

# Systems of Care Implementation Survey (SOCIS)



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## INTRODUCTION AND INFORMED CONSENT

Indiana is expanding systems of care statewide to support local access to effective mental health addiction services and supports for children and families. You are invited to complete a survey to assess the level of system of care (SOC) development in your community or at the state level.

“A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels.”

(Pires, 2002; Stroul, Blau, & Jordan, 2012)

The purpose of the survey is to assess factors associated with systems of care implementation. Individuals who know about children’s mental health and substance use services are invited to participate. Multiple perspectives are needed: youth, families, mental health and substance use treatment providers, child welfare, juvenile justice, education, residential treatment providers, primary health care, other service providers, the faith-based community, advocates, and other stakeholders. There are no right or wrong answers.

This survey is part of the state and national evaluation for a federal Child Mental Health Initiative (SOC Expansion Grant) from the Substance Abuse Mental Health Administration (SAMHSA) to the Indiana Family and Social Service Administration, Division of Mental Health and Addiction (DMHA).

If you choose to participate in this assessment, you will be asked to complete the System of Care Implementation Survey (SOCIS). It usually takes about 30 minutes to complete the SOCIS. Your participation is entirely voluntary. Your responses will be kept confidential, identified only by your county, role, and demographic information. Results will be aggregated and reported in summary reports.

This project has been reviewed and approved by the Institutional Review Boards of the University of South Florida and Indiana University. If you have any questions about the survey, contact [Isaac.Karkari@fssa.IN.gov](mailto:Isaac.Karkari@fssa.IN.gov) or [Betty.Walton@fssa.IN.gov](mailto:Betty.Walton@fssa.IN.gov)

Completion of this survey signifies your consent to participate in this evaluation and that you live in Indiana. We thank you for your valuable feedback and participation.

# Instructions

Begin by answering the Participant Information questions.

After completing the Participant Information, for all survey questions:

1. Remember, the survey questions are asking about children with serious emotional disturbances (mental health and/or substance use challenges which impact their functioning) who live in your area.
2. Read the definition of each implementation factor (at the beginning of the section) before answering the questions in that section.
3. Then, read each question carefully and select the rating that best describes each question.
4. Try to answer all of the items. If you don't have information to rate a question, mark '**DK**' (**Don't Know**).
5. Please try to complete the questions and return the survey within a week.
6. If completing the survey on paper, scan and email the survey to [SOCevaluation@fssa.IN.gov](mailto:SOCevaluation@fssa.IN.gov).
7. Or, mail to:

Attention: Betty Walton and Isaac Karikari  
Indiana Family & Social Services Administration  
Division of Mental Health & Addiction  
402 W. Washington St., W353 Indianapolis, IN 46204-2739

**Thank you for completing Indiana's System of Care Implementation Survey  
to help monitor our progress and plan for the future!!**

## Participant Information

1. **Your job Title or Role:** \_\_\_\_\_
  
2. **What best describes how you spend the majority of your time? (check one)**
  - Administrator/Manger of Services
  - Direct Service Provider
  - Special Education Director
  - Youth, Young Adult
  - Family Member
  
3. **Organization/Agency Name (full name, no abbreviations please)**  
\_\_\_\_\_
  
4. **Are you reporting information for the state of Indiana or for a specific county?**
  - State
  - County (Fill in name of one Indiana County): \_\_\_\_\_  
(ONLINE: Select "County" from dropdown list.)
  
5. **For how many years have you been actively involved in children's behavioral health services (in any capacity)?**  
  
\_\_\_\_\_ Years
  
6. **What is your age?** \_\_\_\_\_ Years
  
7. **Gender: (Please check one below.)**
  - Male
  - Female
  - Other, please specify: \_\_\_\_\_
  
8. **How would you describe your race or ethnicity? (Check all that apply.)**
  - African American
  - Asian American
  - Caucasian
  - Pacific Islander
  - Native American/Alaska Native
  - Hispanic/Latino
  - Other, please specify: \_\_\_\_\_
  
9. **How knowledgeable are you about your local children's mental health system?**

1	2	3	4	5
Not at All	Slightly	Somewhat	Moderately	Very

**System of Care (SOC) definition:** A **System of Care** for children and youth with behavioral health problems has been described as child-centered, family-driven, community-based, and culturally competent. Within a SOC, children and families have access to a comprehensive array of services that are individualized, delivered in the least restrictive setting, and involve families at all stages in planning and delivery of services from different child service systems.

**10. To what extent do you believe your local children’s behavioral health services system is a “System of Care”?**

1	2	3	4	5
Not at All	Slightly	Somewhat	Moderately	Very

**BEGIN THE SOCIS QUESTIONS ON THE NEXT PAGE**

## SOCIS Survey Questions

The next series of questions focus on children with mental health and substance use challenges and their families who received services during the last year. Answer the following questions for your local mental health service system (if reporting for a specific county.) If reporting for the state of Indiana, answer for the state level system of care. Select the response that best answers the question.

### 1. Family Choice and Voice

**Definition:** Family and youth perspectives are actively sought and given high priority during all planning, implementation, and evaluation of the service delivery system.

**A. Do families have a choice of which services will be provided to their child?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**B. Do families have a choice of who will be providing services to their child?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**C. How often have you seen families serving as members of planning or coordinating groups for the service system (members of interagency councils or advisory boards)?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**D. How often have you seen families or a family organization express independent views or recommendations about the service system?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**E. How often is the family perspective incorporated throughout the planning and policy making process?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

## 2. Individualized, Comprehensive, and Culturally Competent Treatment

**Definitions:** A range of services to the child and entire family includes:

- **Individualized** treatment in which services are based on the specific needs and strengths of each child and his/her family,
- **Comprehensive** treatment addressing social/emotional needs and functioning at home, in school, and in the community, and
- **Culturally competent treatment** considering and accommodating cultural, racial, and language characteristics of each child and family which impact treatment outcomes.

**A. How often is treatment tailored to the specific needs of individual children and their families?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**B. How often are treatment plans reviewed and updated as needed?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**C. In family meetings for individual children and families, how often are children discussed who receive special education due to emotional disorders and have an Individual Educational Plan (IEP)?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**D. In formal child and family meetings, rate the level of participation by education staff.**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**E. How often does the treatment process include the child and family's strengths and existing resources?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**F. How often does the treatment process use what is known to be effective for specific cultural/racial/language groups?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**G. How often does treatment use evidence-based (scientifically proven) practices and programs?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**H. How often does treatment improve the child's functioning in the community?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

3. Outreach and Access to Care

**Definition: Outreach and service access** are procedures (home visits, mental health workers in schools) that make it easier for children and youth with mental health or substance use problems and their families to obtain services.

**A. In your opinion, how easy or difficult is it for families to access mental health care in your community?**

1	2	3	4	5	DK
Difficult	Somewhat Difficult	Neither Easy Nor Difficult	Somewhat Easy	Easy	Don't Know

**B. To what extent do you think parents in your community know how to obtain mental health care?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**C. To what extent do you think child-serving professionals (teachers, pediatricians) in your community know how to refer families to obtain mental health care?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know



## 4. Transformational Leadership

**Definition. Transformational leaders** are individuals who put into words a long-term vision that inspires others, challenge assumptions, take risks, and listen to the concerns and needs of others.

**To what extent does the leadership of your children’s behavioral health service system:**

**A. Value the view and opinions of others?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don’t Know

**B. Recognize individual and team achievements within your organization?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don’t Know

**C. Encourage individuals to think about problems in new ways?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don’t Know

**D. Convey an inspirational vision of the future?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don’t Know

**E. Encourage people to take the initiative in building the system?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don’t Know

## 5. Theory of Change

**Definition:** A 'Theory of Change' is the expressed beliefs and assumptions for how to serve children and youth and reach identified goals.

**A. Is a 'theory of change' used to guide service planning and delivery decisions?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**B. Is there a plan that clearly describes how to obtain and provide services for children and their families?**

1	2	DK
Yes	No	Don't Know

**C. How often do service planners and implementers agree regarding the strategies used?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**D. How often do service planners and implementers regularly review 'outcomes' for the purpose of assisting how successful existing strategies are in producing intended goals?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

**E. How often are existing service strategies (obtaining and providing services) adjusted or modified to produce intended goals?**

1	2	3	4	5	DK
Never/Almost Never	Rarely	Occasionally	Frequently	Always/ Almost Always	Don't Know

## 6. Implementation Plan

**Definition:** An **implementation plan** identifies procedures and strategies to achieve goals and objectives at program and system levels. The plan includes projected timelines and expected outcomes.

**A. Have you read an implementation plan for your children’s behavioral health services system?**

1	2	DK
Yes	No	Don’t Know

**If NO, skip to Section 7.**

**B. Have plans been developed specifically to address identified barriers to implementation?**

1	2	DK
Yes	No	Don’t Know

**C. To what extent does a broad array of stakeholders (providers, youth, families, diverse cultural/racial/linguistic community members) have active input into the implementation plan?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don’t Know

**D. To what extent does the plan reflect input from the other child-serving systems (mental health, education, child welfare, juvenile justice)?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don’t Know

## 7. Local Population of Concern (Intended Children, Youth, and Their Families)

**Definition:** The individuals intended to benefit from the service system (the **local population of concern**) should be clearly described. Specific information should include the number of children and adolescents who are eligible for services, their ages, diagnostic profiles, and demographics including cultural/racial/language diversity, local in the county, services histories and any special needs of groups in the population.

**A. Have you read a description of the local population of concern, that is, the intended children, youth, and families to be served through your children’s behavioral health services system?**

1	2	DK
Yes	No	Don’t Know

**B. Does the description of the local population of concern get periodically reviewed?**

1	2	DK
Yes	No	Don’t Know

**C. Have you read a report summarizing the service histories and clinical profiles of this population?**

1	2	DK
Yes	No	Don’t Know

## 8. Interagency and Cross-Sector Collaboration

**Definition:** A formal process that encourages **collaboration** among the various child service systems (mental health, education, child welfare, juvenile justice). This process usually includes an Interagency Committee (consortium/coordinating council, governance board) which has designated participants who represent the various agencies and have regularly scheduled meetings.

**A. Approximately how often does the interagency committee or group meet to focus on service system planning for children and their families?**

1	2	3	4	5	6	7	DK
Yearly	Semi- annually	Quarterly	Monthly	Bi-weekly	Weekly	Daily	Don't Know

**B. How often do decision makers from the educational system actively participate in this council or group?**

0	1	2	3	4	5	6	DK
Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently	Always	Don't Know

**To what extent do your organizations share resources (funding, personnel, data, and facilities) with other child-serving organizations in the following activities:**

**C. Creating formal agreements**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**D. Staff Training**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**E. Purchasing of Services**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**F. Service Plan Development**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

## G. Program Evaluation

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

## H. Are there written agreements between Education and Behavioral Health to have behavioral health agencies provide services in schools?

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

## 9. Values and Principles

**Definition: Values and Principles** refer to an explicit statement of core values and principles that guide system development and evaluation. These values and principles have been adopted through an inclusive, participatory process. For example, core values may include:

- **Child-Centered and family-driven:** The needs of the child and family dictate the services provided.
- **Community-based services:** Management and decision-making responsibility reside at the community level.
- **Culturally competent:** Agencies, programs, and services are responsive to the cultural, racial, and language diversity of the populations they serve.

### A. Have community members (examples: business leaders, local government officials, community foundation, YMCA, extension service, etc.) participated in adopting a statement of values and principles for your community?

1	2	DK
Yes	No	Don't Know

### B. Does a formal process assess where these values and principles are operating in your community?

1	2	DK
Yes	No	Don't Know

### C. Do these values and principles require services to be individualized and based on child and family strengths and needs?

1	2	DK
Yes	No	Don't Know

**D. Do these values and principles require services to be community-based, with services delivered, as well as management and decision-making at the local community level?**

1	2	DK
Yes	No	Don't Know

**E. Do these values and principles require services to be responsive to the cultural, racial, and language differences of the populations they serve (culturally competent across agencies, programs and services)?**

1	2	DK
Yes	No	Don't Know

## 10. Comprehensive Finance Plan

**Definition:** A **comprehensive finance plan** is consistent with the goals of the system, identifies costs across major child service systems, uses a variety of funding sources, promotes flexibility, maximizes federal entitlements (Medicaid, Title IV-E), and re-directs spending from restrictive placements to home- and community-based services.

**A. Have your costs for services and supports been analyzed across the major child service systems (mental health, substance use, child welfare, juvenile justice, education, health)?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**B. Do your financing policies redirect spending from the 'deep-end' restrictive placements (residential treatment centers) to home- and community-based services?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**C. To what extent are funds coordinated, blended, pooled, and/or braided across the major child service systems (mental health, education, child welfare, health, juvenile justice, primary care, substance use)?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**D. To what extent do community (state/local) funding policies allow for a broad array of services for children with behavioral health challenges and their families?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**E. To what extent do community financing policies allow for the provision of flexible, individualized care for children with mental health and addiction challenges and their families?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**F. To what extent do mental health and schools pool or braid funds (or any other collaborative funding mechanisms) in order to deliver behavioral health services in schools to children and youth with mental health and substance use needs?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

## 11. Skilled Provider Network

**Definition:** A **skilled provider network** represents an assessment of the group of service providers that exist in a particular system. They should be diverse in background, culturally competent, effective in providing services, behave consistent with the values and principles promoted by the system, and have sufficient capacity to provide family choice.

**A. Are there enough providers serving local children and youth with behavioral health problems?**

1	2	DK
Yes	No	Don't Know

**B. To what extent is there a plan for recruitment and retaining skilled providers?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know



**C. To what extent are staff from the education agency and the local behavioral health agency trained together? For example, are community mental health staff and educational staff trained together around service delivery issues?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**D. To what extent are staff from the various other child service agencies (child welfare and juvenile justice, for example) trained together? That is, are training sessions held so that all child- serving staff can be trained on the same topic?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

## 12. Performance Measurement System

**Definition: Performance measurement** is the ongoing monitoring (evaluation) of program/system accomplishments, particularly progress towards pre-established goals. Performance measurement systems involve regularly collecting data on the level and type of program/activities (process), the direct products and services delivered by the programs (outputs), and the results of these activities (outcomes).

**A. Are you aware of where your service system is meeting its goals for this target population (children with behavioral health problems that interfere with functioning and their families)?**

1	2	DK
Yes	No	Don't Know

**B. Are decisions about the performance measurement system made locally (city or county level)?**

1	2	DK
Yes	No	Don't Know

**C. To what extent do you believe that performance measurement system measures “what really matters”?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**D. To what extent is the performance measurement system information provided to diverse stakeholders (parents, community leaders, program directors, service providers)?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

**E. To what extent does your performance measurement system take into account aspects of school functioning (school attendance and academic achievement of children with behavioral health problems)?**

1	2	3	4	5	DK
Not at All	Slight Extent	Moderate Extent	Great Extent	Very Great Extent	Don't Know

### 13. Provider Accountability

**Definition:** Funding for providers is tied to their performance so that incentives have been created for high quality and family-responsive outcomes.

**A. Is there a way for assessing (evaluating) families' and/or youth's satisfaction with individual providers?**

1	2	DK
Yes	No	Don't Know

**B. Is there a feedback mechanism (report card) to inform families about performance of particular providers (satisfaction, success rates, and outcomes)?**

1	2	DK
Yes	No	Don't Know

**C. Is there a feedback mechanism to inform providers about performance (report card) with particular clients?**

1	2	DK
Yes	No	Don't Know

**D. Does your community assess provider performance and provide incentives for effective performance (performance-based contracts, bonuses)?**

1	2	DK
Yes	No	Don't Know

## 14. Management and Governance

**Definition: Management and governance** refer to decision-making individuals and groups that are responsible for maintaining the system's values, principles, goals, and strategies. They use data and stakeholder input to manage and continuously strengthen and improve the system.

**A. How often is there a clear and efficient decision-making process regarding policy development and how funding and resources are used?**

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

**B. How often is there a clear and efficient decision-making process regarding how to create treatment plans for individual children and families?**

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

**C. How often does decision-making regarding policy development and resources allocation include multiple service systems (mental health, juvenile justice, special education, child welfare, substance use, primary health)?**

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

**D. How often does decision-making regarding treatment plans for individual children and families include multiple service systems (mental health, juvenile justice, special education, child welfare, substance use, primary healthcare)?**

1	2	3	4	5	DK
Never/ Almost Never	Rarely	Occasionally	Frequently	Always/Almost Always	Don't Know

15. General System Performance

**A. Do you have regular access to reports that present data and information on how many children/adolescents enter the system and are served each year?**

1	2	DK
Yes	No	Don't Know

**B. Do you have regular access to reports that present data and information regarding who is served, what services they receive, and what the outcomes are?**

1	2	DK
Yes	No	Don't Know

**C. Please rate how well your community does in terms of making it easy to get an appointment for needed care.**

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor nor Excellent	Somewhat Excellent	Excellent	Don't Know

**D. Please rate how well your community does in terms of providing care that works?**

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor nor Excellent	Somewhat Excellent	Excellent	Don't Know

**E. Please rate how well your community does in terms of providing care that works for diverse cultural/racial/language groups.**

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor nor Excellent	Somewhat Excellent	Excellent	Don't Know

**F. Please rate how well your community does in terms of proving outcomes for the local population of concern that receives services.**

1	2	3	4	5	DK
Poor	Somewhat Poor	Neither Poor nor Excellent	Somewhat Excellent	Excellent	Don't Know

**THANK YOU FOR COMPLETING THE SURVEY ABOUT YOUR CHILDREN'S  
MENTAL HEALTH SYSTEM.**

**We know that standardized surveys often do not capture some of the unique aspects of some community's service systems. We would be interested in any comments you might have about your system that you think we might have overlooked; or that you think we should know about to better understand your community's system; or for that matter, any thoughts you might have about the survey you just completed.**

**Please write comments in the space below.**

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Results from this survey will be posted on the  
Indiana Family & Social Services, Division of Mental Health Addiction website  
by September 2018,

<http://www.in.gov/fssa/dmha/index.htm>

If you would like more information about how to get involved in  
Indiana's local or state Systems of Care, please contact:

Lisa Stewart ([Lisa.Stewart@fssa.IN.gov](mailto:Lisa.Stewart@fssa.IN.gov))