**ATTACHMENT 1: *Community Support for Transitions Inventory (CSTI)***

OMB No. 0930-XXXX

Expiration Date XX/XX/XXXX

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB control number for this project is 0930-xxxx.  Public reporting burden for this collection of information is estimated to average 24 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

**ATTACHMENT 1: *Community Support for Transitions Inventory (CSTI)***

**Welcome to the CSTI for [INSERT: GRANTEE COMMUNITY NAME/LOCAL LAB/PROJECT NAME]**

The *Community Supports for Transition Inventory* (CSTI) assesses the extent to which a local community has developed the capacity to provide comprehensive transition support for young people with serious mental health conditions.

You are being asked to complete the CSTI because you have knowledge about how the community is coming together to support transition aged youth in [**INSERT NAME of GRANTEE COMMUNITY**].

Findings from the CSTI survey will be shared with community stakeholders and can be used to help identify goals and develop plans to improve transition services provided in your community.

The CSTI typically takes between 20 – 25 minutes to complete.

CSTI responses are confidential. No one involved with [**INSERT LOCAL LAB/PROJECT NAME**] will be told how you answered the questions.

Thank you for agreeing to complete the CSTI.

[**INSERT GRANTEE AND LOCAL LAB/PROJECT NAME AND STATE HERE**]

The CSTI has 43 items. Each item has one "anchor" statement that describes what **fully developed support** would look like relevant to that item, and another anchor statement that describes what the **least developed support**, or **a community at the beginning of its development** might look like.

For *each* item, you should consider the conditions in your community relevant to that item. Next, you should select a rating on the five-point scale that is provided.

* On this scale, **a score of 4 is the highest** and indicates that your community resembles the description of the **fully developed support** for that item.
* On the other end of the scale, **a score of 0 is the lowest** and would indicate that your community resembles the description of the **least developed support** for that item.
* Often, your community will not resemble either extreme of the scale. In this case, you should choose a score elsewhere on the 4-to-0 scale that best approximates where you feel your community lies.

**It is completely OK if you don't know the answer to some—even many—of the items.** If you do not feel adequately informed or knowledgeable to answer an item, choose "DK" for "Don't Know."

# How to stop the survey and finish it later

If you don't have enough time to complete the survey in one sitting, you may leave the survey and then resume it later.

As you click on the "next" button in the survey, the survey page saves. When you want to leave the survey, close your browser window. When you are ready to access the survey again, just click on the link you received in the original invitation e-mail. The link remembers where respondents left off based on the last completed page.

Click **"Next"** to proceed to the CSTI Survey.

1. Choose one of the communities.

Community 1

Community 2

Community 3

Community 4

1. In terms of your ethnic or racial background, which of these best describes you?

African American

Latino/Hispanic

Native American/American Indian

Caucasian/European American

Other (please specify)

## Select the category that best describes your current primary role related to local Healthy Transition project. (Choose one answer.)

Individual who works directly for the NITT-HT project; transition facilitator or care coordinator, supervisor, project director, administrator in the sponsoring agency

Direct service provider, manager or administrator of a partner agency within the community

Other community members

Youth or young adult who is or has been a consumer of HT services or similar transition service

Youth ally such as peer support provider, youth coordinator, young adult advocates

Family member or caregiver of an HT participant, family advocate

Other role

*If you are unable to make a rating, please click "Don't know." There is space for comments at the end of this survey.*

**THEME 1**—**Community Partnership:** Collective community ownership of and responsibility for the local transition project is built through collaboration among key stakeholder groups.

NOTE: In the items on this page, we refer to a "**community leadership team**," which is a group of people who work together to oversee the development, implementation, and evaluation of the transition project. The "community leadership team" may be one single group, or it may be a series of interlocking committees that work together, or it may be a function of a group that exists for other purposes as well. Your community may have another name for the group or groups that serve this function.

## Item 1.A Collaborative Oversight

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is a collaborative group (a "community leadership team") for planning and decision making through which community partners jointly oversee the development and implementation of the local transition project. | The transition project is not supported by any collaborative decision-making group that oversees implementation, solves system-level problems, or removes barriers. |

4 - Fully

developed

3 - Almost

there

2 - Midway 1 - Beginning

0 - Least

developed

Don't know

Item 1.A

Collaborative Oversight

**Item 1.B Engaged Leadership**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The community leadership team includes leaders who are committed to the success of the transition project and empowered to make decisions and commit resources on behalf of their organizations to support the project. | People who represent their agencies and organizations in planning and overseeing the transition project do not have the power to make decisions or commit resources on behalf of their organizations. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 1.B

Engaged Leadership

**Item 1.C Influential Youth/Young Adult Voice**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Youth and young adults (referred to here as Y&YA) with significant experience in systems and/or services are influential members of the community leadership team, and they take active roles in decisions and discussions. | Y&YA are not members—or are only "token" members—of the community leadership team. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 1.C Influential Youth/Young Adult Voice

**Item 1.D Support for Youth Voice**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The project works to recruit, train and support Y&YA, including youth from diverse backgrounds, so that they can participate actively and productively on the community leadership team. | Y&YA are not prepared or supported to participate actively and productively on the community leadership team. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 1.D

Support for Youth Voice

**Item 1.E Influential Family/Ally Voice**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Families and other adult "allies" of Y&YA with significant experience in the mental health system are influential members of the community leadership team, and they take active roles in discussions and decisions. | Families and adult "allies" are not members—or are only "token" members—of the community leadership team. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 1.E

Influential Family/Ally Voice

**Item 1.F Mental Health Systems Support**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Representatives from both the adult and child mental health systems are active on the community leadership team and support the transition project’s vision and values. | Representatives from both the adult and child mental health systems do not participate actively or productively on the community leadership team and/or they do not actively support the project’s vision and values. |

4 - Fully

developed

3 - Almost 0 - Least

there 2 - Midway 1 - Beginning developed Don't know

Item 1.F Mental Health Systems Support

**Item 1.G Full Agency Support**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Representatives from relevant public agencies and major provider organizations participate productively on the community leadership team. These representatives understand and support the transition project’s vision and values. | Representatives from relevant public agencies and provider organizations do not participate actively or productively on the community leadership team and/or they do not actively support the project’s vision and values. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 1.G Full Agency Support

*If you are unable to make a rating, please click “Don’t know.” There is space for comments at the end of this survey.*

**THEME 2**—**Collaborative Action:** Stakeholders involved in the local transition project take steps to translate the project’s vision and values into concrete policies, practices and achievements.

## Item 2.A Statements of Shared Vision

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Key stakeholders in the local transition project have worked together to develop clear statements of mission, values, and desired outcomes for the transition project. | Statements of mission, principles, and outcomes have not been jointly agreed upon. Each agency its own vision, values and priority outcomes for serving the Y&YA population. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 2.A

Statements of Shared Vision

**Item 2.B Proactive Planning**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The transition project is guided by a strategic plan that describes the goals of the project and stakeholders' responsibilities in helping to achieve the goals. The plan is reviewed and updated as needed. | There is no plan for joint action that describes goals project’s goals and stakeholders’ responsibilities for achieving the goals. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 2.B Proactive Planning

## Item 2.C Joint Action Steps

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Participating agencies and organizations take tangible steps (e.g., developing MOUs, contributing resources, revising agency policies or regulations, participating in planning activities) toward achieving joint goals that are central to the project. | Though there may be a stated commitment to the transition project, agencies and other key stakeholders have NOT taken specific and tangible steps toward achieving the project’s central goals. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 - Fully | 3 - Almost |  |  | 0 - Least |  |
| developed | there | 2 - Midway | 1 - Beginning | developed | Don't know |

**Item 2.D Mental Health Integration**

Item 2.C Joint

Action Steps

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The child and adult mental health systems take tangible steps (e.g., developing MOUs, contributing resources, revising agency regulations, participating in planning activities) toward integrating their efforts to improve outcomes for young people. | Though there may be a stated commitment to the transition project, the child and adult mental health systems have NOT taken specific and tangible steps toward achieving the project’s central goals. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 2.D Mental

Health Integration

*If you are unable to make a rating, please click "Don't know." There is space for comments at the end of this survey.*

**Theme 3**— **Transition Planning** **Quality Assurance and Support.** The community has developed sustainable capacity to provide high quality individualized transition planning that is strengths based and that responds to young people’s unique needs, goals and preferences.

**Item 3.A** **Individualized Transition Planning**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Each young person participating in the program has an individualized transition plan that responds to his/her unique needs and goals. | Young people in the transition program do not have a single plan to coordinate the services and supports they receive, and/or the plan does not reflect their unique needs, goals and preferences. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 3.A

Individualized Transition Planning

**Item 3.B Culturally Responsive Plan**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The transition plan is developed in a manner that reflects the young person’s cultural and linguistic preferences, and is respectful of his/her personal and sexual identity. | The transition plan does not respect the youth’s linguistic preferences, culture and/or personal and sexual identity. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 3.B

Culturally Responsive Plan

**Item 3.C Structured Approach for Transition Planning**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Agencies that employ staff who work with Y&YA on creating transition plans have implemented a structured, manualized process for transition planning and follow through. The process has been developed or adapted specifically for use with Y&YA with mental health conditions. | The planning process that staff use to work with Y&YA to create transition plans is not well defined and structured, and has not been developed or adapted to fit the population. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 3.C

Structured Approach for Transition Planning

**Item 3.D Quality Assurance for Transition Planning**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Agencies that employ staff who work with Y&YA on creating transition plans use an objective, reliable fidelity assessment to ensure that there is a high quality planning process and that staff are strength based and respectful of the young people. | Agencies that employ staff who work with Y&YA on creating transition plans do not collect reliable fidelity data to ensure quality. |

4 - Fully

developed

3 - Almost

there

2 - Midway 1 - Beginning

0 - Least

developed

Don't know

Item 3.D

Quality Assurance for Transition Planning

**Item 3.E Training for Transition Planning**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Staff who work with Y&YA to create transition plans receive comprehensive training and ongoing supervision/coaching. This professional development systematically focuses on developing the skills necessary to do transition planning in an engaging, developmentally appropriate way. | Staff who work with young people on creating their transition plans have not received the systematic professional development they need to acquire skills and knowledge for undertaking effective transition planning with Y&YA. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 3.E Training for Transition Planning

**Item 3.F Core Staff Job Expectations**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The caseloads and job expectations for staff with primary roles in the transition planning process (e.g., transition facilitators, peer supporters) allow them adequate time, flexibility, and resources to provide high-quality service | People with primary roles in the transition planning process have caseloads or job expectations that conflict with their motivation or ability to provide high-quality service. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 3.F Core

Staff Job Expectations

*If you are unable to make a rating, please click “Don’t know.” There is space for comments at the end of this survey.*

**THEME 4—Workforce:** Staff who provide services and supports to Y&YA are systematically trained and supported to work in a way that is engaging and developmentally appropriate for Y&YA.

## Item 4.A Provider Approach

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Staff who provide services/supports to young people (e.g., providers of supported employment, therapists, job coaches, etc.) work with young people in an engaging and developmentally appropriate way. They are respectful and strength based, and encourage young people to make choices and decisions about their services/supports. . | Staff who provide services/supports are not skilled in working with Y&YA in an engaging and developmentally appropriate way. They are not respectful or strengths based, and do not encourage the young people to make decisions and choices about their services and supports. |

**Item 4.B Provider Job Expectations**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The caseloads and job expectations of service/support providers (e.g., providers of supported employment, therapists, job coaches, etc.) allow them adequate time, flexibility, and resources to provide high-quality services/supports in an engaging and developmentally appropriate way. | Service/support providers have caseloads or job expectations that conflict with their ability or motivation to provide high-quality services/supports in an engaging and developmentally appropriate way. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 4.B

Provider Job Expectations

**Item 4.C Coordinated Training**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is a coordinated training effort to ensure that providers across all participating agencies learn specific practice skills to work effectively with Y&YA in an engaging and developmentally appropriate way. | Providers are not trained in specific skills for working effectively with youth and young adults, and/or their practice does not reflect an understanding of how to work with Y&YA in an engaging and developmentally appropriate way. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 4.C

Coordinated Training

**Item 4.D Mental Health Staff Training**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Staff from both adult and child mental health settings who work with Y&YA are trained so that they have specific skills to work effectively with this population. | Staff from adult and child mental health settings who work with Y&YAhave no specific skills or training for working with this population. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 4.D

Mental Health Staff Training

**Item 4.E Staff Diversity**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The transition project and community providers successfully recruit and retain staff—including transition facilitators and peer support providers— who reflect the diversity of the Y&YA being served and their language preferences. | The transition project and community providers are unsuccessful in recruiting and retaining staff who reflect the diversity of the Y&YA being served and their language preferences. |

4 - Fully

3 - Almost

0 - Least

developed

there

2 - Midway 1 - Beginning developed

Don't know

Item 4.E Staff

Diversity

*If you are unable to make a rating, please click “Don’t know.” There is space for comments at the end of this survey.*

**THEME 5—Fiscal Policies and Sustainability:** The community has developed fiscal strategies to support and sustain the transition project.

## Item 5.A Child and Adult Mental Health Fiscal Partnering

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The child and adult mental health systems integrate their funding to finance the transition project and/ or have worked together to create policies that outline each system’s financial contributions to the project. | The child and mental health systems separately finance their own services for youth and/or young adults. |

4 - Fully

developed

3 - Almost

there

0 - Least

2 - Midway 1 - Beginning developed

Don't know

Item 5.A Child

and Adult Mental Health Fiscal Partnering

**Item 5.B Fiscal Partnering**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Key decision-makers and relevant agencies work collaboratively to ensure financing for costs associated with all aspects of the transition project. They do not attempt to shift costs and responsibilities to each other or to outside entities | There is no coordination of efforts to fund implementation of services and supports for Y&YA with serious mental health conditions, and/or relevant agencies attempt to shift costs and responsibilities to others. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 - Fully | 3 - Almost |  |  | 0 - Least |  |
| developed | there | 2 - Midway | 1 - Beginning | developed | Don't know |

**Item 5.C Fiscal Flexibility**

Item 5.B Fiscal Partnering

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Some of the funds available to the transition project are flexible, and can be used to pay for unique or non-traditional services and supports needed for individualized transition plans. | Financing policies are rigid and largely designed to facilitate payment for categorical services. There is little latitude for flexibility to provide services and supports needed for creative or highly individualized transition plans. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 - Fully | 3 - Almost |  |  | 0 - Least |  |
| developed  Item 5.C Fiscal  Flexibility | there | 2 - Midway | 1 - Beginning | developed | Don't know |

**Item 5.D Sustained Funding**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is a clear and feasible plan for sustaining sufficient fiscal support for the transition project over the long term, and the plan is being implemented. | There is no clear and feasible plan for sustaining sufficient fiscal support for the transition project. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 - Fully | 3 - Almost |  |  | 0 - Least |  |
| developed | there | 2 - Midway | 1 - Beginning | developed | Don't know |

*If you are unable to make a rating, please click “Don’t know.” There is space for comments at the end of this survey.*

Item 5.D

Sustained Funding

**THEME 6—Access to Needed Support and Services:** The community has developed mechanisms for ensuring that Y&YA can access the transition project and the services and supports they need for their individualized transition plans.

## Item 6.A Transition Project Access

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The transition project has sufficient capacity so that all Y&YA who should be served by the project are being served. | Y&YA cannot access the transition project or experience long waits; or the project has defined the focus population narrowly so as to limit the number of Y&YA to be served. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.A

Transition Project Access

**Item 6.B Service / Support Availability**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Young people can access the services and supports required for their transition plans (e.g., employment support, therapy, medication management, peer support) without long delays. | Services and supports that young people need for their transition plans are unavailable or can only be accessed after long delays. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.B

Service / Support Availability

**Item 6.C Service / Support Access**

**Fully developed system**

**Least developed system**

Services and supports needed by young people are available at the times and locations that are convenient for the young people.

Services and supports needed by young people are only available at times and locations that are convenient for providers.

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.C Service / Support Access

**Item 6.D Seamless Mental Health Care**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| As long as young people are eligible for the transition program, they can continue to receive mental health services without interruption or provider changes because of change in age. | When young people reach certain ages (e.g., 18), their access to the mental health care is interrupted or disrupted. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.D

Seamless Mental Health Care

**Item 6.E Transition Services / Supports Continuity**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| As long as young people are eligible for the transition program, they can continue to receive transition related services (including housing, employment supports, peer support) without interruption or disruption because of change in age. | When young people reach certain ages (e.g., 18), their access to services is interrupted or disrupted. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.E

Transition Services / Supports Continuity

**Item 6.F Evidence-Based Practices**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Y&YA served by the transition project have ample access to evidence-based and/or evidence-supported practices. When needed, EBPs have been modified to make them developmentally appropriate and engaging for Y&YA. | The array of services and supports available to Y&YA in the transition project does not include evidence-based or evidence-supported practices designed or adapted for Y&YA; and/or the programs that offer these practices do not have capacity to serve the Y&YA who need them. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 - Fully | 3 - Almost |  |  | 0 - Least |  |
| developed | there | 2 - Midway | 1 - Beginning | developed | Don't know |

Item 6.F Evidence-Based Practices

**Item 6.G Access to Peer Support**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Young people who participate in the transition project have access to peer- delivered services and supports. Peer supporters have clearly defined roles, and their activities are integrated with other project components. | Young people do not have access to support offered by peers with experience as service consumers OR the role of peer supporters is not clearly defined, and the peer support that is provided is not integrated with other project components. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.G

Access to Peer Support

**Item 6.H Building Cultural and Linguistic Competence**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The transition project devotes resources to developing or is able to access services and supports that are culturally and linguistically responsive to the needs and preferences of the young people who participate in the program. | The transition project has no organized or ongoing effort to increase its own or the community capacity to provide culturally and linguistically competent services and supports. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.H

Building Cultural and Linguistic Competence

**Item 6.I Community Outreach and Education**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The transition project has worked with the community to implement outreach and public education strategies to improve early identification of Y&YA with mental health needs. | Few efforts have been made to educate the public about the mental health needs of Y&YA or to implement outreach services. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.I Community Outreach and Education

*If you are unable to make a rating, please click “Don’t know.” There is space for comments at the end of this survey.*

**Item 6.J Services for problematic substance use**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Y&YA in the program have access to developmentally appropriate services to address problematic drug/alcohol use, if needed. | Y&YA in the program cannot access services for problematic drug/alcohol use in a timely way and/or the available services are not developmentally appropriate. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 6.J Access to Substance Use Treatment

**THEME 7—Accountability:** The community has implemented mechanisms to monitor service quality and outcomes, and to assess the quality and development of the transition program.

## Item 7.A Outcomes

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is centralized monitoring of relevant outcomes (i.e., related to mental health, education/employment, housing, justice involvement, etc.) for young people in the transition project. This information is used by the community leadership team as the basis for strategic planning and for funding and policy discussions. | Outcome data is not available or not used as a basis for planning, policy and funding decisions. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 7.A Outcomes

## Item 7.B Quality Assurance Program

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is an organized and systematic quality assurance process for identifying and addressing barriers to the delivery of high quality services for Y & YA.  Data from quality assurance studies are used to make changes in services. | Quality assurance information is not available on a regular basis and/or is not used to make programmatic changes. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 7.B Quality Assurance Program

**Item 7.C Engagement and Retention Monitoring**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| The community team has access to accurate data regarding the extent to which Y&YA are engaged and retained in services/supports, and their rates of attendance and completion. | Providers who work with Y&YA do not produce reliable data regarding engagement, retention, attendance and completion, and/or this information is not shared with key stakeholders in the community. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 - Fully | 3 - Almost |  |  | 0 - Least |  |
| developed | there | 2 - Midway | 1 - Beginning | developed | Don't know |

**Item 7.D Plan Fulfillment Monitoring**

Item 7.C

Plan Fulfillment

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is ongoing monitoring to determine if services and supports indicated in the transition plans are provided and if goals that appear on the transition plans are met. | There is no active monitoring of whether the services and supports are provided or whether young people’s transition goals are met. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 7.C

Plan Fulfillment Monitoring

**Item 7.E Fidelity Monitoring**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| Providers collect reliable data regarding the fidelity of the evidence-based and evidence-supported practices they use. This data is shared with the community team. | Providers do not collect fidelity data and/or they do not share this information with the community team. |

4 - Fully

3 - Almost

0 - Least

developed

there

2 - Midway

1 - Beginning

developed

Don't know

Item 7.E

Fidelity Monitoring

**Item 7.F Satisfaction Monitoring**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is an ongoing and systematic process to track satisfaction with transition planning and with project services among young people and their families. Concerns and barriers have been identified and addressed. | There is no process in place to track satisfaction with transition planning and with project services among young people and their families; or satisfaction data is not  used to make improvements. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 7.F

Satisfaction Monitoring

**Item 7.G Disparities Monitoring**

|  |  |
| --- | --- |
| **Fully developed system** | **Least developed system** |
| There is a systematic process for identifying and addressing barriers in access, quality and outcomes of youth based on racial, ethnic, sexual or other personal or cultural identities. | There is no systematic process for identifying and addressing these disparities. |

4 - Fully

developed

3 - Almost

there

2 - Midway

1 - Beginning

0 - Least

developed

Don't know

Item 7.G

Disparities Monitoring

*If you are unable to make a rating, please click "Don't know." There is space for comments at the end of this survey.*

Please describe one or two things (programs, activities, policy changes) that your community has done recently to improve services to young people with serious mental health disorders.

What are the most pressing challenges that your community is trying to solve for this population?

Do you have any additional feedback you would like to provide?

**Thank you for taking the time to complete this assessment!** *Please click "next" to finish.*