

**Provider/Administrator—Other**

**Attachment B: System of Care Assessment**

## Overview of the System of Care Assessment Framework

The Comprehensive Community Mental Health Services for Children and Their Families Program, funded by the Center for Mental Health Services (CMHS), provides grants to states, communities, and American Indian Tribes to improve and expand their service delivery systems to meet the needs of children and families. This services initiative is built on the Child and Adolescent Service System Program (CASSP) principles and promotes the development of comprehensive and integrated service delivery systems through a system of care model. Goals of this initiative are to develop and expand both the interagency infrastructure and the service delivery system so that a wide array of family-driven and youth-guided individualized services can be provided to children, youth, and families in an integrated, community-based, and culturally and linguistically competent manner. The system of care philosophy is comprehensively described in the seminal 1986 monograph by Beth Stroul and Robert Friedman.

The system of care assessment has three primary goals. First, it provides a description of each CMHS-funded system to document how system of care communities have operationalized the system of care principles. Second, it periodically assesses the program's status in order to track system development over time. Finally, the system of care assessment enables us to compare systems on the extent to which they embody system of care principles. These goals are critical to the advancement of knowledge about systems of care. In essence, they allow us to test the system of care program model and to document information that can be used to replicate the approaches that achieve the greatest improvements in child, youth, and family outcomes.

## Underlying Framework

The purpose of this framework is to guide the system of care assessment component of the national evaluation. The wide variation in the way CMHS-funded programs implement their systems of care requires that this tool be standardized to assess the programs reliably, but sufficiently flexible to capture the essential features. To accomplish this, a framework was needed that could be used to 1) describe the basic generic components of any delivery system, and 2) rate each component on how well it has realized key system of care principles. Following the literature, the assessment tool and other work done in the field, the framework was divided into two separate tables, one for each domain: the system infrastructure, and the service delivery process.

## Interpreting the Framework

**The columns represent the generic components that can be found in most service systems.** Because good and effective services can be delivered in a variety of ways, it is difficult to determine whether a given approach to a component of the system is inherently better than another. For example, system governance can be conducted in many different ways. All approaches may be equally acceptable and achieve equally successful outcomes. Rather than valuing (and rating) the approach, for each component a straightforward general description will be provided. The infrastructure table has four components addressing the general areas of governance, management and operations, service array, and program evaluation. The four system components of the service delivery table are entry into services, service planning, service

provision, and care review. The components' definitions, as they are used in this framework are provided below.

### Definition of System Components

#### Infrastructure

**Governance** - The governing structure responsible for explicating the system's goals, vision, and mission, strategic planning and policy development, and establishing formal arrangements among agencies. This structure may involve boards of directors, oversight or steering committees, or interagency boards and structures.

**Management and operations** - The administrative functions and activities that support direct service delivery. This component of the framework focuses primarily on staff development, funding approaches, and procedural mechanisms related to the implementation of the service system.

**Service array** - The range of service and support options available to children and their families through the system of care.

**Program Evaluation** – Program evaluation conducted through the integration of process assessment and outcome measurement, and the use of continuous feedback loops to improve service delivery.

#### Service Delivery

**Entry into service system** - The processes and activities associated with the child, youth, and family's initial contact with the service system(s) including eligibility determination.

**Service planning** - The identification of services for the child, youth, and family through an initial process and periodic updating of service plans.

**Service provision** - The processes and activities related to the child or youth's on-going receipt of and participation in services.

**Care review** – Processes and activities related to the formal review of care of individual children and youth to address complex issues and challenging problems to prevent the use of more restrictive services or settings.

**The rows represent selected system of care principles.** According to the program model, systems of care should be family-driven and youth guided, demonstrate interagency collaboration, and provide individualized, culturally and linguistically competent, coordinated and accessible services that are community-based and in least-restrictive environments. In general, the principles have been defined broadly and applied in the field. For this purpose, however, it was necessary to develop working definitions of the system of care principles that were more narrowly construed and that could be made explicit. Definitions of the principles, as they are operationalized for this study, are provided below.

Each component of the framework will be rated on the extent to which it manifests system of care principles. In the cells of the table, systems will be rated on how well the component for that column embodies the principle on that row. Each cell of the framework outlines the indicators upon which the rating will be based. To make this a practical tool, the indicators of the cells have been limited to those that were necessary and could be reasonably assessed.

## Definition of Principles

**Family-driven** - The recognition that: (1) the ecological context of the family is central to the care of all children; (2) families are primary decision makers and equal partners in, all efforts to serve children; and (3) all system and service processes should be planned to maximize family involvement and decision-making.

**Individualized** - The provision of care that is expressly child- and youth-centered, that addresses the child or youth's specific needs and that recognizes and incorporates the child or youth's strengths.

**Youth guided** – The recognition that young people have a right to be empowered, educated, and given the opportunity to make decisions about their own care; and about the policies and procedures governing the care of all youth.

**Culturally and linguistically competent** - Sensitivity and responsiveness to, and acknowledgment of, the inherent value of differences related to race, religion, language, national origin, gender, socio-economic background and community-specific characteristics.

**Interagency** - The involvement and partnership of core agencies in multiple child-serving sectors including child welfare, health, juvenile justice, education, and mental health.

**Collaborative/Coordinated** - Professionals working together in a complimentary manner to avoid duplication of services, eliminate gaps in care, and facilitate the child's and family's movement through the service system.

**Accessible** - The minimizing of barriers to services in terms of physical location, convenience of scheduling, and financial constraints.

**Community Based** - The provision of services within close geographical proximity to the targeted community.

**Least restrictive** - The priority that services should be delivered in settings that maximize freedom of choice and movement, and that present opportunities to interact in normative environments (e.g., school and family).

In developing the System of Care Assessment tool, several steps were taken to maximize measurement quality. First, the framework was reviewed by experts in the field and revisions were made. Second, the interviews were developed following closely from the framework. Third, the interviews were pilot-tested in four sites and revisions were made based on those experiences. The revised guides were again reviewed by experts. Finally, the tool was applied in 13 funded system of care communities and 3 comparison communities and refined again. Minor revisions have been made during the decade since it was first developed. Each revision followed the same process as outlined above: revisions based upon relevant empirical evidence and literature review; expert review and revision; application in the field with further refinement as needed. Throughout the process inter-rater reliability was assessed following training for all site visitors, and in the field among the persons leading the study. In both settings, inter-rater reliability met or exceeded the threshold of 85 percent agreement.

## Indicator Scores

Some of the items in the interviews are for context or descriptive purposes while others are linked to indicators in the framework. The items that map onto framework indicators are shown

on the interview item in parentheses (e.g., B.5.a., where ‘B’ is the column on the framework, ‘5’ is the row on the framework, and ‘a’ is the indicator in that cell). To rate an item, interviewers use the response provided from the individual respondent to rate the system on a five-point scale (with 1 being the lowest and 5 being the highest) using the established criteria for that item. That is, the qualitative data collected in the semi-structured interview are used to rate the system of care community on each item and the responses of the various stakeholder informants are rated separately.

For several items in the youth interview (P), caregiver interview (I) and the family representative interview (C), respondents are asked directly to rate, on a scale from 1 to 5, their experiences with a given process. In those cases, interviewers also are asked to rate that experience based on how the respondent described it. This was done to obtain another perspective for items where the respondent’s appraisal of the experience is the most important, but where research has shown that reports tend to be overly positive. Having the interviewer also rate the process allows the examination of discrepancies between respondent and interviewer perspectives.

## INFRASTRUCTURE DOMAIN

The organizational arrangements and procedural framework that support and facilitate service delivery

	<b>A Governance</b>	<b>B Management and Operations</b>	<b>C Service Array</b>	<b>D Program Evaluation</b>
<b>Component</b>	The governing structure responsible for explicating the system's goals, vision, and mission, strategic planning and policy development, and establishing formal arrangements among agencies and family organizations. These may include boards of directors, oversight/steering committees, interagency boards and structures.	The administrative functions and activities that support direct service delivery. This element of the framework focuses primarily on staff development, funding approaches, and procedural mechanisms related to the implementation of the service system.	The range of service and support options available to children, youth and their families through the system.	The process of formal collection, analysis, and integration of process and outcome data, and the use of continuous feedback loops to improve program development, implementation, and direct service delivery.
<b>Principle</b>				
<b>1 Family-driven</b>	<ul style="list-style-type: none"> <li>a. Family representatives are actively involved in key governing body functions [<b>Table 1; Family Rep (C7); Core Agency Rep (A10)</b>]</li> <li>b. Family representatives are given accurate, understandable, and complete information necessary to fulfill their role on the governance body [<b>Family Rep (C8)</b>]</li> <li>c. Meetings related to the governance of the system are held at convenient times and places to maximize opportunities for family representatives to attend [<b>Family Rep (C10)</b>]</li> <li>d. There are mechanisms in place to facilitate family representative's participation in meetings related to the governance of the system [<b>Family Rep (C11)</b>]</li> </ul>	<ul style="list-style-type: none"> <li>a. Direct service staff and their supervisors are trained to provide family-driven care [<b>Table 2</b>]</li> <li>b. The staffing structure includes lay-persons and paraprofessionals (e.g., family members) to support families in the care of their children [<b>Project Director (B23); Family Rep (C14)</b>]</li> <li>c. Families are actively involved in grant operations (e.g., design and implement programs; provide training, serve as staff, etc.) [<b>Project Director (B30); Family Rep (C12)</b>]</li> </ul>	<ul style="list-style-type: none"> <li>a. There are family advocacy, peer support, and other support services in the array (e.g., parent support groups, behavior management training, empowerment efforts) [<b>Table 4</b>]</li> </ul>	<ul style="list-style-type: none"> <li>a. Information on family outcomes is used to improve services [<b>Evaluator (D9)</b>]</li> <li>b. Information on families' experiences with the service delivery system is used to improve the service system [<b>Evaluator (D10)</b>]</li> <li>c. Families are involved in the program evaluation process (e.g., choose indicators to be monitored, develop focused studies, participate in data collection process, report findings to stakeholders) [<b>Evaluator (D5)</b>]</li> </ul>

	<b>A Governance</b>	<b>B Management and Operations</b>	<b>C Service Array</b>	<b>D Program Evaluation</b>
<b>2 Youth-guided</b>	<p>a. Youth are actively involved in key governing body functions [<b>Core Agency Rep (A11); Family Rep (C9); Youth (P21); Youth Coordinator (Q4)</b>]</p> <p>b. Youth representatives are given accurate, understandable, and complete information necessary to fulfill their role on the governance body [<b>Youth (P22)</b>]</p> <p>c. Meetings related to the governance of the system are held at convenient times and places for youth representatives to attend [<b>Youth (P23); Youth Coordinator (Q5)</b>]</p> <p>d. There are mechanisms in place to facilitate youth representative participation in governance activities [<b>Youth (P24); Youth Coordinator (Q6)</b>]</p>	<p>a. The staffing structure includes youth (e.g., volunteer or paid program staff; peer mentors, youth group leaders) [<b>Project Director (B31); Family Rep (C13); Youth (P25); Youth Coordinator (Q7)</b>]</p>	<p>a. There are youth advocacy, peer support, and other support services in the array (e.g., youth support groups, youth empowerment efforts) [<b>Table 4</b>]</p>	<p>a. Youth are involved in the program evaluation process (e.g., help choose indicators to be monitored, help develop focused studies, participate in data collection process, report findings to stakeholders) [<b>Evaluator (D6)</b> ]</p> <p>b. Information on youth experiences with the service delivery system is used to improve the service system [<b>Evaluator (D13)</b>]</p>
<b>3 Individualized</b>		<p>a. Mechanisms are in place to maximize the provision of individualized care [<b>Project Director (B18); Family Rep (C23)</b>]</p> <p>b. Staff receive training on the provision of individualized care [<b>Table 2</b>]</p>	<p>a. The service array is complete such that key service options are not missing [<b>Table 4; Care Coordinator (F26); Other Agency Staff (L15)</b>]</p>	<p>a. Information on child/youth outcomes is used to improve service delivery [<b>Evaluator (D12)</b>]</p> <p>b. Information on the individualization of services is used to improve service delivery [<b>Evaluator (D11)</b>]</p>



	<b>A Governance</b>	<b>B Management and Operations</b>	<b>C Service Array</b>	<b>D Program Evaluation</b>
<b>4 Cultural and linguistic competence</b>	<p>a. Cultural diversity resembling that of the intended service population is evident in the active and voting membership of key governing bodies [Table 1]</p> <p>b. Efforts are made to promote the cultural and linguistic competence of the grant program [Cultural Competence Coordinator (R1)]</p> <p>c. Efforts are made to ensure the cultural and linguistic competence of the governing body [Cultural Competence Coordinator (R2)]</p>	<p>a. Direct service staff, their supervisors receive training on the provision of culturally and linguistically competent care [Table 2]</p> <p>b. Efforts are made to ensure the cultural and linguistic competence of program management and operations [Cultural Competence Coordinator (R3)]</p> <p>c. Efforts are made to recruit, hire or contract with staff and service providers who reflect the cultural and linguistic background of the intended population [Project Director (B21); Cultural Competence Coordinator (R4)]</p> <p>d. Efforts are made to accommodate language preferences of the child, youth and family in service delivery [Project Director (B22)]</p>	<p>a. The cultural and linguistic background of the intended service population is considered in the development of the service array [Project Director (B19); Family Rep (C20); Cultural Competence Coordinator (R5)]</p>	<p>a. Information related to the provision of culturally and linguistically competent care is used to improve service delivery [Evaluator (D14)]</p> <p>b. Mechanisms are in place to ensure that the program evaluation process is culturally and linguistically competent [Evaluator (D8)]</p>
<b>5 Interagency</b>	<p>a. Agencies from the core child-serving sectors are actively involved in key governing bodies and functions [Core Agency Rep (A6, A9); Table 1]</p> <p>b. There are structural mechanisms in place to maximize interagency involvement in governance of the system [Core Agency Rep (A8)]</p>	<p>a. Shared administrative processes (e.g., shared forms, integrated MIS) facilitate the involvement of the core child-serving agencies in grant operations [Project Director (B32); Core Agency Rep (A14)]</p> <p>b. There are mechanisms in place to integrate staff across agencies (e.g., staff from various agencies are trained together, co-staff, out-posted or co-located) [Project Director (B24); Core Agency Rep (A13)]</p> <p>c. Mechanisms are in place to pool or blend funding across agencies [Project Director (B33); Core Agency Rep (A15)]</p> <p>d. Agencies' routine operations are altered/improved as a result of involvement in grant [Core Agency Rep (A22)]</p>	<p>a. The array includes services provided by or through the core child-serving agencies or sectors [Table 4]</p>	<p>a. Multiple agencies (across the core child serving sectors) are involved in program evaluation activities [Evaluator (D7)]</p> <p>b. Information related to interagency involvement is used to improve service delivery [Evaluator (D15)]</p>

	<b>A Governance</b>	<b>B Management and Operations</b>	<b>C Service Array</b>	<b>D Program Evaluation</b>
<b>6 Collaborative/ coordinated</b>		<p>a. A process is in place to facilitate sharing information about procedures related to grant operations with supervisory and direct line staff in agencies, and contract providers <b>[Project Director (B34); Core Agency Rep (A12); Social Marketing Manager (S14); Other Agency Staff (L5)]</b></p> <p>b. Mechanisms are in place to facilitate the coordination of services across providers, agencies and organizations <b>[Project Director (B12); Core Agency Rep (A16)]</b></p>	<p>a. The service array includes service option(s) to coordinate services, help families negotiate and navigate the system, and facilitate communication among providers and agencies (e.g., case/care management, service coordination function) <b>[Table 4]</b></p>	<p>a. Information related to the coordination of services is used to improve service delivery <b>[Evaluator (D17)]</b></p>
<b>7 Accessible</b>		<p>a. There are mechanisms in place to minimize financial barriers to services and care <b>[Project Director (B15); Family Rep (C19)]</b></p>	<p>a. Efforts are made to ensure that services within the array have adequate capacity to serve all who need them <b>[Project Director (B13); Family Rep (C17); Core Agency Rep (A19)]</b></p> <p>b. Efforts are made to maximize the accessibility of the service array <b>[Project Director (B14); Family Rep (C18); Core Agency Rep (A20)]</b></p>	<p>a. Information related to the accessibility of services is used to improve service delivery <b>[Evaluator (D18)]</b></p>
<b>8 Community based</b>			<p>a. The full array of services is provided within the community <b>[Table 4]</b></p> <p>b. Efforts are made to minimize the need for children/families to leave the community for services <b>[Project Director (B16); Family Rep (C21); Core Agency Rep (A17)]</b></p>	<p>a. The use of services provided or located outside the community is monitored and that information is used to reduce their use <b>[Evaluator (D19)]</b></p>
<b>9 Least restrictive</b>		<p>a. Staff receive training on the use of least restrictive care <b>[Table 2]</b></p> <p>b. Procedures are in place to minimize the inappropriate use of restrictive service options <b>[Project Director (B17); Family Rep (C22); Core Agency Rep (A18)]</b></p>		<p>a. Information related to the use of overly restrictive service options is monitored and that information is used to reduce their use <b>[Evaluator (D20)]</b></p>

## SERVICE DELIVERY DOMAIN

The activities and processes undertaken to provide services to children and families for the purpose of addressing and, to the extent possible, relieving the emotional and behavioral challenges experienced by the child

	<b>E</b> <b>Entry into Service System</b>	<b>F</b> <b>Service Planning</b>	<b>G</b> <b>Service Provision</b>	<b>H</b> <b>Care Review</b>
<b>Component</b>	The processes and activities associated with a child or youth and family’s initial contact with the service system(s) including eligibility determination.	The process for initial identification of services and service plan development for a child or youth and family.	The processes and activities related to a child or youth’s ongoing receipt of and participation in services.	Processes and activities related to the formal review of care of individual children and youth to address complex issues and challenging problems to prevent the use of more restrictive services or settings.
<b>Principle</b>				
<b>1</b> <b>Family-driven</b>	a. Entry into the service system is family friendly <b>[Family (I7)]</b>	a. Families have key decision making roles in the service planning process (they identify strengths and needs, develop goals and objectives, identify and select team participants, identify and select service options, reject team members or suggested services, etc.) <b>[Family (I11); Care Coordinator (F10); Other Agency Staff (L13)]</b>  b. Family’s strengths and needs are assessed and services are identified and planned that strengthen and support the family in the care of their child or youth <b>[Family (I17); Care Coordinator (F12)]</b>  c. Providers, care coordinators, and others involved in service planning, recognize and use strengths in the family to plan services <b>[Family (I16); Care Coordinator (F14); case record review]</b>	a. Families are fully involved in and make informed decisions about service provision <b>[Family (I32); Service Provider (G12)]</b>  b. Services identified and planned with the family are received <b>[Family (I24); Care Coordinator (F25)]</b>  c. The strengths of the family are used to direct the provision of services <b>[Service Provider (G10)]</b>	a. Families are involved in the care review process for their child, youth and family. <b>[Care Review Participant (H9)]</b>  b. Understandable information about the care review process and the issues to be discussed is provided to the family prior to the meeting <b>[Care Review Participant (H10)]</b>

	<b>E Entry into Service System</b>	<b>F Service Planning</b>	<b>G Service Provision</b>	<b>H Care Review</b>
<b>2 Youth-guided</b>	a. Entry into the service system is youth friendly [ <b>Youth (P8); Youth Coordinator (Q16)</b> ]	a. Child/youth is fully involved in service planning process [ <b>Family (I12); Care Coordinator (F11); Other Agency Staff (L14); Youth (P11); Youth Coordinator (Q17)</b> ]	a. Youth are fully involved in service provision [ <b>Youth (P15)</b> ]	a. Child/youth is involved in the care review process [ <b>Care Review Participant (H11)</b> ] b. Understandable information about the care review process and the issues to be discussed is provided to the child/youth prior to the meeting [ <b>Care Review Participant (H12)</b> ]
<b>3 Individualized</b>		a. Individualized service plans are developed for each child and youth in the system [ <b>Care Coordinator (F7); Other Agency Staff (L12)</b> ] b. The strengths of the child and youth are utilized when planning for services [ <b>Family (I13); Care Coordinator (F13); Youth (P13); case record review</b> ] c. Service plan matches child and youth's individual needs [ <b>Family I15</b> ]	a. Services identified and planned for the child and youth are received [ <b>Family (I23); Care Coordinator (F24); Youth (P14)</b> ] b. The strengths of the child and youth are used to shape the provision of services [ <b>Service Provider (G9)</b> ]	
<b>4 Cultural and linguistic competence</b>	a. There is active outreach to specific cultural groups or populations [ <b>Project Director (B9); Social Marketing Manager (S13)</b> ] b. Intake is conducted in the preferred language of the family [ <b>Intake (E7)</b> ]	a. Families' culture is routinely assessed and incorporated into the service planning process [ <b>Family (I18); Care Coordinator (F17); case record review</b> ] b. Language preferences of the child, youth, and family can be accommodated in service planning [ <b>Family (I19a); Care Coordinator (F16)</b> ]	d. Culture of the child, youth and family is used to direct service delivery [ <b>Service Provider (G11)</b> ] e. Language preferences of the child, youth and family can be accommodated in services received [ <b>Family (I19b)</b> ]	

	<b>E Entry into Service System</b>	<b>F Service Planning</b>	<b>G Service Provision</b>	<b>H Care Review</b>
<b>5 Interagency</b>	<p>a. Referrals come from multiple agencies across child-serving sectors [<b>Intake (E2); Evaluator (D16)</b>]</p> <p>b. Multiple agencies across sectors are able to conduct intake into the grant program [<b>Intake (E3)</b>]</p>	<p>a. All involved child-serving agencies routinely participate in the service planning process [<b>Family (I9); Care Coordinator (F18); Other Agency Staff (L9); Youth (P10)</b>]</p>		<p>a. Agencies across the child-serving sectors participate in care review [<b>Care Review Participant (H14)</b>]</p>
<b>6 Collaborative/ Coordinated</b>	<p>a. There are efforts to inform community-based organizations, private providers, family organizations, support groups, etc. about the grant and its services [<b>Project Director (B10); Social Marketer (S12)</b>]</p>	<p>a. Involved providers and organizations, routinely participate in the service planning process [<b>Care Coordinator (F20); Other Agency Staff (L10)</b>]</p> <p>b. The service planning process (including the service plan) is coordinated across agencies, organizations, and providers [<b>Family (I10); Care Coordinator (F21); Other Agency Staff (L11)</b>]</p>	<p>a. Providers, organizations, and agencies work together to coordinate service provision [<b>Family (I30); Care Coordinator (F35); Service Provider (G13)</b>]</p>	<p>a. Proceedings, findings, and decisions from care review meetings are routinely disseminated among all involved agencies, providers, and organizations [<b>Care Review Participant (H16)</b>]</p> <p>b. Any provider or organization involved in the child, youth, or family's care can request a care review meeting [<b>Care Review Participant (H15)</b>]</p>
<b>7 Accessible</b>	<p>a. There is active and ongoing outreach to the intended population [<b>Project Director (B8); Youth Coordinator (Q14); Social Marketing Manager (S11)</b>]</p> <p>b. The process to enter the service system is simple and uncomplicated for youth and families [<b>Intake (E4); Family (I5); Other Agency Staff (L6); Youth (P6)</b>]</p> <p>c. The length of time between referral and receipt of services is minimal [<b>Intake (E5); Family (I6); Other Agency Staff (L7); Youth (P7)</b>]</p>	<p>a. Service planning meetings occur at flexible times to maximize the convenience for the child, youth and family [<b>Care Coordinator (F8)</b>]</p> <p>b. Service planning meetings occur at a variety of places to maximize the convenience for the child, youth and family [<b>Care Coordinator (F9)</b>]</p>	<p>a. Services have sufficient capacity to serve all those who need them [<b>Care Coordinator (F27); Other Agency Staff (L16)</b>]</p> <p>b. Services are provided at flexible or extended hours [<b>Family (I25); Care Coordinator (F4); Service Provider (G6)</b>]</p> <p>c. Services are provided in convenient locations [<b>Family (I26); Care Coordinator (F6); Service Provider (G8)</b>]</p> <p>d. Transportation to services is available [<b>Family (I29); Care Coordinator (F32)</b>]</p> <p>e. Services are financially accessible to families [<b>Family (I27); Care Coordinator (F31)</b>]</p> <p>f. Services are accessible in a timely manner (wait for services is minimal) [<b>Family (I28); Care Coordinator (F28)</b>]</p>	

<p style="text-align: center;"><b>8</b></p> <p style="text-align: center;"><b>Community based</b></p>			<p>a. Children, youth and families receive services in their home communities [<b>Care Coordinator (F30); Other Agency Staff (L17)</b>]</p>	<p>a. The care review process fully explores community-based service options to avoid children, youth and families from having to travel out of their home communities for services [<b>Care Review Participant (H22)</b>]</p>
<p style="text-align: center;"><b>9</b></p> <p style="text-align: center;"><b>Least restrictive</b></p>			<p>a. For children and youth being served in restrictive service options (e. g., out of school, out of home), efforts are made to use progressively less restrictive service options [<b>Care Coordinator (F33); Other Agency Staff (L18)</b>]</p>	<p>a. The care review process ensures that less restrictive options are exhausted before more restrictive services or placements are considered [<b>Care Review Participant (H23)</b>]</p>

## System of Care Assessment Introduction Letters

[Date]

[Project Director's Name]

[Address]

Dear [Title and Last Name]:

As part of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families (CMHS) Program, members of the National Evaluation Team will be conducting site visits every 18–24 months, beginning in 2011, to assess the development and implementation of your system of mental health care for children and youth and their families. The assessment process will occur over a 3-day time period within a single week. During that time, a team of two site visitors will conduct interviews with many persons involved in your project, as well as review a sample of case records.

We plan to visit your project in *[Month] 2011* and would like for you to designate on the enclosed calendar your first and second choices of weeks and at least 3 consecutive days within those weeks when you would prefer the visit take place. Please return the calendar by *[Date]*, with your choices marked on it, to Matosha Glover at [mGlover@icfi.com](mailto:mGlover@icfi.com) or to:

ICF Macro  
3 Corporate Square, NE, Suite 370  
Atlanta, GA 30329  
*or*  
(404) 321-3688 (fax)

To assist you in identifying dates for the site visit, we will want to meet with you for the first interview on the first day and again at the end of the final day for a debriefing session. Interviews also will be conducted with direct service staff, family caregivers and youth, core agency representatives, family advocacy group members, therapists, and other community agency staff. We will send to you, at a later date, instructions and a more specific and detailed site informant list and set of data tables for you to complete prior to the visit. We will send these forms to you electronically in Microsoft Office Word for the convenience of electronic completion. As the site visit dates approach, we will confirm with you the final plans and daily interview schedules for the visit.

If you have any questions or concerns regarding the scheduling process or the site visit, please do not hesitate to contact me at (404) 321-3211. We look forward to our visit to your project.

Very truly yours,

Freda Brashears  
Project Manager  
System of Care Assessment Study

Enclosure

cc: [Evaluator]  
[Family Rep]  
[CMHS Project Officer]  
[Site Liaison]

National Evaluation of the Comprehensive Community Mental Health Services  
for Children and their Families Program

**System of Care Assessment**

**Site Visit Preferences**

Please complete the identifying information below and select your first and second choices of weeks—with at least 3 consecutive days within those weeks—as your preference for a data collection site visit.

**Project Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**First Choice** \_\_\_\_\_ **Second Choice** \_\_\_\_\_

April 2011						
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					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Return by **January 12, 2011** by mail or fax to

Matosha Glover  
ICF Macro  
3 Corporate Square, NE, Suite 370  
Atlanta, GA 30329  
(404) 321-3211  
(404) 321-3688 (FAX)



[Date]

[Project Director's Name]

[Address]

Dear [Title and Last Name]:

As part of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, members of the National Evaluation Team will be conducting site visits every 18–24 months, beginning in 2011, to assess the development and implementation of your system of mental health care for children and youth and their families. The assessment process will occur over a 3-day time period within a single week. During that time, a team of two site visitors will conduct interviews with many persons involved in your project, as well as review a sample of case records.

We plan to visit your project in *[Month] 2011*. Our site visit team is available to visit your community on *[dates and dates]*. Please designate on the enclosed calendar your first and second preferences of these dates. Please return the calendar by *[Date]*, with your preferences marked on it, to Matosha Glover at:

ICF Macro  
3 Corporate Square, NE, Suite 370  
Atlanta, GA 30329  
*or*  
(404) 321-3688 (fax)

To assist you in selecting your preferred dates for the site visit, we will want to meet with you for the first interview on the first day and again at the end of the final day for a debriefing session. Interviews also will be conducted with direct service staff, family caregivers and youth, core agency representatives, family advocacy group members, therapists, and other community agency staff. We will send to you, at a later date, instructions and a more specific and detailed site informant list and set of data tables for you to complete prior to the visit. We will send these forms to you electronically in Microsoft Office Word for the convenience of electronic completion. As the site visit dates approach, we will confirm with you the final plans and daily interview schedules for the visit.

If you have any questions or concerns regarding the scheduling process or the site visit, please do not hesitate to contact me at (404) 321-3211. We look forward to our visit to your project.

Very truly yours,

Freda Brashears  
Project Manager  
System of Care Assessment Study

Enclosure

cc: [Evaluator]  
[Family Rep]  
[CMHS Project Officer]  
[Site Liaison]

National Evaluation of the Comprehensive Community Mental Health Services  
for Children and their Families Program

**System of Care Assessment**

**Site Visit Preferences**

Please complete the identifying information below and select your first and second choices of weeks—with at least 3 consecutive days within those weeks—as your preference for a data collection site visit.

**Project Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**First Choice** \_\_\_\_\_ **Second Choice** \_\_\_\_\_

April 2011						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Return by **January 12, 2011** by mail or fax to

Matosha Glover  
ICF Macro  
3 Corporate Square, NE, Suite 370  
Atlanta, GA 30329  
(404) 321-3211  
(404) 321-3688 (FAX)

[Date]

[Project Director's Name]  
[Address]

Dear [Title and Last Name]:

It is time once again for us to schedule our visit to your Children's Mental Health Initiative project as part of the national evaluation. The purpose of our visit is to assess the development and implementation of your system of care. As you recall from our previous visit, the assessment occurs over a 3-day time period within a single week. During that time, a team of two site visitors will conduct interviews with many persons involved in your project as well as review a sample of case records.

We plan to visit your project in *[Month] 2012* and would like for you to designate on the enclosed calendar your first and second choices of weeks and at least three (3) consecutive days within those weeks when you would prefer the visit take place. If your Federal SAMHSA visit is also scheduled for this month and you would like to arrange for both visits to occur in the same week, please indicate so on your response. Please return the calendar by *[Date]*, with your choices marked on it, to Matosha Glover at:

ICF Macro  
3 Corporate Square, NE, Suite 370  
Atlanta, GA 30329  
*or*  
(404) 321-3688 (fax)

As a reminder for your consideration in identifying dates for the site visit, we will want to meet with you for the first interview on the first day and again at the end of the final day for a debriefing session. Interviews will also be conducted with direct service staff, family caregivers and youth, core agency representatives, family advocacy group members, therapists, and other community agency staff. We will send to you at a later date the site informant list and set of data tables for you to complete prior to the visit. We can send these forms to you electronically in MSWord for the convenience of online completion. As the site visit date approaches, we will confirm with you the final plans and daily agenda for the visit.

If you have any questions or concerns regarding the scheduling process or the visit itself, please do not hesitate to contact me at (404) 321-3211. We look forward to our visit to your project.

Very truly yours,

Freda Brashears  
Project Manager

Enclosure

cc: [Evaluator]  
[Family Rep]  
[CMHS Project Officer]  
[Site Liaison]

National Evaluation of the Comprehensive Community Mental Health Services  
for Children and their Families Program

**System of Care Assessment**

**Site Visit Preferences**

Please complete the identifying information below and select your first and second choices of weeks—with at least 3 consecutive days within those weeks—as your preference for a data collection site visit.

**Project Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**First Choice** \_\_\_\_\_ **Second Choice** \_\_\_\_\_

April 2012						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Return by **January 12, 2012** by mail or fax to

Matosha Glover  
ICF Macro  
3 Corporate Square, NE, Suite 370  
Atlanta, GA 30329  
(404) 321-3211  
(404) 321-3688 (FAX)

## System of Care Assessment Confirmation Letter

[Date]

[Project Director's Name]  
[Address]

Dear [Title and Last Name]:

I am writing to confirm the dates for the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program site visit to assess your program's system of care development and to provide other information regarding that work. The visit will take place **[Date]**, and the site visitors will be **[Name]** and **[Name]**. One of these site visitors will be in touch with you before the visit to discuss final details and arrangements.

In preparation for the visit, enclosed is a set of six data tables, a site informant list, and instructions for completing them. Also included is a sample agenda to assist in the development of your site visit. For the convenience of completing and submitting these documents electronically, we are sending these forms and instructions to you via e-mail. The instructions are fairly comprehensive and should help you in the completion of these materials.

### **Tables 1–6**

Please refer to the instructions in this mailing to assist in the completion of the tables. The information to be provided in the tables will assist you in identifying potential respondents for the System of Care Assessment study, and for whom interviews could be scheduled. Please complete these preliminary tables as a first step in your planning process and return the tables to us with your Site Informant List by **[Month/Day - 4 weeks prior to site visit]**.

### **Site Informant List**

The site informant list identifies 7 categories of respondents who offer a variety of perspectives about your project's system of care. We need to interview several persons within each category, as indicated on the form, and ask that you identify potential respondents by name and agency affiliation. We need to review your projected list of interviewees *prior* to the final scheduling of interviews to ensure that each category of respondents is represented adequately. Therefore, please return the preliminary list of potential respondents, along with the tables mentioned above, to us by **[Month/Day - 4 weeks prior to site visit]**.

### **Agenda**

The site informant list indicates the number of persons we need to interview for each category and the time required for each interview. The length of time indicated covers only the actual interview and not travel and set-up time. Therefore, when developing the daily schedules, please allow extra time for travel to interview locations, as well as about 10–15 minutes between interviews to allow preparation time for the site visitors.

All interviews must be conducted with respondents on an individual basis. We are not able to conduct interviews in conjunction with meals; however, we are available for evening hours and for home- and/or community-based interviews with families and/or service providers. Concurrent interviews should be scheduled for the site visit team throughout each day, except for the project director's interview, which will be conducted by both site visitors together.

### **Case Record Review**

In addition to the interviews, our site visitors will review a randomly selected sample of case records of children enrolled in your CMHS program. When developing the daily interview schedule, please allow each site visitor 2 hours for this activity. Please refer to the instructions for the case record selection process and timeframes.

### **Family Caregiver and Youth Stipends**

The family caregivers listed on line #7 of the site informant list will receive \$25 cash stipends from the site visitors to help offset their expenses. Youth respondents will receive \$15 cash stipends from the site visitors to thank them for their participation. Stipends will be provided to informants from this category only.

### **Debriefing**

At the close of the 3-day visit, the site visit team will be available for a joint debriefing session with you, the program evaluator, and the family organization representative. The purpose of the debriefing is to bring closure to the visit by providing preliminary feedback and discussing next steps. The site visitors will not be prepared to present findings during this session as the data analysis will not yet have occurred. However, within approximately 8 weeks of the site visit we will send a draft report of the findings from our assessment for your review and comment.

### **Timeline**

The timeline for these preparatory steps is as follows:

- Preliminary tables 1–6 completed and returned to us by **[Month/Day - 4 weeks prior to site visit]**
- Preliminary site informant list completed and returned to us by **[Month/Day - 4 weeks prior to site visit]**
- We will respond to refine the site informant list by **[Month/Day - 2 days after list return date]**
- Final site informant list, agendas, and six data tables completed and returned to us by **[Month/Day - 2 weeks prior to site visit]**

### **Submission of Materials**

Materials sent by e-mail are preferred. Please send all materials to Freda Brashears at [fBrashears@icfi.com](mailto:fBrashears@icfi.com) or via mail or fax to

Freda Brashears  
ICF Macro  
3 Corporate Square, NE, Suite 370  
Atlanta, GA 30329  
*or*  
(404) 321-3688 (fax)

Thank you for assisting us in completing this part of the national evaluation. We look forward to our visit to your project. Please do not hesitate to contact me at (404) 321-3211, or via e-mail, if you have questions or concerns about this process.

Very truly yours,

Freda Brashears  
Project Manager

Enclosures

cc: [Evaluator]  
[Family Rep]  
[CMHS Project Officer]  
[Site Liaison]

## System of Care Assessment Draft Report Letter

[DATE]

[NAME & ADDRESS]

Dear [Title and Last Name]:

Enclosed is a draft report based on the system of care assessment site visit conducted in [MONTH] and a summary of your preliminary assessment scores. Also included is background information on the purpose of the assessment, how the scores are obtained, and some guidance for interpreting scores.

Before finalizing this report, we would like you to review it to make sure that information such as demographic characteristics of the population served, dates, names of agencies, partners, etc. is correct. Please make any corrections or edits on hard copy and return them by mail, marked to my attention; or use Track Changes in the electronic version, and return to me by e-mail ([fBrashears@icfi.com](mailto:fBrashears@icfi.com)). If more than one person reviews this draft, please combine all of the edits into one document before returning your comments to us. To ensure accuracy, we will not be able to take any comments or edits over the telephone.

Please provide your written edits by **[3 WEEKS]**. After we review your comments, we will make the appropriate revisions and send you the final report. At that time we will also send a copy to SAMHSA.

Thank you for all of your help with this process. We look forward to hearing from you. If you have any questions about your scores, please do not hesitate to call me at (404) 321-3211.

Sincerely,

Freda Brashears  
Project Manager

Enclosures

cc: [Evaluator]  
[Family Rep]



## System of Care Assessment Final Report Letter

DATE

PD's NAME & ADDRESS

Dear [Title and Last Name]:

Thank you for the thoughtful comments on the draft system of care assessment report for [PROJECT NAME]. The enclosed final report incorporates all comments that corrected the factual information presented or provided additional clarification. [Those comments that reflected a perspective that was different from what we learned on-site from interviews with multiple respondents or reflect changes that have been made since the site visit have not been incorporated.]

The assessment scores and narrative reports are important sources of information for the national evaluation. They allow us to examine trends in system of care development over time. Many grant communities have indicated that they have found their reports useful for program development, strategic planning, partnership building, decision making, and other activities. We hope your report provides similar benefits to you as you continue your system development and sustainability efforts.

A set of all final site visit reports will be sent to the Center for Mental Health Services. Other partners in the services program will also receive a set. These partners include the National Federation of Families for Children's Mental Health, Technical Assistance Partnership for Child and Family Mental Health, and the National Technical Assistance Center for Children's Mental Health at Georgetown University.

The national evaluation team greatly appreciates your efforts during the site visit process, including providing requested documentation, completing forms, scheduling the interviews, and, especially, setting aside staff and family time to meet with our site visitors. We also appreciate the time you have taken to review and comment on the draft report. We hope this has been a productive and positive experience.

Sincerely,

Freda Brashears  
Project Manager

Enclosure

cc: Evaluator (w/enclosure)  
Family Organization Rep. (w/enclosure)  
Ingrid Goldstrom (w/enclosure)  
CMHS Project Officer (w/enclosure)  
TA Partnership (w/enclosure)  
TAC (w/enclosure)  
both site visitors (w/enclosure)  
site liaison

## System of Care Assessment Thank You Letter

[Date]

[Project Director Name & Address]

Dear [Title and Last Name]:

I want to formally thank you and (name) for your participation in our recent system of care assessment visit. We appreciate the effort it took to plan and organize the visit and thank all of you for the kindness and hospitality shown our site visitors. We are especially grateful for the time given by families, staff, and administrators to this data collection effort and ask that you pass on to them our thanks.

A draft report of the site visit will be sent to you in the next few weeks for your review and comment. Please feel free to contact me if there are questions or concerns.

Again, thank you for assisting us in accomplishing this part of the national evaluation.

Very truly yours,

Freda Brashears  
Project Manager

cc: (name)

## System of Care Assessment Table of Informants and Corresponding Interview Guides

Informant	Function/Topic Covered	Interview Guide	Average number of informants	Average time required per interview <sup>1</sup>
Representatives of Core Child Serving Agencies	Governance	A	3	60 minutes
Project Director	Governance Management and Operations	B	1	120 minutes
Family Representative to the Governance Structure	Governance Management and Operations Program Evaluation	C	1	90 minutes
Family Representative to Family Organization	Governance Management and Operations Program Evaluation	C	1	90 minutes
Program Evaluator	Program Evaluation	D	1	45 minutes
Family Rep to Program Evaluation	Program Evaluation	D	1	45 minutes
Intake Staff	Entry into the Service System	E	1	30 minutes
Case Management Staff <i>(also called Care Coordinators)</i>	Service Planning Service Provision Service Array	F	3	120 minutes
Direct Service Providers <i>(those employed by or through the grant; those from other agencies who work with children served by the grant)</i>	Service Planning Service Provision Service Array	G	4	45 minutes
Care Review Participants	Care Review	H	2	60 minutes
Caregivers of children receiving services through the grant	Service Entry Service Planning Service Provision	I	3	90 minutes
Other Agency Direct Service Staff <i>(staff from other child-serving sectors/agencies involved with children/families also served by the grant)</i>	Service Planning Service Provision Service Array	L	2	60 minutes
Review of case records	Service Planning Service Provision	M	Completed by site visitors	N/A
Other Staff/Interviewees <i>(any person interviewed who does not meet above descriptions)</i>		N	Varies	N/A (used in lieu of other guides)
Debrief Guide	Debriefing Information for Site	O	Presentation by site visit	N/A
Youth Participant	Governance activities Service Planning Service Provision	P	2	45 minutes
Youth coordinator	Youth involvement in system of care activities	Q	1	45 minutes
Cultural and Linguistic Competence Coordinator	Cultural and Linguistic Competence Activities	R	1	45 minutes
Social Marketing Manager/Coordinator	Social Marketing Activities	S	1	45 minutes

1. Interview times vary by respondents; some portions of some guides are not applicable to all respondents.

## **System of Care Assessment Instructions for Completing Site Visit Tables and Lists**

### **Purpose**

The purpose of Tables 1–6 is to acquaint site visitors with the details of what they will see on site. Because each system of care has a unique set of names, terms, and arrangements specific to its own community, the information on the Tables gives context to what the visitors see and hear during their visits.

The information given on the Tables should reflect only the time period covered by the current system of care assessment site visit. For first-time site visits, the time period would be from the receipt of the grant until the site visit date. For subsequent visits, the time period would be since the date of the previous visit to the date of the current visit.

Return the Tables to the national evaluation team along with the Site Informant List.

### **Table 1**

This table shows the breadth and characteristics of the governing body and the extent to which it involves family, youth, and multi-agency participants.

- At the top of the Table give the name of the governing body structure as it should be referenced during the visit.
- List the names of the members of the governing body along with their titles and the agencies they represent.
- Give the demographic information of sex and race/ethnicity of the members.
- We will interview 5 people you select from this list. Of the 5, 1 should be a family member and one should be a youth who serve on the governing body.

### **Table 2**

This table shows the training that has been offered on the various system of care principles and the breadth of attendance/participation across the local system.

- Give the name of the training in the first column.
- Give dates the training was held in the second column.
- Check the boxes to show representation of attendance from across the system of care.
- Interviewees will not be selected from this list.

### **Table 3**

This table presents a big-picture view of the grant-funded program itself. It is a demographics collection tool and should include all people/positions funded by the grant.

- Give staff names, their position/function title, and the demographic information of sex and race/ethnicity.
- It is likely that some of the people on this list will be selected by you for interviews because they will match the categories of functions given on the site informant list.

#### **Table 4**

This table is a list of the mandated service categories as given in the authorizing legislation and the current Guide for Applicants (GFA).

- Check the boxes to indicate which of the child- or youth-serving agencies provide the services that are available in your service array.
- List **evidence-based treatments** available in your service array.
- Add **all other services** in your service array that are available to children and youth and their families whether or not the grant program provides or funds them and check the boxes to indicate which child- or youth-serving agencies, private service providers or family organizations provide them.

#### **Table 5**

This table shows the amount and sources of program funding and how funds are or are not mixed, blended, or categorized.

- Give the source and amount of funding per source.
- Check if the funds are pooled across all elements of the system of care.
- Check if the funds are pooled by child-specific case service needs.
- Check if the funds are available for categories of services, e.g., transportation, respite, etc.
- Answer narrative questions 1 and 2 as applicable.

#### **Table 6**

This table is much like Table 1 but refers to the structure (person, committee, or team) that is used by local system of care communities to review the care of children and youth receiving services through the grant program to address complex issues and challenging problems to prevent the use of more restrictive services or settings.

- At the top of the Table give the name of the care review structure or team as it should be referenced during the visit.
- List the names of the members of the group along with their titles and the agencies they represent.
- Give the demographic information of sex and race/ethnicity of the members.

#### **Site Informant List**

The purpose of the site informant list is to identify people who represent the categories of program functions that we are interested in learning about. From this list of informants, the number and schedule of interviews is crafted for the site visitors to follow during the visit.

- Give names and agency affiliation as indicated for each of the 7 categories listed.
- Return the form to the national evaluation team by e-mail for review. We will review the list with local system of care community staff by telephone to ensure that appropriate people have been identified for the interviews.
- After the telephone review, make any needed revisions.
- Return the final version of the form with the interview schedule agenda to the national evaluation team 2 weeks prior to site visit dates. Materials returned by e-mail are preferred.

## **Case Record Review**

The purpose of the case record review is to use case records of children and youth receiving services through the CMHS funded program as another source of information regarding the development of the local system of care. The review does not gather individual child or family names or any other identifying information, does not document child problems or outcomes, and is not an audit of the interventions used or any other accountability issue.

- Two weeks prior to the site visit please send to the national evaluation team a list of case identification numbers for records of children and youth who have received services during the review period and for which you have consent to release them for administrative chart review.
  - For first-time site visits, that list will include identification numbers of all children who have receive services since the receipt of grant funds and for whom you have consent.
  - For subsequent visits, the list will include identification numbers of all children who have received services during the time between the previous site visit and the current site visit date and for whom you have consent.
- The national evaluation team will select a random sample of cases to be reviewed.
- The national evaluation team will send the list to the local system of care community by e-mail in sufficient time for the cases to be pulled and made ready for the site visit.

## **Interview Schedule/Agenda**

The purpose of the interview schedule is to organize and schedule the selected people who will be interviewed by the site visit team. There will be a team of 2 visitors per site visit. The project director interview should be scheduled as the first interview of the visit and will be conducted by both site visitors. Except as directed by the national evaluation team, all subsequent interviews must be scheduled concurrently for each of the two visitors throughout the remainder of the visit.

- Using the site informant list as a guide for numbers of people per category and length of time per interview, local grant community staff will complete the interview schedule/agenda according to the availability of the interviewees.
- Begin the first day of the interview schedule with the Project Director interview and end the last day of the interview schedule with the Debriefing.
- Leave 10–15 minutes between interviews to allow for set-up time for each new interview.
- Visitors are available to travel to various locations, including family homes to complete interviews.
- If travel is indicated, include adequate travel time on the agenda.
- Include 2 hours for each visitor for case record review.
- Interviews should not take place as part of meal times.

## **System of Care Assessment Site Visit Tables**

*NOTE TO OMB REVIEWER:*

No burden is calculated for the completion of these tables. An individual employed by the program completes this task. Assistance to the national evaluation is consistent with their award requirements.





**Table 2  
Staff Training Activities**

**Project Name:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Date of site visit:** \_\_\_\_\_

Topics	Date(s)	Check box if staff from each agency/organization attended that training							
		Grant staff	MH	JJ	ED	CW	Private Provider	Family	Other
Family-driven care									
1.									
2.									
3.									
4.									
Individualized/Youth-guided care									
1.									
2.									
3.									
4.									
Cultural and linguistic competence									
1.									
2.									
3.									
4.									
Least restrictive care									
1.									
2.									
3.									
4.									
Other (specify)									
1.									
2.									
3.									
4.									

**Table 3**  
**Grant-funded Staff**

**Project Name:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Date of site visit:** \_\_\_\_\_

Name	Function/Position	Sex	Race <sup>1</sup>	Ethnicity <sup>2</sup>

**<sup>1</sup>Race**  
*Please list all that apply.*  
1=American Indian or Alaska Native  
2=Asian  
3=Black or African American  
4=Native Hawaiian or Other Pacific Islander  
5=White

**<sup>2</sup>Ethnicity Codes**  
1=Hispanic/Latino origin  
2=Not Hispanic/Latino origin

**Table 4  
Summary of Service Array**

**Project Name:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Date of site visit:** \_\_\_\_\_

Type of Service	Check which agencies/organizations provide each service							
	Grant staff	MH	JJ	ED	CW	Private Provider	Family	Other
Diagnostic and evaluation services								
Neurological and/or neuro-psychological assessment								
Outpatient individual counseling								
Outpatient group counseling								
Outpatient family counseling								
Medication management								
Care management/coordination								
Respite care								
Professional consultation								
24-hour, 7-day-a-week emergency services, including mobile crisis outreach and crisis intervention								
Intensive day treatment services								
Therapeutic foster care								
Therapeutic group home								
Intensive home-based services (e.g., family preservation services)								
Transition-to-adult services								
Family advocacy and peer support								
Residential treatment								
Inpatient hospitalization								
Primary health care (physical health)								
Alcohol and Drug Prevention								
Alcohol and Drug Treatment								
Evidence-based treatment (EBT):								
Other: (add lines as needed)								

**Table 5  
System of Care Funding**

**Project Name:** \_\_\_\_\_

**Project Location** \_\_\_\_\_

**Date of site visit:** \_\_\_\_\_

Type/source of funds	Amount for the current fiscal year	Are these funds:		
		pooled across system of care?	pooled by case?	categorical?
CMHS grant	\$			
<b>Other Public Funding</b> (e.g., Medicaid, State monies, funding provided through other agencies, additional Federal funding, etc.)				
	\$			
	\$			
	\$			
	\$			
	\$			
<b>Private Funding</b> (e.g., support from private foundations, contributions from fund-raising efforts, private insurance dollars, client co-payments, etc.)				
	\$			
	\$			
	\$			
	\$			
<b>Totals</b>	\$			

1. Describe the contributions made by partner agencies, in the past year, that are not included in the table.

2. Describe any flexible funding budgets and how these monies are accessed.

**Table 6  
Participant List for Care Review Committee/Team**

**Project Name:** \_\_\_\_\_ **Care Review Team Name:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_ **Date of site visit:** \_\_\_\_\_

<b>Name</b>	<b>Agency/Organization Affiliation</b>	<b>Title/Position</b>	<b>Sex</b>	<b>Race<sup>1</sup></b>	<b>Ethnicity<sup>2</sup></b>

**<sup>1</sup>Race**  
*Please list all that apply.*  
 1=American Indian or Alaska Native  
 2=Asian  
 3=Black or African American  
 4=Native Hawaiian or Other Pacific Islander  
 5=White

**<sup>2</sup>Ethnicity Codes**  
 1=Hispanic/Latino origin  
 2=Not Hispanic/Latino origin

### Site Informant List

**Project Name:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Date of Site Visit:** \_\_\_\_\_

A Position/Role	B Specialized Functions	C # of Interviewees	D Time Required	E Names of Participants (To be filled in by site)
<b>1. Governance Body</b>  Representatives of the core agencies, family members, and youth involved in governance of the children's mental health service delivery system being assessed	Core agency representatives (representatives from schools, child welfare, juvenile justice, public health, primary health, etc.) on the governing body.	3	60 mins each	1.1 <b>Please include agency affiliation</b>
				1.2 <b>Please include agency affiliation</b>
				1.3 <b>Please include agency affiliation</b>
	Family member representative on the governing body	1	90 mins	1.4
	Youth representative on the governing body	1	45 mins	1.5
<b>2. Project Management and Operations</b>	Project Director	1	2 hours	2.1
	Family Organization Representative	1	90 mins	2.2
	Youth Coordinator	1	45 mins	2.3
	Cultural and Linguistic Competence Coordinator	1	45 mins	2.4
	Social Marketing Manager/Coordinator	1	45 mins	2.5

A Position/Role	B Specialized Functions	C # of Interviewees	D Time Required	E Names of Participants (To be filled in by site)
<b>3. Program Evaluation</b>	Lead evaluator for national and local evaluation efforts	1	60 mins	<b>3.1</b>
	Family representative involved in evaluation	1	60 mins	<b>3.2</b>
<b>4. Care Review</b>	Activities related to care review	2	60 mins each	<b>Please include staff title or function</b> <b>4.1</b>
				<b>Please include staff title or function</b> <b>4.2</b>
<b>5. Service Delivery Staff</b> These should be direct service staff who provide services to children, youth, and families who are part of the CMHS grant-funded project.	Staff who perform intake	1	30 mins	<b>Please include staff title or function</b> <b>5.1</b>
	Case Management/Care Coordination Staff	3	2 hours each	<b>Please include staff title or function</b> <b>5.2</b>
				<b>Please include staff title or function</b> <b>5.3</b>
				<b>Please include staff title or function</b> <b>5.4</b>
	Therapist/clinician	2	60 mins each	<b>Please include staff title or function</b> <b>5.5</b>
				<b>Please include staff title or function</b> <b>5.6</b>
Other service staff (e.g., respite provider, mentor, behavioral aide, family advocate)	2	60 mins each	<b>Please include staff title or function</b> <b>5.7</b>	
			<b>Please include staff title or function</b> <b>5.8</b>	

A Position/Role	B Specialized Functions	C # of Interviewees	D Time Required	E Names of Participants (To be filled in by site)
<b>6. Other Agency Direct Service Delivery Staff</b>  These should be <b>front-line staff</b> from <b>public child-serving agencies</b> who provide services to children, youth and families served by the grant <b>AND</b> who <b>have attended child and family team meetings</b> .	Staff from other agencies  <i>(e.g.: a teacher or therapist from the schools, a probation officer, a case worker at child welfare)</i> who work with children, youth and families served by the grant	2	60 mins each	<b>Please include staff title or function</b> <b>6.1</b>
				<b>Please include staff title or function</b> <b>6.2</b>
<b>7. Caregivers and Youth currently being served by the project</b>  These should be family members who <b>DO NOT</b> serve in staff or advocacy functions.	Caregiver whose child or youth and family has received services and is a member of a <b>minority racial or ethnic group</b>	1	90 mins	7.1
	Caregiver whose child or youth and family has been in services for <b>9 to 12 months</b>	1	90 mins	7.2
	Caregiver whose child or youth and family has been in services for <b>3 to 6 months</b>	1	90 mins	7.3
	Youth who receives services and has participated in his or her own service planning <b>[Must be 14 years old or older and have parental consent if under 18 years old]</b>	1	45 mins	7.4
<b>8. Debriefing</b>	Project Director, Principal Investigator, Director of Family Organization, Evaluator, others as desired		45 mins	<b>Please include staff title or function</b>
				<b>Please include staff title or function</b>
				<b>Please include staff title or function</b>
				<b>Please include staff title or function</b>



### Sample System of Care Assessment Site Visit Agenda

*Site/Project Name*

*Dates of Site Visit*

*[Example of 1<sup>st</sup> Day of a Site Visit]*

<b>Wed. 3/31/10</b>	<b>Site Visitor 1</b>		
<b>Time</b>	<b>Informant</b>	<b>Title or Function</b>	<b>Location</b>
8:30-9:00	Dr. Phil Smith	project director, opening/briefing meeting	124 Green St., Room 208
9:00-11:00	Dr. Phil Smith	project director	124 Green St., Room 208
<b>11:00-11:15</b>	<b>Break</b>		
11:15-11:30	travel to next interview (approx. 15 minutes)		
11:30-12:30	Mr. Louis Fontaine	school system representative on governing body	246 Grant St.
<b>12:30-1:00</b>	<b>Lunch</b>		
<b>1:00-1:30</b>	<b>Travel to next interview (approx. 30 minutes)</b>		
1:30-3:00	Ms. Ilene Barter	family member in services for 9 to 12 months	458 Piedmont Ave.
<b>3:00-3:15</b>	<b>Break</b>		
3:15-3:45	travel time to next interview (approx. 30 minutes)		
3:45-5:15	Ms. Yolanda Keith	family member in services for 3 to 6 months	782 Buford Ln

<b>Wed. 3/31/10</b>	<b>Site Visitor 2</b>		
<b>Time</b>	<b>Informant</b>	<b>Title or Function</b>	<b>Location</b>
8:30-9:00	Dr. Phil Smith	project director, opening/briefing meeting	124 Green St., Room 208
9:00-11:00	Dr. Phil Smith	project director	124 Green St., Room 208
<b>11:00-11:15</b>	<b>Break</b>		
11:15-12:15	Ms. Angela Johnson	Program evaluator	124 Green St., Room 208
<b>12:15-1:00</b>	<b>Lunch</b>		
1:00-2:00	Dr. Pat Malley	therapist	124 Green St., Room 210
<b>2:00-2:15</b>	<b>Break</b>		
2:15-3:15	Dr. Gail Acker	respite coordinator	124 Green St., Room 208
<b>3:15-3:30</b>	<b>Break</b>		
3:30-5:30	Case Record Review		124 Green St.

## Checklist of Planning Steps

- Complete Tables 1-6
- Use Tables 1 and 6 to direct identification of Governing Body and Case  
Review interview respondents
- Send preliminary Tables and Site Informant List to the national  
evaluation team for review
- Schedule the interviews after review with the national evaluation team
- Send list of case record identification numbers to the national evaluation  
team for chart review sample selection

## Interview Scheduling Checklist

- Schedule ½ hour at beginning of first day for introductions and  
preliminaries
- Schedule the Project Director for the first interview on the first day, with  
both site visitors together at the same time
- Schedule 2 hours for each interviewer to conduct chart review
- Have a resource person available to assist with chart review as needed  
(explain chart set-up, etc.)
- Leave 10-15 minutes between every interview for adequate completion  
and set-up time
- Leave adequate time for travel between interview locations **and** for set-  
up time after arrival at destination
- Leave 30 minutes between the time of the last interview and the de-  
briefing for site visitor planning time
- Do not schedule interviews as part of meals or in groups of respondents

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

Interviewer \_\_\_\_\_

Interviewed \_\_\_\_\_

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

**INFORMED CONSENT**  
**System of Care Assessment**  
**Staff**

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. Your input is important to helping us understand how systems of care serve children and what works best. We are asking you to participate in a \_\_\_\_\_ hour face-to-face interview with a trained interviewer who will ask you to respond to a set of questions about the children’s mental health system of care in your community. These same questions are asked of other evaluation participants who perform similar functions in their communities. Here are some things we want you to know about participating in the interview:

- Participation in the interview is completely voluntary.
- You may choose to discontinue the interview at any time, for any reason.
- Your name will not be used in any reports about this interview and no quotes will be attributed to you.
- There will be no direct benefit to you from participating in this evaluation. The risk may be the discomfort some people feel when expressing their opinions or talking about their experiences.
- A report that combines what we learn from all of the interviews conducted in your community 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.
- To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the U.S. Department of Health and Human Services (DHHS). This Certificate adds special protection for the research information about you. This Certificate does not imply that the Secretary, DHHS, approves or disapproves of the project. The Certificate of Confidentiality will protect the investigators from being forced, even under a court order or subpoena, to release information that could identify you. We may release identifying information in some circumstances, however. For example, we may disclose medical information in cases of medical necessity, or take steps (including notifying authorities) to protect you or someone else from serious harm, including child abuse/neglect. Also, because this research is sponsored by DHHS, staff from DHHS may review records that identify you during an audit.
- Any questions you have about the evaluation will be answered before the interview begins.
- Any questions you may have after the community visit is concluded may be directed to Freda Brashears at ICF Macro, Atlanta, GA (404) 321-3211.
- Your signature below indicates that you understand the above and agree to participate.

**Participant Printed Name** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attachment E: Sector and Comparison Study**

# EDUCATION SECTOR AND COMPARISON STUDY

## INFORMED CONSENT—SCHOOL REPRESENTATIVE

### **Purpose of the Survey**

The Center for Mental Health Services (CMHS), a center in the Substance Abuse and Mental Health Services Administration, an agency within the United States Department of Health and Human Services, is studying system of care programs. and other agencies and organizations that provide and/or refer youth to mental health services. You are invited to participate in this interview because you are working with a youth who is receiving mental health services and also participating in the evaluation of these services. Your input is important to helping us understand how programs and agencies serve children and what works best. We are asking you to participate in a 30-minute interview to respond to a set of questions about the youth(s) with whom you are working and the services provided by your school. Here are some things we want you to know about participating in the interview:

- Participation in the interview is completely voluntary.
- You may choose to discontinue the interview at any time, for any reason.
- Any information that you provide will be kept strictly private. No one other than study 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.
- Your name will not be used in any reports about this interview and no quotes will be attributed to you.
- There will be no direct benefit to you from participating in this evaluation. The risk may be the discomfort some people feel when expressing their opinions or talking about their experiences.
- A report that combines what we learn from all of the interviews conducted in your community 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 evaluation will be answered before the interview begins.
- You or your school will be provided an incentive equal to twenty dollars for this interview.
- Any questions you may have after the interview is concluded may be directed to [Staff Name] at ICF Macro at (Research Coordinator phone number inserted here).
- Your signature below indicates that you understand the above and agree to participate.

Participant Printed Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

# JUVENILE JUSTICE SECTOR AND COMPARISON STUDY

## INFORMED CONSENT—AGENCY REPRESENTATIVE

### **Purpose of the Survey**

The Center for Mental Health Services (CMHS), a center in the Substance Abuse and Mental Health Services Administration, an agency within the United States Department of Health and Human Services, is studying system of care programs, and other agencies and organizations that provide and/or refer youth to mental health services. You are invited to participate in this interview because you are working with a youth who is receiving, or is eligible to receive, mental health services and also participating in the evaluation of these services. Your input is important to helping us understand how programs and agencies serve children and what works best. We are asking you to participate in a 30-minute interview to respond to a set of questions about the youth(s) with whom you are working and the services provided by your agency/organization. Here are some things we want you to know about participating in the interview:

- Participation in the interview is completely voluntary.
- You may choose to discontinue the interview at any time, for any reason.
- Any information that you provide will be kept strictly private. No one other than study 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.
- Your name will not be used in any reports about this interview and no quotes will be attributed to you.
- There will be no direct benefit to you from participating in this evaluation. The risk may be the discomfort some people feel when expressing their opinions or talking about their experiences.
- A report that combines what we learn from all of the interviews conducted in your community 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 evaluation will be answered before the interview begins.
- You or your agency will be provided an incentive equal to twenty dollars for this interview.
- Any questions you may have after the interview is concluded may be directed to [Staff Name] at ICF Macro, Atlanta, GA (404) 321-3211.
- Your signature below indicates that you understand the above and agree to participate.

Participant Printed Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# CHILD WELFARE SECTOR AND COMPARISON STUDY INFORMED CONSENT—CHILD WELFARE ADMINISTRATOR FOR CHILDREN IN FOSTER CARE

## **Purpose**

The Center for Mental Health Services (CMHS), a center in the Substance Abuse and Mental Health Services Administration, an agency within the United States Department of Health and Human Services, is studying system of care programs. These programs are funded throughout the country to improve mental health services for children and families. CMHS wants to know more about these services and how well they work. In order to assess the outcomes of these programs, ICF Macro and Walter R. McDonald & Associates, Inc. are conducting a Sector and Comparison Study. The study team is talking to families involved with child welfare who are receiving services from funded system of care communities and to families involved with child welfare in communities not receiving funding to develop system of care services. In this study, we are interested in finding out about the foster child's behavior and functioning, the kinds of services the child receive, and how the foster parent feels about these services. The (*child welfare agency name*) is a part of this study.

## **Description of Screening Interview**

As part of the study, a member of the study team will interview the person who has been the primary caregiver of the child over the past 6 months. The primary caregiver is the person who has had the most interaction with the child in a caregiving role during the previous 6 months. If the child's foster parent has been the primary caregiver for the previous 6 months, with your permission, a member of the study team will interview the foster parent. The screening interview should take about 25 minutes. In the screening interview, the foster parent will be asked about the child's behavior. A member of the study team will talk with the child's foster parent at home, or any other place that is best for them.

## **Description of Interview Participation**

If the child is determined to be eligible for the study through the screening interview, a member of the study team will contact the foster parent to schedule a meeting to obtain consent to participate in the study. Once consent to participate in the study has been obtained from the foster parent, a member of the study team will interview the child's foster parent within the month following the screening interview and possibly every 6 months for up to 2 years. The child's foster parent will be interviewed up to five times in a 2-year period. The child's foster parent may be interviewed less than five times in a 2-year period, if the child does not remain in the care of the foster parent for the full study period. Each interview will take about an hour and a half. A member of the study team will talk with the child's foster parent at home, or at any other place that is best for them. In the interviews, they will be asked about the child, and any services they have received.

## **Child Welfare Record Review**

As part of the study, a member of the study team, with your permission, will review the child's child welfare record. The purpose of this review is to identify services received, child and family

background, and information about child welfare goals.

### **Services and Cost Study**

As part of the study, the study team would also like to review records from other agencies that have provided services to the child for a Services and Costs Study. The goal of the Services and Costs Study is to learn about the array of services that children and families receive and the costs of providing those services. The Services and Cost Study also seeks to examine the relationship among services, service costs, and outcomes for children and their families.

The records that the study team would review might come from Medicaid, mental health service providers, Head Start, or early intervention service providers. The information the study team would obtain from these records is as follows:

- Child's birth date
- Dates he/she received services
- Description of services received
- Unit of service (hours, minutes, days, etc.)
- Charge and/or adjusted charge for service
- Location of service delivery

The study team member will review records from the 12 months prior to participation in the study and will review records during the study period of 24 months.

### **Risks and Benefits**

There are no risks or benefits associated with participating in the study. The study team hopes that the information provided will help to improve services for families with young children with behavioral or emotional difficulties in the future.

### **Compensation**

For the screening interview, the child's foster parent will be paid \$20. For those children enrolled into the study, the child's foster parent will be paid \$40 for the baseline interview and for each interview completed at 6, 12, 18, and 24 months and a \$50 bonus at the end of the 24-month period if they complete all 5 interviews. They will be paid in order to compensate them for the time they give for the interviews.

### **Protection of Information**

The information obtained about the child from interviews with foster parents and the child's record reviews will be used for this study. Only authorized people will have access to the information. None of the interview or record review forms that are used in the study will have names on them. Names and contact information will be kept separate under lock and key and only authorized members of the study team will have access to it. The information is saved on computers with high levels of security. When study results are reported, answers are grouped with others and reported in summary form. Reports will never mention any information that could identify the child. In other words, it may be reported that "68% of families who have young child with behavioral or emotional difficulties feel very stressed." The information obtained in the foster parent's interviews and the child's record review will be released to the



national evaluation team, consisting of Walter R. McDonald & Associates, Inc. and ICF Macro, and our funding agency, the Substance Abuse and Mental Health Services Administration.

In order to get the administrative records on the services provided to the foster parent and the child and their costs, we will need to give identifying information to the organizations from which the foster parent and child have received services. As indicated in the Services and Costs Study section above, the records that the study team would review might come from Medicaid, mental health service providers, Head Start, or early intervention service providers.

The study team has applied for a Confidentiality Certificate from the Federal government to protect the people who conduct the interviews from being forced, even under a court order or subpoena, to identify participants. The Confidentiality Certificate does not imply that the government has approved or disapproved of this study. In addition, the Federal agency funding this research may see your information if it audits us to ensure that the study team protects the rights and safety of all participants.

There are two instances when the study team will not be able to keep your information confidential. If a study team member finds out that you plan to harm yourself or someone else or if there is alleged or suspected child abuse or neglect, we may report it to local authorities.

### **Rights Regarding Decision to Participate**

If you agree to have this child participate in the study, understand that you can change your mind at anytime. If you chose for the child not to participate in the study at anytime, any information collected for the study will be destroyed, if this is what you want.

### **Contact Information**

If you have any questions about this study, you can call (*Research Coordinator*) to have your questions answered. You can call him/her collect at (555) 555-5555. To Contact the Institutional Review Board that reviewed this study, call 1-877-556-2218.

### **Voluntary Consent**

I have read this form or, it has been read to me, and I understand what it says. My questions have been answered. A copy of this form will be given to me. By signing my name below, I freely agree to allow a study team member to complete the following as indicated by a check in the YES box.

1. To have a study team member conduct a screening interview with the child's foster parent, to determine if the child is eligible for the study.

Yes  
 No

2. To have a study team member interview the child's foster parent within the month following the screening interview and every 6 months thereafter, for up to 24 months.

Yes

No

3. To have a study team member access the child's child welfare agency records reviewed now and every 6 months, for up to 24 months.

Yes

No

4. To have a study team member access the child's service records including records from Medicaid, Head Start, mental health, and early intervention services. The purpose of accessing these records is to identify all services received in the 12-months prior to the study and during the course of the study period and the costs of those services.

Yes

No

Child Welfare Administrator (Type or Print Full Name):

\_\_\_\_\_

Signature of Child Welfare Administrator:

\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Name of Child/Youth (Print) \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_