

**CHILDREN'S MENTAL HEALTH INITIATIVE
NATIONAL EVALUATION
NETWORK ANALYSIS SURVEY**

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CHILDREN'S MENTAL HEALTH INITIATIVE NATIONAL EVALUATION 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 administrators 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.

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.

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

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:

<p>1. Please indicate what your organization or agency <u>contributes, or can potentially contribute</u>, to the CMHI system of care (please rank the top 5 most important contributions).</p>	<ul style="list-style-type: none"> € 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: _____
<p>2. In your opinion, what aspects of collaboration are most effective for achieving the goals of the CMHI SOC? (select all that apply)</p>	<ul style="list-style-type: none"> € 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	<i>Please select the option that best describes how your relationship with each of these partners was developed</i>
Organization 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	<p><i>Insert drop down menu for each organization with these response options:</i></p> <ol style="list-style-type: none"> 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 3	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 4	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 5	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 6	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 7	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 8	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 9	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 10	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 11	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 13	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 14	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Organization 15	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Other organization: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Other organization: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	
Other organization: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	

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 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 3	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 5	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 6	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 7	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 8	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 9	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 15	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>

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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 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 3	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 5	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 6	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 7	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 8	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 9	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 15	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>

Other organization: <hr/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
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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? <i>* Holds a prominent position in the community, being powerful, having influence, success as a change agent, and showing leadership.</i>	6b. What is _____'s level of involvement in the CMHI SOC? <i>* Strongly committed, active in the partnership and gets things done.</i>	6c. To what extent does _____ contribute resources to the CMHI SOC? <i>* Brings resources to the partnership like funding, information, or other resources.</i>
Organization 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 3	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 5	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 6	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 7	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 8	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 9	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 15	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>

Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>

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? <i>* Shares a common vision of the end goal of what working together should accomplish.</i>	6f. How open to discussion is _____? <i>* 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.</i>
Organization 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 3	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 5	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 6	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 7	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 8	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 9	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>

Organization 12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Organization 15	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>

**8. 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	Exchange d 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 2	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 3	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 4	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 5	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 6	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 7	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 8	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 9	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 10	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 11	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 13	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 14	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Organization 15	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Other organization: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

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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.

<p>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 <u> piped text </u>.</p>	<p>9. How would you describe this organization as a current or potential partner? [select one from drop-down menu]</p>
1)	1. Just learning about this organization, not really aware of how a partnership would benefit my organization
2)	2. We could benefit from a partnership with this organization, but have not built that relationship
3)	3. We have interacted a few times to try out a partnership
4)	4. We have considered this organization a steady partner in our work
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.