Child and Adolescent State Infrastructure Grant (CA-SIG)

(Data collection period January 15, 2009 – April 15, 2009)

Child and Adolescent Behavioral Health Stakeholder Survey

In Collaboration with:

State of Nevada Department of Health & Human Services
Division of Child and Family Services

Nevada Children's Behavioral Health Consortium

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Executive Summary

General Stakeholder Results

In spring 2009 an assessment of Nevada's children's behavioral health stakeholder groups took place. The stakeholder assessment involved 66 (sixty-six) respondents representing all regions of the State of Nevada. Demographic information about the stakeholders as well as their opinions about the implementation of System of Care in Nevada, stakeholder involvement in the work of system change and stakeholder satisfaction was obtained.

Stakeholders involved in this assessment for the most part are individuals affiliated with the Nevada Children's Behavioral Health Consortium and Consortium workgroups. The respondents represent the field of mental health and they are affiliated with public agencies, although there is a modest representation of private agencies as well. Over half of the sample report participating in System of Care transformation efforts at least on a monthly basis. More than a third of the rural respondents indicated that they are active participants in their regional consortium while the percent who are involved in the Washoe region is about 23% and in Clark County 20%. About equally divided, 41% of the respondents reside in Clark County and 40% are from Washoe County. The rural regions of the state account for about 19% of the sample.

Respondents were asked for their perspectives on how well Nevada is implementing System of Care principles throughout its work in children's behavioral health. In a ranking of the six sub-scales that comprise the Nevada System of Care principles, the *strength-based, family-driven* and *outcome/accountability* principles rank the highest. The respondents felt that Nevada is least successful in adhering to practice principles related to the establishment of a *comprehensive service array*. No regional differences were discernable in opinions about the implementation of System of Care principles.

In ranking the elements that define the stakeholder process and how stakeholders are involved in the work of system change, statewide the respondents felt that certain aspects of the *decision-making process* (e.g., flexibility, participation, inclusiveness) are the strongest collaborative elements. On the other hand, respondents felt that the *creation and coordination of partnerships between substance abuse and mental health* is the weakest element in the stakeholder process as it relates to the work of system change.

In terms of stakeholder satisfaction, respondents are most satisfied with their participation in system transformation because they feel that they are helping to improve the lives of children and families. Also, in Washoe County the respondents have a sense that they are valued and important members of the collaborative. When stakeholders express dissatisfaction, it is because they feel as though the Nevada Children's Behavioral Health Consortium is not making progress in the implementation of its goals (this was the sentiment expressed especially by respondents who reside in Clark and Washoe counties). In the rural areas, dissatisfaction is expressed by respondents who feel the regional consortium is not making progress towards the implementation of its goals.

Parent Stakeholder Results

The parent sample contains the experiences and perceptions of (n = 13) respondents. Most of the respondents are members of the Nevada Children's Behavioral Health Consortium or they are active in a Consortium workgroup. Most of the respondents participate in System of Care transformation work on a monthly basis. About half of the sample resides in Clark County and the other half in Washoe County.

In responding to how well Nevada is doing with respect to the implementation of System of Care principles, respondents "agree" that the principle of a *strength-based perspective* is the one most frequently exhibited. Like the general stakeholders, parents "disagree" that a comprehensive array of services exists in Nevada. They feel that there are an inadequate number of service providers and that children's mental health and substance abuse needs are not treated by one provider.

Parents express that they are active members of a collaborative that is transforming Nevada's System of Care but that each member of the collaborative does not have an equal "voice." General stakeholders also felt that each member of the collaborative does not share equally with respect to "voice."

Parents are most satisfied with their participation in system transformation, and they feel as though they are helping to improve the lives of children and families. Although a moderate level of satisfaction was found, parents are somewhat more satisfied with their regional consortium and the Nevada Children's Behavioral Health Consortium's progress in implementing their goals than are the general stakeholders.

Chapter One: Introduction

Purpose of the Stakeholder Survey

The Stakeholder Survey serves two purposes: First, the Nevada Children's Behavioral Health Consortium and its partners are collaborating with the University of Nevada Las Vegas, School of Social Work to evaluate the perceptions of child and adolescent behavioral health stakeholders as to how well System of Care (SOC) attributes are reflected in the current behavioral health system and its infrastructure. Secondly, this survey will provide required stakeholder data for Nevada's Child and Adolescent State Infrastructure Grant (CA-SIG). In October 2004, Nevada was awarded this five-year grant by the Substance Abuse and Mental Health Administration for the purpose of supporting Nevada's work toward the development of a statewide System of Care transformation initiative.

Major Goals of the Stakeholder Survey

In November 2007, the Nevada Children's Behavioral Health Consortium approved a definition of System of Care in Nevada that is intended to act as a framework for the state's planning and decision making process (see Appendix A). Additionally, this group is currently engaged in efforts to have child serving agencies, organizations and service providers officially commit to Nevada's System of Care philosophy of service delivery (see Appendix B).

Building on this critical step in implementing a System of Care framework that strives to provide an integrated service delivery system where service providers and parents work together to best meet the needs of the child and family, the major goals of the needs assessment are:

- Evaluate the perceptions of children's behavioral health stakeholders as to how well Nevada's defined System of Care attributes are reflected in the current behavioral health system and its infrastructure;
- Measure the extent to which stakeholders feel that they have adequate involvement in decision making;
- Measure stakeholders' level of satisfaction with infrastructure activities; and
- Create a sustainable method to measure and document progress over time.

Chapter Two: Background & Conceptual Approach

Delphi Rounds

In order to construct the Stakeholder Survey a Delphi process was employed. The Delphi process was originally developed by the Rand Corporation and used as a practical and efficient survey approach for gathering data that are not widely available. Although the Delphi process has multiple purposes, in this evaluation it was used as the primary method to gather stakeholder communication and input in the development of the *Stakeholder Survey*. In other words, the Delphi process was used as a method to convene a panel of experts (members of the three regional consortia) to elicit their opinions and form a group response concerning needed children's mental health infrastructure design issues. In this evaluation design, the Delphi process produced within-group anonymity, repeat iterations and group responses that were easily convertible to survey variables.

The sampling frame for the Delphi rounds was the current members of the three local children's mental health consortia. Delphi Round One was disseminated on March 5, 2007 and included a general overview of the purpose of the Delphi rounds, an attached informed consent form, as well as the link to the Round One survey. Two more rounds were disseminated, with the last open-ended survey ending May 7, 2007.

Upon concluding each Delphi round, researchers conducted qualitative analysis of the participants' responses which formed the questions for the next Delphi round. Inductive reasoning processes, pattern analysis, and thematic coding were used to interpret and structure the meanings that could be derived from the responses. The general approach used, called "constant comparative analysis," evolved out of the sociological theory of symbolic interactionism. The strategy involved first briefly reviewing all responses in their entirety and then taking one question or topic at a time, comparing individual responses and accounts with all others, looking for similarities and differences. In this form of qualitative content analysis, an inductive category development process was used to formulate categories and outline emergent themes while revising and formulating new categories as more details appeared throughout the review of materials. Delphi Round results are included in Appendix C.

In conjunction with the findings of the Delphi study, researchers also incorporated the following elements into the development and creation of the Stakeholder Survey:

1. A system of care stakeholder survey used by Caliber, the national evaluator for a current child welfare system of care grant in Clark County.
2. A literature review looking at variables of interest from a stakeholder perspective regarding children's behavioral health system transformation.
3. A formalized definition of System of Care that was developed by the Nevada Children's Behavioral Health Consortium.
4. Specific CA-SIG program activities that the Division of Child and Family Services is required to report.

Workgroup Structure and Planning Process

With the initial development of the Stakeholder Survey, a workgroup was created in April 2008 to assist the University of Nevada, Las Vegas Research/Evaluation Staff in developing two versions of the survey: a General Stakeholder version and one specific to parents and youth. Membership included the Project Director from the Child and Adolescent State Infrastructure Grant (CA-SIG) team, along with parent and youth partners from Nevada Parents Encouraging Parents (PEP) and the Children's Cabinet. The workgroup finalized the General Stakeholder Survey (see Appendix D) in June 2008, and with the assistance of Nevada PEP and the Children's Cabinet, focus groups were conducted to create the parent/youth version in August 2008. The parent/youth version (see Appendix E) was finalized in October 2008.

Chapter Three: Methodology

Stakeholder Survey Participants

General Version: These potential participants were identified by the Stakeholder Survey workgroup as current or past members of a committee, council, or workgroup that has been engaged in improving child and adolescent behavioral health services.

Parent/Caregiver Version: This sample was identified by Nevada PEP as parents/caregivers involved in their organization who have been engaged as stakeholders in improving child and adolescent behavioral health services.

Sampling Frames

General Version: The University of Nevada, Las Vegas Research/Evaluation Staff obtained this sampling frame from the workgroup and sent emailed invitations to stakeholders to participate in the Stakeholder Survey. The sampling frame consisted of 270 individuals from the following groups:

1. Commission on Mental Health and Developmental Services
2. Clark County Children’s Mental Health Consortium
3. Washoe County Mental Health Consortium
4. Rural Nevada Mental Health Consortium.
5. System of Care Leadership Academy Participants
6. Nevada Children's Behavioral Health Consortium
7. Nevada's Children's Justice Act Taskforce
8. SAPTA service providers, coalitions and staff
9. System of Care commitment partners
10. State Mental Health Planning Council Members
11. Statewide mental health providers
12. Individuals involved in initial stakeholder meetings of the Child and Adolescent State Infrastructure Grant

Parent/Caregiver Version: An email and hard copy invitation was produced by University of Nevada, Las Vegas Research/Evaluation Staff and sent to Nevada PEP. It was then forwarded or mailed to 50 parent/caregivers considered to be stakeholders in the children’s behavioral health system.

Instrumentation

Stakeholder Survey data was collected electronically and on hard copy. The survey consists of four sections that evaluate the following: (1) Demographic Questionnaire; (2) Implementation and Adherence to Nevada’s System of Care; (3) Stakeholder Process and Involvement in System Change; and (4) Stakeholder Satisfaction. The general stakeholder version consists of 89 questions and the parent/caregiver version consists of 44 questions.

Instrumentation: Demographic Questionnaire

The Demographic Questionnaire consists of questions that survey important respondent profile information and takes approximately three minutes to complete. All questions were asked in a multiple choice format that allowed respondents to check the box next to the most accurate response. For instance, participants were asked to identify their race from a list: American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, White, or other. Where the "other" response was an option, it appeared as "Other: Specify" and participants could complete the blank. In addition to gathering age, gender, and race/ethnicity, the Demographic Questionnaire for general stakeholders also gathered level of participation in System of Care efforts, stakeholder affiliation, county of residence, and organization type. For parent/caregiver stakeholders, the Demographic Questionnaire also gathered level of participation in System of Care efforts, stakeholder affiliation, county of residence, and agencies with which the family is currently involved.

Instrumentation: Implementation and Adherence to Nevada's System of Care

This part of the survey was developed to measure respondents' perception of the extent to which Nevada's specified System of Care attributes are adhered to and implemented from a collaborative and cross-system perspective. It takes approximately 10-20 minutes to complete, with the general version consisting of 58 questions and the parent/caregiver version consisting of 30 questions. The questions utilized a six-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree, 5 = Don't Know (DK) and Not Applicable (NA) options. This section uses six subscales to assess the following aspects of a System of Care:

- Strengths-Based
- Outcome, Evaluation and Quality Improvement
- Family and Youth Driven
- Workforce Practices
- Integrated and Coordinated Service Delivery
- Comprehensive Array of Services

Instrumentation: Stakeholder Process and Involvement in System Change

This section of the survey was developed to measure respondents' perception of the extent of cross-system collaboration efforts. The general version consists of 25 questions, takes approximately 8 minutes to complete and utilized the same six-point Likert scale. The subscales consist of:

- Decision Making Process
- Stakeholder/Leadership Commitment
- Stakeholder Membership
- Creation and Coordination of Partnerships with Substance Abuse and Mental Health
- Engagement of External Positions of Influence

The parent/caregiver version is comprised of nine questions utilizing the same six-point Likert scale with no subscales.

Instrumentation: Stakeholder Satisfaction
The questions in this part of the survey were developed to measure respondents' satisfaction and involvement in Nevada's System Transformation and collaborative efforts. It consists of six questions that take approximately 2 minutes to complete, utilizing the same six-point Likert scale.

Data Collection

General Version: The sampling frame was emailed a recruitment message with the following attachments: (1) an informed consent; (2) a letter of support from the administrator of DCFS, Diane Comeaux; (3) Nevada's definition of System of Care, and (4) a link to the internet-based survey. The informed consent contained a discussion of the methods employed to safeguard confidentiality and the participants' identity during their participation in the survey as well as providing some detail about the purpose of the Stakeholder Survey.

Parent/Caregiver Version: This sampling frame was sent an email recruitment message and attachments similar to what was sent to the general sampling frame; however, the email was sent to a contact at Nevada PEP who then forwarded the recruitment message to the sample. For those in the sampling frame that did not have an email address, a hard copy package of the documents was sent via US mail.

For both the general and parent internet-based stakeholder surveys, the UNLV evaluation team used a software package used by UNLV faculty and researchers called "Select Survey." Select Survey is specifically designed to create on-line surveys and report data from the survey findings. Select Survey allows a link to be created that can be pasted into an email soliciting potential respondents to take the survey. By selecting the link in the email, the participant accesses the stakeholder survey via their computer's web browser and voluntarily completes the survey. The participants are informed that by pressing the submit button their responses will be sent back to UNLV without identifying their email addresses.

Respondent Sampling Frames

General Version: A total of 67 stakeholders responded to the on-line Stakeholder Survey; this translates to a 25% response rate from the sampling frame. Their geographic and agency representation breakdown is as follows:

- 27 from Clark County
  - 18 from public agencies
  - 6 from private provider agencies
  - 1 from a family/advocacy agency
  - 2 unknown (no response in demographic section)
- 24 from Washoe County
  - 13 from public agencies
  - 4 from private provider agencies
  - 2 from family/advocacy agencies
  - 5 unknown
- 14 from the rural areas
  - 12 from public agencies
  - 1 from a family/advocacy agency

- 1 other (non-profit)
- 2 unknown

<u>*Parent/Caregiver Version:*</u> A total of 13 parent/caregiver stakeholders responded to the survey—11 on-line and 2 on hard copies that were mailed to University of Nevada, Las Vegas Research/Evaluation Staff. This translates to a 26% response rate from the sampling frame. Their geographic representation is as follows:

- 6 from Clark County
- 6 from Washoe County
- 1 from the rural areas

Analysis

Analysis: Demographic Questionnaire

A statistical profile of the respondents' socio-demographic characteristics was created by computing descriptive statistics (frequencies and percents) for the items of the survey. For the general version, a second analysis was performed that delineated the respondents by Clark County, Washoe County, and the rural areas.

Analysis: Implementation and Adherence to Nevada's System of Care, and Stakeholder Process and Involvement in System Change

The *Implementation and Adherence to Nevada's System of Care* section consists of six subscales previously mentioned under *Instrumentation*. There are another six subscales for the *Stakeholder Process and Involvement in System Change* section for the general version, but no subscales for the parent/caregiver version; only the means for the items are reported. The score for each subscale was created by computing a mean score for each set of items that load on a given subscale. For the general version, a second analysis was performed via t-tests where the means were computed by the geographic location of the respondent (Clark County, Washoe County, and the rural areas) and compared to the statewide responses.

Analysis: Stakeholder Satisfaction

The means for the different items that comprise this section are reported.

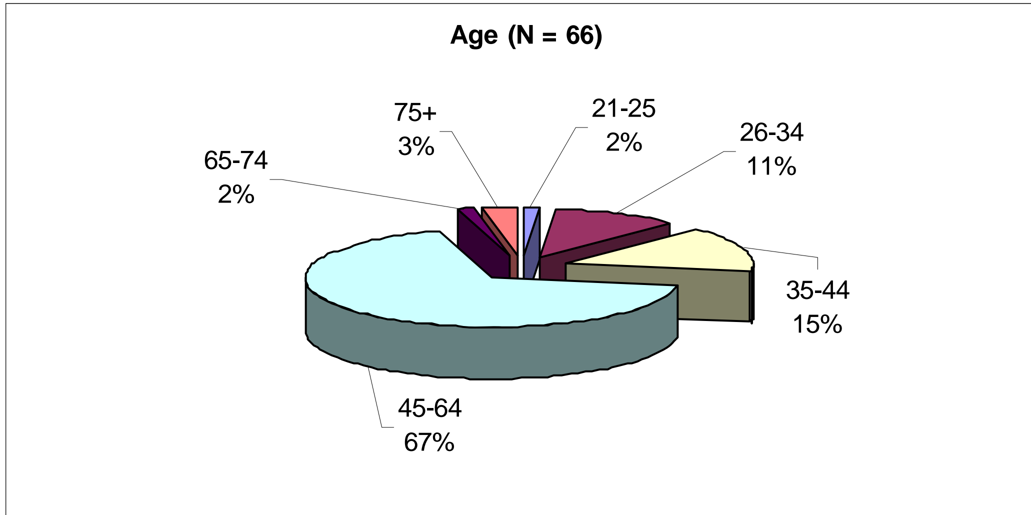
Data Limitations

The data results reported here should be considered preliminary in nature. Although a robust process was used to develop the instruments, timeline limits where in place that did not permit pilot testing of these new tools. Therefore, this initial analysis serves as the pilot, permitting evaluators the opportunity to perform item analyses and other reliability tests. However, a panel of experts was convened to review all tools to assure the content and face validity.

Confirmatory results are further limited by the small sample size (especially among the parent stakeholders) resulting from low return rates. Finally, there is a greater representation of children's substance abuse providers in the sample than is suggested by the numbers. The survey item used to classify respondent groups by practice affiliation forced a choice of one primary service category (e.g., education, juvenile justice, substance abuse, mental health). Information from the sampling frame reveals that respondents work in agencies that provide both children's mental health and substance abuse treatment.

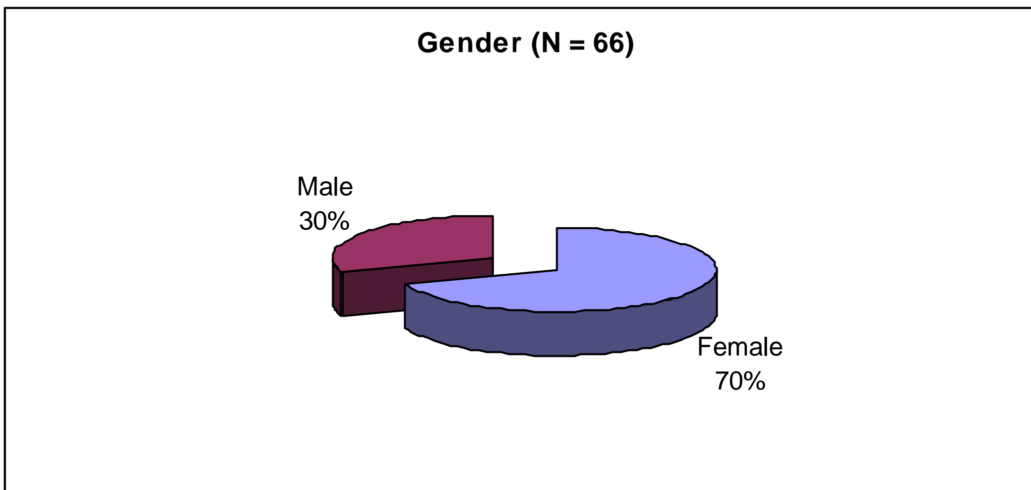
Chapter Four: General Stakeholder Survey
Section I – Demographic Findings

Respondent Age



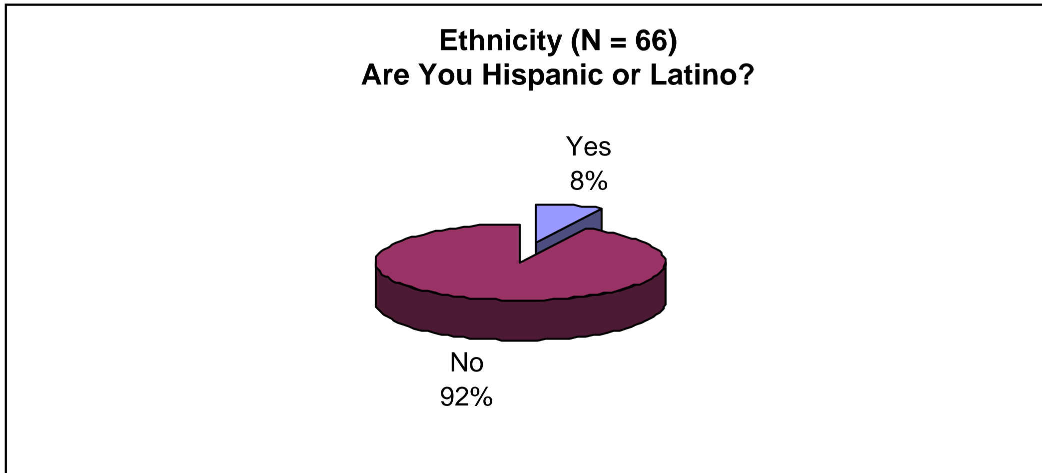
Sixty-seven percent (67%) of the respondents indicated that they are between the ages of 45 and 64 (N = 45). This was the highest occurrence. Seventeen percent (17%) are between the ages of 35 and 44 (N = 10), 11% are between the ages of 26 and 34 (N = 7), and 2% are between the ages of 65 and 74 (N = 1). Three percent (3%) of the participants are in the upper age stratum, which is age 75 and older (N = 2), and 2% (N = 1) are in the lowest age stratum (21 – 25).

Gender



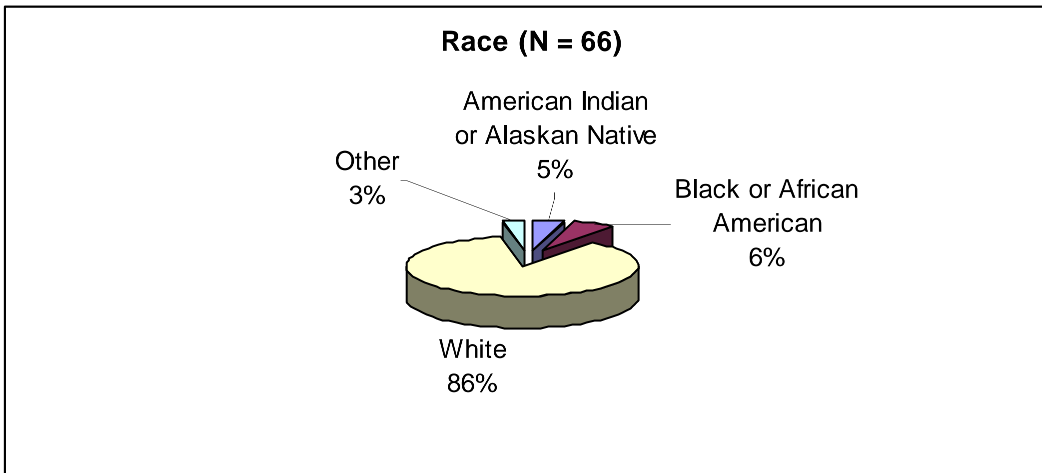
- 70% female (N = 46)
- 30% male (N = 20)

Ethnicity



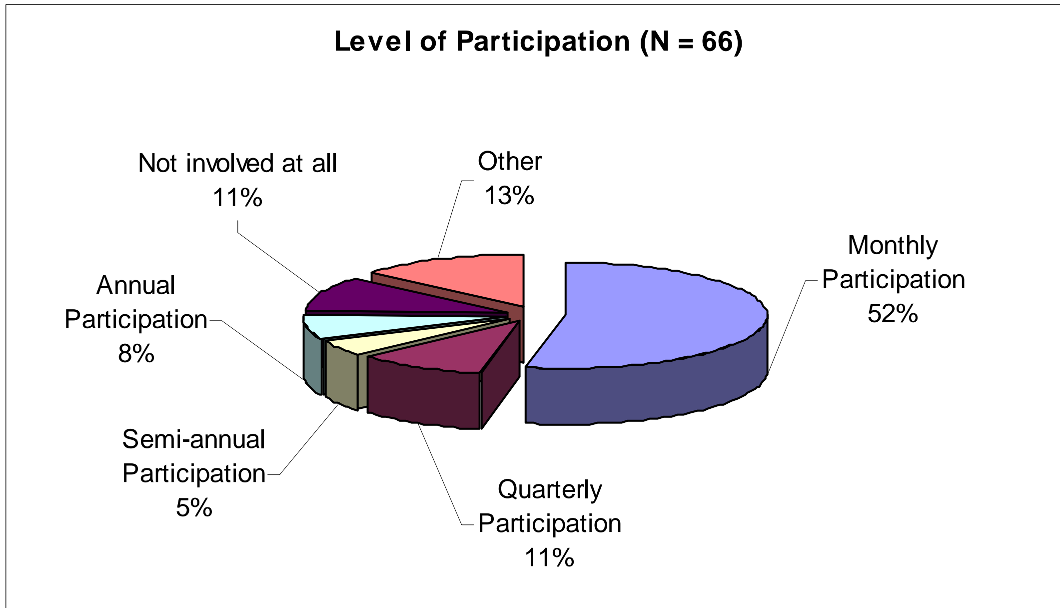
Eight percent (8%) of the respondents indicated that they are Hispanic or Latino (N = 5).

Race



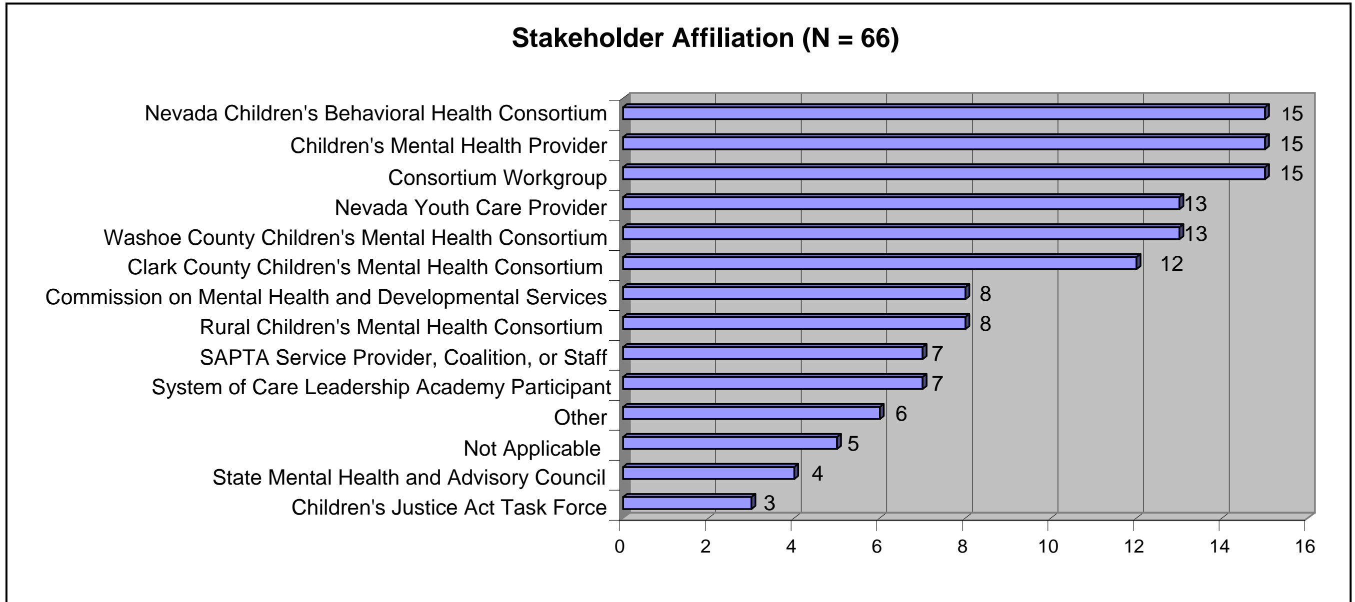
Eighty-six percent (86%) of the respondents indicated that they are white (N = 57), 6% are Black or African American (N = 4), and 5% are American Indian or Alaskan Native (N = 3). The two participants (3%) who selected "other" indicated that they were Spanish and Ethiopian.

__**Level of Participation in Nevada's System of Care/System Transformation**__



A majority of the stakeholders (52%) indicated that they participate in Nevada's System of Care/System Transformation efforts on a monthly basis (N = 35). Interestingly, 11% of the stakeholders noted that they are not at all involved in these efforts (N = 7). Eleven percent (11%) reported that they participate on a quarterly basis (N = 7), 8% noted annual participation (N = 5), and 5% reported semi-annual participation (N = 3). Under the "other" category, 7% indicated that they participate more than once a month (N = 5), 4% indicated that they were consultants to different agencies/workgroups (N = 3), and one person noted that they supervise others who are more closely involved (2%).

System of Care/System Transformation Effort Affiliation

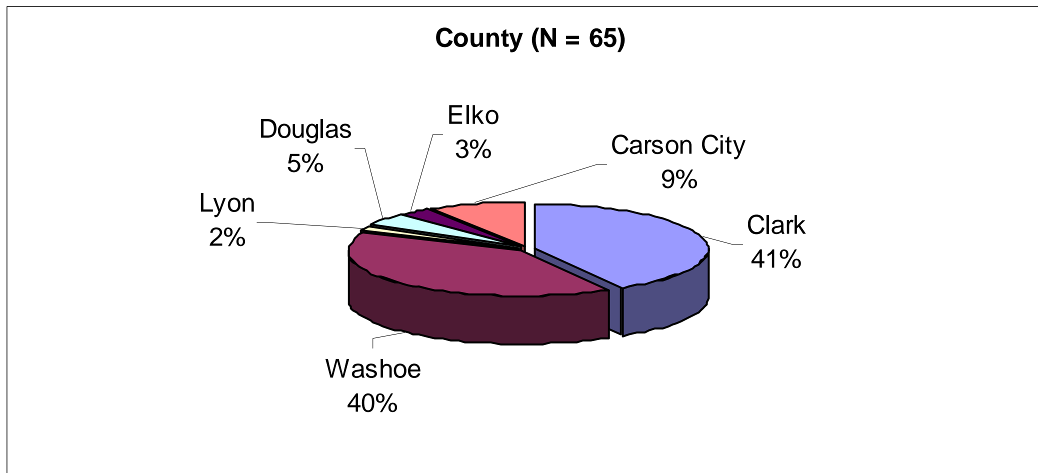


* Respondents were able to select more than one affiliation

The largest stakeholder affiliation (23%) reported included three entities: the Nevada Children's Behavioral Health Consortium (N = 15), Children's Mental Health Provider (N = 15), and Consortium workgroups (N = 15).

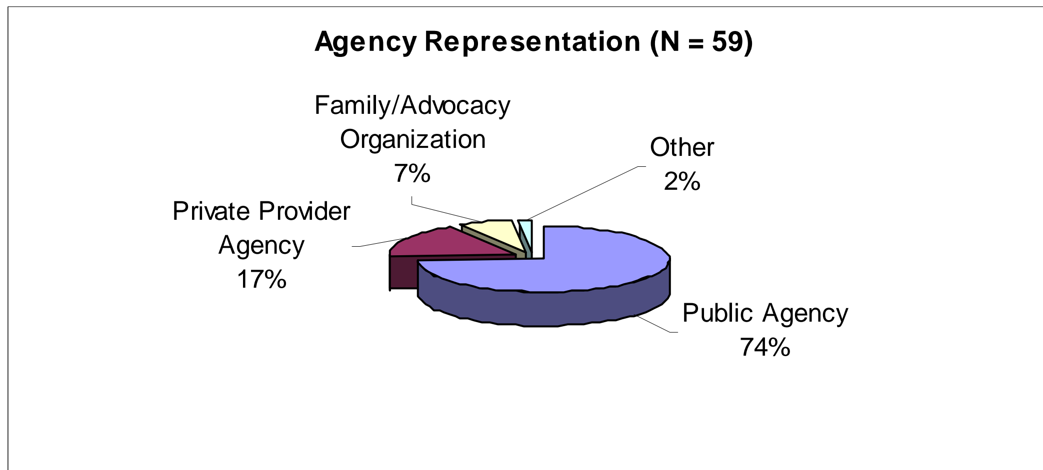
When it came to the least reported stakeholder affiliation, 5% noted that they were members of the Children's Justice Act Task Force (N = 3). Of the 9% who selected "other" (N = 6), responses included "ongoing involvement in various workgroups," "youth suicide prevention," "supervising staff," "neighborhood care centers," "CA-SIG," and "DCFS employee."

County of Residence



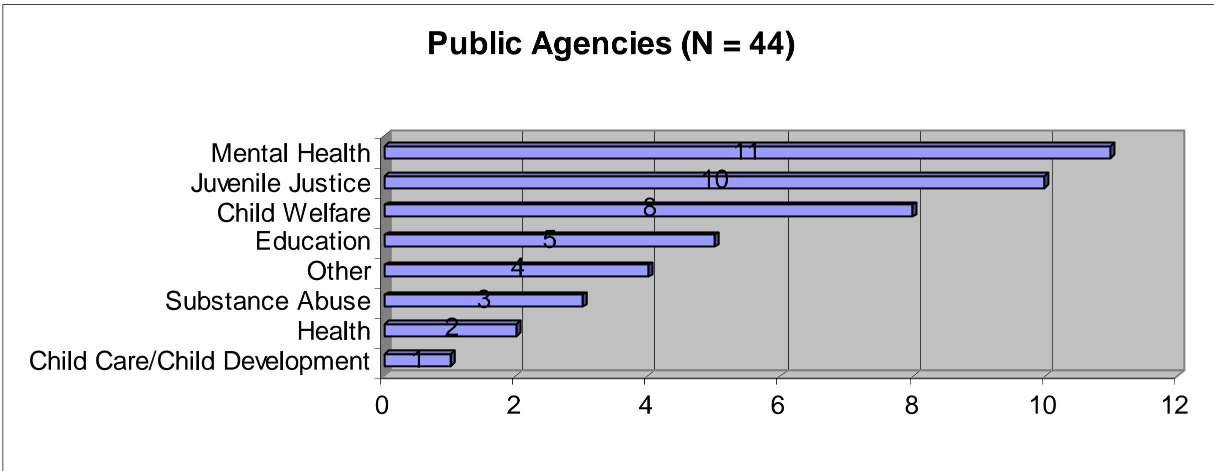
Forty-one percent (41%) of the respondents indicated that they reside in Clark County (N = 27), followed by 40% in Washoe County (N = 26). Nine percent (9%) noted that they lived in Carson City County (N = 6), 5% in Douglas County (N = 3), 3% in Elko County (N = 2), and 2% in Lyon County (N = 1).

Organization Type



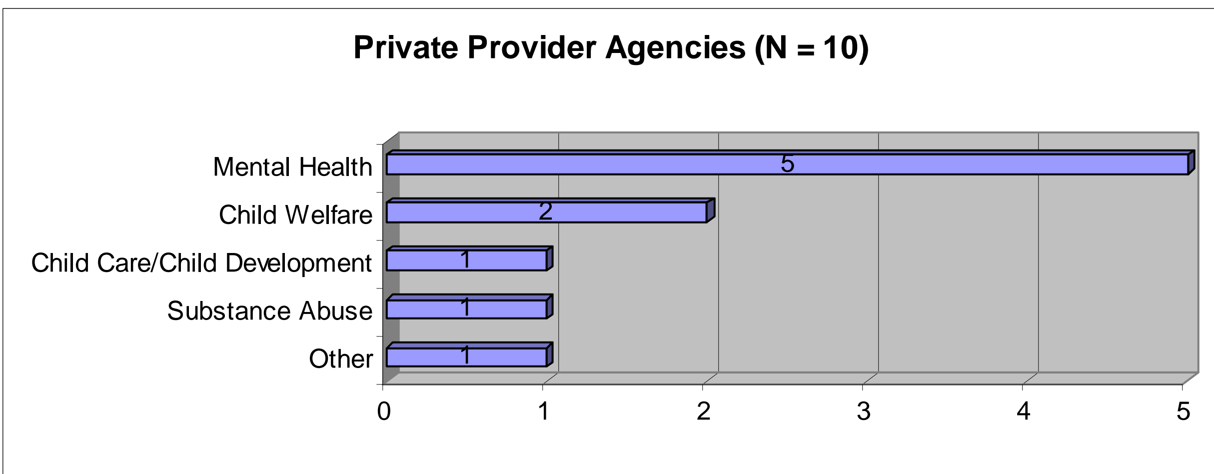
Most stakeholders (74%) reported that they were from public agencies (N = 44). This was followed by 17% indicating that they were private providers (N =10), 7% from family/advocacy organizations (N = 4), and 2% indicating a non-profit under the "other" category (N = 1).

Organization Type: Public Agency



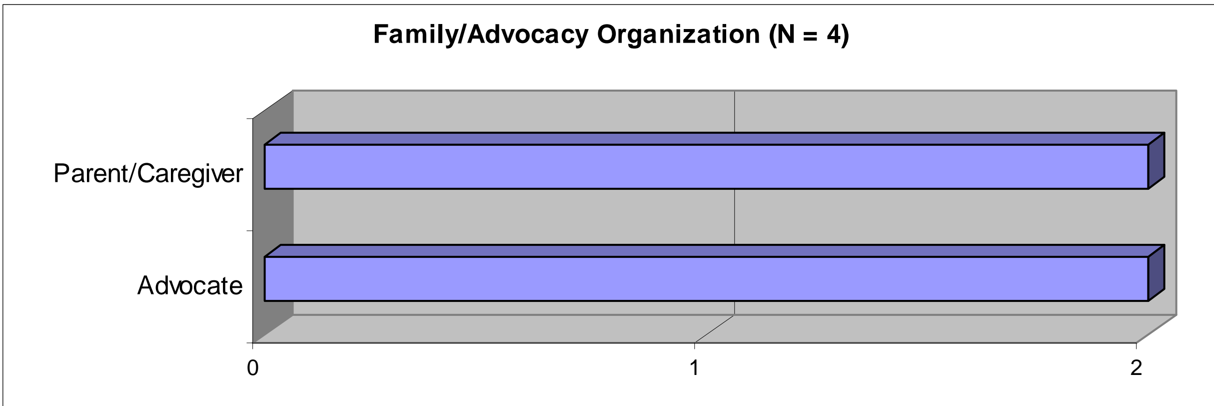
For those stakeholders who indicated that they represented a public agency, 25% were from Mental Health; this was the highest occurrence (N = 11). The lowest occurrence was 2% from Child Care/Child Development (N = 1). The 9% who chose the "other" category (N = 4) indicated "developmental services/disabilities" and "suicide prevention."

Organization Type: Private Provider Agency



For those stakeholders who indicated they represented a Private Provider Agency, 50% were from Mental Health; this was the highest occurrence (N = 5). The lowest occurrence was 1% from Child Care/Child Development, another 1% from Substance Abuse (N = 1), and another 1% reporting "other" ("treatment level foster care").

Organization Type: Family/Advocacy Organization



For those stakeholders who indicated they represented a Family/Advocacy Organization, half (50%) were parents/caregivers (N = 2) and the other half (50%) reported that they were advocates (N = 2).

Under the "Other Organization" category, one respondent indicated "non-profit."

Demographic Survey by Stakeholders' County of Residence

In this section, respondents were delineated by their county of residence. However, data from two respondents who reported that they resided in Washoe County but exclusively participated in Rural Consortium activities were reported in the rural category.

Respondent Age

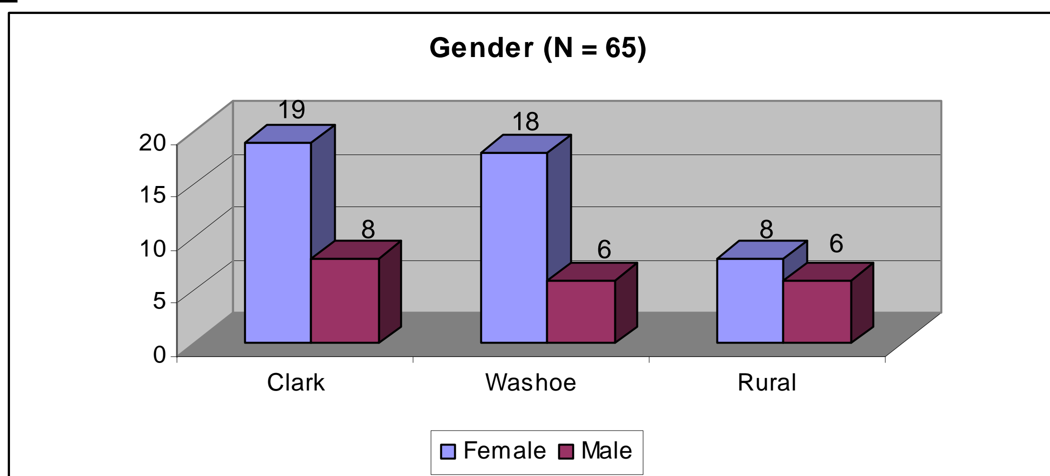
Age	Clark	Washoe	Rural
21 - 25	4%	0%	0%
26 – 34	11%	17%	0%
35 – 44	19%	13%	14%
45 – 64	63%	67%	79%
65 – 74	0%	4%	0%
75 and older	4%	0%	7%

Among Clark County stakeholders, a majority (63%, N = 17) indicated that they are between the ages of 45 and 64, 19% (N = 5) are between the ages of 35 and 44, and 11% (N = 3) are between the ages of 26 and 34. Four percent (4%, N = 1) are in the oldest age strata (75 +), and another 4% (N = 1) are in the youngest age strata (21 - 25).

None of the Washoe County stakeholders are in the youngest or oldest age strata. Sixty-seven percent (67%, N = 16) are between the ages of 45 and 64, 17% (N = 4) are between the ages of 26 and 34, 13% (N = 3) are between 35 and 44, and 4% (N = 1) are between the ages of 65 and 74.

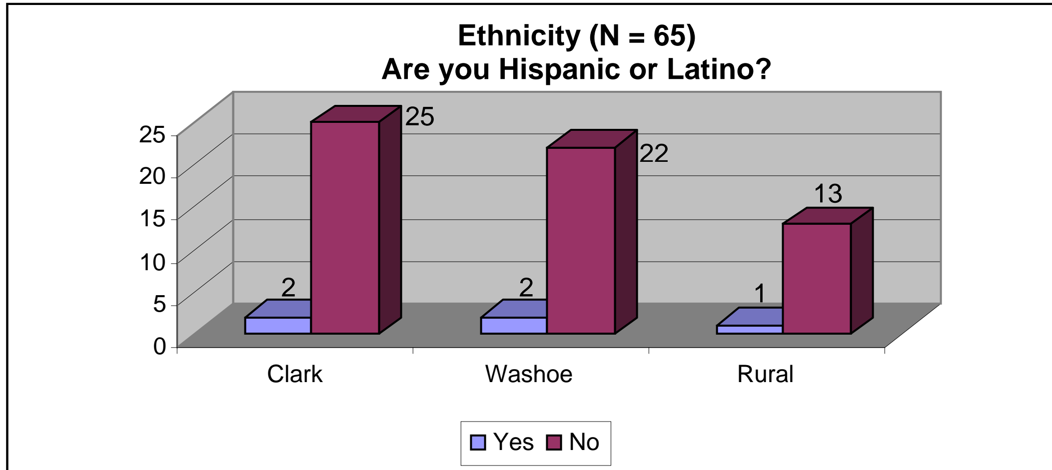
Among those stakeholders in the rural areas, most (79%, N = 11) are between the ages of 45 and 64. Fourteen percent (14%, N = 2) are between the ages of 35 and 44, and 7% (N = 1) are 75 or older.

Gender



Most (70%) of the Clark County respondents are female (N = 19); 30% (N = 8) are male. Seventy-five percent (75%) of the Washoe respondents (N = 18) are female and 25% (N = 6) are male. Among rural respondents, most (57%) are female (N = 8) and 43% (N = 6) are male.

Ethnicity



Eight percent (8%, N = 2) of the respondents in Washoe County indicated that they are Hispanic or Latino, as did 7% in the rural areas (N = 1) and 7% in Clark County (N = 2).

Race

Race	Clark	Washoe	Rural
American Indian or Alaskan Native	0%	8%	8%
Black or African American	15%	0%	0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%
Asian	0%	0%	0%
White	81%	88%	92%
Other	4%	4%	0%

In all three geographic areas, a preponderance of the respondents indicated that they are white: 92% in the rural areas (N = 12), 88% in Washoe County (N = 23), and 81% in Clark County (N = 21). Eight percent (8%, N = 2) of the Washoe County stakeholders reported that they are American Indian or Alaskan Native, and 15% (N = 4) of the Clark County stakeholders reported that they are Black or African American. Four percent (4%, N = 1) of both Clark and Washoe County stakeholders indicated that they are some "other" race.

Level of Participation in Nevada's System of Care/System Transformation

Level of Participation	Clark	Washoe	Rural
Monthly Participation	52%	54%	57%
Quarterly Participation	15%	8%	7%
Semi-annual Participation	7%	4%	0%
Annual Participation	7%	4%	14%
Not Involved At All	7%	13%	7%
Other	11%	17%	14%

The highest level of participation in System of Care/System Transformation activities among all three geographical areas is "monthly participation" reported by 57% (N = 8) of rural stakeholders, 54% (N = 13) of Washoe County stakeholders, and 52% of Clark County stakeholders.

When looking at the rest of the Clark County stakeholders, 15% (N = 4) noted "quarterly participation" and 11% reported "other" (N = 3). The lowest occurrence was 7% each for "semi-annual participation" (N = 2), "annual participation" (N = 2), and "not involved at all" (N = 2).

Of the remaining Washoe County stakeholders, 17% (N = 4) reported "other", 13% reported "not involved at all" (N = 3), and 8% noted "quarterly participation" (N = 2). The lowest occurrence was 4% for "semi-annual participation" (N = 1) and another 4% for "annual participation" (N = 2).

Among the rural stakeholders, 14% noted "annual participation" (N = 2), and another 14% reported "other" (N = 2). The lowest occurrence was 7% each for "quarterly participation" (N = 1) and "not involved at all" (N = 1).

System of Care/System Transformation Effort Affiliation

Stakeholder Affiliation	Clark	Washoe	Rural
Clark County Children's Mental Health Consortium	20%	0%	0%
Washoe County Children's Mental Health Consortium	2%	23%	0%
Rural Children's Mental Health Consortium	0%	4%	35%
Consortium Workgroup	13%	11%	6%
Nevada Youth Care Provider	8%	11%	12%
Nevada Children's Behavioral Health Consortium	17%	9%	0%
Children's Mental Health Provider	15%	9%	6%
System of Care Leadership Academy Participant	5%	8%	0%
Commission on Mental Health and Developmental Services	5%	8%	6%
Not Applicable	0%	6%	6%
SAPTA Service Provider, Coalition, or Staff	5%	4%	12%
Children's Justice Act Task Force	0%	4%	6%
Other	7%	2%	6%
State Mental Health and Advisory Council	3%	2%	6%

* Respondents were able to select more than one affiliation

The highest occurrence of stakeholder affiliation in System of Care/System Transformation activities among all three geographical areas is participation in the local children's mental health consortia. Thirty-five percent (35%, N = 6) of the rural stakeholders participate in their local consortium's activities, as do 23% in Washoe County (N = 12) and 20% in Clark County (N = 12).

The lowest occurrence of stakeholder affiliation among all three geographical areas is participation in the State Mental Health and Advisory Council. Two percent (2%, N = 1) of the Washoe stakeholders participate in this group, as do 3% from Clark County (N = 2) and 6% in the rural areas (N = 1).

County of Residence

County of Residence	Clark	Washoe	Rural
Clark	100%	0%	0%
Washoe	0%	100%	14%
Carson City	0%	0%	43%
Douglas	0%	0%	21%
Elko	0%	0%	14%
Lyon	0%	0%	7%

All (100%) of the Clark (N = 27) and Washoe (N = 24) stakeholders reside in their respective counties. Forty-three (43%) of the rural respondents noted that they live in Carson City County (N = 6), followed by 21% in Douglas County (N = 3). Fourteen percent (14%) reported living in Elko County (N = 2), followed by another 14% residing in Washoe County and 7% in Lyon County (N = 1).

Organization Type

Type of Agency	Clark	Washoe	Rural
Public Agency	67%	54%	86%
Private Provider Agency	22%	17%	0%
Family/Advocacy Agency	4%	8%	7%
Other	0%	0%	7%
Unknown	7%	21%	0%

Looking at agency representation among all three geographical areas, most reported being from public agencies. This was 86% of the rural stakeholders (N = 12), 67% of Clark County stakeholders (N = 18), and 54% of Washoe stakeholders (N = 13).

When looking at the rest of the Clark County stakeholders, 22% (N = 6) noted representing a private provider (N = 6), 7% were unknown, and 4% represented a family/advocacy agency (N = 1). Of the remaining Washoe County stakeholders, 21% were unknown (N = 5), 17% noted a private provider (N = 4), and 8% represented a family/advocacy agency (N = 2). Lastly, the remaining rural stakeholders represented a family/advocacy agency (7%, N = 1) and another person noted "other" (7%, N = 1).

Organization Type: Public Agency

Public Agency Type	Clark	Washoe	Rural
Mental Health	33%	23%	17%
Child Welfare	22%	8%	17%
Juvenile Justice	17%	23%	33%
Education	11%	15%	8%
Substance Abuse	6%	8%	8%
Health	6%	0%	8%
Child Care/Child Development	0%	0%	8%
Other	6%	23%	0%

The majority (33%) of Clark County stakeholders employed in the public sector represent mental health (N = 6), followed by 22% who represent child welfare (N = 4). Seventeen percent (17%, N = 3) represent juvenile justice, 11% represent education (N = 2), 6% represent substance abuse (N = 1), 6% represent health (N = 1), and another 6% reported an "other" type of agency (N = 1).

The highest occurrence (23%) for Washoe County public agency type was shared across three entities: mental health (N = 3), juvenile justice (N = 3), and "other" (N = 3). This was followed by 15% representing education (N = 2), 8% noting substance abuse (N = 1), and another 8% representing child welfare (N = 1).

The highest occurrence (33%) for the rural areas was juvenile justice representation (N = 4), followed by 17% representing mental health (N = 2), and another 17% for child welfare (N = 2). The lowest occurrence was shared across four public agency types: 8% for education (N = 1), 8% for substance abuse (N = 1), 8% for health (N = 1), and 8% representing child care/child development (N = 1).

Organization Type: Private Provider Agency

Private Provider Agency Type	Clark	Washoe	Rural
Mental Health	67%	25%	0%
Child Welfare	17%	25%	0%
Substance Abuse	17%	0%	0%
Child Care/Child Development	0%	25%	0%
Other	0%	25%	0%

The majority (67%) of Clark County stakeholders employed in the private sector represent mental health (N = 4). This is followed by 17% who represent child welfare (N = 1) and another 17% who represent substance abuse (N = 1).

Washoe County private provider representation was equal across four entities (25%): mental health (N = 1), child welfare (N = 1), child care/child development (N =1), and "other" (N = 1).

There was no private provider representation in the rural areas.

Organization Type: Family/Advocacy Organization

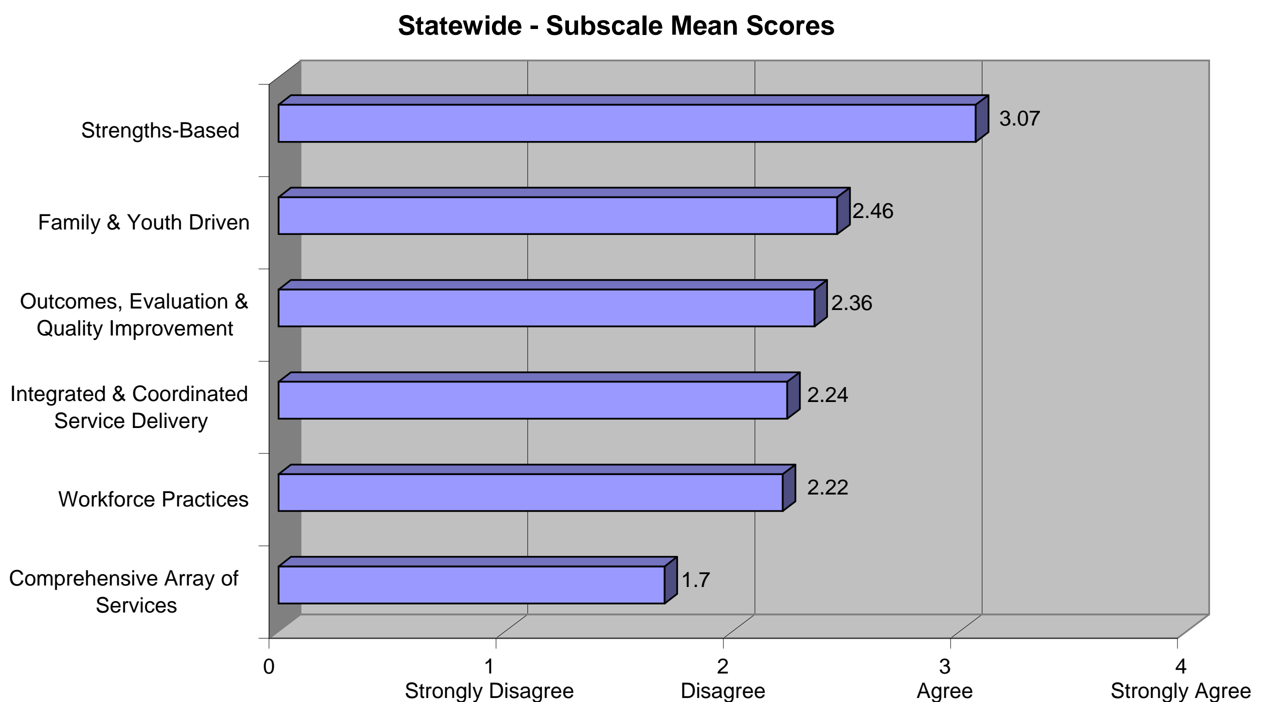
Family/Advocacy Organization	Clark	Washoe	Rural
Parent/Caregiver	100%	0%	100%
Advocate	0%	100%	0%

For Clark County (100%, N = 1) and the rural areas (100%, N = 1), all Family/Advocacy representation consisted of parents/caregivers. For Washoe County, this representation consisted of an advocate (100%, N = 1).

Section II – Nevada's System of Care

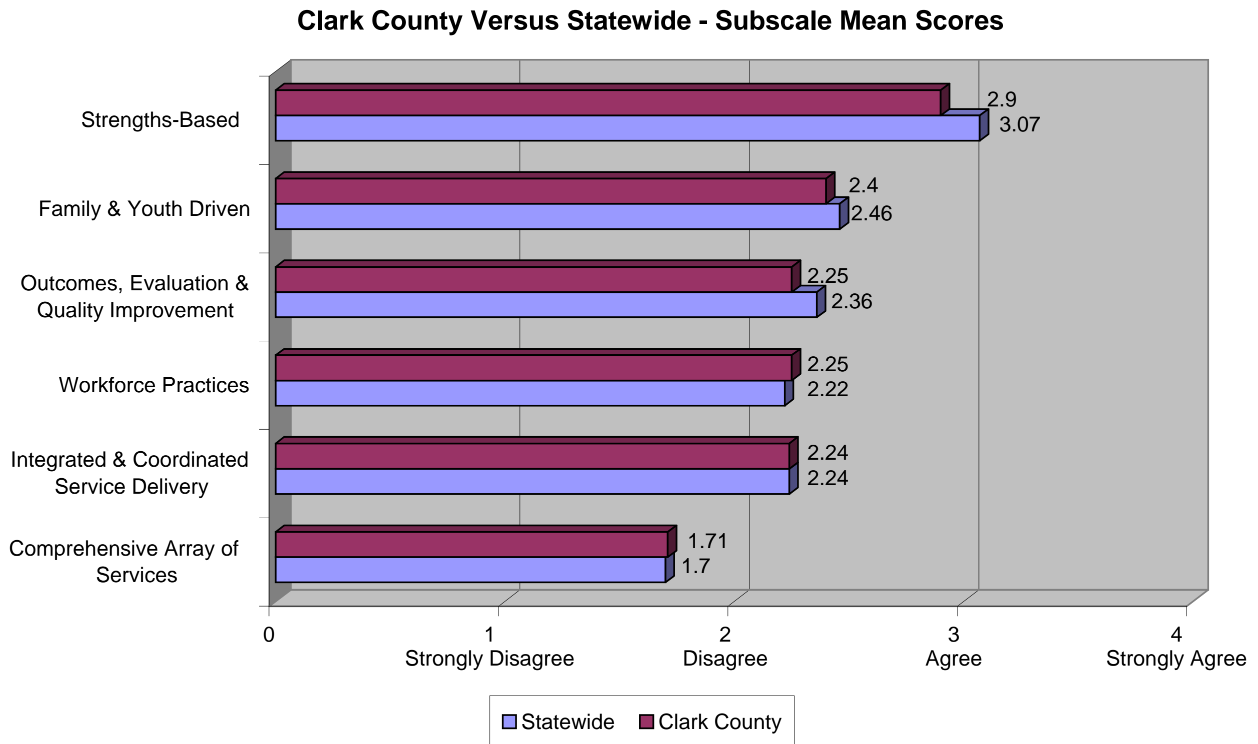
This section of the survey consists of six subscales that comprise Nevada's System of Care: "Strengths-Based," "Family and youth driven," "Outcomes, evaluation and quality improvement," "Integrated and coordinated service delivery," "Workforce practices," and "Comprehensive array of services." To determine the mean score for each scale, participants were asked to "strongly disagree," "disagree," "agree" or "strongly agree" to a series of statements. In each sub-scale, the "strongly disagree" response was assigned the lowest value of one (1) and the "strongly agree" response was assigned the highest value of four (4).

System of Care Principles – Statewide Mean Scores



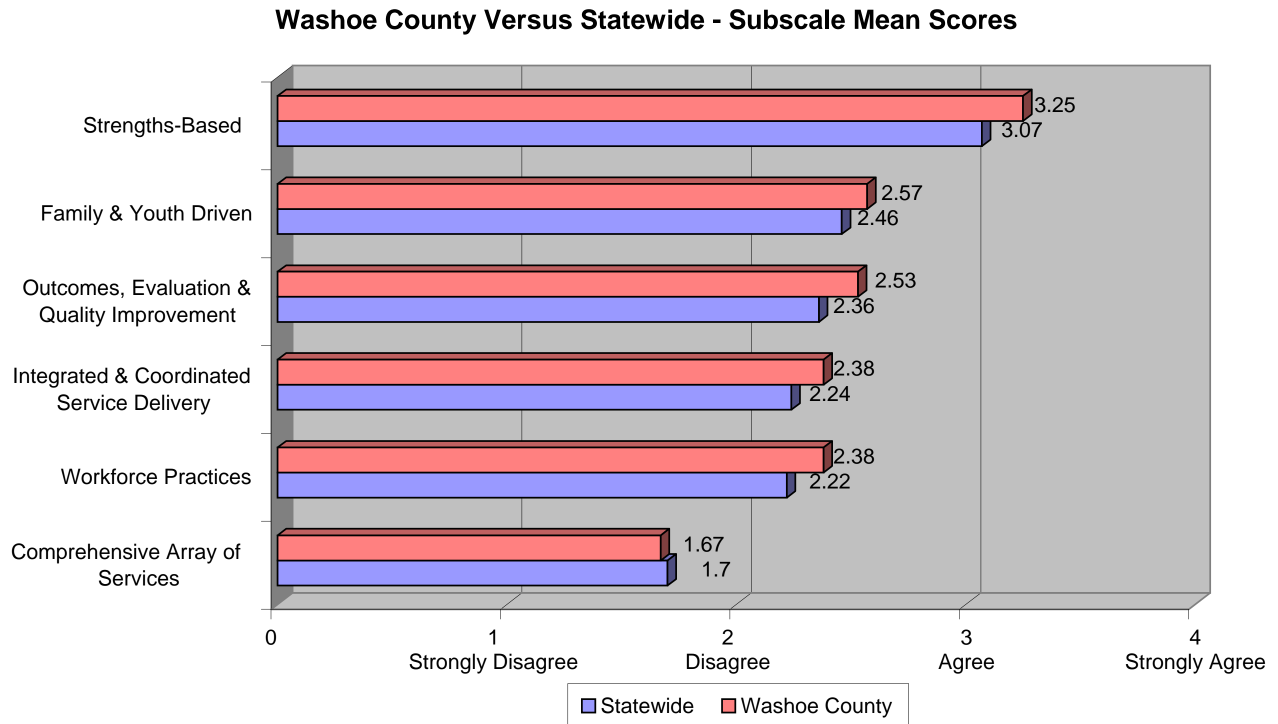
When ranking the six scales that comprise Nevada's System of Care principles, statewide the highest mean scores were for the Strength-Based scale (3.07), followed by the Family Driven scale (2.46) and use of Outcome and Evaluation scale (2.36). Stakeholders' lowest rating was for the Comprehensive Array of Services scale (1.7).

System of Care Principles – Clark County Mean Scores



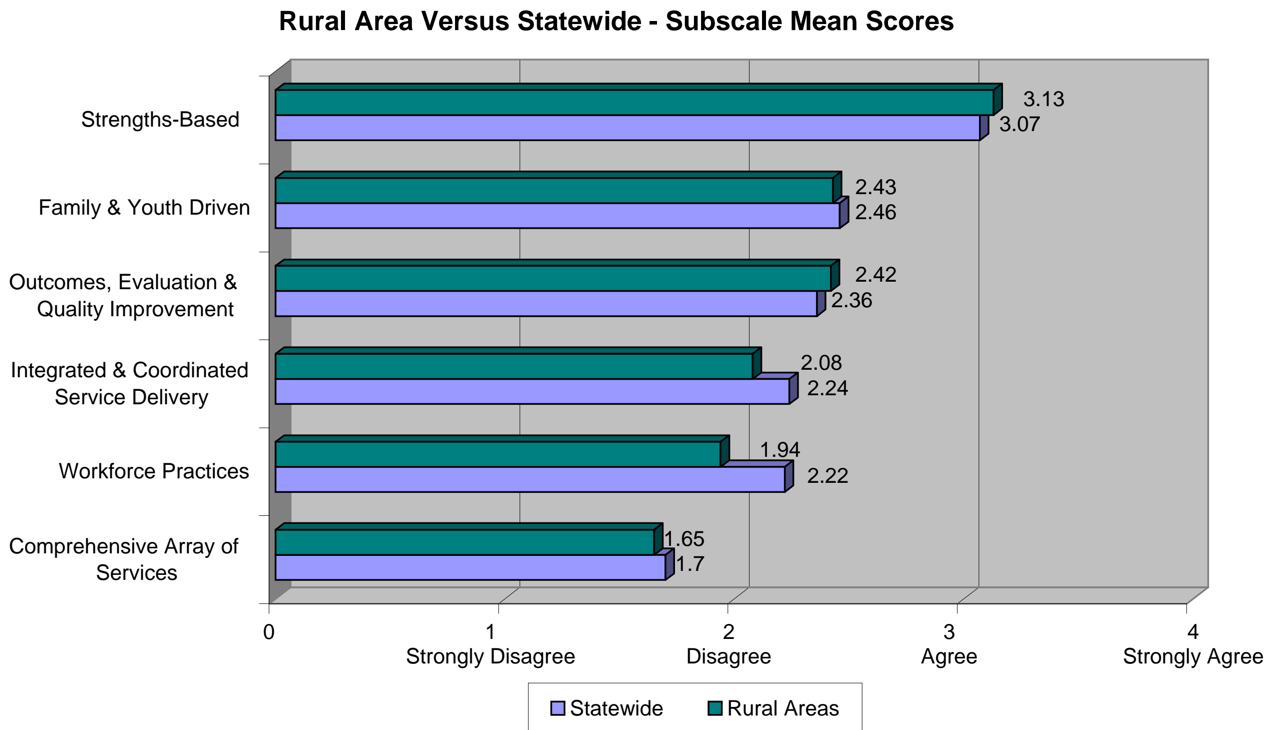
When ranking the six subscales that comprise Nevada's System of Care principles for Clark County, the highest mean scores were for the Strengths-Based scale (2.9), followed by the Family Driven scale (2.4). Clark County stakeholders' lowest rating was for the Comprehensive Array of Services scale (1.71). An independent-samples t-test was conducted to compare the mean scores for Clark County and statewide stakeholders. No significant differences were found.

System of Care Principles – Washoe County Mean Scores



When ranking the six subscales that comprise Nevada's System of Care principles for Washoe County, the highest mean score was for the Strength-Based scale (3.25), followed by the Family Driven scale (2.57) and use of Outcome and Evaluation data scale (2.53). Stakeholders' lowest rating was for the Comprehensive Array of Services scale (1.67). Again, an independent-samples t-test was conducted to compare the mean scores for Washoe County and statewide stakeholders and no significant differences were found.

System of Care Principles – Rural Area Mean Scores



When ranking the six scales that comprise Nevada's System of Care principles for rural stakeholders, the highest mean score was for the Strength-Based scale (3.13). This was followed by the Family Driven scale (2.43) and use of Outcome and Evaluation data scale (2.42). As with the other two geographical areas, the rural stakeholders' lowest rating was for the Comprehensive Array of Services scale (1.65). Again, an independent-samples t-test was conducted to compare the mean scores for the rural areas and statewide stakeholders; no significant differences were found.

System of Care Subscales

The first sub-scale, Family and Youth Driven, consists of seven items. The items are presented in the table below in rank order by all respondents (N = 67), ranging from the highest mean score to the lowest mean score. In addition, the mean scores for the area of the state the respondent was from (Clark County, Washoe County, rural areas) are provided. This format will be used for all six sub-scales.

Rank Order: Family and Youth Driven Subscale

Rank	Family & Youth Driven	Statewide	Clark County	Washoe County	Rural Areas
1	Changes in Nevada's behavioral health system include input from families	2.93	2.96	2.86	2.91
2	The skills and expertise of parents/caregivers are utilized effectively by the collaborative	2.66	2.74	2.61	2.5
3	The amount of input from family members in system change is appropriate	2.52	2.44	2.68	2.33
3	Families are engaged in system change at the policy and planning level	2.52	2.4	2.78	2.08
4	Family members assume active representation/leadership throughout collaborative efforts.	2.44	2.42	2.67	2.18
5	Changes in Nevada's behavioral health system include input from youth	2.33	2.12	2.47	2.5
6	The skills and expertise of youth are utilized effectively by the collaborative	2.16	2.13	2.2	2.1

When looking at the individual items in the Family and Youth Driven subscale, the highest mean produced among all survey participants was 2.93 for the item *"changes in Nevada's behavioral health system include input from families."* The lowest overall mean was 2.16 for the item *"the skills and expertise of youth are utilized effectively by the collaborative."*

When looking at the Family and Youth Driven sub-scale items by the location of the respondent, the highest mean score for respondents in Clark County, Washoe County, and the rural areas was for the item *"changes in Nevada's behavioral health system include input from families"* (Clark mean 2.96, Washoe 2.86, and rural mean 2.91).

The lowest overall mean for Clark County was 2.12 for the item *"changes in Nevada's behavioral health system include input from youth."* For Washoe County, the lowest mean score (2.2) was computed for the item *"the skills and expertise of youth are utilized effectively by the collaborative,"* and the lowest mean score for the rural areas (2.08) was computed for the item *"families are engaged in system change at the policy and planning level."*

An independent-samples t-test was conducted to compare the mean scores for the three geographical areas (Clark, Washoe, and rural) and statewide stakeholders. No significant differences were found.

Rank Order: Strengths-Based Subscale

Rank	Strengths-Based	Statewide	Clark County	Washoe County	Rural Areas
1	The strengths of the family and youth are the building blocks for implementing solutions	3.27	3.15	3.33	3.46
2	Families are included in a youth's mental health and/or substance abuse treatment	3.14	2.92	3.32	3.25
3	Youth and families are involved in the development of their treatment plan	2.97	2.76	3.18	2.92
4	The behavioral health system encourages collaboration with the family's natural support system	2.89	2.78	3	2.92

The Strengths-Based sub-scale is comprised of four items. The highest mean produced among all participants was 3.27 for the item *"the strengths of the family and youth are the building blocks for implementing solutions."* The lowest mean (2.89) was computed for the item *"the behavioral health system encourages collaboration with the family's natural support system."*

As with the findings statewide, the highest mean score for respondents in Clark County, Washoe County, and the rural areas was for the item *"the strengths of the family and youth are the building blocks for implementing solutions*" (Clark mean 3.15, Washoe 3.33, and rural mean 3.46).

The lowest mean for Clark County (2.76) was computed for the item *"youth and families are involved in the development of their treatment plan,"* and the lowest mean for Washoe County (3.00) was computed for the item *"the behavioral health system encourages collaboration with the family's natural support system."* The lowest mean in the rural areas was 2.92, computed for two items: *"the behavioral health system encourages collaboration with the family's natural support system"* and *"youth and families are involved in the development of their treatment plan."*

An independent-samples t-test was conducted to compare the mean scores for the three geographical areas (Clark, Washoe, and rural) and statewide stakeholders. No significant differences were found.

Rank Order: Comprehensive Array of Services Subscale

Rank	Comprehensive Array of Services	Statewide	Clark County	Washoe County	Rural Areas
1	There is an effective mechanism for prioritizing the collaborative work around needed services	2.13	2.11	2.29	1.91
2	There are appropriate systems/measures in place for service provider accountability	2.05	1.85	2.21	2.25
3	*The number of providers to deliver services is inadequate**	1.98	1.92	2.1	1.71
3	Youth in parental custody can access services in a timely manner	1.98	2.22	1.94	1.64
4	Efforts are taken to engage the private sector to offer parity in services and payment to what the state offers to expand the menu of services available to families	1.96	2.13	1.54	2
5	There are a variety of services available for those with substance abuse problems	1.88	1.88	1.89	1.77
6	The current time frame for access to behavioral health services allows youth and families to receive early access to treatment services	1.85	1.92	1.9	1.69
7	A lack of behavioral health service providers hinders the progress of System Transformation*	1.82	1.96	1.84	1.5
8	Current funding supports Nevada's System of Care philosophy	1.69	1.69	1.81	1.54
8	There are adequate specialty services available for at-risk populations (e.g. eating disorders, crystal methamphetamine addiction, specific disabilities)	1.69	1.78	1.79	1.46
9	Agencies and organizations have necessary resources to implement Nevada's System of Care principles and attributes in their practice	1.63	1.56	1.75	1.64
10	There are adequate services available for youth and families when English is not their primary language	1.57	1.71	1.5	1.42
11	*Paperwork and rates of pay are barriers to the number of providers available to youth and families**	1.56	1.69	1.43	1.54
12	There are enough services to meet the needs of individuals with co-occurring and dually-diagnosed disorders	1.54	1.63	1.43	1.54
12	Children's behavioral health services available in the rural areas are adequate	1.54	1.65	*1.22* p=.04*	1.79
13	*Services available for families are currently limited or inadequate**	1.53	1.56	1.67	1.29
	**indicates items that are reverse coded*		**indicates items that are significantly different when compared to the statewide sample.*		

The highest mean computed in the 16-item Comprehensive Array of Services sub-scale was 2.13 for the item *"there is an effective mechanism for prioritizing the collaborative work around needed services."* The lowest mean (1.53) was computed for the item *"services available for families are currently limited or inadequate."*

In Clark County, the highest mean was 2.22 for the item *"youth in parental custody can access services in a timely manner."* The lowest mean was 1.56, computed for two items: *"services available for families are currently limited or inadequate,"* and *"agencies and organizations have necessary resources to implement Nevada's System of Care principles and attributes in their practice."*

As with the findings statewide, the highest mean score for respondents in Washoe County was for the item *"the strengths of the family and youth are the building blocks for implementing solutions*" (Washoe 2.29). The lowest mean was 1.22, computed for the item *"children's behavioral health services available in the rural areas are adequate."*

In the rural areas, the highest mean produced was 2.25 for the item *"there are appropriate systems/measures in place for service provider accountability*"; the lowest mean was 1.29 computed for the item *"services available for families are currently limited or inadequate."*

Again, an independent-samples t-test was conducted to compare the mean scores for the three geographical areas (Clark, Washoe, and rural) and statewide stakeholders. There was a statistically significant decrease at the $p<.05$ level in the mean scores for Washoe County stakeholders (M=1.22, SD=.43) on the item "*children's behavioral health services available in the rural areas is adequate*" in comparison to the statewide group [M=1.54, SD=.82; t(56.66)=2.08, p=.04]. The magnitude of the differences in the means was moderate (eta squared=.057).

Rank Order: Integrated and Coordinated Service Delivery

Rank	Integrated and Coordinated Service Delivery	Statewide	Clark County	Washoe County	Rural Areas
1	Child serving agencies are incorporating Nevada's System of Care principles and attributes into their policies and procedures	2.61	2.6	2.74	2.4
2	Existing programs within the community are conducive to developing interagency collaborative relationships	2.49	2.41	2.56	2.5
3	There is interagency cooperation with collaboratively served youth	2.48	2.3	2.7	2.5
4	Local policies are conducive to developing interagency collaborative relationships	2.43	2.5	2.47	2.18
5	There is widespread support for Nevada's System of Care initiatives among participating child-serving agencies, organizations, and individuals	2.39	2.11	2.65	2.64
6	The current children's behavioral health system encourages and allows agencies to integrate behavioral health plans	2.38	2.42	2.44	2.2
7	State policies are conducive to developing interagency collaborative relationships	2.34	2.4	2.25	2.38
8	Juvenile Justice, Child Welfare, Children's Mental Health and the Education system are connected through Nevada's System of Care philosophy	2.32	2.31	2.52	2
9	Mental health and substance abuse service providers work together when treating clients with co-occurring disorders	2.26	2.14	2.47	2.15
10	Currently the system treats mental health and substance abuse problems in an integrative manner	2.23	2.22	2.26	2.21
11	Agencies work together to create one Care Coordination Plan for treatment	2.18	2.11	2.35	2.08
12	Child serving agencies share resources to effectively coordinate service delivery	2.16	2.22	2.19	2
13	A common System of Care vision has been successfully implemented across agencies	2.08	2.15	2.24	1.77
14	*Agencies that treat substance abuse and mental illness remain specialized and differentiated**	2.05	2.23	2	1.86
	**indicates items that are reverse coded*				

The Integrated and Coordinated Service Delivery sub-scale consists of 14 items. The highest mean produced among all participants was 2.61 for the item "*child serving agencies are incorporating Nevada's System of Care principles and attributes into their policies and procedures.*" The lowest mean (2.05) was computed for the item *"agencies that treat substance abuse and mental illness are integrative and collaborative."*

As with the findings statewide, the highest mean score for respondents in Clark and Washoe Counties was for the item *"child serving agencies are incorporating Nevada's System of Care principles and attributes into their policies and procedures*" (Clark mean 2.6, Washoe 2.74). The lowest mean in Washoe County was 2.00, computed for the item *"agencies that treat substance abuse and mental illness remain specialized and differentiated."* The lowest mean in Clark County was 2.11, computed for two items: *"there is widespread support for Nevada's System of Care initiatives among participating child-serving agencies, organizations, and individuals"* and *"agencies work together to create one Care Coordination Plan for treatment."*

In the rural areas, the highest mean was 2.64 for the item *"there is widespread support for Nevada's System of Care initiatives among participating child-serving agencies, organizations, and individuals*"; the lowest mean was 1.77 computed for the item *"a common System of Care vision has been successfully implemented across agencies."*

An independent-samples t-test was conducted to compare the mean scores for the three geographical areas (Clark, Washoe, and rural) and statewide stakeholders. No significant differences were found.

Rank Order: Outcomes, Evaluation, and Quality Improvement

Rank	Outcomes, Evaluation and Quality Improvement	Statewide	Clark County	Washoe County	Rural Areas
1	The collaborative is promoting results-based accountability throughout the children's behavioral health system	2.61	2.33	2.84	2.75
2	The collaborative regularly reviews its own effectiveness	2.51	2.29	2.65	2.82
2	Regular progress reports of system change are generated as the process moves along to ensure success	2.51	2.35	2.85	2.5
3	The collaborative is successfully changing policies and practices within child-serving agencies	2.46	2.39	2.56	2.5
4	Collaborative meetings are productive in that appropriate progress towards goals and system change are made	2.38	2.35	2.56	2.18
5	Sufficient efforts are taken to improve upon existing programs and services	2.33	2.28	2.35	2.42
6	Roles and responsibilities of collaborative members around implementing system change are clear	2.25	2.17	2.33	2.33
7	*The collaboration needs more formalization and structure**	1.89	1.96	2.11	1.5
	*indicates items that are reverse coded				

The Outcomes, Evaluation and Quality Improvement sub-scale is comprised of eight items. The highest mean produced among all participants was 2.61 for the item *"the collaborative is promoting results-based accountability throughout the children's behavioral health system."*

The lowest mean (1.89) was computed for the item *"the collaboration needs more formalization and structure."*

The highest mean for Clark County (2.39) was computed for the item *"the collaborative is successfully changing policies and practices within child-serving agencies,"* and the highest mean for Washoe County (2.85) was computed for the item *"regular progress reports of system change are generated as the process moves along to ensure success."* The highest mean in the rural areas was 2.82, computed for the item *"the collaborative regularly reviews its own effectiveness."*

As with the findings statewide, the lowest mean score for respondents in Clark County, Washoe County, and the rural areas was for the item *"the collaboration needs more formalization and structure"* (Clark 1.96, Washoe 2.11, and rural 1.5).

An independent-samples t-test was conducted to compare the mean scores for the three geographical areas (Clark, Washoe, and rural) and statewide stakeholders. No significant differences were found.

Rank Order: Workforce Practices

Rank	Workforce Practices	Statewide	Clark County	Washoe County	Rural Areas
1	Specific evidence-based training has been identified for the workforce	2.58	2.52	2.67	2.59
2	Current workforce training efforts are helpful in providing an improved Nevada System of Care for children and families	2.54	2.55	2.72	2.53
3	Agencies make efforts to educate the workforce regarding Nevada's System of Care and Systems Transformation efforts	2.52	2.38	2.68	2.53
4	The collaborative elicits input from frontline workers	2.51	2.36	2.63	2.52
5	If applicable, the specific training noted in the previous question is currently being delivered to the workforce	2.5	2.5	2.69	2.5
6	Cross agency training is available to the workforce	2.33	2.43	2.44	2.34
7	Effective efforts are taken to hire and retain a culturally and demographically diverse workforce	2.21	2.42	1.92	2.24
8	The workforce is supported in getting the appropriate training that it needs	2.13	2.13	2.41	2.13
9	Competitive salaries and incentives are offered to recruit the best candidates for the workforce	1.65	1.78	1.69	1.65
10	Competitive salaries and incentives are offered to recruit workforce members in the rural areas	1.49	1.56	1.64	1.51

The Workforce Practices sub-scale is comprised of ten items. The highest mean produced among all participants was 2.58 for the item *"specific evidence-based training has been identified for the workforce."* The lowest mean (1.49) was computed for the item *"competitive salaries and incentives are offered to recruit workforce members in the rural areas."*

The highest mean score for respondents in Clark and Washoe Counties was for the item *"current workforce training efforts are helpful in providing an improved Nevada System of Care for children and families"* (Clark 2.55, Washoe 2.72). Like the finding among all participants, the highest mean in the rural areas was 2.59, computed for the item *"specific evidence-based training has been identified for the workforce."*

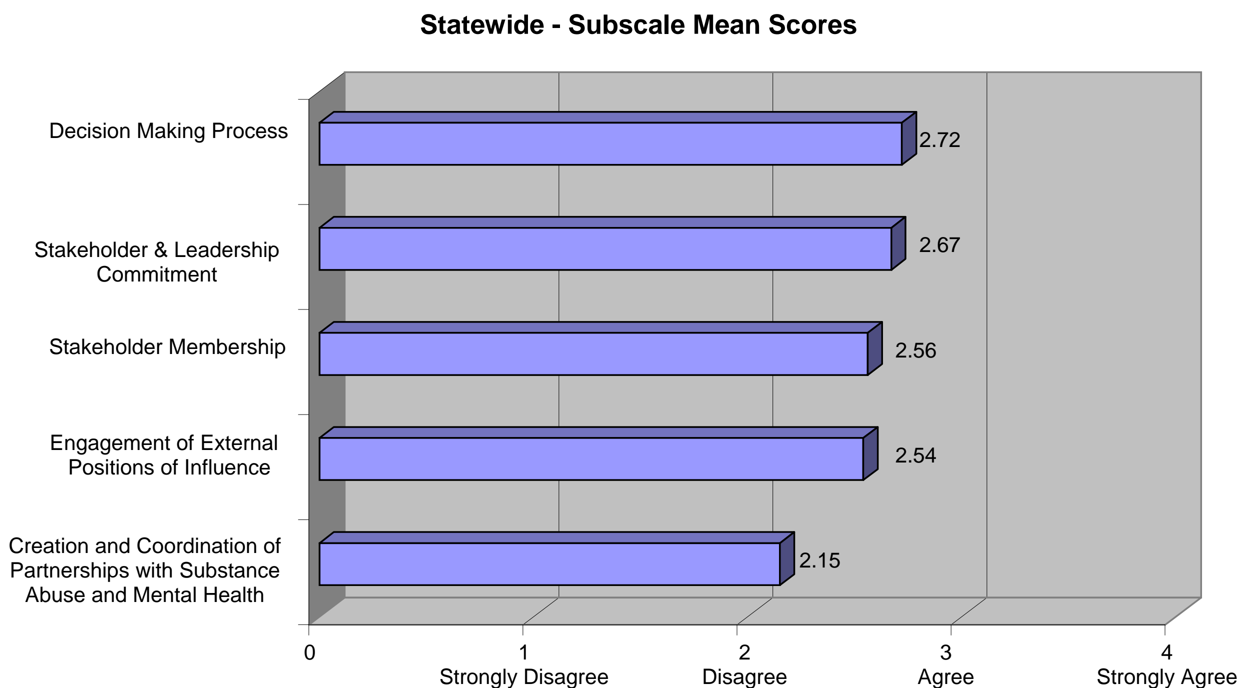
Like the findings statewide, the lowest mean score for respondents in Clark County, Washoe County, and the rural areas was for the item *"competitive salaries and incentives are offered to recruit workforce members in the rural areas*" (Clark 1.56, Washoe 1.64, and rural 1.51).

An independent-samples t-test was conducted to compare the mean scores for the three geographical areas (Clark, Washoe, and rural) and statewide stakeholders. No significant differences were found.

Section III – Stakeholder Process & Involvement in System Change

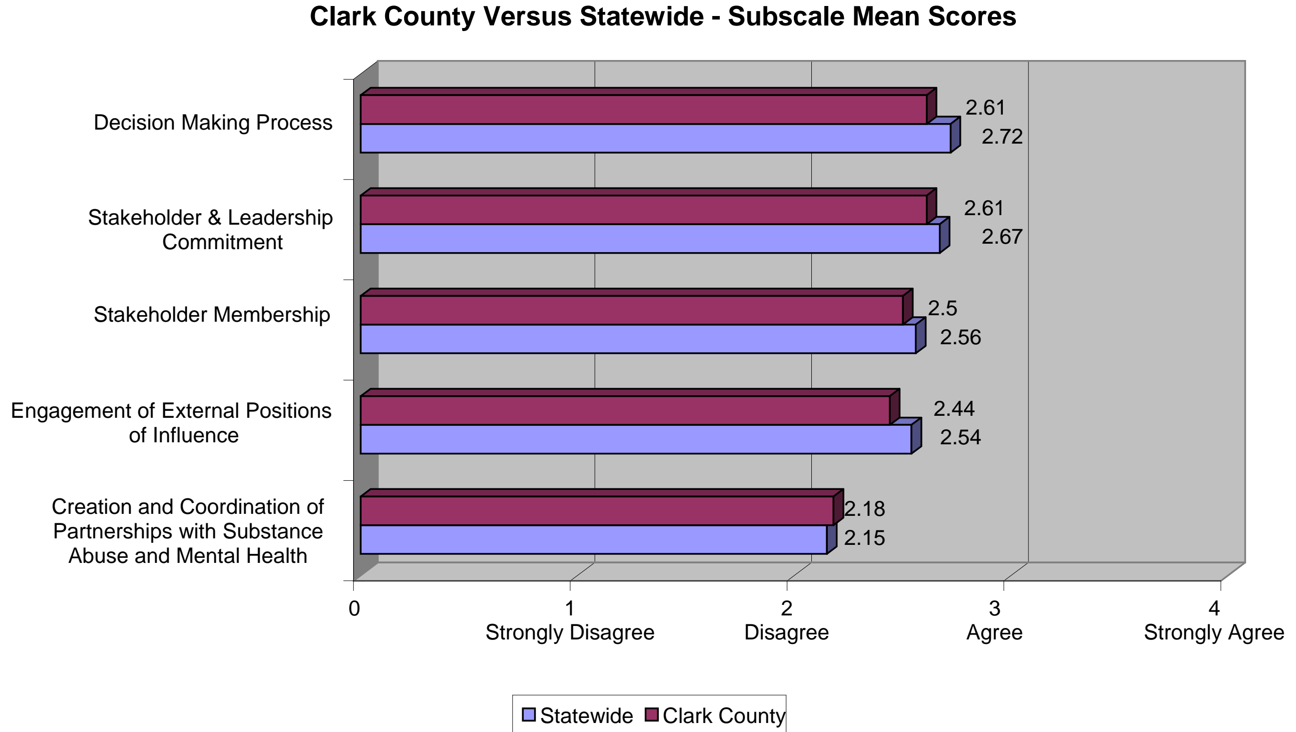
This section of the survey consists of five subscales containing information about "Stakeholder/Leadership Commitment," "Decision Making Process," "Partnerships with Substance Abuse," "Stakeholder Membership," and "Engagement of External Positions of Influence." As in the previous section, participants were asked to "strongly disagree," "disagree," "agree," or "strongly agree" to a series of statements. In each sub-scale the "strongly disagree" response was assigned the lowest value of one (1) and the "strongly agree" response was assigned the highest value of four (4).

Stakeholder Process – Statewide Mean Scores



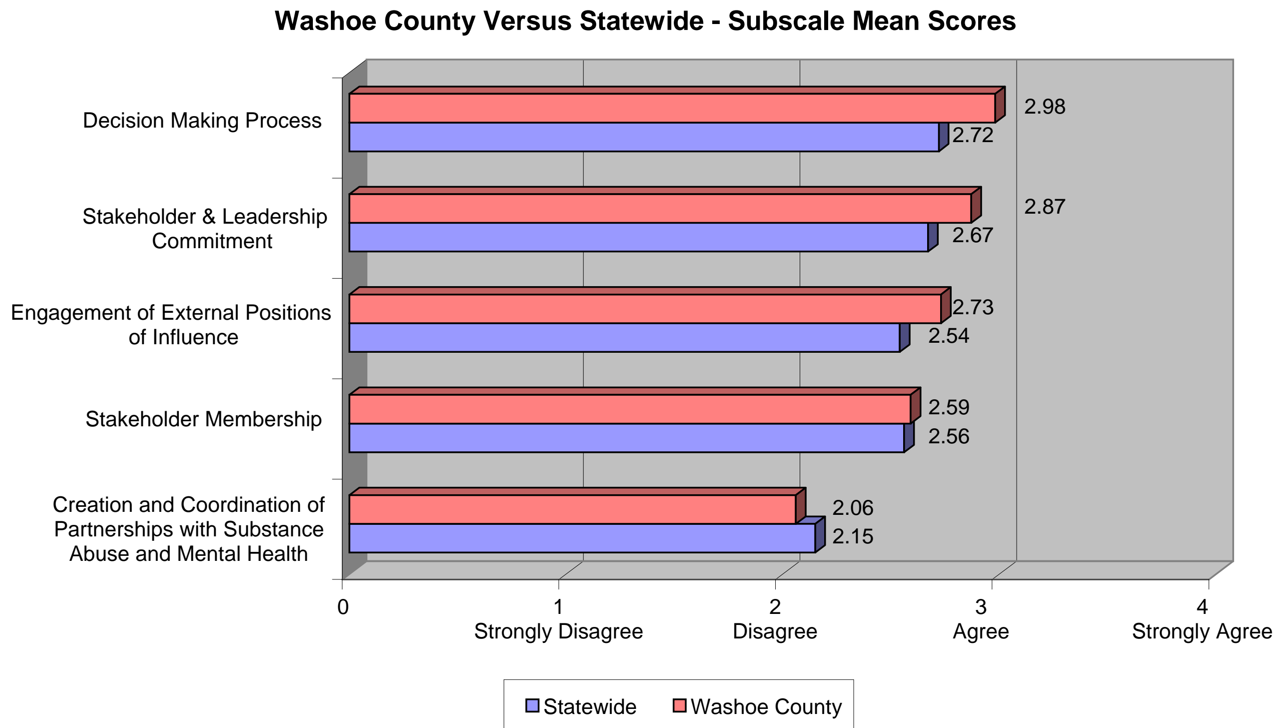
When ranking the six scales that comprise the Stakeholder Process and Involvement in System Change section, statewide the highest mean scores were for the Decision Making Process scale (2.72), followed by the Stakeholder and Leadership Commitment scale (2.67). Stakeholders' lowest rating was for the Creation and Coordination of Partnerships with Substance Abuse and Mental Health scale (2.15).

Stakeholder Process – Clark County Mean Scores



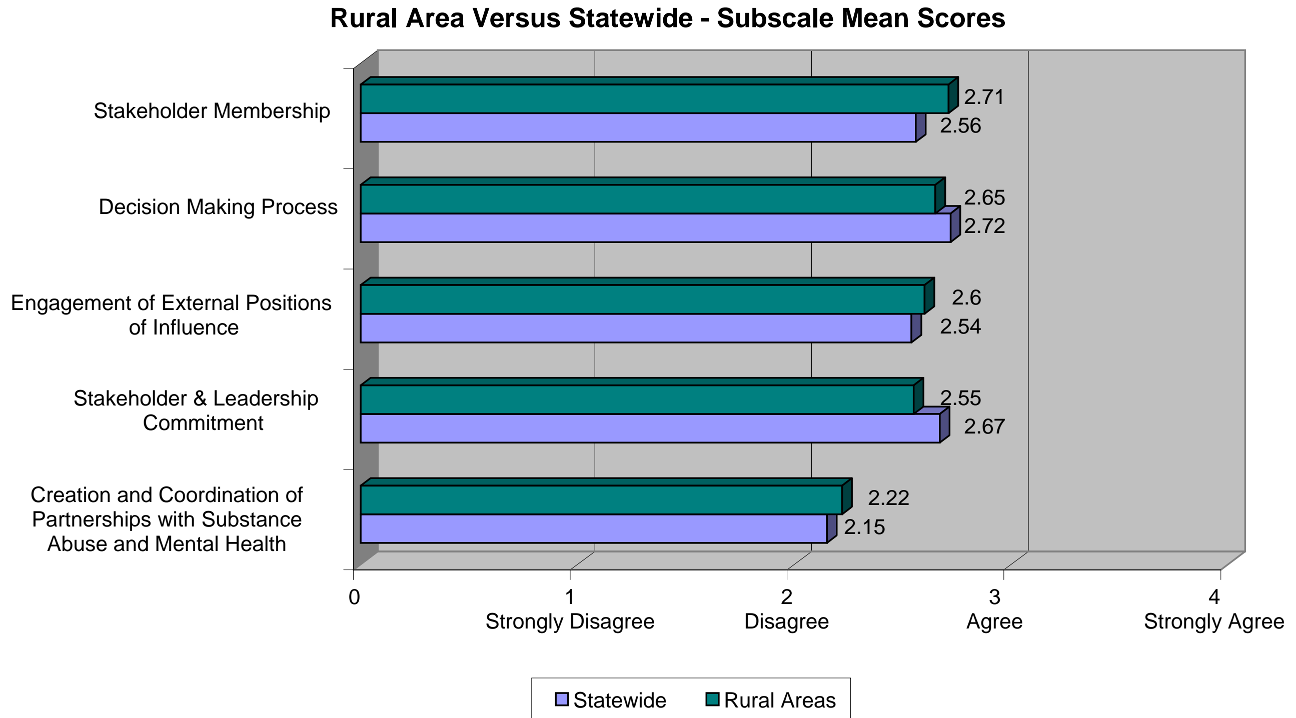
When ranking the six subscales for Clark County, the highest mean scores were for the Decision Making Process scale (2.61), followed by the Stakeholder Commitment scale (2.4). Clark County stakeholders' lowest rating was for the Creation and Coordination of Partnerships with Substance Abuse and Mental Health scale (2.18). An independent-samples t-test was conducted to compare the mean scores for Clark County and statewide stakeholders. No significant differences were found.

Stakeholder Process – Washoe County Mean Scores



When ranking the six subscales for Washoe County, the highest mean scores were for the Decision Making Process scale (2.98), followed by the Stakeholder Commitment scale (2.87). Washoe County stakeholders' lowest rating was for the Creation and Coordination of Partnerships with Substance Abuse and Mental Health scale (2.06). Again, an independent-samples t-test was conducted to compare the mean scores for Washoe County and statewide stakeholders and no significant differences were found.

Stakeholder Process – Rural Area Mean Scores



When ranking the six subscales for the rural areas, the highest mean scores were for the Stakeholder Membership scale (2.71), followed by the Decision Making Process scale (2.65). Rural area stakeholders' lowest rating was for the Creation and Coordination of Partnerships with Substance Abuse and Mental Health scale (2.22). Again, an independent-samples t-test was conducted to compare the mean scores for the rural areas and statewide stakeholders; no significant differences were found.

Stakeholder Process Subscales

The first sub-scale, Decision Making Process, consists of seven items. The items are presented in the table below in rank order by all respondents (N = 67), ranging from the highest mean score to the lowest mean score. In addition, the mean scores for the area of the state (Clark County, Washoe County, rural areas) are provided. An independent-samples t-test was conducted to compare the mean scores on all subscale items for the three geographical areas (Clark, Washoe, and rural) to the statewide sample. No significant differences were found.

Rank Order: Decision Making Process

Rank	Decision Making Process	Statewide	Clark County	Washoe County	Rural Areas
1	The collaborative is flexible enough to accept diversity in members' views and backgrounds	2.93	2.72	3.18	3
2	The collaborative seeks regular input from the community and resource providers	2.75	2.64	3	2.57
2	Differences among collaborative members are recognized and worked through	2.75	2.64	2.94	2.69
2	Decision-making within the collaborative is participatory and inclusive	2.75	2.62	2.94	2.67
3	Stakeholders' (like me) opinions are utilized in the decision making process	2.57	2.54	2.68	2.38
4	The collaborative obtains input for planning from the broader community	2.62	2.5	2.78	2.67
5	Each member has an equal voice in the partnership	2.54	2.46	2.65	2.58

When looking at the individual items in the Decision Making Process subscale, the highest mean produced among all survey participants was 2.93 for the item *"the collaborative is flexible enough to accept diversity in members' views and backgrounds."* The lowest overall mean was 2.54 for the item *"each member has an equal voice in the partnership."*

When looking at the Decision Making Process sub-scale items by the location of the respondent, the highest mean score for respondents in Clark County, Washoe County, and the rural areas was for the item *"the collaborative is flexible enough to accept diversity in members' views and backgrounds"* (Clark 2.72, Washoe 3.18, and rural 3).

The lowest overall mean for Clark and Washoe County was for the item *"each member has an equal voice in the partnership"* (Clark 2.46, Washoe 2.65). For the rural areas the lowest mean score (2.38) was computed for the item *"stakeholders' (like me) opinions are utilized in the decision making process."*

Rank Order: Stakeholder & Leadership Commitment

Rank	Stakeholder Commitment	Statewide	Clark County	Washoe County	Rural Areas
1	Collaborative members are committed to working together to improve conditions for children, youth, and families	3.05	2.92	3.25	3
2	The collaborative enjoys the commitment of key leaders	2.84	2.83	2.94	2.77
3	Stakeholders are committed to active participation in Nevada's System of Care.	2.82	2.75	3	2.67
4	The collaborative has a strong commitment from the policy-making level of each organization that is represented	2.51	2.52	2.72	2.25
5	Stakeholders have adequate time to commit to System Transformation	2.32	2.27	2.32	2.45

The Stakeholder and Leadership Commitment sub-scale is comprised of six items. The highest mean produced among all participants was 3.05 for the item *"collaborative members are committed to working together to improve conditions for children, youth, and families."* The lowest mean (2.32) was computed for the item *"stakeholders have adequate time to commit to System Transformation."*

Like the findings statewide, the highest mean score for respondents in Clark County, Washoe County, and the rural areas was for the item *"collaborative members are committed to working together to improve conditions for children, youth, and families"* (Clark 2.92, Washoe 3.25, and rural 3.00).

Again, matching the statewide findings, the lowest mean for Clark and Washoe Counties was computed for the item *"stakeholders have adequate time to commit to System Transformation"* (Clark 2.27, Washoe 2.32). The lowest mean in the rural areas was 2.25, computed for the item *"the collaborative has a strong commitment from the policy-making level of each organization that is represented."*

Rank Order: Stakeholder Membership

Rank	Stakeholder Membership	Statewide	Clark County	Washoe County	Rural Areas
1	The collaborative includes representatives from the community	2.87	2.82	2.9	3
2	Leadership from key agencies is committed and engaged in System Transformation	2.64	2.46	2.89	2.67
3	The collaborative makes every effort to engage missing players and bring them to the table	2.49	2.33	2.6	2.75
4	The number of stakeholders involved in the initiative is adequate	2.44	2.36	2.38	2.69

The highest mean computed in the four-item Stakeholder Membership sub-scale was 2.87 for the item *"the collaborative includes representatives from the community."* The lowest mean (2.44) was computed for the item *"the number of stakeholders involved in the initiative is adequate."*

Like the findings statewide, the highest mean score for respondents in Clark County, Washoe County, and the rural areas was for the item *"the collaborative includes representatives from the community"* (Clark 2.82, Washoe 2.9, and rural 3.00).

Again matching the statewide findings, the lowest mean for the rural areas and Washoe County was computed for the item *"the number of stakeholders involved in the initiative is adequate"* (rural 2.69, Washoe 2.38). The lowest mean in Clark County was 2.33, computed for the item *"the collaborative makes every effort to engage missing players and bring them to the table."*

Rank Order: Engagement of External Positions of Influence

Rank	Engagement of Positions of Influence	Statewide	Clark County	Washoe County	Rural Areas
1	The collaborative has a strategy for engaging legislators to make them aware of the needs of the children's behavioral health system	2.67	2.5	3	2.5
2	The collaborative has developed positive working relationships with the media	2.4	2.29	2.54	2.57

The Engagement of External Positions of Influence sub-scale consists of two items. The highest mean produced among all participants was 2.67 for the item "*the collaborative has a strategy for engaging legislators to make them aware of the needs of the children's behavioral health system."* This item was also the highest mean for Clark and Washoe County (Clark 2.5, Washoe 3). For the rural areas the highest mean (2.57) was computed for the item *"the collaborative has developed positive working relationships with the media."*

Rank Order: Creation and Coordination of Partnerships with Substance Abuse and Mental Health

Rank	Partnerships with Substance Abuse & Mental Health	Statewide	Clark County	Washoe County	Rural Areas
1	Leaders in Substance Abuse have been engaged in being part of System Transformation efforts	2.4	2.5	2	2.64
2	Leaders in Substance Abuse have been integrated into System Transformation efforts	2.32	2.42	2.27	2.22
3	Mental health and substance abuse service providers work together when treating co-occurring clients	2.26	2.14	2.47	2.15
4	Currently the system treats mental health and substance abuse problems in an integrative manner	2.23	2.22	2.26	2.21
5	Agencies that treat substance abuse and mental illness remain specialized and differentiated	2.05	2.23	2	1.86

The Partnerships with Substance Abuse and Mental Health sub-scale is comprised of five items. The highest mean produced among all participants was 2.4 for the item *"leaders in substance abuse have been engaged in being part of system transformation efforts."* The lowest mean (2.09) was computed for the item *"agencies that treat substance abuse and mental illness remain specialized and differentiated."*

Like the statewide findings, the highest mean for Clark County and the rural areas was computed for the item *"leaders in substance abuse have been engaged in being part of system transformation efforts"* (Clark 2.5, rural 2.64). The highest mean for Washoe County (2.47) was computed for the item *"mental health and substance abuse service providers work together when treating co-occurring clients."*

The lowest mean score for respondents in Clark County (2.22) was for the item "*currently the system treats mental health and substance abuse problems in an integrative manner."* The lowest mean for Washoe County (2.00) was computed for two items: *"leaders in Substance Abuse have been engaged in being part of System Transformation efforts"* and *"agencies that treat substance abuse and mental illness remain specialized and differentiated."* The lowest item for the rural areas (1.86) was computed for the item *"agencies that treat substance abuse and mental illness remain specialized and differentiated."*

Section IV – Stakeholder Satisfaction

This last section of the survey consists of six items regarding involvement and satisfaction in Nevada's System Transformation and collaboration efforts. Again, participants were asked to "strongly disagree," "disagree," "agree," or "strongly agree" to a series of statements. In each sub-scale the "strongly disagree" response was assigned the lowest value of one (1), and the "strongly agree" response was assigned the highest value of four (4).

Rank	Stakeholder Satisfaction	Statewide	Clark County	Washoe County	Rural Areas
1	With my participation in Systems Transformation, I feel like I am improving the lives of children and families	2.95	3.04	2.89	2.83
2	I feel that the collaborative values my expertise and input	2.83	2.74	3	2.73
3	As a member of the collaborative, I feel valued and important	2.7	2.57	2.89	2.64
4	As a member of System Transformation efforts, I feel my voice is heard in the collaborative and is equal to other members	2.67	2.55	2.76	2.75
5	I am satisfied with my regional Children's Mental Health Consortium's progress in implementing its goals	2.39	2.46	2.42	2.17
6	I am satisfied with the statewide Nevada Children's Behavioral Health Consortium's progress in implementing its goals	2.38	2.41	2.35	2.38

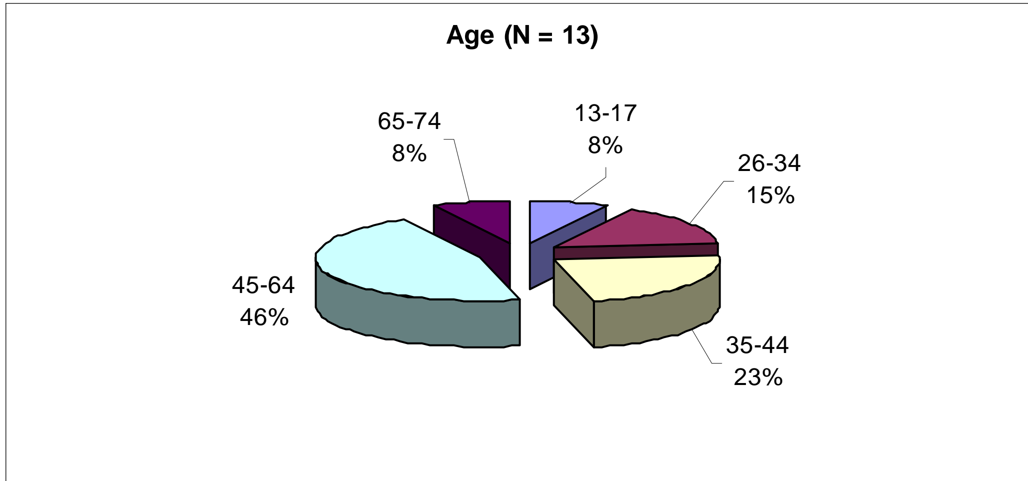
The highest mean produced among participants statewide was 2.95 for the item *"with my participation in Systems Transformation, I feel like I am improving the lives of children and families."* This was also the case for all three geographic areas (Clark mean 3.04, Washoe mean 2.89, and rural mean 2.83), with Washoe County also having the additional item "*as a member of the collaborative, I feel valued and important"* rated similarly (2.89)

The lowest mean produced among participants statewide was 2.38 for the item "*I am satisfied with the statewide Nevada Children's Behavioral Health Consortium's progress in implementing its goals."* This was also the case for Clark (2.41) and Washoe County (2.35). The lowest mean produced in the rural areas was 2.17 for the item "*I am satisfied with my regional Children's Mental Health Consortium's progress in implementing its goals."*

An independent-samples t-test was conducted to compare the mean scores for the three geographical areas (Clark, Washoe, and rural) and the statewide sample. No significant differences were found.

Chapter Five: Parent/Caregiver Stakeholder Survey
Section I – Demographic Findings

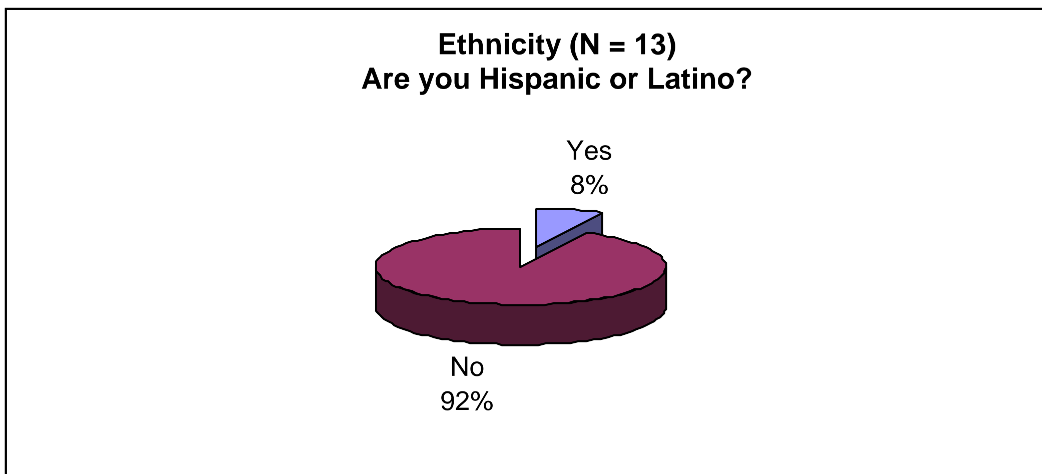
Respondent Age



Forty-six (46%) respondents indicated that they are between the ages of 45 and 64 (N = 6). This was the highest occurrence. Twenty-three (23%) are between the ages of 35 and 44 (N = 3), and 15% are between the ages of 26 and 34 (N = 2). Eight percent (8%) of the participants are in the upper age stratum which is 65-74 (N = 1), and another 8% (N = 1) are in the lowest age stratum (13-17).

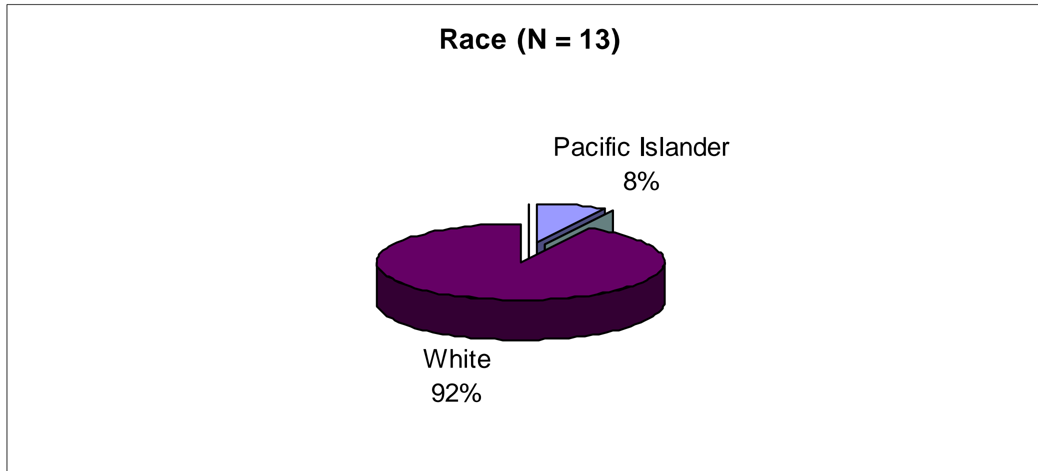
Gender
All of the respondents (100%) are female (N = 13).

Ethnicity



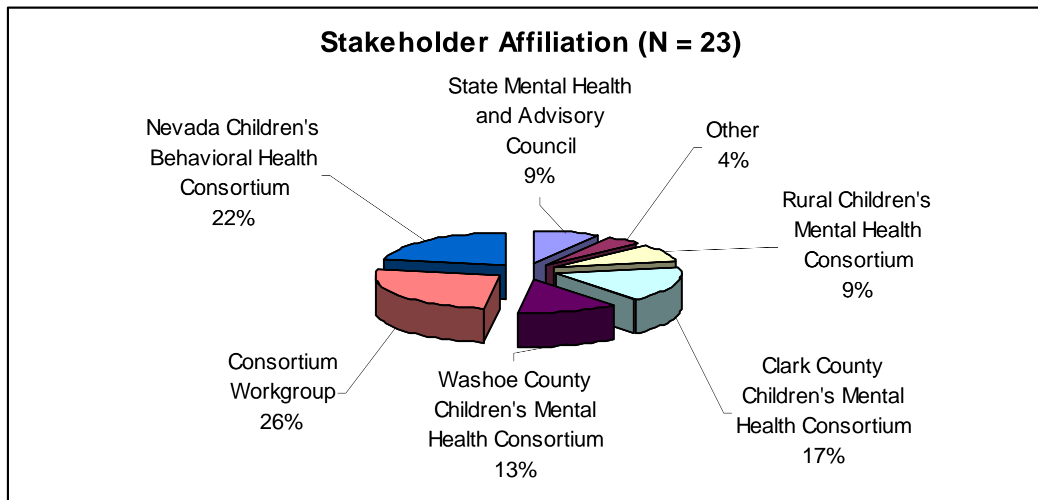
Eight percent (8%) of the respondents indicated that they are Hispanic or Latino (N = 1).

Race



Ninety-two percent (92%) of the respondents indicated that they are white (N = 12), and 8% are Pacific Islander (N = 1).

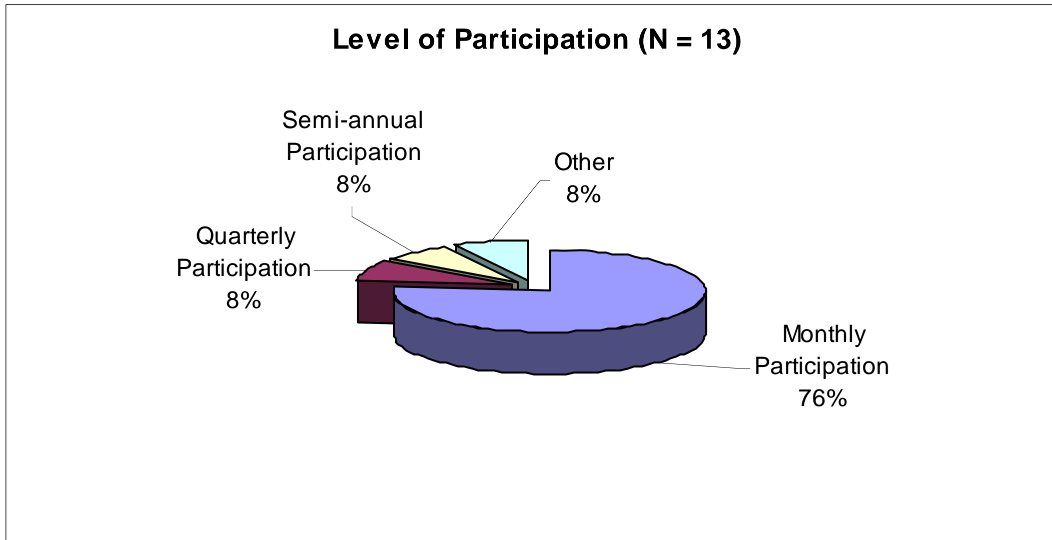
System of Care/System Transformation Effort Affiliation



* Respondents were able to select more than one affiliation

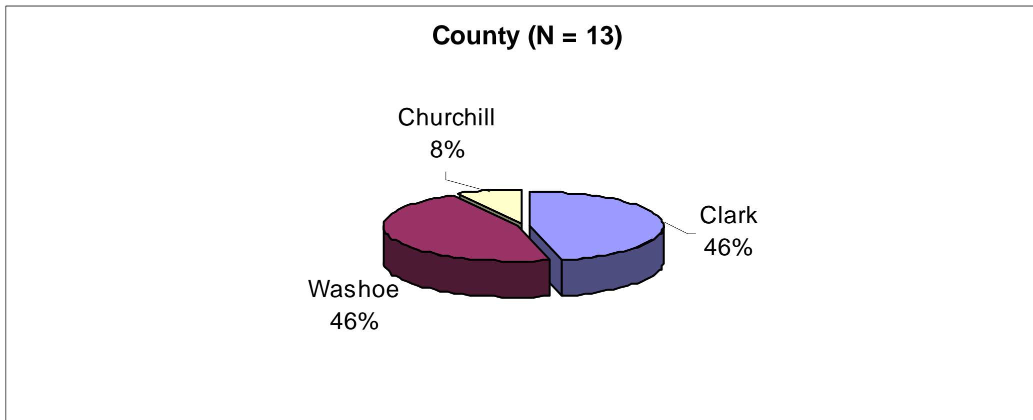
The largest stakeholder affiliation (26%) was reported for participants in a Consortium workgroup (N = 6). Twenty-two percent (22%) reported belonging to the Nevada Children's Behavioral Health Consortium (N = 5), 17% to the Clark County Children's Mental Health Consortium (N = 4), 13% to the Washoe County Children's Mental Health Consortium (N = 3), and 9% to the Rural Children's Mental Health Consortium (N = 2). Another 9% noted that they participated in the State Mental Health Advisory Council (N = 2), and one person (4%) noted "other," clarifying that they were "SOC Train-the-Trainer certified."

Level of Participation in Nevada's System of Care/System Transformation



A majority of respondents (76%) indicated that they participate in Nevada's System of Care/System Transformation efforts on a monthly basis (N = 10). Eight percent (8%) reported that they participate on a quarterly basis (N = 1), another 8% noted semi-annual participation (N = 1), and another 8% reported "other" (N = 1), with the specification that this was their "first time."

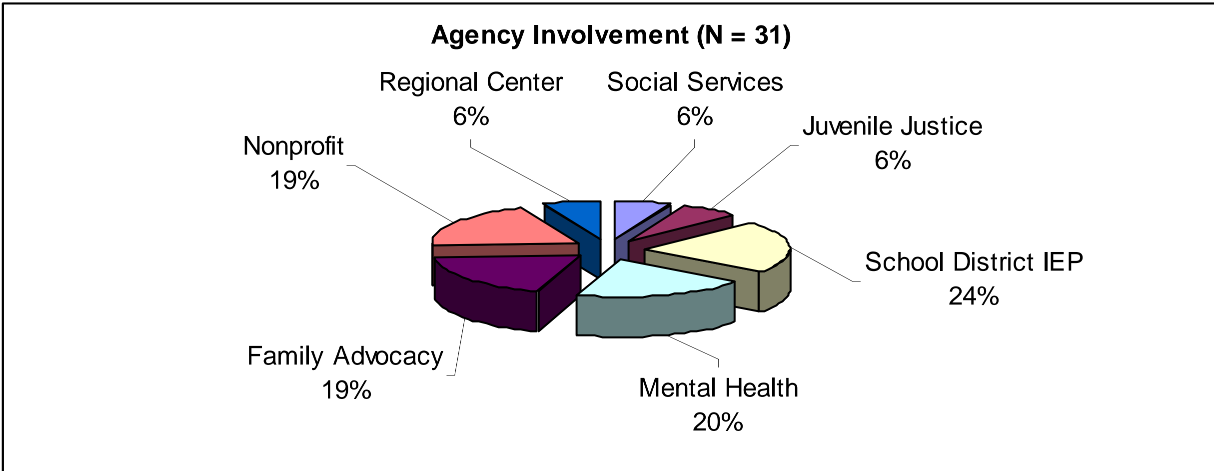
County of Residence



Forty-six percent (46%) of the respondents indicated that they reside in Clark County (N = 6), and another 46% reside in Washoe County (N = 6). One person (8%) noted that they lived in Churchill County.

Which Best Describes You?
All of the respondents (100%) indicated that they were parents/caregivers (N = 13).

Agency Involvement



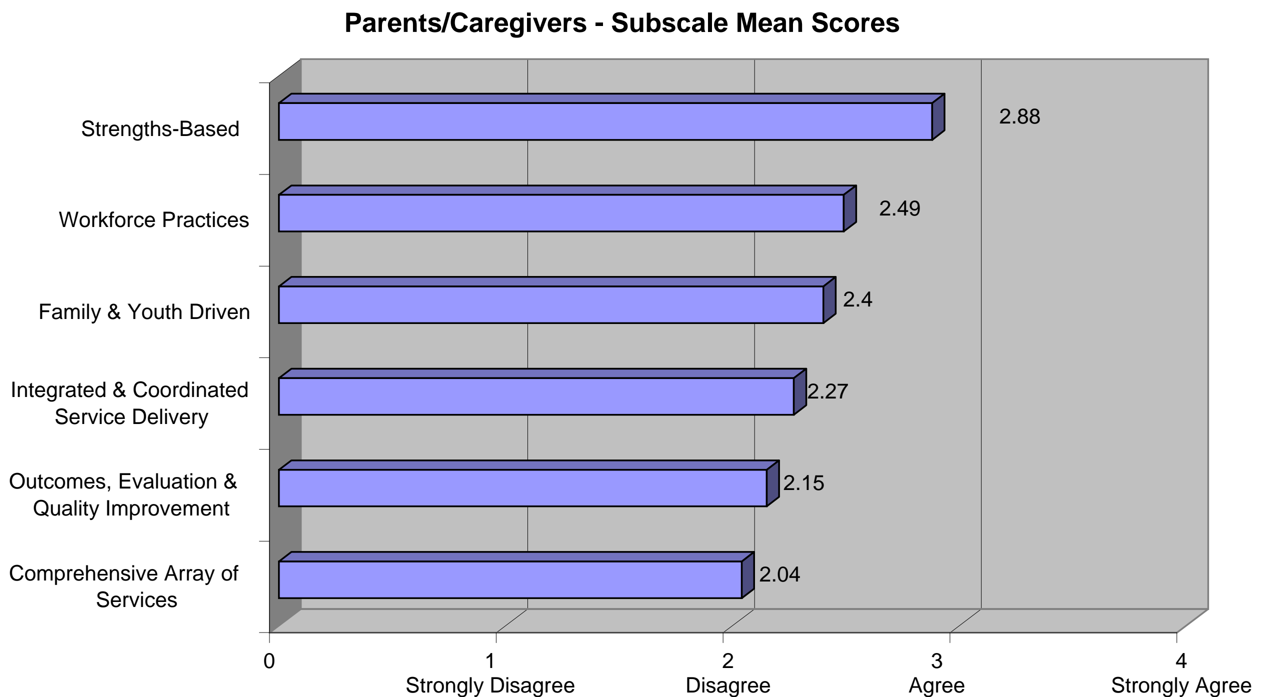
* Respondents were able to select more than one agency that they had involvement with.

The highest reported agency involvement (24%) was with a School District IEP (Individualized Education Plan). Twenty percent (20%) noted mental health involvement (N = 6), 19% indicated involvement with a family advocacy agency (N = 6), and another 19% reported involvement with a nonprofit (N = 6). The lowest reported agency involvement was reported across two entities: 6% with social services (N = 2) and another 6% with regional centers (N = 2).

Section II – Nevada's System of Care

Like the General Stakeholder Survey, this section of the survey consists of six subscales that comprise Nevada's System of Care. However, the Parent/Caregiver Stakeholder Survey generally has less questions that load on a given subscale, and the statements have been modified for the survey's target audience. Again, to determine the mean score for each scale, participants were asked to "strongly disagree," "disagree," "agree," or "strongly agree" to a series of statements. In each sub-scale the "strongly disagree" response was assigned the lowest value of one (1), and the "strongly agree" response was assigned the highest value of four (4). Because of the low number of respondents (N = 13), separate analysis by the respondent's geographic region was not performed.

System of Care Principles – Parents/Caregivers Mean Scores



When ranking the six scales that comprise Nevada's System of Care principles, statewide the highest mean scores were for the Strength-Based scale (2.88), followed by the Workforce Practices scale (2.49). Stakeholders' lowest rating was for the Comprehensive Array of Services scale (2.04).

System of Care Subscales: Parents/Caregivers

The first sub-scale, Family and Youth Driven, consists of six items. The items are presented in the table below in rank order by all respondents (N = 13), ranging from the highest mean score to the lowest mean score. In addition, the mean scores for the area of the state (Clark County, Washoe County, rural areas) are provided. This format will be used for all six sub-scales.

Rank Order: Family and Youth Driven Subscale

Rank	Family & Youth Driven	Parent/Caregiver Mean
1	Changes in Nevada's behavioral health system include input from families	2.69
2	Family members assume active representation/leadership throughout collaborative efforts	2.64
3	The skills and expertise of parents/caregivers are utilized effectively by decision makers planning services	2.5
4	Changes in Nevada's behavioral health system include input from youth	2.38
5	The amount of input from family members in system change is appropriate	2.25
6	Families are engaged in system change at the policy and planning level	2.17
7	The skills and expertise of youth are utilized effectively by decision makers planning services	2.15

When looking at the individual items in the Family and Youth Driven subscale, the highest mean produced among these parents/caregivers was 2.69 for the item *"changes in Nevada's behavioral health system include input from families."* The lowest overall mean was 2.15 for the item *"the skills and expertise of youth are utilized effectively by the collaborative."*

Rank Order: Strengths-Based Subscale

Rank	Strengths-Based	Parent/Caregiver Mean
1	Youth and families are involved in the development of their treatment plan	3.08
2	The strengths of the family and youth are the building blocks for implementing solutions	2.85
3	Families are included in a youth's mental health and/or substance abuse treatment	2.83
4	The behavioral health system encourages collaboration with the family's natural support system	2.77

The Strengths-Based sub-scale is comprised of four items. The highest mean produced was 3.08 for the item *"youth and families are involved in the development of their treatment plan."* The lowest mean (2.77) was computed for the item *"the behavioral health system encourages collaboration with the family's natural support system."*

Rank Order: Comprehensive Array of Services Subscale

Rank	Comprehensive Array of Services	Parent/Caregiver Mean
1	Mental health services available for families are currently adequate	3.38
2	Substance abuse services available for families are currently adequate	2.25
3	Youth in parental custody can access services in a timely manner	1.85
4	Families are able to access services when they need them	1.77
5	There are enough services to meet the needs of individuals with co-occurring and dually-diagnosed disorders	1.46
6	*The number of providers to deliver services is inadequate** **indicates items that are reverse coded*	1.38

The highest mean computed in the six-item Comprehensive Array of Services sub-scale was 3.38 for the item *"mental health services available for families are currently adequate."* The lowest mean (1.38) was computed for the item *"the number of providers to deliver services is inadequate."*

Rank Order: Integrated and Coordinated Service Delivery

Rank	Integrated and Coordinated Service Delivery	Parent/Caregiver Mean
1	Child serving agencies are incorporating Nevada's System of Care principles and attributes into their policies and procedures	2.67
2	Agencies share resources so that families are successful with their treatment plans	2.42
3	When dealing with families, agencies work together to create one treatment plan for services	2.23
4	Children/youth can get their mental health and substance abuse problems treated at the same time	2.18
5	Children/youth's mental health and substance abuse problems can be treated by one provider	1.9

The Integrated and Coordinated Service Delivery sub-scale consists of five items. The highest mean produced among all participants was 2.67 for the item "*child serving agencies are incorporating Nevada's System of Care principles and attributes into their policies and procedures."* The lowest mean (1.9) was computed for the item *"children/youth's mental health and substance abuse problems can be treated by one provider."*

Rank Order: Outcomes, Evaluation, and Quality Improvement

Rank	Outcomes, Evaluation and Quality Improvement	Parent/Caregiver Mean
1	Families are asked to provide their opinion about how well the services provided are meeting their child/youth's needs	2.77
2	System of Care leaders utilize the results of surveys, studies and evaluations to improve the overall children's behavioral health system	2.45
3	Families have been asked to take part in reviewing reports or outcome data that involve information about programs and services	2.2
4	Families play a key role in deciding what gets studied and how the system evaluates children's behavioral health services	2
5	Families regularly receive or know how to access the annual plans that are produced by the regional consortia	1.75
6	Families regularly receive or know how to access data reports or outcome studies that are produced by the various System of Care entities	1.67

The Outcomes, Evaluation and Quality Improvement sub-scale is comprised of six items. The highest mean produced among all participants was 2.77 for the item *"families are asked to provide their opinion about how well the services provided are meeting their child/youth's needs."* The lowest mean (1.67) was computed for the item *"families regularly receive or know how to access data reports or outcome studies that are produced by the various System of Care entities."*

Rank Order: Workforce Practices

Rank	Workforce Practices	Parent/Caregiver Mean
1	Service providers working with families have the most up to date information about the issues facing them	2.54
2	The service providers working with families use Nevada's System of Care principles	2.46
2	The family's goals, values, and beliefs are taken into consideration and respected in developing the treatment plan	2.46

The Workforce Practices sub-scale is comprised of three items. The highest mean produced among all participants was 2.54 for the item *"service providers working with families have the most up to date information about the issues facing them."* The lowest mean (2.46) was computed for two items: *"the service providers working with families use Nevada's System of Care principles"* and *"the family's goals, values, and beliefs are taken into consideration and respected in developing the treatment plan."*

Section III –Stakeholder Process & Involvement in System Change

Unlike the General Stakeholder Survey, this section does not have subscales but rather the means for eight statements. As in the previous section, participants were asked to "strongly disagree," "disagree," "agree," or "strongly agree" to a series of statements. In each sub-scale the "strongly disagree" response was assigned the lowest value of one (1), and the "strongly agree" response was assigned the highest value of four (4).

Rank Order: Stakeholder Process

Rank	Stakeholder Process	Parent/Caregiver Mean
1	I am an active member of a collaborative that is transforming Nevada's System of Care	3.2
2	Collaborative members are committed to working together to improve conditions for children, youth, and families	3.09
2	I am aware of the goals of the statewide consortia	3.09
3	The collaborative has a strategy for engaging legislators to make them aware of the needs of the children's behavioral health system	2.7
4	The collaborative is flexible enough to accept diversity in members' views and backgrounds	2.69
5	The collaborative has the commitment of key leaders	2.64
6	Decision-making within the collaborative is participatory and inclusive	2.55
7	Each member has an equal voice in the collaborative	2.31

When looking at the individual items in this section, the highest mean produced among all parent/caregiver stakeholders was 3.2 for the item *"I am an active member of a collaborative that is transforming Nevada's System of Care."* The lowest overall mean was 2.31 for the item *"each member has an equal voice in the partnership."*

Section IV – Stakeholder Satisfaction

This last section consists of five items regarding involvement and satisfaction in Nevada's System Transformation and collaboration efforts. Again, participants were asked to "strongly disagree," "disagree," "agree," or "strongly agree" to a series of statements. In each sub-scale the "strongly disagree" response was assigned the lowest value of one (1), and the "strongly agree" response was assigned the highest value of four (4).

Rank	Stakeholder Satisfaction	Statewide
1	With my participation in Systems Transformation, I feel like I am improving the lives of children and families	3
2	As a member of the collaborative, I feel valued and important	2.83
3	I am satisfied with the statewide Nevada Children's Behavioral Health Consortium's progress in implementing its goals	2.69
4	As a member of System Transformation efforts, I feel my voice is equal to other members	2.55
5	I am satisfied with my regional Children's Mental Health Consortium's progress in implementing its goals.	2.75

The highest mean produced among these parents/caregivers was 3.00 for the item *"with my participation in Systems Transformation, I feel like I am improving the lives of children and families."* The lowest mean produced was 2.75 for the item "*I am satisfied with my regional Children's Mental Health Consortium's progress in implementing its goals."*

Chapter Six: Implications, Conclusions and Recommendations

System Strengths

Stakeholder opinions reflect enthusiasm about Nevada's ability to adhere to such System of Care principles as *strength-based, family-driven and outcomes/accountability.* Stakeholders feel that the System of Care collaborative is particularly effective in that it is inclusive, participatory and flexible. Stakeholders report a high sense of self-efficacy and satisfaction with their involvement in transformation work. They feel that they are making a real and discernable difference in the lives of children and families.

Areas of Concern

Stakeholders report that Nevada continues to lack a comprehensive service array. Also, partnerships and coordination among mental health and substance abuse providers are said to be minimal. Stakeholders are not satisfied with regional consortia or the statewide consortium's progress toward reaching their respective goals. Finally, stakeholders report that although there is an effort to reach out to them and include them in transformation work and the collaborative process, not all stakeholders have an equal "voice" in decision making.

Opportunities and Recommendations

1. (*Comprehensive Service Array):* In an effort to build a comprehensive service array, collaboration members should consider eliminating duplicative services and moving toward supporting partnerships in the development and creation of agency specialties and extending or creating services that are lacking. Additionally, finance reform must remain a priority in order to address the development of the service array.

2. *(Partnerships/Collaboration among Mental Health and Substance Abuse):* A systematic review of MOUs and other cooperative agreements between mental health and substance abuse entities should be undertaken in order to determine the extent to which agreements and plans cut across all service levels.

3. *(Dissatisfaction with Consortia Progress):* The consortia should consider a review of goal acquisition with careful attention being given to a reconsideration or re-prioritization of goals.

4. *(Equal Voice):* The consortia should consider a meeting management system using the method of "ballot review" in order to assure equal voice. Votes should be considered on the extent to which all stakeholders feel that their ideas, concerns and feedback have been heard.

Chapter Seven: Data Diffusion Planning

The *General Stakeholder Survey* and the *Parent/Youth Survey* have resulted in a significant amount of data that need to be synthesized into a user-friendly format and disseminated among key decision makers so that action can be taken and vital programming decisions can be made. It is recommended that the Program Evaluation Unit (PEU) and the Strategic Planning Workgroup of the Nevada Children's Behavioral Health Consortium, as well as any other pertinent workgroups, work together to devise and solidify a data diffusion plan and to develop an evaluation sustainability plan. The recommendations that are made here should be expanded by disseminating data among all stakeholders and concluding with a set of action items that will guide the implementation of these recommendations and the subsequent review of the outcomes.

Appendix A – Nevada's System of Care

NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUM

"Building Nevada's System of Care for Children and Their Families"

Membership:

- Clark County Children's Mental Health Consortium
- Clark County Children's Mental Health Consortium Family Member
- Rural Mental Health Consortium
- Rural Mental Health Consortium/Family Member
- Washoe County Children's Mental Health Consortium
- Washoe County Children's Mental Health Consortium Family Member
- Division of Child and Family Services
- Division of Health Care Financing & Policy
- Division of Health
- Division of Mental Health & Developmental Services
- Washoe County Dept. of Social Services
- Clark County Dept. of Family Services
- Nevada Youth Care Providers
- Nevada Parents Encouraging Parents
- Substance Abuse Prevention and Treatment Agency
- Substance abuse provider
- Behavioral Health Strategies
- Family and Juvenile Courts
- Clark County School District
- Washoe County School District
- Clark County Dept. of Juvenile Justice
- Washoe County Dept. of Juvenile Services
- Inter-Tribal Council

NEVADA'S SYSTEM OF CARE

Nevada's System of Care meets the multiple and changing needs of families, children, and youth through a comprehensive, integrated, and coordinated continuum of services and supports.

Definitions:

Family – can be defined in a myriad of ways such as: adult(s), children, and youth in a parenting relationship; legal guardians; adoptive relationship; substitute or foster care; or emancipated youth. Throughout this document the word family will be used in place of any specific situation.

Comprehensive – a full array and timely access to services that families, children and youth need

Integrated – the elimination of service delivery silos

Coordinated – agencies working together to ensure services are seamless

Philosophy:

System of care is not a program — it is how care is delivered whether voluntarily or involuntarily; directly or indirectly. System of Care is a committed and sustainable approach to services that values and responds to the importance of family, school and

community, that seeks to promote the full potential of every child, youth and family member by addressing their individual physical, emotional, intellectual, educational, cultural and social needs while balancing risks that may be identified for the child, youth and/or family.

Attributes:

Family Driven: Families have a key-decision role in the care of their own children as well as in policies and procedures governing care for all children in their own community, state, and tribe. This includes: choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the mental health and wellbeing of children and youth.

Youth Guided/Youth Directed/Youth Driven: Recognizes that youth must be heard and listened to but that in order for their full, authentic involvement, we must provide them with tools and opportunities to participate in the process.

Strengths-based: Recognizes and builds upon each family's unique strengths which are the cornerstone for immediate and future success.

Comprehensive array of Traditional and Non-traditional Services: Includes the full range of services and supports from public and private agencies, and the community. Non-traditional services can include, but are not limited to, recreation, faith-based, and the performing arts. These services must be accessible in a timely and meaningful manner to support positive outcomes for families.

Common Intake and Assessment: Commitment by all partners to the collection of common information that with proper consent can be shared across systems.

Outcomes, Evaluation, and Quality Improvement: Outcomes are evaluated at the individual, agency, and system levels to measure the quality of care. Results from evaluation and quality improvement processes are used to make decisions and to guide policy making. Evaluation and quality improvement activities include:

- How to best meet the needs of children, youth and families;
- Determining if services and supports are working and used;
- Determining the cost of services and supports
- Assessing the need for additional resources and services;
- Providing feedback to those who provide services and information; and,

- Continually assessing the system of care's capacity to respond to feedback and implement change.

Evaluation and quality improvement aids in building a system of care by examining what we are doing and how we can do it better. The results of all evaluations and quality improvement activities are provided to families, system partners and community stakeholders.

Workforce Practices: Provides state-of-the art and effective organizational supports to workforce development initiatives and continuous improvement processes in service development and delivery. State of the art workforce development practices include an organizational culture which supports worker well-being, evidence based practice in recruitment, retention, and selection strategies, clinical supervision programs, mentoring, evaluation and goal setting, team building, organizational culture change management, and other related initiatives. The intention is to facilitate family and youth choice in achieving positive outcomes for children and families, and to support the service delivery system.

Culturally and Linguistically Competent/Responsive: Recognizes that every family has individual cultural values. Services are responsive with an awareness and respect of the importance of values, beliefs, traditions, customs, and parenting styles of families. Services also take into account the varying linguistic needs of individuals who speak different languages, have varying literacy skills, and who need a variety of communication formats.

Community-based Services and Supports: Afford families early intervention and services in the communities where they live. Such services and supports allow families to remain intact **and** recognizes that children, youth and families thrive in the context of their homes, communities and schools.

RESOURCES

Tips and Additional Talking Points:

Youth Guided/Youth Directed/Youth Driven: The process from youth guided to youth driven is a continuum to engage youth with the final goal of authentic youth involvement. At this point in time we must begin by implementing youth guided policies with the goal of moving these policies through youth directed to youth driven. When we have reached youth driven policies they will include policies such as: youth setting agendas and calling meetings; youth informing the public about current policies and having a

position platform; and youth being able to function as self advocates and peer advocates in the policy making process.

Strengths-based: A recognition that type and context of strengths can vary from family to family. A request for information and/or services can be the starting point for dealing with strengths in some families.

Common shared information: This attribute is an essential component of a seamless system to expedite services to a family.

Workforce practices: The success of this attribute lies in building the infrastructure needed to ensure that we have the right people with the right skills doing the right things at the right times. Workforce practices which build the needed infrastructure include: evaluation and goal setting, supervision, mentoring/coaching, professional development (of which training is one service component), recruitment, retention, selection, performance appraisals, developing teams and delegating authority for decision making to teams, workforce performance, organizational readiness and culture change management, etc. These work force development elements will build our infrastructure to support our workforce in moving the system forward toward improved services, including a better and broader service array, and improved outcomes for children and families.

Community based: By offering a wide range of community-based services we are promoting safety, permanency and well being of children, youth and families.

Performance and Quality Improvement: This process commits us to "continuous quality improvement' in Nevada's System of Care.

The following references provide additional information on System of Care, Family-Driven Care, and Youth Guided, Directed and Driven Care.

Pires, S.A. (2002). *Building systems of care: A primer*. Washington, DC: Human Service Collaborative.

Working Definition and tools: www.ffcmh.org/systems_whatis.htm

Webinar and supporting documents – follow links under Defining Family Driven Care to: View the PowerPoint slides for the Webinar; View the definition of family-driven care; Read the story "Journey to Family-Driven Policy;" or post a message to the discussion board: www.tapartnership.org/advisors/family/the_family_page.asp

Achieving the Promise: Report of the President's Commission on Mental Health Web site:
www.mentalhealthcommission.gov/reports/FinalReport/toc.html

McCarthy, J., Marshall, A., Collins, J., Arganza, G., Deserly, K. & Milon, J. (2003) A family's guide to the child welfare system from www.tapartnership.org/advisors/ChildWelfare/resources/AFamilysGuideFINAL%20WEB%20VERSION.pdf

Substance Abuse and Mental Health Service Administration System of Care Web site: www.systemsofcare.samhsa.gov

Appendix B – Letter of System of Care Commitment

NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUM

"Building Nevada's System of Care for Children and Their Families"

I, ______________________________, commit to Nevada's System of Care (NV SOC) Philosophy and the attributes that further explain the philosophy.

I understand that by committing to NV SOC that:

- In my leadership role I will pass along the NV SOC and its attributes to all that I lead.
- I will expect that everyone working for me will read and understand the NV SOC and its attributes.
- I expect that all the people working for me will pass this information to everyone in my agency and or business.
- I will expect that everyone incorporate the NV SOC and its attributes into our business model.

I understand that by committing to NV SOC and its attributes I can:

- Request assistance in training my staff
- Review the NV SOC and its attributes on a regular basis and make suggestions for changes based on actual experiences in implementing the philosophy and attributes

This document was signed on ________________________

By: ____

Representing: ______________________________________

Appendix C – Delphi Process Evaluation

Round One

Q1 - From your vantage point, to what extent are the stated goals appropriate in creating and sustaining a seamless mental health and substance abuse service system for children and youth?

- Goals are appropriate
- Moving towards stated goals but there are many hurdles to overcome
- Goals have been around for awhile but we are working towards them
- Real change will only occur when leadership is committed
- Goals are extensive/difficult to evaluate

Q2 - To what extent do you feel these goals are being successfully implemented?

- Although there have been improvements there is a long way to go
- Some goals are being met but others are not
- There is poor interagency collaboration
- Need training and recruitment to build an effective workforce
- They are not being implemented

Q3 – From your vantage point, what goals and/or steps (not reflected above) are needed in order to create and sustain a seamless mental health and substance abuse service system for children and youth?

- More funding
- There needs to be improved programs/ more services/ clarification and simplification
- [Nevada] needs a plan to address holes in the system, especially education
- The development of a stronger workforce (information and trainings)
- Improved coordination between systems

Round Two

Q1 – We heard from the respondents that we needed more services. What types of services do you feel are most needed? This could mean direct services, more culturally sensitive or appropriate services or more services for substance abuse/co-occurring disorders.

The state of Nevada needs more:

- Substance abuse services/detox services
- More case management/More housing/Job development/Childcare

- Family Preservation services
- Additional direct services
- Integration and coordination of services
- Counseling and behavioral interventions for children/those with disabilities
- Trained staff/professionals
- Dually-diagnosed services
- In-home therapy services/ medically needy placements
- Emergency assessment services
- Availability to services for the rural region as well as attention to the long wait lists

Q2 – To what extent have you been involved in the planning and implementation of the SIG goals, such as participating in policy and planning groups?

- I have participated through the Mental Health Consortium
- I have had minimal participation
- I have been semi-active in participating
- I have had extensive participation
- I am involved by being a parental

Round Three

Q1 – How did you learn about the system transformation efforts and goals of the CA-SIG grant?

- Nevada Children's Behavioral Health Consortium
- Regional (Washoe, Clark County, or Rural) Children's Mental Health Consortium
- Leadership Academy
- State agency or other organization

Appendix D – General Stakeholder Survey Responses

Participants were asked to respond to statements that relate to the principles as defined in Nevada's System of Care. The principles were given along with their definition, and respondents were asked to indicate the extent to which they agree with a series of statements using the following scale: "1" means you strongly disagree, "2" means you disagree, "3" means you agree, and "4" means you strongly agree.

A. Family & Youth Driven: Families have a key-decision role in the care of their own children as well as in policies and procedures governing care for all children in their own community, state, and tribe. This includes: choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the mental health and wellbeing of children and youth.

Table 1: *Family & Youth Driven; frequency and percent*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
1. Changes in Nevada's behavioral health system include input from families.	Strongly Disagree	4 (6.1%)	2 (7.4%)	1 (4.2%)	1 (7.7%)
	Disagree	10 (15.2%)	3 (11.1%)	5 (20.8%)	2 (15.4%)
	Agree	35 (53%)	15 (55.6%)	14 (58.3%)	5 (38.5%)
	Strongly Agree	13 (19.7%)	6 (22.2%)	3 (12.5%)	3 (23.1%)
	Don't Know	4 (6.1%)	1 (3.7%)	1 (4.2%)	2 15.4%)
	Not Applicable	0	0	0	0
	Total	**66 (100%)**	**27 (100%)**	**24 (100%)**	**13 (100%)**
2. The skills and expertise of parents/caregivers are utilized effectively by the collaborative.	Strongly Disagree	5 (7.5%)	2 (7.4%)	2 (8.3%)	1 (7.1%)
	Disagree	18 (26.9%)	5 (18.5%)	7 (29.2%)	5 (35.7%)
	Agree	33 (49.3%)	18 (66.7%)	10 (41.7%)	5 (35.7%)
	Strongly Agree	7 (10.4%)	2 (7.4%)	3 (12.5%)	1 (7.1%)
	Don't Know	4 (6%)	0	2 (8.3%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**67 (100%)**	**27 (100%)**	**24 (100%)**	**14 (100%)**
3. Changes in Nevada's behavioral health system include input from youth.	Strongly Disagree	10 (15.2%)	5 (19.2%)	3 (12.5%)	1 (7.1%)
	Disagree	23 (34.8%)	12 (46.2%)	6 (25%)	5 (35.7%)
	Agree	16 (24.2%)	6 (23.1%)	8 (33.3%)	2 (14.3%)
	Strongly Agree	6 (9.1%)	1 (3.8%)	2 (8.3%)	2 (14.3%)
	Don't Know	11 (16.7%)	2 (7.7%)	5 (20.8%)	4 (28.6%)
	Not Applicable	0	0	0	0
	Total	**66 (100%)**	**26 (100%)**	**24 (100%)**	**14 (100%)**
4. The skills and expertise of youth are utilized effectively by the collaborative.	Strongly Disagree	13 (19.7%)	5 (19.2%)	5 (20.8%)	2 (14.3%)
	Disagree	25 (37.9%)	12 (46.2%)	7 (29.2%)	6 (42.9%)
	Agree	12 (18.2%)	4 (15.4%)	7 (29.2%)	1 (7.1%)
	Strongly Agree	5 (7.6%)	2 (7.7%)	1 (4.2%)	1 (7.1%)
	Don't Know	11 (16.7%)	3 (11.5%)	4 (16.7%)	4 (28.6%)
	Not Applicable	0	0	0	0
	Total	**66 (100%)**	**26 (100%)**	**24 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Table 1: Family & Youth Driven (continued)

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
5. The amount of input from family members in system change is appropriate.	Strongly Disagree	4 (6%)	3 (11.1%)	0	1 (7.1%)
	Disagree	34 (50.7%)	12 (44.4%)	13 (54.2%)	8 (57.1%)
	Agree	15 (22.4%)	9 (33.3%)	5 (20.8%)	1 (7.1%)
	Strongly Agree	11 (16.4%)	3 (11.1%)	5 (20.8%)	2 (14.3%)
	Don't Know	3 (4.5%)	0	1 (4.2%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**67 (100%)**	**27 (100%)**	**24 (100%)**	**14 (100%)**
6. Families are engaged in system change at the policy and planning level.	Strongly Disagree	10 (14.9%)	5 (18.5%)	1 (4.2%)	4 (28.6%)
	Disagree	18 (26.9%)	7 (25.9%)	7 (29.2%)	4 (28.6%)
	Agree	26 (38.8%)	11 (40.7%)	11 (45.8%)	3 (21.4%)
	Strongly Agree	8 (11.9%)	2 (7.4%)	4 (16.7%)	1 (7.1%)
	Don't Know	5 (7.5%)	2 (7.4%)	1 (4.2%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**67 (100%)**	**27 (100%)**	**24 (100%)**	**14 (100%)**
7. Family members assume active representation/leader-ship throughout collaborative efforts.	Strongly Disagree	7 (11%)	3 (11.5%)	2 (9.1%)	2 (15.4%)
	Disagree	20 (31%)	8 (30.8%)	6 (27.3%)	5 (38.5%)
	Agree	26 (41%)	13 (50%)	8 (36.4%)	4 (30.8%)
	Strongly Agree	3 (5%)	0	3 (13.6%)	0
	Don't Know	8 (13%)	2 (7.7%)	3 (13.6%)	2 (15.4%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**13 (100%)**

B. Strengths-Based: Recognizes and builds upon each family's unique strengths which are the cornerstone for immediate and future success.

***Table 2:** Strengths-Based; frequency and percent*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
8. Youth and families are involved in the development of their treatment plan.	Strongly Disagree	1 (1.5%)	0	0	1 (7.1%)
	Disagree	11 (16.4%)	8 (29.6%)	1 (4.2%)	2 (14.3%)
	Agree	36 (53.7%)	15 (55.6%)	14 (58.3%)	6 (42.9%)
	Strongly Agree	12 (17.9%)	2 (7.4%)	6 (25%)	3 (21.4%)
	Don't Know	7 (10.4%)	2 (7.4%)	3 (12.5%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**67 (100%)**	**27 (100%)**	**24 (100%)**	**14 (100%)**
9. Families are included in a youth's mental health and/or substance abuse treatment.	Strongly Disagree	0	0	0	0
	Disagree	8 (11.9%)	5 (18.5%)	2 (8.3%)	1 (7.1%)
	Agree	36 (53.7%)	18 (66.7%)	10 (41.7%)	7 (50%)
	Strongly Agree	16 (23.9%)	3 (11.1%)	8 (33.3%)	4 (28.6%)
	Don't Know	6 (9%)	1 (3.7%)	3 (12.5%)	2 (14.3%)
	Not Applicable	1 (1.5%)	0	1 (4.2%)	0
	Total	**67 (100%)**	**27 (100%)**	**24 (100%)**	**14 (100%)**
10. The behavioral health system encourages collaboration with the family's natural support system.	Strongly Disagree	4 (6.1%)	3 (11.1%)	0	1 (7.1%)
	Disagree	11 (16.7%)	5 (18.5%)	4 (17.4%)	1 (7.1%)
	Agree	37 (56.1%)	14 (51.9%)	15 (65.2%)	8 (57.1%)
	Strongly Agree	12 (17.9%)	5 (18.5%)	4 (17.4%)	2 (14.3%)
	Don't Know	2 (3%)	0	0	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**66 (100%)**	**27 (100%)**	**23 (100%)**	**14 (100%)**

Table 2: Strengths-Based (continued)

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
11. The strengths of the family and youth are the building blocks for implementing solutions.	Strongly Disagree	1 (1.5%)	1 (3.7%)	0	0
	Disagree	9 (13.4%)	5 (18.5%)	2 (8.3%)	1 (7.1%)
	Agree	27 (40.3%)	10 (37%)	12 (50%)	5 (35.7%)
	Strongly Agree	29 (43.3%)	11 (40.7%)	10 (41.7%)	7 (50%)
	Don't Know	1 (1.5%)	0	0	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**66 (100%)**	**27 (100%)**	**24 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

C. Comprehensive Array of Traditional and Non-traditional Services: Includes the full range of services and supports from public and private agencies, and the community. Non-traditional services can include, but are not limited to, recreation, faith-based, and the performing arts. These services must be accessible in a timely and meaningful manner to support positive outcomes for families.

Table 3: *Comprehensive Array of Traditional and Non-traditional Services; frequencies and percent*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
12. Current funding supports Nevada's System of Care philosophy.	Strongly Disagree	26 (40.6%)	9 (34.6%)	9 (37.5%)	7 (50%)
	Disagree	31 (48.4%)	16 (61.5%)	9 (37.5%)	5 (35.7%)
	Agree	2 (3.1%)	1 (3.8%)	0	1 (7.1%)
	Strongly Agree	2 (3.1%)	0	2 (8.3%)	0
	Don't Know	3 (4.7%)	0	2 (8.3%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
13. Agencies and organizations have necessary resources to implement Nevada's System of Care principles and attributes in their practice.	Strongly Disagree	25 (38.5%)	12 (44.4%)	7 (31.8%)	5 (35.7%)
	Disagree	37 (56.9%)	15 (55.6%)	12 (54.5%)	9 (64.3%)
	Agree	2 (3.1%)	0	2 (9.1%)	0
	Strongly Agree	0	0	0	0
	Don't Know	1 (1.5%)	0	1 (4.5%)	0
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
14. Services available for families are currently limited or inadequate.	Strongly Disagree	4 (6.2%)	2 (7.4%)	2 (9.1%)	0
	Disagree	2 (3.1%)	0	1 (4.5%)	1 (7.1%)
	Agree	18 (27.7%)	9 (33.3%)	6 (27.3%)	2 (14.3%)
	Strongly Agree	40 (61.5%)	16 (59.3%)	12 (54.5%)	11 (78.6%)
	Don't Know	1 (1.5%)	0	1 (4.5%)	0
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
15. There are enough services to meet the needs of individuals with co-occurring and dually-diagnosed disorders.	Strongly Disagree	36 (55.4%)	14 (51.9%)	13 (59.1%)	8 (57.1%)
	Disagree	22 (33.8%)	10 (37%)	7 (31.8%)	4 (28.6%)
	Agree	3 (4.6%)	2 (7.4%)	1 (4.5%)	0
	Strongly Agree	2 (3.1%)	1 (3.7%)	0	1 (7.1%)
	Don't Know	2 (3.1%)	0	1 (4.5%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**

Table 3: Comprehensive Array of Traditional and Non-traditional Services (continued)

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
16. Children's behavioral health services available in the rural areas is adequate.	Strongly Disagree	33 (50.8%)	10 (37%)	14 (63.6%)	8 (57.1%)
	Disagree	16 (24.6%)	8 (29.6%)	4 (18.2%)	3 (21.4%)
	Agree	2 (3.1%)	1 (3.7%)	0	1 (7.1%)
	Strongly Agree	3 (4.6%)	1 (3.7%)	0	2 (14.3%)
	Don't Know	9 (13.8%)	6 (22.2%)	3 (13.6%)	0
	Not Applicable	2 (3.1%)	1 (3.7%)	1 (4.5%)	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
17. The number of providers to deliver services is inadequate.	Strongly Disagree	6 (9.4%)	0	4 (18.2%)	1 (7.1%)
	Disagree	13 (20.3%)	8 (30.8%)	3 (13.6%)	1 (7.1%)
	Agree	17 (26.6%)	7 (26.9%)	5 (22.7%)	5 (35.7%)
	Strongly Agree	26 (40.6%)	10 (38.5%)	9 (40.9%)	7 (50%)
	Don't Know	2 (3.1%)	1 (3.8%)	1 (4.5%)	0
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
18. There are appropriate systems/measures in place for service provider accountability.	Strongly Disagree	16 (24.6%)	9 (33.3%)	4 (18.2%)	3 (21.4%)
	Disagree	25 (38.5%)	12 (44.4%)	8 (36.4%)	3 (21.4%)
	Agree	15 (23.1%)	5 (18.5%)	4 (18.2%)	6 (42.9%)
	Strongly Agree	2 (3.1%)	0	2 (9.1%)	0
	Don't Know	7 (10.8%)	1 (3.7%)	4 (18.2%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
19. There are adequate services available for youth and families when English is not their primary language.	Strongly Disagree	26 (40%)	8 (29.6%)	9 (40.9%)	8 (57.1%)
	Disagree	21 (32.3%)	11 (40.7%)	6 (27.3%)	3 (21.4%)
	Agree	4 (6.2%)	2 (7.4%)	1 (4.5%)	1 (7.1%)
	Strongly Agree	0	0	0	0
	Don't Know	14 (21.5%)	6 (22.2%)	6 (27.3%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
20. A lack of behavioral health service providers hinders the progress of System Transformation.	Strongly Disagree	1 (1.5%)	0	1 (4.5%)	0
	Disagree	10 (15.4%)	7 (25.9%)	3 (13.6%)	0
	Agree	28 (43.1%)	12 (44.4%)	7 (31.8%)	7 (50%)
	Strongly Agree	23 (35.4%)	8 (29.6%)	8 (36.4%)	7 (50%)
	Don't Know	3 (4.6%)	0	3 (13.6%)	0
	Not Applicable	0	0		0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
21. There are adequate specialty services available for at-risk populations	Strongly Disagree	25 (38.5%)	8 (29.6%)	8 (36.4%)	7 (50%)
	Disagree	32 (49.2%)	17 (63%)	9 (40.9%)	6 (42.9%)
	Agree	4 (6.2%)	2 (7.4%)	2 (9.1%)	0
	Strongly Agree	1 (1.5%)	0	1 (4.5%)	0
	Don't Know	3 (4.6%)	0	2 (9.1%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**

Table 3: Comprehensive Array of Traditional and Non-traditional Services (continued)

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
22. There are a variety of services available for those with substance abuse problems.	Strongly Disagree	18 (27.7%)	7 (25.9%)	6 (27.3%)	5 (35.7%)
	Disagree	29 (44.6%)	13 (48.1%)	9 (40.9%)	6 (42.9%)
	Agree	9 (13.8%)	4 (14.8%)	2 (9.1%)	2 (14.3%)
	Strongly Agree	1 (1.5%)	0	1 (4.5%)	0
	Don't Know	7 (10.8%)	3 (11.1%)	3 (13.6%)	1 (7.1%)
	Not Applicable	1 (1.5%)	0	1 (4.5%)	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
23. The current time frame for access to behavioral health services allows youth and families to receive early access to treatment services.	Strongly Disagree	20 (29.9%)	8 (30.8%)	6 (27.3%)	5 (35.7%)
	Disagree	29 (43.3%)	11 (42.3%)	10 (45.5%)	7 (50%)
	Agree	11 (16.4%)	6 (23.1%)	4 (18.2%)	1 (7.1%)
	Strongly Agree	0	0	0	0
	Don't Know	4 (6%)	1 (3.8%)	2 (9.1%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
24. Youth in parental custody can access services in a timely manner.	Strongly Disagree	13 (20.6%)	3 (11.5%)	4 (19%)	6 (42.9%)
	Disagree	31 (49.2%)	12 (46.2%)	10 (47.6%)	7 (50%)
	Agree	12 (19%)	8 (30.8%)	3 (14.3%)	1 (7.1%)
	Strongly Agree	0	0	0	0
	Don't Know	7 (11.1%)	3 (11.5%)	4 (19%)	0
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**26 (100%)**	**21**	**14 (100%)**
25. Efforts are taken to engage the private sector (e.g., insurance companies, nonprofits) to offer parity in services and payment to what the state offers to expand the menu of services available to families.	Strongly Disagree	17 (26.2%)	7 (25.9%)	7 (31.8%)	3 (21.4%)
	Disagree	17 (26.2%)	7 (25.9%)	4 (18.2%)	5 (35.7%)
	Agree	13 (20%)	8 (29.6%)	1 (4.5%)	3 (21.4%)
	Strongly Agree	1 (1.5%)	1 (3.7%)	0	0
	Don't Know	17 (26.2%)	4 (14.8%)	10 (45.5%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
26. There is an effective mechanism for prioritizing the collaborative work around needed services.	Strongly Disagree	10 (15.4%)	5 (18.5%)	2 (9.1%)	3 (21.4%)
	Disagree	29 (44.6%)	15 (55.6%)	7 (31.8%)	6 (42.9%)
	Agree	13 (20%)	6 (22.2%)	4 (18.2%)	2 (14.3%)
	Strongly Agree	2 (3.1%)	1 (3.7%)	1 (4.5%)	0
	Don't Know	11 (16.9%)	0	8 (36.4%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
27. Paperwork and rates of pay are barriers to the number of providers available to youth and families.	Strongly Disagree	0	0	0	0
	Disagree	6 (9.2%)	2 (7.4%)	31 (13.6%)	1 (7.1%)
	Agree	25 (38.5%)	14 (51.9%)	5 (22.7%)	5 (35.7%)
	Strongly Agree	32 (49.2%)	10 (37%)	14 (63.6%)	7 (50%)
	Don't Know	2 (3.1%)	1 (3.7%)	0	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

D. Integrated and Coordinated Service Delivery: The elimination of service delivery silos along with agencies working together to ensure services are seamless.

Table 4: *Integrated & Coordinated Service Delivery; frequencies and percent*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
28. A common System of Care vision has been successfully implemented across agencies.	Strongly Disagree	14 (21.5%)	5 (18.5%)	3 (13.6%)	5 (35.7%)
	Disagree	31 (47.7%)	13 (48.1%)	11 (%)	6 (42.9%)
	Agree	18 (27.7%)	9 (33.3%)	7 (%)	2 (14.3%)
	Strongly Agree	0	0	0	0
	Don't Know	2 (3.1%)	0	1 (%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
29. Agencies work together to create one Care Coordination Plan for treatment.	Strongly Disagree	9 (14.1%)	5 (18.5%)	2 (%)	2 (15.4%)
	Disagree	33 (51.6%)	15 (55.6%)	9 (%)	7 (53.8%)
	Agree	18 (28.1%)	6 (22.2%)	9 (%)	3 (23.1%)
	Strongly Agree	1 (1.6%)	1 (3.7%)	0	0
	Don't Know	3 (4.7%)	0	2 (%)	1 (7.7%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**27 (100%)**	**22 (100%)**	**13 (100%)**
30. Juvenile Justice, Child Welfare, Children's Mental Health and the Education system are connected through Nevada's System of Care philosophy.	Strongly Disagree	10 (15.4%)	6 (22.2%)	1 (4.5%)	3 (21.4%)
	Disagree	23 (35.4%)	7 (25.9%)	9 (40.9%)	6 (42.9%)
	Agree	25 (38.5%)	12 (44.4%)	10 (45.5%)	3 (21.4%)
	Strongly Agree	2 (3.1%)	1 (3.7%)	1 (4.5%)	0
	Don't Know	5 (7.7%)	1 (3.7%)	1 (4.5%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
31. There is widespread support for Nevada's System of Care initiatives among participating child-serving agencies and organizations.	Strongly Disagree	9 (13.8%)	6 (22.2%)	2 (9.1%)	1 (7.1%)
	Disagree	20 (30.8%)	12 (44.4%)	3 (13.6%)	4 (28.6%)
	Agree	26 (40%)	9 (33.3%)	13 (59.1%)	4 (28.6%)
	Strongly Agree	3 (4.6%)	0	1 (4.5%)	2 (14.3%)
	Don't Know	7 (10.8%)	0	3 (13.6%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
32. Local policies are conducive to developing interagency collaborative relationships.	Strongly Disagree	6 (9%)	2 (7.4%)	1 (4.5%)	3 (21.4%)
	Disagree	26 (38.8%)	12 (44.4%)	9 (40.9%)	4 (28.6%)
	Agree	21 (31.3%)	9 (33.3%)	8 (36.4%)	3 (21.4%)
	Strongly Agree	5 (7.5%)	3 (11.1%)	1 (4.5%)	1 (7.1%)
	Don't Know	7 (10.4%)	1 (3.7%)	3 (13.6%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
33. State policies are conducive to developing interagency collaborative relationships.	Strongly Disagree	10 (15.6%)	3 (11.5%)	3 (13.6%)	3 (21.4%)
	Disagree	23 (35.9%)	12 (46.2%)	7 (31.8%)	4 (28.6%)
	Agree	17 (26.6%)	7 (26.9%)	5 (22.7%)	4 (28.6%)
	Strongly Agree	6 (9.4%)	3 (11.5%)	1 (4.5%)	2 (14.3%)
	Don't Know	8 (12.5%)	1 (3.8%)	6 (27.3%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Table 4: Integrated & Coordinated Service Delivery (continued)

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
34. Existing programs within the community are conducive to developing interagency collaborative relationships.	Strongly Disagree	9 (13.8%)	4 (14.8%)	2 (9.1%)	3 (21.4%)
	Disagree	19 (29.2%)	9 (33.3%)	6 (27.3%)	4 (28.6%)
	Agree	27 (41.5%)	13 (48.1%)	8 (36.4%)	4 (28.6%)
	Strongly Agree	6 (9.2%)	1 (3.7%)	2 (9.1%)	3 (21.4%)
	Don't Know	4 (6.2%)	0	4 (18.2%)	0
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
35. The current children's behavioral health system encourages and allows agencies to integrate behavioral health plans.	Strongly Disagree	6 (9.2%)	2 (7.4%)	2 (9.1%)	2 (14.3%)
	Disagree	24 (36.9%)	11 (40.7%)	6 (27.3%)	5 (35.7%)
	Agree	25 (38.5%)	13 (48.1%)	10 (45.5%)	2 (14.3%)
	Strongly Agree	1 (1.5%)	0	0	1 (7.1%)
	Don't Know	9 (13.8%)	1 (3.7%)	4 (18.2%)	4 (28.6%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
36. There is interagency cooperation with collaboratively served youth.	Strongly Disagree	5 (7.7%)	2 (7.4%)	1 (4.5%)	2 (14.3%)
	Disagree	24 (36.9%)	16 (59.3%)	5 (22.7%)	2 (14.3%)
	Agree	30 (46.2%)	38 (29.6%)	13 (59.1%)	8 (57.1%)
	Strongly Agree	2 (3.1%)	1 (3.7%)	1 (4.5%)	0
	Don't Know	4 (6.2%)	0	2 (9.1%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
37. Child serving agencies share resources to effectively coordinate service delivery.	Strongly Disagree	11 (16.9%)	2 (7.4%)	4 (18.2%)	4 (28.6%)
	Disagree	32 (49.2%)	17 (63%)	9 (40.9%)	6 (42.9%)
	Agree	21 (32.3%)	8 (29.6%)	8 (36.4%)	4 (28.6%)
	Strongly Agree	0	0	0	0
	Don't Know	1 (1.5%)	0	1 (4.5%)	0
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
38. Currently the system treats mental health and substance abuse problems in an integrative manner.	Strongly Disagree	12 (18.5%)	5 (18.5%)	3 (13.6%)	3 (21.4%)
	Disagree	37 (56.9%)	17 (63%)	13 (59.1%)	7 (50%)
	Agree	8 (12.3%)	2 (7.4%)	2 (9.1%)	3 (21.4%)
	Strongly Agree	0	0	0	0
	Don't Know	6 (9.2%)	3 (11.1%)	2 (9.1%)	1 (7.1%)
	Not Applicable	2 (3.1%)	0	2 (9.1%)	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**
39. Agencies that treat substance abuse and mental illness remain specialized and differentiated.	Strongly Disagree	0	0	0	0
	Disagree	14 (21.5%)	7 (25.9%)	4 (18.2%)	3 (21.4%)
	Agree	32 (49.2%)	13 (48.1%)	11 (50%)	6 (42.9%)
	Strongly Agree	11 (16.9%)	2 (7.4%)	4 (18.2%)	5 (35.7%)
	Don't Know	6 (9.2%)	5 (18.5%)	1 (4.5%)	0
	Not Applicable	2 (3.1%)	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**

Table 4: Integrated & Coordinated Service Delivery (continued)

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
40. Mental health and substance abuse service providers work together when treating clients with co-occurring disorders.	Strongly Disagree	4 (6.2%)	2 (7.4%)	0	2 (14.3%)
	Disagree	34 (53.1%)	16 (59.3%)	10 (47.6%)	7 (50%)
	Agree	14 (21.9%)	3 (11.1%)	6 (28.6%)	4 (28.6%)
	Strongly Agree	2 (3.1%)	1 (3.7%)	1 (4.8%)	0
	Don't Know	8 (12.5%)	5 (18.5%)	2 (9.5%)	1 (7.1%)
	Not Applicable	2 (3.1%)	0	2 (9.5%)	0
	Total	**64 (100%)**	**27 (100%)**	**21 (100%)**	**14 (100%)**
41. Child serving agencies are incorporating Nevada's System of Care principles and attributes into their policies and procedures.	Strongly Disagree	4 (6.2%)	2 (7.4%)	0	2 (14.3%)
	Disagree	14 (21.5%)	7 (25.9%)	4 (18.2%)	2 (14.3%)
	Agree	36 (55.4%)	15 (55.6%)	14 (63.6%)	6 (42.9%)
	Strongly Agree	1 (1.5%)	1 (3.7%)	0	0
	Don't Know	10 (15.4%)	2 (7.4%)	4 (18.2%)	4 (28.6%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**27 (100%)**	**22 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

E. Outcomes, Evaluation, and Quality Improvement: Outcomes are evaluated at the individual, agency, and system levels to measure the quality of care. Results from evaluation and quality improvement processes are used to make decisions and to guide policy making. Evaluation and quality improvement aid in building a system of care by examining what we are doing and how we can do it better. The results of all evaluations and quality improvement activities are provided to families, system partners and community stakeholders.

***Table 5**: Outcomes, Evaluation & Quality Improvement; frequencies and percent*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
42. The collaborative is promoting results-based accountability throughout the children's behavioral health system.	Strongly Disagree	5 (7.8%)	3 (11.5%)	1 (4.5%)	1 (7.1%)
	Disagree	18 (28.1%)	10 (38.5%)	4 (18.2%)	4 (28.6%)
	Agree	27 (42.2%)	11 (42.3%)	11 (50%)	4 (28.6%)
	Strongly Agree	6 (9.4%)	0	3 (13.6%)	3 (21.4%)
	Don't Know	8 (12.5%)	2 (7.7%)	3 (13.6%)	2 (14.3%)
	Not Applicable	0 (%)	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
43. Sufficient efforts are taken to improve upon existing programs and services.	Strongly Disagree	8 (12.5%)	3 (11.5%)	3 (13.6%)	2 (14.3%)
	Disagree	25 (39.1%)	12 (46.2%)	6 (27.3%)	6 (42.9%)
	Agree	18 (28.1%)	10 (38.5%)	7 (31.8%)	1 (7.1%)
	Strongly Agree	4 (6.2%)	0	1 (4.5%)	3 (21.4%)
	Don't Know	9 (14.1%)	1 (3.8%)	5 (22.7%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

***Table 5**: Outcomes, Evaluation & Quality Improvement (continued)*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
44. The collaborative regularly reviews its own effectiveness.	Strongly Disagree	4 (6.2%)	3 (11.5%)	1 (4.5%)	0
	Disagree	21 (32.8%)	11 (42.3%)	6 (27.3%)	3 (21.4%)
	Agree	27 (42.2%)	10 (38.5%)	10 (45.5%)	7 (50%)
	Strongly Agree	2 (3.1%)	0	1 (4.5%)	1 (7.1%)
	Don't Know	10 (15.6%)	2 (7.7%)	4 (18.2%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
45. Roles and responsibilities of collaborative members around implementing system change are clear.	Strongly Disagree	8 (12.5%)	3 (11.5%)	4 (18.2%)	1 (7.1%)
	Disagree	27 (42.2%)	14 (53.8%)	5 (22.7%)	7 (50%)
	Agree	16 (25%)	7 (26.9%)	6 (27.3%)	3 (21.4%)
	Strongly Agree	3 (4.7%)	0	2 (9.1%)	1 (7.1%)
	Don't Know	10 (15.6%)	2 (7.7%)	5 (22.7%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
46. Regular progress reports of system change are generated as the process moves along to ensure success	Strongly Disagree	3 (4.7%)	2 (7.7%)	0	1 (7.1%)
	Disagree	18 (28.1%)	11 (42.3%)	3 (13.6%)	3 (21.4%)
	Agree	25 (39.1%)	10 (38.5%)	9 (40.9%)	6 (42.9%)
	Strongly Agree	1 (1.6%)	0	1 (4.5%)	0
	Don't Know	17 (26.6%)	3 (11.5%)	9 (40.9%)	4 (28.6%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
47. Collaborative meetings are productive in that appropriate progress towards goals and system change are made.	Strongly Disagree	6 (9.4%)	3 (11.5%)	1 (4.5%)	2 (14.3%)
	Disagree	23 (35.9%)	9 (34.6%)	7 (31.8%)	6 (42.9%)
	Agree	22 (34.4%)	11 (42.3%)	9 (40.9%)	2 (14.3%)
	Strongly Agree	2 (3.1%)	0	1 (4.5%)	1 (7.1%)
	Don't Know	11 (17.2%)	3 (11.5%)	4 (18.2%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
48. The collaboration needs more formalization and structure.	Strongly Disagree	0	0	0	0
	Disagree	13 (20.6%)	4 (16%)	6 (27.3%)	3 (21.4%)
	Agree	23 (36.5%)	15 (60%)	8 (36.4%)	0
	Strongly Agree	19 (30.2%)	5 (20%)	4 (18.2%)	9 (64.3%)
	Don't Know	8 (12.7%)	1 (4%)	4 (18.2%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**25 (100%)**	**22 (100%)**	**14 (100%)**
49. The collaborative is successfully changing policies and practices within child-serving agencies.	Strongly Disagree	4 (6.3%)	2 (7.7%)	1 (4.8%)	1 (7.1%)
	Disagree	23 (36.5%)	10 (38.5%)	7 (33.3%)	5 (35.7%)
	Agree	25 (39.7%)	11 (42.3%)	9 (42.9%)	5 (35.7%)
	Strongly Agree	2 (3.2%)	0	1 (4.8%)	1 (7.1%)
	Don't Know	9 (14.3%)	3 (11.5%)	3 (14.3%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

F. Workforce Practices: Provides state-of-the art and effective organizational supports to workforce development initiatives and continuous improvement processes in service development and delivery. State-of-the-art workforce development practices include an organizational culture which supports worker well-being, evidence based practice in recruitment, retention, and selection strategies, clinical supervision programs, mentoring, evaluation and goal setting, team building, organizational culture change management, and other related initiatives. The intention is to facilitate family and youth choice in achieving positive outcomes for youth and families, and to support the service delivery system.

***Table 6**: Workforce Practices; frequencies and percent*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
50. Current workforce training efforts are helpful in providing an improved Nevada System of Care for children and families.	Strongly Disagree	7 (10.9%)	2 (7.7%)	1 (4.5%)	4 (28.6%)
	Disagree	15 (23.4%)	8 (30.8%)	5 (22.7%)	2 (14.3%)
	Agree	29 (45.3%)	10 (38.5%)	11 (50%)	7 (50%)
	Strongly Agree	4 (6.2%)	2 (7.7%)	2 (9.1%)	0
	Don't Know	9 (14.1%)	4 (15.4%)	3 (13.6%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
51. Agencies make efforts to educate the workforce regarding Nevada's System of Care and Systems Transformation efforts.	Strongly Disagree	4 (6.2%)	2 (7.7%)	1 (4.5%)	1 (7.1%)
	Disagree	22 (34.4%)	11 (42.3%)	5 (22.7%)	5 (35.7%)
	Agree	30 (46.9%)	11 (42.3%)	12 (54.5%)	7 (50%)
	Strongly Agree	2 (3.1%)	0	1 (4.5%)	1 (7.1%)
	Don't Know	6 (9.4%)	2 (7.7%)	3 (13.6%)	0
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
52. The collaborative elicits input from frontline workers.	Strongly Disagree	6 (9.4%)	2 (7.7%)	3 (13.6%)	1 (7.1%)
	Disagree	17 (26.6%)	10 (38.5%)	3 (13.6%)	3 (21.4%)
	Agree	24 (37.5%)	10 (38.5%)	11 (50%)	3 (21.4%)
	Strongly Agree	4 (6.2%)	0	2 (9.1%)	2 (14.3%)
	Don't Know	13 (20.3%)	4 (15.4%)	3 (13.6%)	5 (35.7%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
53. Competitive salaries and incentives are offered to recruit the best candidates for the workforce.	Strongly Disagree	25 (39.1%)	9 (34.6%)	8 (36.4%)	8 (57.1%)
	Disagree	20 (31.2%)	10 (38.5%)	5 (22.7%)	4 (28.6%)
	Agree	6 (9.4%)	4 (15.4%)	2 (9.1%)	0
	Strongly Agree	0	0	0 (%)	0
	Don't Know	13 (20.3%)	3 (11.5%)	7 (31.8%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
54. Effective efforts are taken to hire and retain a culturally and demographically diverse workforce.	Strongly Disagree	10 (15.6%)	2 (7.7%)	4 (18.2%)	3 (21.4%)
	Disagree	22 (34.4%)	11 (42.3%)	6 (27.3%)	4 (28.6%)
	Agree	20 (31.2%)	10 (38.5%)	4 (18.2%)	6 (42.9%)
	Strongly Agree	1 (1.6%)	1 (3.8%)	0	0
	Don't Know	11 (17.2%)	2 (7.7%)	8 (36.4%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Table 6: *Workforce Practices (continued)*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
55. Specific evidence-based training has been identified for the workforce.	Strongly Disagree	7 (10.9%)	2 (7.7%)	2 (9.1%)	3 (21.4%)
	Disagree	12 (18.8%)	8 (30.8%)	3 (13.6%)	0
	Agree	30 (46.9%)	9 (34.6%)	12 (54.5%)	8 (57.10%)
	Strongly Agree	4 (6.2%)	2 (7.7%)	1 (4.5%)	1 (7.1%)
	Don't Know	11 (17.2%)	5 (19.2%)	4 (18.2%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
56. If applicable, the specific training noted in the previous question is currently being delivered to the workforce.	Strongly Disagree	6 (9.4%)	2 (7.7%)	2 (9.1%)	2 (14.3%)
	Disagree	15 (23.4%)	7 (26.9%)	2 (9.1%)	5 (35.7%)
	Agree	27 (42.2%)	10 (38.5%)	11 (50%)	5 (35.7%)
	Strongly Agree	2 (3.1%)	1 (3.8%)	1 (4.5%)	0
	Don't Know	12 (18.8%)	5 (19.2%)	5 (22.7%)	2 (14.3%)
	Not Applicable	2 (3.1%)	1 (3.8%)	1 (4.5%)	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
57. Cross agency training is available to the workforce.	Strongly Disagree	9 (14.3%)	3 (12%)	2 (9.1%)	4 (28.6%)
	Disagree	21 (33.3%)	9 (36%)	6 (27.3%)	4 (28.6%)
	Agree	23 (36.5%)	9 (36%)	10 (45.5%)	4 (28.6%)
	Strongly Agree	2 (3.2%)	2 (8%)	0	0
	Don't Know	8 (12.7%)	2 (8%)	4 (18.2%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**25 (100%)**	**22 (100%)**	**14 (100%)**
58. The workforce is supported in getting the appropriate training that it needs.	Strongly Disagree	12 (18.8%)	5 (19.2%)	2 (9.1%)	5 (35.7%)
	Disagree	24 (37.5%)	10 (38.5%)	7 (31.8%)	5 (35.7%)
	Agree	17 (26.6%)	8 (30.8%)	7 (31.8%)	2 (14.3%)
	Strongly Agree	1 (1.6%)	0	1 (4.5%)	0
	Don't Know	10 (15.6%)	3 (11.5%)	5 (22.7%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
59. Competitive salaries and incentives are offered to recruit workforce members in the rural areas.	Strongly Disagree	27 (42.2%)	9 (34.6%)	6 (27.3%)	10 (71.4%)
	Disagree	17 (26.6%)	8 (30.8%)	7 (31.8%)	2 (14.3%)
	Agree	2 (3.1%)	1 (3.8%)	0	1 (7.1%)
	Strongly Agree	0	0	0	0
	Don't Know	17 (26.6%)	7 (26.9%)	9 (40.9%)	1 (7.1%)
	Not Applicable	1 (1.6%)	1 (3.8%)	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Appendix D (continued) – Stakeholder Process & Involvement in System Change

In this section, participants were asked to respond to questions regarding cross-system collaboration efforts.

Table 7: *Stakeholder Process & Involvement in System Change; frequencies and percent*

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
60. Collaborative members are committed to working together to improve conditions for children, youth, and families.	Strongly Disagree	2 (3.2%)	1 (4%)	0	1 (7.1%)
	Disagree	4 (6.3%)	2 (8%)	1 (4.5%)	1 (7.1%)
	Agree	43 (68.3%)	20 (80%)	13 (59.1%)	8 (57.1%)
	Strongly Agree	11 (17.5%)	2 (8%)	6 (27.3%)	3 (21.4%)
	Don't Know	3 (4.8%)	0	2 (9.1%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**25 (100%)**	**22 (100%)**	**14 (100%)**
61. The collaborative has a strong commitment from the policy-making level of each organization that is represented.	Strongly Disagree	5 (7.8%)	3 (11.5%)	0	2 (14.3%)
	Disagree	21 (32.8%)	7 (26.9%)	6 (27.3%)	6 (42.9%)
	Agree	25 (39.1%)	11 (42.3%)	11 (50%)	3 (21.4%)
	Strongly Agree	4 (6.2%)	2 (7.7%)	1 (4.5%)	1 (7.1%)
	Don't Know	9 (14.1%)	3 (11.5%)	4 (18.2%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
62. Communication between member organizations is closed and guarded.	Strongly Disagree	3 (4.6%)	0	2 (8.7%)	1 (7.1%)
	Disagree	27 (41.5%)	11 (42.3%)	10 (43.5%)	5 (35.7%)
	Agree	21 (32.3%)	10 (38.5%)	4 (17.4%)	6 (42.9%)
	Strongly Agree	6 (9.2%)	3 (11.5%)	2 (8.7%)	1 (7.1%)
	Don't Know	8 (12.3%)	2 (7.7%)	5 (21.7%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**
63. Stakeholders' (like me) opinions are utilized in the decision making process.	Strongly Disagree	8 (12.3%)	3 (11.5%)	3 (13%)	2 (14.3%)
	Disagree	11 (16.9%)	5 (19.2%)	2 (8.7%)	4 (28.6%)
	Agree	38 (58.5%)	16 (61.5%)	13 (56.5%)	7 (50%)
	Strongly Agree	2 (3.1%)	0	2 (8.7%)	0
	Don't Know	6 (9.2%)	2 (7.7%)	3 (13%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**
64. Decision making within the collaborative is participatory and inclusive.	Strongly Disagree	2 (3.1%)	1 (3.8%)	0	1 (7.1%)
	Disagree	15 (23.1%)	8 (30.8%)	3 (13%)	4 (28.6%)
	Agree	33 (50.8%)	14 (53.8%)	12 (52.2%)	5 (35.7%)
	Strongly Agree	5 (7.7%)	1 (3.8%)	2 (8.7%)	2 (14.3%)
	Don't Know	10 (15.4%)	2 (7.7%)	6 (26.1%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Table 7: Stakeholder Process & Involvement in System Change

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
65. The collaborative obtains input for planning from the broader community	Strongly Disagree	4 (6.2%)	2 (7.7%)	1 (4.3%)	1 (7.1%)
	Disagree	18 (27.7%)	10 (38.5%)	4 (17.4%)	3 (21.4%)
	Agree	30 (46.2%)	10 (38.5%)	12 (52.2%)	7 (50%)
	Strongly Agree	5 (7.7%)	2 (7.7%)	2 (8.7%)	1 (7.1%)
	Don't Know	8 (12.3%)	2 (7.7%)	4 (17.4%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**
66. The collaborative has developed positive working relationships with the media.	Strongly Disagree	6 (9.2%)	3 (11.5%)	2 (8.7%)	1 (7.1%)
	Disagree	15 (23.1%)	9 (34.6%)	4 (17.4%)	1 (7.1%)
	Agree	18 (27.7%)	9 (34.6%)	4 (17.4%)	5 (35.7%)
	Strongly Agree	2 (3.1%)	0	2 (8.7%)	0
	Don't Know	23 (35.4%)	5 (19.2%)	11 (47.8%)	6 (42.9%)
	Not Applicable	1 (1.5%)	0	0	1 (7.1%)
	Total	**65 (100%)**	**26 (100%)**	**24 (100%)**	**14 (100%)**
67. The collaborative has a strategy for engaging legislators to make them aware of the needs of the children's behavioral health system.	Strongly Disagree	3 (4.6%)	2 (7.7%)	0	1 (7.1%)
	Disagree	13 (20%)	6 (30.8%)	3 (12.5%)	3 (21.4%)
	Agree	29 (44.6%)	12 (44.4%)	11 (45.8%)	6 (42.9%)
	Strongly Agree	3 (4.6%)	0	3 (12.5%)	0
	Don't Know	17 (26.2%)	6 (22.2%)	6 (25%)	4(28.6%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**
68. The collaborative makes every effort to engage missing players and bring them to the table.	Strongly Disagree	6 (9.2%)	3 (11.5%)	2 (8.7%)	1 (7.1%)
	Disagree	13 (20%)	8 (30.8%)	4 (17.4%)	0
	Agree	24 (36.9%)	10 (38.5%)	7 (30.4%)	7 (50%)
	Strongly Agree	2 (3.1%)	0	2 (8.7%)	0
	Don't Know	20 (30.8%)	5 (19.2%)	8 (34.8%)	6 (42.9%)
	Not Applicable	0	**0**	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**
69. Stakeholders have adequate time to commit to System Transformation.	Strongly Disagree	8 (12.3%)	3 (11.5%)	3 (13%)	2 (14.3%)
	Disagree	22 (33.8%)	11 (42.3%)	8 (34.8%)	2 (14.3%)
	Agree	21 (32.3%)	7 (26.9%)	7 (30.4%)	7 (50%)
	Strongly Agree	2 (3.1%)	1 (3.8%)	1 (4.3%)	0
	Don't Know	12 (18.5%)	4 (15.4%)	4 (17.4%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**
70. Stakeholders are committed to active participation in Nevada's System of Care.	Strongly Disagree	2 (3.1%)	1 (3.8%)	0	1 (7.1%)
	Disagree	10 (15.4%)	5 (19.2%)	3 (13%)	2 (14.3%)
	Agree	40 (61.5%)	17 (65.4%)	13 (56.5%)	9 (64.3%)
	Strongly Agree	4 (6.2%)	1 (3.8%)	3 (13%)	0
	Don't Know	9 (13.8%)	2 (7.7%)	4 (17.4%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Table 7: Stakeholder Process & Involvement in System Change

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
71. The goals of the statewide consortia are clearly defined and attainable.	Strongly Disagree	7 (10.8%)	2 (7.7%)	3 (13%)	2 (14.3%)
	Disagree	13 (20%)	7 (26.9%)	2 (8.7%)	3 (21.4%)
	Agree	31 (47.7%)	16 (61.5%)	11 (47.8%)	4 (28.6%)
	Strongly Agree	4 (6.2%)	0	3 (13%)	1 (7.1%)
	Don't Know	10 (15.4%)	1 (3.8%)	4 (17.4%)	4 (28.6%)
	Not Applicable	0	0	0	0
	Total	**65 (100%)**	**26 (100%)**	**23 (100%)**	**14 (100%)**
72. The skills and expertise of statewide consortia members are utilized effectively by the collaborative.	Strongly Disagree	3 (4.7%)	1 (3.3%)	1 (4.5%)	1 (7.1%)
	Disagree	9 (14.1%)	4 (15.4%)	3 (13.6%)	2 (14.3%)
	Agree	33 (51.6%)	14 (53.8%)	10 (45.5%)	8 (57.1%)
	Strongly Agree	1 (1.6%)	1 (3.8%)	0	0
	Don't Know	18 (28.1%)	6 (23.1%)	8 (36.4%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
73. The collaborative seeks regular input from the community and resource providers.	Strongly Disagree	2 (3.1%)	1 (3.8%)	0	1 (7.1%)
	Disagree	16 (25%)	8 (30.8%)	4 (18.2%)	4 (28.6%)
	Agree	38 (59.4%)	15 (57.7%)	13 (59.1%)	9 (64.3%)
	Strongly Agree	5 (7.8%)	1 (3.8%)	4 (18.2%)	0
	Don't Know	3 (4.7%)	1 (3.8%)	1 (4.5%)	0
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
74. The collaborative enjoys the commitment of key leaders.	Strongly Disagree	3 (4.7%)	1 (3.8%)	1 (4.5%)	1 (7.1%)
	Disagree	9 (14.1%)	3 (11.5%)	4 (18.2%)	1 (7.1%)
	Agree	36 (56.2%)	18 (69.2%)	7 (31.8%)	11 (78.6%)
	Strongly Agree	6 (9.4%)	1 (3.8%)	5 (22.7%)	0
	Don't Know	10 (15.6%)	3 (11.5%)	5 (22.7%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
75. Differences among collaborative members are recognized and worked through.	Strongly Disagree	3 (4.8%)	1 (3.8%)	1 (4.8%)	1 (7.1%)
	Disagree	11 (17.5%)	6 (23.1%)	3 (14.3%)	2 (14.3%)
	Agree	34 (54%)	15 (57.7%)	8 (38.1%)	10 (71.4%)
	Strongly Agree	4 (6.3%)	0	4 (19%)	0
	Don't Know	11 (17.5%)	4 (15.4%)	5 (23.8%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**26 (100%)**	**21 (100%)**	**14 (100%)**
76. The collaborative is flexible enough to accept diversity in members' views and backgrounds.	Strongly Disagree	1 (1.6%)	1 (3.8%)	0	0
	Disagree	7 (10.9%)	5 (19.2%)	1 (4.5%)	1 (7.1%)
	Agree	44 (68.8%)	19 (73.1%)	12 (54.5%)	12 (85.7%)
	Strongly Agree	5 (7.8%)	0	4 (18.2%)	1 (7.1%)
	Don't Know	7 (10.9%)	1 (3.8%)	5 (22.7%)	0
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Table 7: Stakeholder Process & Involvement in System Change

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
77. Each member has an equal voice in the partnership.	Strongly Disagree	4 (6.3%)	2 (7.7%)	1 (4.5%)	1 (7.7%)
	Disagree	21 (33.3%)	9 (34.6%)	7 (31.8%)	4 (30.8%)
	Agree	26 (41.3%)	13 (50%)	7 (31.8%)	6 (46.2%)
	Strongly Agree	4 (6.3%)	0	3 (13.6%)	1 (7.7%)
	Don't Know	8 (12.7%)	2 (7.7%)	4 (18.2%)	1 (7.7%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**26 (100%)**	**22 (100%)**	**13 (100%)**
78. The number of stakeholders involved in the initiative is adequate.	Strongly Disagree	7 (11.1%)	2 (8%)	4 (18.2%)	1 (7.1%)
	Disagree	19 (30.2%)	10 (40%)	4 (18.2%)	4 (28.6%)
	Agree	22 (34.9%)	10 (40%)	6 (27.3%)	6 (42.9%)
	Strongly Agree	4 (6.3%)	0	2 (9.1%)	2 (14.3%)
	Don't Know	11 (17.5%)	3 (12%)	6 (27.3%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**25 (100%)**	**22 (100%)**	**14 (100%)**
79. The collaborative includes representatives from the community.	Strongly Disagree	3 (4.8%)	1 (4%)	1 (4.5%)	1 (7.1%)
	Disagree	5 (7.9%)	2 (8%)	2 (9.1%)	0
	Agree	43 (68.3%)	19 (76%)	15 (68.2%)	9 (64.3%)
	Strongly Agree	4 (6.3%)	0	2 (9.1%)	2 (14.3%)
	Don't Know	8 (12.7%)	3 (12%)	2 (9.1%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**63 (100%)**	**25 (100%)**	**22 (100%)**	**14 (100%)**
80. Leadership from key agencies is committed and engaged in System Transformation.	Strongly Disagree	2 (3.1%)	1 (3.8%)	0	1 (7.1%)
	Disagree	20 (31.2%)	11 (42.3%)	5 (22.7%)	3 (21.4%)
	Agree	28 (43.8%)	12 (46.2%)	9 (40.9%)	7 (50%)
	Strongly Agree	4 (6.2%)	0	3 (13.6%)	1 (7.1%)
	Don't Know	10 (15.6%)	2 (7.7%)	5 (22.7%)	2 (14.3%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
81. Leaders in Substance Abuse have been engaged in being part of System Transformation efforts.	Strongly Disagree	6 (9.4%)	3 (11.5%)	2 (9.1%)	1 (7.1%)
	Disagree	16 (25%)	5 (19.2%)	7 (31.8%)	3 (21.4%)
	Agree	19 (29.7%)	11 (42.3%)	2 (9.1%)	6 (42.9%)
	Strongly Agree	2 (3.1%)	1 (3.8%)	0	1 (7.1%)
	Don't Know	21 (32.8%)	6 (23.1%)	11 (50%)	3 (21.4%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
82. Leaders in Substance Abuse have been integrated into System Transformation efforts.	Strongly Disagree	6 (9.4%)	3 (11.5%)	1 (4.5%)	2 (14.3%)
	Disagree	16 (25%)	6 (23.1%)	6 (27.3%)	3 (21.4%)
	Agree	17 (26.6%)	9 (34.6%)	4 (18.2%)	4 (28.6%)
	Strongly Agree	1 (1.6%)	1 (3.8%)	0	0
	Don't Know	24 (37.5%)	7 (26.9%)	11 (50%)	5 (35.7%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Table 7: Stakeholder Process & Involvement in System Change

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
83. Implementation efforts of System Transformation get stalled.	Strongly Disagree	0	0	0	0
	Disagree	1 (1.6%)	0	0	1 (7.1%)
	Agree	38 (59.4%)	18 (69.2%)	11 (50%)	9 (64.3%)
	Strongly Agree	15 (23.4%)	4 (15.4%)	8 (36.4%)	3 (21.4%)
	Don't Know	10 (15.6%)	4 (15.4%)	3 (13.6%)	1 (7.1%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
84. Family members assume active representation/leader-ship throughout collaborative efforts.	Strongly Disagree	7 (11.1%)	3 (11.5%)	2 (9.1%)	2 (15.4%)
	Disagree	20 (31.7%)	8 (30.8%)	6 (27.3%)	5 (38.5%)
	Agree	26 (39.7%)	13 (50%)	8 (36.4%)	4 (30.8%)
	Strongly Agree	3 (4.8%)	0	3 (13.6%)	0
	Don't Know	8 (12.7%)	2 (7.7%)	3 (13.6%)	2 (15.4%)
	Not Applicable	0	0	0	0
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Appendix D (continued) – Stakeholder Satisfaction

In this section of the survey, participants were asked to respond to questions regarding their involvement and satisfaction in Nevada's System Transformation and collaboration efforts.

Table 8: Stakeholder Satisfaction

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
85. As a member of the collaborative, I feel valued and important.	Strongly Disagree	4 (6%)	2 (7.7%)	1 (4.8%)	1 (7.1%)
	Disagree	10 (15.9%)	7 (26.9%)	1 (4.8%)	2 (14.3%)
	Agree	35 (55.6%)	13 (50%)	13 (61.9%)	8 (57.1%)
	Strongly Agree	3 (4.8%)	1 (3.8%)	2 (9.5%)	0
	Don't Know	4 (6.3%)	2 (7.7%)	2 (9.5%)	0
	Not Applicable	7 (11.1%)	1 (3.8%)	2 (9.5%)	3 (21.4%)
	Total	**63 (100%)**	**26 (100%)**	**21 (100%)**	**14 (100%)**
86. As a member of System Transformation efforts, I feel my voice is heard in the collaborative and is equal to other members.	Strongly Disagree	6 (9.4%)	3 (11.5%)	2 (9.1%)	1 (7.1%)
	Disagree	9 (14.1%)	5 (19.2%)	3 (13.6%)	1 (7.1%)
	Agree	33 (51.6%)	13 (50%)	9 (40.9%)	10 (71.4%)
	Strongly Agree	4 (6.2%)	1 (3.8%)	3 (13.6%)	0
	Don't Know	7 (10.9%)	4 (15.4%)	3 (13.6%)	0
	Not Applicable	5 (7.8%)	0	2 (9.1%)	2 (14.3%)
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
87. With my participation in Systems Transformation, I feel like I am improving the lives of children and families.	Strongly Disagree	3 (4.7%)	1 (3.8%)	1 (4.5%)	1 (7.1%)
	Disagree	8 (12.5%)	4 (15.4%)	3 (13.6%)	1 (7.1%)
	Agree	37 (57.8%)	15 (57.7%)	12 (54.5%)	9 (64.3%)
	Strongly Agree	7 (10.9%)	3 (11.5%)	3 (13.6%)	1 (7.1%)
	Don't Know	4 (6.2%)	3 (11.5%)	1 (4.5%)	0
	Not Applicable	5 (7.8%)	0	2 (9.1%)	2 (14.3%)
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Table 8: Stakeholder Satisfaction (continued)

Item	Response	Statewide	Clark County	Washoe County	Rural Areas
88. I am satisfied with the statewide Nevada Children's Behavioral Health Consortium's progress in implementing its goals.	Strongly Disagree	6 (9.7%)	2 (8.3%)	2 (9.1%)	2 (14.3%)
	Disagree	25 (40.3%)	10 (41.7%)	8 (36.4%)	6 (42.9%)
	Agree	18 (29%)	9 (37.5%)	6 (27.3%)	3 (21.4%)
	Strongly Agree	4 (6.5%)	1 (4.2%)	1 (4.5%)	2 (14.3%)
	Don't Know	6 (9.7%)	2 (8.3%)	3 (13.6%)	1 (7.1%)
	Not Applicable	3 (4.8%)	0	2 (9.1%)	0
	Total	**62 (100%)**	**24 (100%)**	**22 (100%)**	**14 (100%)**
89. I am satisfied with my regional Children's Mental Health Consortium's progress in implementing its goals.	Strongly Disagree	6 (9.4%)	2 (7.7%)	2 (9.1%)	2 (14.3%)
	Disagree	25 (39.1%)	10 (38.5%)	9 (40.9%)	6 (42.9%)
	Agree	22 (34.4%)	11 (42.3%)	6 (27.3%)	4 (28.6%)
	Strongly Agree	3 (4.7%)	1 (3.8%)	2 (9.1%)	0
	Don't Know	5 (7.8%)	2 (7.7%)	1 (4.5%)	1 (7.1%)
	Not Applicable	3 (4.7%)	0	2 (9.1%)	1 (7.1%)
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**
90. I feel that the collaborative values my expertise and input.	Strongly Disagree	3 (4.7%)	1 (3.8%)	1 (4.5%)	1 (7.1%)
	Disagree	10 (15.6%)	7 (26.9%)	1 (4.5%)	2 (14.3%)
	Agree	32 (50%)	12 (46.2%)	12 (54.5%)	7 (50%)
	Strongly Agree	7 (10.9%)	3 (11.5%)	3 (13.6%)	1 (7.1%)
	Don't Know	7 (10.9%)	3 (11.5%)	3 (13.6%)	1 (7.1%)
	Not Applicable	5 (7.8%)	0	2 (9.1%)	2 (14.3%)
	Total	**64 (100%)**	**26 (100%)**	**22 (100%)**	**14 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Appendix E – Parent/Caregiver Stakeholder Survey Responses

Participants were asked to respond to statements that relate to the principles as defined in Nevada's System of Care. The principles were given along with their definitions, and respondents were asked to indicate the extent to which they agree with a series of statements using the following scale: "1" means you strongly disagree, "2" means you disagree, "3" means you agree, and "4" means you strongly agree.

A. Family & Youth Driven: Families have a key-decision role in the care of their own children as well as in policies and procedures governing care for all children in their own community, state, and tribe. This includes: choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the mental health and wellbeing of children and youth.

***Table 1:** Family & Youth Driven; frequency and percent*

Item	Response	Statewide
1. Changes in Nevada's behavioral health system include input from families.	Strongly Disagree	1 (7.7%)
	Disagree	4 (30.8%)
	Agree	6 (46.2%)
	Strongly Agree	2 (15.4%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
2. The skills and expertise of parents/caregivers are utilized effectively by the collaborative.	Strongly Disagree	4 (33.3%)
	Disagree	2 (16.7%)
	Agree	2 (16.7%)
	Strongly Agree	4 (33.3%)
	Don't Know	0
	Not Applicable	0
	Total	**12 (100%)**
3. Changes in Nevada's behavioral health system include input from youth.	Strongly Disagree	2 (15.4%)
	Disagree	6 (46.2%)
	Agree	3 (23.1%)
	Strongly Agree	2 (15.4%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
4. The skills and expertise of youth are utilized effectively by the collaborative.	Strongly Disagree	2 (15.4%)
	Disagree	7 (53.8%)
	Agree	4 (30.8%)
	Strongly Agree	0
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Table 1: Family & Youth Driven (continued)

Item	Response	Statewide
5. The amount of input from family members in system change is appropriate.	Strongly Disagree	2 (%)
	Disagree	7 (%)
	Agree	1 (%)
	Strongly Agree	2 (%)
	Don't Know	1 (%)
	Not Applicable	0
	Total	**13 (100%)**
6. Families are engaged in system change at the policy and planning level.	Strongly Disagree	3 (%)
	Disagree	5 (%)
	Agree	3 (%)
	Strongly Agree	1 (%)
	Don't Know	1 (%)
	Not Applicable	0
	Total	**13 (100%)**
7. Family members assume active representation/leadership throughout collaborative efforts.	Strongly Disagree	1 (7.7%)
	Disagree	2 (15.4%)
	Agree	8 (61.5%)
	Strongly Agree	0
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**

B. Strengths-Based: Recognizes and builds upon each family's unique strengths which are the cornerstone for immediate and future success.

Table 2: *Strengths-Based; frequency and percent*

Item	Response	Statewide
8. Youth and families are involved in the development of their treatment plan.	Strongly Disagree	1 (7.7%)
	Disagree	0
	Agree	9 (69.2%)
	Strongly Agree	3 (23.1%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
9. Families are included in a youth's mental health and/or substance abuse treatment.	Strongly Disagree	1 (7.7%)
	Disagree	1 (7.7%)
	Agree	9 (69.2%)
	Strongly Agree	1 (7.7%)
	Don't Know	0
	Not Applicable	1 (7.7%)
	Total	**13 (100%)**
10. The behavioral health system encourages collaboration with the family's natural support system.	Strongly Disagree	2 (15.4%)
	Disagree	1 (7.7%)
	Agree	8 (61.5%)
	Strongly Agree	2 (15.4%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

Table 2: Strengths-Based (continued)

Item	Response	Statewide
11. The strengths of the family and youth are the building blocks for implementing solutions.	Strongly Disagree	2 (15.4%)
	Disagree	2 (15.4%)
	Agree	5 (38.5%)
	Strongly Agree	4 (30.8%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

C. Comprehensive Array of Traditional and Non-traditional Services: Includes the full range of services and supports from public and private agencies, and the community. Non-traditional services can include, but are not limited to, recreation, faith-based, and the performing arts. These services must be accessible in a timely and meaningful manner to support positive outcomes for families.

***Table 3:** Comprehensive Array of Traditional and Non-traditional Services; frequencies and percent*

Item	Response	Statewide
12. Mental health services available for families are currently adequate.	Strongly Disagree	2 (15.4%)
	Disagree	0
	Agree	2 (15.4%)
	Strongly Agree	9 (69.2%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
13. Substance abuse services available for families are currently adequate.	Strongly Disagree	5 (38.5%)
	Disagree	2 (15.4%)
	Agree	2 (15.4%)
	Strongly Agree	3 (23.1%)
	Don't Know	0
	Not Applicable	1 (7.7%)
	Total	**13 (100%)**
14. There are enough services to meet the needs of individuals with co-occurring and dually-diagnosed disorders.	Strongly Disagree	10 (76.9%)
	Disagree	1 (7.7%)
	Agree	1 (7.7%)
	Strongly Agree	1 (7.7%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
15. The number of providers to deliver services is inadequate.	Strongly Disagree	1 (7.7%)
	Disagree	0
	Agree	2 (15.4%)
	Strongly Agree	10 (76.9%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

Table 3: Comprehensive Array of Traditional and Non-traditional Services (continued)

Item	Response	Statewide
16. Families are able to access services when they need them.	Strongly Disagree	5 (38.5%)
	Disagree	6 (46.2%)
	Agree	2 (15.4%)
	Strongly Agree	0
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
17. Youth in parental custody can access services in a timely manner.	Strongly Disagree	5 (38.5%)
	Disagree	6 (46.2%)
	Agree	1 (7.7%)
	Strongly Agree	1 (7.7%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

D. Integrated and Coordinated Service Delivery: The elimination of service delivery silos along with agencies working together to ensure services are seamless.

Table 4: *Integrated & Coordinated Service Delivery; frequencies and percent*

Item	Response	Statewide
18. When dealing with families, agencies work together to create one treatment plan for services.	Strongly Disagree	3 (23.1%)
	Disagree	4 (30.8%)
	Agree	6 (46.2%)
	Strongly Agree	0
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
19. Agencies share resources so that families are successful with their treatment plans.	Strongly Disagree	2 (15.4%)
	Disagree	4 (30.8%)
	Agree	5 (38.5%)
	Strongly Agree	1 (7.7%)
	Don't Know	0
	Not Applicable	1 (7.7%)
	Total	**13 (100%)**
20. Children/youth can get their mental health and substance abuse problems treated at the same time.	Strongly Disagree	3 (23.1%)
	Disagree	4 (30.8%)
	Agree	3 (23.1%)
	Strongly Agree	1 (7.7%)
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**

Table 4: Integrated & Coordinated Service Delivery; frequencies and percent

Item	Response	Statewide
21. Children/youth's mental health and substance abuse problems can be treated by one provider.	Strongly Disagree	2 (15.4%)
	Disagree	7 (53.8%)
	Agree	1 (7.7%)
	Strongly Agree	0
	Don't Know	2 (15.4%)
	Not Applicable	1 (7.7%)
	Total	**13 (100%)**
22. Child serving agencies are incorporating Nevada's System of Care principles and attributes into their policies and procedures.	Strongly Disagree	2 (15.4%)
	Disagree	1 (7.7%)
	Agree	8 (61.5%)
	Strongly Agree	1 (7.7%)
	Don't Know	1 (7.7%)
	Not Applicable	0
	Total	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

E. Outcomes, Evaluation, and Quality Improvement: Outcomes are evaluated at the individual, agency, and system levels to measure the quality of care. Results from evaluation and quality improvement processes are used to make decisions and to guide policy making. Evaluation and quality improvement aid in building a system of care by examining what we are doing and how we can do it better. The results of all evaluations and quality improvement activities are provided to families, system partners and community stakeholders.

Table 5: Outcomes, Evaluation & Quality Improvement; frequencies and percent

Item	Response	Statewide
23. Families are asked to provide their opinion about how well the services provided are meeting their child/youth's needs.	Strongly Disagree	2 (15.4%)
	Disagree	2 (15.4%)
	Agree	6 (46.2%)
	Strongly Agree	3 (23.1%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
24. Families regularly receive or know how to access data reports or outcome studies that are produced by the various System of Care entities.	Strongly Disagree	6 (46.2%)
	Disagree	4 (30.8%)
	Agree	2 (15.4%)
	Strongly Agree	0
	Don't Know	1 (7.7%)
	Not Applicable	0
	Total	**13 (100%)**

Table 5: Outcomes, Evaluation & Quality Improvement (continued)

Item	Response	Statewide
25. Families regularly receive or know how to access the annual plans that are produced by the regional consortia.	Strongly Disagree	6 (46.2%)
	Disagree	4 (30.8%)
	Agree	1 (7.7%)
	Strongly Agree	1 (7.7%)
	Don't Know	1 (7.7%)
	Not Applicable	0
	Total	**13 (100%)**
26. Families have been asked to take part in reviewing reports or outcome data that involve information about programs and services.	Strongly Disagree	3 (23.1%)
	Disagree	3 (23.1%)
	Agree	3 (23.1%)
	Strongly Agree	1 (7.7%)
	Don't Know	3 (23.1%)
	Not Applicable	0
	Total	**13 (100%)**
27. Families play a key role in deciding what gets studied and how the system evaluates children's behavioral health services.	Strongly Disagree	5 (38.5%)
	Disagree	2 (15.4%)
	Agree	3 (23.1%)
	Strongly Agree	1 (7.7%)
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**
28. System of Care leaders utilize the results of surveys, studies and evaluations to improve the overall children's behavioral health system.	Strongly Disagree	2 (15.4%)
	Disagree	2 (15.4%)
	Agree	7 (53.8%)
	Strongly Agree	0
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

F. Workforce Practices: Provides state-of-the art and effective organizational supports to workforce development initiatives and continuous improvement processes in service development and delivery. State-of-the-art workforce development practices include an organizational culture that supports worker well-being, evidence based practice in recruitment, retention, and selection strategies, clinical supervision programs, mentoring, evaluation and goal setting, team building, organizational culture change management, and other related initiatives. The intention is to facilitate family and youth choice in achieving positive outcomes for youth and families, and to support the service delivery system.

***Table 6**: Workforce Practices; frequencies and percent*

Item	Response	Statewide
29. Service providers working with families have the most up to date information about the issues facing them.	Strongly Disagree	0
	Disagree	6 (46.2%)
	Agree	7 (53.8%)
	Strongly Agree	0
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

Item	Response	Statewide
30. The service providers working with families use Nevada's System of Care principles.	Strongly Disagree	2 (15.4%)
	Disagree	3 (23.1%)
	Agree	8 (61.5%)
	Strongly Agree	0
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
31. The family's goals, values, and beliefs are taken into consideration and respected in developing the treatment plan.	Strongly Disagree	2 (15.4%)
	Disagree	4 (30.8%)
	Agree	6 (46.2%)
	Strongly Agree	1 (7.7%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Appendix E (continued) – Parent/Caregiver Stakeholder Process & Involvement in System Change

In this section, participants were asked to respond to questions regarding cross-system collaboration efforts.

Table 7: *Stakeholder Process & Involvement in System Change; frequencies and percent*

Item	Response	Statewide
32. I am an active member of a collaborative that is transforming Nevada's System of Care.	Strongly Disagree	0
	Disagree	2 (15.4%)
	Agree	4 (30.8%)
	Strongly Agree	4 (30.8%)
	Don't Know	0
	Not Applicable	3 (23.1%)
	Total	**13 (100%)**
33. Family members assume active representation/leadership throughout collaborative efforts.	Strongly Disagree	1 (7.7%)
	Disagree	2 (15.4%)
	Agree	8 (61.5%)
	Strongly Agree	0
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**
34. Each member has an equal voice in the collaborative.	Strongly Disagree	1 (7.7%)
	Disagree	7 (53.8%)
	Agree	5 (38.5%)
	Strongly Agree	0
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**

Table 7: Stakeholder Process & Involvement in System Change

Item	Response	Statewide
35. Decision-making within the collaborative is participatory and inclusive.	Strongly Disagree	1 (7.7%)
	Disagree	4 (30.8%)
	Agree	5 (38.5%)
	Strongly Agree	1 (7.7%)
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**
36. The collaborative is flexible enough to accept diversity in members' views and backgrounds.	Strongly Disagree	0
	Disagree	5 (38.5%)
	Agree	7 (53.8%)
	Strongly Agree	1 (7.7%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
37. Collaborative members are committed to working together to improve conditions for children, youth, and families.	Strongly Disagree	0
	Disagree	2 (15.4%)
	Agree	6 (46.2%)
	Strongly Agree	3 (23.1%)
	Don't Know	2 (15.4)
	Not Applicable	0
	Total	**13 (100%)**
38. I am aware of the goals of the statewide consortia.	Strongly Disagree	1 (7.7%)
	Disagree	1 (7.7%)
	Agree	5 (38.5%)
	Strongly Agree	4 (30.8%)
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**
39. The collaborative has the commitment of key leaders.	Strongly Disagree	2 (15.4%)
	Disagree	2 (15.4%)
	Agree	5 (38.5%)
	Strongly Agree	2 (15.4%)
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**
40. The collaborative has a strategy for engaging legislators to make them aware of the needs of the children's behavioral health system.	Strongly Disagree	1 (7.7%)
	Disagree	3 (23.1%)
	Agree	4 (30.8%)
	Strongly Agree	2 (15.4%)
	Don't Know	3 (23.1%)
	Not Applicable	0
	Total	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.

Appendix E (continued) – Parent/Caregiver Stakeholder Satisfaction

In this section of the survey participants were asked to respond to questions regarding their involvement and satisfaction in Nevada's System Transformation and collaboration efforts.

Table 8: *Stakeholder Satisfaction*

Item	Response	Statewide
41. As a member of the collaborative, I feel valued and important.	Strongly Disagree	1 (7.7%)
	Disagree	2 (15.4%)
	Agree	7 (53.8%)
	Strongly Agree	2 (15.4%)
	Don't Know	1 (7.7%)
	Not Applicable	0
	Total	**13 (100%)**
42. As a member of system transformation efforts, I feel my voice is equal to other members.	Strongly Disagree	2 (15.4%)
	Disagree	3 (23.1%)
	Agree	4 (30.8%)
	Strongly Agree	2 (15.4%)
	Don't Know	2 (15.4%)
	Not Applicable	0
	Total	**13 (100%)**
43. With my participation in systems transformation, I feel like I am improving the lives of children and families.	Strongly Disagree	1 (7.7%)
	Disagree	1 (7.7%)
	Agree	7 (53.8%)
	Strongly Agree	3 (23.1%)
	Don't Know	1 (7.7%)
	Not Applicable	0
	Total	**13 (100%)**
44. I am satisfied with the statewide Nevada Children's Behavioral Health Consortium's progress in implementing its goals.	Strongly Disagree	1 (7.7%)
	Disagree	4 (30.8%)
	Agree	6 (46.2%)
	Strongly Agree	2 (15.4%)
	Don't Know	0
	Not Applicable	0
	Total	**13 (100%)**
45. I am satisfied with my regional Children's Mental Health Consortium's progress in implementing its goals.	Strongly Disagree	1 (7.7%)
	Disagree	3 (23.1%)
	Agree	6 (46.2%)
	Strongly Agree	2 (15.4%)
	Don't Know	0
	Not Applicable	1 (7.7%)
	Total	**13 (100%)**

Percentages in this table and all subsequent tables are valid based on the number of respondents who answered the question.