

#### **4.A.5.**

##### **System of Care Assessment Interview Protocols**

#### **4.A.5.a.**

**A. Representative of Core Agency**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Site ID#\_\_\_\_\_

Date\_\_\_\_\_

Respondent #\_\_\_\_\_

Assessment #\_\_\_\_\_

## A. Representative of Core Agency

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 60 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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This guide should be administered to representatives of agencies and organizations involved in shaping the service delivery system for children with severe emotional disturbance and their families.

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### Introduction

#### 1. What agency/organization do you represent?

1=Mental health public agency

2=Public health agency

3=Child welfare public agency

4=Public education

5=Juvenile justice public agency

6=Private org. representing mental health

7=Private org. representing health

8=Private org. representing child welfare

9=Private org. representing education

10=Private org. representing juvenile justice

11=Other, *specify* \_\_\_\_\_

#### 2. What is your title/position? Do you have supervisory responsibilities? Do you provide services directly?

1=Exec Director/Chief

2=Deputy or Assistant Exec Director/Chief

3=Middle manager

4=Supervisor

5=Front-line staff

6=Other, *specify* \_\_\_\_\_

#### 3. Since CMHS grant funds were received, have you served on the (*governing body*)?

1=No ***If no, skip to Section II, Question 11 on Page 6***

2=Yes ***If yes, continue***

### Section I - Governance

#### 4. Please describe the overall structure of the (*governing body*). **[Probe for number of members, agencies and organizations represented, frequency of meetings, existence of bylaws, subcommittees etc.]**

#### 5. Since grant funds were received, how **involved or influential** would you say the (*governing body*) has been in the **governance of** (*name of grant program*)?

- a. What have been some of the key **functions and responsibilities** related to governance of (name of grant program)? These can include activities of subcommittee(s).

**Probe for examples of activities related to:**

- strategic planning
- budgetary decisions
- developing the service array
- establishing formal arrangements among agencies
- other - please describe

- b. How are **decisions or recommendations made**? Do members have voting rights? **If yes**, which members? **[Probe for voting versus consensus or some combination of both.]**

- c. To what extent are the **decisions or recommendations** of the *(governing body)* **acted upon or implemented** by (name of grant program)? **[Probe for whether the body makes final decisions, makes formal recommendations, or is primarily advisory.]**

**How often** would you say the recommendations or decisions of the *(governing body)* are implemented? **[Probe for percentage of time.]**

What **other forces**, if any, (e.g., legislation, agency mandates, or judicial actions) have had a significant impact on the governance of the (name of grant program)? Do these, in effect, **limit the power** of the *(governing body)*?

6. To what extent have you, as a representative of your agency, been **actively involved** in the *(governing body)*? (A.4.a.)

- a. Of the governing body **functions** we **discussed earlier**, which are **you involved** in? **[Probe for examples of participation in the *(governing body)*'s functions that this respondent previously reported in 5.a.]**

5=Involved in all activities of the governing body  
4=Involved in most activities of the governing body  
3=Involved in some activities of the governing body  
2=Involved in few activities of the governing body  
1=Involved in no activities of the governing body

- b. What **percentage of *(governing body)* meetings** have you attended?

5=Attended at least 90% of meetings  
4=Attended 75% to 89% of meetings  
3=Attended 50% to 74% of meetings  
2=Attended 25% to 49% of meetings  
1=Attended less than 25% of meetings

7. How **important is it to your agency** that you be involved in the (*governing body*) and attend meetings? [**Probe for agency commitment and interest.**]

*How important is it to you individually?*

8. Is there anything in place that specifically **requires your agency's involvement** in the governance of the grant, for example, formal agreements? (A.4.b.)

[Data entry: code mechanisms used]

**If yes**, how **well** have these provisions/mechanisms worked to maximize your agency's involvement? Have they been effective?

[If no, score=1]

*Have these provisions been sufficient? Is there **anything else that could be done** to make it easier for your agency to be involved?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

9. Since grant funds were received, which **public agencies**, including your own, have been actively **involved** in the (*governing body*)? (A.4.a.)

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

*Are there any **agencies that** you think should have been actively involved but **were not**, or any that should have been more involved than they were?*

5=Five agencies actively involved  
4=Four agencies actively involved  
3=Three agencies actively involved  
2=Two agencies actively involved  
1=One (1) agency actively involved

10. Since grant funds were received, to what extent have **family members** been actively involved in the (*governing body*)? (A.1.a.)

- a. Of the governing body **functions** we **discussed earlier**, which ones **are family members involved** in. [**Probe for examples of participation in the (*governing body*)'s functions that this respondent previously reported in 5.a.**]

5=Involved in all activities of the governing body  
4=Involved in most activities of the governing body  
3=Involved in some activities of the governing body  
2=Involved in few activities of the governing body  
1=Involved in no activities of the governing body

- b. How have **family members been regarded and treated** by other participants of the *(governing body)*?

*Has that been the **same for all participants**, or have some participants demonstrated respect and value for family input more than others?*

5=All participants were very respectful and highly valued family input  
4=Most participants were very respectful and valued family input and the rest were moderately respectful  
3=Some participants were very respectful and valued family input and the rest were moderately respectful  
2=Few participants were very respectful and valued family input and most others were at least somewhat respectful  
1=No or almost no participants were respectful or valued family input

- c. What **percentage of (governing body) meetings** have family members attended?

5=Attended 90% to 100% of meetings  
4=Attended 75% to 89% of meetings  
3=Attended 50% to 74% of meetings  
2=Attended 25% to 49% of meetings  
1=Attended less than 25% of meetings

- d. Is family representation achieved through a **few key individuals** who play multiple roles or are there **several different family members** involved?
- e. Since grant funds were received how have youth been involved in governance of *(name of grant program)*?

## Section II - Management and Operations

11. Since grant funds were received, how has *(name of grant program)* informed supervisors and line staff in your agency about **program operations** such as changes in eligibility criteria, referral processes, service/program components? (B.5.a.)

[Data entry: code mechanisms]

On a scale of 1 to 5 (with 5 being best), how effective have these efforts been in ensuring that all parties have been aware of program procedures and operations?

5=Very effective  
4=Moderately effective  
3=Somewhat effective  
2=Minimally effective  
1=Not effective

12. What mechanisms have been put in place to **integrate staff across the core child-serving agencies**, including any of the following? **[Probe for descriptions of each mechanism and the agencies involved.]** (B.4.b.)

- a. **Joint training** (i.e., staff from multiple agencies are trained together)?

1=no, 2=yes

- b. **Shared staff** (i.e., more than one agency funds one staff position)?

1=no, 2=yes

- c. **Outstationing or outposting staff** (i.e., staff from one agency are housed in another agency's office or service locations)?

1=no, 2=yes

- d. **Other efforts?** Please describe.

1=no, 2=yes

[Data entry: code mechanisms]

- e. How **effective** have these efforts been and in what ways?

*Are these efforts **sufficient** to minimize barriers to staff working together across agencies?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

13. Does your agency and (name of grant program) have any **shared administrative processes** such as jointly developing staff training materials; holding joint staff meetings; hiring/recruiting staff together; using the same administrative forms, unified case records, or integrated MIS; etc.? (B.4.a.)

**If yes**, what are all of the different shared processes put in place?

[Data entry: code ways]

**[Continue to probe for examples until the respondent reports no more.]**

5=Four examples of shared administrative processes across child-serving agencies  
4=Three examples of shared administrative processes across child-serving agencies  
3=Two examples of shared administrative processes across child-serving agencies  
2=One example of shared administrative processes across child-serving agencies  
1=No examples of shared administrative processes across child-serving agencies

- 14.a. Are there **decategorized funds that are pooled or blended across agencies** (other than for shared staff positions)? **If yes**, please describe. (B.4.c.)

*If so, **which agencies contribute** to the blended funding?*

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

**[circle all that apply]**

5=Five agencies actively involved  
4=Four agencies actively involved  
3=Three agencies actively involved  
2=Two agencies actively involved  
1=No blended funding

14.b. For **what purpose(s)** are funds blended?

*Have the blended or pooled funds been **effective** for these purposes?*

*Is the total **amount of blended funds** sufficient? Are **individual agency contributions** sufficient?*

*Could **more be done** to blend funds?*

[If 14.a.=1, then 14.b.=666]

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal  
666= No blended funding

15. Are there any mechanisms in place or have any efforts been made to **facilitate the coordination of services across agencies, organizations, and providers** (for example, interagency team meetings, joint staff treatment team meetings, interagency case management meetings, etc)? (B.5.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**—is there anything else that could have been done to enhance coordination of services across agencies, organizations, and providers?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

16. How has (name of grant program) worked to **minimize** the need for **children/families to travel out of their home communities for services**? [If response is “not a problem,” probe for what allows them to serve all children/families in the community.] (C.7.b.)

[Data entry: code mechanisms]

*How **effective** have these efforts been and in what ways?*

*Have these efforts been **sufficient** to ensure that all children/families are served in the community? If not, what else could have been done?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

17. How has (name of grant program) worked to **reduce** the number of children who are served in settings more restrictive than necessary? [If response is “not a problem,” probe for what allows them to serve children in the least restrictive settings.] (B.8.b.)



[Data entry: code mechanisms]

*How **effective** have these efforts been?*

*Have these efforts been **sufficient to eliminate** the use of inappropriately restrictive settings/service options?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

18. Since grant funds were received, what has been done to ensure that services in (name of grant program)'s **service array have sufficient capacity** (for example, expanding network of contract providers, increasing contracts to increase capacity)? **[Probe for capacity across all services in the array.]** (C.6.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, provide some examples.*

*Have these efforts been **sufficient**? Are there any services that some children and/or families cannot get because capacity is limited?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

19. Since grant funds were received, what has (name of grant program) done to make services more **accessible**? **[Probe for flexible hours including after hours and weekends; services offered in settings such as home, schools, community. Probe for applicability across all services in the array.]** (C.6.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**? What else could be done to make services more accessible?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

## **Achievement of Goals**

20. Since grant funds were received, what have been (name of grant program)'s most **important achievements**?

*How has your **community benefited** from (name of grant program)?*

21. To what extent has your agency's involvement in the (name of grant program) **affected the way your agency does business**, (for example, how it serves children and families, its management and operations)? (B.4.d.)

*Please provide examples of specific things you/your staff are doing differently. [Probe for behavior changes beyond just knowledge acquisition and change in attitude or philosophy.]*

5=Agency has changed program operations and methods of service delivery in two or more ways to incorporate system-of-care principles  
4=Agency has changed program operations and methods of service delivery in one way to incorporate system-of-care principles  
3=Agency has accepted and adapted the philosophy inherent in the system-of-care model and program theory  
2=Agency has received information or training related to the wraparound approach or system-of-care principles  
1=Agency has not received any information or training related to the wraparound approach or system-of-care principles

22. To what extent would you say (name of grant program) has had an **influence** on the **larger system across all child-serving sectors** during the last year?
23. What have been the **major obstacles** to expanding the system-of-care principles and philosophies beyond the scope of (name of grant program)?

### **Sustainability**

24. Please tell me about your community's effort to **sustain** the system of care as CMHS grant funds decrease over time. **[Probe to determine how they are responding to increased matching fund requirements.]**

Have any aspects of the system/program been changed, reduced, or eliminated due to the decreases in CMHS funding? **If so**, what has occurred?

25. What aspects of (name of grant program) do you anticipate will be sustained over time? **[Probe for family focus, culturally competence, individualized care, accessibility, community-based care, interagency involvement, coordinated care, and least restrictive care, etc.]**

What barriers exist that may hinder sustainability?

#### **4.A.5.b.**

**B. Project Director**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Site ID#\_\_\_\_\_

Date\_\_\_\_\_

Respondent #\_\_\_\_\_

Assessment #\_\_\_\_\_

## B. Project Director

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### Overview [Request an annual report to keep, if available.]

1. Please briefly describe the overall goal and mission of (name of grant program).
2. What are the primary service components (e.g., outpatient, school-based, case management, etc)?
3. What are the **eligibility criteria** for participation in (name of grant program)? Have these **changed** since CMHS grant funds were received? Please describe.
4. How **many children/families** have been served since grant funds were received?

*Has the **number of children and families served changed** since grant funds were received? Please explain.*

### Entry into the Grant

5. Since grant funds were received, how have **children been referred to** (name of grant program) for services? [**Probe for client flow into** (name of grant program).]
6. Which **public agencies** have **referred children/families** to (name of grant program)? (E.4.a.)

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

*What was the **distribution of referrals** received from these agencies?*

5=Five or more agencies refer children/families to the grant  
4=Four agencies refer children/families to the grant  
3=Three agencies refer children/families to the grant  
2=Two agencies refer children/families to the grant  
1=One agency refers children/families to the grant

7. Are **other agencies in the child-serving systems** (for example, mental health, education, child welfare, health, juvenile justice) **able to conduct or initiate intake** into (name of grant program)? **If yes**, please describe the process. (E.4.b.)

*Are there **any other mechanisms in place to ACTIVELY involve other agencies in the intake process** for the (name of grant program) (e.g., schools provide space for program staff to conduct intake process, other agency staff conduct intake process and complete intake forms, routine follow-up to make sure family was linked with grant program, etc.)?*

[Note: Passive referrals, for example, sharing grant phone number and address with families, leaving it to the family to make contact with the (name of grant program), are not considered active involvement in intake.]

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

5=Five agencies were ACTIVELY involved in intake into the grant program  
4=Four agencies were ACTIVELY involved in intake into the grant program  
3=Three agencies were ACTIVELY involved in intake into the grant program  
2=Two agencies were ACTIVELY involved in intake into the grant program  
1=One agency was ACTIVELY involved in intake into the grant program

## Outreach

8. Since grant funds were received, have there been any **outreach efforts to inform your intended (target) population** about (name of grant program) and its services? (E.6.a.)

[Data entry: code outreach efforts]

*How **effective** have your outreach efforts been? For example, have you seen an increase in calls to (name of grant program) or an increase in awareness or interest in the community? Explain.*

*Have these efforts been **sufficient**, that is, has (name of grant program) been able to reach everyone?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

9. Since grant funds were received, have there been any **outreach efforts to specific cultural groups** or populations? (E.3.a.)

*How **effective** would you say these efforts have been? For example, have you seen an increase in interest or awareness?*

*Have these efforts been **sufficient** to reach all of the specific populations you have targeted your efforts towards?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

10. Since grant funds were received, **have there been any outreach efforts to inform other agencies, community-based providers, private providers, family organizations**, etc. about the (name of grant program) and its services? (E.5.a.)

*How **effective** have these efforts been, and in what way?*

*Have these efforts been **sufficient** to ensure that all providers and organizations have been aware of (name of grant program)?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## Service Planning

11. Please describe the primary functions of case managers.

*Are there **different levels or types** of case management?*

12. Are there any mechanisms in place or have efforts been made to **facilitate the coordination of services across agencies, organizations, and providers** (for example, interagency team meetings, joint staff treatment team meetings, interagency case management meetings, etc)? (B.5.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**—is there anything else that could have been done to enhance coordination of services across agencies, organizations, and providers?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## Service Array

13. Since grant funds were received, what has been done to **ensure** that services in (name of grant program)'s service array have **sufficient capacity** such that all children and families who need the services can get them (for example, expanding network of contract providers, increasing contracts to increase capacity)? **[Probe for capacity across all services in the array.]** (C.6.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, explain.*

*Have these efforts been **sufficient**? Are there any services that some children and/or families cannot get because capacity is limited? **[Probe for which specific services.]***

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

14. What has (name of grant program) done to make services more **accessible** in terms of scheduling of services or locations where services were provided? **[Probe for flexible hours including after hours and weekends; services offered in settings such as home, schools, community. Probe for applicability across all services in the array.]** (C.6.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**? What else could be done to make services more accessible?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

15. Since grant funds were received, have there been any efforts to **make services more affordable** and to minimize **financial barriers** to care? **[Probe for sliding scale fees, scholarship funds, flexible funding, etc.]** (B.6.a.)

[Data entry: code mechanisms]

Are children/families who are **uninsured or privately insured** able to receive services through (name of grant program)?

*Have these efforts been effective? If yes, in what ways?*

*Overall, have efforts been **sufficient** or has **cost continued to be a barrier** for some families to access needed services in the array?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

16. What efforts have been made to **minimize the need for children/families to travel out of their home communities** for services? **[If response is “not a problem,” probe for what allows them to serve all children/families in the community.]** (C.7.b.)

[Data entry: code mechanisms]

*How **effective** have these efforts been, and in what ways?*

*Have these efforts been **sufficient** to ensure that all children/families are served in the community? If not, what else could be done?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

17. What efforts have been made to reduce the number of children who are served in settings **more restrictive than necessary**? [If response is “not a problem,” probe for what allows them to serve children in the least restrictive settings.] (B.8.b.)

[Data entry: code mechanisms]

*How **effective** have these efforts been, and in what ways?*

*Have these efforts been **sufficient to eliminate** the use of overly restrictive settings/service options?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

18. Since grant funds were received, what policies, structures or mechanisms has (name of grant program) implemented to promote **the provision of individualized care**? (For example, use of flexible funds to meet unique needs, development of specific services, training on the provision of individualized care) (B.2.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been sufficient? What other things that could be done to **maximize the provision of individualized care**?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

19. Since grant funds were received, how has the **cultural background of the children/families you serve been considered in developing the service array**? (C.3.a.)

*Since grant funds were received, have **cultural organizations, community groups, etc. been involved in efforts** such as providing services, developing the service array, advising providers, etc.?*

*Since grant funds were received, have you **added or modified any services to address the cultural needs** of specific groups?*

*How effective have these efforts been, and in what ways?*



*Have efforts been **sufficient to address the cultural needs of all groups?** Are some groups' needs still unmet? **[Probe for specific groups.]***

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## **Staffing**

20. Since grant funds were received, have you had any **difficulty hiring or retaining staff**? If yes, for which positions and why?
21. Have any efforts been made to **hire a pool of staff who reflect the cultural background** (for example, race, ethnicity, language, gender) of the children/families you serve? (B.3.b.)

*How **effective** have these efforts been? Explain.*

*Have efforts been **sufficient to hire the number or type of staff** needed to meet the cultural needs of populations served?*

[Note: If staff are already in place, i.e., no hiring was necessary, probe for diversity of staff vis population served.]

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

22. What efforts have been made to **address the language needs** of the children/families you serve? (B.3.c.)

*What **options** are available for **providing services in languages other than English?***  
**[Probe for use of bilingual staff, professional interpreter services, informal interpretation by family members.]**

Are these efforts effective? **If yes**, explain.

*Have efforts been **sufficient to accommodate all language preferences** of the children and families you serve? Are more efforts needed?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal  
666=Not applicable; situation has not arisen

- 23.a. What efforts have been made to have **paraprofessionals**, (for example, family members, people from the community, or other lay persons) **provide services** directly to **children and families?** (B.1.b.)

*What services have they provided?*

*In your opinion, are there **any other services** not currently available that you think paraprofessionals could provide to support families?*

- 5=Four or more services provided by paraprofessionals
- 4=Three services provided by paraprofessionals
- 3=Two services provided by paraprofessionals
- 2=One service provide by paraprofessionals
- 1=No services provided by paraprofessionals

**23.b. What percentage of the children and families who need these services can get them?**

- 5=90%–100% of children and families who need the service get it
- 4=75%–89% of children and families who need the service get it
- 3=50%–74% of children and families who need the service get it
- 2=25%–49% of children and families who need the service get it
- 1=Less than 25% of children and families who need the service get it
- 666=No services provided by paraprofessionals

*Have services been provided by **youth**? If yes, please describe*

**24. What mechanisms have been used to integrate staff across five core child-serving agencies including any of the following? [Probe for descriptions of each mechanism and agencies involved.] (B.4.b.)**

**a. Joint training** (i.e., staff from multiple agencies are trained together)?

1=no, 2=yes

**b. Shared staff** (i.e., more than one agency funds one staff position)?

1=no, 2=yes

**c. Outstationing or outpostting staff** (i.e., staff from one agency is housed in another agency's office or service locations)?

1=no, 2=yes

**d. Other efforts?** Please describe.

1=no, 2=yes

[Data entry: code mechanisms]

**e. How effective** have these efforts been? Explain.

*Have efforts been **sufficient**, that is, have they reduced the barriers for staff across agencies to work together?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

## Governance

25. Since grant funds were received, how **involved or influential** would you say the *(governing body)* has been in the **governance of** (name of grant program)?

- a. What have been some of the key **functions and responsibilities** related to governance of (name of grant program)? These can include activities of sub-committees.

**Probe for examples of activities related to:**

- strategic planning
- budgetary decisions
- developing the service array
- establishing formal arrangements among agencies
- other - please describe

- b. How are **decisions or recommendations made**? Do members have voting rights? **If yes**, which members? **[Probe for voting versus consensus or some combination of both.]**

- c. To what extent are the **decisions or recommendations** of the *(governing body)* **acted upon or implemented** by (name of grant program)? **[Probe for whether the body makes final decisions, makes formal recommendations, or is primarily advisory.]**

**How often** would you say the *recommendations or decisions of the (governing body)* are implemented? **[Probe for percentage of time.]**

What **other forces**, if any, (e.g., legislation, agency mandates, or judicial actions) have had a significant impact on the governance of the (name of grant program)? Do these, in effect, **limit the power** of the *(governing body)*?

26. Since grant funds were received, which **child-serving agencies or their representatives** have been actively involved in the *(governing body)*? (A.4.a.)

- |                   |                      |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education     | 5 = Public Health    |
| 3 = Child Welfare | 6 = other (describe) |

**[circle all that apply]**

**Are there any agencies that you feel should have been actively involved but were not or any that you feel should have been more involved than they were?**

- 5=Five or more agencies actively involved  
4=Four agencies actively involved  
3=Three agencies actively involved  
2=Two agencies actively involved  
1=One agency actively involved

27. Since grant funds were received, has anything been put in place that **required, facilitated, or compelled the involvement or participation of other agencies** in governance of (name of grant program), such as formal agreements? (A.4.b.)

[Data entry: code mechanisms used]

*If yes, how well have these provisions/mechanisms worked? Have they been effective?*

[If no, score=1]

*Have these provisions been sufficient? Could anything else be done to **make it easier** for agencies to be involved?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

28. Since grant funds were received, to what extent have **family members** been actively involved in the *(governing body)*? (A.1.a.)

- a. Of the governing body functions we discussed earlier, which are family members involved in? **[Probe for examples of participation in the *(governing body)*'s functions that this respondent previously reported.]**

5=Involved in all activities of the governing body  
4=Involved in most activities of the governing body  
3=Involved in some activities of the governing body  
2=Involved in few activities of the governing body  
1=Involved in no activities of the governing body

- b. How have **family members been regarded and treated by other participants** of the *(governing body)*? (A.1.a.)

*Has that been the **same for all participants**, or have some participants demonstrated respect and value for family input more than others?*

5=All participants were very respectful and highly valued family input  
4=Most participants were very respectful and valued family input and the rest were moderately respectful  
3=Some participants were very respectful and valued family input and the rest were moderately respectful  
2=Few participants were very respectful and valued family input and most others were at least somewhat respectful  
1=No or almost no participants were respectful or valued family input

- c. What **percentage of *(governing body)* meetings** have family members attended?

5=Attended 90% to 100% of meetings  
4=Attended 75% to 89% of meetings  
3=Attended 50% to 74% of meetings  
2=Attended 25% to 49% of meetings  
1=Attended less than 25% of meetings

- d. Is family representation achieved through **a few key individuals** who play multiple roles or are there **several different family members** involved?

e. Since grant funds were received how have **youth** been involved in governance of (name of grant program)?

29. Are there any mechanisms in place or have efforts been made to **involve family members in program operations** such as providing training, serving as staff, helping with staff recruitment, attending management meetings, etc? (B.1.c.)

*If yes, please tell me **all of the different ways** they have been involved.*

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Data entry: code ways]

*Have family members been **involved in any other ways**?*

[Continue to probe for examples until the respondent reports no more.]

5=Four examples of family member involvement in grant operations  
4=Three examples of family member involvement in grant operations  
3=Two examples of family member involvement in grant operations  
2=One example of family member involvement in grant operations  
1=No examples of family member involvement in grant operations

*Since grant funds were received how have **youth** been involved in **program operations**?*

30.a. Since grant funds were received, have there been any **shared administrative processes across child-serving agencies** such as jointly developing staff training materials; holding joint staff meetings; hiring/recruiting staff together; using the same administrative forms, unified case records, or integrated MIS; etc.? (B.4.a.)

*If yes, what are **all of the different shared processes** put in place?*

[Data entry: code ways]

[Continue to probe for examples until the respondent reports no more.]

5=Four examples of shared administrative processes across child-serving agencies  
4=Three examples of shared administrative processes across child-serving agencies  
3=Two examples of shared administrative processes across child-serving agencies  
2=One example of shared administrative processes across child-serving agencies  
1=No examples of shared administrative processes across child-serving agencies

30.b. **Which agencies** participated in these shared processes?

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

5=Five agencies  
4=Four agencies  
3=Three agencies  
2=Two agencies  
1=No shared processes

- 31.a. Are there **decategorized funds that are pooled or blended across agencies** (other than for shared staff positions)? **If yes**, please describe. (B.4.c.)

*If yes, which agencies contribute to the blended funding?*

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

5=Five agencies contribute  
4=Four agencies contribute  
3=Three agencies contribute  
2=Two agencies contribute  
1=No blended funding

- 31.b. For **what purpose(s)** are funds blended?

*Have the blended or pooled funds been **effective for these purposes**?*

*Is the total **amount of blended funds** sufficient? Are **individual agency contributions** sufficient?*

*Could **more be done** to blend funds?*

[If 31.a.=1, then 31.b.=666]

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal  
666=No blended funding

32. Since grant funds were received, how have you **shared information about program operations** (for example, changes in eligibility criteria, referral processes, service/program components) with **supervisors and direct line staff in the different agencies, and organizations** with whom you work? (B.5.a.)

[Data entry: code mechanisms]

*Have these mechanisms been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient** to ensure that all parties have been aware of procedures and operations?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## Managed Care

33. What is the current **status of managed care** planning or implementation for mental health services in your state? [**Probe for medicaid waiver carve-out demonstration or statewide implementation, etc.**]

34. How has the state's use of managed care techniques/approaches **facilitated or impeded your reaching the goals** of your grant? (Or what effects do you anticipate?)
35. How has the implementation of managed care (whether state initiated, locally initiated, or both) affected the **implementation of the system of care** through your grant? (Or what effects do you anticipate?)

### Lessons Learned

36. Since grant funds were received, what have been the **most effective** strategies/activities undertaken to develop and implement this system of care?
37. Since grant funds were received, what have been the **least effective** strategies/activities undertaken to implement this system of care?

### Achievement of Goals

38. Since grant funds were received, what have been (name of grant program)'s **most important achievements**?

How has your **community benefitted** from the system/program?

39. To what extent would you say (name of grant program) has had an **influence on the larger system** across all child-serving sectors? In what ways?

### Sustainability

40. Please tell me about the **status of your grant community's efforts to sustain itself** as grant funds decrease over time. **[Probe to determine how they are responding to increased matching funds requirements.]**

*Have any aspects of the **system/program been changed, reduced, or eliminated** due to **decreases in CMHS funding**? If so, what has occurred?*

41. What aspects of the system/program do you anticipate will be sustained over time? **[Probe for family focus, culturally competence, individualized care, accessibility, community-based care, interagency involvement, coordinated care, and least restrictive care, etc.]**

*What barriers exist that may hinder sustainability?*

#### **4.A.5.c.**

**C. Family Representative/Representative of Family/Advocacy Organizations**



System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Site ID#\_\_\_\_\_

Date\_\_\_\_\_

Respondent #\_\_\_\_\_

Assessment #\_\_\_\_\_

### C. Family Representative/Representative of Family/Advocacy Organizations

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 90 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

This guide should be administered to a representative of a family organization or advocacy group. The respondent may or may not have a child currently receiving services in this system.

#### Background

1. Do you represent a family organization?

1=No ***If no, skip to Question 4 on Page 2***

2=Yes ***If yes, continue***

- a. What is the name of the organization you represent?

- b. What is your role in that organization?

2. Please provide a **brief history of the family organization** you represent.

How long has it been active?

What are its funding sources?

What are its primary functions? **[Probe for any indirect or direct services provided.]**

[Data entry: code services]

*What group of people does it represent or serve?*

3. How would you characterize your organization's relationship with the children's mental health service system? **[Probe for the formal and informal relationships, nature of the working relationship, etc.]**

*To what extent do you think that the **goals of the service system fit with the mission or goals of your organization?***

4. Are you a member of the *(governing body)*?

1=No ***If no, go to Question 10 on Page 6***

2=Yes ***If yes, continue***

## Governance

5. Please describe the overall structure of the grant's *(governing body)*. **[Probe for number of members, agencies and organizations represented, frequency of meetings, existence of bylaws, subcommittees etc.]**
6. Since CMHS grant funds were received, how **involved or influential** would you say the *(governing body)* has been in the **governance of** *(name of grant program)*?
- a. What have been some of the key **functions and responsibilities** related to governance of *(name of grant program)*? These can include activities of subcommittees.

**Probe for examples of activities related to:**

- strategic planning
- budgetary decisions
- developing the service array
- establishing formal arrangements among agencies
- other - please describe

- b. How are **decisions or recommendations made**? Do members have voting rights? ***If yes***, which members? **[Probe for voting versus consensus or some combination of both.]**
- c. To what extent are the **decisions or recommendations** of the *(governing body)* **acted upon or implemented** by *(name of grant program)*? **[Probe for whether the body makes final decisions, makes formal recommendations, or is primarily advisory.]**

***How often*** would you say the recommendations or decisions of *(governing body)* are implemented? **[Probe for percentage of time.]**

What, if any, **other forces** (e.g., legislation, agency mandates, or judicial actions) have a significant impact on the governance of the *(name of grant program)*? Do these, in effect, **limit the power** of the *(governing body)*?

7. Since grant funds were received, to what extent do you think **family members have been actively involved in the** *(governing body)*? (A.1.a.)

- a. Of the governing body functions we discussed earlier, which ones are family members involved in? [Probe for examples of participation in the (governing body)'s functions that this respondent previously reported.]

5=Involved in all activities of the governing body  
4=Involved in most activities of the governing body  
3=Involved in some activities of the governing body  
2=Involved in few activities of the governing body  
1=Involved in no activities of the governing body

- b. How have family members been regarded and treated by other participants of the (governing body)?

Has that been the same for all participants, or have some participants demonstrated respect and value for family input more than others?

5=All participants were very respectful and highly valued family input  
4=Most participants were very respectful and valued family input and the rest were moderately respectful  
3=Some participants were very respectful and valued family input and the rest were moderately respectful  
2=Few participants were very respectful and valued family input and most others were at least somewhat respectful  
1=No or almost no participants were respectful or valued family input

- c. What percentage of (governing body) meetings have family members attended?

5=Attended 90% to 100% of meetings  
4=Attended 75% to 89% of meetings  
3=Attended 50% to 74% of meetings  
2=Attended 25% to 49% of meetings  
1=Attended less than 25% of meetings

- d. Is family representation achieved through a few key individuals who play multiple roles or are there several different family members involved?

- e. Since grant funds were received how have youth been involved in governance of (name of grant program)?

8. When and where have (governing body) meetings typically been held? How were these times and locations determined? (A.1.b.)

Have the meeting times and location been convenient for you? Why or why not?

Has the location or time of meetings ever prevented you from attending?

On a scale of 1 to 5, with 5 being the most convenient, how would you rate the convenience of the meetings?

Respondent's rating

5=Extremely convenient  
4=Very convenient  
3=Moderately convenient  
2=Somewhat convenient  
1=Not at all convenient

Interviewer's rating

5=Extremely convenient  
4=Very convenient  
3=Moderately convenient  
2=Somewhat convenient  
1=Not at all convenient

9. Are there any mechanisms in place that **facilitate participation** on the (*governing body*)? Please provide examples. [**Probe for reimbursed costs, stipends, compensated time from work, etc.**] (A.1.c.)

*If yes, have these made a difference for you?*

*If no, would it be helpful to you if there were?*

*Is there **anything else** that could be done to **make it easier for you to participate**?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## Management and Operations

10. Are there any mechanisms in place or have efforts been made to **involve family members in program operations** such as providing staff training, serving as staff, helping with staff recruitment, attending management meetings, etc? (B.1.c.)

*If yes, please **describe all of the different ways** family members have been involved.*

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Continue to probe for examples until the respondent reports no more.]

[Data entry: code ways]

5=Four examples of family involvement in program operations  
4=Three examples of family involvement in program operations  
3=Two examples of family involvement in program operations  
2=One example of family involvement in program operations  
1=No examples of family involvement in program operations

*Since grant funds were received how have **youth** been involved in program operations?*

- 11.a. What efforts have been made to have **paraprofessionals**, (for example, family members, people from the community, or other lay persons) **provide services** directly to **children and families**? (B.1.b.)

*What, if any, **services** have paraprofessionals provided? [**Probe for service options such as respite, mentor, parent or sibling support, etc.**]*

*In your opinion, are there **any other services** not currently available that you think paraprofessionals could provide to support families?*

5=Four or more services provided by paraprofessionals  
4=Three services provided by paraprofessionals  
3=Two services provided by paraprofessionals  
2=One service provided by paraprofessionals  
1=No services provided by paraprofessionals

**If any services were provided by paraprofessionals, ask:**

**11.b. What percentage of the children and families who need these services can get them?**

5=90%–100% of children and families who need the service get it  
4=75%–89% of children and families who need the service get it  
3=50%–74% of children and families who need the service get it  
2=25%–49% of children and families who need the service get it  
1=Less than 25% of children and families who need the service get it  
666=No services provided by paraprofessionals

*Have services been provided by **youth**? If yes, please describe.*

**Entry into Services & Accessibility**

**12. Have there been any **outreach** activities or other efforts to inform the **intended (target) population** about the project and available services? If yes, please describe. (E.6.a.)**

[Data entry: code outreach activities]

*Have these efforts been effective? If yes, how?*

*Have these efforts been **sufficient** to ensure that all children and families who need (name of grant program) know that it's here?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

**13. Have there been any **outreach** activities to **specific cultural groups or populations**? If yes, please describe. (E.3.a.)**

*How effective would you say these activities have been? In what ways?*

*Have these efforts been **sufficient** to ensure that these specific groups or populations are aware of (name of grant program)?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

**Service Array**

**14. Since grant funds were received, what has been done to **ensure** that services in (name of grant program)'s service array have **sufficient capacity** such that all the children and families who need the services can get them (for example, expanding network of contract providers, increasing contracts to increase capacity)? **[Probe for capacity across all services in the array.]** (C.6.a.)**

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, how?*

*Have these efforts been **sufficient**? Are there any services that some children and/or families **cannot get because capacity is limited**?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

15. Since grant funds were received, what has been done to make services more **accessible** in terms of **scheduling** of services or **locations** where services are provided? **[Probe for flexible hours including after hours and weekends; services offered in settings such as home, schools, community. Probe for applicability across all services in the array.]** (C.6.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, how?*

*Have these efforts been **sufficient**? What else could be done to make services more accessible?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

16. Has the project put any mechanisms in place to **minimize financial barriers to care** for children/families served by (name of grant program)? **[Probe for sliding scale fees, scholarship funds, flexible funding, etc.]** (B.6.a)

[Data entry: code mechanisms]

*Are children/families who are **uninsured or privately insured** able to receive services through (name of grant program)?*

*Have these efforts been effective? If yes, how?*

*Overall, have efforts been **sufficient** or has **cost continued to be a barrier** for some families to access the services they need?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

17. How has the **cultural background** of the intended population been considered in **developing the service array**? (C.3.a.)

*Since grant funds were received, have **cultural organizations, community groups, etc.** been involved in efforts such as providing services, developing the service array, advising providers, etc.?*

*Has (name of grant program) **added or modified any services** to address the cultural needs of specific groups?*

*How have these efforts been effective?*

*Have efforts been adequate or **sufficient to fully address the cultural needs** of all service groups? Are some groups' needs still unmet?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

### **Least Restrictive & Community Based**

18. What efforts have been made to **minimize the need for children/families to travel out of their home communities** for services? [If response is “not a problem,” probe for **what allows them to serve all children/families in the community.**] (C.7.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient** to ensure that all children/families are served in the community? If no, what else could have been done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

19. What efforts have been made to reduce the number of children who are served in settings **more restrictive than necessary**? [If response is “not a problem,” probe for **what allows them to serve children in the least restrictive settings.**] (B.8.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient** to eliminate the use of inappropriately restrictive settings/service options?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

20. Since grant funds were received, what policies, structures or mechanisms has (name of grant program) implemented to promote **the provision of individualized care** (for example, use of flexible funds to meet unique needs, development of specific services, training on the provision of individualized care)? (B.2.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**? Are there other things that could be done to **maximize the provision of individualized care**?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## **Evaluation and Quality Monitoring Activities**

**In the next few questions, I'm going to ask you about (name of grant program)'s overall system quality monitoring and improvement efforts. In particular, I'll be asking whether data are being collected in certain areas and how these data are being used to improve the overall system.**

21. Since grant funds were received, have there been any efforts to **monitor or track child outcomes** (for example, reduction of symptoms, improvement in social functioning, etc.)? (D.2.a.)

Has that information been **examined or analyzed**?

**If yes**, have **changes in services or in the system** been made to respond to any problems identified? Please give me an example.

Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?

**If yes**, were **improvements found**? Please describe.

**[Note: If only baseline data have been collected but not yet analyzed, score=3]**

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement  
4=Data collected and examined in this area AND change has been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change  
3=Data collected in this area AND data examined BUT respondent reported NO changes that have been made to respond to problems found  
2=Data collected in this area but the information has not yet been examined  
1=No data collected in this area; no effort to monitor quality in this area  
888=Respondent unaware of quality monitoring or evaluation activities

22. What efforts have been made to **monitor or track family outcomes**, that is, whether families served by the grant program are being strengthened by the services they received (for example, reduced stress, improved communication and conflict resolution, better management of child behavior)? (D.1.a.)

Has that information been **examined or analyzed**?

**If yes**, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.

Has there been a **follow-up examination** to find out whether the **changes led to service or system improvements**?



***If yes, were improvements found? Please describe.***

**[Note: If only baseline data have been collected but not yet analyzed, score=3]**

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement

4=Data collected and examined in this area AND change has been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change

3=Data collected in this area AND data examined BUT respondent reported NO changes that have been made to respond to problems found

2=Data collected in this area but the information has not yet been examined

1=No data collected in this area; no effort to monitor quality in this area

888=Respondent unaware of quality monitoring or evaluation activities

23. Since grant funds were received, has there been any effort to monitor **family experiences** with (name of grant program), for example, how satisfied families have been with services? (D.1.b.)

***Has that information been examined or analyzed?***

***If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.***

***Has there been a follow-up examination to find out whether the changes led to service or system improvements?***

***If yes, were improvements found? Please describe.***

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement

4=Data collected and examined in this area AND change has been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change

3=Data collected in this area AND data examined BUT respondent reported NO changes that have been made to respond to problems found

2=Data collected in this area but the information has not yet been examined

1=No data collected in this area; no effort to monitor quality in this area

888=Respondent unaware of quality monitoring or evaluation activities

24. To what extent are **family representatives** involved in the **quality monitoring** process for (name of grant program)? **[Probe for membership on committees, initiating special studies, participating in data collection, data entry or data analysis, reporting findings to stakeholders, etc.]** (D.1.c.)

***Have there been any other quality monitoring activities that family members have participated in?***

[Data entry: code roles]

**[Continue to probe for examples until the respondent reports no more.]**

5=Families involved in four different roles

4=Families involved in three different roles

3=Families involved in two different roles

2=Families involved in one role

1=Families not involved

***How are youth involved in the quality monitoring process?***

## Lessons Learned

25. Since grant funds were received, what have been the **most effective** strategies/activities undertaken to develop and implement the system/program?
26. Since grant funds were received, what have been the **least effective** strategies/activities undertaken to implement the system/program?

## Achievement of Goals

27. Since grant funds were received, what have been the **grant program's most important achievements?**

*How has your **community benefited** from the system/program?*

28. To what extent would you say (name of grant program) has had an **influence on the larger system** across all child-serving agencies?

## Sustainability

29. Please tell me about the status of your community's effort to sustain its system of care as CMHS grant funds decrease over time. **[Probe to determine how they are responding to increased matching fund requirements.]**

Have any **aspects of the system/program been changed**, reduced, or eliminated due to the decreases in CMHS funding? **If so**, what has occurred?

30. What aspects of the system/program do you anticipate will be sustained over time? **[Probe for family focus, culturally competence, individualized care, accessibility, community-based care, interagency involvement, coordinated care, and least restrictive care, etc.]**

*What barriers exist that may hinder sustainability?*

#### **4.A.5.d.**

**D. Evaluation and Quality Monitoring:  
Project Staff, Agency Reps., Provider Reps., CBO Reps., Family Reps.**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Site ID#\_\_\_\_\_

Date\_\_\_\_\_

Respondent #\_\_\_\_\_

Assessment #\_\_\_\_\_

### **D. Evaluation and Quality Monitoring**

#### **Project Staff, Agency Reps., Provider Reps., CBO Reps., Family Reps.**

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

1. What is the name of the agency that employs you?

*What is your position/title?*

2. Are you involved in any **structured quality assurance, monitoring, or evaluation efforts?**

*If yes, what is your role?*

3. Briefly describe the (name of grant program)'s **efforts to monitor or assure quality**. What types of monitoring activities have you engaged in during the past year? **[Probe for peer review efforts, use of evaluation data, examination of consumer satisfaction, special studies, etc.]**

4. How are these efforts structured and organized? **[Probe for specialized office, standing versus rotating committee(s), types of committees.]**

5. How are **family representatives** involved in the **quality monitoring** process for (name of grant program)? **[Probe for membership on committees, initiating special studies, participating in data collection, reporting findings to stakeholders, etc.] (D.1.c.)**

Have there been any **other quality monitoring activities** that family members have participated in?

[Data entry: code roles]

**[Continue to probe for examples until the respondent reports no more.]**

5=Families involved in four different roles  
4=Families involved in three different roles  
3=Families involved in two different roles  
2=Families involved in one role  
1=Families involved in no roles

*How are **youth** involved in the quality monitoring process?*

- 6.a. Have there been any efforts to involve other **child-serving agencies** in the **quality monitoring** process? **[Probe for membership on committees, initiating special studies, participating in data collection, reporting findings to stakeholders, etc.]** (D.4.a.)

*If yes, which agencies have been involved?*

- |                   |                      |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education     | 5 = Public Health    |
| 3 = Child Welfare | 6 = other (describe) |

**[circle all that apply]**

- 5=Five or more agencies involved  
4=Four agencies involved  
3=Three agencies involved  
2=Two agencies involved  
1=One agency involved

- 6.b. *If yes to 6.a., in what roles have the agencies been involved?*

[Data entry: code roles]

*Have the agencies been involved in any other roles?*

- 5=Agencies involved in four different roles  
4=Agencies involved in three different roles  
3=Agencies involved in two different roles  
2=Agencies involved in one role  
1=Agencies involved in no roles

7. What efforts have been made to ensure that the quality monitoring **process is culturally competent**? **[Probe for efforts to have diversity on committees, to make the process comfortable for all, facilitate contributions, etc.]** (D.3.b.)

*Have any of these efforts been **effective** in getting you closer to the goal of having a culturally competent quality monitoring process?*

*Do you think these efforts have been **sufficient**? What else could be done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made **BUT** have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

**Now I'm going to ask you about (name of grant program)'s overall system quality monitoring and improvement efforts. In particular, I'll be asking whether data are being collected in certain areas and how those data are being used to improve the overall system.**

8. Since CMHS grant funds were received, what efforts have been made to **monitor or track family outcomes**, that is, whether families served by the grant program are being strengthened by the services they receive (for example, reduced stress, improved communication and conflict resolution, better management of child behavior)? (D.1.a.)

*Has that information been **examined or analyzed**?*

*If yes, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.*

*Has there been a **follow-up examination** to find out whether the **changes led to service or system improvements**?*

*If yes, were **improvements** found? Please describe.*

**[Note: If only baseline data have been collected but not yet analyzed, score=3]**

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement

4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change

3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found

2=Data collected in this area but the information has not yet been examined

1=No data collected in this area; no effort to monitor quality in this area

888=Respondent unaware of quality monitoring or evaluation activities

9. Since grant funds were received, has there been any effort to monitor or track **family experiences** with (name of grant program), for example, how satisfied families have been with services? (D.1.b.)

*Has that information been **examined or analyzed**?*

*If yes, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.*

*Has there been a **follow-up examination** to find out whether the **changes led to service or system improvements**?*

*If yes, were **improvements** found? Please describe.*

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement

4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change

3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found

2=Data collected in this area but the information has not yet been examined

1=No data collected in this area; no effort to monitor quality in this area

888=Respondent unaware of quality monitoring or evaluation activities

10. What efforts have been made, since grant funds were received, to monitor and improve how well **services have been individualized for children** served by the grant program? (D.2.b.)

*Has that information been **examined or analyzed**?*

*If yes, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.*

*Has there been a **follow-up examination** to find out whether the **changes led to service or system improvements**?*

*If yes, were **improvements** found? Please describe.*

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
 4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
 3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
 2=Data collected in this area but the information has not yet been examined  
 1=No data collected in this area; no effort to monitor quality in this area  
 888=Respondent unaware of quality monitoring or evaluation activities

11. Since grant funds were received, have there been any efforts to monitor or track **child outcomes** (for example, reduction of symptoms, improvement in social functioning, etc.)? (D.2.a.)

*Has that information been **examined or analyzed**?*

*If **yes**, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.*

*Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?*

*If **yes**, were **improvements found**? Please describe.*

**[Note: If only baseline data have been collected but not yet analyzed, score=3]**

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
 4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
 3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
 2=Data collected in this area but the information has not yet been examined  
 1=No data collected in this area; no effort to monitor quality in this area  
 888=Respondent unaware of quality monitoring or evaluation activities

12. Has there been any effort to examine the **cultural competence** of the **care** provided through (name of grant program) in particular? Please describe. (D.3.a.)

Has that information been **examined or analyzed**?

If **yes**, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?

If **yes**, were **improvements found**? Please describe.

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
 4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
 3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
 2=Data collected in this area but the information has not yet been examined  
 1=No data collected in this area; no effort to monitor quality in this area  
 888=Respondent unaware of quality monitoring or evaluation activities

13. Has there been any effort to **assess interagency involvement** in the system and service delivery? (D.4.b.)

*Has that information been **examined or analyzed**?*

***If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.***

***Has there been a follow-up examination to find out whether the changes led to service or system improvements?***

***If yes, were improvements found? Please describe.***

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
2=Data collected in this area but the information has not yet been examined  
1=No data collected in this area; no effort to monitor quality in this area  
888=Respondent unaware of quality monitoring or evaluation activities

14. Has there been any effort to assess how well **services are coordinated** (for example, continuity of care, service transitions, information sharing among providers involved in the care of an individual family, etc.)? Can you give me an example? (D.5.a.)

*Has that information been **examined or analyzed**?*

***If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.***

***Has there been a follow-up examination to find out whether the changes led to service or system improvements?***

***If yes, were improvements found? Please describe.***

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
2=Data collected in this area but the information has not yet been examined  
1=No data collected in this area; no effort to monitor quality in this area  
888=Respondent unaware of quality monitoring or evaluation activities

15. What efforts have been made to examine the **accessibility of services and of the system** as a whole? Give me an example. (D.6.a.)

*Has that information been **examined or analyzed**?*

***If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.***

***Has there been a follow-up examination to find out whether the changes led to service or system improvements?***

***If yes, were improvements found? Please describe.***



5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
 4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
 3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
 2=Data collected in this area but the information has not yet been examined  
 1=No data collected in this area; no effort to monitor quality in this area  
 888=Respondent unaware of quality monitoring or evaluation activities

16. Have there been any attempts to monitor or track how often, how many, or how long children are **served outside of their home communities**? Give me an example. (D.7.a.)

Has that information been **examined or analyzed**?

**If yes**, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?

**If yes**, were **improvements found**? Please describe.

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
 4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
 3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
 2=Data collected in this area but the information has not yet been examined  
 1=No data collected in this area; no effort to monitor quality in this area  
 888=Respondent unaware of quality monitoring or evaluation activities

17. Since grant funds were received, have there been any efforts to monitor or track whether children were being served in **settings** that were **more restrictive** than was necessary? Can you give me some examples? (D.8.a.)

*Has that information been **examined or analyzed**?*

***If yes**, have **changes in services or in the system** been made to respond to any identified problems? Please give me an example.*

*Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?*

***If yes**, were **improvements found**? Please describe.*

5=Data collected and examined in this area **AND** changes have been made to respond to problems found **AND** follow-up examination found improvement in problem **OR** examination of information collected found no need for improvement  
 4=Data collected and examined in this area **AND** changes have been made to respond to the problems found **BUT** follow-up examination of improvement in problem has not been conducted or is incomplete **OR** follow-up examination showed no improvements resulted from the change  
 3=Data collected in this area **AND** data examined **BUT** respondent reported **NO** changes have been made to respond to problems found  
 2=Data collected in this area but the information has not yet been examined  
 1=No data collected in this area; no effort to monitor quality in this area  
 888=Respondent unaware of quality monitoring or evaluation activities

18. Those are all the questions I have for you today. Is there anything that I didn't cover that you would like me to know about the quality monitoring/assurance process for services received by children served through (name of grant program)?

#### **4.A.5.e.**

**E. Intake Worker**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Job Title\_\_\_\_\_

Date\_\_\_\_\_

Site ID#\_\_\_\_\_

Assessment #\_\_\_\_\_

Respondent #\_\_\_\_\_

## E. Intake Worker

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 30 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

~~This guide should be administered to a staff person who has responsibility for conducting intake into the grant-funded program (which may or may not be a separate process from conducting intake into the sponsoring organization or agency).~~

1. What are the eligibility criteria for children to participate in (name of grant program)?
2. Since grant funds were received, **which agencies have referred** children to (name of grant program)? (E.4.a.)

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

*What is the distribution of referrals received from these agencies?*

5=Five or more agencies refer children/families to the grant  
4=Four agencies refer children/families to the grant  
3=Three agencies refer children/families to the grant  
2=Two agencies refer children/families to the grant  
1=One agency refers children/families to the grant

3. Which agencies actively **initiate children's entry** into (name of grant program)? (E.4.b.)

*Please describe the process.*

*Are there any **other mechanisms in place to actively involve agencies in the intake process** (for example, school provides space for staff to conduct intake; agencies complete forms and forward to grant; agencies initiate contact with grant)?*

[Note: Do not include passive referrals. For example, sharing grant program phone number and address with families leaving it to the family to make contact with the (name of grant program).

- 5=Five or more agencies were ACTIVELY involved in intake into the grant program  
 4=Four agencies were ACTIVELY involved in intake into the grant program  
 3=Three agencies were ACTIVELY involved in intake into the grant program  
 2=Two agencies were ACTIVELY involved in intake into the grant program  
 1=One agency was ACTIVELY involved in intake into the grant program

4. Describe the **step-by-step process that takes place after families are referred to (name of grant program). [Probe for what occurs between referral and the first service contact after intake and the initial screening assessment has been completed.]** (E.6.b.)

On a scale of 1 to 5 (with 5 being the least complicated) how difficult is it for children and families to enter (name of grant program)?

Respondent's rating

- 5=Entry process was not at all complicated/difficult. Very few steps were involved.  
 4=Entry process was slightly complicated/difficult.  
 3=Entry process was somewhat complicated/difficult. Several steps were involved.  
 2=Entry process was moderately. Many steps involved.  
 1=Entry process was extremely complicated/difficult. Very many steps involved.

5. How much **time** (in calendar days) typically passes **between referral to and the first service contact by the grant program after the intake and initial screening assessment are completed** (not including emergencies or crises)? (E.6.c.)

*In your experience, what was the **shortest time between referral and first service contact**?*

*What was the **longest time**?*

- 5=Service typically received in 7 days or fewer  
 4=Service typically received between 8 to 14 days  
 3=Service typically received between 15 and 21 days  
 2=Service typically received between 22 and 28 days  
 1=Service typically received in more than 28 days

6. **In what languages** has the entry process been conducted? (E.3.b.)

*What options are available for **conducting intake in languages other than English** (e.g., process conducted entirely in other languages, interpretation by staff, interpretation by someone brought by family)?*

*What **usually happens** when a family prefers a language other than English?*

- 5=Bilingual project staff conducted intake process in at least two languages other than English AND professional interpretation services used to accommodate other languages  
 4=Bilingual project staff conducted intake process in at least one language other than English AND professional interpretation services used to accommodate other languages  
 3=Bilingual project staff typically did not conduct intake (i.e., has happened on occasion but not regularly) BUT professional interpretation services (not affiliated with project) were available for most languages needed  
 2=Informal interpretation services were used in most cases (e.g., family brings AN ADULT relative, friend, etc. who speaks English)  
 1=No efforts were made to meet family language needs (e.g., families were not asked about their language of choice; intake was conducted in the preferred language of the staff; the child provided interpretation)  
 666=Not applicable; situation has not arisen

7. Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about the intake process here at (name of grant program)?

#### **4.A.5.f.**

**F. Care Coordinator**

System/Program \_\_\_\_\_

Interviewer \_\_\_\_\_

Job Title \_\_\_\_\_

Date \_\_\_\_\_

Site ID# \_\_\_\_\_

Assessment # \_\_\_\_\_

Respondent # \_\_\_\_\_

## F. Care Coordinator

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 2 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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**These questions relate specifically to services provided to children and families served by (name of grant program) since receiving your CMHS grant funds.**

### Section I - Service Planning

1. What is your title? How long have you been employed by this agency?
2. Since grant funds were received, how have **cases been assigned** to you for case management? **[Probe for whether families are assigned case managers based upon cultural preferences, gender, etc.]**

*What has been your **typical or average caseload size**? Was this manageable? Why or why not?*

3. Were **all children/families served by (name of grant program) assigned case managers**? If not, which children/families received case management services?

*Are there **different levels or types** of case management? If so, please describe.*

4. Since grant funds were received, **what hours** have you typically worked? (G.6.b.)

*Have you been available to children/families **evenings or weekends**?*

*How **frequently or in what percentage of cases** have you worked with children/families **after hours or on weekends**?*

*Have you been able to accommodate **special scheduling requests**?*

5=Available at a wide range of times (including after-hours **AND** weekends), and there was also broad flexibility in scheduling

4=Available at a wide range of times (including after-hours **OR** weekends), and moderate flexibility in scheduling

3=Range of hours available but SET times for after-hours **OR** weekends; little flexibility to accommodate special requests

2=Business hours only; special requests accommodated in special (non-emergency) circumstances only

1=Business hours only; special requests not accommodated

5. Can children/families reach you **in emergencies**? If so, how?

*If no, can children/families reach someone from (name of grant program) ? If so, how?*

6. Since grant funds were received, **where** have you typically worked? (G.6.c.)

*Have you been **available to work with children/families in flexible settings** (e.g., homes, schools, community settings, etc.)?*

How much of your time (directly providing services) has been spent in these locations or settings? [**Probe for breakdown of time spent in each location.**]

*Have you been able to **accommodate special requests**? Please provide examples.*

5=Services offered in a wide range of locations (for example, homes, schools, in the community); in addition, there was also very broad flexibility in locations to meet family needs

4=Range of locations offered and moderately broad flexibility in locations to meet family needs

3=Range of locations offered but little flexibility to accommodate special requests

2=Agency offices only; special requests accommodated in special (non-emergency situations) circumstances only

1=Agency offices only; special requests not accommodated

**In this section, I'll be asking you about the service planning process.**

7. Since grant funds were received, have **service plans been developed for ALL children/families** served by (name of grant program) ? If no, in which cases were service plans developed? (F.2.a.)

*What **percentage of children/families** have had plans in place?*

5=All children (100%) have had individualized service plans

4=Almost all (90–99%) children have had individualized service plans

3=Many (75–89%) children have had individualized service plans

2=Some (50–74%) children have had individualized service plans

1=Few (less than 50%) children have had individualized service plans

8. Since grant funds were received, **what time of day** have service planning meetings typically taken place? (F.6.a.)

*Have meetings been held **at flexible times**, such as evenings or weekends?*

*How **frequently** have meetings been held after hours or on weekends?*

*Have you been able to **accommodate special scheduling requests**? If so, how frequently?*

5=Meetings held in a wide range of times (including after-hours **AND** weekends), and there was also broad flexibility in scheduling

4=Meetings held in a wide range of times (including after-hours **OR** weekends), and moderate flexibility in scheduling

3=Range of hours available but SET times for after-hours **OR** weekends; little flexibility to accommodate special requests

2=Business hours only; special requests accommodated in special (non-emergency) circumstances only

1=Business hours only; special requests not accommodated

666=No service planning meetings held

9. **In what locations** have service planning meetings typically taken place? (F.6.b.)

*Have meetings ever been held in **non-office or agency settings** such as family homes, in the community, etc.?*

*How **frequently** have meetings been held outside of the agency or office?*

*Have you been able to **accommodate special requests** for meeting locations? If so, how frequently?*

5=Meetings held in a wide range of locations (for example, homes, schools, in the community); in addition, there was also very broad flexibility in locations to meet family needs

4=Range of locations offered and moderately broad flexibility in locations to meet family needs

3=Range of locations offered but little flexibility to accommodate special requests

2=Agency offices only; special requests accommodated in special (non-emergency situations) circumstances only

1=Agency offices only; special requests not accommodated

666=No service planning meetings held

## **Child and Family Involvement**

10.a. Since grant funds were received, have **families typically been present** at their service planning meetings? (F.1.a.)

*Approximately, **in what percentage of meetings** have families been present?*

5=Family member present in all or almost all (98–100%) meetings

4=Family member present in most (90–97%) meetings

3=Family member present in many (75–89%) meetings

2=Family member present in some (50–75%) meetings

1=Family member present in few (less than 50%) meetings

666=No planning meetings were held

10.b. Since grant funds were received, has the **service planning process emphasized family involvement?** (F.1.a.)

Please provide **specific examples** of how **families have participated in:**

- **identifying and prioritizing their problems or concerns**
- **developing goals and objectives**
- **requesting participants in the service planning process**
- **rejecting participants in the service planning process**
- **identifying and choosing service options**
- **rejecting service options**

*In general, has the process **involved families as much as it could have?** If no, in what ways could it have been better?*

**[Note: If the situation has not come up but it would be possible, assign ½ point.]**

5=Families have been involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient

4=Families have been involved in service planning in 5 ways OR involved in 6 ways but respondent reported it could have been better

3=Families have been involved in service planning in 4 ways

2=Families have been involved in service planning in 3 ways

1=Families have been involved in service planning in fewer than 3 ways

11.a. Have you **commonly involved children/youth** in service planning? **Under what circumstances** do you think it is appropriate for youth to participate in service planning?

**[If children/youth are commonly involved:]**

11.b. Please provide specific examples of how **children** have been **involved** in: (F.2.b.)

- **identifying and prioritizing their problems or concerns**



- **developing goals and objectives**
- **requesting participants** in the service planning process
- **rejecting participants** in the service planning process
- **identifying and choosing** service options
- **rejecting** service options

*In general, has the process **involved youth as much as it could have**? If no, in what ways could it have been better?*

**[Note: If the situation has not come up but it would be possible, assign ½ point.]**

5=Children/youth have been involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient  
 4=Children/youth have been involved in service planning in 5 ways OR involved in 6 ways but respondent reported it could have been better  
 3=Children/youth have been involved in service planning in 4 ways  
 2=Children/youth have been involved in service planning in 3 ways  
 1=Children/youth have involved in service planning in fewer than 3 ways

- 12.a. Please describe your process for **assessing the needs of the family** as a whole, including parents, other caregivers, siblings, etc. during service planning. (F.1.b.)

*For approximately **what percentage of families** have you assessed needs?*

5=Needs assessed for all (100%) families  
 4=Needs assessed for almost all (90–99%) families  
 3=Needs assessed for many (75–89%) families  
 2=Needs assessed for some (50–74%) families  
 1=Needs assessed for few (less than 50%) families

- 12.b. Can you give me **several examples** of the **kinds of services and supports** that you have identified and arranged to meet the needs of families? (F.1.b.)

**[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]**

*Have these **efforts been sufficient to assess needs and put services in place** to meet the needs, or could more have been done?*

5=Four or more examples of needs incorporated into service plan AND respondent reported it could not have been better  
 4=Three examples of needs incorporated into service plan OR 4 or more examples but respondent reported it could have been better  
 3=Two examples of needs incorporated into service plan  
 2=One example of needs incorporated into service plan  
 1=No examples of needs incorporated into service plan

- 13.a. Since grant funds were received, has the service planning process typically included an **assessment of the strengths of the CHILD/YOUTH**? (F.2.c.)

*What **kinds of questions** are asked? [Probe for identification of child strengths in life domains, identification of child strengths using a form, etc.]*

*For approximately **what percentage of children** have you assessed strengths?*

5=Strengths assessed for all (100%) children  
 4=Strengths assessed for almost all (90–99%) children  
 3=Strengths assessed for many (75–89%) children  
 2=Strengths assessed for some (50–74%) children  
 1=Strengths assessed for few (less than 50%) children

- 13.b. Please give me **several examples** of how you have incorporated children's **strengths into the identification and planning of services**. (F.2.c.)

**[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]**

*Have these efforts been **sufficient to assess, identify and incorporate children's strengths into the service plan**, or could more have been done?*

5=Four or more examples of child strengths incorporated into service plan AND respondent reported it could not have been better  
4=Three examples of child strengths incorporated into service plan OR 4 or more examples but respondent reported it could have been better  
3=Two examples of child strengths incorporated into service plan  
2=One example of child strengths incorporated into service plan  
1=No examples of child strengths incorporated into service plan

- 14.a. Has the service planning process typically included an assessment of the **strengths of the FAMILY?** (F.1.c.)

*What **kinds of questions are asked?** (e.g., identify family strengths in life domains, identify family strengths using a checklist, etc.)*

*For approximately **what percentage of families** have you assessed strengths?*

5=Strengths assessed for all (100%) families  
4=Strengths assessed for almost all (90–99%) families  
3=Strengths assessed for many (75–89%) families  
2=Strengths assessed for some (50–74%) families  
1=Strengths assessed for few (less than 50%) families

- 14.b. Please give me **several examples** of how you have used **family strengths to identify and plan services**. (F.1.c.)

**[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]**

*Have these **efforts been sufficient to assess, identify and incorporate family strengths into the service plan**, or could more have been done?*

5=Four or more examples of family strengths incorporated into service plan AND respondent reported it could not have been better  
4=Three examples of family strengths incorporated into service plan OR 4 or more examples but respondent reported it could have been better  
3=Two examples of family strengths incorporated into service plan  
2=One example of family strengths incorporated into service plan  
1=No examples of family strengths incorporated into service plan

## **Cultural Competence**

- 15.a. Since grant funds were received, has the service planning process included **an assessment of the culture** of the child/family, for example, things that are important to them such as religion, race/ethnicity, family traditions, beliefs about health and illness, etc.? **If so**, please describe this process. (F.3.a.)

*What **kinds of questions** do you ask, what kinds of things do you look for?*

*For approximately **what percentage of children/families** have you assessed culture?*

- 5=Culture assessed for all (100%) children/families  
 4=Culture assessed for almost (90–99%) children/families  
 3=Culture assessed for many (75–89%) children/families  
 2=Culture assessed for some (50–74%) children/families  
 1=Culture assessed for few (less than 50%) children/families

- 15.b. Please give me **several examples** of how you have used the **culture of a child/family to identify or plan services**. (F.3.a.)

**[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]**

*Have these efforts been **sufficient**, or could more work be done to **utilize families' culture in the planning of services**?*

- 5=Four or more examples of family culture incorporated into service plan AND respondent reported it could not have been better  
 4=Three examples of family culture incorporated into service plan OR 4 or more examples but respondent reported it could have been better  
 3=Two examples of family culture incorporated into service plan  
 2=One example of family culture incorporated into service plan  
 1=No examples of family culture incorporated into service plan

## Coordination/Collaboration

16. Since grant funds were received, have any of the public **child-serving agencies** (for example, mental health, health, juvenile justice, education, child welfare) **routinely participated** in service planning? (F.4.a.) If yes, which ones?

- |                   |                      |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education     | 5 = Public Health    |
| 3 = Child Welfare | 6 = other (describe) |

**[circle all that apply]**

*Have **ALL agencies participated or only those involved with the child/family**?*

*Have any **agencies been difficult to engage** in the planning process (for example, agencies that did not routinely participate, rarely responded to requests to attend planning meetings)?*

- |                   |                      |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education     | 5 = Public Health    |
| 3 = Child Welfare | 6 = other (describe) |

**[circle all that apply]**

Overall, **how frequently** would you say that all of the agencies involved with a child/family have participated in the service planning process?

- 5=Routine participation of most or all involved child-serving agencies such that they routinely and actively participated  
 4=Frequent but not routine participation of most or all involved child-serving agencies  
 3=Frequent participation was not routine for all agencies; some involved agencies routinely participated but others participated only sporadically  
 2=Few agencies routinely participated such that it was rare that all involved agencies participated in service planning  
 1=None of the involved agencies participated in service planning

17. Since grant funds were received, have **others who provide support or services to a family**, such as **organizations in the community, direct service providers, or private providers**, participated in service planning? (F.5.a)

*If yes, **who tends to participate** (generally)?*

*Overall, how frequently would you say that **ALL of the other organizations and providers involved with a child/family** have participated in service planning?*

- 5=Routine participation of most or all involved organizations and providers such that they routinely and actively participated  
4=Frequent but not routine participation of most or all involved organizations and providers  
3=Frequent participation was not routine for all organizations and providers; some routinely participated but others participated only sporadically  
2=Few organizations and providers routinely participated such that it was rare that all involved organizations and providers participated in service planning  
1=None of the involved organizations and providers participated in service planning

- 18.a. What efforts, if any, have been made to **coordinate service planning processes** across agencies, organizations, or providers? (F.5.b)

Is there a **unified** service planning meeting or process (for example, all agencies come together to develop cross-agency service plans together)?

Have staff attended service planning meetings **across agencies**? How frequently?

Have **you** ever attended a service planning meeting at another agency (for example, IEP at the schools, case planning meetings at child welfare)? **If yes**, please describe.

- 18.b. Have **efforts to coordinate service planning processes** been effective? Please describe. (F.5.b.)

*Have **efforts been sufficient**? What else could be done to improve coordination across agencies, organizations, and providers?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

19. Since grant funds were received, have **family advocates** or representatives from the family organization participated in service planning? If so, how frequently?

What has been the **role of the family advocate in planning services** for children and families?

## Section II - Service Provision

**I would like to now spend time talking about the services children/families have received.**

20. Since grant funds were received, have there been occasions when **CHILDREN have not received all of the services that were planned?** (G.2.a.)

*If yes, under what **circumstances** (for example, certain services or providers)? Why?*

*In **what percentage** of cases has this occurred?*

*What **steps were taken** to address this situation?*

- 5=All (100%) children received all services planned for them  
4=Almost all (90–99%) children received all services planned  
3=Many (75–89%) children received all services planned  
2=Some (50–74%) children received all services planned  
1=Few (less than 50%) children received all services planned

21. Have there been occasions when **FAMILIES** did not receive all of the services that were planned? (G.1.b.)

*If yes, under what **circumstances** (e.g., certain services or providers)?*

*In what **percentage of cases** has this occurred?*

*What steps were taken to **address this situation**?*

5=All (100%) families received all services planned for them  
4=Almost all (90–99%) families received all services planned  
3=Many (75–89%) families received all services planned  
2=Some (50–74%) families received all services planned  
1=Few (less than 50%) families received all services planned

## Service Array

Using the Services Card for Interviewing, ask:

22. Of the services you see listed on this card, which are present in (name of grant program)?  
**[Refer to the Service Array Card for Interviewing. Clarify that this means that the service is available to children and families served by the grant program regardless of whether the service is in the community or has low capacity.]** (C.2.b.)

**[Show the respondent the Service Array Card for Interviewing and read each service option listed. Have the respondent indicate whether each service has been present in the array since receiving grant funds. On the Service Array Card for Scoring, place a check for each service that has been present.]**

*Are there any **other formal or support services** for children and families **not listed** on this card that are part of (name of grant program)'s service array? Please list.*

**[Determine whether the service can be coded elsewhere on the list. If not, write additional services on the Service Array Card for Scoring.]**

**Use completed Service Array Card for Scoring to score this item**

5=All required services are in the array AND additional services are also available  
4=All required services are in the array BUT no additional service are present  
3=Most required services are in the array (1–3 missing) (Presence of additional services is not relevant)  
2=Some required services are in the array (4 missing) (Presence of additional services is not relevant)  
1=Few required services are in the array (more than 4 missing) (Presence of additional services is not relevant)

23. Of the services you've identified as having been present in (name of grant program)'s service array, **which have sufficient capacity** to meet the needs of **all** the children and/or families who need them? **[Circle whether or not each service has sufficient capacity to meet the need.]** (G.6.a.)

**[Clarify that insufficient capacity relates to services that some children and/or families cannot get at all, or that the respondent does not refer to because of limited capacity.]**

**Use completed Service Array Card for Scoring to score this item**

5=All services in the array have fully sufficient capacity such that all children/families who need them can get them  
4=Most services in the array (75–95%) have fully sufficient capacity such that all children/families who need them can get them  
3=Many services in the array (50–74%) have fully sufficient capacity such that all children/families who need them can get them  
2=Some services in the array (25–49%) have fully sufficient capacity such that all children/families who need them can get them  
1=Few services in the array (less than 25%) have fully sufficient capacity such that all children/families who need them can get them

24. Of the services in your array, how long (in days) have children/families you've served had to **wait for non-emergency or non-crisis services?** [Refer again to the Service Array Card for Interviewing.] (G.6.f.)

[On the Service Array Card for Scoring record the wait for each service (in days).]

*Has (name of grant program) or its providers had to establish **waiting lists for services?** If yes, for which services?*

- 5=All required services (except emergency/crisis) accessed within 14 days or less  
4=Most required services (at least 75%) accessed within 14 days or less; all others accessed within 21 days  
3=Many required services (at least 50%) accessed within 14 days or less; all others accessed within 21 days  
2=Some required services (at least 25%) accessed within 14 days or less; all others accessed within 21 days  
1=Few required services (less than 25%) accessed within 14 days or less

25. What has been a **typical wait for emergency or crisis intervention services?**

- 5=Crisis services received in less than 24 hours AND emergency services (e.g., in response to suicide attempt) received immediately  
4=Crisis services received within 24 to 48 hours AND emergency services received immediately  
3=Crisis services received within 48 to 72 hours AND emergency services received immediately  
2=Crisis services received in more than 72 hours AND emergency services received immediately  
1=Emergency services not received immediately regardless of timing of crisis services

- 26.a. Of the services in your array, **which are provided in the community?** [Refer again to the Service Array Card for Interviewing and circle whether or not each service is available in the community.] (G.7.a.)

**Use completed Service Array Card for Scoring to score this item**

- 5=All services in the array are provided in the community  
4=Most services in the array (75–95%) are provided in the community  
3=Many services in the array (50–74%) are provided in the community  
2=Some services in the array (25–49%) are provided in the community  
1=Few services in the array (less than 25%) are provided in the community

- 26.b. How many **of the children/families** you've worked with since grant funds were received have **had to travel outside of their home communities** to receive services? (G.7.a.)

*How **far** have these children/families had to travel?*

- 5=No children/families have had to leave the community for services  
4=Few (1–2) children/families have had to leave the community for services  
3=Some (3–4) children/families have had to leave the community for services  
2=Many (5–6) children/families have had to leave the community for services  
1=Very many (7 or more) children/families have had to leave the community for services

## **Accessibility**

- 27.a. Since grant funds were received, **have children/families** served by (name of grant program) **had to pay** for any of the services they received? (G.6.e.)

***If yes, for which services?** [List services and how families paid for them (e.g., sliding scale fee, co-payment, full payment, etc.)]*

***What proportion of families** who needed these services were able to receive them despite the cost for the services? [For each paid service listed, indicate the proportion of families needing the service who could access it.]*

- 5=Virtually all services were accessible to virtually all families such that it rarely occurred that a family could not access a needed service due to financial constraints  
 4=Most services were accessible to at least most families such that it rarely occurred that a family could not access a needed service due to financial constraints  
 3=Many services were accessible to at least many families but there were still key services that families could not access OR there continued to be a few families who experienced difficulty accessing services due to financial constraints  
 2=Some services were financially accessible to at least some families  
 1=Few services were financially accessible

27.b. Are there **any services** that could have benefitted the children/families you serve but have not been **not provided because they were too expensive** for the family? (G.6.e.)

- 5=No services were too expensive  
 4=One service was too expensive  
 3=Two services were too expensive  
 2=Three services were too expensive  
 1=Four or more services were too expensive

28. Since grant funds were received, has (name of grant program) provided **transportation assistance to families**? (G.6.d.)

*If yes, what types of **transportation assistance** are provided and by whom?*

*Have there been any **restrictions or limitations** on transportation assistance, such as time of day, part of town, emergencies only, distances, etc.?*

*What **percentage of children/families** who needed it have been able to receive transportation assistance?*

*Overall, has the **level of assistance** provided by (name of grant program) **been adequate**?*

- 5=Transportation assistance has been widely available such that all or almost all families could easily access it  
 4=Transportation assistance has been widely available but a few problems reported; transportation assistance has met the needs of most but not all families  
 3=Some transportation assistance has been available and sufficient to meet the needs of many families  
 2=Limited assistance has been available (e.g., assistance was limited to certain services, certain times of day, certain parts of town, certain distances, emergencies only, or certain income levels)  
 1=Very little or no transportation assistance has been available such that transportation needs for many families have not been met

## Least Restrictive

29.a. Thinking across all of the different children and families you've worked with since grant funds were received, has **it ever been necessary for a child to be served in a restrictive setting** (for example, alternative school, hospital, group home, etc.)? **If yes**, please describe.

*How **frequently** has this occurred?*

29.b. In these situations, **were any efforts made to transition or move the child into less restrictive services or settings** once appropriate? If so, please describe. (G.8.a.)

*Have these efforts been **effective**?*

*Have these **efforts been sufficient (such that children were transitioned to less restrictive services/settings as soon as possible)**? If no, why not?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## Care Monitoring

- 30.a. Since grant funds were received, **have you monitored** how the children you serve are doing in the service system?

*How do you do this?*

*What **kinds of things** have you routinely monitored? (e.g., progress, whether referred services were actually received, if not why not, experience with services, etc.)*

*How **frequent** have your monitoring efforts been?*

*Have you monitored the care of **ALL children** you work with?*

- 30.b. Overall, have these efforts been effective? Do you feel that you have been **able to monitor or keep up with children's care as well and as often as needed?** (G.2.c.)

*Have you been able to get the **information you have needed** to adequately monitor care?*

*Have there been any **barriers to monitoring** the child's care (e.g., large caseloads)?*

*Overall, have these efforts been **sufficient**? What changes could be made to facilitate monitoring?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

- 30.c. Is the **monitoring process** the same for families?

## Coordination/Collaboration

31. Since grant funds were received, how have you worked with **other agencies, organizations and providers to coordinate the various services** that children and families receive? (G.5.a.)

*What **kinds of information** have you typically shared? What kinds of information **have you typically received**?*

*Have there been any **obstacles or barriers that inhibit the coordination of services** (for example, confidentiality regulations, agency policies, etc.)?*

*Have efforts in this area been **effective**? In what ways?*

*Do you think that **efforts in this area have been sufficient**? Why or why not?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed



3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
 2=Efforts have been made BUT have not been effective or have been minimally effective  
 1=No or almost no effort has been made toward accomplishing larger goal

32. What happens when there are **transitions or changes in a child/family's care, such as a change in providers or services?** Are any efforts made to ensure coordinated transitions? (G.5.b.)

*Who is responsible for ensuring that transitions/changes are smooth?*

*What types of information are exchanged? Between whom?*

*Is there any follow-up with the family/child and/or providers to make sure that the transition or change was made and is working?*

*Have these efforts been effective? If yes, in what ways?*

*Do you think that efforts in this area have been sufficient? Why or why not?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
 2=Efforts have been made BUT have not been effective or have been minimally effective  
 1=No or almost no effort has been made toward accomplishing larger goal

## Summary

33. What is your training/educational background?

1=Less than high school  
 2=High school  
 3=BA, BS in mental health, health, social sciences, BSW  
 4=BA, BS, in other non-health or social science area  
 5=MA, MS in mental health, health, social sciences, MSW  
 6=MA/MS in other non-health related area  
 7=Doctoral degree (what area) \_\_\_\_\_  
 8=Psychiatrist (MD)  
 9=Other doctoral degree

34. Since receiving your grant funds, have you received or participated in any **training sessions?**

*If so, please describe the topics or content areas covered. [Probe on CASSP principles such as family involvement, cultural competency, individualized care, strengths-based care, etc.]*

*Where these training sessions provided as part of grant program activities?*

35. Overall, what do you think the **impact of grant program activities has been on how your community serves children with mental health needs?**

*What impact, if any, has (name of grant program) had on how **you** provide services?*

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Interviewed\_\_\_\_\_

Date\_\_\_\_\_

**Service Array Card for Scoring**

	Data Entry	Service Options	Present in the array ✓ [Q. 22]	Sufficient capacity? [Q. 23]		Wait (in days) [Q. 24]	Provided in the community? [Q. 25]	
				No	Yes		No	Yes
1	34.	Diagnostic and evaluation services		1	2		1	2
2	35.	Neurological and/or neuro-psychological assessment		1	2		1	2
3	36.	Outpatient individual counseling		1	2		1	2
4	37.	Outpatient group counseling		1	2		1	2
5	38.	Outpatient family counseling		1	2		1	2
6	39.	Medication management		1	2		1	2
7	40.	Case management/coordination services		1	2		1	2
8	41.	Respite care		1	2		1	2
9	42.	Professional consultation		1	2		1	2
10	43.	24-hour, 7-day-a-week emergency services, including crisis outreach		1	2		1	2
11	44.	Intensive day treatment services		1	2		1	2
12	45.	Therapeutic foster care or therapeutic group home services		1	2		1	2
13	46.	Intensive home-based services (e.g., family preservation services)		1	2		1	2
14	47.	Transition-to-adult services		1	2		1	2
15	48.	Residential treatment		1	2		1	2
16	49.	Inpatient hospitalization		1	2		1	2
<b>Other formal or support services (specify)</b>								
	50.			1	2		1	2
	51.			1	2		1	2
	52.			1	2		1	2
	53.			1	2		1	2
	54.			1	2		1	2

*Note: When scoring, if responses are missing (e.g., don't know) for more than 3 services in a given column, do not score the item that relates to that column. Required services are listed as 1 through 14 above.*

### *Service Array Card for Interviewing*

	<i>Service Options</i>
1	<i>Diagnostic and evaluation services</i>
2	<i>Neurological and/or neuro-psychological assessment</i>
3	<i>Outpatient individual counseling</i>
4	<i>Outpatient group counseling</i>
5	<i>Outpatient family counseling</i>
6	<i>Medication management</i>
7	<i>Case management/coordination services</i>
8	<i>Respite care</i>
9	<i>Professional consultation</i>
10	<i>24-hour, 7-day-a-week emergency services, including crisis outreach</i>
11	<i>Intensive day treatment services</i>
12	<i>Therapeutic foster care or therapeutic group home services</i>
13	<i>Intensive home-based services (e.g., family preservation services)</i>
14	<i>Transition-to-adult services</i>
15	<i>Residential treatment</i>
16	<i>Inpatient hospitalization</i>
<b><i>Other formal or support services (specify)</i></b>	

#### **4.A.5.g.**

**G. Direct Service Delivery Staff**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Job Title\_\_\_\_\_

Date\_\_\_\_\_

Site ID#\_\_\_\_\_

Assessment #\_\_\_\_\_

Respondent #\_\_\_\_\_

## G. Direct Service Delivery Staff

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

### Introduction

1. Briefly **describe your agency/organization and its relationship** with (name of grant program) (e.g., partner, subcontractor, volunteer organization, etc.).  
  
*What **kinds of services** does your agency/organization provide—what does your organization do?*
2. How long have **you** been working with this agency/organization?
- 3.a. What kinds of **services or support** has your agency provided to **children/families served by** (name of grant program) since their CMHS grant funds were received?
- 3.b. What is **your function**?
4. How many of the **children/families** you have worked with since grant funds were received were also **involved with** (name of grant program) ?

### Service Provision

**I would like to now spend some time talking about access to the services that you provide to children and families.**

5. Since grant funds were received, how have children/families been **assigned or referred** to you for services?  
  
*Could any **person, agency, or provider refer children/families** to you for services? If **no**, why not?*  
  
*Have any attempts been made to **match children/families with providers** based on race, language needs, gender, clinical specialty, etc.?*
6. Since grant funds were received, **what hours** have you typically worked? (G.6.b.)

Do you **typically** work with children/families in the **evenings or weekends**?

**If so, when and how frequently?**

What happens when a child/family **can't meet during the hours you work**?

Have you been able to make **special arrangements to work with them when they are available**? Please provide examples.

**How frequently have you done this?**

5=Available at a wide range of times (including after-hours **AND** weekends), and there was also broad flexibility in scheduling

4=Available at a wide range of times (including after-hours **OR** weekends), and moderate flexibility in scheduling

3=Range of hours available but SET times for after-hours **OR** weekends; little flexibility to accommodate special requests

2=Business hours only; special requests accommodated in special (non-emergency) circumstances only

1=Business hours only; special requests not accommodated

7. Can children/families **reach you** in **emergency situations**? **If yes**, how?

**If not**, can they reach someone from (name of grant program) who can help? **If yes**, how?

8. Since grant funds were received, **in what locations** have you typically worked? (G.6.c.)

Have you ever **worked with children/families in their homes**, at the school, or other places outside of your office or building? **If yes**, where?

**How much of your time** (directly providing services) have you spent working with children/families in these locations or settings? **[Probe for breakdown of time spent in each location.]**

**If a child/family can't meet you in your office or at the places you normally work—have you been able to make special arrangements?** How frequently have you done this?

5=Services offered in a wide range of locations (for example, homes, schools, in the community); in addition, there was also very broad flexibility in locations to meet family needs

4=Range of locations offered and moderately broad flexibility in locations to meet family needs

3=Range of locations offered but little flexibility to accommodate special requests

2=Agency offices only; special requests accommodated in special (non-emergency situations) circumstances only

1=Agency offices only; special requests not accommodated

9.a. Do you routinely **incorporate children's strengths** into your provision of services? (G.2.b.)

Do you do this with **all children or just certain children**?

**If not all (100%)**, for approximately **what percentage** do you incorporate children's strengths?

5=Strengths incorporated for all (100%) children

4=Strengths incorporated for almost all (90-99%) children

3=Strengths incorporated for many (75-89%) children

2=Strengths incorporated for some (50-74%) children

1=Strengths incorporated for few (less than 50%) children

- 9.b. Please provide **several examples** of how you have incorporated children's strengths when you are working with them. (G.2.b.)

**[Continue probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]**

*Overall, do you think that you have been able to use children's strengths as well as you could have? What could be done to better use children's strengths?*

- 5=Four or more examples of child strengths incorporated into service provision AND respondent reported it could not have been better
- 4=Three examples of child strengths incorporated into service provision OR 4 or more examples but respondent reported it could have been better
- 3=Two examples of child strengths incorporated into service provision
- 2=One example of child strengths incorporated into service provision
- 1=No examples of child strengths incorporated into service provision

- 10.a. Do you routinely **incorporate family strengths** into your provision of services? (G.1.c.)

*For approximately **what percentage of families** do you do this?*

- 5=Strengths incorporated for all (100%) families
- 4=Strengths incorporated for almost all (90–99%) families
- 3=Strengths incorporated for many (75–89%) families
- 2=Strengths incorporated for some (50–74%) families
- 1=Strengths incorporated for few (less than 50%) families

- 10.b. Please provide **several examples** of how you have incorporated family strengths into service provision for the families with whom you have worked. (G.1.c.)

**[Continue probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]**

*Overall, do you think that you have been able to use family strengths as well as you could have? What could be done to better use family strengths?*

- 5=Four or more examples of family strengths incorporated into service provision AND respondent reported it could not have been better
- 4=Three examples of family strengths incorporated into service provision OR 4 or more examples but respondent reported it could have been better
- 3=Two examples of family strengths incorporated into service provision
- 2=One example of family strengths incorporated into service provision
- 1=No examples of family strengths incorporated into service provision

- 11.a. Do you routinely **assess child/family cultural background**? (G.3.a.)

*If yes, for approximately **what percentage of children/families**?*

- 5=Culture assessed for all (100%) children/families
- 4=Culture assessed for almost all (90–99%) children/families
- 3=Culture assessed for many (75–89%) children/families
- 2=Culture assessed for some (50–74%) children/families
- 1=Culture assessed for few (less than 50%) children/families

- 11.b. Please give me **several examples** of how you have incorporated **child/family culture into the provision of services or made changes in how you work** with a child or family to be more sensitive to their culture. (G.3.a.)

**[Continue probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]**

*Have these efforts been sufficient to incorporate culture. What more could be done to better incorporate culture into services provided?*

5=4 or more examples of child/family culture incorporated into service provision AND respondent reported that it could not have been better  
4=3 examples of child/family culture incorporated into service provision OR 4 or more examples but respondent reported it could have been better  
3=2 examples of child/family culture incorporated into service provision  
2=1 example of child/family culture incorporated into service provision  
1=No examples of child/family culture incorporated into service provision

12. What do you do to **involve families in their child's or family's services or treatment**? (G.1.a.)

*Have you routinely **kept caregivers informed** about what is **going on in services/treatment** with their child or family and their child's or family's **progress**? Please describe.*

*Have you routinely encouraged **caregivers to express their opinion or offer advice** about what you should be doing with their child, what kinds of things you should be working on, etc.? Please provide examples.*

*Can you give me any **examples of when you have altered the way you have worked with a child/family** due to concerns or feedback you received from families?*

**(IF APPLICABLE)** *Have families ever **been involved or participated in services** to their child or family, for example attending a session with you and the child, going with you and the child or other family members on outings, etc.? **If yes**, please describe.*

*Overall, have you involved **families as much as you could have** in their child's or family's services/treatment or are there things that you think could be done to help them become more involved?*

5=Families have been involved in service provision in at least 4 ways AND respondent reported that involvement has been sufficient  
4=Families have been involved in service provision in 3 ways OR families have been involved in 4 or more ways but respondent reports that more involvement needed  
3=Families have been involved in service provision in 2 ways  
2=Families have been involved in service provision in 1 way  
1=Families have not been involved in service provision

13. Since grant funds were received, **how have agencies, organizations and providers worked to coordinate the various services** that children and families receive? (G.5.a.)

*What **kinds of information** have you typically shared? What kinds of information **have you typically received**?*

*Which **agencies, organizations, or providers typically work well together** to coordinate services? Which **do not**?*

*Is there **anything that inhibits or compromises the coordination of services** (e.g., confidentiality regulations, agency policies, etc.)?*



*Do you think efforts in this area have been effective? In what ways?*

*Do you think that **efforts in this area have been sufficient** so that all providers, organizations, and agencies know their roles, and what is going on with the child and family? Why or why not?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

14. Are efforts made to ensure that **transitions or changes in a child/family's services, such as a change in providers or services, are coordinated?** (G.5.b.)

*Who is responsible for ensuring smooth transitions/changes?*

*What types of information are exchanged? Among whom?*

*Has anyone (e.g., therapist, case manager, teachers, etc.) ever called you or let you know that changes were being made to a child's or family's services? Please describe.*

*What efforts are made to **follow up with the family or child and with providers** to make sure that the transition or change was made and was working?*

*Have these efforts been effective? In what ways?*

*Do you think that **efforts in this area have been sufficient**? Why or why not?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

**I have just a couple of final questions.**

15. Since grant funds were received, have you received or participated in any **training sessions**?

*If yes, please describe the topics or content areas covered. [Probe on CASSP principles such as family involvement, cultural competency, individualized care, strengths-based care, etc.]*

*Were these trainings **provided as part of** (name of grant program) activities?*

16. Overall, how has (name of grant program)'s activities impacted how your community serves children with mental health service needs?

*What impact, if any, has (name of grant program) had on how **you** provide services?*

#### **4.A.5.h.**

##### **H. Case Review Structure—Staff Participant**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Job Title\_\_\_\_\_

Date\_\_\_\_\_

Site ID#\_\_\_\_\_

Assessment #\_\_\_\_\_

Respondent #\_\_\_\_\_

## H. Case Review Structure — Staff Participant

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 60 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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This guide should be administered to a representative from a core agency or other organization who has been involved in a case review process during the assessment period.

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### Introduction

1. Some agencies and organizations have a committee or group that **reviews complicated or difficult cases**, such as children at risk of residential placement.

Is there such a group here? **If yes**, What is the name of this group? **[Use the name of the group throughout the rest of the interview.]**

2. What are the **primary functions** of the (name of case review group)? **[Probe for placement decisions or diversion efforts, monitoring of care of children whose care was previously reviewed by this committee, problemsolving for complex cases.]**

[Data entry: code functions]

3. Since grant funds were received, what **percentage of the children/families** served by (name of grant program) have had their cases reviewed by (name of case review group)?

*Have **all children/and families** who needed reviews by (name of case review group) received them? **If no**, why not?*

4. How **often does** (name of case review group) conduct reviews of the care of children/families?

*Considering the number of children and families served by this project, do you think this is **adequate**? **If no**, why not?*

5. Please **describe how children/families are typically identified for review** by (name of case review group).

*Have referrals for review ever **been initiated by families**?*

*Have referrals for review ever been initiated **by children/youth?***

6. Have any **public child-serving agencies** made referrals to or initiated case reviews? (H.4.a.)

*If yes, which ones and **how frequently** has this occurred?*

- |                   |                      |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education     | 5 = Public Health    |
| 3 = Child Welfare | 6 = other (describe) |

**[circle all that apply]**

*Can **all agencies** initiate reviews?*

- 5=Five or more agencies refer children/families to the case review structure  
4=Four agencies refer children/families to the case review structure  
3=Three agencies refer children/families to the case review structure  
2=Two agencies refer children/families to the case review structure  
1=One agency refers children/families to the case review structure

7. Have any **other organizations or individual providers involved with a child/family** made referrals to or initiated reviews? (H.5.b.)

*If yes, how frequently has this occurred?*

- 5=Routine referral or initiation of reviews by most or all involved organizations and providers such that they were routinely engaged in review referral/initiation process  
4=Frequent but not routine referral or initiation of reviews by most or all involved organizations and providers  
3=Frequent referral/initiation of reviews was not routine for all organizations and providers; some routinely referred/initiated reviews but others made referrals or initiated reviews only sporadically  
2=Few organizations and providers routinely made referrals or initiated reviews such that it was rare that all involved organizations and providers participated in the review initiation/referral process  
1=None of the involved organizations and providers referred or initiated a review

8. Has the case review team had **access to any financial resources** (such as flexible funds or other sources of discretionary monies)? **If yes**, how much and for what purposes?

9. Has the (name of case review group) **involved families in the review** process? (H.1.b.)

*Have **family members typically attended** the (name of case review group) meetings? Were there ever any times when families weren't present? **If yes**, what were the circumstances?*

*Has the (name of case review group) typically **encouraged families to bring someone** besides their providers, who could help support them such as a relative, friend or advocate? **If yes**, provide some examples.*

*Have **families typically** been asked whether there were any **individuals they would prefer not be present?***

*Has the (name of case review group) typically **asked families for their opinions and input in identifying and prioritizing problems** being faced?*

*Has the (name of case review group) typically **encouraged families to participate in finding remedies or solutions**? Please provide examples.*

*Has the (name of case review group) given families **full choice in the services** they would receive, including **rejecting service options** they didn't want?*

*Are there **other ways** that you think families could have been involved by the review group but were not?*

- 5=Families have been involved in review process in at least 6 ways AND respondent reported that involvement has been sufficient
- 4=Families have been involved in review process in 5 ways OR involved in 6 ways but respondent reported it could have been better
- 3=Families have been involved in review process in 4 ways
- 2=Families have been involved in review process in 3 ways
- 1=Families have been involved in review process in fewer than 3 ways

10. Has the (name of case review group) **involved children/youth in the review process**? (H.2.a.)

*Have children/youth **typically attended** the (name of case review group) meetings? Were there ever any times when children/youth weren't present? **If yes**, what were the circumstances?*

*Has the (name of case review group) typically **encouraged children/youth to bring someone** besides their caregivers or providers, who could help support them such as a relative, friend or advocate? **If yes**, provide some examples.*

*Have children/youth typically been asked whether there were **any individuals** they would prefer not be present?*

*Has the (name of case review group) typically **asked children/youth for their opinions and input** in identifying and prioritizing problems being faced?*

*Has the (name of case review group) typically **encouraged children/youth to participate in finding remedies or solutions**? Please provide examples.*

*Has the (name of case review group) given children/youth **full choice in the services** they would receive, including **rejecting service options** they didn't want?*

*Are there **other ways** that you think children/youth could have been involved by the review group but were not? Please describe.*

- 5=Children/youth have been involved in review process in at least 6 ways AND respondent reported that involvement has been sufficient
- 4=Children/youth have been involved in review process in 5 ways OR involved in 6 ways but respondent reported it could have been better
- 3=Children/youth have been involved in review process in 4 ways
- 2=Children/youth have been involved in review process in 3 ways
- 1=Children/youth have been involved in review process in fewer than 3 ways

11. Since grant funds were received, what **efforts have been made to inform or help guide families through the (name of case review group) process**? For example, have families received information regarding the process, is there an orientation, etc.? (H.1.a.)

*Who provided families with this information? **When** did families typically receive this information?*

*What has been done to make the process **family friendly** (e.g., non-threatening and supportive)?*

*Have these efforts been **effective**?*

*Have these efforts been sufficient to ensure that **ALL families were fully informed and aware** about the (name of case review group) process prior to the meeting, and that the process was **family friendly**?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

**If families attend meetings, ask Questions 12 and 13. If not, skip to Question 14.**

12. Since grant funds were received, what has been done to make **meeting times** (name of case review group) **convenient for families?** (H.6.a.)

*Have meetings been held **at flexible times**, such as evenings or weekends? **If so**, which times?*

*What **percentage of meetings have been held after hours** or on weekends?*

*Have you been able to **accommodate special scheduling requests**? Please provide examples.*

- 5=Meetings held in a wide range of times (including after-hours **AND** weekends), and there was also broad flexibility in scheduling
- 4=Meetings held in a wide range of times (including after-hours **OR** weekends), and moderate flexibility in scheduling
- 3=Range of hours available but SET times for after-hours **OR** weekends; little flexibility to accommodate special requests
- 2=Business hours only; special requests accommodated in special (non-emergency) circumstances only
- 1=Business hours only; special requests not accommodated
- 666=Families were not present for meetings

13. Since grant funds were received, what has been done to make the **location of** (name of case review group) **meetings convenient for families?** (H.6.b.)

*Have meetings been held **in locations other than agency offices** (e.g., family homes, in schools, settings in the community)? **If so**, where?*

*What **percentage of meetings have been held in locations other than agency offices**?*

*Have you been able to **accommodate special scheduling requests**? Please provide examples.*

- 5=Meetings held in a wide range of locations (for example, homes, schools, in the community); in addition, there was also very broad flexibility in locations to meet families' needs
- 4=Range of locations offered and moderately broad flexibility in locations to meet families' needs
- 3=Range of locations offered but little flexibility to accommodate special requests
- 2=Agency offices only; special requests accommodated in special (non-emergency situations) circumstances only
- 1=Agency offices only; special requests not accommodated
- 666=Families were not present for meetings

14. Since grant funds were received, have any public **child-serving agencies** participated in the (name of case review group) process (e.g., mental health, health, juvenile justice, education, child welfare)? (H.4.b.)

*If so, which agencies — **ALL agencies or only those agencies involved with the child/family?***

*Have any **agencies been difficult to engage** in the (name of case review group) process (for example, agencies that did not routinely participate, rarely responded to requests to attend case review meetings)?*

*Overall, **how frequently** would you say that all of the agencies involved with a child/family participated in the (name of case review group) process?*

5=Routine participation of most or all involved child-serving agencies such that they actively participated  
4=Frequent but not routine participation of most or all involved child-serving agencies  
3=Frequent participation was not routine; some involved agencies routinely participated but not all  
2=Few agencies routinely participated such that it was rare that all involved agencies participated  
1=None of the involved agencies participated

15. Have **family advocates or representatives from the family organization** typically been present at case review meetings?

### **Community Based**

16. Since grant funds were received, have you reviewed cases in which **children were at risk of being served outside of their home communities?**

*If yes, have you reviewed **ALL** such cases? [Probe to determine whether all cases reviewed or just out-of-community placements in restrictive settings.]*

17. Of the cases reviewed last year, what **percentage** of children had to **travel out of their home communities** for services?

***Why (or for which services)** did children/families have to travel out of their home communities?*

*How **far** did these children/families **typically have to travel?***

18. Since grant funds were received, what efforts have been taken to **limit the need for children to receive services outside of their home communities?** (e.g., explore options in the community, develop needed services in the community, etc.)? (H.7.a.)

*Do you think that these efforts have been **effective?** If yes, in what ways?*

*Have these efforts been sufficient to **eliminate the need for children/families to travel outside of their home communities** for services?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## Cultural Competence

19. Since grant funds were received, *have you been able to **conduct case review meetings in languages** (other than English) spoken by children/families served by the grant?* (H.3.b.)

*Which **languages**?*

*In situations when meetings were not conducted in the family's preferred language, **were interpretation services available?** In **which languages?***

***Who provided the interpretation?***

5=Bilingual staff have conducted case review process in at least two language other than English AND professional interpretation services used to accommodate other languages

4=Bilingual project staff have conducted case review process in at least one language other than English AND professional interpretation services used to accommodate other languages

3=Bilingual project staff typically did not conduct case review (or may have happened on occasion but not regularly) BUT professional interpretation services (not affiliated with project) were available for most languages needed

2=Informal interpretation services were used in most cases (e.g., family brings AN ADULT relative, friend, etc. who speaks English)

1=No efforts are made to meet family language needs (e.g., families were not asked about their language of choice; intake was conducted in the preferred language of the staff; the child provides interpretation)

666=Not applicable, situation has not arisen

## Coordination/Collaboration

20. Have any efforts been made to exchange **information** (e.g., proceedings, findings, and decisions) **from the case review process** with involved agencies, organizations, or providers? (H.5.a.)

*What **kinds of information** have been shared? With whom?*

***How frequently** has information been shared?*

*Have these efforts been **effective**?*

*Have these efforts been **sufficient** to ensure that **EVERYONE** involved with a child/family is informed about the outcomes of the case review process?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed

2=Efforts have been made BUT have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

21. Since grant funds were received, have you ever **attended a case review meeting held by another group/committee at another agency?**

**If yes**, which agency or agencies?

## Least Restrictive

- 22.a. Since grant funds were received, has it ever been necessary to place children in **more restrictive settings than necessary to receive services?**



**If so**, which services? What **percentage** of children were placed in more restrictive settings than necessary?

- 22.b. In these situations, were any efforts made to **ensure that less restrictive service options were exhausted** before placing these children in more restrictive settings? If so, please describe. (H.8.a.)

*Have these efforts been **effective** in reducing the use of service settings that are more restrictive than necessary?*

*Do you think that efforts in this area have been **sufficient** to eliminate the need for children from ever having to receive services in settings more restrictive than necessary?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed

2=Efforts have been made BUT have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

23. Have efforts been made to monitor the care of children placed in **residential settings** (for example, hospitals, group homes, therapeutic foster care, residential treatment facilities, overnight wilderness programs)?

***If yes**, did you monitor the care of ALL children in such placements?*

*What **kinds of things** did you monitor or keep track of?*

*How **frequently** did you monitor the care of children in residential care?*

24. Those are all of the questions I have for you. Is there anything that I did not cover, that you think is important for us to know about the case review process here at (name of grant program)?

#### **4.A.5.i.**

##### **I. Caregiver of Child Served by the System/Program**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

(Do not record the name of respondent)

Date\_\_\_\_\_

Site ID#\_\_\_\_\_

Assessment #\_\_\_\_\_

Respondent #\_\_\_\_\_

## I. Caregiver of Child Served by the System/Program

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 90 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

To be conducted with the caregiver of a child who has been served by the grant program in the assessment period for at least 3 months but no longer than 12 months. Informants **cannot** include therapeutic foster parents, caregivers who serve as program staff, or family representatives or advocates responding on behalf of the selected caregiver respondent.

### Introduction

Hello, my name is \_\_\_\_\_. Thank you for taking time out of your busy day to help us. Today I'll be asking you questions about your family's experience with the services provided through (name of grant program). That information will help us understand what works best for children and families. Before we start, I want to make sure that you know that the information you give me today will be kept strictly confidential and will not be shared with the (name of grant program). In our report, everybody's answers will be combined and the people who gave us the information will not be identified. While answering these questions, remember that you should concentrate on things that have happened since you came to (name of grant program).

1. Can you tell me a little bit about your child and family?

*Is your child a girl or a boy? How old is s/he?*

*Who else is in your family?*

2. Why did you become involved with (name of grant program)? **[Probe for reasons the child entered treatment.]**

*How did you learn about the (name of grant program)? Who referred you?*

*How long has your child and family been receiving services through the program?*

3. What services do your **child and family currently** receive through (name of grant program)?

*In addition to these, has your family ever received **any other services** through (name of grant program)?*

4. In addition to the services received through (name of grant program), has your child and family received **services from other providers, organizations, programs or agencies?** If **yes**, what were they?

**Now I'd like for you to think back to when you first brought your child and family to (name of grant program) for services.**

5. When you first tried to get services, how **complicated or difficult was it to get into (name of grant program)**? (E.6.b.)

*Did you **have to go through a lot of steps**, fill out a lot of forms, talk to a lot of different people, etc.?*

*Thinking back **at all you had to do**, rate on a scale of 1 to 5 (with 5 being the least complicated), how complicated or difficult it was to enter/enroll in (name of grant program)?*

Respondent's rating

5=Entry process was not at all complicated/difficult. Very few steps were involved.  
4=Entry process was slightly complicated/difficult.  
3=Entry process was somewhat complicated/difficult. Several steps were involved.  
2=Entry process was moderately. Many steps involved.  
1=Entry process was extremely complicated/difficult. Very many steps involved.

Interviewer's rating

5=Entry process was not at all complicated/difficult. Very few steps were involved.  
4=Entry process was slightly complicated/difficult.  
3=Entry process was somewhat complicated/difficult. Several steps were involved.  
2=Entry process was moderately. Many steps involved.  
1=Entry process was extremely complicated/difficult. Very many steps involved

6. How much **time passed** between when your child and family first tried to get into (name of grant program) **until you actually started receiving services through the program?** Was this a good timeframe for you, or did you need to receive services sooner? (E.6.c.)

*On a scale of 1 to 5, with 5 being the best, how would you **rate the length of time** it took for the your child or family's first service to begin?*

Respondent's rating

5=Timeframe was perfect, no changes needed  
4=Timeframe was very fast, could use minor improvement  
3=Timeframe pretty fast, could use some improvement  
2=Timeframe pretty slow, could use quite a bit of improvement  
1=Timeframe entirely too slow, needs a great deal of improvement

Interviewer's rating

5=Timeframe was perfect, no changes needed  
4=Timeframe was very fast, could use minor improvement  
3=Timeframe pretty fast, could use some improvement  
2=Timeframe pretty slow, could use quite a bit of improvement  
1=Timeframe entirely too slow, needs a great deal of improvement

7. Were **you and your family treated with respect and made to feel comfortable** throughout the enrollment process? (E.1.a.)

*Did the staff **pay attention to and respect** what you had to say?*

*On a scale from 1 to 5, with 5 being the best, how **respected and comfortable did you feel** during the process for entering (name of grant program)?*

Respondent's rating

5=Family felt extremely respected and comfortable  
4=Family felt very respected and comfortable  
3=Family felt moderately respected and comfortable  
2=Family felt somewhat respected and comfortable  
1=Family felt extremely disrespected and uncomfortable

Interviewer's rating

5=Family felt extremely respected and comfortable  
4=Family felt very respected and comfortable  
3=Family felt moderately respected and comfortable  
2=Family felt somewhat respected and comfortable  
1=Family felt extremely disrespected and uncomfortable

Now I'd like to ask you some questions about what happened when you and the staff at (name of grant program) were deciding what services would be best for your child and family. We call this the **service planning process**. We think of service planning as different from treatment planning, it covers not just what should happen in therapy or counseling, but **ALL** the services that your child and family needs. Service planning can happen when families first come for help but can also happen later on when changes in services are needed and when the plan needs to be updated. In these questions, we are talking about when you were first planning services, as well as any updates that were made.

Some of the questions I'll be asking are about your child's services, others are about your family's services, and others are about both your child and family. I'll try to be clear, but if you're not sure what I'm asking about, please ask me to clarify.

8. When you first came to (name of grant program), was there any type of service planning that was different than or covered more than treatment planning, did **anyone help to decide what services your child and family should receive?**

**[Probe as necessary to distinguish between service planning and treatment planning.]**

1=Treatment plan  
2=Service plan

**If yes for either service planning or treatment planning, continue.**

*Who was the main person you worked with to plan services? [Probe for the first name and function (e.g., case manager or therapist) who worked with the family to plan services. Use that name where you see (name of case manager/therapist).]*

9. Since entering (name of grant program), has your child or family been involved with staff from other agencies such as **child welfare, juvenile justice, education**, etc.? **If yes**, which agencies? (F.4.a.)

***If yes***, did anyone from any of these **agencies** work with you and (name of case manager/therapist) to **plan services** for your child and family? If so, who?

*Was there any other agency that you thought should have helped to plan services but did not?*

5=All involved agencies were present  
4=Most involved agencies were present  
3=Some involved agencies were present  
2=Few of the involved agencies were present  
1=One involved agency was present (but family involved with more than one)  
666=Family involved with only one agency

10. Considering **all of the people who have worked with your child and family** since entering (name of grant program), including the staff at (name of grant program), the agencies you just mentioned (if any), and other providers or organizations, how well do you think that

**all of these different people worked with each other to plan services** for your child and family? (F.5.b.)

*Do you think they could have done a **better job working together** so that the service planning process would have been **better coordinated**?*

*On a scale from 1 to 5, with 5 being the best, how well do you think they all **coordinated the service planning process**?*

Respondent's rating

5=Extremely coordinated  
4=Very coordinated  
3=Moderately coordinated  
2=Somewhat coordinated  
1=Not at all coordinated  
666=Only one party involved

Interviewer's rating

5=Extremely coordinated  
4=Very coordinated  
3=Moderately coordinated  
2=Somewhat coordinated  
1=Not at all coordinated  
666=Only one party involved

11. How well did the people who were working with your child and family **involve you** in the **service planning process**? (F.1.a.)

*Did they encourage you to **bring someone** to the meeting with you, perhaps **for support**?*

*Did they ask you whether there was anyone you **did not want to be present** in the meeting?*

*Did they ask you to talk about **what you thought were the most important concerns** for your child and family?*

*Did they encourage you to help **develop** your child's and family's **goals and objectives**?*

*Did they give you a **choice of services** that you thought would be most helpful for your child and family?*

*Were you able to **turn down services** that **you did not want** your child and family to receive?*

*Overall, were you as **involved in the service planning process** as you think you should have been?*

5=Caregiver was involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient  
4=Caregiver was involved in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better  
3=Caregiver was involved in service planning in 4 ways  
2=Caregiver was involved in service planning in 3 ways  
1=Caregiver was involved in service planning in fewer than 3 ways

12. What about **your child**? How have the people working with your child and family involved your child in **planning his/her services**? (F.2.b.)

***If your child was not involved**, do you think that it would have been helpful for your child to be more involved? [Probe for whether it was appropriate for the child to be involved given his/her challenges, age, or caregiver's preference.]*

*If yes, how did they involve your child?*

*Did they encourage your child to **bring someone** to the meeting with you, perhaps **for support**?*

*Did they ask your child whether there was anyone he/she **did not want to be present** in the meeting?*

*Did they ask your child about what he/she **thought were the most important concerns**?*

*Did they encourage him/her to participate in **developing his/her goals and objectives**?*

*Did they give him/her a choice of which **services he/she wanted**?*

*Was he/she able to **turn down any services** he/she didn't want?*

*Overall, **was your child as involved as you would have liked**, or could there have been more involvement?*

5=Child was involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient

4=Child was involved in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better

3=Child was involved in service planning in 4 ways

2=Child was involved in service planning in 3 ways

1=Child was involved in service planning in fewer than 3 ways

666=Caregiver reported it was not appropriate for child/youth to participate

13. When you were working with (name of case manager/therapist) to plan services, did she/he talk with you about **your child's strengths** (his/her competencies /skills /interests and/ or aspirations)? Would you mind giving me some examples of things you talked about? (F.2.c.)

***How were your child's strengths used in planning his/her services? What could have been done better?***

5=Strengths explicitly discussed and at least three examples given of how strengths were incorporated into the service plan AND respondent reported it could not have been better

4=Strengths explicitly discussed and two examples given of how strengths were incorporated into the service plan but respondent reported it could have been better

3=Strengths explicitly discussed and one example given of how strengths were incorporated into the service plan

2=Strengths explicitly discussed but not (or very, very minimally) incorporated into the service plan

1=No discussion of strengths

14. What services were planned for your child during the planning process? **[List all services planned.]**

15. How well **did the services planned for your child meet his/her individual or specific needs?** (F.2.d.)

*Were there any services that you thought your child needed but were not included in the service plan? **If yes**, what were they?*

*Were there services included in your child's service plan that you think he/she didn't really need? **If yes**, please explain.*

*On a scale from 1 to 5, with 5 being the best, how well would you say the **service plan developed for your child matched what your child really needed?***

Respondent's rating

5=Child's needs matched extremely well  
4=Child's needs matched very well  
3=Child's needs matched moderately well  
2=Child's needs matched somewhat well  
1=Child's needs not matched well

Interviewer's rating

5=Child's needs matched extremely well  
4=Child's needs matched very well  
3=Child's needs matched moderately well  
2=Child's needs matched somewhat well  
1=Child's needs not matched well

16. Did (name of case manager/therapist) talk with you about **your family's strengths**? Would you mind giving me some examples of things you talked about? (F.1.c.)

How did he/she **use your family's strengths in planning services** for your family?  
What could have been done better?

5=Strengths explicitly discussed and at least three examples given of how strengths were incorporated into the service plan AND respondent reported it could not have been better  
4=Strengths explicitly discussed and two examples given of how strengths were incorporated into the service plan but respondent reported it could have been better  
3=Strengths explicitly discussed and one example given of how strengths were incorporated into the service plan  
2=Strengths explicitly discussed but not (or very, very minimally) incorporated into the service plan  
1=No discussion of strengths

17. When you were working with (name of case manager/therapist) to plan services, did he/she ever talk with you about your **family's needs** and the **services or other kinds of supports** that you or other people in **your family could use** (for example, respite care, support groups, family advocacy, sibling support, behavior management training)? (F.1.b.)

***If yes**, did (name of case manager/therapist) try to identify or put into place any services to meet those needs? Please describe.*

**[List all services planned for the family.]**

***Were there any other services or supports that you and your family needed but were not a part of your service plan?***

5=Family needs were explicitly considered and services were planned that would fully meet their needs  
4=Family needs were explicitly considered and services were planned that would meet most of their needs  
3=Family needs were explicitly considered and services were planned that would meet some of their needs  
2=Family needs considered, but no services were planned **AND** family reporting having need(s)  
1=Family needs were not discussed (regardless of whether family reported having needs)  
666=Family reporting having had no needs

18. Did (name of case manager/therapist) ever ask you about your **family's culture and background**, for example, your family's beliefs, (your tribe's beliefs), values, religious preferences, ideas about parenting, recreational activities, etc.? (F.3.a.)

***If yes**, would you mind giving me an example of some of the kinds of things you talked about?*

*How do you think (name of case manager/therapist) **used this information to plan services** for your child and family?*



**Overall, do you think that he/she did a *good job planning services that fit with your family's background and culture?* If no, what could have been done better?**

5=Culture explicitly discussed and at least three examples given of how culture was incorporated into the service plan AND respondent reported it could not have been better

4=Culture explicitly discussed and two examples given of how culture was incorporated into the service plan but respondent reported it could have been better

3=Culture explicitly discussed and one example given of how culture was incorporated into the service plan

2=Culture explicitly discussed but not (or very, very minimally) incorporated into the service plan

1=No discussion of culture

**19.a. Does your family speak a *language other than English?* If yes, is this the language you are most comfortable speaking? (F.3.b.)**

***If yes, was (name of case manager/therapist) able to speak to you in this language when you were working with him/her to plan services?***

***If no, was someone there who could speak your language and interpret? Who?***

5=Service planning process was conducted entirely in family's preferred language

4=Service planning process was conducted in English but formal interpretation was provided by the grant

3=Service planning process was conducted in English but informal interpretation services provided by grant

2=Service planning process was conducted in English and family brought interpreter because no other option was available

1=Service planning process was conducted in English and no interpretation was conducted or any interpretation had to be done by a child in the family

666=Not applicable. Family's primary language is English

**19.b. [If family's language preference is not English, ask:] What about when your child and family were actually receiving the services? Were you able to get *any services in the language you are most comfortable with?* (G.3.b)**

***If yes, which services were provided in your language and which were not? Were there any services that you would have preferred were available in your language?***

***Were *interpretation services* provided to you? Who provided interpretation?***

5=Key services were provided entirely in family's preferred language

4=Key services were provided in English but formal interpretation was provided by the program

3=Key services were provided in English but informal interpretation services provided by program

2=Key services were provided conducted in English and family brought interpreter because no other option was available

1=Key services were provided in English and no interpretation was conducted or any interpretation had to be done by a child in the family

666=Not applicable. Family's primary language is English

**20. Were any of the things you talked about with (name of case manager/therapist) ever written down as in a service plan (such as the services you wanted, goals, strengths, needs, etc.)? (F.2.a.)**

1=No, 2=Yes

***If yes, did you get a copy of the service plan? Did you have to ask for it or did you automatically receive it?***

***If no copy received, were you able to see a copy of the service plan?***

**Now I want to spend the rest of our time together talking specifically about the services your child and family have received since entering (name of grant program).**

21. Has **your child received all of the services** that you and (name of case manager/therapist) decided that s/he should have or that were written in the service plan? (G.2.a.)

**[Refer back to Question 14 and check whether all services listed there were received.]**

***If not**, were services planned that you thought were important for your child to have that he/she never received? Why do you think he/she has not received those services?*

- 5=Child received all of the services that were planned
- 4=Child received most of the services that were planned including those that the caregiver said were most important
- 3=Child received many of the services that were planned OR received most of the planned services but has not yet received services the caregiver identified as important
- 2=Child received a few of the services that were planned (importance of services not important here)
- 1=Child received no services outlined in the plan

22. What about **services planned for you or for other members of your family** — have you received all these services? (G.1.b.)

**[Refer back to question 17 and check whether all services listed there were received.]**

***If not**, were there services planned that you thought were important for your family to have that were never received? Why do you think your family has not received those services?*

- 5=Family received all of the services that were planned
- 4=Family received most of the services that were planned including all those that the caregiver said were most important
- 3=Family received many of the services that were planned OR received most of the planned services but has not yet received services the caregiver identified as important
- 2=Family received a few of the services that were planned (importance of services not relevant)
- 1=Family received no services outlined in the plan
- 666=No services were planned for the family

23. **Were services scheduled** at convenient times for your child and family? **If no**, please explain. (G.6.b.)

*What times would have worked better for you? Have you been able to get any services in the **evenings or on weekends** if that were more convenient for you?*

*On a scale from 1 to 5, with 5 being the best, how **convenient and/or flexible** would you say **the scheduling** of services has been?*

Respondent's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

Interviewer's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

24. What about the **places or locations where your child and family received services** — have these been good for you? (G.6.c.)

***If not**, what would have worked better? Have you ever had a choice or say in where you wanted to receive services?*

*On a scale from 1 to 5, with 5 being the best, how **convenient and/or flexible** would you say the **location of services** has been?*

Respondent's rating

5=Extremely convenient  
4=Very convenient  
3=Moderately convenient  
2=Somewhat convenient  
1=Not at all convenient

Interviewer's rating

5=Extremely convenient  
4=Very convenient  
3=Moderately convenient  
2=Somewhat convenient  
1=Not at all convenient

25. Have you ever had to **pay out of pocket for any of the services** that your child and family received through (name of grant program)? (G.6.e.)

*If yes, which services? Has part of the cost of the services ever been covered by private insurance, Medicaid, or other healthcare program?*

*Have there been any **services that you thought were important** for your child and family but that you **did not receive because of the cost**?*

*On a scale from 1 to 5, (with 5 indicating that cost is not at all a barrier), how much of a **barrier to services** would you say **cost has been**?*

Respondent's rating

5=Not at all a barrier  
4=Slightly a barrier  
3=Somewhat a barrier  
2=Moderately of a barrier  
1=Largely a barrier

Interviewer's rating

5=Not at all a barrier  
4=Slightly a barrier  
3=Somewhat a barrier  
2=Moderately of a barrier  
1=Largely a barrier

26.a. After deciding which services your child and family would receive, **how long has it usually taken** (in calendar days) **to actually receive** those services? **[Probe for shortest, longest, and average wait for services received since entering (name of grant program).]** (G.6.f.)

*What about the services that you considered most important? How long have you had to wait for those services?*

*In general, what have you thought about the length of time it took to get the services once they were planned?*

5=No or almost no wait for non-emergent services. Services received in 7 days or fewer.  
4=Some wait for non-emergent services. Services received between 8 to 14 days.  
3=Moderate wait for non-emergent services. Services received between 15 to 21 days.  
2=Long wait for non-emergent services. Services received between 22 and 28 days  
1=Very long wait for non-emergent services. Services received in more than 28 days.

26.b. Has your child or family **received any emergency or crisis services** since entering (name of grant program)? **If yes**, how long was the wait for those services? (G.6.f.)

5=Crisis services received in less than 24 hours AND emergency services (e.g., in response to suicide attempt) received immediately  
4=Crisis services received within 24 to 48 hours AND emergency services received immediately  
3=Crisis services received within 48 to 72 hours AND emergency services received immediately  
2=Crisis services received in more than 72 hours AND emergency services received immediately  
1=Emergency services not received immediately regardless of timing of crisis services  
666=Not applicable, no emergency or crisis services received

27. Have you ever received any kind of **transportation assistance** (cab fare, bus tokens, shuttle bus, etc.) from (name of grant program)? Who helped you with this? (G.6.d.)

*Have you been able to get help with transportation **when you needed it** — was it easy to ask for, easy to get?*

*Have you had **any problems** with the assistance?*

5=Transportation assistance was always or almost always available when the family needed it. Family had no trouble accessing this service and reported little or no problems.

4=Transportation assistance was most often available when the family needed it. Family reported having some trouble with transportation assistance.

3=Family used transportation assistance, but reported having moderate trouble with transportation assistance.

2=Family used transportation assistance, but reported considerable difficulties accessing the service.

1=Family reported needing transportation assistance, but could not access it.

666=Family reported never needing or wanting to use transportation services.

28. How well do you think that all the **staff and people serving your child and family have worked with each other** to make sure that your child's and family's services have been **coordinated?** (G.5.a.)

*Do you think that they **all have known who has been involved** with your child and family and **what their different roles/jobs have been?***

*Have they worked together to make sure there have been **no scheduling problems** with your child and family's appointments?*

*Have they **shared information** with each other or have you often thought that you have to **repeat everything to everybody** because the providers and staff have not communicated well with each other?*

*Overall, do you feel that your child's and family's **services have been coordinated well**, or could they have done a better job? Can you give me some examples of problems?*

5=Extremely well coordinated. No problems reported.

4=Very well coordinated. Minor problems reported.

3=Moderately well coordinated. Some problems reported.

2=Somewhat coordinated. Considerable problems reported.

1=Poorly coordinated. Major problems reported.

666=Only one party involved.

29. Have there been any **changes in the staff or providers** you or your child have worked with, for example, a new therapist, case manager, respite provider etc.? (G.5.b.)

*Have there been any **other kinds of changes in your services**, for example getting a **new service or going to a new place** for services?*

*If yes, when you **switched services or providers**, did things go smoothly, or did you feel that you were starting all over with the new service or provider instead of picking up where the previous one left off?*

5=Transitions went very smoothly; no disruption of care; family didn't feel they were starting all over again

4=Transitions went pretty smoothly, a few or minor problems still reported; could have been done a little better

3=Transitions went moderately smoothly but quite a few problems or moderate problems still reported; could have been done somewhat better

2=Transitions went somewhat smoothly; several or substantial problems still reported

1=Transitions went not at all smoothly; many or major problems reported; family felt they were starting all over again

666=No transitions or changes reported

30. What have the different providers who work with your child and family done to include you **in your child's and family's services?** (G.1.a.)

*For example, have they usually encouraged you to **offer your ideas about your child's services?***

*Have they considered you to be the **primary decisionmaker** about your child's services?*

*Have they encouraged you to let them know when **something was not working well** for your child and family?*

*Have they asked you for **suggestions about changes** that could be made to improve your child's or family's care?*

*Have the providers often asked you to **participate in services** for your child and family? **If yes**, please describe.*

*Have the different providers usually **kept you informed about what was going on in services and keep you updated about your child's and family's progress**, such as how things were going, what was working, what wasn't?*

*Overall, could the staff have done a better job **keeping you involved in your child's and family's services?***

5=Caregiver was involved in service provision in at least 4 ways AND respondent reported that involvement has been sufficient  
4=Caregiver was involved in service provision in 3 ways OR involved in 4 ways but respondent reported that it could have been better  
3=Caregiver was involved in service provision in 2 ways  
2=Caregiver was involved in service provision in 1 way  
1=Caregiver was not involved in service provision

## Summary

31. On a scale from 1 to 5, with 5 being the best, how much would you say (name of grant program) has **helped your child?**

5=Very much  
4=A lot  
3=Moderately  
2=Somewhat  
1=Not at all

*How much would you say (name of grant program) has **helped your family?***

5=Very much  
4=A lot  
3=Moderately  
2=Somewhat  
1=Not at all

32. What has been the best thing about receiving services through (name of grant program)?
33. Do you have any **suggestions or recommendations** for how (name of grant program) could **improve** the way that it serves children and families?

34. On a scale from 1 to 5, with 5 being the best, how well do you think (name of grant program) is **meeting the needs of children and families?**

5=Extremely well  
4=Very well  
3=Moderately well  
2=Somewhat well  
1=Not well at all

#### **4.A.5.j.**

**K. Case Review Family Participant**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Site ID#\_\_\_\_\_

Date\_\_\_\_\_

Respondent #\_\_\_\_\_

Assessment #\_\_\_\_\_

## K. Case Review Family Participant

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

### Introduction

**I'm here to talk to you about your experience when your child's or family's care was reviewed by the (name of case review group) of (name of grant program). [Note: Before proceeding, make certain that the caregiver recalls that the case review process occurred.]**

1. When was your child and family's care reviewed?
2. Can you describe to me briefly why your child and family's care was brought to the (name of case review group)? What were the primary concerns? **[Probe for prevention of placement in a more restrictive setting than child is currently using.]**

[Data entry: code reasons]

3. Before the actual review, did you receive any **information about the review process?** **If yes**, please describe. (H.1.a.)

*Did you feel as though the **information you received prepared you** for what was going to happen in the (name of case review group) meeting?*

*On a scale of 1 to 5, with 5 being the best, **how clear and understandable** do you think the information about the (name of case review group) meeting was?*

#### Respondent's rating

5=Extremely clear and understandable  
4=Very clear and understandable  
3=Moderately clear and understandable  
2=Somewhat clear and understandable  
1=Not at all clear and understandable OR no information received

#### Interviewer's rating

5=Extremely clear and understandable  
4=Very clear and understandable  
3=Moderately clear and understandable  
2=Somewhat clear and understandable  
1=Not at all clear and understandable OR no information received

4. Now I'm going to ask you a few questions about **how involved you were** in the (name of case review group) process. (H.1.b.)

***Were you present at the care review meeting?***

***Did you request that your child's or family's care be reviewed through the care review process or did someone else?***

***If the review was requested by someone else, who was that person?***



Did anyone **encourage you to bring someone with you** to the meetings, perhaps for support? **[Probe for example.]**

Did they ask you whether there was **anyone that you did not want** at the meeting?

Did other members of the group **encourage you to say what you thought** about the issues being discussed? Did they ever ask for your input? **If yes**, describe.

How much of a role did you have in **helping to resolve the issues** that came up? Please provide examples.

Did you feel that you had a role in determining the final outcome of the review?

Could they have done a better job **involving you** in the care review process?

5=Caregiver involved in at least 6 ways AND reported that it could not have been better.

4=Caregiver involved in 5 ways OR involved in 6 ways but reported that it could have been better.

3=Caregiver involved in 4 ways

2=Caregiver involved in 3 ways

1=Caregiver involved in fewer than 3 ways

5. What about **your child**? Was he/she **involved in the** (name of case review group) **process**?

**If your child was not involved**, do you think that it would have been helpful for your child to be more involved? **[Probe for whether it was appropriate for the child to be involved given his/her challenges, age, or caregiver's preference.]** (H.2.a)

**If yes**, how did they involve your child?

Was **he/she present** at the care review meeting?

Did anyone **encourage your child to bring someone with him/her** to the meetings, perhaps for support? **[Probe for example.]**

Did they ask your child whether there was **anyone that he/she did not want** at the meeting?

Did they **encourage him/her to say what he/she thought** about the issues being discussed? Did they ever ask for his/her input? **If yes**, describe.

How much of a role did he/she have in **helping to resolve the issues** that came up? Please provide examples.

Did you feel that your child had a role in determining the final outcome of the review?

Could they have done a better job **involving your child** in the care review process?

5=Child/youth involved in at least 6 ways AND reported that it could not have been better.

4=Child/youth involved in 5 ways OR involved in 6 ways but reported that it could have been better.

3=Child/youth involved in 4 ways

2=Child/youth involved in 3 ways

1=Child/youth involved in fewer than 3 ways

666=Caregiver reported that involvement was not appropriate

6. Does your family speak a **language other than English**? If so, what language are you most comfortable speaking? (H.3.b.)

Was your (name of case review group) meeting **conducted** in this language?

**If not**, did they make sure that there was someone in the care review meeting who spoke your language and was able to **interpret for you**?

**If not**, did you have to bring anyone with you to the meeting to **interpret for you**?

[Note: If a child conducted interpretation, score as a 1.]

5=Case review meeting was conducted entirely in family's preferred language

4=Case review was conducted in English but formal interpretation was provided by the grant

3=Case review meeting was conducted in English but informal interpretation services provided by grant

2=Case review was conducted in English and family brought interpreter because no other option was available

1=Case review was conducted in English and no interpretation was conducted or any interpretation had to be done by a child in the family

666=Not applicable. Family's primary language is English.

7. **What time of day** was your care review meeting held? (H.6.a)

Who decided what time it would be held? Did you have any **input into the meeting time**?

Were there other **times that would have been more convenient** for you but that were not available as scheduling options?

On a scale from 1 to 5, with 5 being the most convenient, **how convenient** was the (name of case review group) meeting time for you? (H.6.a.)

Respondent's rating

5=Extremely convenient

4=Very convenient

3=Moderately convenient

2=Somewhat convenient

1=Not at all convenient

Interviewer's rating

5=Extremely convenient

4=Very convenient

3=Moderately convenient

2=Somewhat convenient

1=Not at all convenient

8. Now, what about the **location** of the care review meeting? **Where** was the meeting held? (H.6.b)

Who decided where it would be held? Did you have **any input** in deciding the meeting location?

Were there **other locations that would have been more convenient** for you but were not available options?

[On a scale from 1 to 5, with 5 being the most convenient, **how convenient** was the care review meeting **location** for you?

Respondent's rating

5=Extremely convenient

4=Very convenient

3=Moderately convenient

2=Somewhat convenient

1=Not at all convenient

Interviewer's rating

5=Extremely convenient

4=Very convenient

3=Moderately convenient

2=Somewhat convenient

1=Not at all convenient

9. Was your child involved with any other agencies besides (name of grant program) at the time of the care review meeting? **[Probe for involvement with departments of mental health, public health, juvenile justice, child welfare, or education.]** (H.4.b.)

*If yes, which ones?*

*Were **all the agencies** involved with your child or family at that time represented at the meeting?*

*If not, which agencies were missing?*

5=All involved agencies were present  
4=Most involved agencies were present  
3=Some involved agencies were present  
2=Few of the involved agencies were present  
1=One involved agency was present (but family involved with more than one)  
666=Family involved with only one agency

10. Those are all the questions I have about (name of case review group). Is there anything else you would like to say about your experience with care review process?

## Summary

**I would like to ask just a few final questions about your experience with (name of grant program) in general.**

11. On a scale from 1 to 5, with 5 being the best, how much would you say (name of grant program) has **helped your child?**

5=Very much  
4=A lot  
3=Moderately  
2=Somewhat  
1=Not at all

*How much would you say (name of grant program) has **helped your family?***

5=Very much  
4=A lot  
3=Moderately  
2=Somewhat  
1=Not at all

12. Do you have any **suggestions or recommendations** for how (name of grant program) could improve the way that it serves children and families?

*On a scale from 1 to 5, with 5 being the best, **how well** do you think (name of grant program) is **meeting the needs of children and families?***

5=Extremely well  
4=Very well  
3=Moderately well  
2=Somewhat well  
1=Not well at all

#### **4.A.5.k.**

**L. Direct Service Staff from Other Public Child-Serving Agencies**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Job Title\_\_\_\_\_

Date\_\_\_\_\_

Site ID#\_\_\_\_\_

Assessment #\_\_\_\_\_

Respondent #\_\_\_\_\_

## L. Direct Service Staff from Other Public Child-Serving Agencies

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 60 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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This interview is to be administered to staff from partner public agencies who provide direct services to children and families served by the grant program including teachers, probation officers, child welfare case workers, and public health nurses.

---

### Introduction

1. Please briefly **describe your agency and its relationship with the** (name of grant program).

[Data entry: Code agency]

*What **kinds of services** does your agency/organization provide — what does your organization do?*

2. How long have **you** been working with this agency/organization?

*What is **your function**?*

[Data entry: Code function]

3. Since CMHS grant funds were received, what types of **services or support** has your agency provided to **children/families served by** (name of grant program)? What services do **you** specifically provide?
4. Since grant funds were received, what **percentage of the children/families** you served have also been involved with (name of grant program)?
5. Since grant funds were received, how has (name of grant program) informed you about **program operations** such as changes in eligibility criteria, referral processes, service/program components? (B.5.a.)

[Data entry: code mechanisms]

*On a scale of 1–5 (with 5 being best) how **effective** have these efforts been in ensuring that all parties have been aware of program procedures and operations?*

5=very effective  
 4=moderately effective  
 3=somewhat effective  
 2=minimally effective  
 1=not effective

## Entry into Grant Services

6. How **complicated** is it for families to enter into (name of grant program) services? (E.6.b.)

*Can you **describe the steps** involved in the entry process after families are referred to (name of grant program) ? [Probe for what occurs between referral and the first service contact.]*

On a scale of 1 to 5 (with 5 being the least complicated) how efficient is it for children and families to enter (name of grant program) ?

### Respondent's rating

5=Entry process was not at all complicated/difficult. Very few steps were involved.  
 4=Entry process was slightly complicated/difficult.  
 3=Entry process was somewhat complicated/difficult. Several steps were involved.  
 2=Entry process was moderately. Many steps involved.  
 1=Entry process was extremely complicated/difficult. Very many steps involved.

7. How much **time typically** passes between referral to the grant program and the first **service contact after the intake and screening assessment are completed** (not including emergencies or crises)? (E.6.c.)

*In your experience, what was the **shortest time between referral and first service contact?***

*What was the **longest time?***

5=Service typically received in less than one week  
 4=Service typically received in more than one but less than two weeks  
 3=Service typically received in more than two but less than three weeks  
 2=Service typically received in more than three but less than four weeks  
 1=Service typically received in more than four weeks

## Service Planning

8. Since grant funds were received, **have you had any involvement in service planning** for children served by the (name of grant program) (e.g., attending child and family team service planning meetings, providing input, etc.)?

1=No **If no, use the (N) guide starting with Question 5**  
 2=Yes **If yes, continue**

9. Have staff from any of the other **public agencies routinely participated** in service planning (for example, staff from mental health, health, juvenile justice, education, child welfare)? (F.4.a.) If yes, which ones?

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

Have **ALL partner agencies participated, or only those involved with the child/family?**

Have any **agencies been difficult to engage** in the planning process? (e.g., agencies that did not routinely participate, rarely responded to requests to attend planning meetings, etc.) If yes, which ones?

- |                   |                      |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education     | 5 = Public Health    |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

Overall, **how frequently** would you say that all of the agencies involved with a child/family participated in the child and family team service planning process?

- 5=Routine participation of most or all involved child-serving agencies such that they routinely and actively participated  
4=Frequent but not routine participation of most or all involved child-serving agencies  
3=Frequent participation was not routine for all agencies; some involved agencies routinely participated but others participated only sporadically  
2=Few agencies routinely participated such that it was rare that all involved agencies participated in service planning  
1=None of the involved agencies participated in service planning

10. Have **others who provided support or services to a family**, such as **organizations in the community, direct service providers, or private providers**, participated in service planning? (F.5.a.)

*If yes, who tends to participate (generally)?*

Overall, how frequently would you say that **ALL of the other organizations and providers involved with a child/family** participated in service planning?

- 5=Routine participation of most or all involved organizations and providers such that they routinely and actively participated  
4=Frequent but not routine participation of most or all involved organizations and providers  
3=Frequent participation was not routine for all organizations and providers; some routinely participated but others participated only sporadically  
2=Few organizations and providers routinely participated such that it was rare that all involved organizations and providers participated in service planning  
1=None of the involved organizations and providers participated in service planning

- 11.a. Since grant funds were received, have efforts been made to **coordinate service planning processes** across agencies, organizations, or providers? (F.5.b.)

Is there a **unified** service planning meeting or process? (e.g., all agencies come together to develop unified or complimentary service plans together)

*Have staff attended service planning meetings **across agencies**? How frequently?*

- 11.b. Have **efforts to coordinate service planning processes** been effective? **If yes**, in what ways? (F.5.b.)

*Have **efforts been sufficient**? What else could be done to improve coordination of the service planning process across agencies, organizations, and providers?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

12. Since grant funds were received, have **service plans been developed for ALL children/families** served by (name of grant program)? If no, in which cases have service plans been developed? (F.2.a.)

*What percentage of children/families have had plans in place?*

5=All children (100%) have had individualized service plans  
4=Almost all (90–99%) children have had individualized service plans  
3=Many (75–89%) children have had individualized service plans  
2=Some (50–74%) children have had service plans  
1=Few (less than 50%) children have had service plans

- 13.a. Since grant funds were received, have **family members typically been present** at their service planning meetings? (F.1.a.)

*Approximately what percentage of the meetings have families attended?*

5=Family member present in all (100%) meetings  
4=Family member present in almost all (90–99%) meetings  
3=Family member present in many (75–89%) meetings  
2=Family member present in some (50–75%) meetings  
1=Family member present in few (less than 50%) meetings  
666=No planning meetings have been held

- 13.b. Since grant funds were received, has the **service planning process emphasized family involvement?** (F.1.a.)

Please provide **specific examples** of how **families have participated in:**

- **identifying and prioritizing their problems or concerns**
- **developing goals and objectives**
- **requesting participants in the service planning process**
- **rejecting participants in the service planning process**
- **identifying and choosing service options**
- **rejecting service options**

*In general, has the process involved **families as much as it could have?** Could it have been better?*

[Note: If the situation has not come up but it would be possible, assign ½ point.]

5=Families have been involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient  
4=Families have been involved in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better  
3=Families have been involved in service planning in 4 ways  
2=Families have been involved in service planning in 3 ways  
1=Families have been involved in service planning in fewer than 3 ways

- 14.a. Have **children/youth commonly been involved** in service planning? **Under what circumstances** do you think it is appropriate for youth to participate in service planning?



**[If children/youth have been commonly involved:]**

14.b. Please provide specific examples of how **children** have been **involved** in: (F.2.b.)

- **identifying and prioritizing their problems or concerns**
- **developing goals and objectives**
- **requesting participants in the service planning process**
- **rejecting participants in the service planning process**
- **identifying and choosing service options**
- **rejecting service options**

*In general, did the process involve **youth as much as it could have**? Could it have been better?*

**[Note: If the situation has not come up but it would be possible, assign ½ point.]**

5=Children/youth have been involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient  
4=Children/youth have been involved in service planning in 5 ways OR involved in 6 ways but respondent reported it could have been better  
3=Children/youth have been involved in service planning in 4 ways  
2=Children/youth have been involved in service planning in 3 ways  
1=Children/youth have involved in service planning in fewer than 3 ways

## **Service Provision**

**Using the Services Card for Interviewing, ask:**

15. Of the services you see listed on this card, which are present in (name of grant program)'s service array? **[Refer to the Service Array Card for Interviewing. Clarify that this means that the service is available to children and families served by the grant program regardless of whether the service is in the community or has low capacity.]** (C.2.b.)

**[Show the respondent the Service Array Card for Interviewing and read each service option listed. Have the respondent indicate whether each service was present in the array since receiving grant funds. On the Service Array Card for Scoring, place a check in each service that was present.]**

*Are there any **other formal or support services** for children and families **not listed** on this card that are part of your community's service array? Please list.*

**[Determine whether the service can be coded elsewhere on the list. If not, write additional services on the Service Array Card for Scoring.]**

**Use completed Service Array Card for Scoring to score this item**

5=All required services are in the array AND additional services are also available  
4=All required services are in the array BUT no additional service are present  
3=Most required services are in the array (1–3 missing) (Presence of additional services is not relevant)  
2=Some required services are in the array (4 missing) (Presence of additional services is not relevant)  
1=Few required services are in the array (more than 4 missing) (Presence of additional services is not relevant)

16. Of the services you've identified as having been present in (name of grant program)'s service array, **which have sufficient capacity** to meet the needs of **all** the children and/or families who need them? **[Circle whether or not each service has sufficient capacity to meet the need.]** (G.6.a.)

**[Clarify that insufficient capacity relates to services that some children and/or families cannot get at all even though they need them, or that the respondent does not refer to because of the limited capacity.]**

**Use completed Service Array Card for Scoring to score this item**

- 5=All services in the array have fully sufficient capacity. All children/families can get all the services they need  
4=Most services in the array (75–95%) have fully sufficient capacity such that all children/families who need them can get them  
3=Many services in the array (50–74%) have fully sufficient capacity such that all children/families who need them can get them  
2=Some services in the array (25–49%) have fully sufficient capacity such that all children/families who need them can get them  
1=Few services in the array (less than 25%) have fully sufficient capacity

- 17.a. Of the services in your array, which are **provided in the community?** **[Refer again to the Service Array Card for Interviewing and circle whether or not each service is available in the community.]** (G.7.a.)

**Use completed Service Array Card for Scoring to score this item**

- 5=All services in the array are provided in the community  
4=Most services in the array (75–95%) are provided in the community  
3=Many services in the array (50–74%) are provided in the community  
2=Some services in the array (25–49%) are provided in the community  
1=Few services in the array (less than 25%) are provided in the community

- 17.b. How many **children/families** you've worked with since grant funds were received **have had to travel outside of their home communities** to receive services? (G.7.a.)

*How far have these children/families had to travel?*

- 5=No children/families had to leave the community for services  
4=Few (1–2) children/families had to leave the community for services  
3=Some (3–4) children/families had to leave the community for services  
2=Many (5–6) children/families had to leave the community for services  
1=Very many (7 or more) children/families had to leave the community for services

- 18.a. Thinking across all of the different children and families you've worked with since grant funds were received, has **it ever been necessary for a child to be served in a restrictive setting** (for example, alternative school, hospital, group home, etc.)? **If yes, please describe.**

*How frequently has this occurred?*

- 18.b. In these situations, **were any efforts made to transition or move the child into less restrictive services or settings** once appropriate? If so, please describe. (G.8.a.)

*Have these efforts been effective?*

*Have these efforts been sufficient (such that children were transitioned to less restrictive services/settings as soon as possible)? If no, why not?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
1=No or almost no effort has been made toward accomplishing larger goal

## Summary

19. Since grant funds were received, have you received or participated in any **training sessions** provided as part of (name of grant program) activities?

*If yes, please describe the topics or content areas covered. [Probe on CASSP principles such as family involvement, cultural competency, individualized care, strengths-based care, etc.]*

20. Since grant funds were received, what have been (name of grant program)'s **most important achievements**?
21. What have been the **biggest barriers or obstacles** faced by (name of grant program)?
22. How has your **agency benefitted** from (name of grant program)?
23. How has your **community benefitted** from (name of grant program)?

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Interviewed\_\_\_\_\_

Date\_\_\_\_\_

**Service Array Card for Scoring**

	Data Entry	Service Options	Present in the array ✓ [Q. 15]	Sufficient capacity? [Q. 16]		Provided in the community? [Q. 17.a.]	
				No	Yes	No	Yes
1	24.	Diagnostic and evaluation services		1	2	1	2
2	25.	Neurological and/or neuro-psychological assessment		1	2	1	2
3	26.	Outpatient individual counseling		1	2	1	2
4	27.	Outpatient group counseling		1	2	1	2
5	28.	Outpatient family counseling		1	2	1	2
6	29.	Medication management		1	2	1	2
7	30.	Case management/coordination services		1	2	1	2
8	31.	Respite care		1	2	1	2
9	32.	Professional consultation		1	2	1	2
10	33.	24-hour, 7-day-a-week emergency services, including crisis outreach		1	2	1	2
11	34.	Intensive day treatment services		1	2	1	2
12	35.	Therapeutic foster care or therapeutic group home services		1	2	1	2
13	36.	Intensive home-based services (e.g., family preservation services)		1	2	1	2
14	37.	Transition-to-adult services		1	2	1	2
15	38.	Residential treatment		1	2	1	2
16	39.	Inpatient hospitalization		1	2	1	2
<b>Other formal or support services (<i>specify</i>)</b>							
	40.			1	2	1	2
	41.			1	2	1	2
	42.			1	2	1	2
	43.			1	2	1	2
	44.			1	2	1	2

**Note:** When scoring, if responses are missing (e.g., don't know) for more than 3 services in a given column, do not score the item that relates to that column. Required services are listed as 1 through 14 above.

### *Service Array Card for Interviewing*

	<i>Service Options</i>
1	<i>Diagnostic and evaluation services</i>
2	<i>Neurological and/or neuro-psychological assessment</i>
3	<i>Outpatient individual counseling</i>
4	<i>Outpatient group counseling</i>
5	<i>Outpatient family counseling</i>
6	<i>Medication management</i>
7	<i>Case management/coordination services</i>
8	<i>Respite care</i>
9	<i>Professional consultation</i>
10	<i>24-hour, 7-day-a-week emergency services, including crisis outreach</i>
11	<i>Intensive day treatment services</i>
12	<i>Therapeutic foster care or therapeutic group home services</i>
13	<i>Intensive home-based services (e.g., family preservation services)</i>
14	<i>Transition-to-adult services</i>
15	<i>Residential treatment</i>
16	<i>Inpatient hospitalization</i>
<b><i>Other formal or support services (specify)</i></b>	

## **4.A.5.I.**

**M. Care Record/Chart Review**

System/Program \_\_\_\_\_

Reviewer \_\_\_\_\_

CHILD ID/MACRO ID# \_\_\_\_\_

Date \_\_\_\_\_

Site ID# \_\_\_\_\_

Assessment # \_\_\_\_\_

Respondent # \_\_\_\_\_

### M. Care Record/Chart Review

This record review is completed by national evaluation staff and has no public burden associated with it.

1. What was the date of intake into the System-of-Care program?
2. Through which agency/organization did the child and family enter the System-of-Care program?

1=Mental Health

6=Other Health

2=Education

7=Family Organization

3=Child Welfare

8=Self Referral

4=Juvenile Justice

9=Other (please describe) \_\_\_\_\_

5=Public Health

888=Unknown

3. What was the child's most recent diagnosis(es) as given in the chart?

[If Axes not reported, record diagnoses here:

Axis 1:

Axis 2: \_\_\_\_\_

Axis 3: \_\_\_\_\_

Axis 4: \_\_\_\_\_

Axis 5: \_\_\_\_\_

\_\_\_\_\_]

Who assigned the diagnosis(es)?

1=Psychiatrist

2=Psychologist

3=Social Worker

4=Other (please describe)

888=Unknown

4. Were any of the child's strengths described in the assessment?

1=No, 2=Yes

*Please list:*

[Code child's strengths]

5. Were any of the family's strengths described in the assessment?

1=No, 2=Yes

*Please list:*

[Code family's strengths]

6. Were any cultural issues discussed in the assessment?

1=No, 2=Yes

*Please list:*

[Code cultural issues]

7. Was there an initial service plan filed in the chart?

1=No, 2=Yes

*If yes, move on to question 8. If no, go to question 9.*

8. Circle below all who participated in service planning.  
(Evidence of participation includes signatures of attendees on the plan, or attendees were listed or mentioned as being present for the meeting.)

1=Child's caregiver or guardian

2=Child

3=Other family member

4=Case manager/service coordinator

5=Therapist

6=Other mental health staff (e.g., behavioral aide, respite worker)

7=Education staff (e.g., teacher, counselor)

8=Child welfare staff (e.g., case worker)

9=Juvenile justice (e.g., probation officer)

10=Health staff (e.g., pediatrician, nurse)

11=Family advocate

12=Other (please describe)

13=Other (please describe)

888=Unknown

9. Was there a subsequent service plan filed in the chart?

1=No, 2=Yes

*If yes, move on to question 10. If no, go to question 11.*

10. Circle below all who participated in any subsequent service plan or update. (Evidence of participation includes signatures of attendees on the plan, or attendees were listed or mentioned as being present for the meeting.)

1=Child's caregiver or guardian

2=Child

3=Other family member

4=Case manager/service coordinator

5=Therapist

6=Other mental health staff (e.g., behavioral aide, respite worker)

7=Education staff (e.g., teacher, counselor)

8=Child welfare staff (e.g., case worker)

9=Juvenile justice (e.g., probation officer)

10=Health staff (e.g., pediatrician, nurse)

11=Family advocate

12=Other (please describe)

13=Other (please describe)

888=Unknown



11. Were child's strengths integrated into one or more of the initial, subsequent, or updated service plans? Strengths include such things as child's competencies, skills, interests, aspirations.

1=No, 2=Yes, 666=No service plans in chart

*Describe:*

[Code child's strengths]

12. Were any of the family's strengths integrated into one or more of the initial, subsequent, or updated service plans? Strengths include such things as the family's competencies, skills, interests, aspirations.

1=No, 2=Yes, 666=No service plans in chart

*Describe:*

[Code family's strengths]

13. Were any aspects of the family's cultural background integrated into any of the service plans or updates?

1=No, 2=Yes, 666=No service plans in chart

*Describe:*

[Code cultural issues]

14. Were any service/treatment plans from other agencies, organizations, or providers found in the file?

1=No, 2=Yes

*If yes, please answer question 15. If no, move on to question 16.*

15. What agencies/organizations had plans in the chart? Circle all that apply.

1=Mental Health

2=Education

3=Child Welfare

4=Juvenile Justice

666=N/A no other plans in chart

5=Public Health

6=Other Health

7=Family Organization

8=Other (please describe)

16. Was there a safety or emergency plan in the file?

1=No, 2=Yes

<b><u>SERVICES</u></b>		<b>Service ever PLANNED?</b>		<b>Service ever RECEIVED?</b>	
<b>Service Type</b>	<b>Definition</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>
17. Case Management	Service may include establishing and facilitating interagency treatment teams, preparing, monitoring and revising individual service plans, conducting assessments, identifying and coordinating multiple treatment and support services, advocating on behalf of the child and family, and providing supportive counseling and outreach services.	1	2	1	2
18. Assessment/evaluation	Involves an assessment of a child's psychological, social and behavioral strengths and challenges in order to determine the extent and nature of a child's condition. This service is typically performed by a psychologist or psychiatrist. Types of assessment may include neurological, psychosocial, educational and vocational.	1	2	1	2
19. Crisis stabilization	Interventions designed to stabilize a child experiencing acute emotional or behavioral difficulties. Services may include the development of crisis plans, 24-hour telephone support, short-term counseling, mobile outreach services to children and families, intensive in-home support during crisis, and short-term emergency residential services.	1	2	1	2
20. Family preservation services	An intensive combination of therapeutic and support services provided to the child and/or family within the home typically for the purpose of averting out-of-home placement. May include therapy and enhancement of conflict resolution and communication skills.	1	2	1	2
21. Individual therapy for child	Therapeutic intervention with a child that relies on interaction between therapist/clinician and child to promote psychological and behavior change. Includes a variety of approaches (e.g., behavior, psychodynamic, cognitive, family systems) provided outside of the home.	1	2	1	2
22. Group therapy for child	Therapeutic intervention with a child that relies on interaction among a group of children, facilitated by a clinician/therapist to promote psychological and behavior change.	1	2	1	2
23. Parent/family therapy	Therapeutic family oriented services provided to caregivers and siblings with or without the child present (e.g., individual/group therapy, family therapy, multi-family therapy).	1	2	1	2
24. Day treatment or therapeutic day camp	Intensive, non-residential service that provides an integrated array of counseling, education, and/or vocational training which involves a child or youth for at least 5 hours a day, for at least 3 days a week. Day treatment may be provided in a variety of settings including: schools, mental health centers, hospitals or in other community locations.	1	2	1	2
25. Therapeutic camp (residential)	Involves children/youth and staff living together in a wilderness or other camp environment often located outside of the community in which the child resides. Treatment focuses on group process and social skills development.	1	2	1	2

<b><u>SERVICES</u></b>		<b>Service ever PLANNED?</b>		<b>Service ever RECEIVED?</b>	
<b>Service Type</b>	<b>Definition</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>
26. Medication treatment/ monitoring for child	Prescription of psychoactive medications by a physician or other qualified health care specialist to a child/youth designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drug.	1	2	1	2
27. Inpatient hospitalization	Residential placement of child/youth in inpatient hospital setting for observation, evaluation and/or treatment. This treatment is characterized by a strong medical orientation and 24-hour nursing supervision and is often used for short-term treatment and crisis stabilization or to conduct comprehensive evaluations where specialized medical tests are warranted.	1	2	1	2
28. Residential treatment center	Treatment provided in secure residential facilities that typically serve 10 or more children and youth, provide 24-hour staff supervision, and can provide a full array of treatment interventions and approaches including individual therapy, group and family therapy, behavior modification, skills development, education and recreational services.	1	2	1	2
29. Foster care	Non-treatment oriented alternative living situation for children and youth who cannot live with their families. Foster care provides a home environment with a daily living routine and supervision.	1	2	1	2
30. Therapeutic foster care	Out-of-home placement of a child/youth with foster caregiver(s) who are especially trained to care for children with emotional and/or behavioral problems. Therapeutic foster care employs a variety of treatment approaches and includes supportive counseling, crisis back-up, behavior management and social development.	1	2	1	2
31. Therapeutic group home	Out-of-home placement of a child/youth in a home-like setting with 3–10 children with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes supportive counseling, crisis back-up, behavior management and social and independent living skill development.	1	2	1	2
32. Independent living	Services designed to prepare older adolescents to live independently and reduce reliance on the service system. Services may include social and community living skills development, peer support and counseling. May also include independent living expenses used for monthly rent, apartment deposits, utility deposits, moving expenses, etc.	1	2	1	2
33. Attendant care	Supervision of a child with serious emotional or behavioral challenges by trained adults in-home or out-of-home who offer supervision and support and may assist with other household chores, tutoring, or recreational activities.	1	2	1	2
34. Family/sibling support or wraparound services	Non-therapeutic and support services provided to caregivers or siblings (e.g., family activities) not including recreational activities, transportation services or respite care.	1	2	1	2

<b><u>SERVICES</u></b>		<b>Service ever PLANNED?</b>		<b>Service ever RECEIVED?</b>	
<b>Service Type</b>	<b>Definition</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>
35. Recreational activities	Use of community recreation resources (e.g., YMCA or other physical fitness activities, youth sports programs, karate classes, etc.), summer camps (with no treatment component), club memberships and other recreational projects.	1	2	1	2
36. Respite care	A planned break for families who are caring for a child with a serious emotional or behavioral disturbance where trained parents or counselors assume the duties of caregiving for a brief period to allow the parent/caregivers a break. The service may be provided in the child's home or in other community locations.	1	2	1	2
37. Transportation	Includes providing transportation to appointments and other scheduled services and activities, reimbursement for public transportation, van rentals, etc.	1	2	1	2
38. Other formal services	Specify:	1	2	1	2
39. Other informal support services	Specify:	1	2	1	2

#### **4.A.5.m.**

**N. Other Staff**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Job Title\_\_\_\_\_

Date\_\_\_\_\_

Site ID#\_\_\_\_\_

Assessment #\_\_\_\_\_

Respondent #\_\_\_\_\_

## N. Other Staff

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 60 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

To be used with staff representing other child-serving sectors or agencies involved with children/families also served by the grant. **This guide should NOT be used with those (including subcontractors) who are DIRECTLY involved in providing mental health related services to children/families (for example, therapists, behavioral aides, respite staff, day treatment staff, crisis intervention staff, psychologists, counselors, etc.).** These staff should be interviewed with the G. guide. Direct service providers from partner agencies such teachers, probation officers, child welfare case workers, and public health nurses should be interviewed using the L. guide.

### Introduction

1. Please briefly **describe your agency/organization and its relationship with** (name of grant program).  
  
*What **kinds of services** does your agency/organization provide — what does your organization do?*
2. How long have **you** been working with this agency/organization?
3. Since CMHS grant funds were received, what kinds of **services or support** has your agency provided to **children/families served by** (name of grant program)? What services do **you** provide?
4. Since grant funds were received, what **percentage of children/families** served by your organization have also been involved with (name of grant program)?
5. Since grant funds were received, how have children/families **been referred or sent** to you/your organization for services?  
  
*Could any **person, agency, or provider refer children/families** to you for services? If **no**, why not?*
6. Has your or your **organization's involvement** with (name of grant program) **changed**

- **your operations**, how your organization does business?

- how your organization **serves children/families**?

7. Since grant funds were received, have you received or participated in any **training sessions** provided as part of (name of grant program) activities?

*If yes, please describe the topics or content areas covered. [Probe on CASSP principles such as family involvement, cultural competency, individualized care, strengths-based care, etc.]*

8. How has **information been shared or communicated between you/your organization** and (name of grant program) (e.g., memos, shared staff meetings, via the interagency structure, etc.)?
9. What kinds of **information have you/your organization typically RECEIVED from** (name of grant program) (e.g., information on children/families served, information regarding grant policies and procedures, etc.)?
10. What kinds of **information have you provided TO the** (name of grant program) (e.g., information on children/families served, information regarding organization policies and procedures, etc.)?
11. Are there any mechanisms in place to facilitate **collaboration** between you/your organization and (name of grant program) (e.g., interagency committees, special task forces, etc.)?
12. Are there any mechanisms in place to **facilitate the coordination of services that you/your organization provides, the services provided by** (name of grant program), **and other organizations in the community** who serve children/families (e.g., joint or shared service planning meetings, etc.)?

Have you or any of the staff from your organization **participated in service planning meetings** at (name of grant program)? **If yes**, how frequently? What was your role in those meetings?

13. Have you/your organization put any mechanisms in place to **encourage family involvement**?
14. Have you/your organization put any mechanisms in place to **enhance cultural competency**?

## Summary

15. Since grant funds were received, what have been the (name of grant program)'s **most important achievements**?
16. What have been the **biggest barriers or obstacles** faced by (name of grant program)?
17. How has your **community benefitted** from (name of grant program)?

**4.A.5.n.**

**O. Debriefing Document**



System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Date\_\_\_\_\_

## O. Debriefing Document

### I. Date of Debriefing

### II. Participants

### III. Infrastructure Level: Choose from any of the following areas: Governance, Management and Operations, Service Array, or Quality Monitoring — 2 strengths and 2 areas for enhancement.

**Strength (1)**

**Strength (2)**

**Area for Enhancement (1)**

**Area for Enhancement (2)**

### IV. Service Delivery: Choose from any of the following areas: Entry, Service Planning, Service Provision, Case Review and Monitoring — 2 strengths and 2 areas for enhancement.

**Strength (1)**

**Strength (2)**

**Area for Enhancement (1)**

**Area for Enhancement (2)**

### V. Notes on Debriefing meeting

- *What did the grant community like?*

- *What didn't they like?*

- *Did they find the meeting helpful?*

- *Is there anything else they wanted more information on or about?*

#### **4.A.5.o.**

**P. Youth Served by the System of Care**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Site ID#\_\_\_\_\_

Date\_\_\_\_\_

Respondent #\_\_\_\_\_

Assessment #\_\_\_\_\_

## P. Youth Served by the System of Care

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### Introduction

Hello, my name is \_\_\_\_\_. Thank you for taking time today to help us. I'll be asking you questions about your experience with the services provided through (name of grant program). That information will help us understand what works best for young people and their families. Before we start, I want to make sure that you know that the information you give me today will be kept strictly confidential and will not be shared with the (name of grant program). In our report, everybody's answers will be combined and the people who gave us the information will not be identified. While answering these questions, remember that you should concentrate on things that have happened since you came to (name of grant program). [Review Assent or Consent form with respondent. Ascertain age of respondent again to determine consent to participate with or without parental permission. Obtain respondent signature before proceeding with the interview].

---

### Background Information

1. Can you tell me a little bit about yourself and family?

*Do you attend school? What grade are you in?*

*What do you like to do?*

*Who else is in your family?*

2. Why did you become involved with (name of grant program)? **[Probe for reasons the youth entered care.]**

*How did you learn about the (name of grant program)? Who referred you?*

*How long have you and your family been receiving services through the program?*

3. What services do **you and your family** currently receive through (name of grant program)?

*In addition to these, have or your family ever received **any other** services through (name of grant program)?*

4. In addition to the services received through (name of grant program), have **you and your family** received **services from other providers, organizations, programs or agencies?** If yes, what were they?

Now I'd like for you to think back to when you first came to (name of grant program).

5. How did you become involved with the (name of grant program)? **[Probe for details about the entry process]**

Was it **difficult to get into** (name of grant program)? (E.6.b.)

*On a scale of 1 to 5, with 5 being the best, how would you **rate how complicated or difficult** it was for you or your family's first service to begin?*

Respondent's rating

5=Entry process was not at all complicated/difficult. Very few steps were involved.  
4=Entry process was slightly complicated/difficult.  
3=Entry process was somewhat complicated/difficult. Several steps were involved.  
2=Entry process was moderately. Many steps involved.  
1=Entry process was extremely complicated/difficult. Very many steps involved.

Interviewer's rating

5=Entry process was not at all complicated/difficult. Very few steps were involved.  
4=Entry process was slightly complicated/difficult.  
3=Entry process was somewhat complicated/difficult. Several steps were involved.  
2=Entry process was moderately. Many steps involved.  
1=Entry process was extremely complicated/difficult. Very many steps involved.

6. How much **time passed** between when you and your family first tried to get into (name of grant program) **until you actually started receiving services?** Was this a good timeframe for you, or did you need to receive services sooner? (E.6.c.)

*On a scale of 1 to 5, with 5 being the best, how would you **rate the length of time** it took for you or your family's first service to begin?*

Respondent's rating

5=Timeframe was perfect, no changes needed  
4=Timeframe was very fast, could use minor improvement  
3=Timeframe pretty fast, could use some improvement  
2=Timeframe pretty slow, could use quite a bit of improvement  
1=Timeframe entirely too slow, needs a great deal of improvement

Interviewer's rating

5=Timeframe was perfect, no changes needed  
4=Timeframe was very fast, could use minor improvement  
3=Timeframe pretty fast, could use some improvement  
2=Timeframe pretty slow, could use quite a bit of improvement  
1=Timeframe entirely too slow, needs a great deal of improvement

7. Were **you and your family treated with respect and made to feel comfortable** throughout the enrollment process? (E.2.a.)

*Did the staff **pay attention to and respect** what you had to say?*

*On a scale from 1 to 5, with 5 being the best, how **respected and comfortable** did you **feel** during the process for entering (name of grant program)?*

Respondent's rating

5=Youth felt extremely respected and comfortable  
4= Youth felt very respected and comfortable  
3= Youth felt moderately respected and comfortable  
2= Youth felt somewhat respected and comfortable  
1= Youth felt extremely disrespected and uncomfortable

Interviewer's rating

5= Youth felt extremely respected and comfortable  
4= Youth felt very respected and comfortable  
3= Youth felt moderately respected and comfortable  
2= Youth felt somewhat respected and comfortable  
1= Youth felt extremely disrespected and uncomfortable

Now I'd like to ask you some questions about what happened when you and the staff at (name of grant program) were deciding what services would be best for you and your family. We call this the **service planning process**.

8. When you first came to (name of grant program), did **anyone help to decide what services you and your family should receive?**

*Who was the main person you worked with to plan services? [Probe for the first name and function (e.g., case manager or therapist) who worked with the family to plan services. Use that name where you see (name of case manager/therapist).]*

9. Since entering (name of grant program), have you or your family been involved with staff from other agencies such as **child welfare, juvenile justice, education**, etc.? **If yes**, which agencies? (F.4.a.)

***If yes**, did anyone from any of these **agencies** work with you and (name of case manager/therapist) to **plan services** for you and your family? If so, who?*

*Was there any other agency that you thought should have helped to plan services but did not?*

5=All involved agencies were present  
4=Most involved agencies were present  
3=Some involved agencies were present  
2=Few of the involved agencies were present  
1=One involved agency was present (but family involved with more than one)  
666=Family involved with only one agency

10. How well did the people who were working with you and your family **involve you** in the **service planning process?** (F.2.b.)

*Did they encourage you to **bring someone** to the meeting with you, perhaps **for support**?*

*Did they ask you whether there was anyone you **did not want to be present** in the meeting?*

*Did they ask you to talk about **what you thought were the most important concerns** for yourself?*

*Did they encourage you to help **develop** you own **goals and objectives**?*

*Did they give you a **choice of services** that you thought would be most helpful for yourself?*

*Were you able to **turn down services** that **you did not want** to receive?*

*Overall, were you as **involved in the service planning** process as you think you should have been?*

5=Youth was involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient  
4= Youth was involved in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better  
3= Youth was involved in service planning in 4 ways  
2= Youth was involved in service planning in 3 ways  
1= Youth was involved in service planning in fewer than 3 ways

11. Was the service plan (plan of care) written down? Did you sign it? Did you receive a copy of it?
12. When you were working with (name of case manager/therapist) to plan services, did she/he talk with you about **your strengths** (things you like to do, your interests, things you are good at)? Would you mind giving me some examples of things you talked about? (F.2.c.)

***How were your strengths used in planning your services? What could have been done better?***

5=Strengths explicitly discussed and at least three examples given of how strengths were incorporated into the service plan AND respondent reported it could not have been better

4=Strengths explicitly discussed and two examples given of how strengths were incorporated into the service plan but respondent reported it could have been better

3=Strengths explicitly discussed and one example given of how strengths were incorporated into the service plan

2=Strengths explicitly discussed but not (or very, very minimally) incorporated into the service plan

1=No discussion of strengths

**Now let's talk about the services you are receiving or have received since you entered (name of grant program).**

13. Have you received **all** the services that were in your plan of care?

***If no,*** Do you know why you did not receive all the services that were planned for you?  
**[Probe for reasons: lack of funds, no openings, waiting list, not in community, etc.]**

14. What have the different service providers you have worked with done to include you in **your services?** (G.2.d.)

***For example, have they usually encouraged you to offer your ideas about services?***

***Have they considered your ideas or input about your services?***

***Have they encouraged you to let them know when something was not working well?***

***Have they asked you for suggestions about changes that could be made to improve your services?***

***Overall, could your service providers have done a better job in getting or using your suggestions about the services they were providing to you?***

5=Youth was involved in service provision in 4 ways AND respondent reported that involvement has been sufficient

4= Youth was involved in service provision in 3 ways OR involved in 4 ways but respondent reported that it could have been better

3= Youth was involved in service provision in 2 ways

2= Youth was involved in service provision in 1 way

1= Youth was not involved in service provision

**Now let's talk about services that are available in your community.**

15. Is there a person you can talk to or a place you can go if you need support or help?  
**[Probe for advocacy, support group, or mentoring relationship] (C.2.a.)**

***Who is this person or what group do you go to?***

16. Are you aware of any youth groups in your community? (C.2.c.)

*Are you involved in a youth group? Is it a part of the (name of grant program).*

*How did you become aware of the youth group?*

*What kinds of activities does the group do?*

**Now let's talk about your involvement in working with adults or other youth in the (name of grant program).**

17. Do you or have you ever participated on the (name of governing body) to talk about the (name of grant program)? (A.2.a.)

1=No **If no, go to Question 20**

2=Yes **If yes, continue**

*Why did you become involved?*

***How are or were you involved? (Probe for participation on committees; voting privilege; active role in meetings, etc.)***

*Have you worked with the (name of governing body) to help decide which services or activities would be helpful to have in your community for youth?*

a. How have **youth been regarded and treated** by other participants of the (governing body)?

Has that been the **same for all participants**, or have some participants demonstrated respect, acceptance, and value for family input more than others?

5=All participants were very respectful, accepted, and highly valued youth input

4=Most participants were very respectful and valued youth input and the rest were moderately respectful

3=Some participants were very respectful and valued youth input and the rest were moderately respectful

2=Few participants were very respectful and valued youth input and most others were at least somewhat respectful

1=No or almost no participants were respectful or valued youth input

18. Were the meetings held at locations and times that were convenient for you? (A.2.b.)

***On a scale of 1 to 5, with 5 being the most convenient, how would you rate the convenience of the meetings?***

Respondent's rating

5=Extremely convenient

4=Very convenient

3=Moderately convenient

2=Somewhat convenient

1=Not at all convenient

Interviewer's rating

5=Extremely convenient

4=Very convenient

3=Moderately convenient

2=Somewhat convenient

1=Not at all convenient

19. Has the (name of grant program) provided anything to you to make it easier for you to participate in the (name of governing body)? Please provide examples. **[Probe for whether transportation, stipends/compensation, food were provided].** (A.2.c.)

***If yes, have these things made a difference for you?***

***If no, would it be helpful to you if there were some type of support?***

*Is there **anything else** that could be done to **make it easier for you to participate**?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

**Finally, let's talk about management of the (name of grant program).**

20. Have efforts been made to **involve youth in program operations** such as providing staff training, serving as volunteer or paid program staff, peer mentors, youth group leaders, attending management meetings, etc? (B.2.c.)

*If yes, please **describe all of the different ways** youth have been involved.*

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

**[Continue to probe for examples until the respondent reports no more.]**

[Data entry: code ways]

- 5=Four examples of youth involvement in program operations
- 4=Three examples of youth involvement in program operations
- 3=Two examples of youth involvement in program operations
- 2=One example of youth involvement in program operations
- 1=No examples of youth involvement in program operations

21. Has the (name of grant program) used youth to provide training to other youth or adults about youth concerns/issues or how to work with youth? (B.2.d.)

*What type of training was it and to whom was it given?*

## **Summary**

22. On a scale from 1 to 5, with 5 being the best, how much would you say (name of grant program) has **helped young people**?

- 5=Very much
- 4=A lot
- 3=Moderately
- 2=Somewhat
- 1=Not at all

23. What has been the **best thing** about receiving services through (name of grant program)?

24. Do you have any **suggestions or recommendations** for how (name of grant program) could **improve** the way that it serves **children, youth and families**?

25. On a scale from 1 to 5, with 5 being the best, how well do you think (name of grant program) is **meeting the needs of children, youth and families**?

- 5=Extremely well
- 4=Very well
- 3=Moderately well
- 2=Somewhat well
- 1=Not well at all

*Thank you for taking the time to answer my questions. Do you have any questions for me?*



**4.A.5.p.**

**Q. Youth Coordinator**

System/Program\_\_\_\_\_

Interviewer\_\_\_\_\_

Site ID#\_\_\_\_\_

Date\_\_\_\_\_

Respondent #\_\_\_\_\_

Assessment #\_\_\_\_\_

## Q. Youth Coordinator

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 90 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (XXXX-XXXX); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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**Hello, my name is \_\_\_\_\_. Thank you for taking time today to help us. I'll be asking you questions about how youth are involved in the (name of grant program). Before we start, I want to make sure that you know that the information you give me today will be kept strictly confidential and will not be shared with the (name of grant program). In our report, everyone's answers will be combined and the people who gave us the information will not be identified. [Review Consent form with respondent. Ascertain age of respondent to determine consent to participate (must be 18). Obtain respondent signature before proceeding with the interview].**

### Background Information

1. What is the structure of (name of grant program), and how does the youth component fit in it?
2. Since grant funds were received, what supports has the (name of grant program) provided to the youth component? **[Probe for financial, materials, training, supervision, monitoring, etc.]**

### Governance

3. Since grant funds were received, how have youth been involved in the (name of governing body)? **[Probe for participation on committees; voting privilege; active role in meetings, etc.]**
4. Since grant funds were received, to what extent do you think youth have been actively involved in the (name of governing body)? **[Probe for examples of participation in the (name of governing body)'s functions.] (A.2.a.)**

*Do you participate in the (name of governing body)?*

- a. How have **youth been regarded and treated** by other participants of the (name of governing body)?

*Has that been the **same for all participants**, or have some participants demonstrated respect, acceptance, and value for youth input more than others?*

- 5=All participants were very respectful, accepted, and highly valued youth input  
 4=Most participants were very respectful and valued youth input and the rest were moderately respectful  
 3=Some participants were very respectful and valued youth input and the rest were moderately respectful  
 2=Few participants were very respectful and valued youth input and most others were at least somewhat respectful  
 1=No or almost no participants were respectful or valued youth input

b. What **percentage of** (name of governing body) **meetings** have youth attended?

- 5=Attended 90% to 100% of meetings  
 4=Attended 75% to 89% of meetings  
 3=Attended 50% to 74% of meetings  
 2=Attended 25% to 49% of meetings  
 1=Attended less than 25% of meetings

c. Is youth representation achieved through **a few key individuals** who play multiple roles or are there **several different youth** involved?

5. Since grant funds were received, when and where have the (name of governing body) meetings been held? Have the locations and times been convenient for youth? (A.2.b.)

*On a scale of 1 to 5, with 5 being the most convenient, how would you rate the convenience of the meetings for youth to attend?*

Respondent's rating

- 5=Extremely convenient  
 4=Very convenient  
 3=Moderately convenient  
 2=Somewhat convenient  
 1=Not at all convenient

Interviewer's rating

- 5=Extremely convenient  
 4=Very convenient  
 3=Moderately convenient  
 2=Somewhat convenient  
 1=Not at all convenient

6. Since grant funds were received, has the (name of grant program) provided anything to youth to make it easier for them to participate in the (name of governing body)? Please provide examples. **[Probe for whether transportation, stipends/compensation, food were provided].** (A.2.c.)

*If yes, have these things made a difference for youth?*

*If no, would it be helpful to youth if there were some type of support?*

*Is there **anything else** that could be done to **make it easier for youth to participate**?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
 2=Efforts have been made BUT have not been effective or have been minimally effective  
 1=No or almost no effort has been made toward accomplishing larger goal

## Management and Operations

7. Since grant funds were received, have efforts been made to **involve youth in program operations** such as providing staff training, serving as volunteer or paid program staff, peer mentors, youth group leaders, attending management meetings, etc? (B.2.c.)

*If yes, please **describe all of the different ways** youth have been involved.*  
**[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]**

**[Continue to probe for examples until the respondent reports no more.]**

[Data entry: code ways]

- 5=Four examples of youth involvement in program operations
- 4=Three examples of youth involvement in program operations
- 3=Two examples of youth involvement in program operations
- 2=One example of youth involvement in program operations
- 1=No examples of youth involvement in program operations

8. Since grant funds were received, has the *(name of grant program)* used youth to provide training to other youth or adults about youth concerns/issues or how to work with youth? (B.2.d.)

What type of training was it and to whom was it given?

### Service Array

9. Since grant funds were received, have there been support services available to youth? Please describe. **[Probe for advocacy, youth group, mentoring, informal peer-peer support, etc.]**

### Evaluation and Quality Monitoring

In the next few questions, I'm going to ask you about *(name of grant program)*'s evaluation and quality monitoring efforts. In particular, I'll ask whether data have been collected in certain areas and how these data have been used to improve the overall system.

10. Since grant funds were received, have there been any efforts to **monitor or track youth outcomes** (for example, reduction of symptoms, improvement of social functioning, etc.)? (D.2.a.)

Has that information been **examined or analyzed**?

**If yes**, have **changes in services or in the system** been made to respond to any problems identified? Please give me an example.

Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?

**If yes**, were **improvements found**? Please describe.

**[Note: If only baseline data have been collected but not yet analyzed, score=3]**

- 5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
- 4=Data collected and examined in this area AND change has been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
- 3=Data collected in this area AND data examined BUT respondent reported NO changes that have been made to respond to problems found
- 2=Data collected in this area but the information has not yet been examined
- 1=No data collected in this area; no effort to monitor quality in this area
- 888=Respondent unaware of quality monitoring or evaluation activities

11. Since grant funds were received, have there been any efforts to monitor **youth experiences** with *(name of grant program)*, for example, how satisfied youth have been with services? (D.2.c.)

Has that information been **examined or analyzed**?

***If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.***

***Has there been a follow-up examination to find out whether the changes led to service or system improvements?***

***If yes, were improvements found? Please describe.***

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement

4=Data collected and examined in this area AND change has been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change

3=Data collected in this area AND data examined BUT respondent reported NO changes that have been made to respond to problems found

2=Data collected in this area but the information has not yet been examined

1=No data collected in this area; no effort to monitor quality in this area

888=Respondent unaware of quality monitoring or evaluation activities

12. To what extent are **youth representatives** involved in the **quality monitoring** process for (name of grant program)? **[Probe for membership on committees, initiating special studies, participating in data collection, reporting findings to stakeholders, etc.]** (D.2.d.)

***Have there been any other quality monitoring activities that youth have participated in?***

[Data entry: code roles]

**[Continue to probe for examples until the respondent reports no more.]**

5=Youth involved in four different roles

4=Youth involved in three different roles

3=Youth involved in two different roles

2=Youth involved in one role

1=Youth not involved

### **Entry into Services**

**Now, let's talk about when youth first enter the (name of grant program). We are interested in their involvement in the enrollment process, as well as your perspective on the process as a youth coordinator.**

13. Since grant funds were received, have efforts been made by the (name of grant program) to reach out to youth in your community to inform them about the project and available services? **If yes**, please describe. (E.6.a.)

[Data entry: code outreach activities]

***Have these efforts been effective? If yes, how?***

***Have these efforts been sufficient to ensure that all youth who need (name of grant program) know that it's here?***

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed

2=Efforts have been made BUT have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

14. Since grants funds were received what has been the process of engaging and informing youth about the (name of grant program) and the services available to them through it?

*As youth coordinator, have you been you involved in this process? If yes, how?*

15. What efforts have been made to ensure that the process and information are easy for youth to understand? [**Probe for language level, youth-friendly, etc.**] (E.2.a.)

*Have these efforts been effective? If yes, how?*

*Have they been sufficient?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed  
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed  
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed  
2=Efforts have been made BUT have not been effective or have been minimally effective  
=No or almost no effort has been made toward accomplishing larger goal

## Service Planning

16. Since grant funds were received has the (name of grant program) involved youth in planning and developing their own plan of care? Do you participate in service planning meetings? (F.2.b.)

*How have youth been involved?*

*Did the planning team encourage the youth to **bring someone** to the meeting with them, perhaps **for support**?*

*Did the planning team ask the youth whether there was anyone he/she **did not want to be present** in the meeting?*

*Did they ask the youth about what he/she **thought were the most important concerns**?*

*Did they encourage him/her to participate in **developing his/her goals and objectives**?*

*Did they give him/her a choice of which **services he/she wanted**?*

*Was he/she able to **turn down any services** he/she didn't want?*

*Overall, **was the youth as involved as he/she could have been** or could there have been more involvement?*

5=Youth was involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient  
4= Youth was involved in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better  
3= Youth was involved in service planning in 4 ways  
2= Youth was involved in service planning in 3 ways  
1= Youth was involved in service planning in fewer than 3 ways

## Summary

17. On a scale from 1 to 5, with 5 being the best, how much would you say (name of grant program) has **helped young people**?

5=Very much  
4=A lot  
3=Moderately  
2=Somewhat  
1=Not at all

18. Do you have any **suggestions or recommendations** for how (name of grant program) could **improve** the way that it serves **youth and their families**?

*Thank you for taking the time to answer my questions. Do you have any questions for me, or is there anything else you want to tell me about youth involvement that we did not discuss?*

## **4.A.6.**

### **Interagency Collaboration Scale**



#### **4.A.6.a.**

**Interagency Collaboration Scale Informed Consent Information Page**

# INFORMED CONSENT

## INTERAGENCY COLLABORATION SCALE

ORC Macro

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The Center for Mental Health Services in the United States Department of Health and Human Services is sponsoring a national evaluation of children's mental health services and systems of care. You are invited to participate in this evaluation because your community has received funding to improve community-based mental health services for children and families. You have received the Interagency Collaboration Scale (IACS) because of your involvement with child serving agencies and your experience collaborating with other agencies. The following information is being presented to help you decide whether or not you want to take part in this portion of the evaluation.

### **General Information about the Survey**

The IACS is a quantitative assessment of interagency involvement that is used to examine the relationships between interagency collaboration and service coordination. The short form of the questionnaire used in this study assesses values, attitudes, and beliefs about collaboration. It is designed to measure variability in staff perceptions of collaboration using a multilevel approach. The instrument takes approximately 10 minutes to complete.

### **Confidentiality of Your Records**

Your privacy and research records will be kept confidential. Only authorized research personnel may inspect the records from this project. The results of this study may be published. However, the data obtained from you will be combined with data from others in the study. The published results will not include your name or any other information that would personally identify you in any way. Your name and other identifiers will be omitted from the survey form and computer data files. Completed surveys will be locked in a file drawer with access restricted only to the research staff.

### **Risks and Benefits of Your Participation**

The results of this study will yield information about perceived knowledge and attitudes related to collaboration activities among agencies, organizations, and grant community staff. You may benefit from any changes that may occur because of the study findings. There are no anticipated risks involved with your participation in this study. There will be no payment associated with your participation.

### **Volunteering to Participate**

Your decision to participate in this research study is completely voluntary. You are free to participate in this research study or to withdraw at any time without any penalty or loss of benefits that you are entitled to receive. If you decide to complete the survey, please have it completed by the time of your scheduled face-to-face interview with the system-of-care assessment site visitor. The information you provide in this survey will NOT be included in the overall assessment of your system-of-care community, and findings from this study will NOT be reflected in the final system-of-care assessment report produced from the overall assessment.

### **Questions and Contact**

If you have any questions pertaining to this study, you may contact Phyllis Gyamfi at ORC Macro, 3 Corporate Square, NE, Suite 370, Atlanta, GA 30329. Tel: 404-321-3211. If you were not able to complete the survey before your scheduled interview, you may mail it to ORC Macro.

**KEEP THIS COVER FOR YOUR RECORDS**

#### **4.A.6.b.**

##### **Interagency Collaboration Scale**

Site ID#

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Form Approved  
OMB No. 0930-0257  
Exp. Date 04/30/2007

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 8 minutes per respondent. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

# Interagency Collaboration Scale

Paul E. Greenbaum, Ph.D. and Robert F. Dedrick, Ph.D.



For internal use only  
Assessment Point  
1= 1st assessment  
2= 2nd assessment  
3= 3rd assessment  
4= 4th assessment

Copyright Pending

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## Introduction and Instructions

Thank you for agreeing to complete the Interagency Collaboration Scale. Your assistance will allow us to develop better measures of how organizations collaborate to provide services to children and their families. Please remember that your participation is voluntary and that all responses will remain confidential.

This portion of the Interagency Collaboration Scale takes about 10 minutes to complete. Please begin by filling out the information below and answering the Respondent Information questions on page 3. For the remaining questions, read each item carefully and circle the response that best describes your rating of each item. Please try to answer all the questions. If you do not know how to answer an item, circle the “*don’t know*” category. When you are finished, please return the survey to the site visitor.

If you have any questions about the System-of-Care Assessment or this particular instrument, please contact Phyllis Gyamfi at ORC Macro, 3 Corporate Square, Suite 370, Atlanta, GA, 404-321-3211. Thank you again for participating!

Today’s date

		/			/				
Month			Day			Year			

NAME OF PROGRAM/SYSTEM OF CARE COMMUNITY \_\_\_\_\_

PROGRAM LOCATION \_\_\_\_\_

**WHICH ONE OF THESE OCCUPATIONAL POSITIONS BEST DESCRIBES YOU?**

- 1 = Agency representative on the governing council
- 2 = Project director
- 3 = Representative from family organization
- 4 = Case management staff
- 5 = Service provider (e.g., clinician, therapist, respite provider, mentor)
- 6 = Agency staff (e.g., teacher, case worker, probation officer)
- 7 = Other (*please specify:* \_\_\_\_\_)

Please Continue 

## Respondent Information

1. Gender \_\_\_\_\_
2. Age \_\_\_\_\_
- 3a. Are you of Hispanic or Latino cultural/ethnic background? \_\_\_\_ Yes \_\_\_\_ No (*Go to Question 3c.*)
- 3b. (*If Yes*) Which group describes your Hispanic or Latino cultural/ethnic background?

_____ Mexican, Mexican-American, or Chicano	_____ Central American
_____ Puerto Rican	_____ South American
_____ Cuban	_____ Other ( <i>please specify</i> ): _____
_____ Dominican	
- 3c. Which group(s) describe(s) you? (*Select all that apply.*)

_____ American Indian or Alaska Native	_____ Native Hawaiian or Other Pacific Islander
_____ Asian	_____ White
_____ Black or African-American	
4. What is the highest level of education that you completed? (*Check only one response.*)

_____ High School Diploma or Equivalent	_____ Doctorate Degree (PhD or EdD)
_____ Associate's Degree (AA or AS)	_____ Post-Doctorate
_____ Bachelor's Degree (BA or BS)	_____ Professional Degree beyond Bachelor's Degree (MD, JD, DDS, etc.)
_____ Master's Degree (MA or MS)	
5. What was the academic/professional field for your highest degree?  
\_\_\_\_\_
6. What is the name of the agency or organization that you work for? (*Please do not use acronyms or abbreviations.*)  
\_\_\_\_\_
7. What is the primary service system of your agency? (*Check only one response.*)

_____ Mental Health	_____ Juvenile Justice
_____ Child Welfare	_____ Education
_____ Substance Abuse	_____ Other ( <i>please specify</i> ): _____
8. How long have you worked for this agency? \_\_\_\_\_
9. What is your job title? \_\_\_\_\_

Please Continue 

10. Which job role best describes what you do? *(Check only one response.)*  
 \_\_\_\_\_ Administrator/Supervisor/Manager \_\_\_\_\_ Service Provider/Therapist/Counselor  
 \_\_\_\_\_ Case Manager/System Navigator \_\_\_\_\_ Other *(please specify):* \_\_\_\_\_
11. Which group of clients do you serve the most? *(Check only one response.)*  
 \_\_\_\_\_ Children 0 to 5 years  
 \_\_\_\_\_ Children 6 to 18 years  
 \_\_\_\_\_ Adults  
 \_\_\_\_\_ Other *(please specify):* \_\_\_\_\_

## Beliefs

**Instructions:** Please circle the response that best describes your rating of each item.

**To what extent do you believe that .....**

	Strongly Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Strongly Agree
1. There is a need for child-serving organizations to share information.	1	2	3	4	5
2. Interagency collaboration helps prevent children from “falling through the cracks,” and getting needed services from agencies.	1	2	3	4	5
3. Collaboration between organizations is a waste of time.	1	2	3	4	5
4. My own organization takes an active role in promoting collaboration with other organizations.	1	2	3	4	5
5. Working with people across agencies is a positive experience.	1	2	3	4	5
6. Collaboration across agencies will result in more appropriate services for families.	1	2	3	4	5
7. Collaboration across agencies makes it unclear who has primary responsibility for providing services for each client/family.	1	2	3	4	5

Please Continue 

## Collaborative Activities

To what extent does your organization **SHARE** with other child-serving organizations in:

		Not at all	Little	Somewhat	Considerable	Very Much	Don't Know
8.	Funding.	1	2	3	4	5	DK
9.	Purchasing of services.	1	2	3	4	5	DK
10.	Facility space.	1	2	3	4	5	DK
11.	Record keeping and management information systems data.	1	2	3	4	5	DK
12.	Developing programs or services.	1	2	3	4	5	DK
13.	Program evaluation.	1	2	3	4	5	DK
14.	Staff training.	1	2	3	4	5	DK
15.	Informing the public of available services.	1	2	3	4	5	DK
16.	Diagnoses and evaluation/assessment.	1	2	3	4	5	DK
17.	Common intake forms.	1	2	3	4	5	DK
18.	Child and family service plan development.	1	2	3	4	5	DK
19.	Case conferences or case reviews.	1	2	3	4	5	DK
20.	Informal agreements.	1	2	3	4	5	DK
21.	Formal written agreements.	1	2	3	4	5	DK
22.	Voluntary contractual relationships.	1	2	3	4	5	DK
23.	Collaborative relationships mandated by law.	1	2	3	4	5	DK
24.	Participation in standing interagency committees.	1	2	3	4	5	DK
25.	Information about services.	1	2	3	4	5	DK

Please Continue



## Connectedness

26a. Please list the organizations (e.g., local, state, national) that you collaborate with currently.

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26b. Looking at the list, circle the one organization that you collaborate with the most.

**Please answer questions 27-31 based on the organization that you circled.**

		Not at all	Little	Somewhat	Considerable	Very Much	Don't Know
27.	How difficult is it to contact the organization when your own organization needs information or help?	1	2	3	4	5	DK
28.	How personally acquainted are you with the staff you work with from the organization?	1	2	3	4	5	DK
29.	How personally acquainted are you with the Director of the organization?	1	2	3	4	5	DK
30.	How often have you met with consultants from the organization?	1	2	3	4	5	DK
31.	How familiar are you with the services provided by the organization?	1	2	3	4	5	DK

**Please Continue** 

## Agency Information

1. What is the name of the agency or organization that you work for?  
(Please do not use acronyms or abbreviations)  
\_\_\_\_\_
2. Please provide the mailing address of your agency.  
\_\_\_\_\_  
\_\_\_\_\_
3. Please provide the URL of your agency's website (if available).  
\_\_\_\_\_
4. What is the approximate number of employees in your agency? \_\_\_\_\_
5. What is the approximate number of clients currently served by your agency? \_\_\_\_\_
6. What is the age range of clients served by your agency? \_\_\_\_\_
7. Does your agency have a standing interagency committee? \_\_\_\_\_
8. If yes, how often does the committee meet? \_\_\_\_\_
9. Is your agency funded as part of the Comprehensive Community Mental Health Services for Children and Their Families Program? \_\_\_\_\_
10. If yes, what year did you first receive funding? \_\_\_\_\_

Please Continue 

# Service Diversity

**Instructions:** Please indicate if your organization provides the following services and/or refers clients elsewhere for these services. For each item, please mark an answer in both columns (see example).

*Ex. **Crisis counseling:** Short-term interventions with individuals experiencing trauma, disasters, or other overwhelming problems.*

		Your Agency <u>Provides</u>			Your Agency <u>Refers</u>		
		Yes	No	Don't Know	Yes	No	Don't Know
		Y	<input checked="" type="radio"/> N	DK	<input checked="" type="radio"/> Y	N	DK
1.	<b>Psychological assessment:</b> Identifying children in need of mental health services based on a battery of tests.	Y	N	DK	Y	N	DK
2.	<b>Emergency mental health services:</b> 24-hour quick response, crisis assistance for children and involved family/friends.	Y	N	DK	Y	N	DK
3.	<b>Mental health clinic services:</b> Clinic services for children and their families, including individual counseling, family counseling, group counseling.	Y	N	DK	Y	N	DK
4.	<b>Inpatient mental health treatment:</b> Public or private hospital services for children.	Y	N	DK	Y	N	DK
5.	<b>Residential mental health services:</b> Group homes, community residence, and other non-inpatient placements for children.	Y	N	DK	Y	N	DK
6.	<b>Self-help groups:</b> Groups of individuals who share similar circumstances and provide support for dealing with a problem that is common to all group members.	Y	N	DK	Y	N	DK
7.	<b>Outreach services:</b> Locating and bringing services to children who need it in their homes.	Y	N	DK	Y	N	DK
8.	<b>Case management:</b> Single person/team responsible for helping children and their families obtain entitlements, services, housing.	Y	N	DK	Y	N	DK
9.	<b>Assistance with basic human needs:</b> Food, clothing, safety, income.	Y	N	DK	Y	N	DK
10.	<b>Medical/dental:</b> Assessment and treatment of medical and dental problems.	Y	N	DK	Y	N	DK

Please Continue 

## Service Diversity

**Instructions:** Please indicate if your organization provides the following services and/or refers clients elsewhere for these services. For each item, please mark an answer in **both** columns (see example).

*Ex. **Crisis counseling:** Short-term interventions with individuals experiencing trauma, disasters, or other overwhelming problems.*

	Your Agency <u>Provides</u>			Your Agency <u>Refers</u>		
	Yes	No	Don't Know	Yes	No	Don't Know
<i>Ex. <b>Crisis counseling:</b> Short-term interventions with individuals experiencing trauma, disasters, or other overwhelming problems.</i>	Y	<input checked="" type="radio"/> N	DK	<input checked="" type="radio"/> Y	N	DK
11. <b>Educational:</b> Educational services for children, including special education programs, individualized education plans (IEP).	Y	N	DK	Y	N	DK
12. <b>Transportation:</b> Assistance to families who require transportation to access services.	Y	N	DK	Y	N	DK
13. <b>Substance abuse services:</b> Detoxification, inpatient or outpatient treatment for alcohol or illicit drugs.	Y	N	DK	Y	N	DK
14. <b>Respite:</b> Provision of substitute care or supervision in order to provide temporary relief to families.	Y	N	DK	Y	N	DK
15. <b>Advocacy:</b> Services which assist children and their families in attaining basic entitlements and rights.	Y	N	DK	Y	N	DK
16. <b>Child welfare services:</b> Services to ensure the safety of children by preventing child abuse or neglect, such as emergency shelter, foster care.	Y	N	DK	Y	N	DK
17. <b>Correctional or juvenile delinquency services:</b> Rehabilitation services for youths involved in the juvenile justice system.	Y	N	DK	Y	N	DK
18. <b>Housing services:</b> Provision of housing-related programs, such as transitional housing, shelter services, and subsidized housing.	Y	N	DK	Y	N	DK
19. <b>Legal services:</b> Legal referrals, information, and advice.	Y	N	DK	Y	N	DK
20. <b>Developmental services:</b> Includes services such as speech therapy and physical therapy.	Y	N	DK	Y	N	DK

**THANK YOU FOR PARTICIPATING**