

Sustainability Survey



Thank you for agreeing to participate in this study on sustaining systems of care. You are a key member of your community familiar with service delivery to children with serious emotional disturbance and their families. We are interested in your answers to questions about your community. Your help will allow us to better understand the factors and strategies important to sustaining systems of care after Federal grant funding ends.

This survey is being conducted by ORC Macro. It is part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. This program is funded by the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA).

This important Federal effort is working to improve community-based mental health services for children and families. Gathering information from you is important to further the efforts of this program. Completing the survey will take about 45 minutes. You can stop and restart the survey, if you do not have enough time to finish the survey at one time. Completing the survey is voluntary. You can stop at any time. However, a true understanding of experiences in each community will be difficult without your information.

Entering your Username and Password

Completing this survey is limited to selected individuals who have been assigned a username and password. Usernames and passwords are for security purposes. They ensure that only people meeting survey requirements complete the survey, and that only people who have not completed the survey receive reminder letters. Every effort has been made to ensure the security of the information you provide in this survey. Your responses to the survey are not stored on your personal computer. The survey is operated under a secure server and all information provided is encrypted.

Survey responses will be kept confidential and will only be reported along with other responses. No individuals will be identified in reports. Some survey respondents will be asked to participate in a follow-up telephone interview to help us better understand issues related to sustaining systems of care identified through the survey.

To begin the survey, enter your username and password (provided in the email or letter you received about the survey) in the fields below.

By entering your username and password, you agree to participate in this study.

USERNAME:

PASSWORD:

When you click on Enter, you will be directed to the Informed Consent Form screen where you will be given a choice to continue with the survey or to decline to participate.

Enter

Exit

Informed Consent Form

Purpose of the Survey

The Center for Mental Health Services in the United States Department of Health and Human Services is studying system of care programs. These programs are funded to improve services for children and families. A key issue for systems of care is the ability to sustain the system-level changes and services over time. These programs also have the goal to continue to develop and evolve after their Federal funding cycle ends. Results of the national evaluation of this program suggest that grant communities differ in their ability to maintain services and system-level changes when Federal funding ends. Different factors affect the ability of systems of care to sustain themselves. Some of these factors relate to the approach used to develop and finance the system of care, and some relate to the larger context in which the system of care operates.

The current study will assess how funded grant communities sustain their systems of care beyond their Federal grant period. The study will provide information useful to persons who create policies at Federal and State levels. It will also be useful to local systems of care. The study approach involves learning from the experiences of earlier and more recently funded grantees.

We are asking you to participate in this study because your community received funding from the Center for Mental Health Services to develop a system of care to improve community-based mental health services for children and families. Your input is important to helping us understand how systems of care serve children and what works best. We are asking you to complete this survey about the children's mental health system of care in your community.

Here are some things we want you to know about completing the survey:

- Completing this survey is completely voluntary.
- You may choose not to answer questions and you may stop answering questions at any time, for any reason. There are a few items to which you must respond. These items make it possible for only those items to which you should respond to be shown to you.
- You have been given a username and password to log in to the Web site to complete the survey. Usernames and passwords are for security purposes to ensure that only people meeting survey requirements complete the survey, and that only people who have not completed the survey receive reminder letters. Every effort has been made to ensure the security of the information you provide in this survey. Your responses to the survey are not stored on your personal computer. The survey is operated under a secure server and all information provided is encrypted.
- Completing the survey will take about 45 minutes. You may stop and restart the survey. You can stop the survey by closing your Internet browser. All of your responses to that point will be saved. To continue the survey, reenter your username and password on the survey Web site to continue the survey where you left off.
- In order to obtain more information about reasons related to survey responses from your community, you may be contacted to participate in a telephone interview. Up to two persons from each community who complete the Web survey will be selected for participation in a telephone interview.
- Any information that you provide will be kept strictly confidential. No one other than project staff will know who you are or know what answers you gave. Any reports from this survey will report results in group form. Your name will not be used in any reports about this survey, and no quotes will be used that would identify you individually.
- There will be no direct benefit to you for completing the survey. The risk may be the discomfort some people feel when expressing their opinions when their names are known (names will be known by project staff only).
- A report that combines what is learned from all of the completed surveys will be sent to the children's mental health services program director and other program partners. They may share that report with others at their discretion.
- Any questions you have about the study at any time can be answered by Brigitte Manteuffel at ORC Macro, Atlanta, Georgia, at (404) 321-3211, or at Brigitte.A.Manteuffel@orcmacro.com.

I agree to participate in this survey

I. Demographic Information

1. What agency/organization do you *primarily* represent? (Select one)

- | | |
|--|---|
| <input type="radio"/> Public mental health agency | <input type="radio"/> Private mental health agency |
| <input type="radio"/> Public health agency | <input type="radio"/> Private health agency |
| <input type="radio"/> Public child welfare | <input type="radio"/> Private child welfare |
| <input type="radio"/> Public education agency | <input type="radio"/> Private education agency |
| <input type="radio"/> Public juvenile justice agency | <input type="radio"/> Private juvenile justice agency |
| <input type="radio"/> Family organization | <input type="radio"/> Other |

If other, please specify:

2. Which of the following best describes your *primary* role in relation to the children's mental health system of care in your community? (Select one)

- ☐ Current or former CMHS grant community project director
- ☐ Agency/organization director or manager
- ☐ Agency/organization staff member
- ☐ Family organization member
- ☐ Family member, not affiliated with an organization
- ☐ Family member employed in grant community
- ☐ Family member contracted by grant community
- ☐ Other

If other, please specify:

3. How long have you been involved in the children's mental health system of care in this community?

Year(s): and month(s):

4. Were you employed by the CMHS funded grant in your community during the last year of grant funding?

- ☐ Yes ☐ No

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II. SYSTEM-OF-CARE SERVICES

FOR EACH OF THE FOLLOWING SERVICES, PLEASE INDICATE:							Availability within the Past 12 Months						Availability at Any Time During Grant Funding Prior to the Past 12 Months					
1) the extent to which each service has been available in your community within the past 12 months and 2) the extent to which each service was available in your community at any time during grant funding prior to the past 12 months .							Not at all available Somewhat available Moderately available Very available Extensively available Don't know						Not at all available Somewhat available Moderately available Very available Extensively available Don't know					
	1	2	3	4	5	DK	1	2	3	4	5	DK						
1. Diagnostic and evaluation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
2. Neurological and/or neuropsychological assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
3. Outpatient individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
4. Outpatient group counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
5. Outpatient family counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
6. Medication treatment/monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
7. Case management/service coordination services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
8. Respite Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
9. Professional consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
10. 24-hour, 7-day-a-week emergency services, including crisis outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	1	2	3	4	5	DK	1	2	3	4	5	DK						

Your responses will not be saved until you click the "Continue to next page" button. To review survey directions please [click here](#).

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1) the extent to which each service has been available in your community within the past 12 months and 2) the extent to which each service was available in your community at any time during grant funding prior to the past 12 months .							Not at all available Somewhat available Moderately available Very available Extensively available Don't know						Not at all available Somewhat available Moderately available Very available Extensively available Don't know					
	1	2	3	4	5	DK	1	2	3	4	5	DK						
11. Intensive day treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
12. Therapeutic foster care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
13. Therapeutic group home services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
14. Family preservation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
15. Transition-to-adult services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
16. Residential treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
17. Inpatient hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
18. Substance abuse treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
19. Behavioral/therapeutic aide services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
20. Independent living services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	1	2	3	4	5	DK	1	2	3	4	5	DK						

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