**CHILDREN’S MENTAL HEALTH INITIATIVE**

**NATIONAL EVALUATION**

**NETWORK ANALYSIS SURVEY**

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**CHILDREN’S MENTAL HEALTH INITIATIVE**

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**NETWORK ANALYSIS SURVEY**

**OVERVIEW**

**Purpose**

The purpose of the Network Analysis Survey is to assess the interrelationship between child-serving agencies and organizational partners within systems of care. Respondents will be asked to answer questions to indicate if their agency/organization has formal agreements for collaboration and/or data sharing and questions focused on specific collaborative activities such as policy development, enrollment, and training. Responses will help to describe the nature of the partnerships and collaborative behavior between the organizations and agencies.

**Respondents:**

The instrument will be completed by a select group of key stakeholders within child serving agencies who address the needs of children and youth with severe emotional disturbances (SED) and their families. The survey will be completed by high-ranking administers or their designees within the state or locality, such as directors of child serving sectors, youth and family organizations, advocacy organizations for diverse populations, financial offices, Medicaid bureaus, and health care quality oversight offices.

**Administration:**

The survey will be self-administered electronically via an online interactive survey program. The survey will be prepopulated by the National Evaluation Team (NET) with specific agencies and organizations involved in the particular Systems of Care. In addition to the prepopulated organizations, the respondent will have the opportunity to include additional organizations with whom they are collaborating regarding Systems of Care Expansion Implementation Efforts. The survey will be administered twice per grantee, including a baseline within the first 18 months of the start of the grant and a follow up 2-3 years later.

OMB No. XXXX-XXXX

Expiration Date: xx/xx/xx

INFORMED CONSENT

As the Network Analysis Survey is an online, self-administered survey, an informed consent statement will be displayed on the screen when the respondent first accesses the surveys online. After the informed consent statements are displayed, the respondent will be asked if they agree to participate in the survey. The respondent will be able to proceed only after checking “Yes” for agreement to participate.

OMB No. xxxx-xxxx

Expiration Date: xx/xx/201x

**CHILDREN’S MENTAL HEALTH INITIATIVE**

**NATIONAL EVALUATION**

**NETWORK ANALYSIS SURVEY**

|  |
| --- |
| **INTRODUCTION** |

Thank you for your willingness to complete the Network Analysis Survey. The purpose of this survey is to assess the interrelationships between child-serving agencies and organizational partners within your Children’s Mental Health Initiative System of Care.

**CONFIDENTIALITY/INFORMED CONSENT**

This survey was developed by the National Evaluation Team.

In this survey, you will be asked to answer a series of questions regarding your agency/organization’s collaborations with other child serving agencies and organizations within the System of Care.

Your participation is completely voluntary.  You have the right to stop at any time or to refuse to answer any question.

Your responses to these questions will be kept confidential and will not be shared outside of the evaluation team. In any of our reports, your responses will be combined with other people’s responses, so your answers will never be attributed to your name.

By submitting this form you are indicating that you have read the description of the tool above and that you agree to participate.

[] Agree to Participate   
  
If you have any questions, please contact the National Evaluation Team at [cmhieval@westat.com](mailto:cmhieval@westat.com)

|  |
| --- |
| **INSTRUCTIONS** |

This survey takes approximately 30 minutes to complete. We are interested in understanding your work with agencies and organizations within your Children’s Mental Health Initiative system of care expansion planning and implementation efforts. Please try to answer each question on the basis of your impressions of how your organization works with partner agencies and other organizations within the [insert name of grantee or name of the SOC]. If you feel that you do not have enough information to answer any particular question, please select the “don’t know” option rather than leaving the item blank.

For the purpose of this study, the agency/organization for which you are responding is:[insert name of respondent’s organizational affiliation OR use drop down menu for respondent to select]. Your response should reflect your agency’s or organization’s relationships, not your personal relationships.

***First, we would like some information about your agency/organization:***

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your age: \_\_\_\_\_\_\_\_ years

Your gender: \_\_\_ male \_\_\_\_ female

Your job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_

Location of your agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

Number of years employed in this position: \_\_\_\_\_\_\_\_\_\_\_\_

Number of years employed in this agency: \_\_\_\_\_\_\_\_\_\_\_\_

Number of years employed in this occupation: \_\_\_\_\_\_\_\_\_\_

Primary Jurisdiction (*please choose one*):

🗆 City

🗆 County

🗆 State

🗆 Not Applicable

Role in SOC grant (*please choose one*):

🗆 Project Director

🗆 Family Organization Representative

🗆 Youth Organization Representative

🗆 Mental Health Agency

🗆 Child and Welfare Organization

🗆 Judicial System Representative

🗆Educational Organizational Representative

🗆 Quality Monitor/Evaluator

🗆 Other

🗆 Policy/Advocacy Organization

🗆 School/ Educational

🗆 Foundation

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We would like to ask about your agency/organization’s role in the CMHI systems of care:***

|  |  |
| --- | --- |
| **1. Please indicate what your organization or agency contributes, or can potentially contribute, to the CMHI system of care *(please rank the top 5 most important contributions).*** | * Change in policies, administrative procedures and regulations * Expanding services and supports * Improving financial arrangements * Building workforce through training and technical assistance * Promoting systems of care and raising awareness through strategic communications * Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **2. In your opinion, what aspects of collaboration are most effective for achieving the goals of the CMHI SOC?  *(select all that apply)*** | * Bringing together diverse stakeholders * Meeting regularly * Exchanging info/knowledge * Sharing resources * Informal relationships created * Collective decision-making * Having a shared mission, goals |

**Your project director identified the following list of agencies and organizations as partners you collaborate with in the CMHI National System of Care Expansion. Please select the organizations with which you know about and/or have interacted within the past year. Alternatively, you can check the first box at the top left-hand corner of the list to select “all” the organizations listed, and then click the “Next” button.**

**You can add your own agencies and partner organizations by clicking on the "Add Partner Agency/Organization" icon located at the top right-hand corner and at the bottom of the table with the listed agencies/organizations.**

**Please select at least five organizations/agencies in order to proceed with the survey.**

**Important Note: Once you click the “Next” button, you will not be able to make any additional modifications to this list of organizational partners.**

**Link: Add Partner Agency/Organization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| € | Agency/Organization Name | Contact Person | Email | Phone |
| € | Organization 1 |  |  |  |
| € | Organization 2 |  |  |  |
| € | Organization 3 |  |  |  |
| € | Organization 4 |  |  |  |
| € | Organization 5 |  |  |  |
| € | Organization 6 |  |  |  |
| € | Organization 7 |  |  |  |
| € | Organization 8 |  |  |  |
| € | Organization 9 |  |  |  |
| € | Organization 10 |  |  |  |
| € | Organization 11 |  |  |  |
| € | Organization 12 |  |  |  |
| € | Organization 13 |  |  |  |
| € | Organization 14 |  |  |  |
| € | Organization 15 |  |  |  |

**Link: Add Partner Agency/Organization**

***Now, we would like to ask you to describe your agency/organization’s working relationships with others in the System of Care and how the relationships were developed.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **3. In the last year, how often has your organization worked with the following organizations to on issues related to the SOC’s goals?** | | | | | **4. How was this working relationship developed?** |
|  | Never | Weekly | Monthly | Quarterly | Don’t Know | *Please select the option that best describes how your relationship with each of these partners was developed* |
| Organization 1 | 1 | 2 | 3 | 4 | 9 | Insert drop down menu for each organization with these response options:   1. Through SOC committees, task forces, trainings, focus groups, or other related activities 2. Pre-existing relationship deepened through SOC work 3. Through a mutual partner agency who is part of the SOC 4. Through state-mandated partnership for grant funding. 5. Through other work or community venue not related to the SOC 6. Not application/we don’t have a relationship 7. Don’t Know |
| Organization 2 | 1 | 2 | 3 | 4 | 9 |
| Organization 3 | 1 | 2 | 3 | 4 | 9 |
| Organization 4 | 1 | 2 | 3 | 4 | 9 |
| Organization 5 | 1 | 2 | 3 | 4 | 9 |
| Organization 6 | 1 | 2 | 3 | 4 | 9 |
| Organization 7 | 1 | 2 | 3 | 4 | 9 |
| Organization 8 | 1 | 2 | 3 | 4 | 9 |
| Organization 9 | 1 | 2 | 3 | 4 | 9 |
| Organization 10 | 1 | 2 | 3 | 4 | 9 |
| Organization 11 | 1 | 2 | 3 | 4 | 9 |
| Organization 12 | 1 | 2 | 3 | 4 | 9 |
| Organization 13 | 1 | 2 | 3 | 4 | 9 |
| Organization 14 | 1 | 2 | 3 | 4 | 9 |
| Organization 15 | 1 | 2 | 3 | 4 | 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 9 |

***In the following set of questions, please indicate the extent to which your agency or organization is collaborating with the following agencies or organizations on these activities:***

Use the following response options:

1 = Yes 2 = No 9= Don’t Know/Not Applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 5a Developing policies, administrative procedures and regulations | 5b. Expanding services and supports | 5c. Improving financial arrangements | 5d. Building workforce through training and technical assistance |
| Organization 1 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 2 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 3 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 4 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 5 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 6 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 7 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 8 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 9 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 10 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 11 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 12 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 13 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 14 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 15 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |

**5. (continued) *Please indicate the extent to which your agency or organization is collaborating with the following agencies or organizations on these activities:***

1 = Yes 2 = No 9= Don’t Know/Not Applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 5e. Promoting systems of care and raising awareness through strategic communications | 5f. Developing quality assurance and/or evaluation processes | 5g. Involving youth in planning and implementing system of care | 5h. Involving families in planning and implementing system of care |
| Organization 1 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 2 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 3 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 4 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 5 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 6 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 7 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 8 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 9 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 10 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 11 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 12 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 13 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 14 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Organization 15 | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 9 | 1 2 9 | 1 2 9 | 1 2 9 |

***In the next set of questions, we would like to understand the quality and nature of your working relationships with the following organizations in achieving the overall mission of the CMHI systems of care. We would like you to assess each partner organization in terms of 6 domain areas that are defined in each column:***

Use the following response options:

1= Not at all 2= A small amount 3= A fair amount 4= A great deal 9= Don’t Know/Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
|  | 6a. To what extent does \_\_\_\_\_\_\_\_\_\_\_\_\_ have **power and influence** to impact the overall mission of the CMHI SOC?  *\* Holds a prominent position in the community, being powerful, having influence, success as a change agent, and showing leadership.* | 6b. What is \_\_\_\_\_\_\_\_\_\_\_\_\_’s **level of involvement** in the CMHI SOC?  *\* Strongly committed, active in the partnership and gets things done.* | 6c. To what extent does \_\_\_\_\_\_\_\_\_\_\_\_ **contribute resources** to the CMHI SOC?  *\* Brings resources to the partnership like funding, information, or other resources.* |
| Organization 1 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 2 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 3 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 4 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 5 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 6 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 7 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 8 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 9 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 10 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 11 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 12 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 13 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 14 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 15 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |

**6. (continued)**

1= Not at all 2= A small amount 3= A fair amount 4= A great deal 9= Don’t Know/Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
|  | 6d. How **familiar is** \_\_\_\_\_\_\_\_\_\_\_\_\_with CMHI SOC mission and goals? | 6e. To what extent does \_\_\_\_\_\_\_\_\_\_\_\_\_ **share a mission** with the CMHI SOC’s mission and goals?  *\* Shares a common vision of the end goal of what working together should accomplish.* | 6f. How **open to discussion** is \_\_\_\_\_\_\_\_\_\_\_\_\_?  *\* Willing to engage in frank, open and civil discussion (especially when there are disagreements); Willing to consider a variety of viewpoints and talk together; You are able to communicate with this organization/program/department in an open, trusting manner.* |
| Organization 1 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 2 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 3 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 4 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 5 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 6 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 7 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 8 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 9 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 10 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 11 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 12 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 13 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 14 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Organization 15 | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 2 3 4 9 | 1 2 3 4 9 | 1 2 3 4 9 |

1. **Which of the following describes the extent to which your partnership has led to changes within the CMHI SOC over the past year?**

**Select all that apply.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | None | None so far, but we anticipate that it will | Exchanged information and knowledge | Improved my organization’s capacity | Led to new program development | Led to exchange of resources | Led to improved services or supports |
| Organization 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Organization 2 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 3 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 4 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 5 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 6 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 7 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 8 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 9 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 10 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 11 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 12 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 13 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 14 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Organization 15 | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 9 | 6 | 7 |
| Other organization: \_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 9 | 6 | 7 |

***In the last set of questions, we would like to ask you to name other agencies or organizations that you do not currently work with, but could potentially contribute to current and future efforts towards expanding or improving the CMHI Systems of Care.***

|  |  |
| --- | --- |
| **8. Name the top 7 organizations or groups that you are not currently collaborating with but that you would like to collaborate with in the future on improving the CMHI systems of care in \_\_\_*piped text*\_\_\_\_\_.** | **9. How would you describe this organization as a current or potential partner? [select one from drop-down menu]** |
| 1) | 1. Just learning about this organization, not really aware of how a partnership would benefit my organization 2. We could benefit from a partnership with this organization, but have not built that relationship 3. We have interacted a few times to try out a partnership 4. We have considered this organization a steady partner in our work |
| 2) |
| 3) |
| 4) |
| 5) |
| 6) |
| 7) |

**10. Is there anything else you would like to tell us about the *\_\_\_piped text\_\_\_\_* CMHI SOC?**

**End of Instrument:**

Thank you for participating in the Network Analysis portion of the National Systems of Care Expansion Evaluation.