INTRODUCTION AND INFORMED CONSENT

The purpose of this survey is to provide an assessment of organizational factors believed to be associated with systems of care implementation of services to children, youth, and families across Indiana. The audience for this survey is people who know about the local children's mental health and substance abuse services at the system level (e.g., administrators, planners, providers, youth, families, schools, juvenile justice, primary health care providers, faith-based community, and other youth service and support organizations). You have been invited to respond to this survey as a person who is knowledgeable about children with mental health and/or substance use challenges that affect their functioning at home, in school, or in the community and about children's behavioral health services in your community. There are no right or wrong answers.

This survey is part of Indiana's federal System of Care Expansion Grant from the Substance Abuse Mental Health Services Administration (SAMHSA) to Indiana's System of Care Partners, the Indiana Family & Social Service Administration, Division of Mental Health & Addiction, National Alliance on Mental Illness (NAMI Indiana), and the Indiana Department of Child Services. We are interested in your opinion of children's behavioral health service delivery in your community.

If you choose to participate in this assessment, you will be asked to complete a brief survey, which should take approximately 30 minutes. Your participation is entirely voluntary. You are not obligated to respond to any questions that you are uncomfortable answering, and you may withdraw from the survey at any time without incurring any penalties. Your responses will be kept confidential, identified only by your county, role, and demographic information. All results will be reported in summary reports.

Completion of this survey signifies your voluntary consent to participate in this research and that you live in Indiana. You may discontinue your participation in this study at any time.

This project has been reviewed and approved by the Institutional Review Boards at the University of South Florida and Indiana University. If you have any questions about the survey, please contact Betty.Walton@fssa.IN.gov (317 232-7907) or Isaac.Whitley@fssa.IN.gov, Youth Advocate.

BY AGREEING TO PARTICIPATE IN THIS STUDY, I ACKNOWLEDGE THAT:

☐ I have read and understand the introduction and agree to participate to complete the survey of local child mental health services and system of care development in Indiana.

CONTINUE ON THE NEXT PAGE.

Systems of Care

Implementation Survey

(S O C I S)
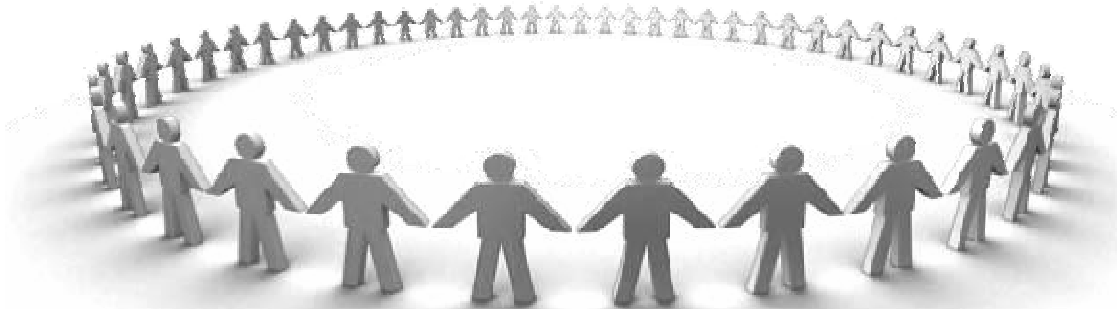
PAUL GREENBAUM, ROBERT M. FRIEDMAN, KRISTA KUTASH, & ROGER BOOTHROYD

RESEARCH & TRAINING CENTER FOR CHILDREN'S MENTAL HEALTH LOUIS DE LA PARTE
FLORIDA MENTAL HEALTH INSTITUTE COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES
UNIVERSITY OF SOUTH FLORIDA – TAMPA

THANK YOU FOR YOUR WILLINGNESS TO COMPLETE THIS SURVEY. PLEASE REMEMBER THAT PARTICIPATION IS VOLUNTARY, AND ALL RESPONSES WILL BE ANONYMOUS AND KEPT CONFIDENTIAL.

The purpose of this survey is to provide an assessment of organizational factors believed to be associated with systems of care implementation across Indiana. The audience for this survey is people who know about the local children's mental health and addiction services at the system level (e.g., administrators, planners, providers, youth, families, schools, juvenile justice, primary health care providers, faith-based community, and other youth and family service and support organizations). You have been selected as a respondent for this survey as a person who is knowledgeable about children and youth with serious emotional disturbances (mental health and/or substance use challenges that affect their functioning at home, in school, or in the community) and about local children's behavioral health services. There are no right or wrong answers. We are interested in your opinion of children's mental health service delivery in your community.

Note: This survey is part of Indiana's federal System of Care Expansion Grant from the Substance Abuse Mental Health Services Administration (SAMHSA) to Indiana's System of Care Partners, the Indiana Family & Social Service Administration, Division of Mental Health & Addiction, National Alliance on Mental Illness (NAMI Indiana), and the Indiana Department of Child Services. With permission from the University of South Florida, Indiana slightly modified the SOCIS for a statewide self-assessment and to further define some concepts.

INSTRUCTIONS

Please begin by answering the *Respondent (participant) Information* questions on the next page.

After filling out the *Respondent Information*, for the remaining survey questions:

1) Please read the definition of each implementation factor at the beginning of each section before answering the questions in that section.

2) Then, read each question carefully and select the rating that best describes each item. Some questions will require you to provide a written response.

Try to answer all the items. If you don't know how to respond to an item, please circle the DK (Don't know) category.

Remember, the survey questions are asking about children with serious emotional disturbances (mental health and/or substance abuse challenges which impact their functioning) who live in your area.

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3) Please try to complete the questions and return the survey within a week.

4) If completing the survey on paper (when you have completed the survey), scan and email the survey to SOCevaluation@fssa.IN.gov.

5) Or, mail to:

> Attention: Betty Walton
> Indiana Family & Social Service Administration
> ***Division of Mental Health & Addiction***
> 402 W. Washington Street, W353
> Indianapolis, IN 46204-2739

Thank you again for participating.

RESPONDENT INFORMATION

1.) Your Job Title/Role:
(Please fill in below)

2.) What best describes how you spend the majority of your time?
(Please check only one response)

☐	Administrator/Manager of Services	☐	Special Education Administrator
☐	Direct Service Provider	☐	Family Member
☐	Youth, Young Adult		
☐	Other (Please fill in):		

3.) Organization/Agency Name:
(Please use complete name, not abbreviations and fill in below)

4.) Are you reporting information for the state of Indiana or for a specific county?
(Please check only one response)

☐	State
☐	County (For which county are you reporting information? Please fill in county name):

5.) How many years have you been actively involved in children's mental health services in any capacity?
(Please fill in below)

_____ Years

6.) Age
(Please fill in below)

_____ Years

7.) Gender
(Please check one below)

☐	Male
☐	Female
☐	Other (Please fill in):

CONTINUE ON THE NEXT PAGE.

8.) How would you describe your race/ethnicity?

Race: (Please mark only one response for race)

☐	African American/Black	☐	Asian/Asian American
☐	Island Pacific American	☐	Native American Indian/Alaska Native
☐	European American/White	☐	Mixed

Ethnicity: (Please mark only one response for ethnicity)

☐	Hispanic/Latino	☐	Non-Hispanic

If you don't describe yourself with any of these race and/or ethnicity choices, or would like to be more specific, please use the space to write in your response. I describe myself as:
(Please complete below)

9.) How knowledgeable are you about your local children's mental health services system?
 (Circle/Select one)

1	2	3	4	5
Not At All	**Slightly**	**Somewhat**	**Moderately**	**Very**

10.) What are the geographic boundaries of the local children's mental health service system?
(Please check one below)

☐	County
☐	Regional

Definition: *A* <u>*System of Care*</u> *for children and youth with severe emotional disturbances has been described as child-centered, family-focused, community-based, and culturally-competent. Within a System of Care, children and families have access to a comprehensive array of services that are individualized, delivered in the least-restrictive setting, and involve families at all stages in planning and delivery of services from the different child-serving sectors (systems).*

11.) To what extent do you believe your local children's mental health services system is a "System of Care"?
(Circle/select one)

1	2	3	4	5
Not At All	**Slightly**	**Moderately**	**Substantially**	**Very Substantially**

THANK YOU FOR COMPLETING THE RESPONDENT INFORMATION. CONTINUE ON WITH THE SURVEY ON THE NEXT PAGE.

SOCIS SURVEY QUESTIONS

The next series of questions focus on children with mental health and substance use challenges and their families who received services during the last year. Please answer them for the children who reside within the geographic boundaries of your local mental health service system (if reporting for a specific county.) If reporting for the state of Indiana, answer for the state level system of care.

1. FAMILY CHOICE AND VOICE

Definition: Family and youth perspectives *are actively sought and given high priority during all planning, implementation, and evaluation of the service delivery system.*

A.) Do families have a choice of which services will be provided to their child?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

B.) Do families have a choice of who will be providing services to their child?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

C.) How often have you seen families serving as members of planning or coordinating groups for the service system (e.g., members of interagency councils, advisory boards)?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

D.) How often have you seen families or a family organization express independent views or recommendations about the service system?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

E.) How often is family voice incorporated throughout the planning and policy making process?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

2. Individualized, Comprehensive and Culturally Competent Treatment

Definitions: A range of services that is available to support the development of individualized, culturally competent, and comprehensive treatment plans that assist the child and the entire family.

Individualized treatment is when the services provided are based on the specific needs and strengths of individual children and their families.

Comprehensive treatment addresses functioning across the full array of life domains.

Culturally competent treatment addresses the specific cultural/racial/ language characteristics of the family, community, and service providers that impact treatment plan effectiveness.

A.) How often is treatment tailored to the specific needs of individual children and their families?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

B.) How often are treatment plans reviewed and updated as needed?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

C.) In family meetings on individual children and families, how often are children discussed who are identified and serviced in special education due to emotional disorders and have an Individual Educational Plan (IEP)?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

D.) In these formal meetings on individual children and families, rate the level of participation by staff from the educational system.
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

E.) How often does the treatment process incorporate strengths and existing resources of the child and family?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

CONTINUE ON THE NEXT PAGE.

F.) How often does the treatment process use what is known to be effective for specific cultural/ racial/language groups?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

G.) How often do treatments use evidence-based (e.g., scientifically proven) practices and programs?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

H.) How often do treatments improve the child's functioning in the community?
(Circle/select one)

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

3. OUTREACH AND ACCESS TO CARE

Definition: Outreach and service access are procedures (e.g., home visits, mental health workers in the schools) that make it easier for all individuals in the identified population of concern to obtain services.

A.) In your opinion, how easy or difficult is it for families to access mental health care in your community?
(Circle/select one)

1	2	3	4	5	DK
Difficult	Somewhat Difficult	Neither Easy Nor Difficult	Somewhat Easy	Easy	Don't Know

B.) To what extent do you think parents in your community know how to obtain mental health care?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

C.) To what extent do you think child-serving professionals (e.g., teachers, pediatricians) in your community know how to refer families to obtain mental health care?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

CONTINUE ON THE NEXT PAGE.

4. TRANSFORMATIONAL LEADERSHIP

Definition: _Transformational leaders_ are individuals who put into words a long-term vision that inspires others, challenge assumptions, take risks, and listen to the concerns and needs of others.

To what extent does your leadership (e.g., Director) of the children's behavioral health services system:

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

5. THEORY OF CHANGE

Definition: _A Theory of Change_ is the expressed beliefs and assumptions for how to serve child and adolescent populations and reach identified goals.

A.) Is a "theory of change" used to guide decisions about service planning and delivery? (Circle/select one)					
1	**2**	**3**	**4**	**5**	**DK**
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

B.) Is there a plan that clearly describes how to obtain and provide services for children and their families? (Circle/select one)					
□	**Yes**	□	**No**	□	**Don't Know**

C.) How often do service planners and implementers agree regarding the strategies used? (Circle/select one)					
1	**2**	**3**	**4**	**5**	**DK**
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

D.) How often do service planners and implementers regularly review "outcomes" for the purpose of assessing how successful existing strategies are in producing intended goals? (Circle/select one)					
1	**2**	**3**	**4**	**5**	**DK**
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

E.) How often are existing service strategies (obtaining and providing services) adjusted or modified to produce intended goals? (Circle/select one)					
1	**2**	**3**	**4**	**5**	**DK**
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

6. IMPLEMENTATION PLAN

Definition: An <u>implementation plan</u> identifies procedures and strategies to achieve goals and objectives at program and system levels and includes projected timelines and expected outcomes.

A.) Have you read an implementation plan for your children's behavioral health services system? (Circle/select one)					
□	**Yes**	□	**No** (If "No", skip to Section #7)	□	**Don't Know**

B.) Have plans been developed specifically to address identified barriers to implementation? (Circle/select one)					
□	**Yes**	□	**No**	□	**Don't Know**

CONTINUE ON THE NEXT PAGE.

C.) To what extent does a broad array of stakeholders (e.g., providers, youth, families, diverse cultural/racial/linguistic community members) have active input into the implementation plan?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

C.) To what extent does the plan reflect input of decision makers from the education system?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

D.) To what extent does the plan reflect input from the other child-serving sectors (e.g. child welfare, juvenile justice)?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

7. Local Population of Concern (TARGETED CHILDREN, YOUTH, AND THEIR FAMILIES)

Definition: The individuals intended to benefit from the service system (i.e., the local population of concern) should be clearly described. Specific information should include the number of children and adolescents who are eligible for services, their ages, diagnostic profiles, and demographics including cultural/racial/language diversity, location in the county, services histories and any special needs of groups in the population.

A.) Have you read a description of the local population of concern, that is, the intended consumers of your children's behavioral health services systems?
(Circle/select one)

☐	Yes	☐	No (If "No", skip to Section #8)	☐	Don't Know

B.) Does the description of the local population of concern get periodically reviewed?
(Circle/select one)

☐	Yes	☐	No	☐	Don't Know

B.) Have you read a report summarizing the service histories and clinical profiles of this population?
(Circle/select one)

☐	Yes	☐	No	☐	Don't Know

CONTINUE ON THE NEXT PAGE.

8. INTERAGENCY AND CROSS-SECTOR COLLABORATION

Definition: A formal process that encourages <u>collaboration</u> among the various child-serving sectors (e.g., mental health, education, child welfare, juvenile justice). This process usually includes an Interagency Committee (consortium/group/coordinating council), which has designated participants who represent the various agencies and have regularly scheduled meetings.

1	2	3	4	5	6	7	DK
Yearly	Semi-annually	Quarterly	Monthly	Bi-weekly	Weekly	Daily	Don't Know

0	1	2	3	4	5	6	DK
Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently	Always	Don't Know

To what extent do your organizations share resources (e.g., funding, personnel, data, and facilities) with other child-serving organizations in the following activities?

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

CONTINUE ON THE NEXT PAGE.

G.) Program evaluation (Circle/select one)					
1	**2**	**3**	**4**	**5**	**DK**
Not At All	**Slight Extent**	**Moderate Extent**	**Great Extent**	**Very Great Extent**	**Don't Know**

H.) Are there written agreements between the Education and Behavioral Health to have behavioral health agencies provide services in schools?
(Circle/select one)

1	**2**	**3**	**4**	**5**	**DK**
Never/ Almost Never	**Rarely**	**Occasionally**	**Frequently**	**Always/Almost Always**	**Don't Know**

9. VALUES AND PRINCIPLES

Definition: Values and Principles refer to an explicit statement of core values and principles that guide system development and evaluation. These values and principles have been adopted through an inclusive, participatory process. For example, core values may include:

Child-centered and family-driven: The needs of the child and family dictate the services provided.

Community-based services: Management and decision-making responsibility reside at the community level.

Culturally competent: Agencies, programs, and services are responsive to the cultural, racial, and language diversity of the populations they serve.

A.) Have community members (e.g., business leaders, local government officials) participated in adopting a statement of values and principles for your community?
(Circle/select one)

☐	**Yes**	☐	**No**	☐	**Don't Know**

B.) Does a formal process assess whether these values and principles are operating in your community?
(Circle/select one)

☐	**Yes**	☐	**No**	☐	**Don't Know**

C.) Do these values and principles require services to be individualized and based on child and family strengths and needs?
(Circle/select one)

☐	**Yes**	☐	**No**	☐	**Don't Know**

D.) Do these values and principles require services to be community-based, with services delivered as well as management and decision-making at the local community level?
(Circle/select one)

☐	**Yes**	☐	**No**	☐	**Don't Know**

E.) Do these values and principles require services to be responsive to the cultural, racial, and language differences of the populations they serve (i.e., culturally competent across agencies, programs, and services)? (Circle/select one)					
☐	**Yes**	☐	**No**	☐	**Don't Know**

10. COMPREHENSIVE FINANCING PLAN

Definition: *A comprehensive financing plan is consistent with the goals of the system, identifies costs across major child-serving sectors, utilizes varied sources of funding, promotes financial flexibility, maximizes federal entitlements, and re-directs spending from restrictive placements to home- and community-based services.*

A.) Have your costs for services and supports been analyzed across the major child-serving sectors? (Circle/select one)					
☐	**Yes**	☐	**No**	☐	**Don't Know**

B.) Do your financing policies redirect spending from "deep-end" restrictive placements (e.g., residential treatment centers) to home- and community-based services? (Circle/select one)					
☐	**Yes**	☐	**No**	☐	**Don't Know**

C.) To what extent are funds coordinated, blended, pooled, and/or braided across the major child-serving sectors (i.e., mental health, education, child welfare, health, juvenile justice, primary care, substance abuse)?
(Circle/select one)

1	2	3	4	5	DK
Not At All	**Slight Extent**	**Moderate Extent**	**Great Extent**	**Very Great Extent**	**Don't Know**

D.) To what extent do community (state/local) funding policies allow for a broad array of services for children with behavioral health challenges and their families?
(Circle/select one)

1	2	3	4	5	DK
Not At All	**Slight Extent**	**Moderate Extent**	**Great Extent**	**Very Great Extent**	**Don't Know**

E.) To what extent do community financing policies allow for the provision of flexible, individualized care for children with mental health and addiction challenges and their families?
(Circle/select one)

1	2	3	4	5	DK
Not At All	**Slight Extent**	**Moderate Extent**	**Great Extent**	**Very Great Extent**	**Don't Know**

F.) To what extent do mental health and schools pool or braid funds (or any other collaborative funding mechanisms) in order to deliver behavioral health services in schools to children and youth with mental health and substance use needs?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

11. SKILLED PROVIDER NETWORK

Definition: A skilled provider network represents an assessment of the group of service providers that exist in a particular system. They should be diverse in background, culturally competent, effective in providing services, behave consistent with the values and principles promoted by the system, and have sufficient capacity to provide family choice.

A.) Are there enough providers serving your local population of concern?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

B.) To what extent is there a plan for recruitment and retaining skilled providers?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

C.) To what extent is staff from the education agency and the local behavioral health agency trained together? For example, are community mental health staff and school district related services staff trained together around service delivery issues?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

D.) To what extent is staff from the other various child service agencies (child welfare and juvenile justice for example) trained together? That is, are training sessions held so that all child-serving staff can be trained on the same topic?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

CONTINUE ON THE NEXT PAGE.

12. PERFORMANCE MEASUREMENT SYSTEM

Definition: Performance measurement is the ongoing monitoring (evaluation) of program/system accomplishments, particularly progress towards pre-established goals. Performance measurement systems involve regularly collected data on the level and type of program/system activities (process), the direct products and services delivered by the programs (outputs), and the results of these activities (outcomes).

A.) Are you aware of whether your service system is meeting its goals for this target population (children with serious emotional disturbance and their families)?
(Circle/select one)

☐	Yes	☐	No	☐	Don't Know

B.) Are decisions about the performance measurement system made locally (e.g., at the city or county level)?
(Circle/select one)

☐	Yes	☐	No	☐	Don't Know

C.) To what extent do you believe that performance measurement system measures "what really matters"?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

D.) To what extent is the performance measurement system information provided to a diverse stakeholder group (e.g., parents, community leaders, program directors)?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

E.) To what extent does your performance measurement system take into account aspects of school functioning, such as school attendance and academic achievement of children with serious emotional disturbance?
(Circle/select one)

1	2	3	4	5	DK
Not At All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

13. PROVIDER ACCOUNTABILITY

Definition: Funding for providers is tied to their performance so that incentives have been created for high quality and family-responsive outcomes.

CONTINUE ON THE NEXT PAGE.

	A.) Is there a way for assessing (evaluate) families' and/or youth's satisfaction with individual providers? (Circle/select one)				
☐	**Yes**	☐	**No**	☐	**Don't Know**

	B.) Is there a feedback mechanism (e.g., report card) for informing families about performance of particular providers (e.g., satisfaction, success rates, outcomes)? (Circle/select one)				
☐	**Yes**	☐	**No**	☐	**Don't Know**

	C.) Is there a feedback mechanism to inform providers about performance (e.g., report card) with particular clients? (Circle/select one)				
☐	**Yes**	☐	**No**	☐	**Don't Know**

	D.) Does your community assess provider performance and provide incentives for effective performance (e.g., performance-based contracts, bonuses)? (Circle/select one)				
☐	**Yes**	☐	**No**	☐	**Don't Know**

14. MANAGEMENT AND GOVERNANCE

Definition: <u>Management and Governance</u> *refers to decision-making individuals and groups that are responsible for maintaining the system's values, principles, goals, and strategies. They use data and stakeholder input to manage and continuously strengthen and improve the system.*

A.) How often is there a clear and efficient decision-making process regarding policy development and how funding and resources are used?
(Circle/select one)

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

B.) How often is there a clear and efficient decision-making process regarding how to create treatment plans for individual children and families?
(Circle/select one)

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

C.) How often does decision-making regarding policy development and resource allocation include multiple service sectors (i.e., mental health, juvenile justice, special education, child welfare, substance abuse, primary healthcare)?
(Circle/select one)

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

CONTINUE ON THE NEXT PAGE.

D.) How often does decision-making regarding treatment plans for individual children and families include multiple service sectors (i.e., mental health, juvenile justice, special education, child welfare, substance abuse, primary healthcare)?
(Circle/select one)

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

15. GENERAL SYSTEM PERFORMANCE

A.) Do you have regular access to reports that present data and information on how many children/adolescents enter the system and are served each year?
(Circle/select one)

☐	Yes	☐	No	☐	Don't Know

B.) Do you have regular access to reports that present data and information regarding who is served, what services they receive, and what the outcomes are?
(Circle/select one)

☐	Yes	☐	No	☐	Don't Know

C.) Please rate how well your community does in terms of making it easy to get an appointment for needed care.
(Circle/select one)

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor Nor Excellent	Somewhat Excellent	Excellent	Don't Know

D.) Please rate how well your community does in terms of providing care that works.
(Circle/select one)

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor Nor Excellent	Somewhat Excellent	Excellent	Don't Know

E.) Please rate how well your community does in terms of providing care that works for diverse cultural/racial/language groups.
(Circle/select one)

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor Nor Excellent	Somewhat Excellent	Excellent	Don't Know

F.) Please rate how well your community does in terms of improving outcomes for the local population of concern that receives services.
(Circle/select one)

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor Nor Excellent	Somewhat Excellent	Excellent	Don't Know

CONTINUE ON THE NEXT PAGE.

THANK YOU FOR COMPLETING THE SURVEY ABOUT YOUR CHILDREN'S BEHAVIORAL HEALTH SERVICES SYSTEM.

We know that standardized surveys often do not capture some of the unique aspects of some community's service systems. We would be interested in any comments you might have about your system that you think we might have overlooked; or that you think we should know about to better understand your community's system; or for that matter, any thoughts you might have about the survey you just completed.

Please write your comments in the space below.

Results from this survey will be posted on the Indiana Family and Social Service Administration, Division of Mental Health and Addiction website by June 30, 2013: http://www.in.gov/fssa/dmha/index.htm.

If you would like more information about how to get involved in
Indiana's local or state Systems of Care, please contact:

Isaac.Whitley@fssa.IN.gov (Youth Advocate)

or

Joshua Sprunger (jsprunger@namiindiana.org)