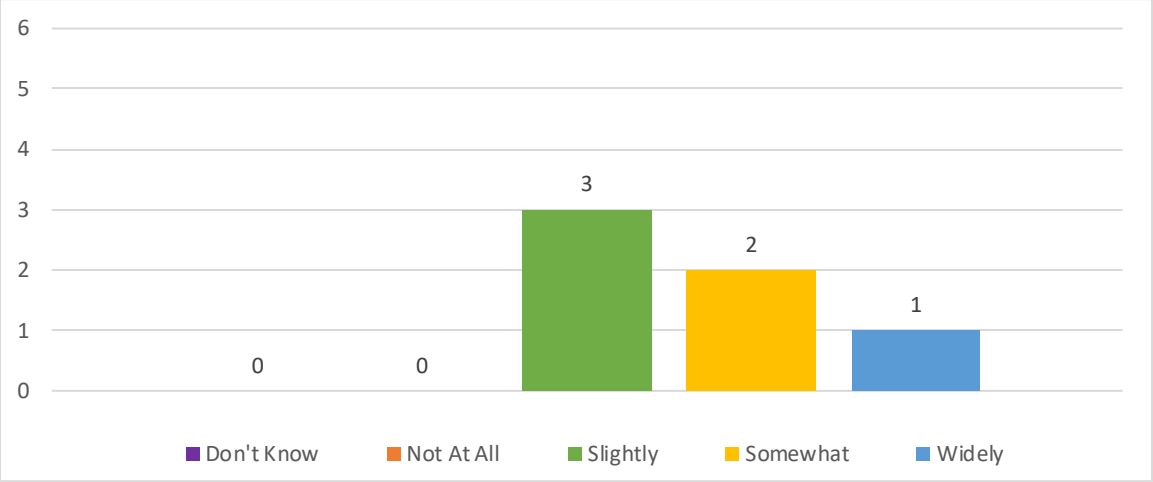


Figure 6.30 Respite Services (n=6)

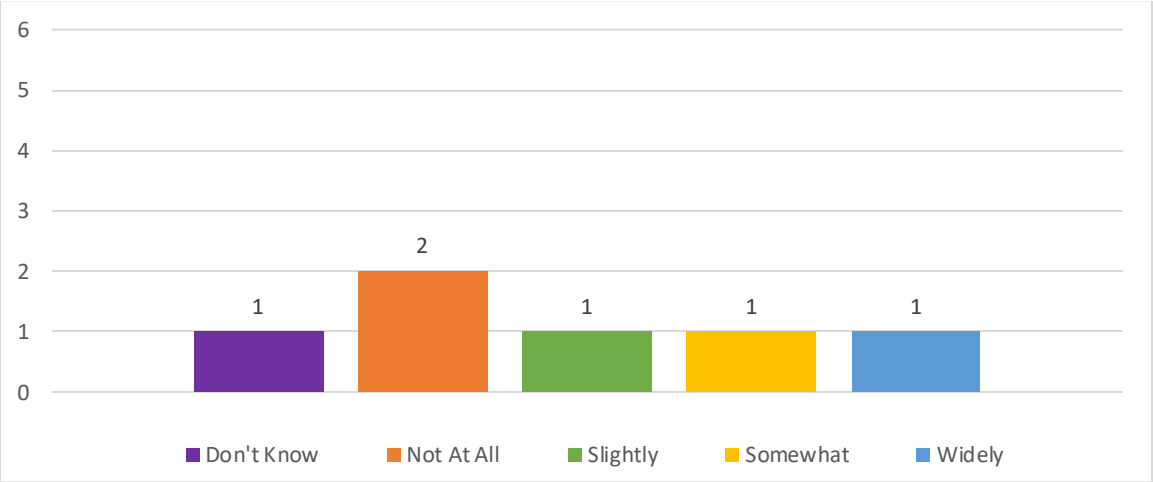


Figure 6.31 Therapeutic Mentoring (n=6)

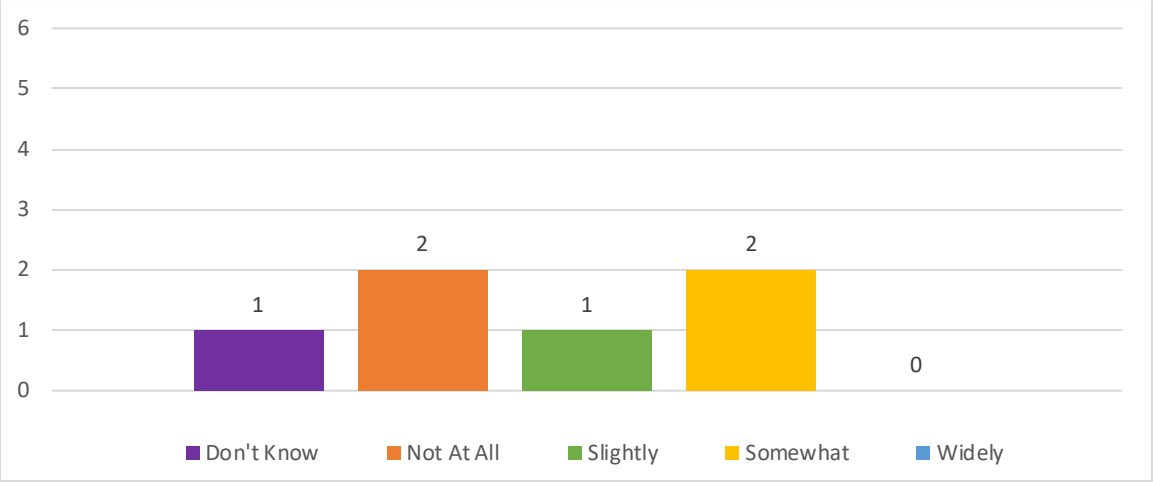


Figure 6.32 Mental Health Consultation (n=6)

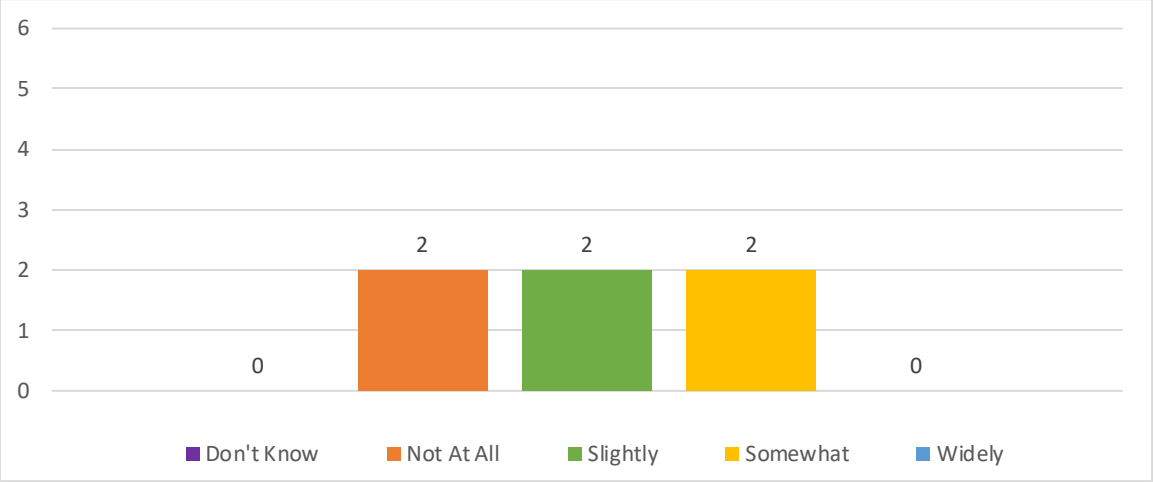


Figure 6.33 Supported Education and Employment (n=6)

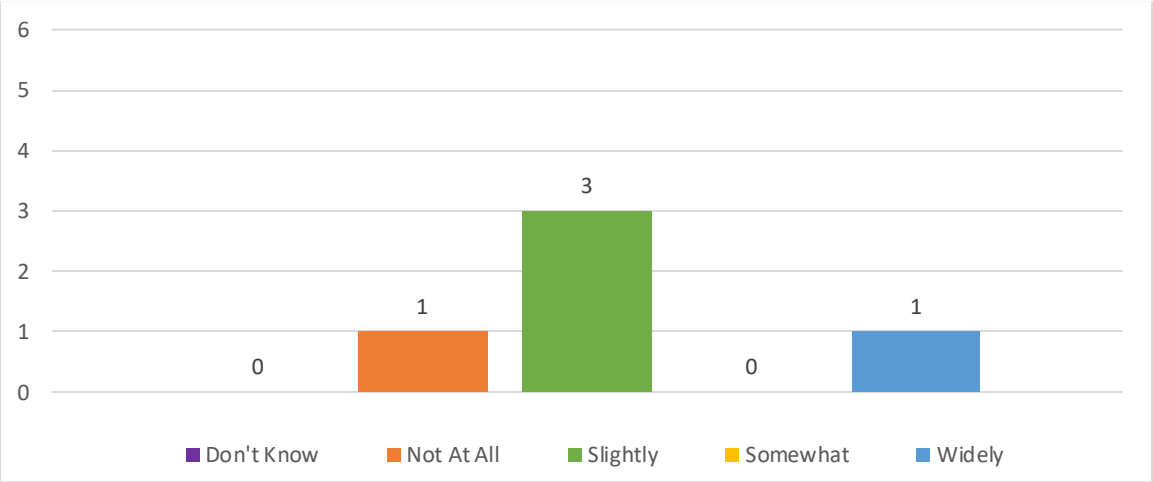


Figure 6.34 Supported Independent Living (n=6)

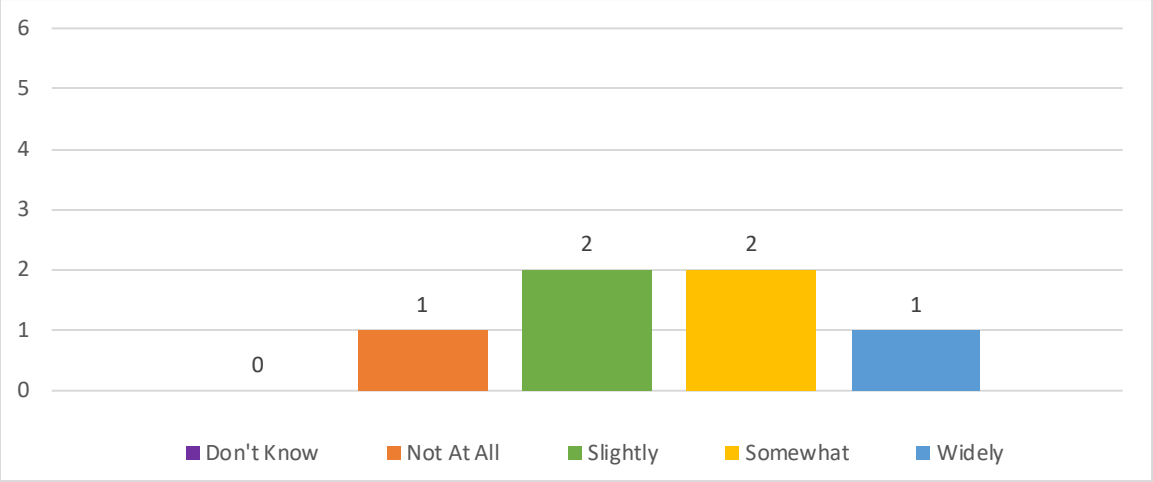
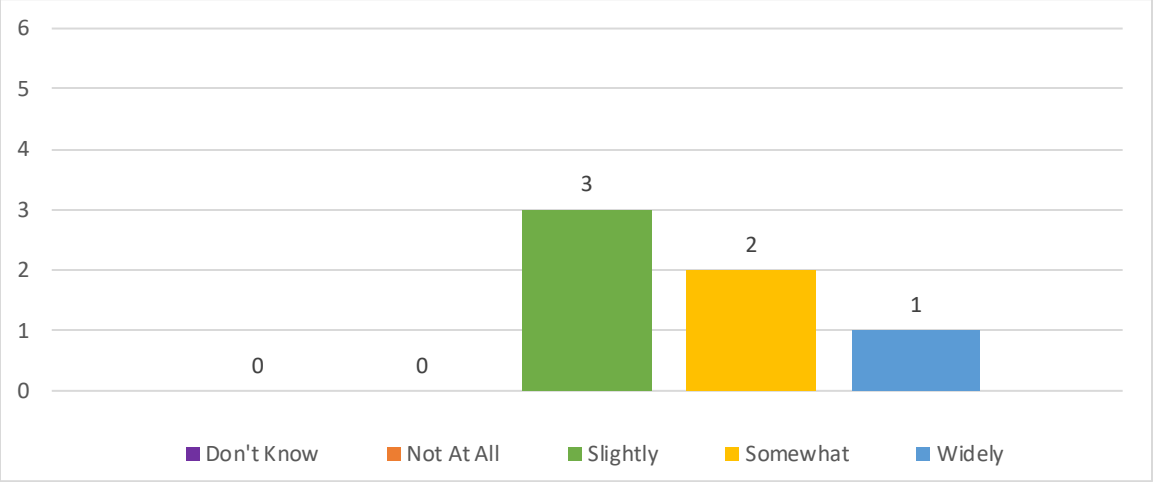


Figure 6.35 Transportation (n=6)



6.2.3 Out-of-Home Treatment Services

The perceived availability of out-of-home treatment services varied quite a bit; some were perceived as not at all and slightly available while others were perceived as more widely available.

Figure 6.36 Therapeutic Foster Care (n=6)

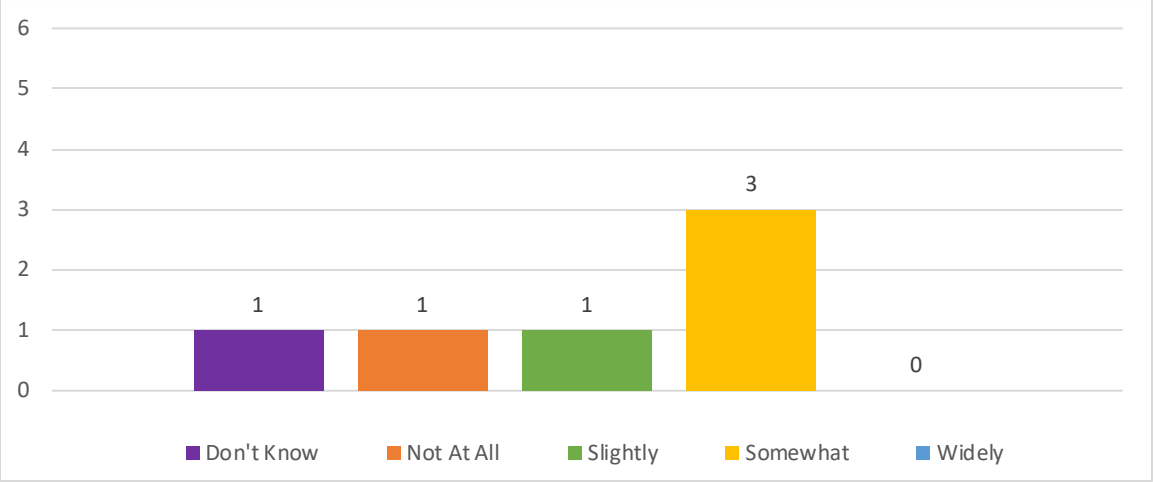


Figure 6.37 Therapeutic Group Home Care (n=6)

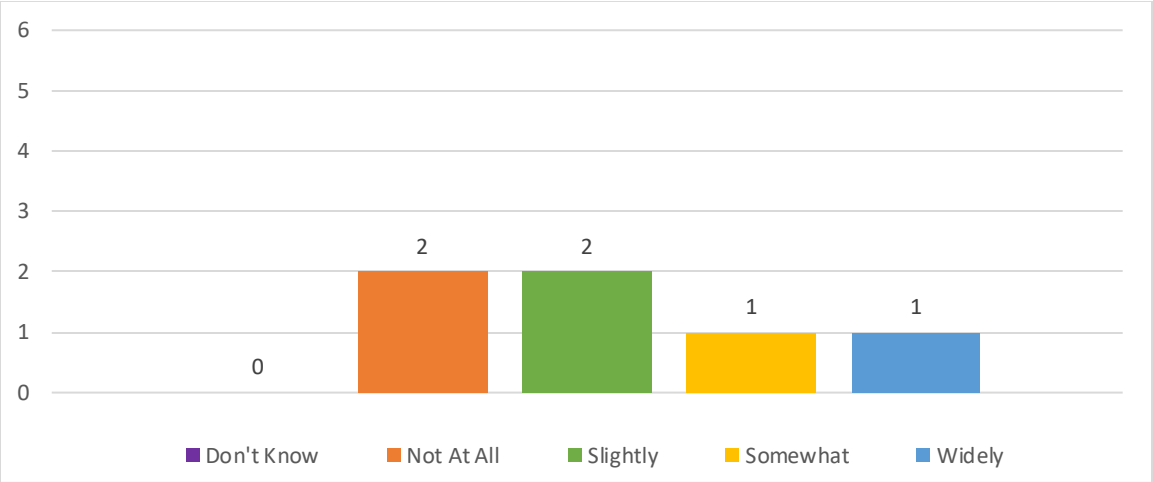


Figure 6.38 Crisis Stabilization Beds (n=6)

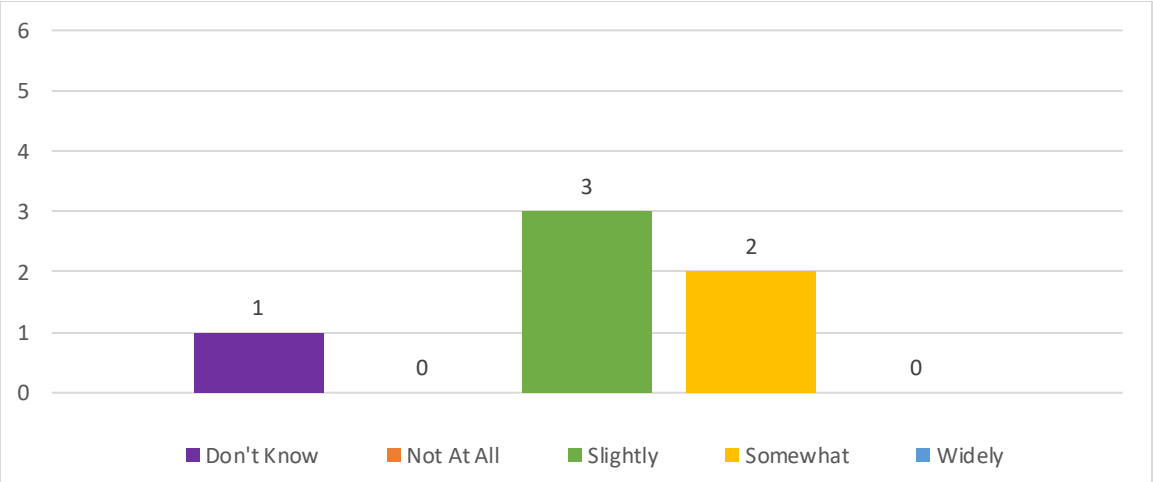


Figure 6.39 Medical Detoxification (n=6)

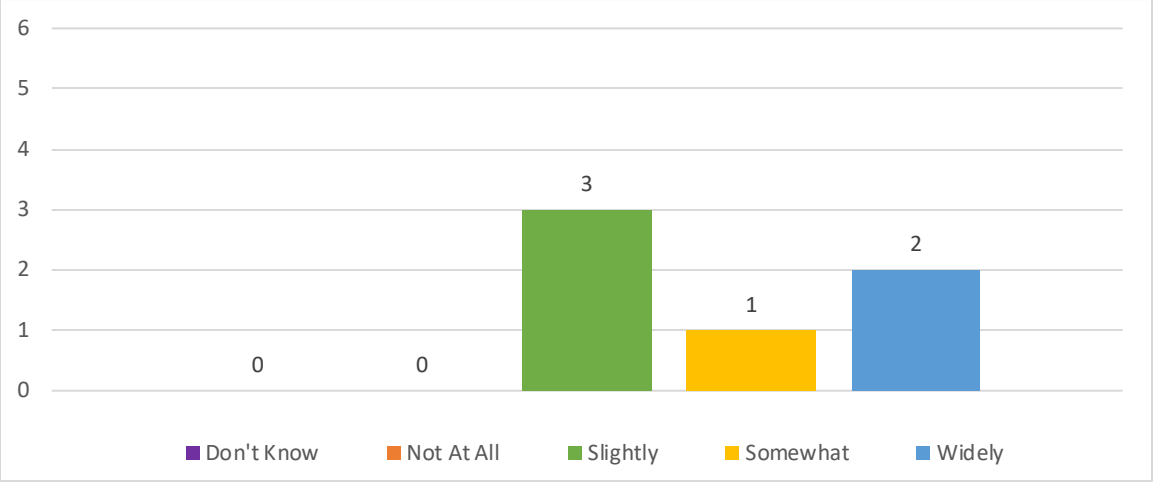


Figure 6.40 Substance Use Residential Treatment (n=6)

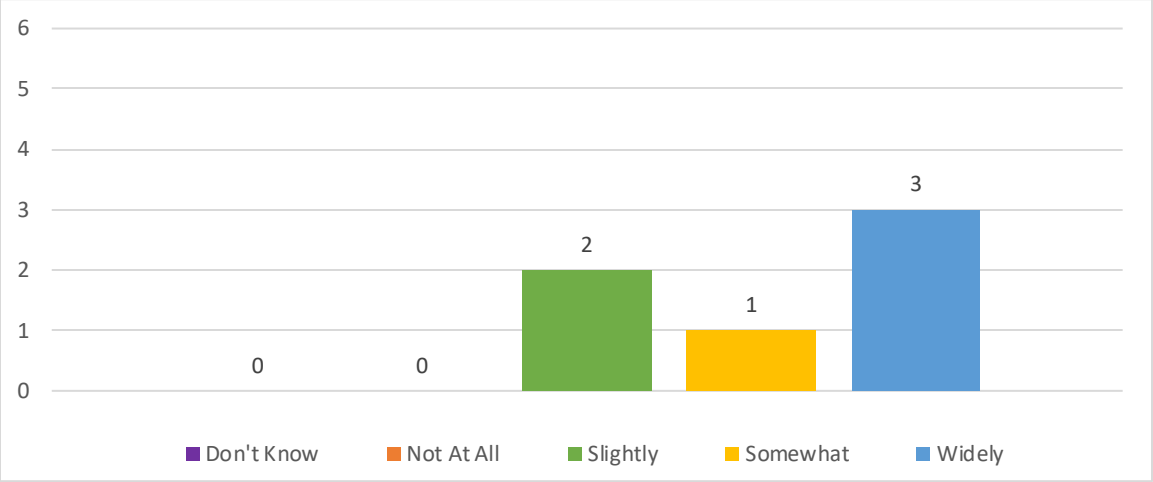


Figure 6.41 Residential Treatment (n=6)

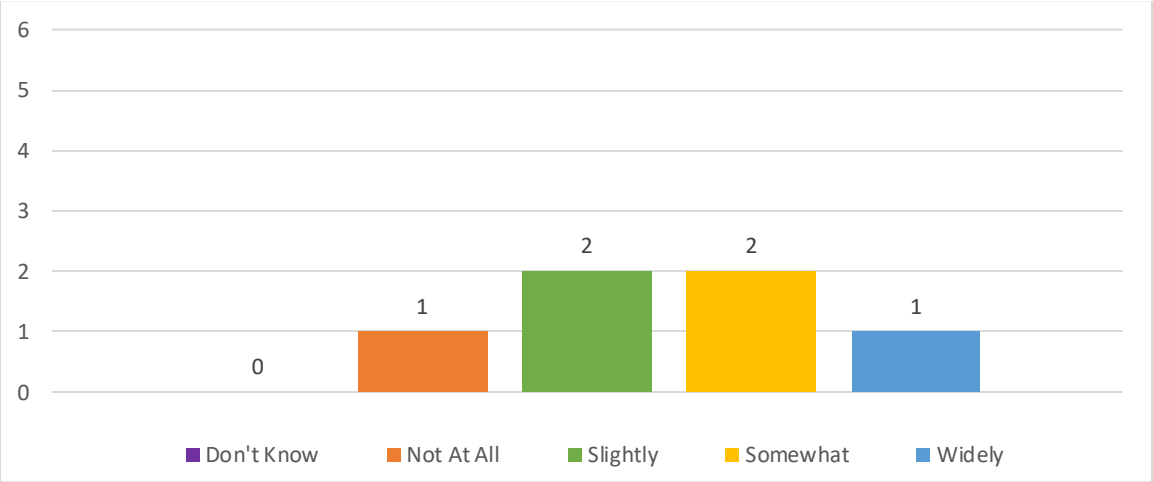
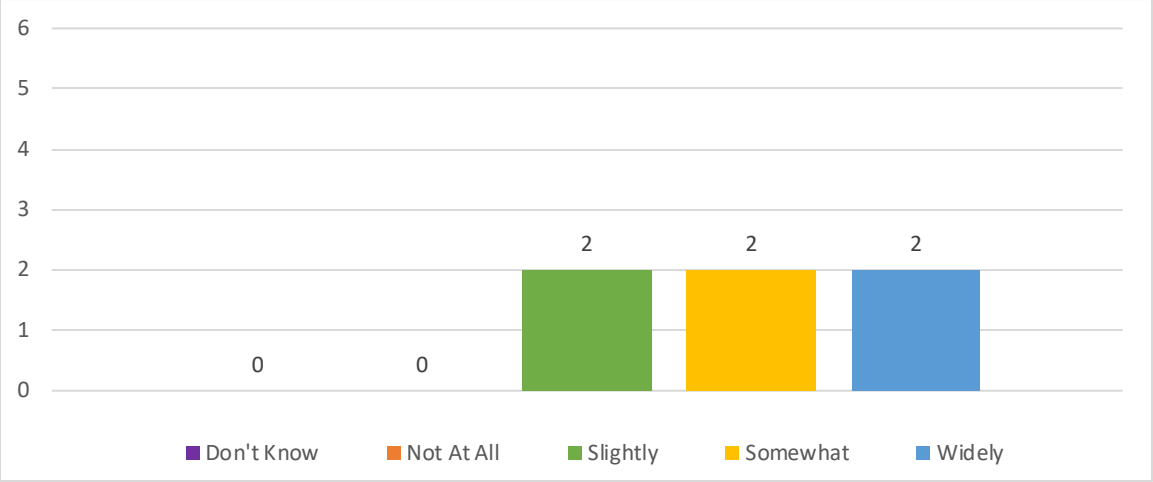


Figure 6.42 Inpatient Hospitalization (n=6)



6.2.4 Peer-Provided Services (ILCHF Outcome)

Stakeholder's perceptions differed about the availability of youth and caregiver peer-provided services.

Figure 6.43 Youth Peer-Provided Services (n=6)

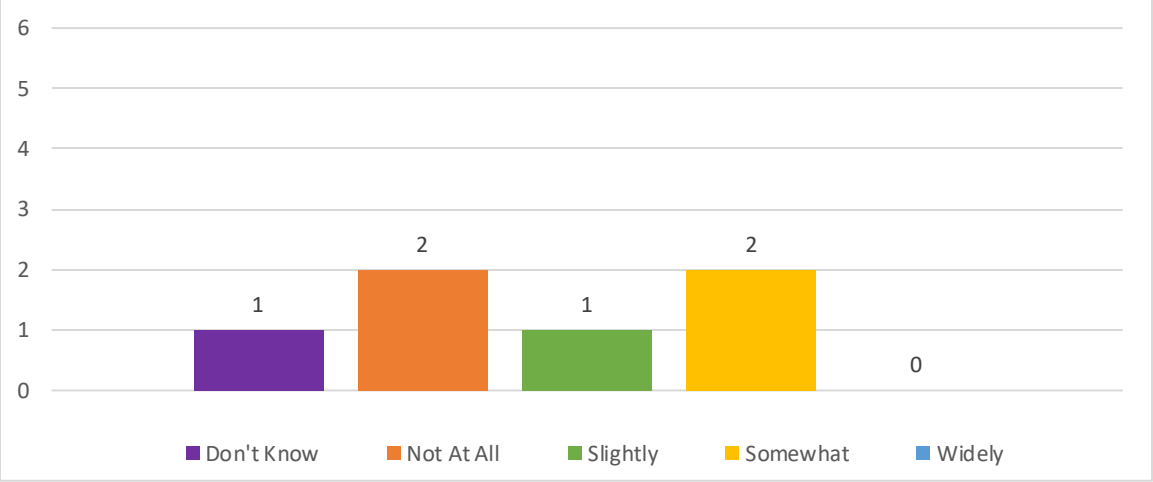
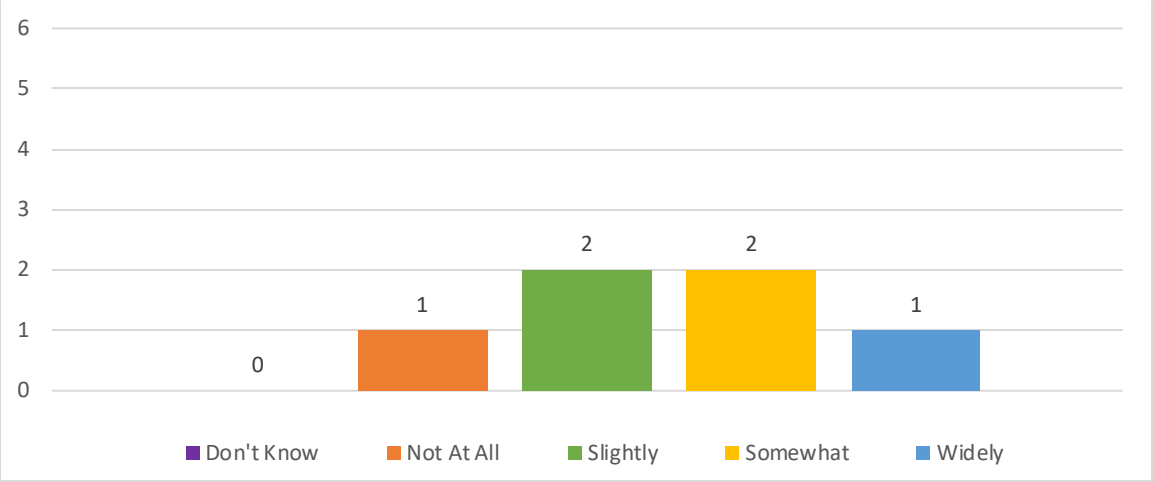


Figure 6.44 Caregiver Peer-Provided Services (n=6)



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. Although trauma-focused cognitive behavioral therapy and Second Step were perceived by some stakeholders as available in the community, many stakeholders were not knowledgeable about their availability.

Table 6.1 Use of Evidence-Based Mental Health Interventions (n=6)

	# Yes/Available
Triple P – Positive Parenting Program	0
Parent-Child Interaction Therapy	0
Brief Strategic Family Therapy	0
Multisystemic Therapy	0
Functional Family Therapy	0
Multidimensional Treatment Foster Care	0
Trauma-Focused Cognitive Behavioral Therapy	3
Project ACHIEVE	0
Second Step	3
Promoting Alternative Thinking Strategies (PATHS)	0
Incredible Years	0
Problem-Solving Skills Training	0
First Steps to Success	0
Don't Know	3
None	0

6.2.6 Service Coordination and Integration (ILCHF Outcome)

One of the goals of the CMHI 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. Stakeholders perceived that services were between slightly and moderately coordinated.

Table 6.2 Service Coordination and Integration

	Mean	SD
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families (n=6)	2.3	1.0
Basic care coordination is provided for children and families at lower levels of service intensity (n=7)	2.9	0.7
Care is coordinated across multiple child-serving agencies and systems (n=7)	2.1	0.9
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) (n=7)	2.1	1.1

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

Table 6.3 Service Coordination with Children's Mental Health System

	Mean	SD
Child welfare system (n=5)	3.0	0.7
Juvenile justice/court system (n=5)	3.6	0.6
Education system (n=6)	3.2	0.8
Primary health system (n=6)	3.2	0.8
Public health system (n=6)	2.8	1.0
Substance use treatment system (n=6)	3.0	0.9

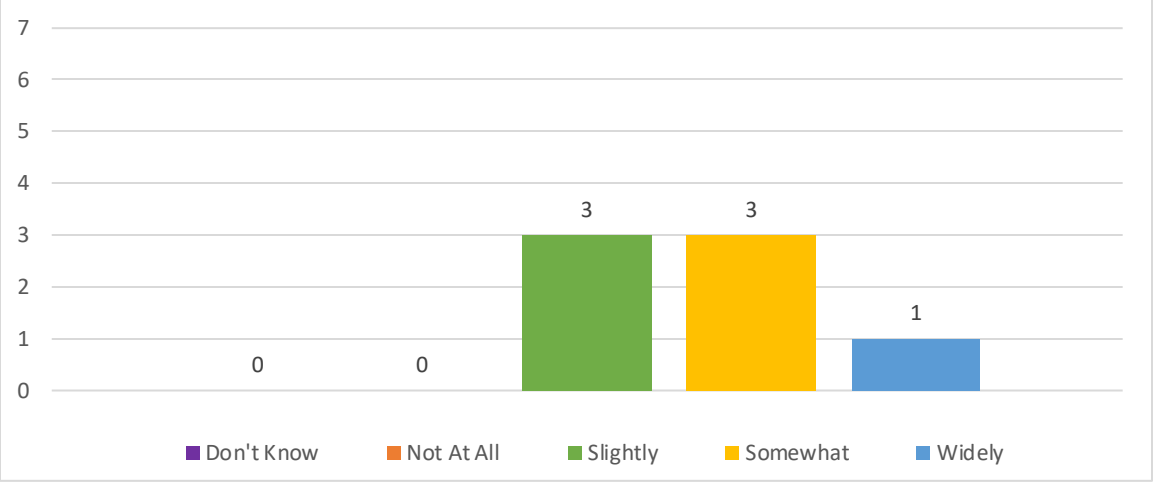
Note: "I Don't Know" responses were excluded when calculating the mean

6.3 System of Care Infrastructure

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

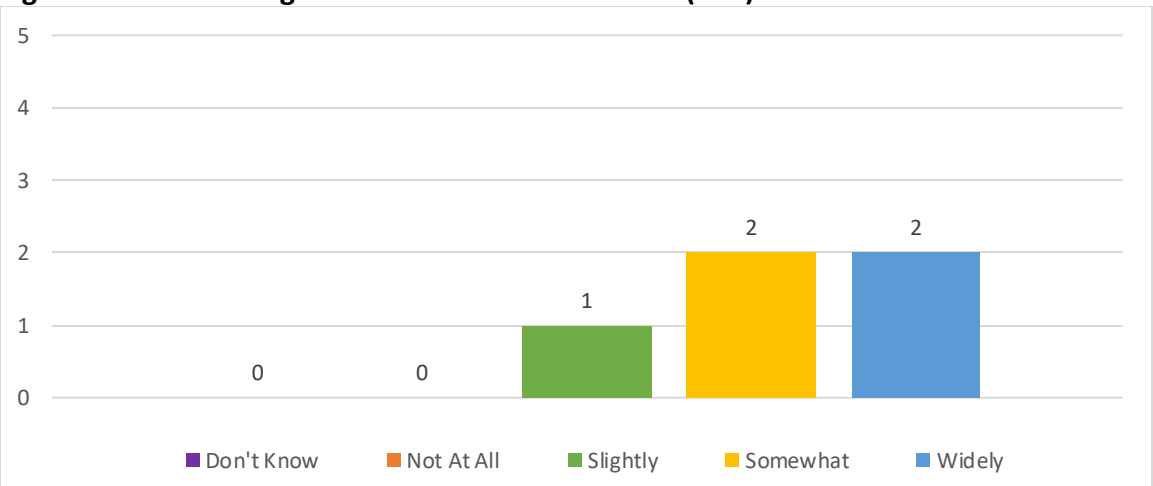
Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages; Figure 6.45 shows that most stakeholders perceived that early identification was slightly or somewhat available.

Figure 6.45 Services for Early Identification of Mental Health Problems (n=7)



In the service availability section of the survey, stakeholders were asked about the availability of screening services for behavioral health needs (e.g. in early care, education, primary care, child welfare, and juvenile justice settings). Most stakeholders felt that these services were somewhat or widely available in 2021.

Figure 6.46 Screening for Behavioral Health Needs (n=5)



6.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the CMHI 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. Average scores indicated that stakeholders felt that this capacity is moderately available.

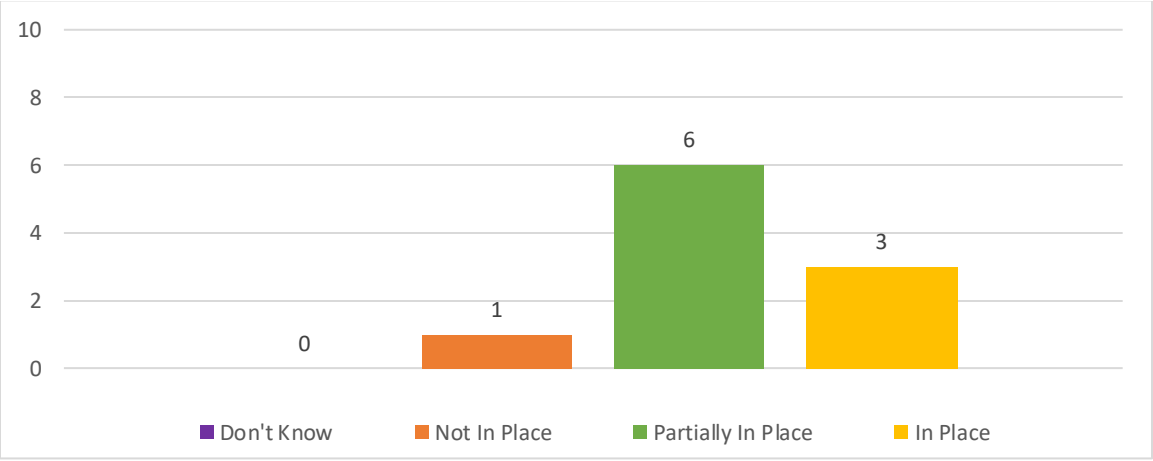
Table 6.4 Capacity to Provide Evidence-Based Clinical Interventions

	Mean	SD
Evidence-informed practices are implemented within the array of services and supports to improve outcomes (n=7)	3.0	0.8
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components (n=7)	2.9	0.9
Best practice guidelines, clinical protocols, and manuals are provided to practitioners (n=5)	3.4	0.9
Fidelity to evidence-informed practices and outcomes is measured (n=4)	2.8	1.0

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

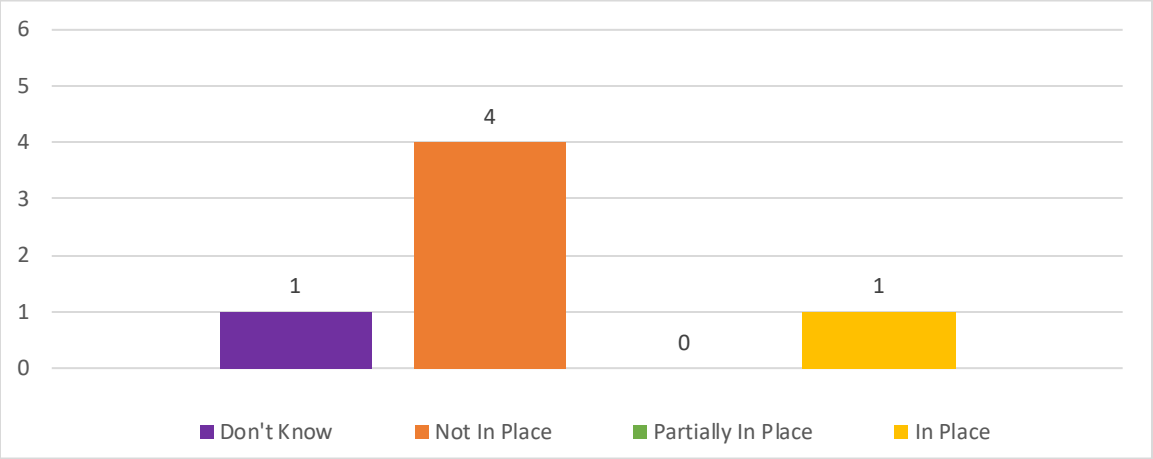
One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to which this infrastructure component was present in their community; the results in Figure 6.47 show that stakeholders felt this component was partially or fully in place.

Figure 6.47 Use of Local Outcome Data to Inform Decision-making (n=10)



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 6.48 show that most felt this was not yet in place.

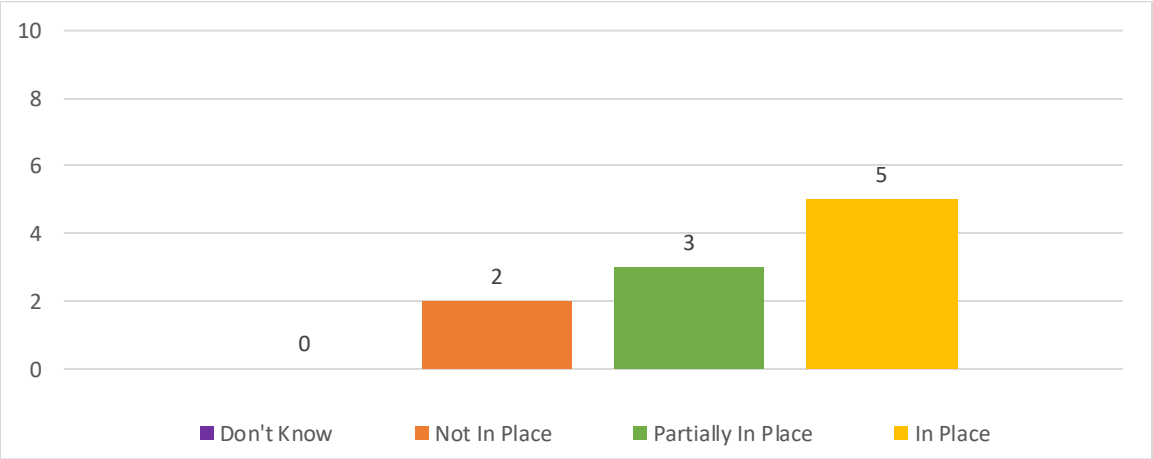
Figure 6.48 Capacity for Gather Data for Continuous Quality Improvement (n=6)



6.3.4 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; most respondents felt that these were partially or fully in place in 2021.

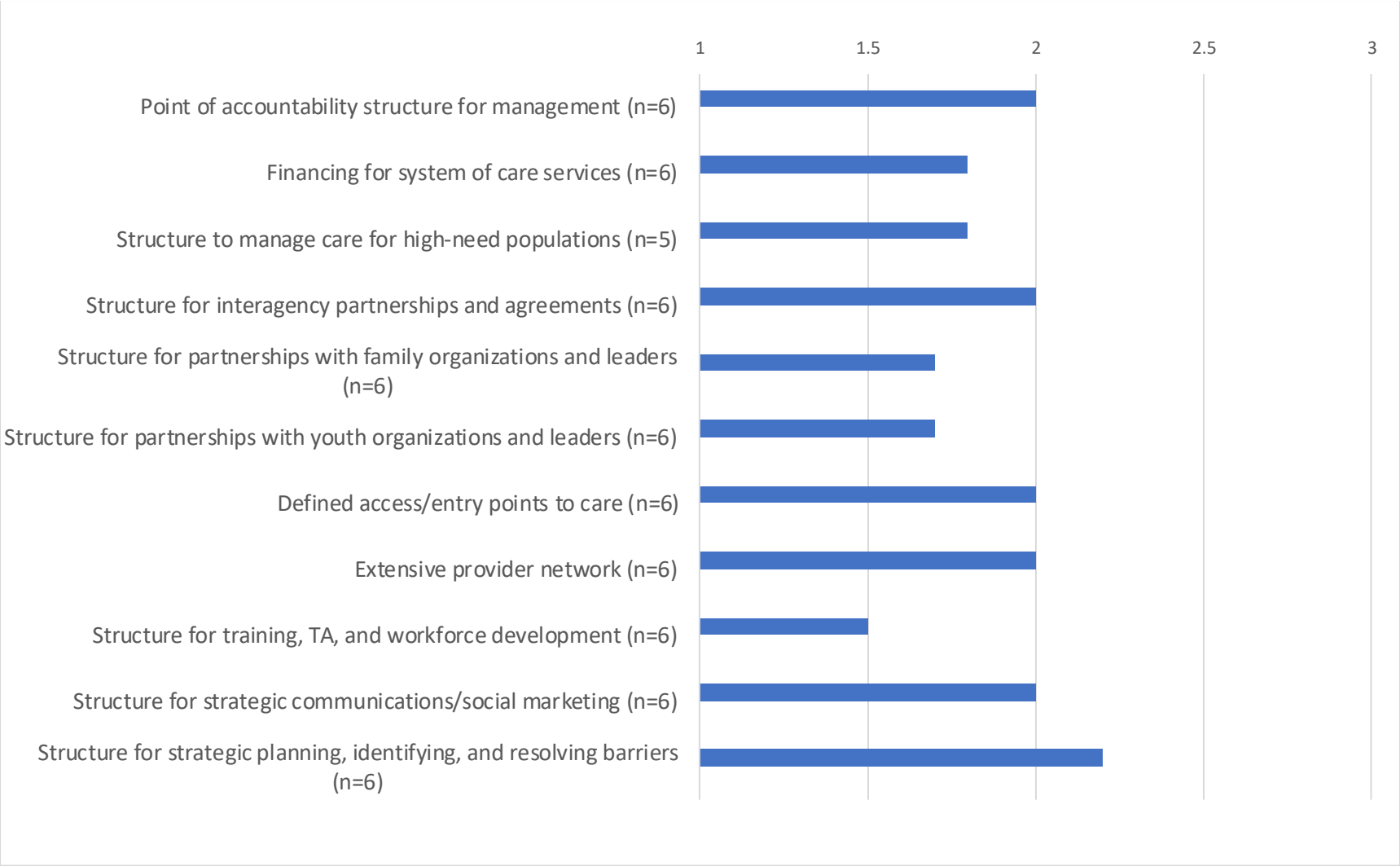
Figure 6.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce (n=10)



6.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2021. Results indicate that all of the infrastructure components were slightly to moderately implemented (Figure 6.50). The components with the lowest average score were training, technical assistance, and workforce development; and partnerships with family and youth organizations and leaders.

Figure 6.50 System of Care Infrastructure Components



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

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

Twenty-three providers completed at least a portion of the baseline stakeholder survey. The respondents included individuals who worked in several different sectors including social services, housing services, healthcare, education, early childhood policy, community organizer, and parent leadership and organizing. In addition, seven parents completed the parent version of the stakeholder survey. The following sections provide detailed descriptions of site 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.

- Survey respondents were asked to provide an overall assessment of the SOC implementation at baseline, and the majority (9 of 19) felt that the SOC was slightly implemented, with the remaining three disperse across the other categories, with two reporting a "don't' know" response.
- Stakeholders were asked to rate the extent to which critical implementation supports were perceived as present. Of 23 respondents, 17 perceived that a strategic plan was either not in place or partially in place; 17 perceived that a planning committee was partially or fully in place; and 19 felt that leadership and buy-in were partially or fully in place. Perceptions were more varied for the presence of clear and frequent communication channels and technical assistance opportunities.
- Parent and youth involvement are key elements of SOC implementation. In terms of parent involvement, 18 of the 22 who responded to the question indicated it was in place or partially in place; for youth involvement, 11 of the 23, nearly half, perceived that it was not in place.
- Survey participants rated the extent to which stakeholders in other child-serving systems were committed to the SOC philosophy and approach. There was wide variability in the perceptions of commitment among the various systems. The lowest levels of perceived commitment were among the Medicaid system, high-level policy and decision makers, juvenile justice system, and managed care organizations. In contrast, highest perceived levels of commitment to SOC were for the mental health system, direct service providers, family leaders and youth leaders.
- Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive

environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these eight principles. The lowest rated principles were youth-guided and coordinated services, and the highest rated were least restrictive and culturally/linguistically competent services.

- Service availability within the SOC is a key outcome of interest, and stakeholders were provided with a list of home-based and out-of-home services and asked to rate the availability of each service in their community. Stakeholders perceived that most of the services were either slightly or somewhat available. Community-based prevention services, early intervention services, and tele-behavioral health services were perceived as widely available. There were high numbers of stakeholders who did not know about the availability of several services.
- An important outcome for the SOC implementation is the establishment of peer-provided services for parents and youth. Most stakeholders either didn't know or perceived that no youth peer-provided services were available. More stakeholders perceived the presence of caregiver peer-provided services with nine of 19 stating they were slightly available; three indicated somewhat and two indicated they were widely available.
- Stakeholders were provided with a list of evidence-based mental health interventions and asked which ones were available in their community. Stakeholders either did not know about the availability of these specific interventions in their community or indicated it was not present. Of those interventions indicated as available, trauma-focused cognitive behavioral therapy was most commonly noted, followed by Triple P Parenting Program, parent-child interaction therapy, multisystemic therapy and Second Step.
- In terms of service coordination and integration within the SOC, mean scores indicated that respondents perceived that mental health services were slightly to somewhat coordinated with services provided by other systems such as child welfare, education, and juvenile justice.
- Stakeholders were asked to rate the extent to which the service array in their community identifies behavioral health problems at early stages. Most stakeholders perceived that early identification of mental health concerns was somewhat or slightly available. Similar results were found for the presence of behavioral health screening, although about a quarter felt that these services were widely available.
- One of the goals of the CMHI is to increase the capacity of the service system to provide families with evidence-based clinical interventions. Average scores indicated that stakeholders felt that this capacity is moderately available across four domains including evidence-informed practice, training for providers, best practice guidelines and protocols, and fidelity.
- Survey respondents were asked to gauge progress toward the effective local use of outcome data to inform operations and changes in the system, including sharing data

between service provider systems. Results show that stakeholders perceived this as not in place or partially in place. The same was true regarding the capacity to gather data for continuous quality improvement.

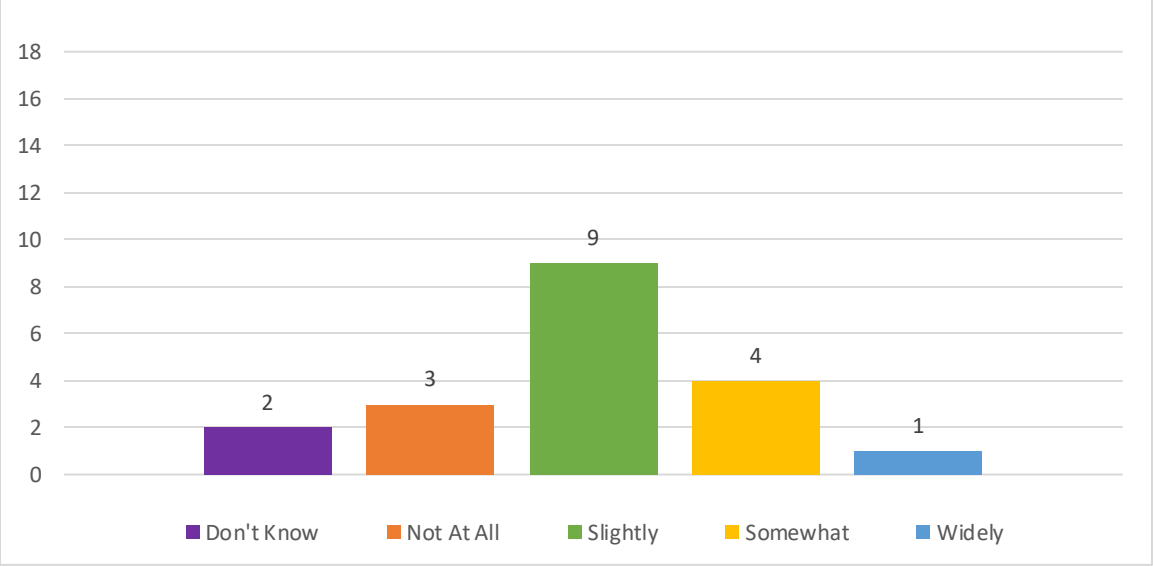
- Stakeholders were asked about the availability of training opportunities to develop a well-prepared mental health workforce. Most felt that this was partially in place, although several respondents felt this was not in place yet.
- Using the Georgetown Assessment for SOC implementation, the survey explored elements of infrastructure. Results indicate perceptions of the infrastructure components were that they were not in place or only partially implemented. The components with the lowest average score was a structure for strategic communication and social marketing and the most highly rated area was the presence of a structure for interagency partnerships.

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 (see Figure 7.1). Of the 19 stakeholders who answered this question, three perceived that the SOC was not at all implemented, nine perceived that it was slightly implemented, four felt it was somewhat implemented, one felt it was widely implemented, and two did not know.

Figure 7.1 Overall Assessment of System of Care Implementation (n=19)



7.1.2 System of Care Implementation Supports and Activities

The implementation of systems of care is supported by the presence of a strategic plan; a steering committee that meets regularly; strong leadership from multiple child-serving systems; clear and frequent communication between leadership, planning committees, and stakeholders; and technical assistance opportunities. Stakeholders were asked to rate the extent to which each of these implementation supports was present in their community in 2021 (see Figures 7.2 – 7.6).

Figure 7.2 Strategic Plan That Guides System of Care Implementation Activities (n=23)

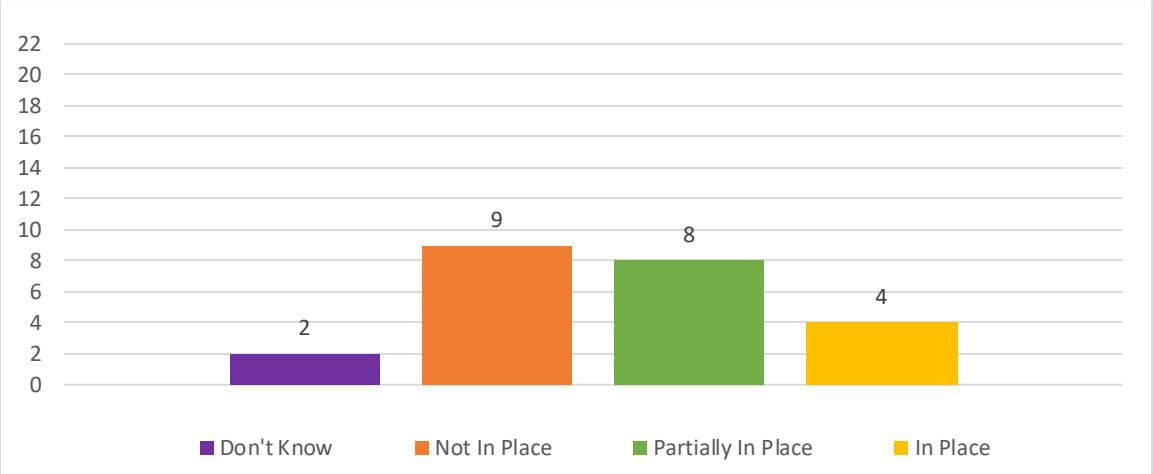


Figure 7.3 Planning Committee That Meets Frequently to Guide Implementation (n=23)

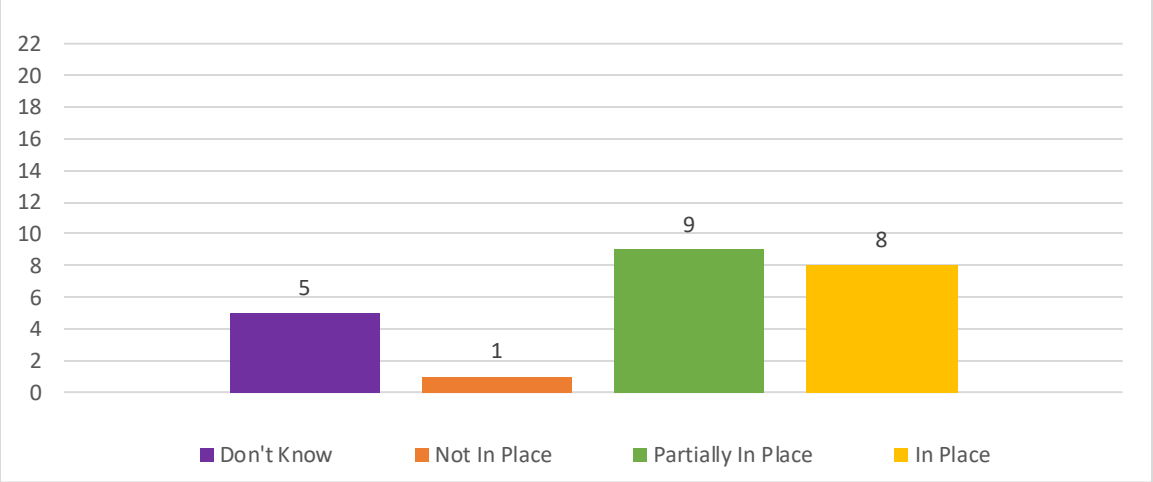


Figure 7.4 Buy-in, Leadership, and Champions from Multiple Child-serving Systems (n=23)

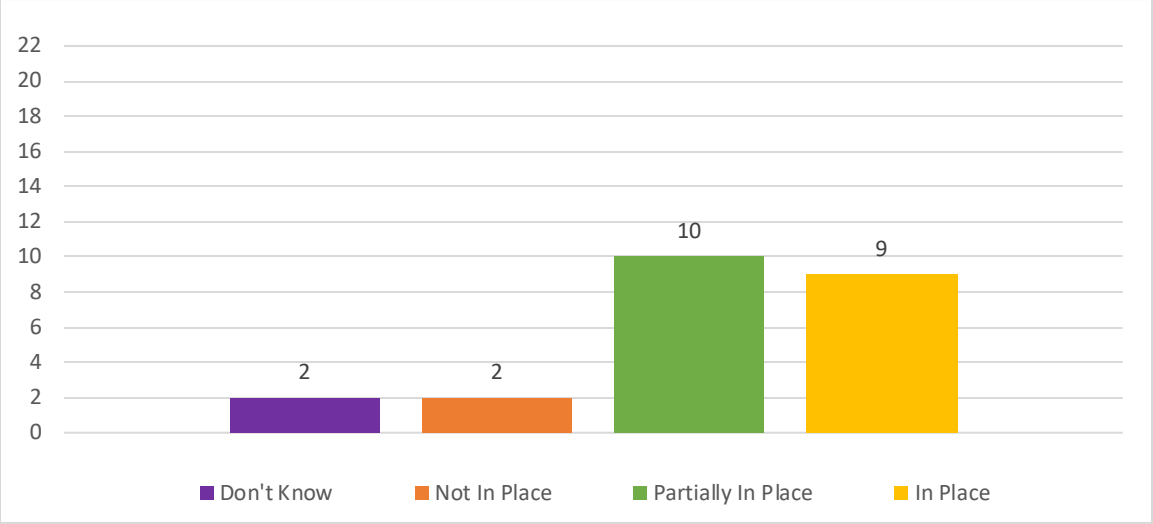


Figure 7.5 Clear and Frequent Communication Channels Between Leadership, Planning Committees, and Stakeholders (n=23)

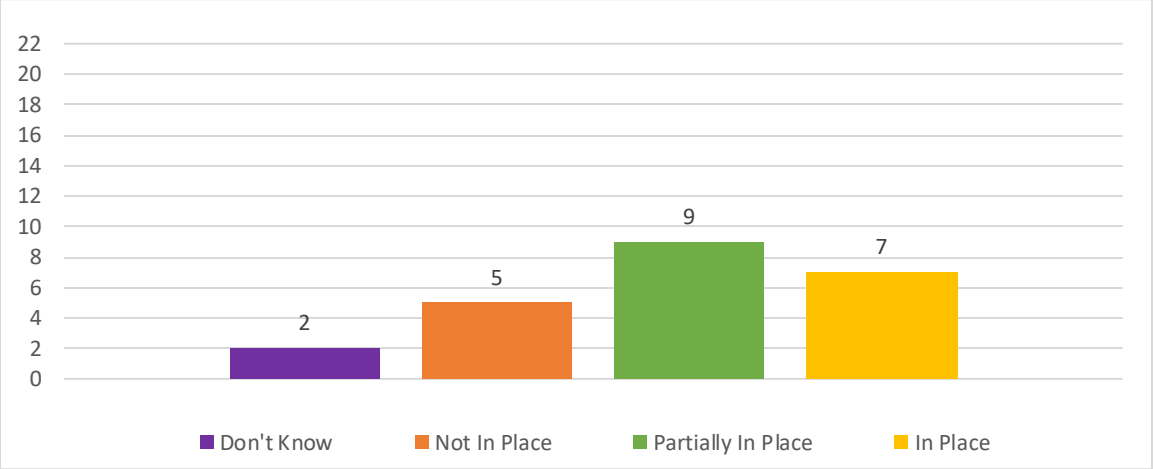
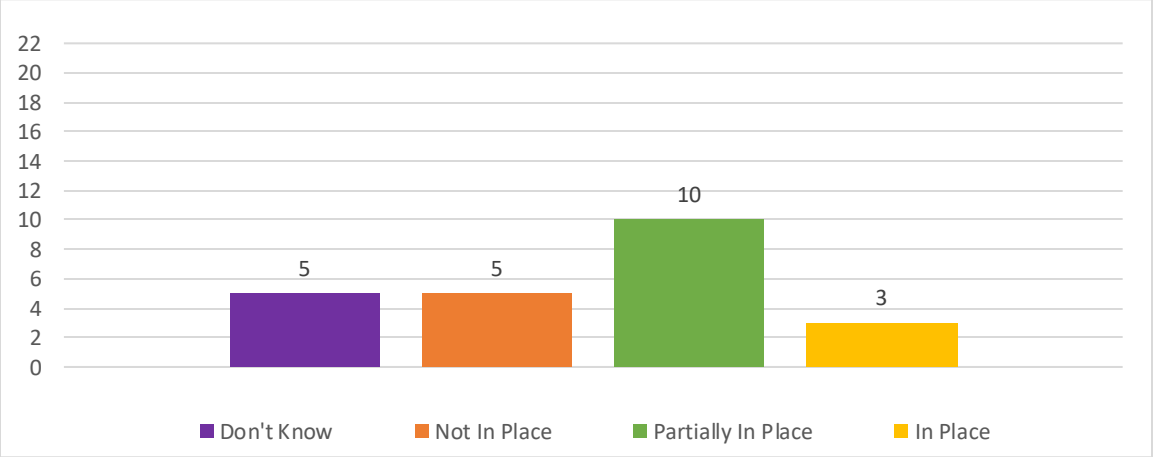


Figure 7.6 Technical Assistance Opportunities to Support Implementation (n=23)



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.

Figure 7.7 Parent Involvement in System of Care Implementation Activities (n=22)

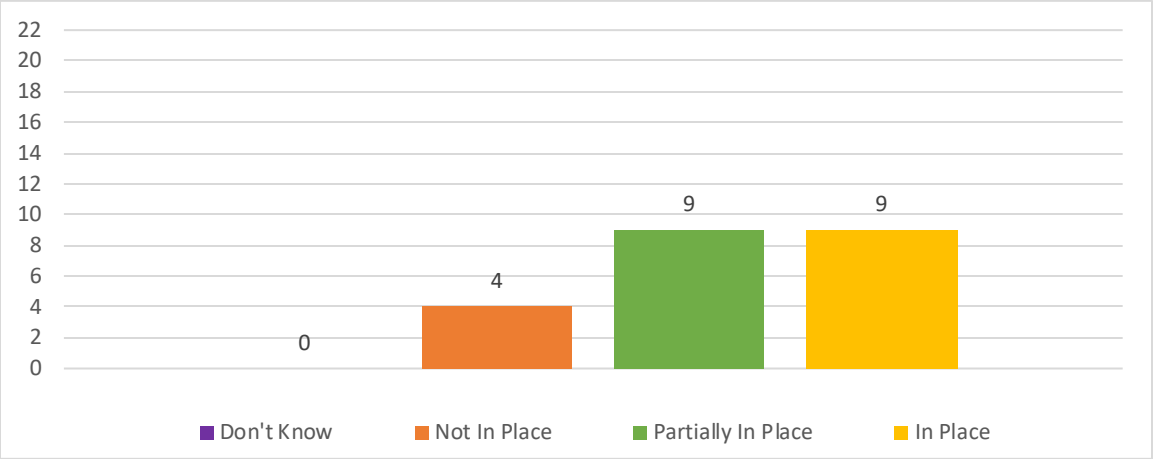
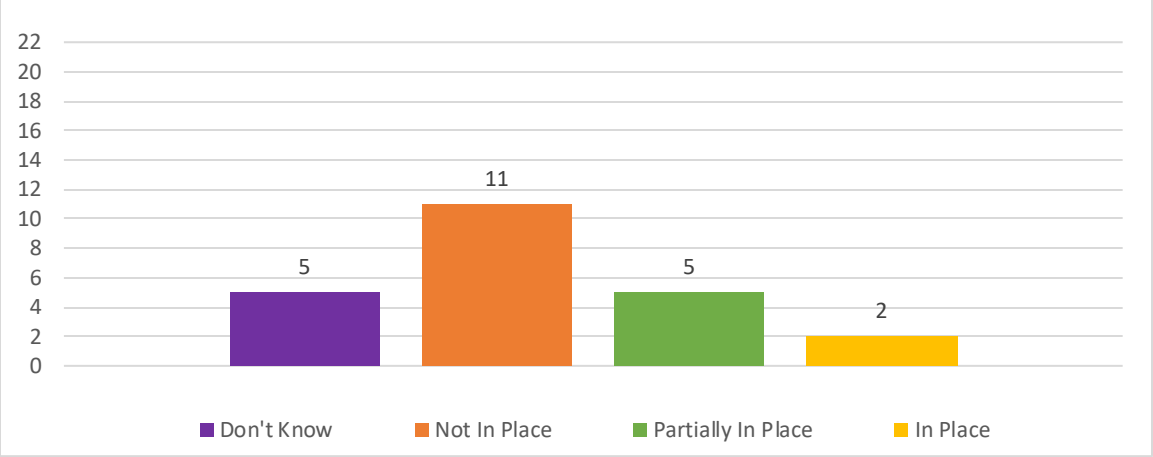


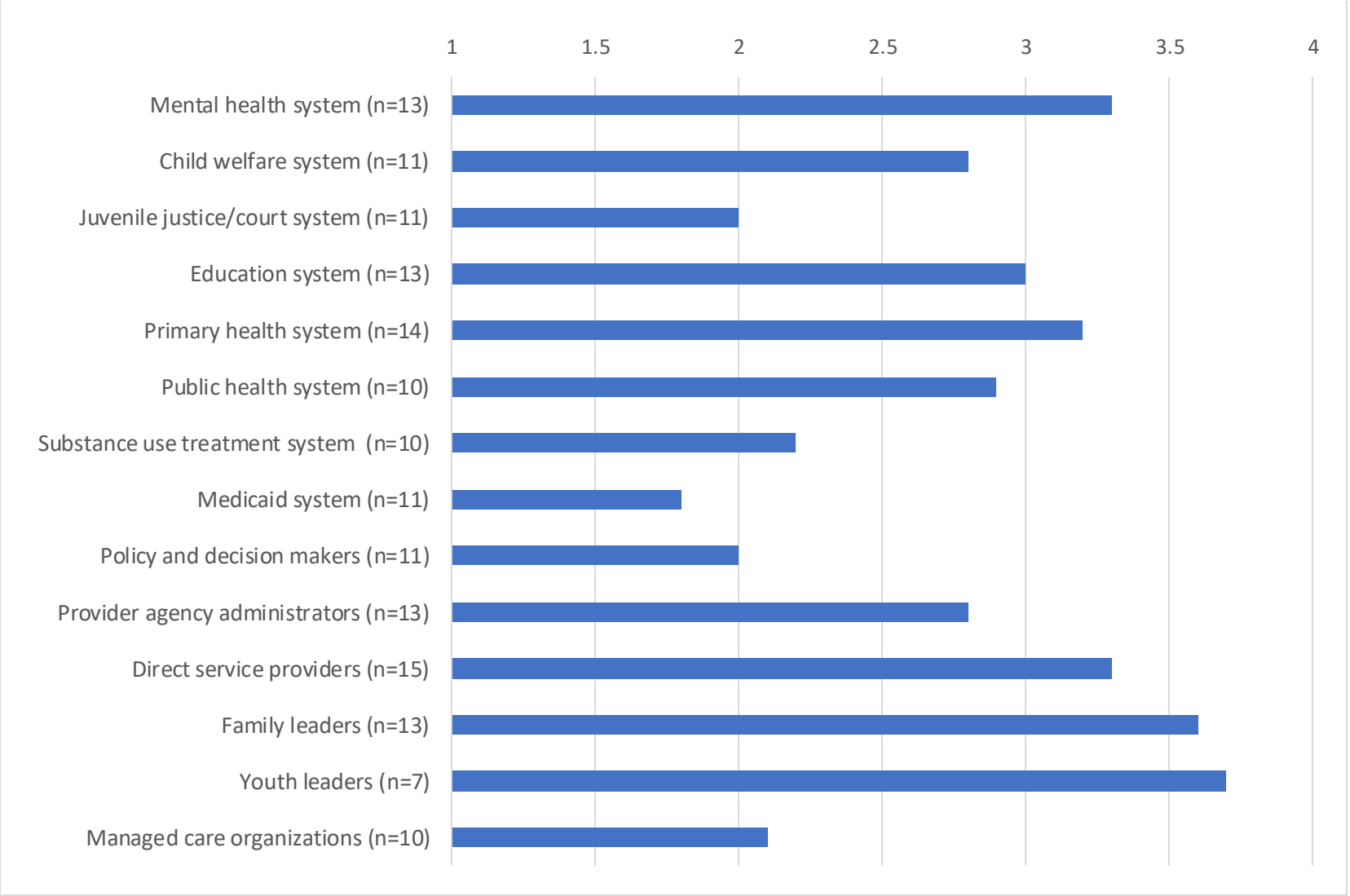
Figure 7.8 Youth Involvement in System of Care Implementation Activities (n=23)



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 2021. On average, survey respondents perceived that stakeholders in most child-serving domains were slightly to somewhat committed to the SOC philosophy. The lowest levels of perceived commitment were among the Medicaid system, high-level policy and decision makers, the juvenile justice system, and managed care organizations.

Figure 7.9 Commitment to System of Care Philosophy and Approach



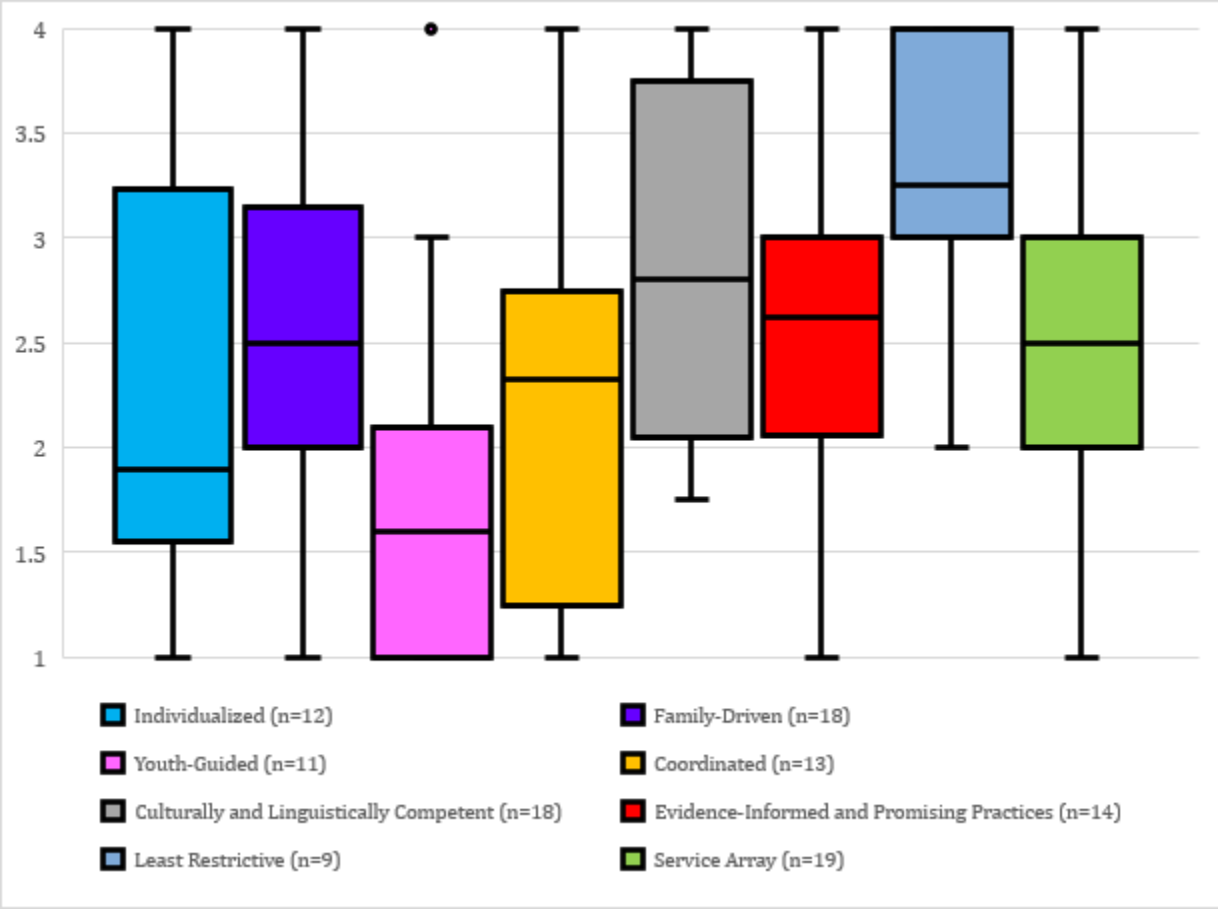
Note: "Don't know" responses were not included when calculating the mean scores.

7.2 System of Care Service Outcomes

7.2.1 Service Delivery Guided by System of Care Values and Principles

Children's mental health systems of care are guided by a set of principles that state that services should be: individualized in accordance with the unique potential and needs of each child and family; guided by the family's and youth's choices and decisions about what is best for them; coordinated across multiple child-serving systems and guided by one overall plan of care; culturally and linguistically competent; provided in the least restrictive environment that is appropriate; evidence-informed whenever possible; and accessible to a broad, flexible array of formal and informal services and supports. Stakeholders were asked a series of questions about the extent to which services in their community were guided by each of these 8 principles. Responses were 1 = not at all, 2 = slightly, 3 = moderately, and 4 = widely. Figure 7.10 shows the distribution of scores for each subscale. Respondents varied considerably in their responses to these items. Most felt that the principle of youth-guided services was not at all or slightly applied. On the other hand, most felt that the principle of least restrictive services was widely applied, the principle of culturally and linguistically competent services was moderately applied.

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. Stakeholders perceived that most of the services were slightly or somewhat available, although a few were perceived to be more widely available. The services that were perceived as less widely available include: mobile crisis and stabilization services, intensive in-home services, and respite. Many respondents did not know about the availability of services.

Figure 7.11 School-based Prevention Services (n=19)

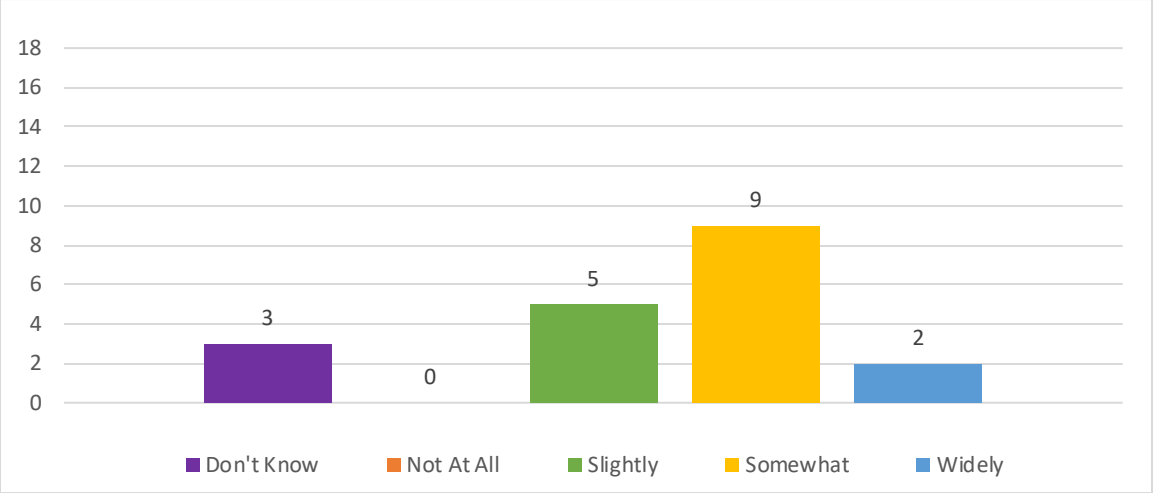


Figure 7.12 Community-based Prevention Services (n=19)

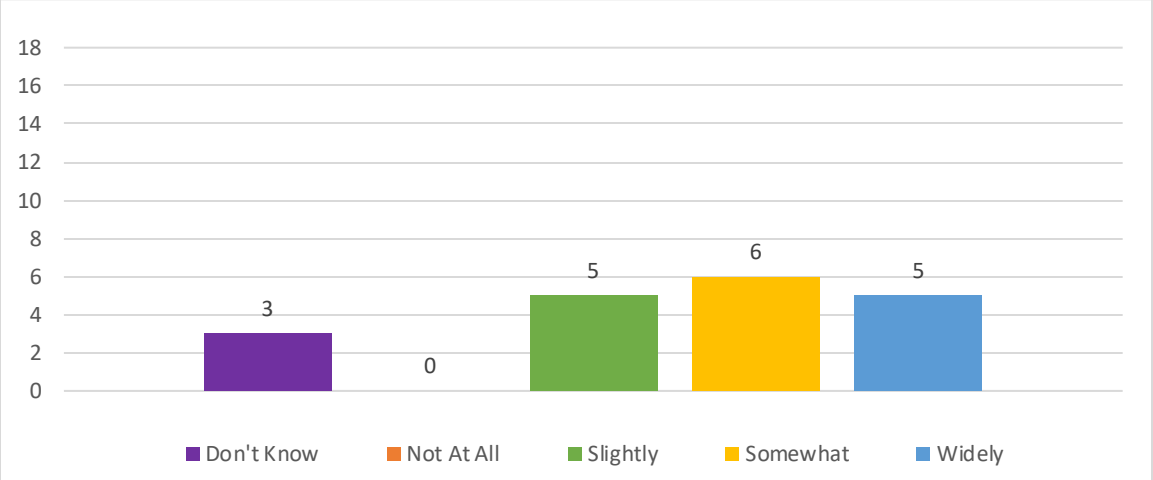


Figure 7.13 Early Intervention Services (n=19)

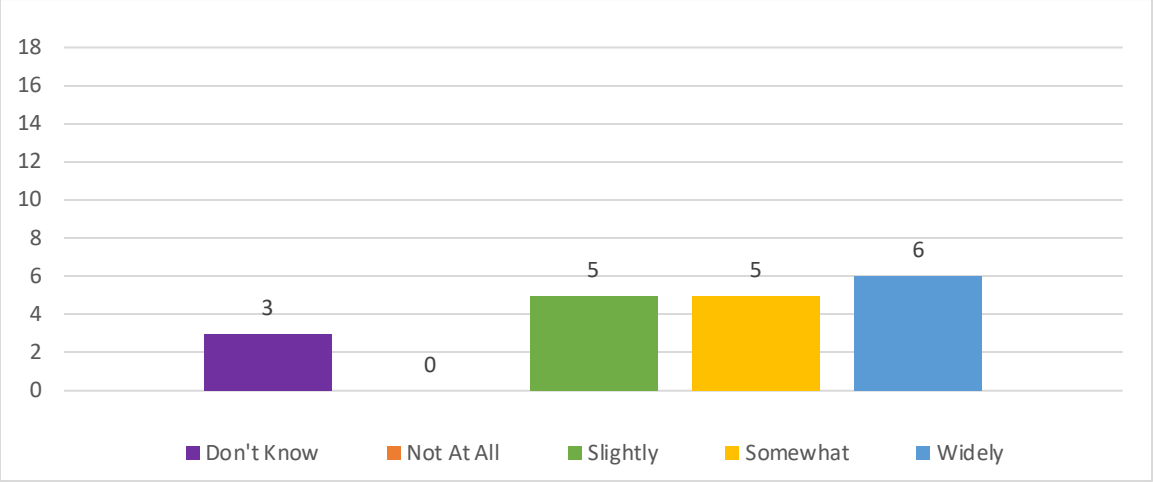


Figure 7.14 Assessment (n=19)

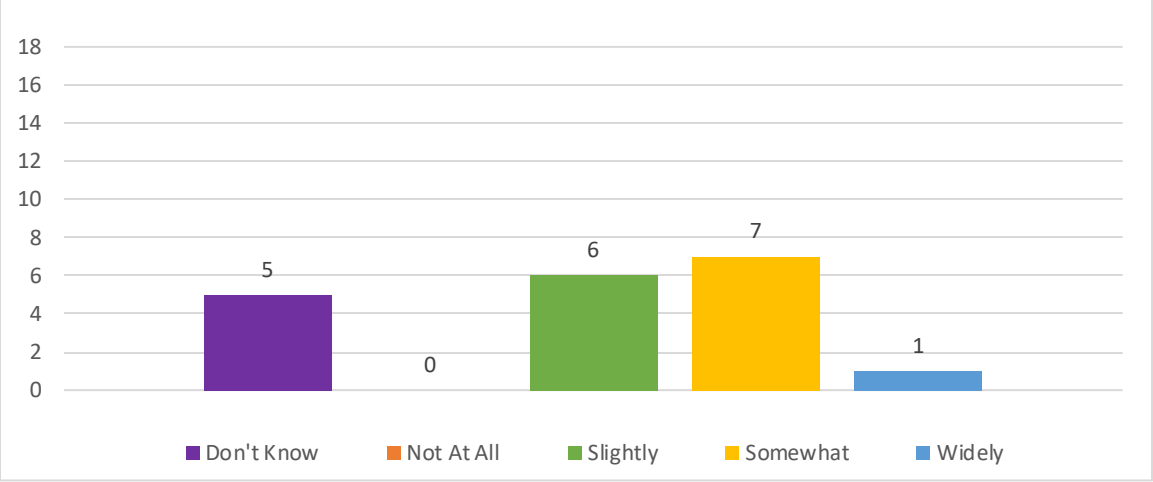


Figure 7.15 Individualized Service Planning (n=19)

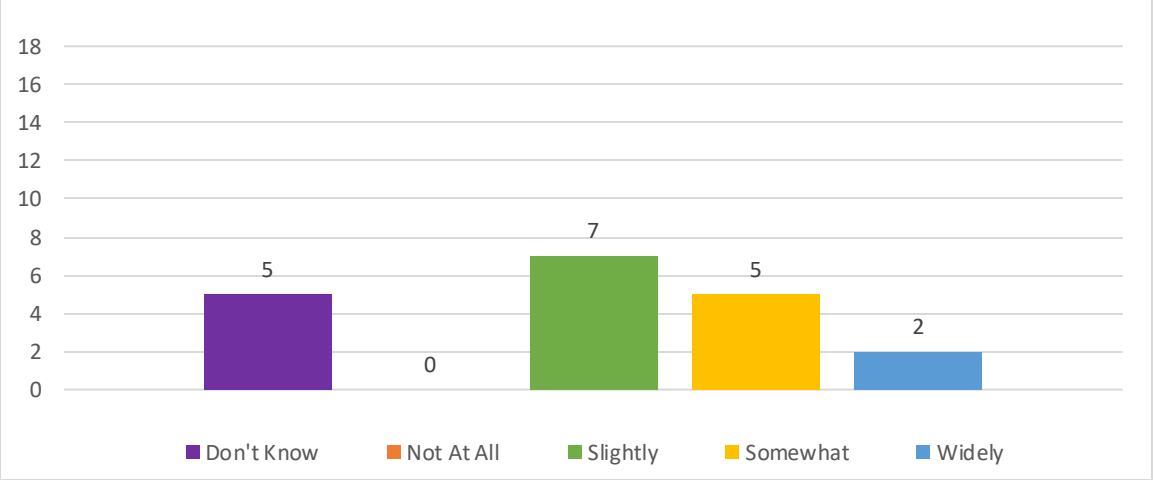


Figure 7.16 Intensive Care Management (n=19)

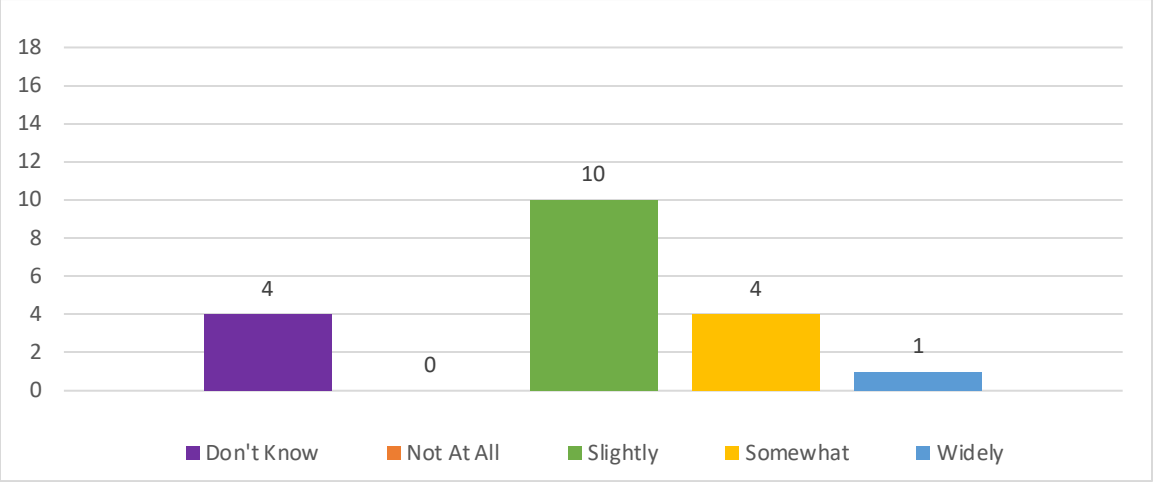


Figure 7.17 Service Coordination for Youth at Lower Levels of Service Intensity (n=19)

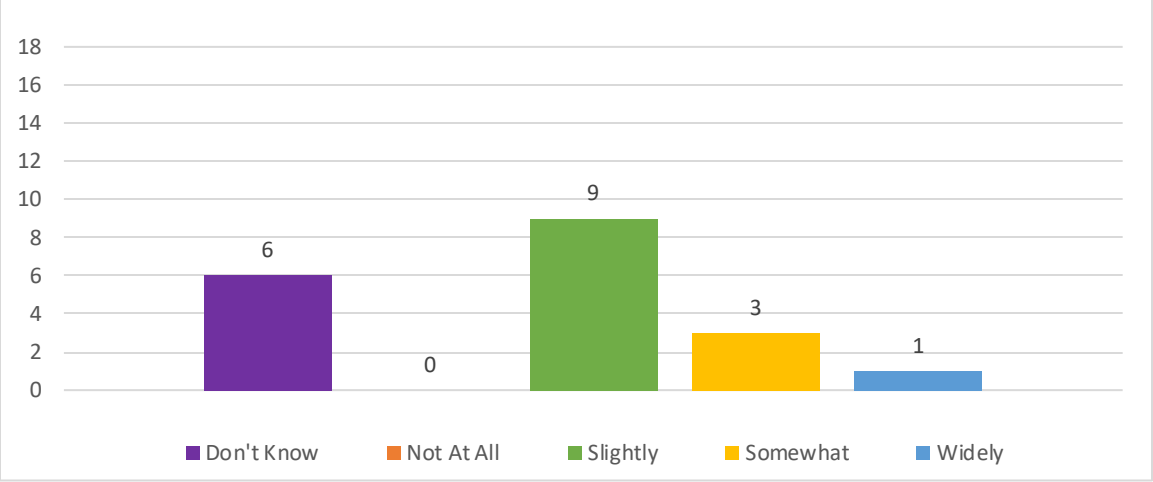


Figure 7.18 Outpatient Therapy (n=19)

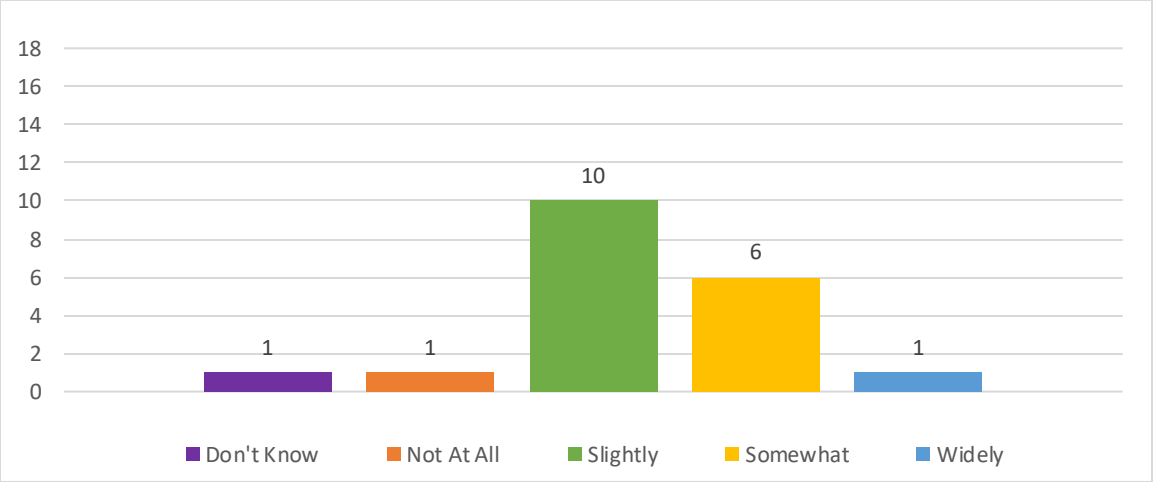


Figure 7.19 Medication Treatment/Management (n=19)

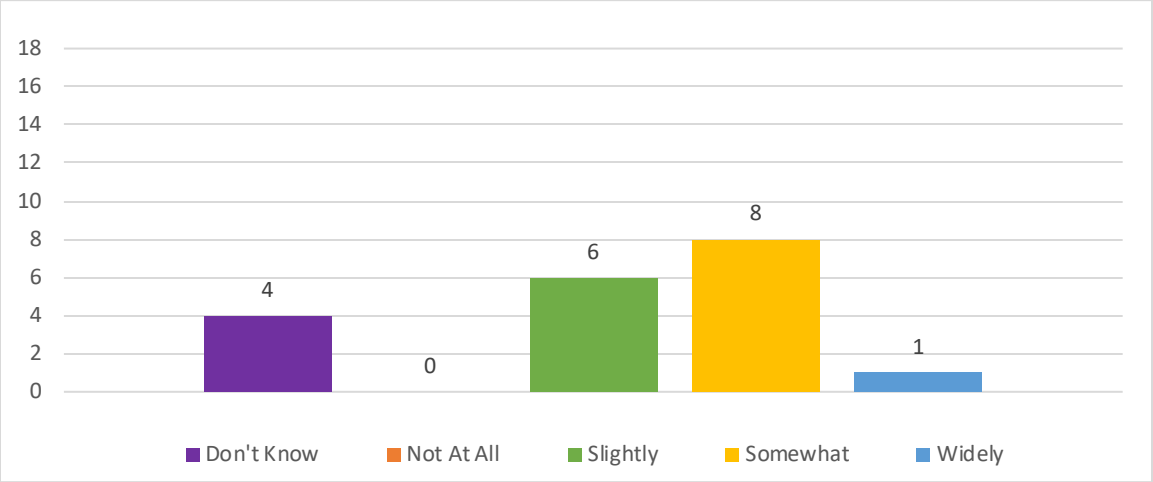


Figure 7.20 Crisis Response Services, Non-Mobile (24 hours, 7 days) (n=19)

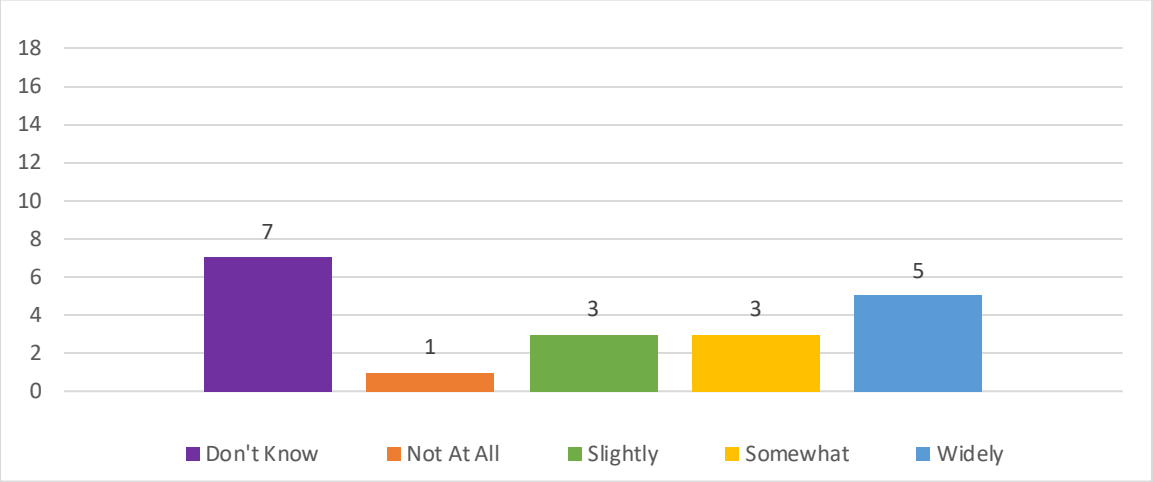


Figure 7.21 Mobile Crisis and Stabilization Services (24 hours, 7 days) (n=19)

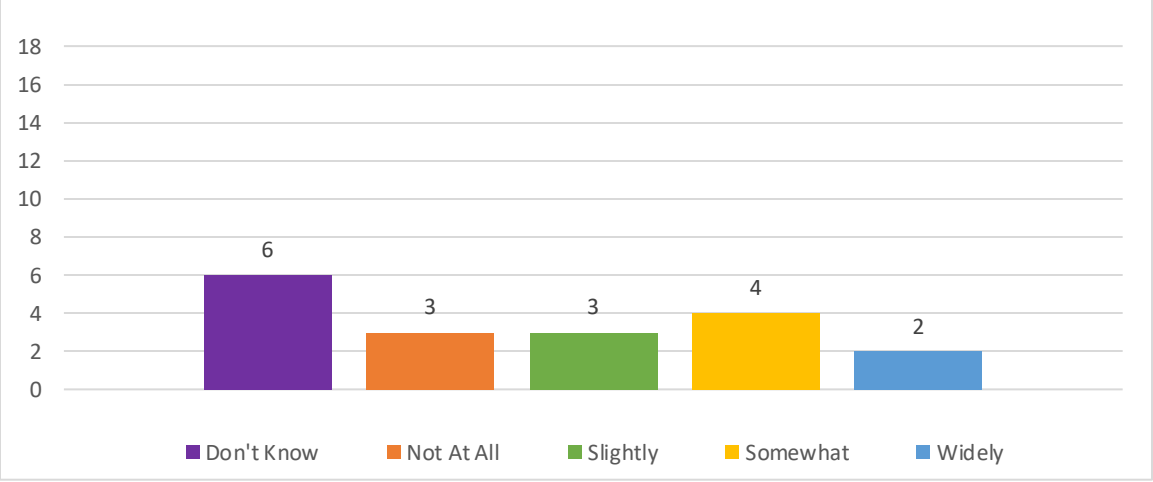


Figure 7.22 Intensive In-Home Services (n=19)

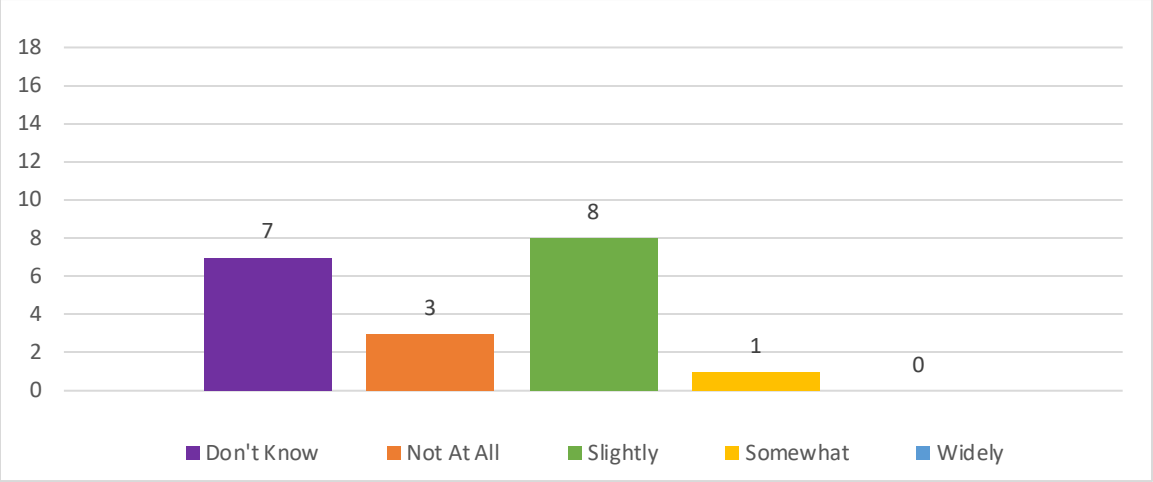


Figure 7.23 School-Based Behavioral Health Services (n=19)

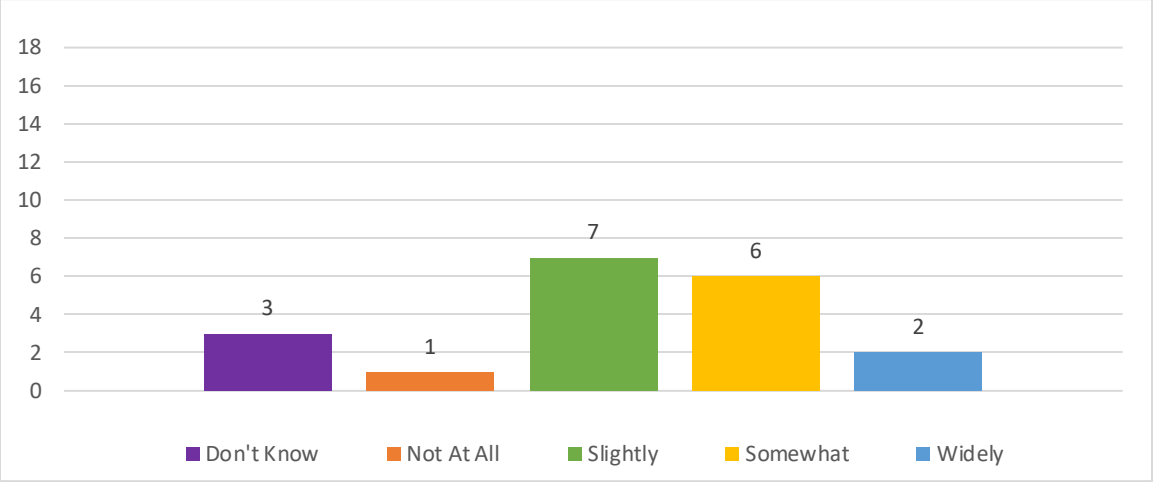


Figure 7.24 Day Treatment (n=19)

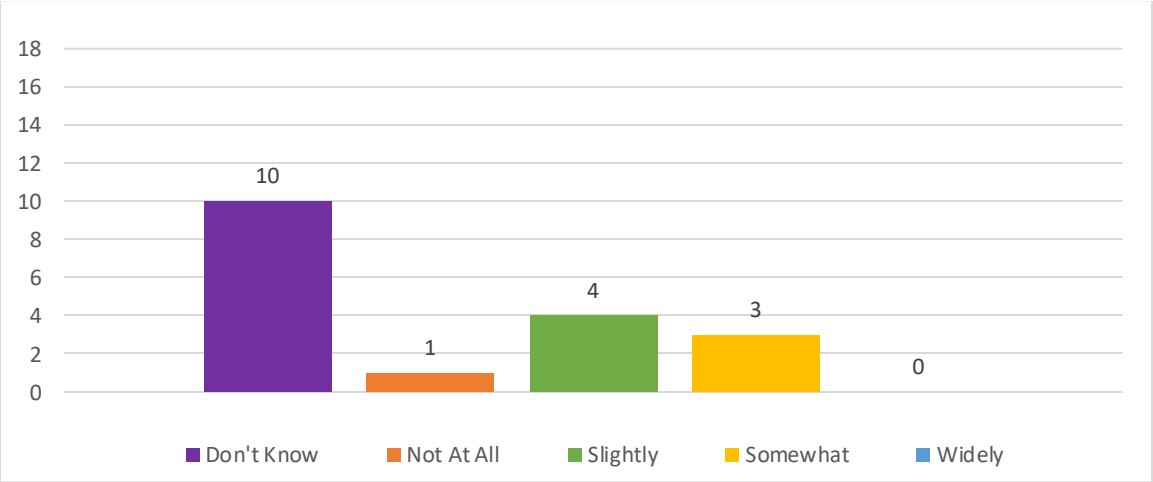


Figure 7.25 Substance Use Treatment (n=19)

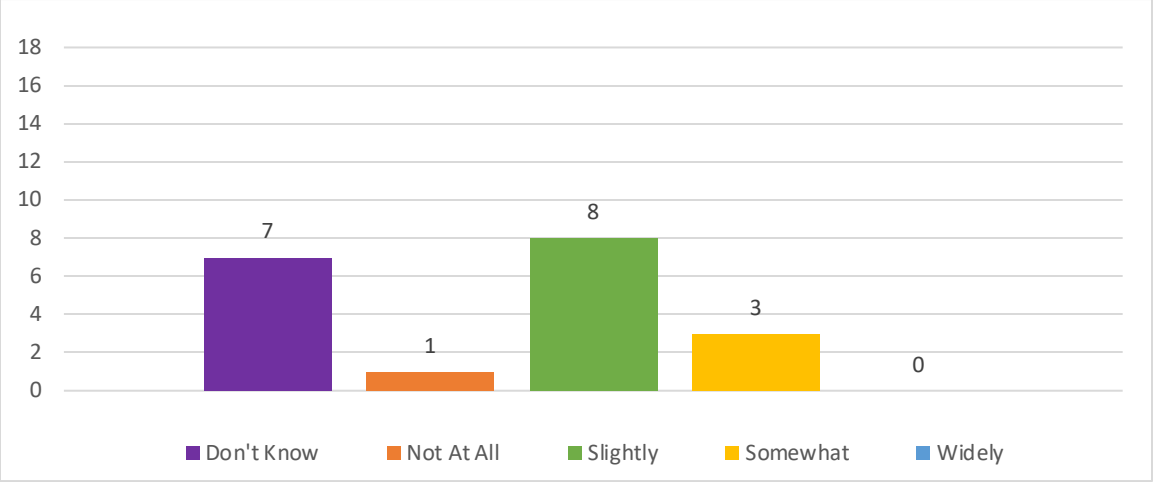


Figure 7.26 Therapeutic Behavioral Aide Services (n=19)

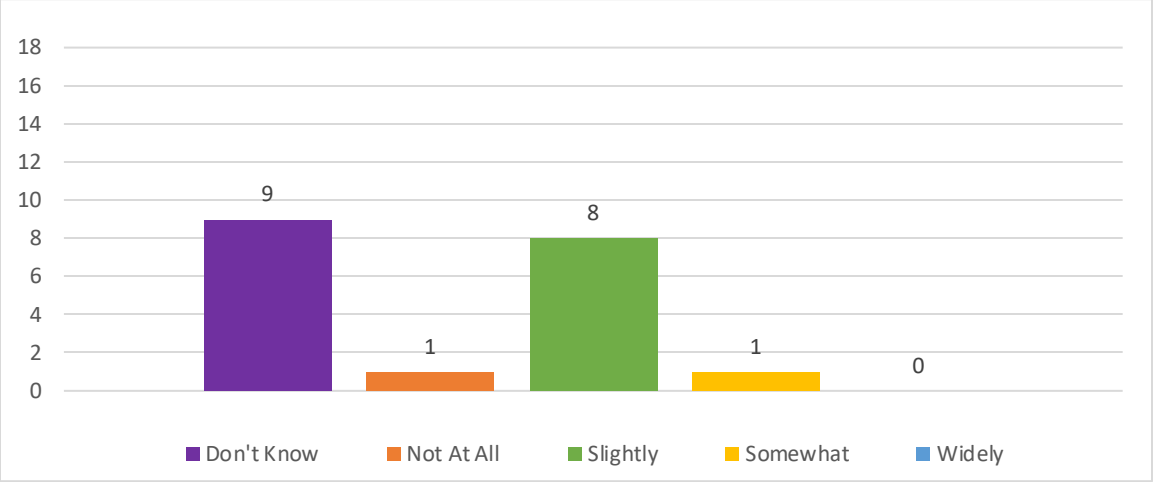


Figure 7.27 Behavior Management Skills Training (n=19)

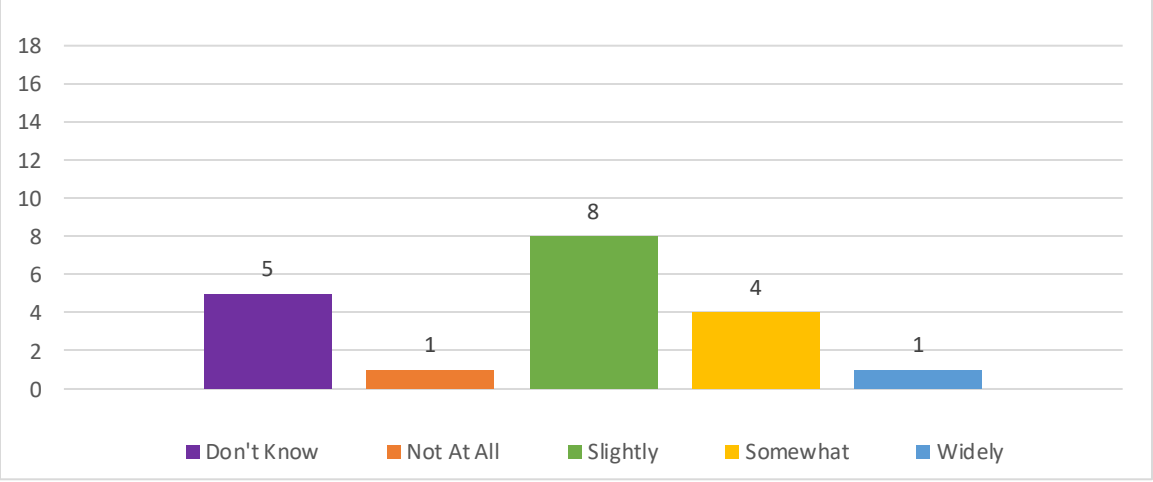


Figure 7.28 Tele-Behavioral Health Services (n=19)

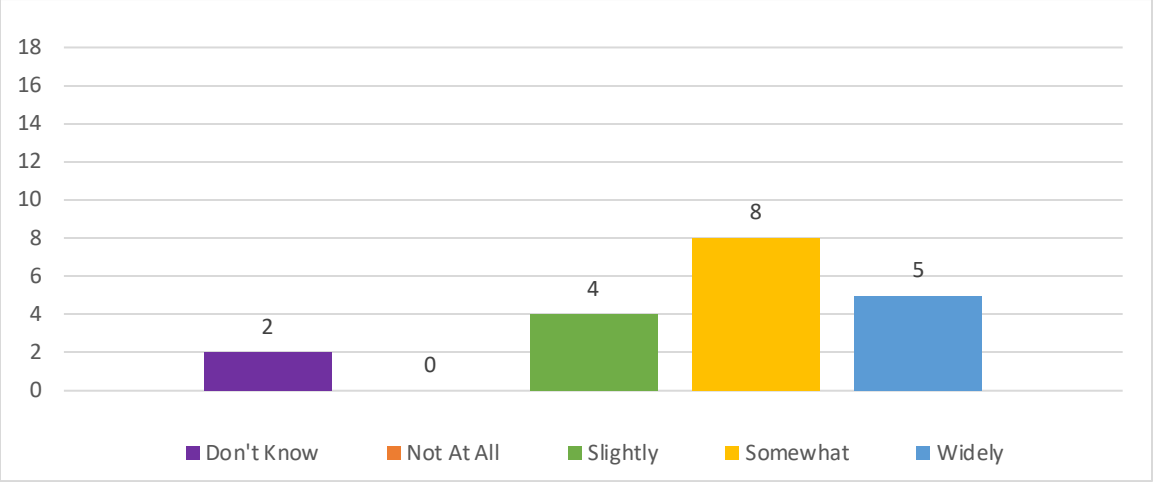


Figure 7.29 Youth and Family Education (n=19)

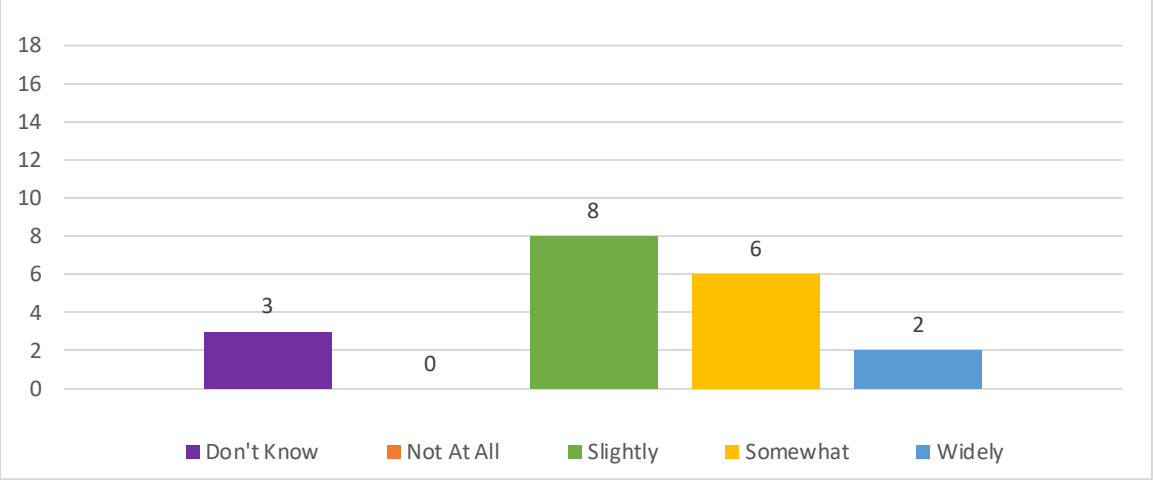


Figure 7.30 Respite Services (n=19)

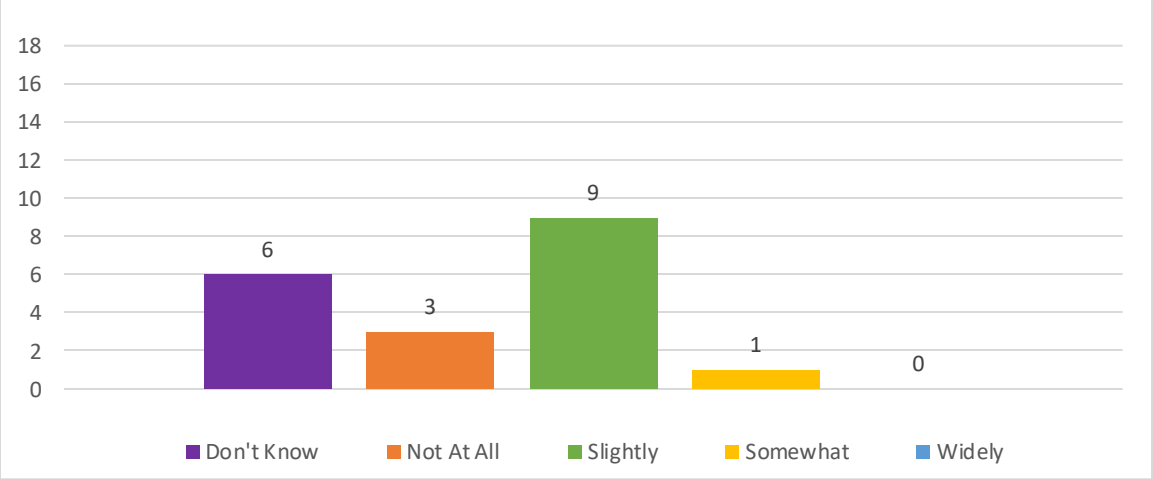


Figure 7.31 Therapeutic Mentoring (n=19)

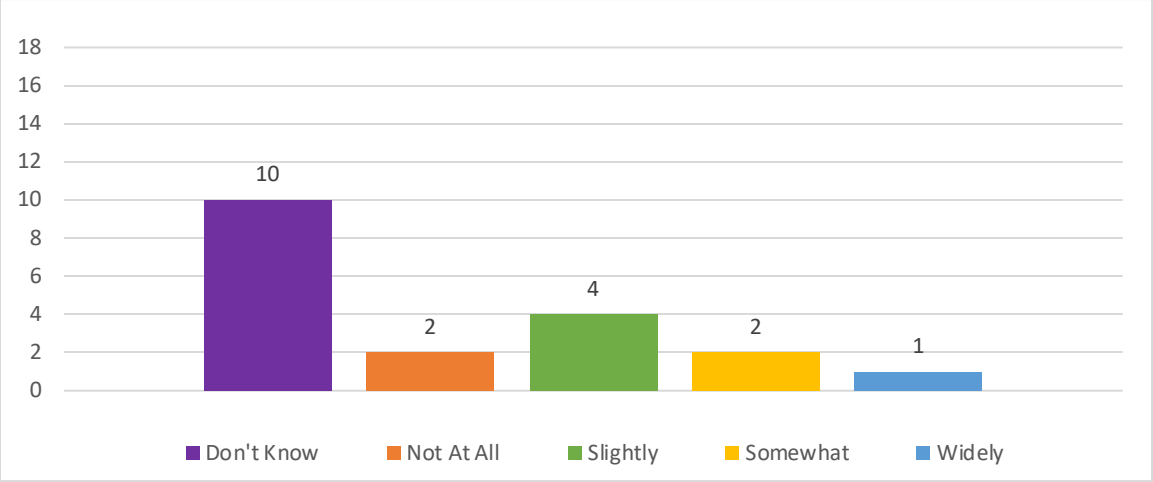


Figure 7.32 Mental Health Consultation (n=19)

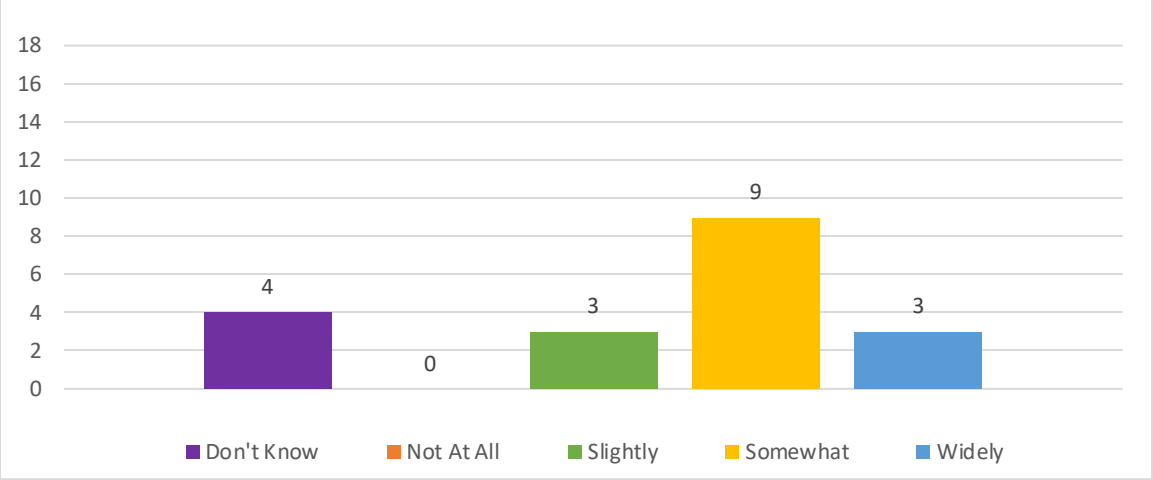


Figure 7.33 Supported Education and Employment (n=19)

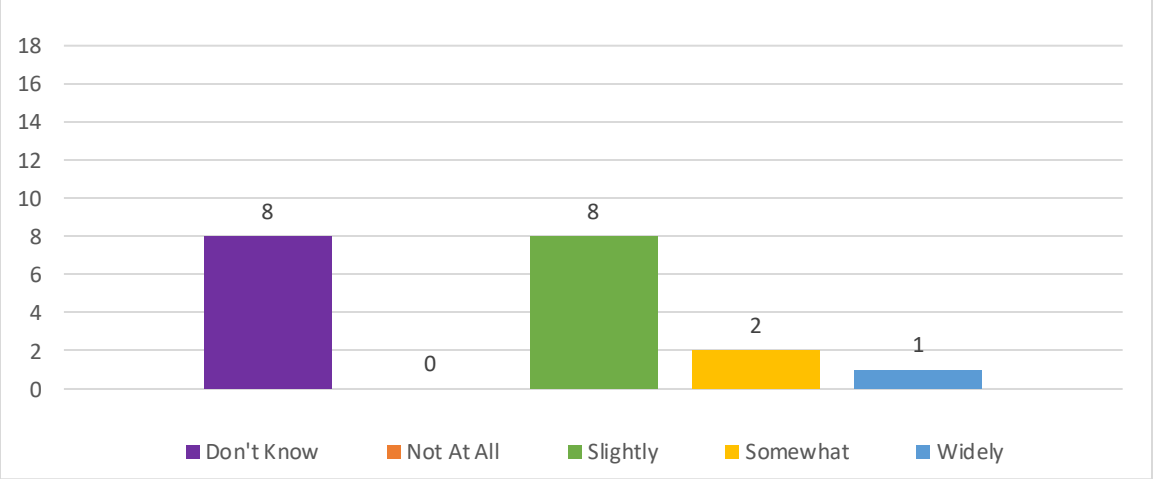


Figure 7.34 Supported Independent Living (n=19)

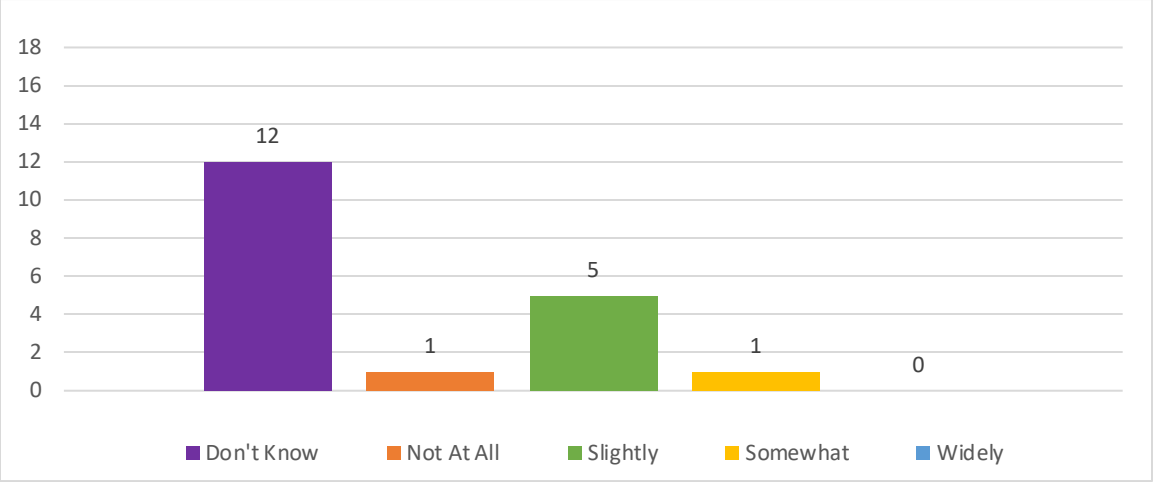
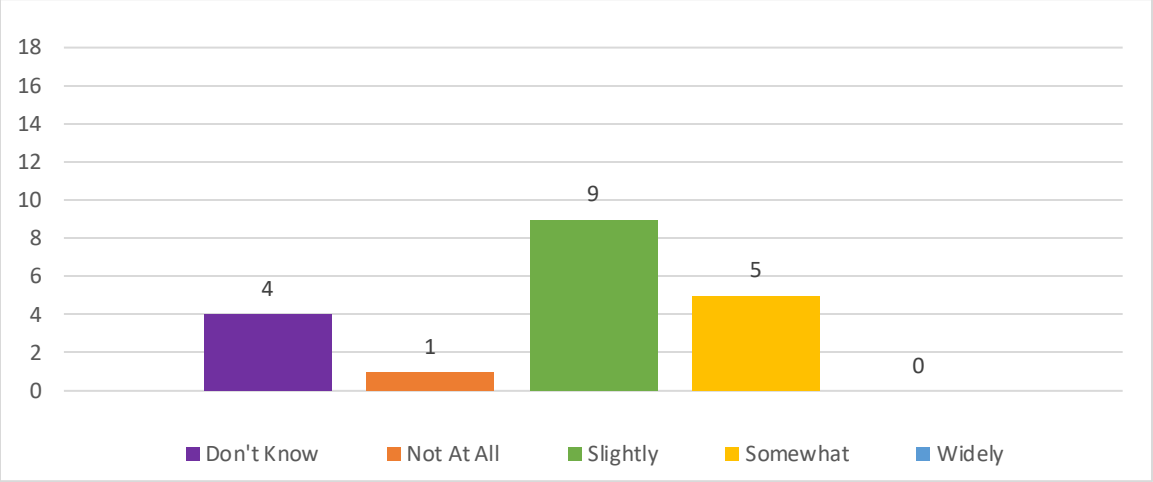


Figure 7.35 Transportation (n=19)



7.2.3 Out-of-Home Treatment Services

Most of the out-of-home treatment services were perceived as slightly or somewhat available, and several respondents did not know about the availability of these services in their community.

Figure 7.36 Therapeutic Foster Care (n=19)

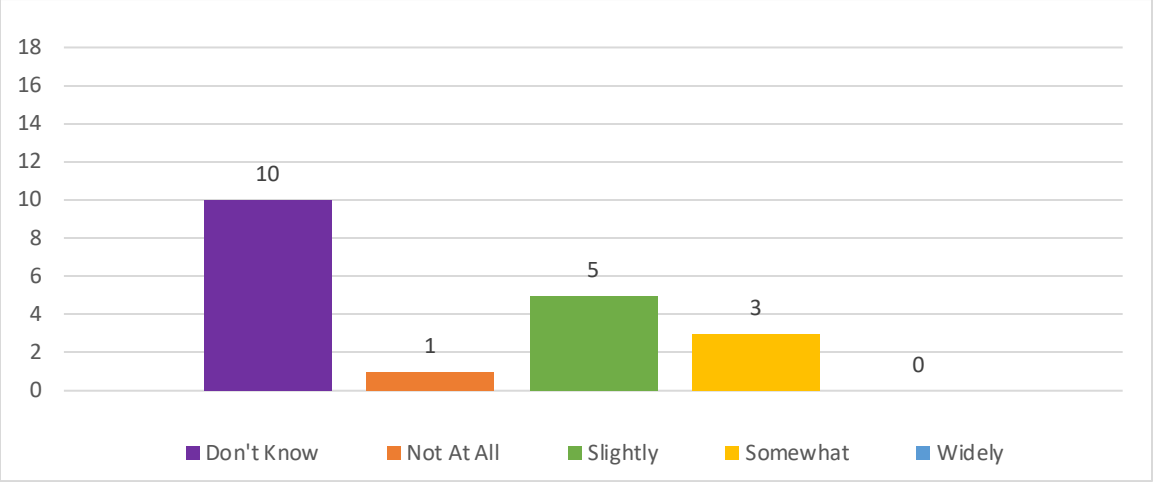


Figure 7.37 Therapeutic Group Home Care (n=19)

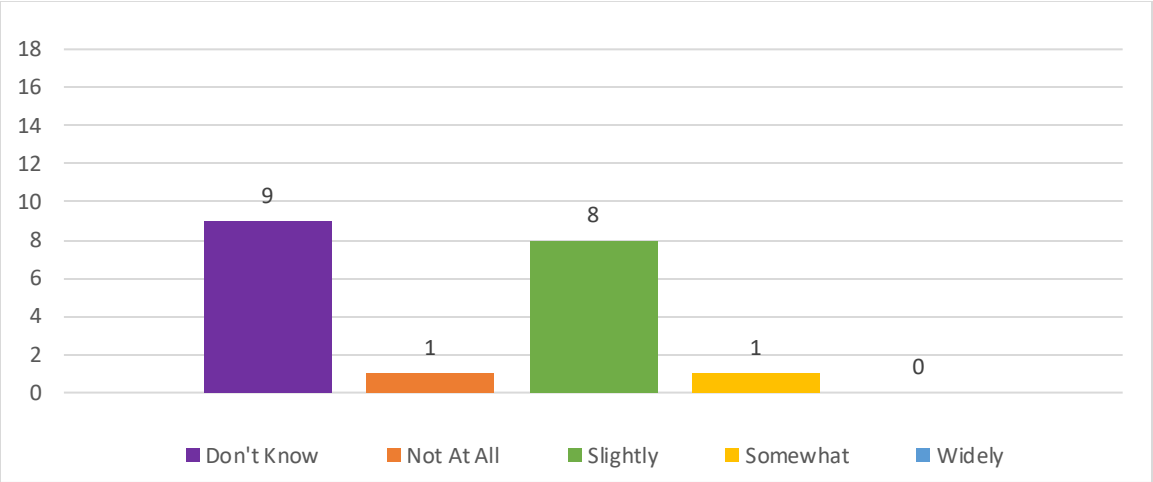


Figure 7.38 Crisis Stabilization Beds (n=19)

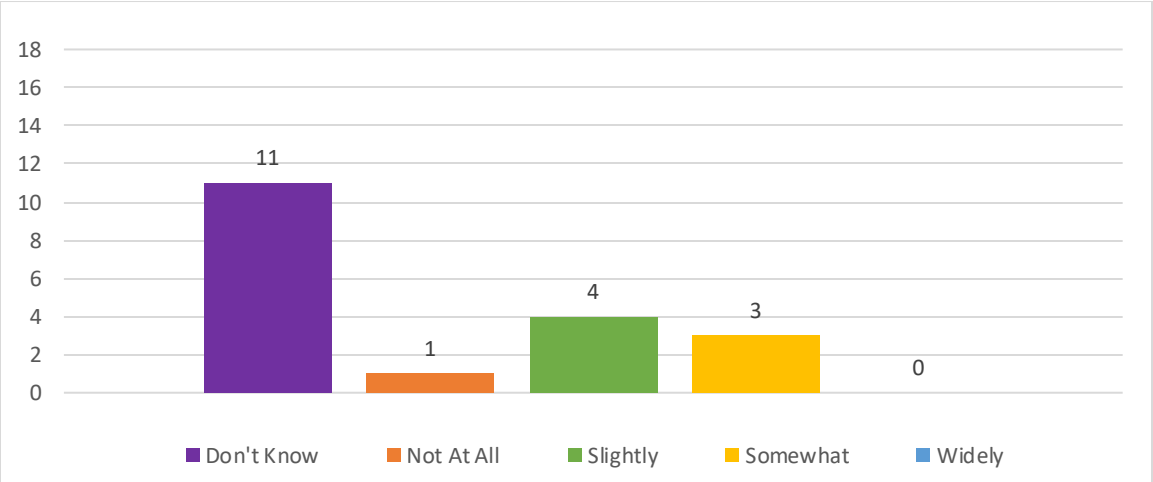


Figure 7.39 Medical Detoxification (n=19)

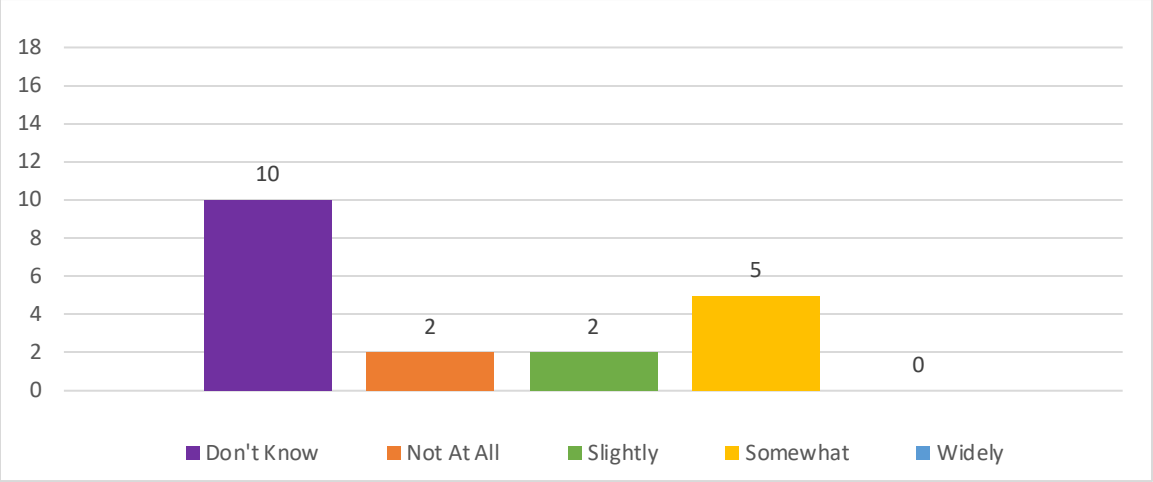


Figure 7.40 Substance Use Residential Treatment (n=19)

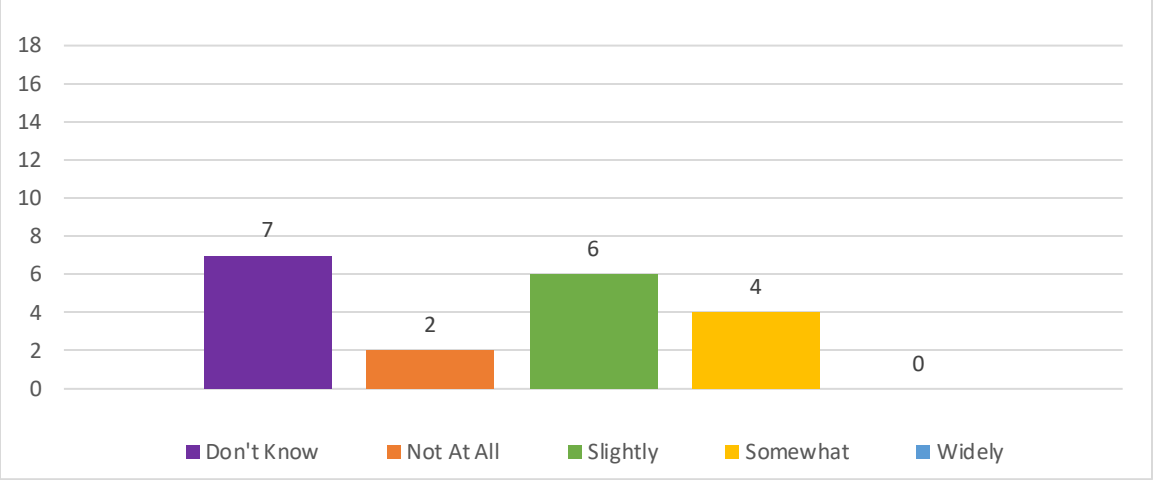


Figure 7.41 Residential Treatment (n=19)

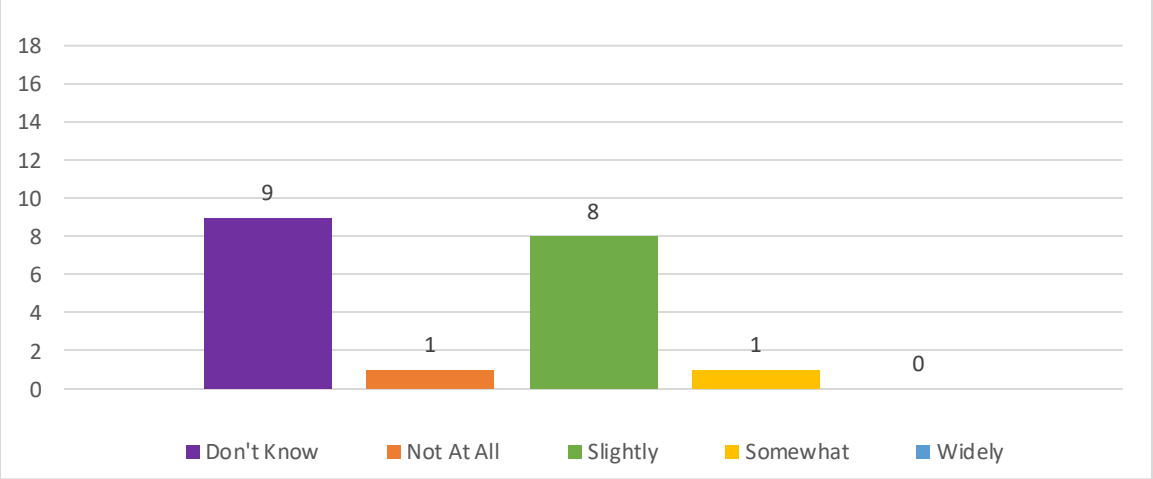
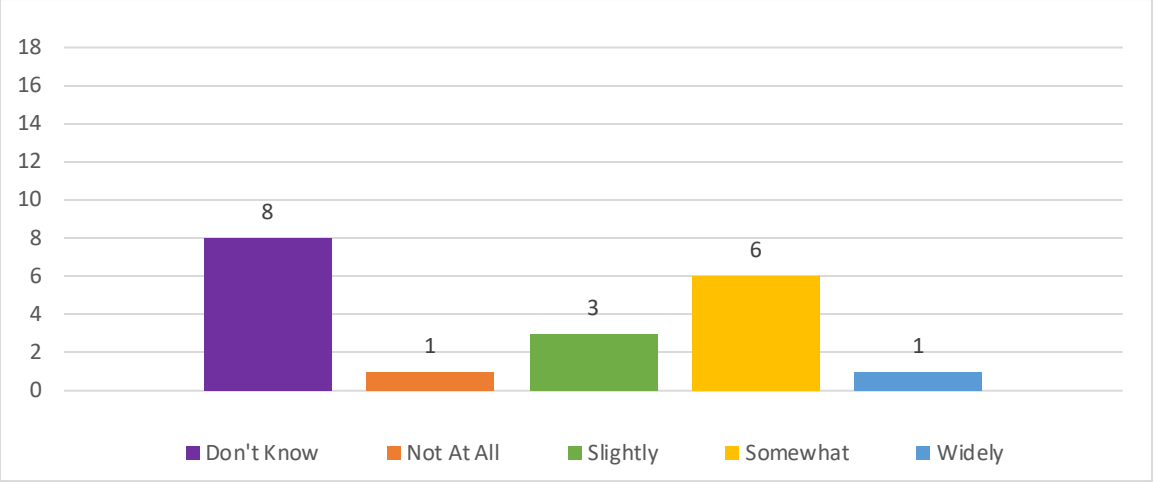


Figure 7.42 Inpatient Hospitalization (n=19)



7.2.4 Peer-Provided Services (ILCHF Outcome)

Stakeholders perceived that youth and caregiver peer-provided services were slightly available, although the majority did not know about the availability of youth peer-provided services.

Figure 7.43 Youth Peer-Provided Services (n=19)

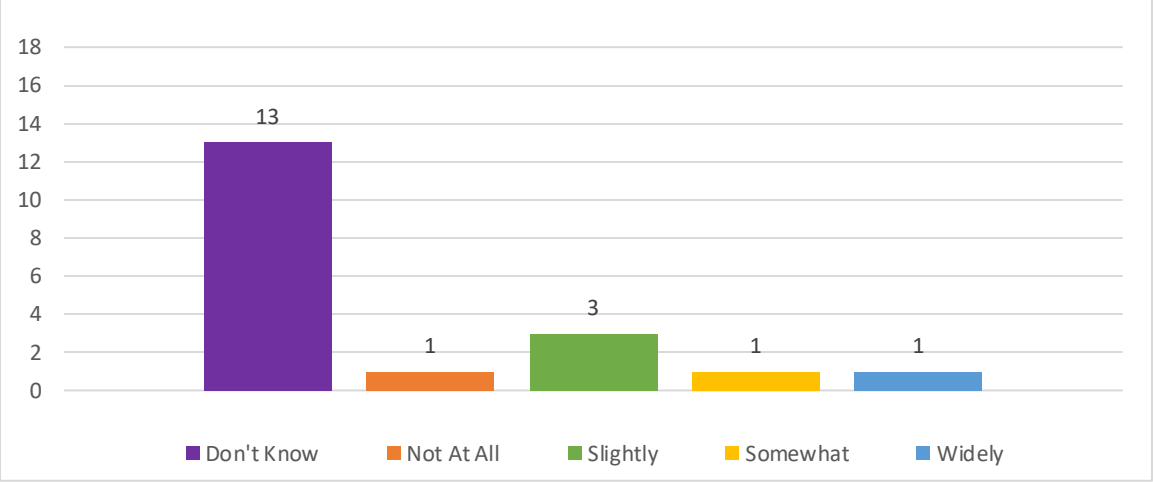
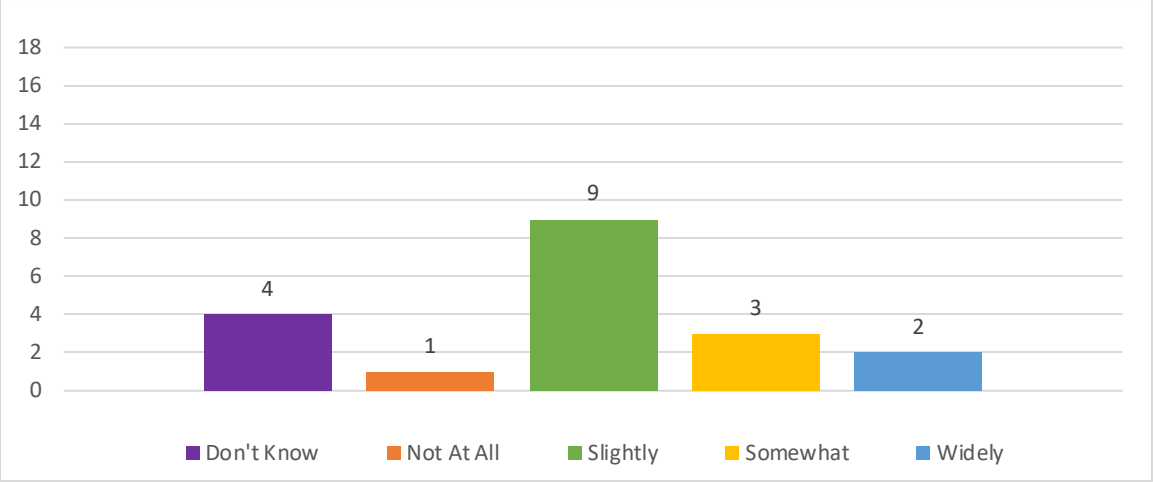


Figure 7.44 Caregiver Peer-Provided Services (n=19)



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. Stakeholders reported that many of these interventions were available, including Triple P, Parent-Child Interaction Therapy, Multisystemic Family Therapy, and Trauma-Focused CBT. About half of the stakeholders did not know about the availability of these specific services in their community.

Table 7.1 Use of Evidence-Based Mental Health Interventions (n=19)

	# Yes/Available
Triple P – Positive Parenting Program	5
Parent-Child Interaction Therapy	7
Brief Strategic Family Therapy	1
Multisystemic Therapy	4
Functional Family Therapy	1
Multidimensional Treatment Foster Care	2
Trauma-Focused Cognitive Behavioral Therapy	11
Project ACHIEVE	0
Second Step	3
Promoting Alternative Thinking Strategies (PATHS)	1
Incredible Years	3
Problem-Solving Skills Training	2
First Steps to Success	2
Don’t Know	9
None	1

7.2.6 Service Coordination and Integration (ILCHF Outcome)

One of the goals of the CMHI 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. Stakeholders perceived that services were between slightly and moderately coordinated.

Table 7.2 Service Coordination and Integration

	Mean	SD
Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families (n=14)	2.5	1.1
Basic care coordination is provided for children and families at lower levels of service intensity (n=14)	2.6	1.0
Care is coordinated across multiple child-serving agencies and systems (n=16)	2.2	0.9
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) (n=12)	1.4	0.9

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

Table 7.3 Service Coordination with Children's Mental Health System

	Mean	SD
Child welfare system (n=14)	2.4	0.6
Juvenile justice/court system (n=12)	2.3	0.9
Education system (n=15)	2.6	0.5
Primary health system (n=16)	2.8	0.7
Public health system (n=11)	2.3	0.8
Substance use treatment system (n=10)	2.5	0.5

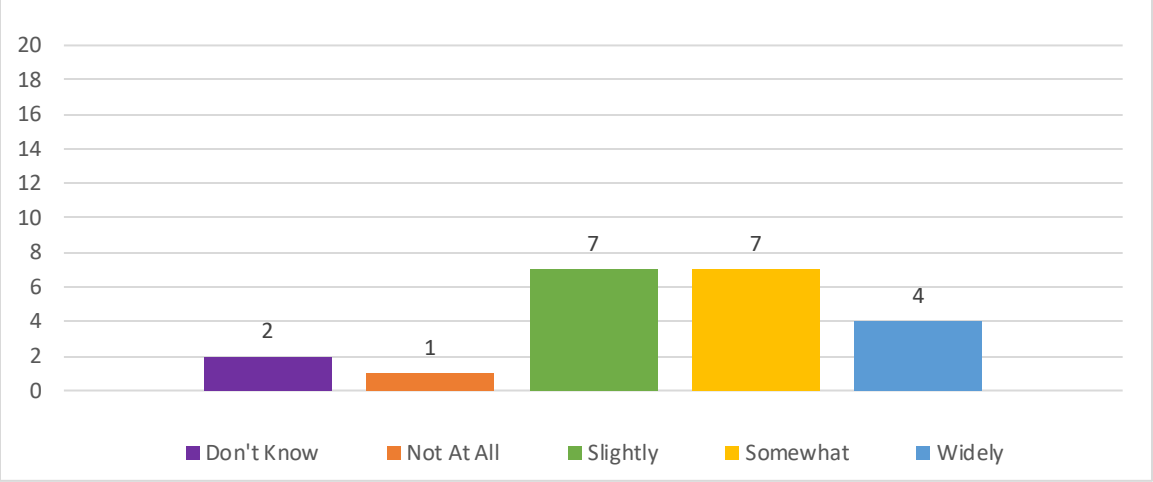
Note: "I Don't Know" responses were excluded when calculating the mean

7.3 System of Care Infrastructure

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

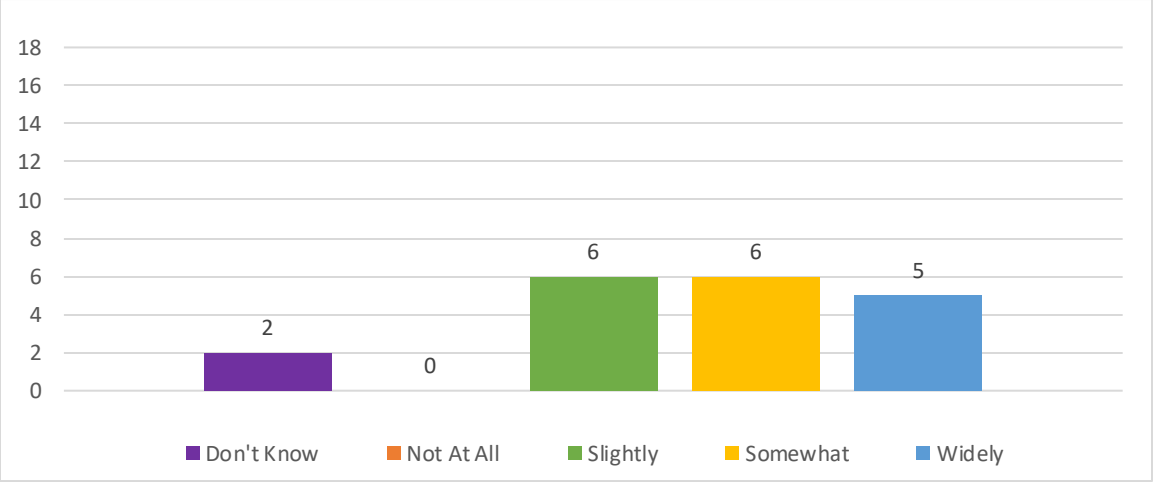
Stakeholders were asked to rate the extent to which the service array in their community includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages. Figure 7.45 shows that most stakeholders perceived that early identification was slightly or somewhat available.

Figure 7.45 Services for Early Identification of Mental Health Problems (n=21)



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' responses were about equally split between slightly, somewhat, and widely available.

Figure 7.46 Screening for Behavioral Health Needs (n=19)



7.3.2 Increased Capacity in the Service System to Provide Evidence-Based Clinical Interventions (ILCHF Outcome)

One of the goals of the CMHI 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. Average scores indicated that stakeholders felt that this capacity is between slightly to moderately available.

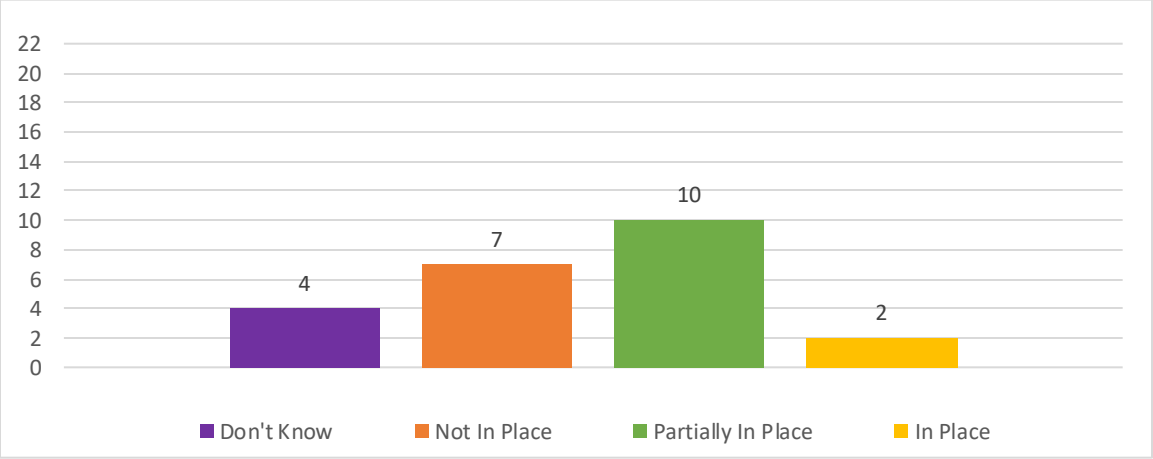
Table 7.4 Capacity to Provide Evidence-Based Clinical Interventions

	Mean	SD
Evidence-informed practices are implemented within the array of services and supports to improve outcomes (n=17)	2.7	0.8
Providers are trained in specific evidence-informed practices and/or evidence-informed practice components (n=16)	2.7	0.9
Best practice guidelines, clinical protocols, and manuals are provided to practitioners (n=14)	2.6	0.9
Fidelity to evidence-informed practices and outcomes is measured (n=12)	2.4	1.2

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

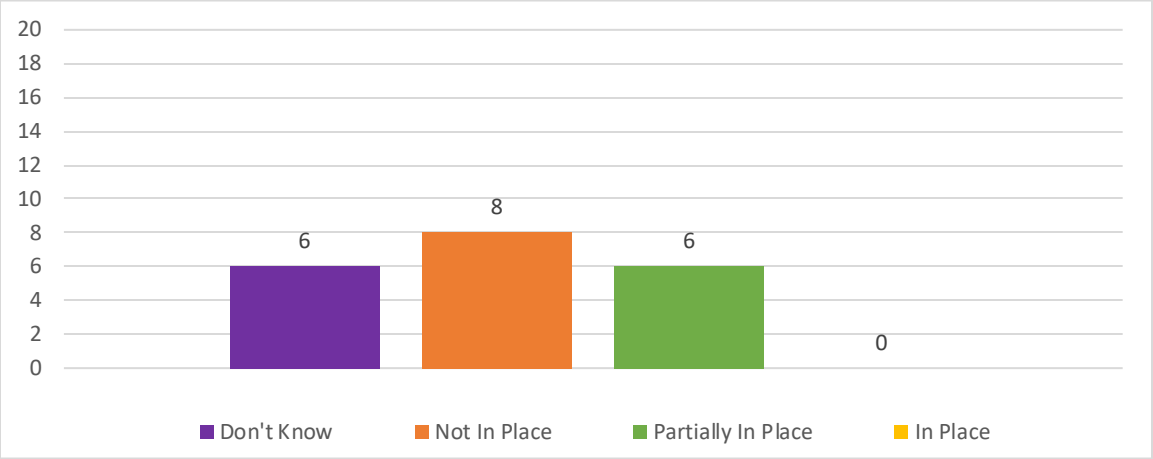
One of the goals of the CMHI is to increase the effective local use of outcome data to inform operations and changes in the system, including sharing data between service provider systems. Stakeholders were asked the extent to this infrastructure component was present in their community; the results in Figure 7.47 show that stakeholders felt this capacity was not in place or partially in place in 2021.

Figure 7.47 Use of Local Outcome Data to Inform Decision-making (n=23)



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 7.48 show that most felt this was not in place or partially in place, but several respondents did not have knowledge about this.

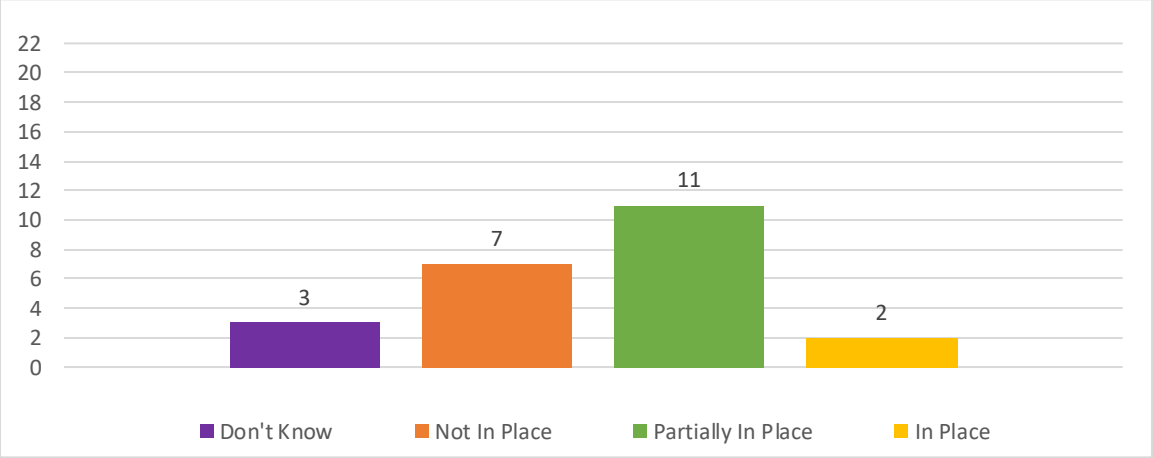
Figure 7.48 Capacity for Gather Data for Continuous Quality Improvement (n=20)



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; most respondents felt that these were not in place or partially in place.

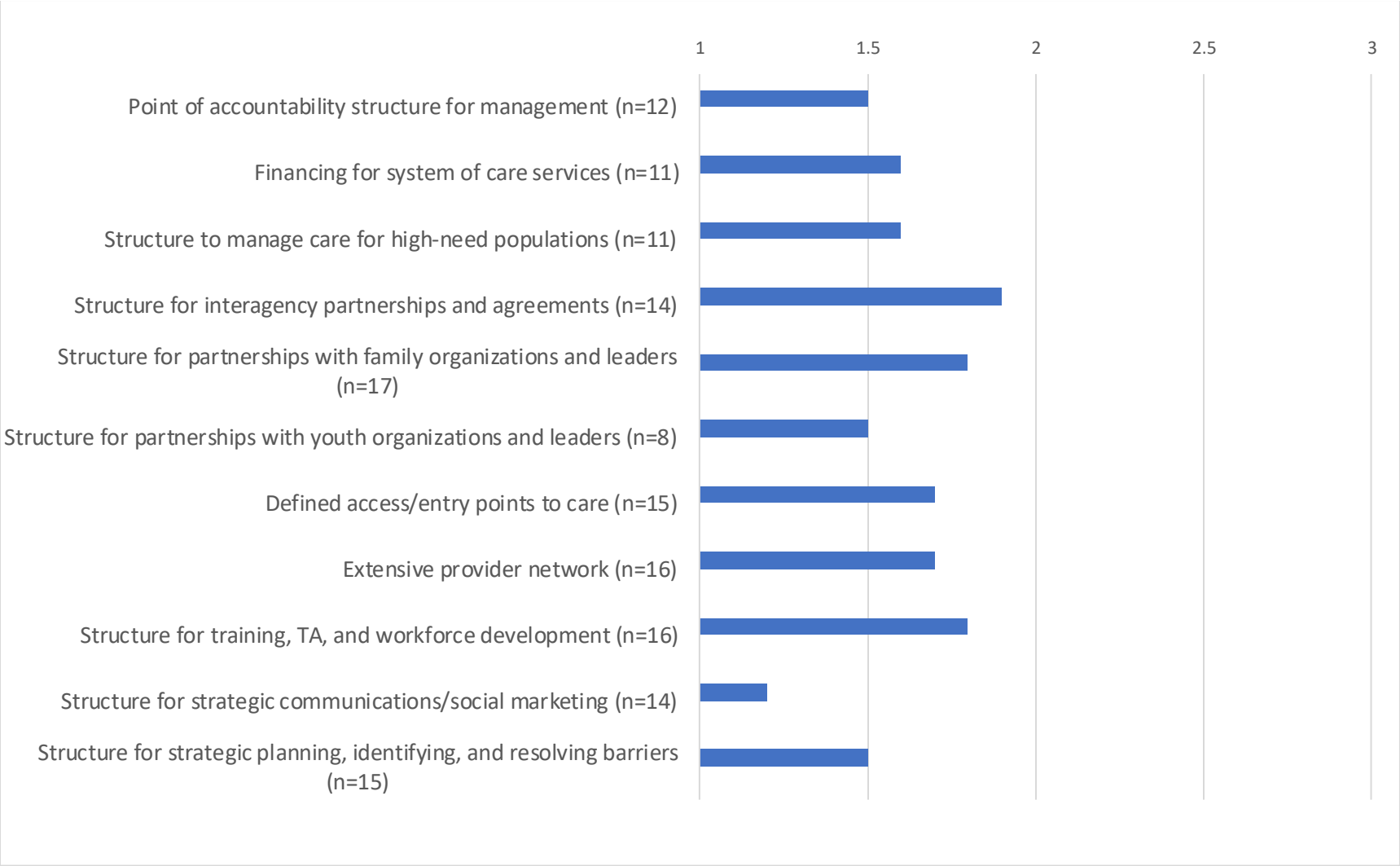
Figure 7.49 Training Opportunities to Develop a Well-Prepared Mental Health Workforce (n=23)



7.3.5 System Infrastructure Based on Systems of Care Approach

The Georgetown assessment tool contained additional questions about the extent to which various system of care infrastructure components had been implemented in the community. Stakeholders were asked to rate the extent to which each had been implemented in 2021. Results indicate that most of the infrastructure components were only slightly implemented (Figure 7.50). The components with the lowest average score were structure for strategic communication, point of accountability structure for management, structure for partnership with youth organizations and leaders, and structure for strategic planning, identifying and resolving barriers.

Figure 7.50 System of Care Infrastructure Components



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

7.4 Parent Survey Results

Parents involved in the development of the system of care completed a stakeholder survey that was adapted for them. Seven parents from the BRIDGES project completed the parent version of the stakeholder survey.

Figure 7.51 Overall System of Care Implementation (n = 7)

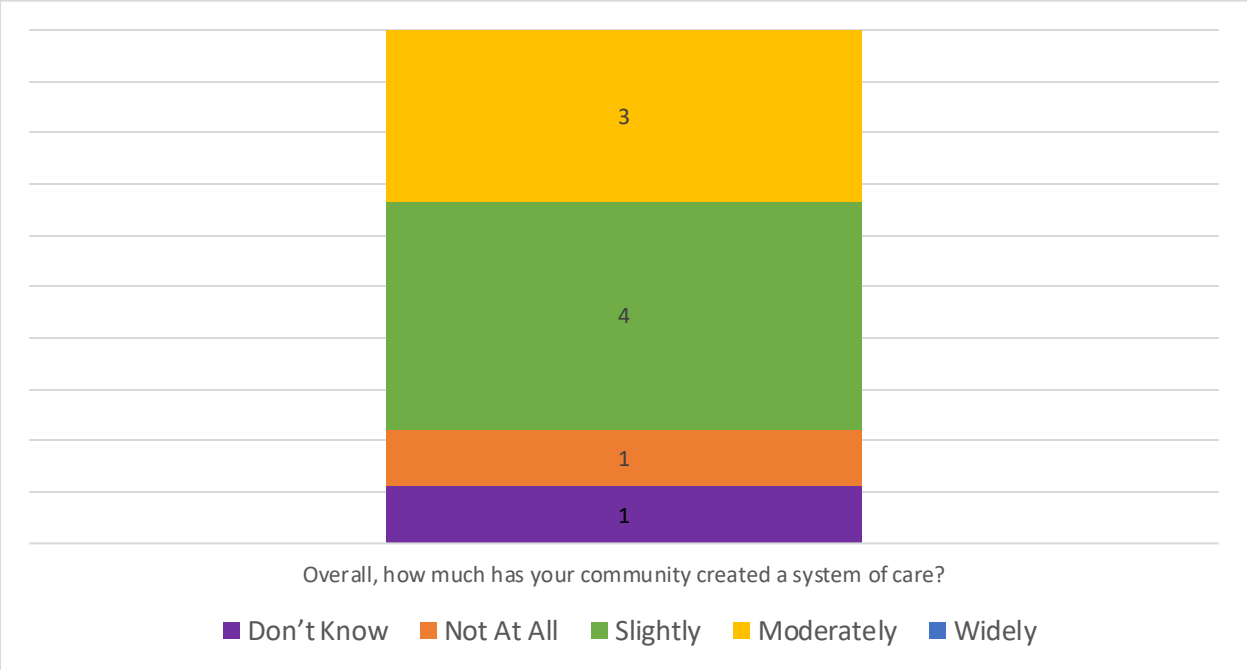


Figure 7.52 Parent and Youth Involvement in System of Care Implementation (n = 7)

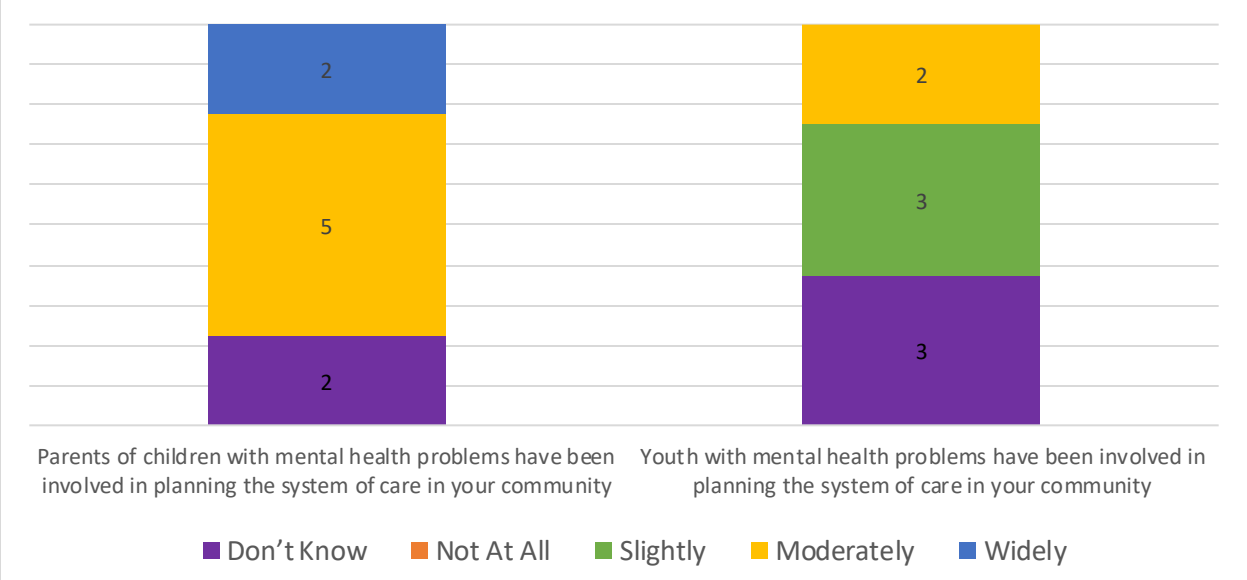


Figure 7.53 Individualized Services (n = 7)

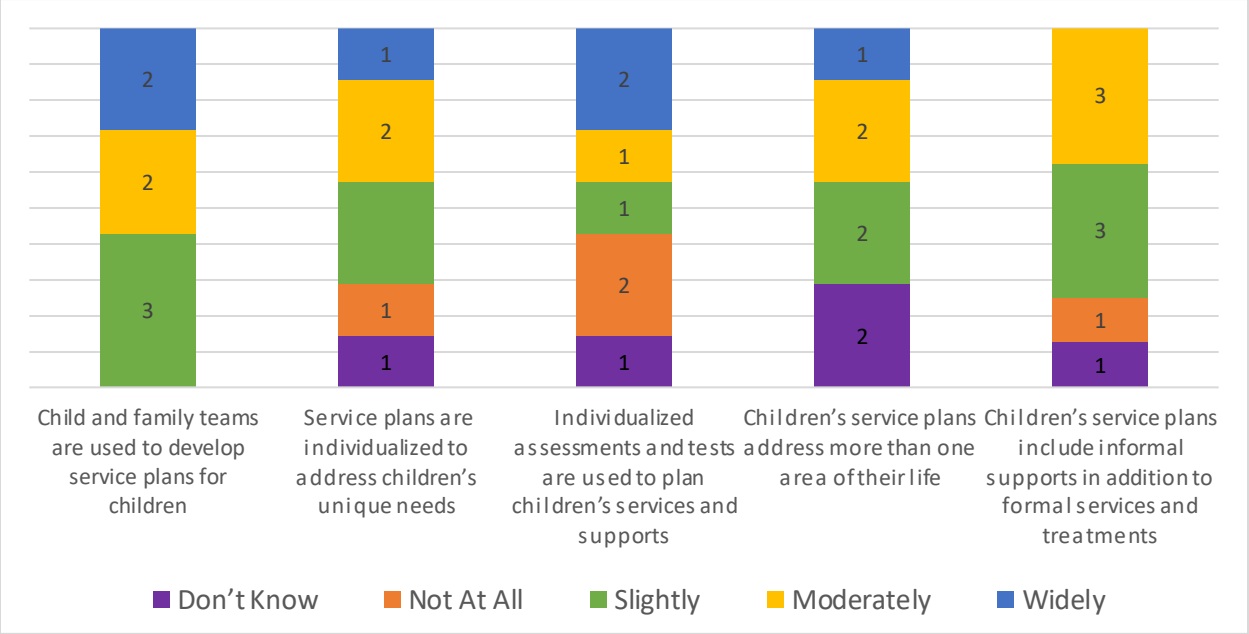


Figure 7.54 Family-Driven Services (n = 7)

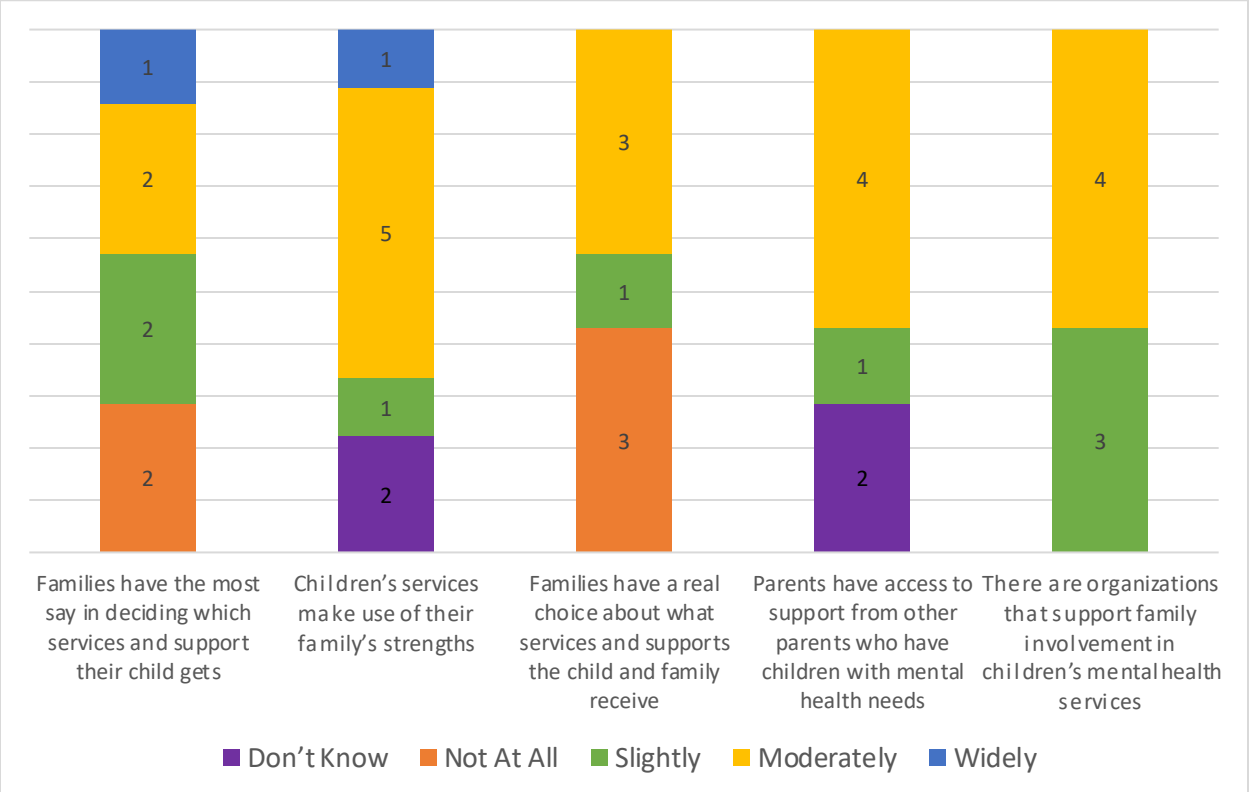


Figure 7.55 Youth-Guided Services (n = 7)

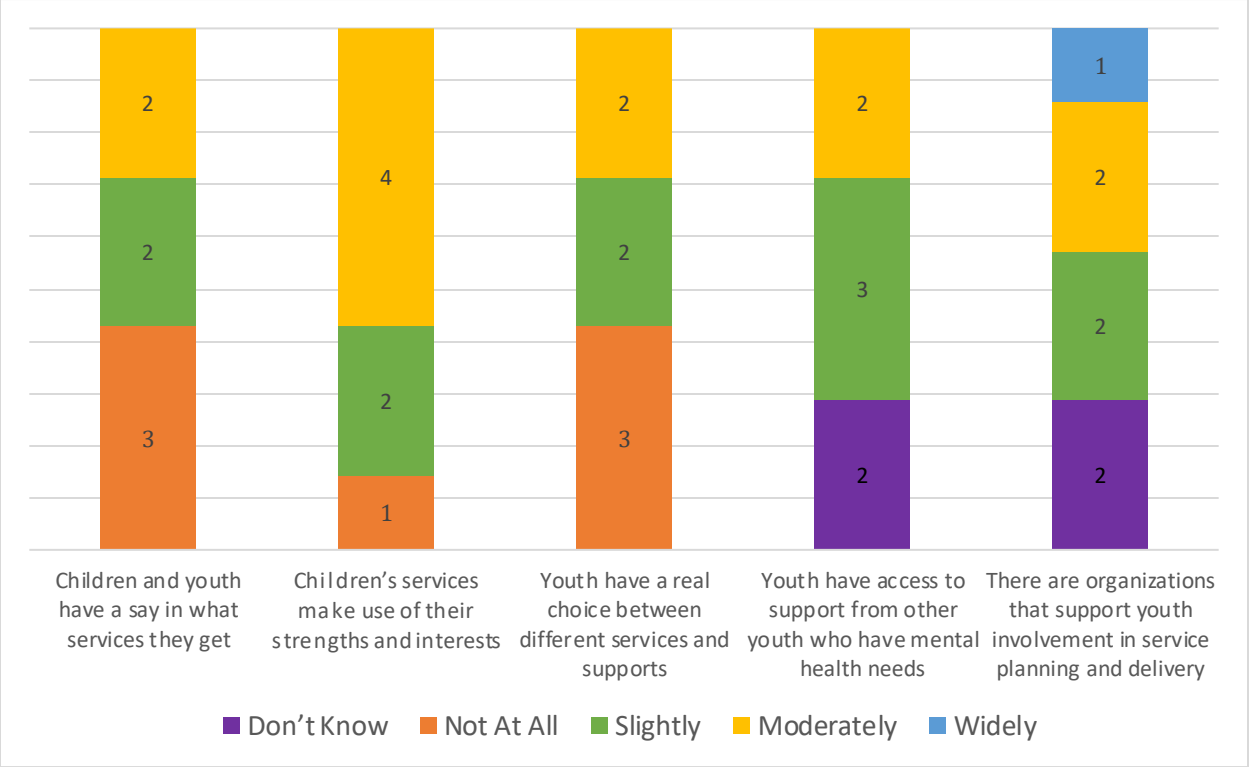


Figure 7.56 Coordinated Services (n = 7)

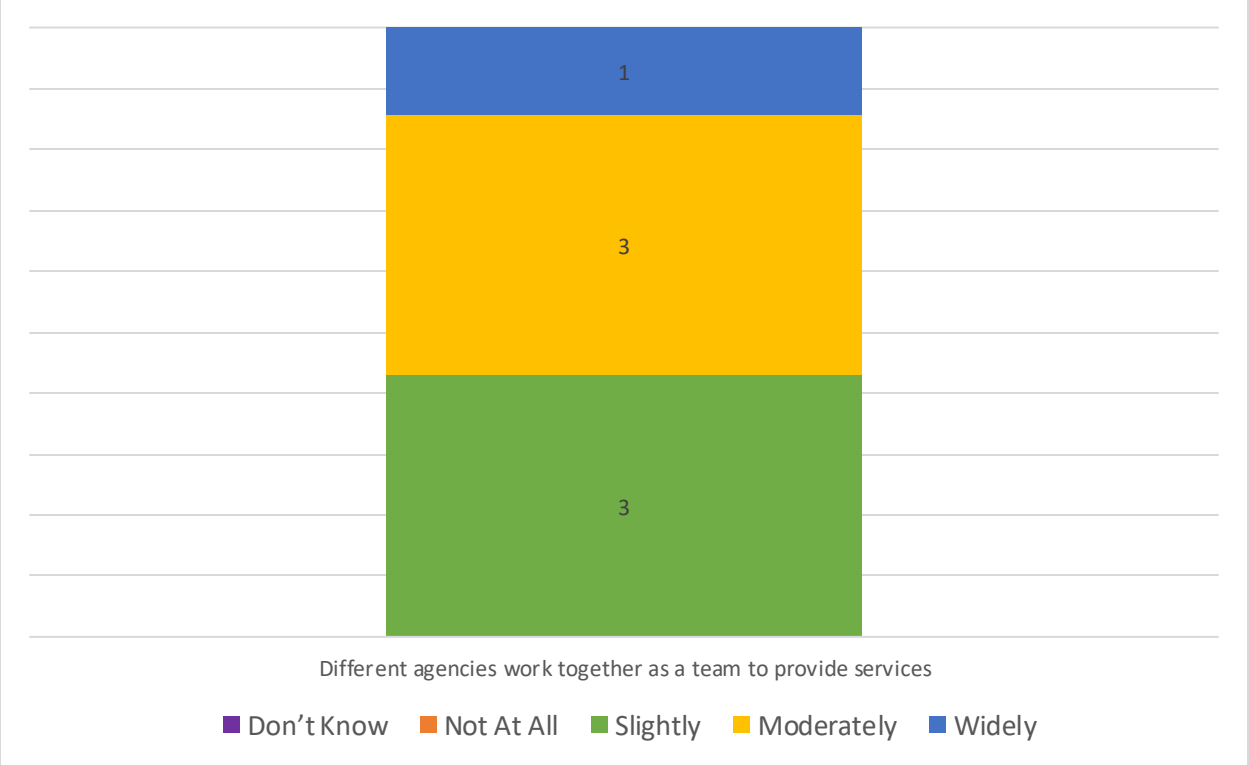


Figure 7.57 Culturally and Linguistically Competent Services (n = 7)

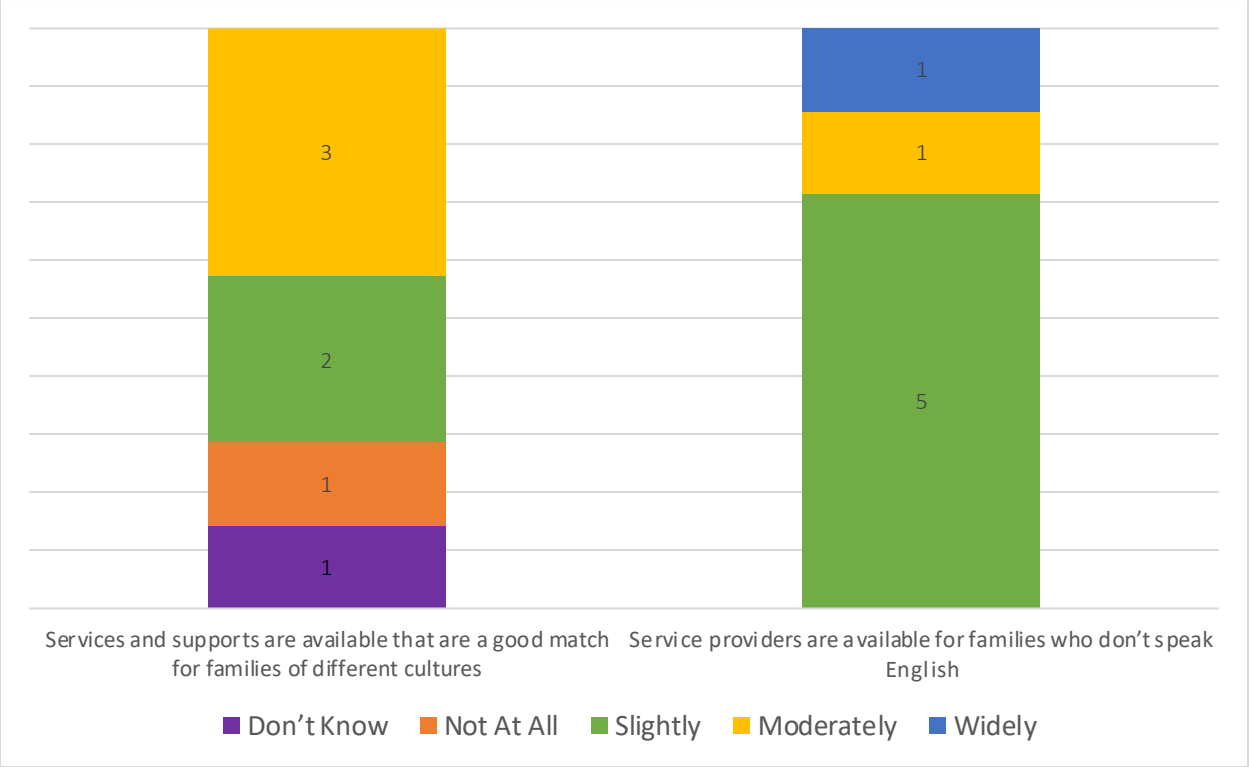


Figure 7.58 Least Restrictive Services (n = 7)

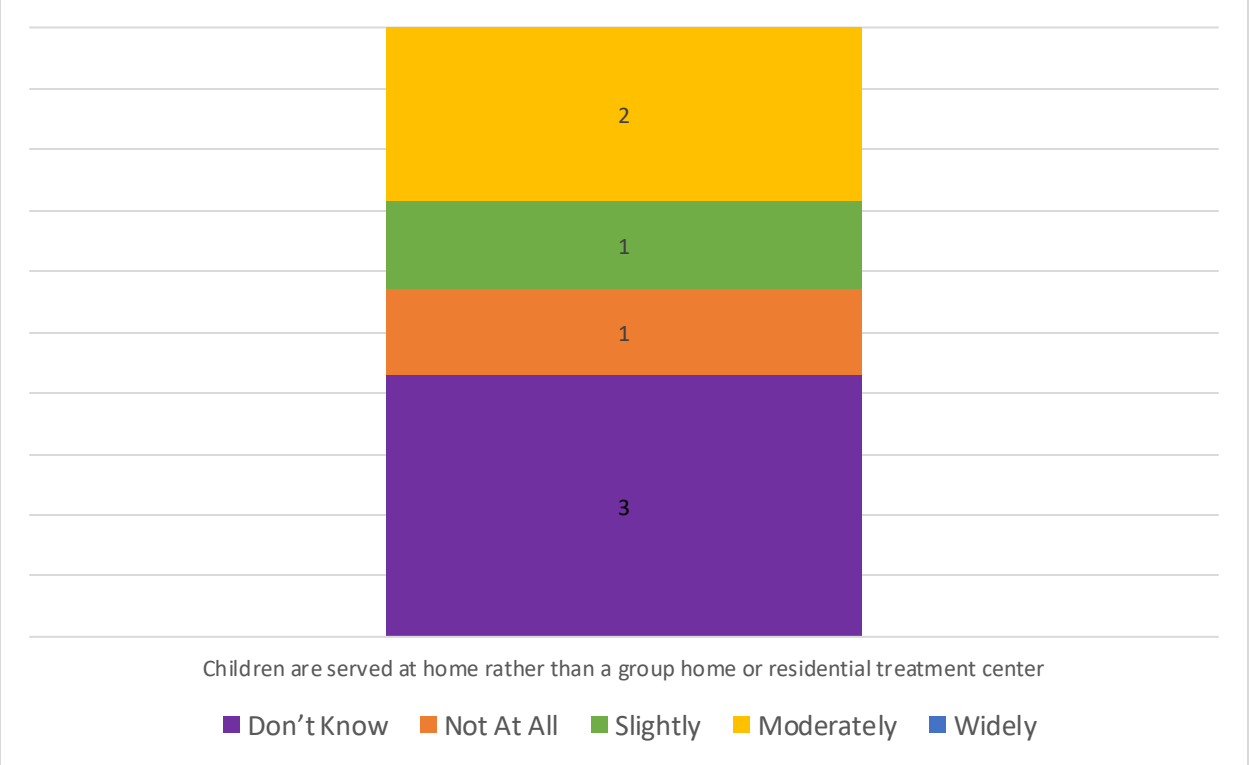


Figure 7.59 Service Array (n = 7)

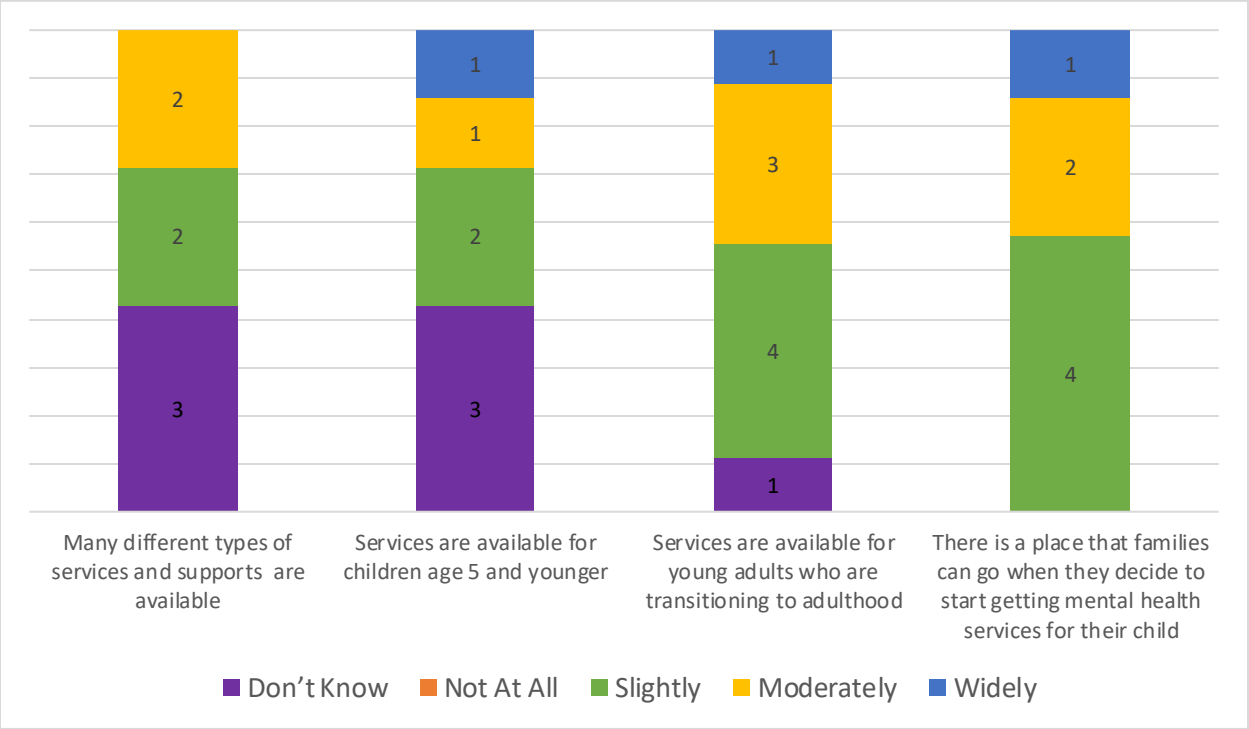


Figure 7.60 Service Coordination (n = 7)

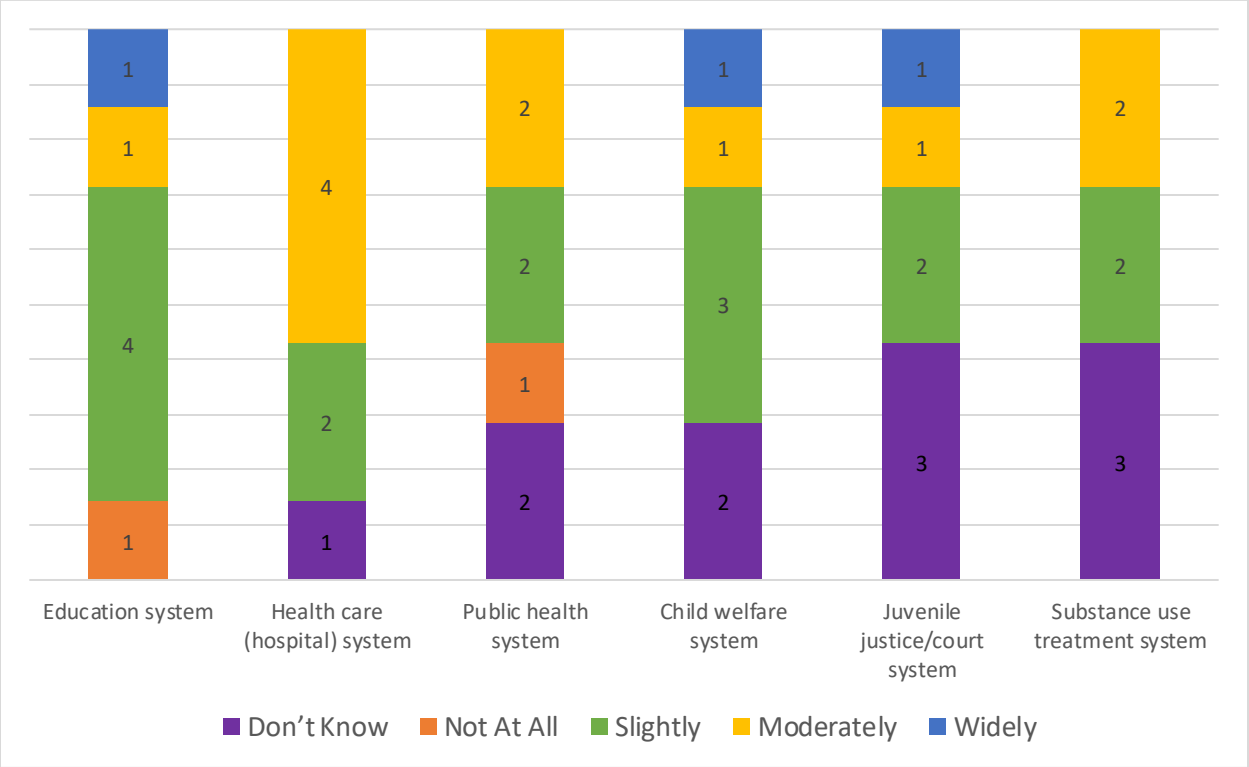
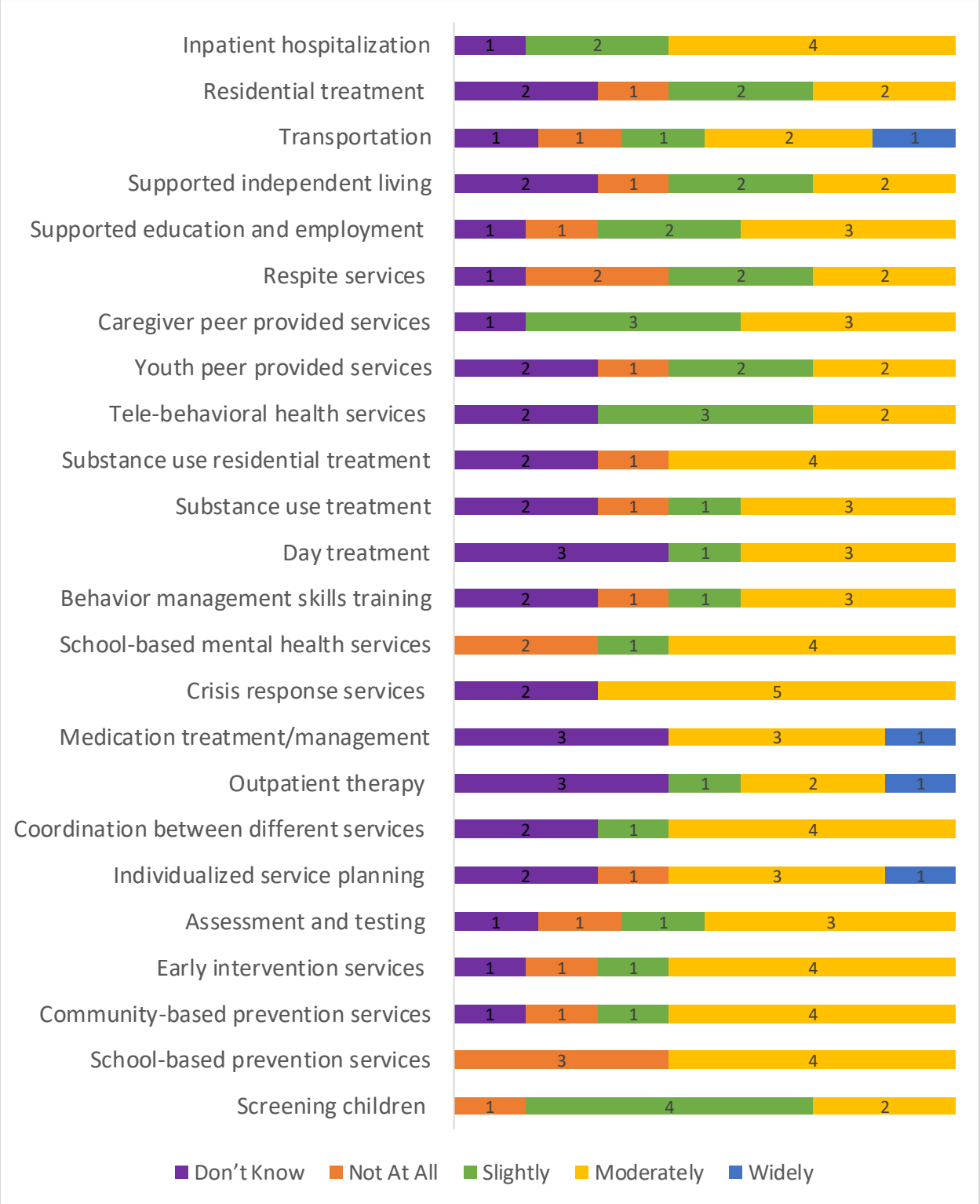


Figure 7.61 Service Availability (n = 7)



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?

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
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

Which community do you live in?

- ☐
- ☐
- ☐
- ☐
- ☐

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

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