COACT Colorado
Behavioral Health Service Assessment

Assessing and enhancing the behavioral health service array for children, youth and families

Final Report | 2019

COACT COLORADO
Strong minds, strong futures.

COLORADO
Office of Behavioral Health
Department of Human Services
CDHS

CU | CCTSI
Colorado Clinical and Translational Sciences Institute (CCTSI)
UNIVERSITY OF COLORADO **DENVER | ANSCHUTZ MEDICAL CAMPUS**

ACKNOWLEDGMENTS

AUTHORS

Jeanette Waxmonsky, PhD, LP
Director of Research Innovation, Jefferson Center
Associate Professor, Dept. of Family Medicine, University of Colorado School of Medicine

Montelle M. Taméz Deputy Director
Community Engagement & Research
Colorado Clinical & Translational Sciences Institute

Douglas Fernald, MA
Senior Instructor, BIGHORN Director, CaReNet Assistant Director
Dept. of Family Medicine, University of Colorado School of Medicine

Ashley Brock-Baca
Trauma Informed Service Array Developer
Office of Behavioral Health, Colorado Department of Human Services

Detre Godinez, PhD
COACT Research & Evaluation
Office of Behavioral Health, Colorado Department of Human Services

CONTRIBUTORS

Deborah Ward White, FAC Family Advocacy/Support
Margie Grimsley, Federation of Families for Children's Mental Health
Susan Young & Antonia Airozo, PCMH Evaluation & Training
Annie, Biehl, Amy Anderson, and Madison Dale, COACT Research & Evaluation
Charlene Barrientos-Ortiz, CCTSI Community Research Liaison

CONTENTS

EXECUTIVE SUMMARY

In 2018 COACT Colorado engaged several state, county, and family partners in the design of a service array assessment to determine the strengths and barriers to accessing and navigating the behavioral health system of care for children and youth with serious behavioral health challenges and their families.

The Colorado Clinical and Translational Science Institute (CCTSI) of the University of Colorado was the primary partner for data collection and evaluation, which occurred in the fall of 2018. Data was collected via online surveys, focus groups and semi-structured interviews with service providers, families and caregivers of children and youth with serious behavioral challenges. More than 400 people participated in the surveys, interviews and focus groups described in this report.

Results from the Service Array Assessment are presented in this report to provide COACT Colorado, the Office of Behavioral Health and the Colorado Department of Human Services with a detailed understanding of the availability and quality of existing community resources and identify service gaps and opportunities for improving the current service array.

Summary of Findings

Overall, caregivers, young adults, and service providers reported similar barriers and recommendations to improve: 1) access to services; 2) coordination and collaboration across agencies and organizations; 3) training and promotion opportunities for service providers; 4) caregivers support; and 5) school support.

Access to Services
Specifically, addressing issues around transportation, long wait lists, insurance restrictions, after work hours, psychiatric beds, respite care, crisis mediation, medication management, and nonclinical and flexible services were recommended as ways to improve access to services.

Coordination and Collaboration
The need for enhanced coordination and collaboration across agencies and organizations also surfaced as a top priority for both families and service providers. Survey respondents specifically pointed out the need for more proactive sharing and cooperation, tiered care coordination and case management, and a focus on early detection, prevention, and intervention.

Training and Promotion Opportunities
Families and service providers were impacted by frequent staff turnover. They both recommended promotion and training opportunities for service providers including trauma informed care, and cultural and developmental awareness and specialized practices.

Caregiver Support
Families and service providers alike recognized the importance of resources, educational opportunities and services that help struggling families to meet basic needs related to transportation, housing, childcare, and mediation as well as support their development at parents and caregivers.

School Support
Families and providers acknowledged that schools are a critical partner in the continuum of care and require support for addressing the needs of youth with behavioral health issues. This includes staff who are trained to work with students who have behavioral health challenges and trauma, reasonable class sizes, school-based supports, and improved privacy policies/communication. These needs, barriers and recommendations were consistently shared by service providers and families.

Recommendations for Improving the Service Array

- Increase access to and expansion of existing services.

- Identify, train and market specific treatment services/providers with specific expertise.

- Organize the health care system to be family centered.

- Leverage technology.

- Enhance workforce development and retention.

- Create service networks to provide coordinated services and promote sustainable financial models.

INTRODUCTION

COACT Colorado, is a collaborative system of care for children and youth with behavioral health challenges and their families. Understanding the availability of services is important to build a collaborative, wraparound plan for a child and family as well as service providers and professionals working with the family. Counties report vast differences in access to services. Although several needs and gaps assessments have been administered by the Colorado Department of Human Services, these assessments primarily focus on adult services and prevention leaving a large gap for children and youth with behavioral health challenges.

The goal of this Service Array Assessment is in line with the goals of COACT Colorado and its cooperative agreement between the Colorado Department of Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Behavioral Health, and other local partners. Questions were designed to broadly capture the common themes in the needs, strengths, and barriers of the services in Colorado. Communities were engaged in designing the framework to ensure a more accessible and informed assessment.

Previous research by the Western Interstate Commission for Higher Education highlights the value of evaluating and tracking services for both Medicaid and non-Medicaid clients as well as regional difference in access and need [1]. In the 2015 needs analysis, adolescents with co-ocurring mental health and substance use challenges as well as children with emotional/mental health disorders were consistently rated as specific behavioral health populations that were underserved. These assessments did not highlight differences in access to services for children and adolescents; however, several relevant gaps in services were identified. Engagement, community support, intensive support, integrated services with primary care, outpatient services (i.e., individual, group, and family therapy), and medication management were identified as primary needs. Services with the greatest variability from community to community were inpatient, residential, assisted living and other intensive services. Payment structures were identified as a problem for all services, with substance abuse and support services being particularly hard to provide. Telehealth, primary care integration, prevention, early intervention, and peer support services were recommended as potential practices that may increase effectiveness and alleviate some of the challenges that rural and frontier communities face.

In a prevention focused report (Breitzman & Simmons 2017)[2], recommendations highlighted the need to focus on behavioral health promotion and prevention. This included education and translation of research on social determinants of health, coordination across agencies and initiatives, prevention and health promotion beyond the early years, and research based and evidence informed practices. A recent Colorado Health Institute (CHI) report emphasized the need for prevention programs, effective use of funding, and improved communication[3]. It is possible families are not aware of these programs, thus indicating a need to better communicate to these communities about available resources.

Demographic research indicates that gender, ethnicity, and income impact an individuals' access to services. Stigma around behavioral health can also impede access to services. For example, people may deny symptoms and thus, forgo treatment to avoid feeling ashamed of their mental health issue. CHI recommends a few things: integration of behavioral health into primary care, substance use prevention and treatment programs to all areas of the state, particularly rural or frontier areas, raise awareness about mental health in underserved communities, and help people navigate the system. Overall Colorado is improving with the percentage of Coloradans not receiving mental health services decreasing from 9% in 2015 to 7.6% in 2017, while accounting for a growing state population[4].

This service array assessment provides an opportunity to focus on services for Colorado's youth with behavioral health challenges. This assessment spans early childhood to transition age youth, services for youth with dual diagnosis, and access to technology. Most importantly this assessment lays out the challenges and strengths of the current service array as well as recommendations for improvement.

Challenges and Barriers for Families

- Lengthy and burdensome processes to access available services.

- Difficulties finding the right services and then maintaining those services.

- Added issues related to the social determinants of health.

- Issues related to schools and school-based services.

What Families Want

- Engagement and community support

- Intensive support services

- Integrated and coordinated services

- Outpatient therapy services

- Medication management

METHODS

The Service Array Assessment was completed using a sequential mixed-methods, three-phase design involving surveys, interviews and focus groups of two overarching stakeholder groups: 1) Service Providers, including clinicians, administrators, family support partners and advocates; and 2) Families, including caregivers, youth and family members. The Family survey was also translated into Spanish. 598 people participated in the surveys, interviews and focus groups described in this report.

Community Engagement → **Surveys and Interviews** → **Focus Groups**
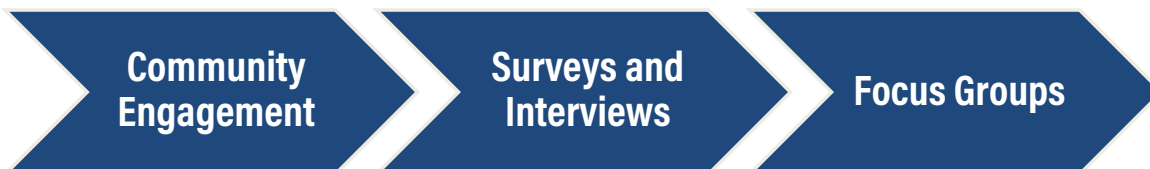
Phase 1: Community Engagement

COACT Colorado developed the survey questions utilizing a community engaged research design—a family of research methodologies that engage community in the design, data collection, analysis, interpretation and action. Consistent with the community engaged research design, seven individuals with lived experience were engaged in the development of the survey and protocol. Participants were compensated for their time with a $15 to $55 gift card (45 minutes to 3 hours). COACT service providers and agency partners were also engaged in developing the content of survey questions and given several opportunities to add or edit survey questions directly. The protocol design and survey were developed collaboratively with the Partners for Children's Mental Health, the Federation of Families for Children's Mental Health, the Family Agency Collaborative, and Roadmap to Reform. The Colorado Clinical and Translational Sciences Institute, Western Interstate Commission for Higher Education, and CREA Results were consulted during development and recruitment.

Phase 2: Surveys and Interviews

Surveys were developed in Qualtrics and distributed through various state and local channels. Promotional materials for the Family surveys were translated into Spanish and advertised through social media and online through the CCTSI and OBH. The surveys were administered online, at various community events and through in-person interviews. Online respondents had the option to indicate whether they would be willing to be contacted for a follow-up interview as well. Qualified respondents to the Provider survey were compensated with a $10 gift card. Respondents to the Family and Youth survey received a $20 gift card for their participation.

Phase 3: Focus Groups

In addition to the surveys, individuals with lived experience raising a child with a serious mental health challenges were engaged in regional focus groups (focus groups were not conducted for service providers). One focus group was held in Pueblo, one in Longmont and two in Denver (one in English and one in Spanish). A focus group was also scheduled in Glenwood Springs, but was canceled due to lack of attendance. All focus groups were facilitated by two people, tape recorded and transcribed. Focus group facilitators also took notes on flip charts during the group discussions and actively engaged participants in that process to ensure that recorded ideas and themes accurately represented the discussion. Participants received $60 gift cards, dinner and, if needed, child care and transportation assistance for their attendance.

CREA Results Promotores de Salud (Community Health Workers) assist community members in completing the COACT Family Survey.

Sample

COACT Colorado distributed survey invitations throughout its networks and provider partners, including clinical service providers, family members, and community agencies. Additionally, surveys and focus groups were advertised through the CCTSI network and on social media by CCTSI partner, CREA Results. CREA utilized a team of community health workers to engage Spanish-speaking families and caregivers in conversations about their behavioral health care experiences and needs. The Community Health Workers attended community events and social gatherings and assisted people in completing the surveys.

Family Members

We received 119 responses to the English version of the Family survey, 94 of whom qualified to complete the survey. Respondents who did not identify with at least one of the roles listed in Figure 1 below were not eligible to complete the remainder of the survey. 57 respondents completed 100% of the 30 questions, with the remainder partially completing the survey. Partially completed surveys, which usually included unanswered open-ended questions, were included in the sample and are represented in the data described throughout this report.

The largest proportion of respondents were caregivers and/or family members of children or youth with behavioral health challenges. In addition to the 94 qualified respondents to the English Survey, there were an additional 24 responses to the Spanish survey, with 9 respondents qualifying to complete the survey using the same inclusion/exclusion criteria as the English survey. As described in the Figures 2-4), respondents were mostly non-Hispanic white females residing primarily in the front range and metropolitan areas, with the remainder of respondents identifying as Hispanic/Latino, Black, Native American and other. 55 percent of survey respondents identified as a caregiver of a child or young adult with a serious behavioral health challenge. More than 15 percent of respondents identified as a youth or young adult experiencing a serious behavioral health issue.

Figure 2. Family Survey Respondent Gender
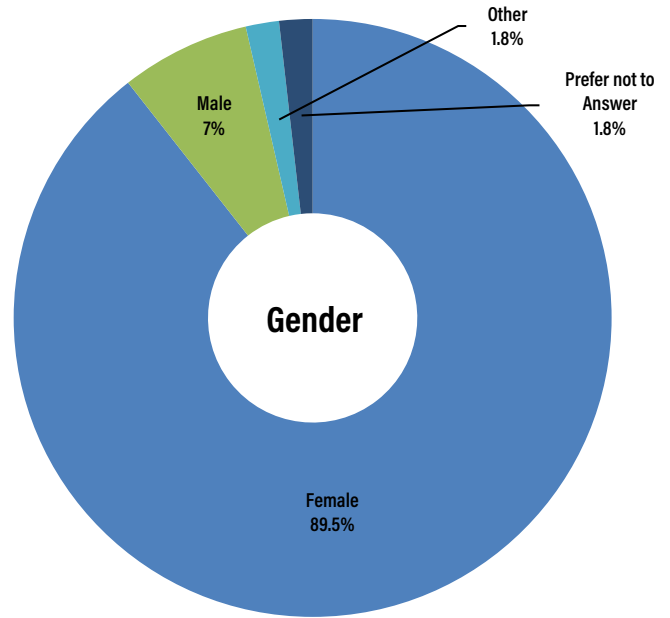
Figure 3. Family Survey Respondent Race & Ethnicity
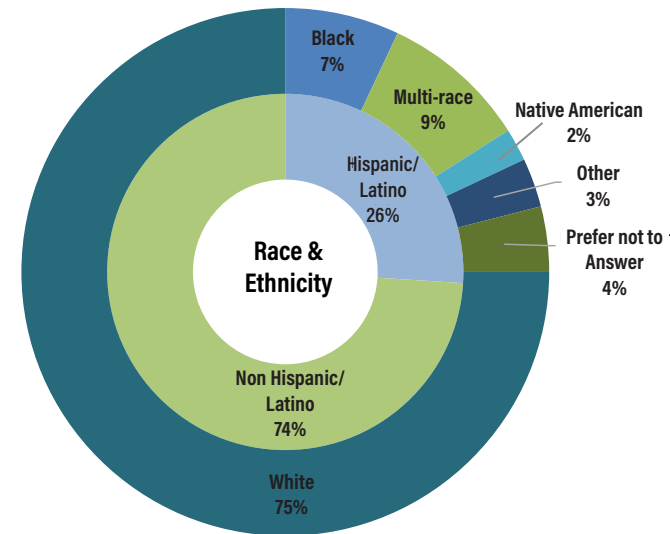
Figure 1. Family Survey Respondents Role
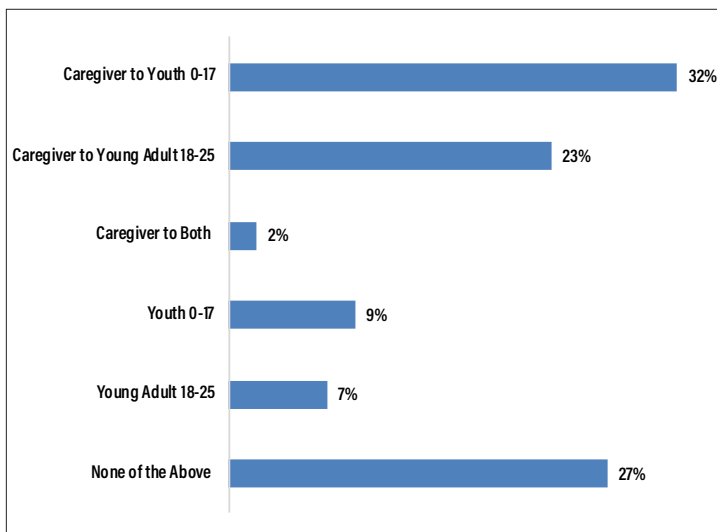
Figure 4. Family Survey Respondents by County
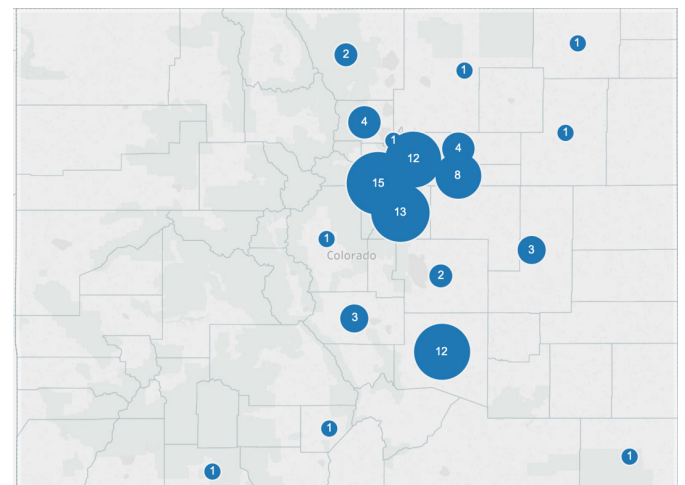
Sample (continued)

Service Providers

We received 455 responses to the Provider survey and 301 respondents qualified to complete the survey based on identifying with at least one of the roles listed in Figure 5. It is important to note that the survey allowed respondents to skip any items they did not wish to answer; therefore the number of responses varies by survey item. 149 respondents completed 100% of the 43 survey questions, with the remainder partially completing the survey. The largest proportion of respondents were in Administrator roles although this often included an endorsement of another role such as clinician or other provider. Respondents represented organizations or agencies with reach across all of Colorado's counties (Figure 6). Respondents were mostly non-Hispanic, White women, with at least a bachelor's degree (Figures 7-8).

Figure 5. Provider Survey Respondents Role
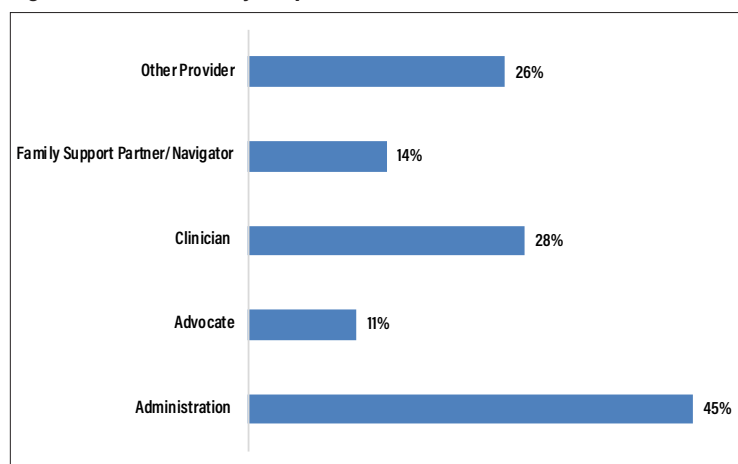
Figure 6. Service Provider Respondents by County
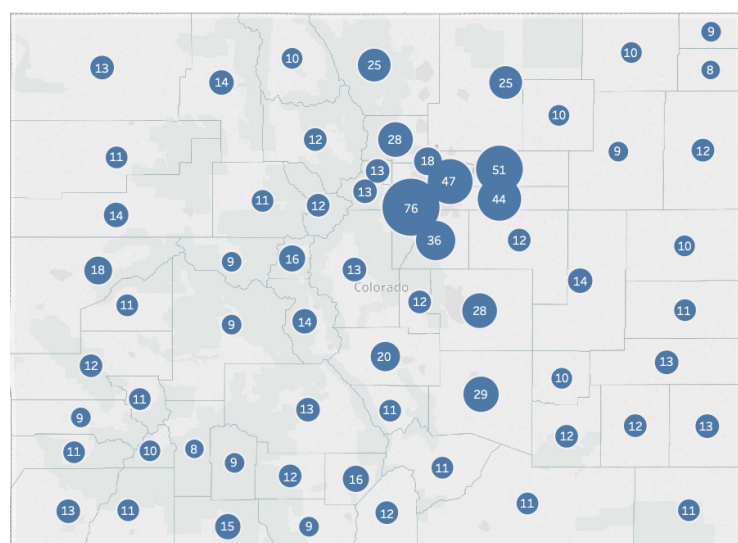
Figure 7. Provider Survey Respondent Gender
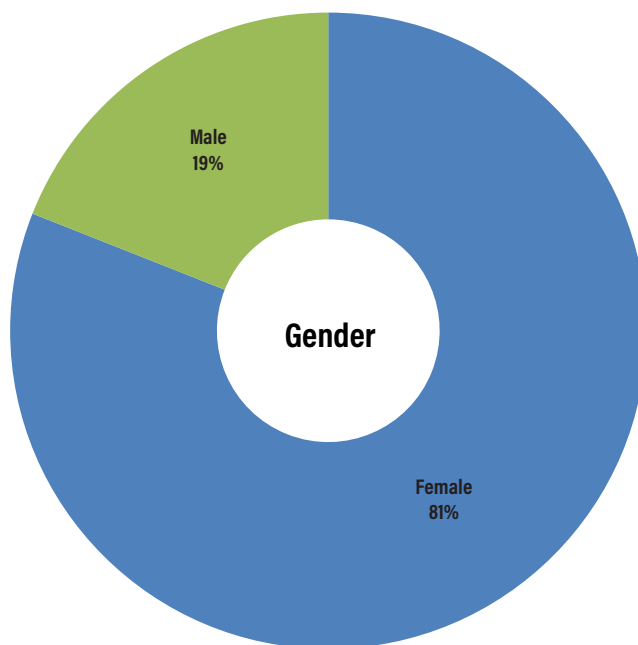
Figure 8. Provider Survey Respondent Race & Ethnicity
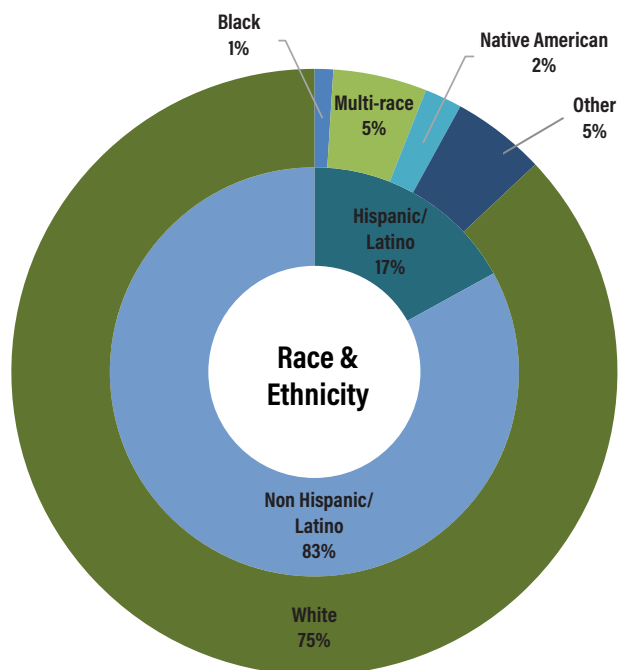
Data Analysis

The primary issues addressed throughout this assessment are whether or not the current service array adequately meets the needs of children and youth with complex behavioral health needs and their families and/or caregivers, recommendations for improving services and service delivery, and assessing whether technology can be leveraged to improve communication, train providers, and provide education for parents and families. We used a combination of inductive and deductive analytic approaches to analyze the qualitative and quantitative data sources for this assessment. Our analytic process was informed by grounded theory and mixed methods approaches to systems research.

This assessment was performed using a sequential mixed-methods design. The data collection and analysis strategy was iterative, consisting of two data collection phases. In the first phase, we collected survey data and performed a preliminary analysis to inform the questions to be used during the second phase of data collection, which included family focus groups and interviews. The subsequent in-depth, semistructured focus group guide included standard questions from the existing survey along with prompts intended to explore particularly interesting or ambiguous responses identified from the preliminary survey analysis.

Quantitative Data Analysis

Both the Family and Provider Surveys (see Appendix) included a mixture of open-ended and multiple choice items. Descriptive statistics including frequencies and percentages were used to summarize quantitative data from the surveys and to characterize survey respondents. Results are provided for program specific data and averages across programs.

Qualitative Data Analysis

Purposive thematic coding was used to analyze qualitative data from the focus groups, interviews and open-ended survey questions. Verbatim responses from the focus groups were recorded using a digital recorder and were transcribed for analysis. Analysts coded qualitative data following a process of initial review and labeling of data by content, process, and impressions of the coder. For the survey data, each open-ended response was coded with one or more codes. For the focus group data, segments of data relevant to the evaluation questions were coded with one or more codes. Individual codes were grouped by survey question or focus group question to allow for initial summaries by question. After reaching initial consensus on codes, the analysts organized the combined list of resultant purposive codes into categories that reflected symbolic domains of meaning, relational patterns within domains, and overarching themes (see Appendix for resulting code lists). For survey data responses, codes frequencies were counted to assess the most common response types for each question and to allow for identifying patterns across provider and family surveys. The final code list and analysis was again reviewed with a third researcher to reach final consensus. The qualitative data software package ATLAS.ti was used to manage and analyze the qualitative data.

Limitations

While we used multiple data sources to produce the findings, there may be other opinions and perspectives which are not represented in the sample of survey respondents and participants in the focus groups. There may be unknown biases in the participants we are unable to estimate. Although the total number of responses to the surveys was adequate, some types of services and responses were reported by a smaller number of individuals, limiting the ability to make meaningful comparison among subgroups of respondents.

Figure 9. Needs

Do you feel like services are meeting your needs?

- Not Meeting Needs 32%
- Definitely Meeting Needs 25%
- Somewhat Meeting Needs 42%
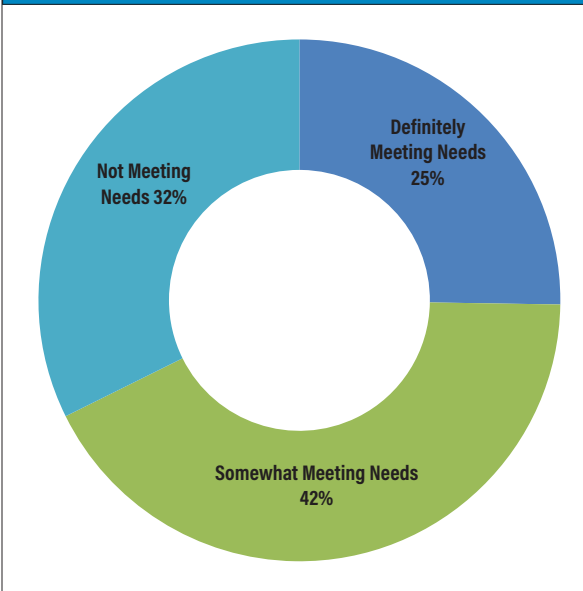
FINDINGS:
FAMILY PERSPECTIVE

Results from the Family survey and focus groups are reported in this section. Family members and caregivers described multiple barriers to accessing timely and appropriate evidenced-based therapies and services. Respondents across both mediums shared the same overarching concerns, with the focus group participants providing additional context and depth to the survey data. Overall, 25% of family survey respondents reported that existing services were "definitely" meeting their needs while 32% reported they were not meeting their needs (Figure 9). Most respondents reported that they traveled 0-30 minutes or miles for services. Respite care and substance abuse treatment were among the services rated as most helpful (Figure 10). Residential treatment and medication management were the most useful, but most difficult to access with long waits. Additional data and tables are available in the Appendix. These descriptive findings are consistent with the qualitative comments about the challenges and missing services described below.

Figure 10. Helpfulness of Services

If this service was used in the past year, how helpful was it?

Legend: Not Helpful, Somewhat Helpful, Helpful, Very Helpful

Services listed (top to bottom):
- Crisis Response Services
- Services supported by flex funds
- Mentoring
- High Fidelity Wraparound
- Residential Treatment
- Family Peer Support
- Step Down Services
- Substance Abuse Treatment
- Medication Management
- Trauma Specific Treatment
- Group Outpatient Therapy
- Individual Outpatient Therapy
- Day Treatment
- Respite Care
- Intensive In Home Services

Findings: Family Perspective
Challenges and Needs for Families

The Family focus groups and surveys revealed four primary challenges and barriers: 1) Lengthy and burdensome processes to access available services; 2) Difficulties finding the right services and then maintaining those services; 3) Added issues related to socioeconomic factors; and 4) Issues related to schools and school-based services.

For the open-response items on the survey, approximately half the respondents (49% to 58% of all 94 survey respondents) wrote comments. Responses were generally diverse or a single-category response with few categories of responses capturing more than 25% of the total. Across the open-response survey items, there were recurring themes about long wait lists and increasing the availability of services to address challenges with accessing services due to limitations in the numbers of local providers or organizations. There were also recurring themes of additional support that would be particularly helpful, including the following: expanded hours of access, help with transportation, and family support services. This is consistent with the information gathered during the focus groups. Addressing the social determinants of health was a common thread in both the focus groups and the surveys, with participants often mentioning transportation, affordable housing, nutrition, and the need for more affordable care options.

LENGTHY DIFFICULT PROCESS

Across the focus groups and surveys, participants described the difficulties and delays related to finding services and providers and then accessing those services. Many noted that once services are identified, there is often a long wait list, preventing them from getting services when they need and value them (Exp. Figure 11).

"I think it takes too long to initiate when you go in, try and get help. The period before you can get any help, it's like it takes a month or longer to be able to see somebody, and sometimes it's a whole lot more urgent than that…"

"I am currently unable to find psychologist [psychiatrist] for behavioral medications. It took us years to find a behavioral therapist who was actually good and actually made changes."

Participants went on to describe frustrations of information being unclear and not knowing what do next or getting no response to requests. Several participants said they felt helpless at times during the process or felt like they were "bounced around" during the process.

"It wasn't easy or informative on what to do next, because you come out still feeling helpless. Asking yourself why did I even come here? And I was angry because I ask myself if it was even worth it since he was there for three days and we still didn't get the information that we needed, and we didn't get the full therapy that he needed either. I don't think it was enough."

Figure 11. Percent of respondents' estimated wait times from a client's initial phone call to their intake assessment

Legend: ■ Same Day ■ 1 Day ■ 2-3 Days ■ 4-7 Days ■ 8-14 Days ■ 15-30 Days ■ 31-60 Days ■ 61-90 Days ■ 91+ Days

Group	Same Day	1 Day	2-3 Days	4-7 Days	8-14 Days	15-30 Days	31-60 Days	61-90 Days	91+ Days
Families/Caregivers	19%	15%	23%	22%	12%	6%	0%	2%	2%
Transition Age/Young Adults	22%	13%	19%	20%	12%	8%	1%	1%	3%
Adolescents	21%	16%	20%	18%	10%	8%	3%	2%	2%
Children	21%	14%	19%	21%	12%	7%	4%	1%	1%
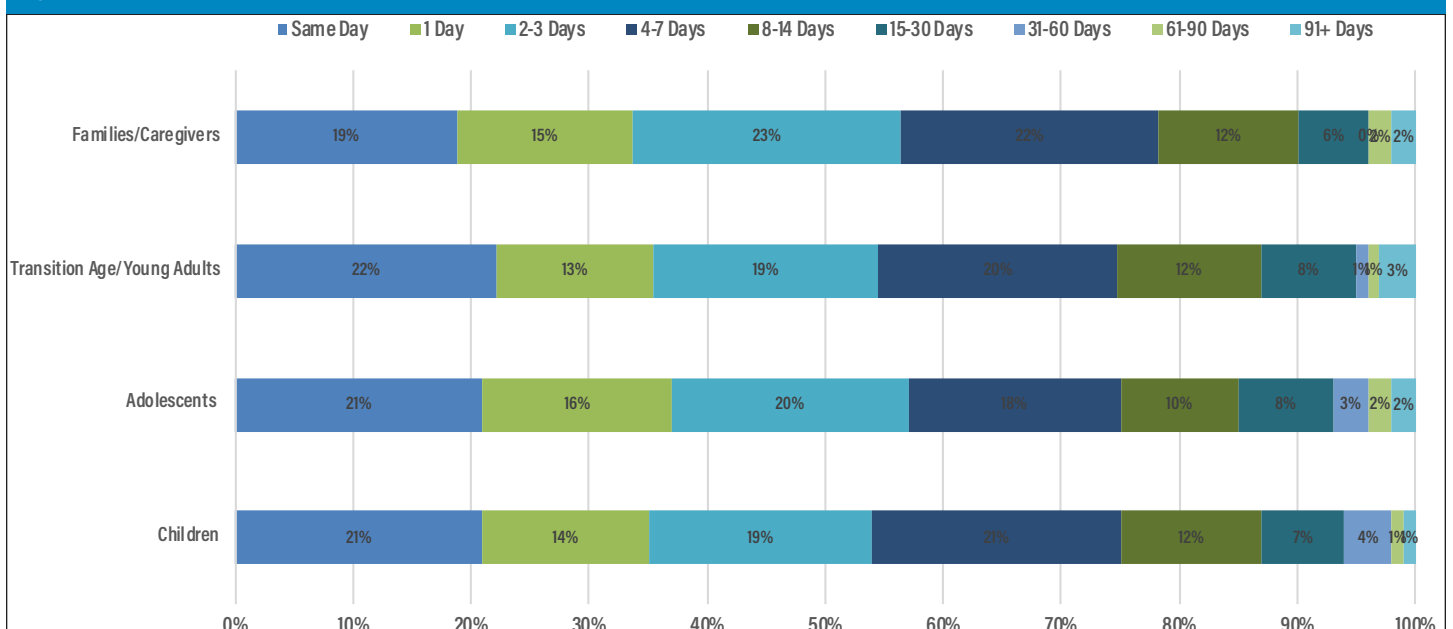
Findings: Family Perspective
Challenges and Needs for Families

FINDING AND MAINTAINING THE RIGHT SERVICE

Several participants reflected on the process of finding a therapist or services that are a good match or that they can afford. For some, specific services were not available to help a child with autism or who is deaf; for others, it was difficult to find a therapist or an approach they thought was a good match for their needs (Figure 12).

> *"I just started looking at the clinic, but since the services are for older people not for children, I didn't have luck…"*

Of those who reported missing services or supports, most reflected on the scarcity of good help in general (e.g., the need for more prescribers, more therapists with specialized training, more locations, more beds) or missing services to support families (e.g., respite care, childcare, availability of information, housing, transportation, and utilities). Individual outpatient therapy was rated the best match of service provider to need.

> *"Specially trained providers, awareness, and lists of diagnosis specific resources."*

Participants also noted the challenges of keeping services they find helpful, because their child "ages out" of the system, lack of system capacity, or frequent turnover among therapists. Loss of trust in the therapists and systems was noted as in important consequence. Several participants voiced frustration at the lack of flexibility in the available services, either through schools or with organizations that cancel future appointments if someone is late for even one appointment, even if it's due to circumstances out of their control.

SOCIOECONOMIC FACTORS

Housing, transportation, food, language barriers, and cost of therapy were raised as additional challenges to accessing services.

> *"When I found the counseling group for my daughter, my barrier as mom and dad that I am, was the transportation. That for me was very difficult because counseling was very far from where I lived and it is very expensive to find transportation."*

SCHOOL RELATED

While some participants found school-based services helpful, others called out several difficulties, including being understaffed and under-resourced, seemingly uncaring teachers or staff, large class sizes, or breach of privacy.

> *"Since we're talking about the school right now, the same thing happened to me and my son. Since he started school he has had many problems, they talk to me all the time, and they already know that he has autism. But there's no way they can help me with him at school, because there is not any kind of help available, they only have a psychologist but that's not enough…. This is a very big problem and in school there is not enough help available, and I know that they do what they can with the resources they are given but we need more".*

Figure 12. Overall match of skills to need

How would you rate the match of the skills of your service provider to (your child's/your) needs?
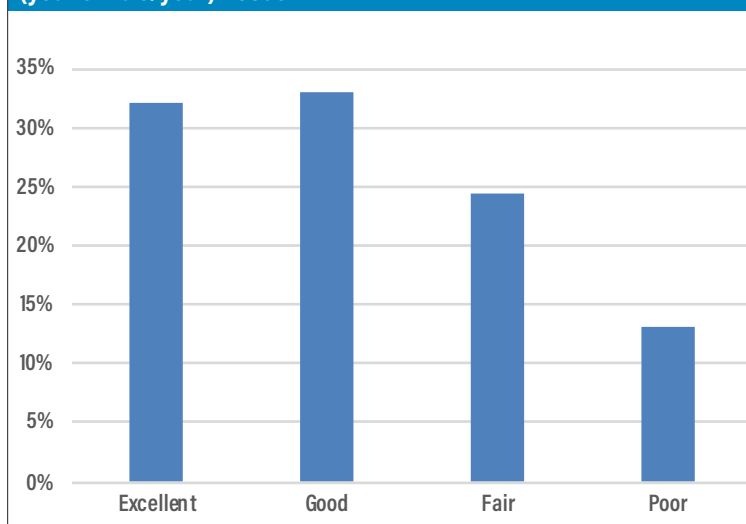
Access to Services

- Medication Management was rated the most helpful service, however it was more frequently rated as hard to access.

- Residential care was rated as the hardest to access.

- Outpatient therapy was rated as the best match of service provider to need.

- Crisis services were rated the least helpful and the lowest match of service provider to need.

Findings: Family Perspective
Strengths

Despite the challenges and difficulties noted, participants across the focus groups and surveys recognized the potential for these services and processes to be beneficial, reflecting on 1) the value of counseling; 2) specific services or organizations; 3) case management and wraparound services; and 4) support for parents and families.

VALUE OF COUNSELING

Across the surveys and focus groups there were participants who commented about the difference counseling has made, whether from the schools or organizations, by providing them someone to talk to. Several noted that specific counselors had made particular impressions on them, and in some cases, their child had become more open to talking with the parents.

"Having somebody outside be able to get through to her and talk to her. That was kind of like a secret for her, and she's got somebody she could talk to, that she didn't have to share with the rest of the family…. She was so traumatized, she couldn't even hardly talk, and through the therapist and the psychiatrist, she just made leaps and bounds. She was in special school, and now she's come so far as to almost have it totally back into a regular class. And I couldn't ask for better care than what she's gotten."

Several went on to comment that continuity and trust with a counselor was very important, but often disrupted when programs end or when there is staff turnover.

PROGRAMS AND SERVICES THAT HELP

Participants noted several specific programs they thought were helpful and offered them as examples of services that could be expanded and offered to more families. These included Boys and Girls Club, pre-kindergarten, home visits, longitudinal school-based support programs for kids, support groups, in-home services, crisis lines, speech therapy, vocational rehabilitation, mentoring, and wraparound services/case management (i.e. vouchers for taxi service to help with transportation and assistance finding housing).

*"Just finally about after a year got help with housing,
but it's the best help that I could've possibly got with housing.*

Participants generally commented that different types of therapy and counseling were the most helpful services. While respondents noted a few specific therapies or services which were helpful (e.g., play therapy, intensive therapy, Applied Behavior Analysis therapy, mentoring, or day programs), others added that multiple, combined therapies or services were particularly helpful. This included additional supports offered by wraparound services or combinations of group and individual therapy. Participants across the focus groups and surveys commented on the helpfulness of additional family support, including help offered through wraparound services, medication management, and respite care (Figures 13-14).

"Wraparound is awesome they come to our home and help each family member with any needs or concerns and advocate for my family… the mentor has been helpful giving me and my son a break from each other also helping my son get out and do things I can't do for him…"

Respite care is helpful, but is difficult to access for many families.

Figure 13. Family perspective on respite care service

Legend: Very Helpful / Helpful / Somewhat Helpful / Not Helpful

How helpful is this service?
- Very Helpful: 58%
- Helpful: 8.3%
- Somewhat Helpful: 8.3%
- Not Helpful: 25%

Legend: Easy / Hard / Very Hard

How easy was access?
- Easy: 42%
- Hard: 33%
- Very Hard: 25%
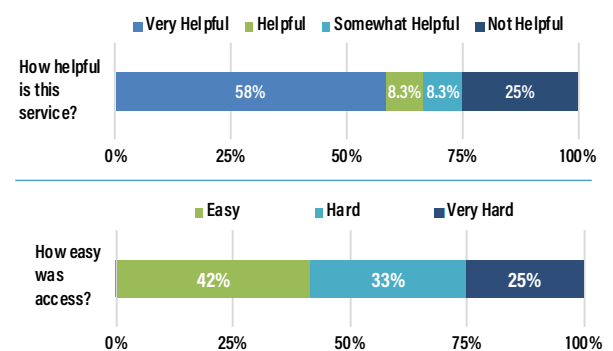
Figure 14. Family perspective on medication management

Legend: Very Helpful / Helpful / Somewhat Helpful / Not Helpful

How helpful is this service?
- Very Helpful: 37%
- Helpful: 50%
- Somewhat Helpful: 10%
- Not Helpful: 3%

Legend: Very Easy / Easy / Hard / Very Hard

How easy was access?
- Very Easy: 12%
- Easy: 36%
- Hard: 48%
- Very Hard: 4%
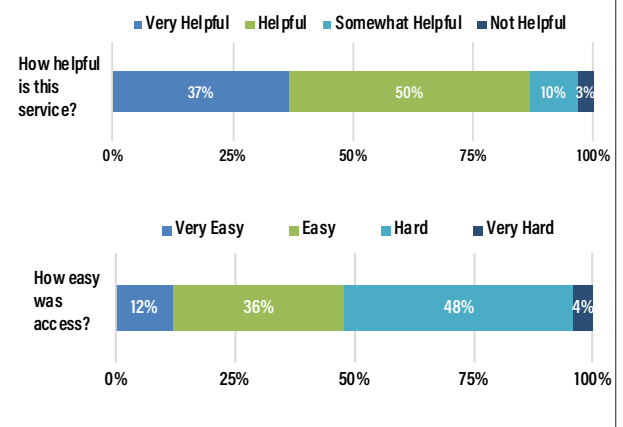
Findings: Family Perspective
Strengths

CASE MANAGEMENT AND CARE COORDINATION

Participants across groups were clear that case managers, especially those managing wraparound services, are often the key to clearing the way, getting things done, and keeping communication flowing. As one participant commented, case managers can be advocates.

"The case workers can pull the strings. You can try to get onto this program. You're on the waiting list for who knows how long, and I got in right away."

FAMILY AND PARENT PEER SUPPORT SERVICES

Several participants commented on the importance of helping parents and families through informal exchange of information among parents, helping with tools to "help themselves" and in value of wraparound services offering additional support to families (and not just the child.)

"Same with the wraparound. When they came in, they were just coming for my 12- year old. Then they seen my son. I needed diapers, so they got my three-year old involved, started bringing him diapers and things I needed for him and services for him. They recognize everybody in the home and their needs."

Participants from one focus group noted that friends and other parents are often their best sources of information.

"… I realized there is a great lack of information, [and] I am fortunate to have a group of friends who have given me information about what I need. They have given me names of organizations, hospitals, clinics. They always guide me. But there is a lot of information that we do not have, so I am fortunate that I have friends who can help me."

Figure 15. Demand for Services
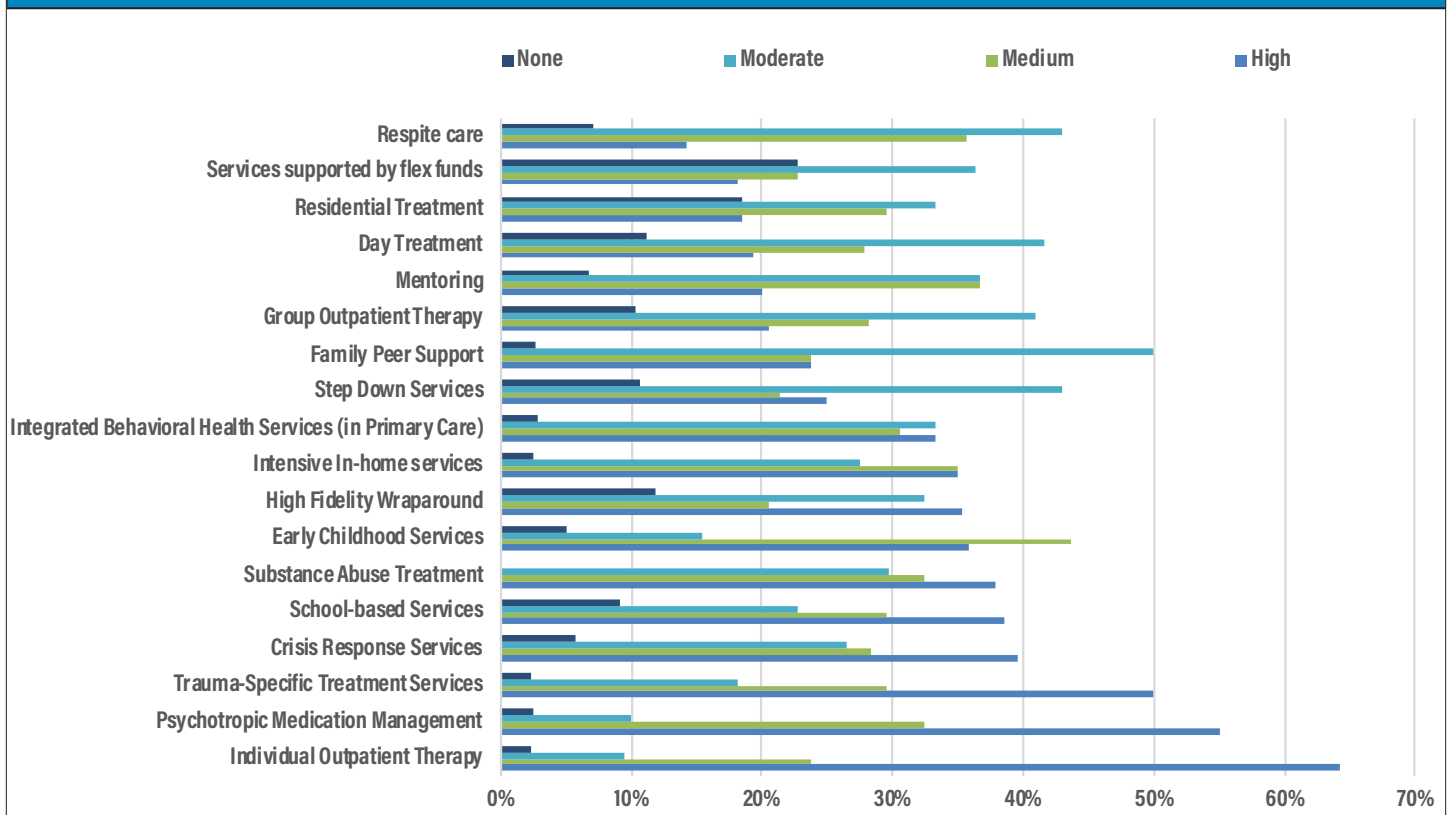
Findings: Family Perspective
Suggestions for Improving the Service Array

Across the groups there were five suggestions for improvements to enhance what's working well or to address the challenges and difficulties they experienced: **1) better communication; 2) help for schools; 3) additional support for families and parents; 4) improved training for providers; and 5) improved continuity of care.**

BETTER COMMUNICATION

Across all four groups, participants talked about different ideas to improve communication and the flow of information about available services and assistance. They suggested providing information across multiple channels: schools, doctor's offices, social media and the Internet, parent groups, wraparound service providers, and other groups (including these focus groups they participated in).

"For example, there is a lot of us in this meeting, we have heard many things from different people. How can we make these support groups in schools? Saying look we went to this group and they gave us a lot of information, so are these focus groups often so we can let other parents know. All the information we have received here is very valuable."

Several participants specifically called out the importance of sharing information where groups of parents meet as an effective means of connecting people to services.

"We are a very united school, we even have a support group for parents. We are going to discuss with the parents everything that we are talking about and there is someone who looks for the resources to give to the parents. I wanted to say that this was achieved because as parents we are very involved in the school. Don't wait for the teachers to put together these support groups for you, as parents we need to take the initiative. Simply in the morning when you arrive to school, even if you do not know the person just say hello.

That's how we made the group, we are currently 30 mothers and we are very united and all parents are welcome, every Friday we have a meeting."

MORE RESOURCES FOR SCHOOLS

In addition to schools being a source of information, participants across groups noted that more school-based services would be helpful (Figure 15-16). The recommendations included: tutoring programs to keep children up-to-date on their school work, bilingual programs at schools, year-round schools, and classes for parents at the schools.

"I realize with my grandson, that when I saw him getting behind in his reading, he went to a reading class and they saved him, but there's not enough funding for the reading class anymore. But they saved him, I really think that some kids really need to be in school all the time."

SUPPORT FOR FAMILIES AND PARENTS

Though the groups expressed this in different terms, they expressed a need to expand the resources for parents to include mental health classes and counseling for parents, self-help resources, parent support groups, and housing services. These focus groups themselves were an important example.

"As dads and moms we have been able to relax a little here in this group, when talking about the issues we have in common and the things that can benefit us. I thought a lot about coming because this place is 40 minutes [away], and I am so happy I came because I have been listening to a lot of good ideas and services. And it's also good because we realize that we are not the only ones who have problems."

Family Suggestions for Improving the Service Array

- Better communication
- Help for schools
- Additional support for families and parents
- Improved training for providers
- Improved continuity of care

Figure 16. Demand for school-based services

- None 5%
- Moderate 11%
- High 53%
- Medium 31%
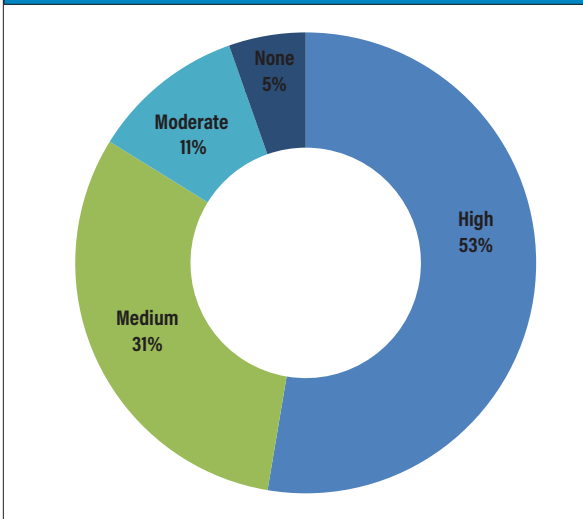
TRAINING

There were several comments about specialized skills and training to improve how service providers connect with teens, as well as more cultural awareness for the youth and families with behavioral health challenges. There were numerous specific skills named including: trauma-informed care, hypnotherapy, fetal alcohol disorder treatment, autism spectrum disorders treatment, mental health first aid, aggression, anger management, and family therapy.

"Provider agencies need to find staff (professional and support) who are able to provide culturally appropriate service for addiction treatment."

"Be current on all the latest terms, phrases, and "cool" things to say, how to communicate with a teen on their level."

"More education for people providing services to children with behavioral issues to help them understand and be patient. Most people are courteous by nature but some just don't understand the difficulties involved and become angry or impatient."

CONTINUITY OF CARE

When able to access services, participants generally found them helpful, especially counseling. However, they recognized that due to provider shortages and turnover, they faced long wait times, frequent turnover in their assigned therapist, and over-burdened case managers. This lack of capacity in the system results in lapses in continuity of care, which several noted was damaging to trust and to maintaining access to timely, effective services.

"They have interns working, and in my experience you get about four months with them. And then they tell you, 'You're going to be working with somebody else now.' And it's happened to me at least six to eight … I don't know many times. You know, you've emptied out yourself to them, you feel like you're finally getting somewhere and then you have to start all over again. So that kind of seems like you almost don't want to go anymore."

MORE SUGGESTIONS FROM FAMILIES

Reflecting further on other comments and survey responses about limited availability or capacity, many participants recommended increasing the availability and offering of programs to improve accessibility, including offering services in home or more affordable options. A few respondents suggested increases of specific services, especially, more crisis services (other than the police or ER), activities other than counseling (camps or group/social activities), child nutrition, and services for transitional ages.

"More availability! Individuals and families need to be able to access regular appointments, evaluations, etc. without delays when there is a crisis and without long wait times. Intake processes are often arduous for families or individuals to follow and may delay or prevent treatment rather than facilitating access."

"An easy way to know steps to follow to get the support we need, ways to immediately talk live with person (not phone) (maybe skype) when a crisis arises, ways to get in home services on a regular basis (had many years ago through social services-it really helped).

FINDINGS:
PROVIDER PERSPECTIVE

Both administrator and non-administrator respondents generally agreed on the highest-demand services and their ability to meet those demands. Consistent with the family and caregivers respondents, service providers agreed that medication management services are among the most difficult, despite the high demand and usefulness. Service providers also reported longer wait times for medication management. Wraparound services were ranked in the middle in terms of demand, ease of meeting the demand, and wait times. Though more highly-valued by families and caregivers, respite care was generally near the bottom in terms of demand and availability.

For the open-response items on the survey, fewer than half of the respondents (24% to 46% of all 301 survey respondents) wrote comments. Across the open-response items, there were recurring themes about collaborating, communication and cooperation across agencies and organizations, streamlining processes, increasing flexibility in services and hours, providing additional support to families and parents, and increasing the capacity of services providers in terms of numbers and in skills and training. Overall, the more common themes are consistent with the comments and suggestions from the families and caregivers who also noted limitations and challenges accessing services and in expanding offerings or flexibility of specific services, including additional supports for families and parents.

Challenges and Needs

CAPACITY TO PROVIDE SERVICES

There were numerous specific counseling needs which providers noted they were unable to provide, usually because these services were out of the scope of their training or because the services were not reimbursed. These included child therapy, couples therapy, anger management therapy, substance abuse services, trauma informed care, Dialectical Behavior Therapy (DBT), and Applied Behavior Analysis (ABA).

"We have a major need for more ABA therapists. We need more therapists who see patients that are nonverbal. Also need more therapists who will see children under five years old. We have a need for therapists who will see [patients] past 5pm for working parents and we have two therapists who are willing to do so."

"Provider works with adolescents/young adults primarily. Struggles with reimbursement/ authorization/re validation with and from County Medicaid. The system does not prioritize this type of service. State re validation is extremely difficult for providers."

There were additional non-counseling services that were named more than once, not within the scope of the agency or which have insufficient funding, including respite care, wraparound/care management services, tutoring/mentoring, detox, and autism-specific services. Several respondents commented that some of the services noted above are available in the county but may be limited and difficult to access.

Figure 17. Average number of staff for each service

Service	
Individual Outpatient Therapy	~29
Crisis Response Services	~21
Trauma-Specific Treatment Services	~16
Group Outpatient Therapy	~13
School-based Services	~11
Early Childhood Services	~10
Substance Abuse Treatment	~10
Residential Treatment	~7
Integrated Behavioral Health Services (in Primary Care)	~5
Psychotropic Medication Management	~5
Day Treatment	~4
Intensive In-home services	~4
Family Peer Support	~3
Mentoring	~3
Respite care	~2
Step Down Services	~2
High Fidelity Wraparound	~1
Services supported by flex funds	~0.5

Findings: Provider Perspective
Challenges and Needs

AGENCY NEEDS

What would your agency need to better serve children and young adults with multiple diagnoses? What would your agency need to better serve transition-age youth?

For both service providers and families, there was strong endorsement from respondents for additional training for staff and clinicians in specific areas, such as autism spectrum disorders, trauma informed care, and specific treatment approaches. There were also comments calling for more qualified providers and additional staff with the specific training noted above. Many respondents added that additional funding was important to support training and improve supervision, improve evaluation, increase reimbursement or wages to maintain providers, and increase office space.

> *"Evidenced based clinical training, focus on family therapy for clients that are young children and a third generation approach. Hiring and paying increased salaries for Psychologists and professionals who have more training and experience. More training in IMH evidenced based practices to support young children and their families. Higher salaries and yearly raises to increase retention of staff."*

Several respondents repeated the message about improving collaboration and sharing across agencies and providers and expanding treatment or service options, including family and parent resources, flexible hours, and school-based resources.

> *"Supportive services such as offering childcare. On site childcare...the most needed service for families everywhere."*

TRAINING NEEDS

What are the training needs and professional development priorities/interests within your agency? What are your training needs and professional development priorities/interests?

Across individuals and agencies there was clear preference for more training in trauma informed care. Many respondents went on to indicate that they needed additional specific information (beyond a general overview) about trauma informed care, including the latest evidence, how to implement in practice, refreshers, or specific details about what trauma informed care means for their role and setting.

> **"Colorado needs a well-developed system of care. All communities (rural and urban) need the spectrum of effective, community based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."**

> *"We are continuing to focus on our trauma work and implementing domestic violence work into that, as well as partnering for safety."*

> *"Understanding recent developments in evidenced based practices expand training required to use EMDR and other trauma based interventions."*

The remaining training needs highlighted additional specific training techniques or topics, plus more general training in human resources and management (e.g., supervision, practice management, rules and regulations, or documentation). Specific topics included:

- Substance use disorders
- Autism
- Adolescents, children
- Family therapy, marriage counseling
- CAC certification
- Domestic violence
- Mental health first aid (esp. for non-clinicians/staff)
- Crisis response
- Mental health strategies (for staff)
- And numerous counseling modalities: EMDR, DBT, ABA, FFS, IFS, MSFP, motivational interviewing, TBI, play therapy, ASD, QPR, TND, hypnotherapy.

Findings: Provider Perspective
Strengths

Providers' comments highlighted two areas in which communities are making strides in better supporting children with behavioral health issues and their families: 1) collaboration and networking with communities and 2) providing better or expanded services to children and families.

- **Service providers commented about improving the coordination and collaboration across agencies and organizations to enhance the community network of services and avoid duplication and speed connecting children and families to services.**

   "Our community seems to do a good job of inter-agency collaboration. We have the ability to find services and providers when needed, usually with not too long of a lag between referral and intake."

- **Service providers called out numerous ways they have worked to improve service delivery, including:**
   - Offering evening, weekend appointments, open access, flexible hours, in-home services, home visits, in-place services, and opening more locations
   - Working with schools to coordinate services
   - Raising awareness and providing education, advocacy, outreach to the community and parents
   - Working with whole family including offering services to parents
   - Working to provide faster, better referrals or service and intakes, and enhancing the overall service environment
   - Providing wraparound/case management services and co-locating multiple services in one place
   - Offering low or no-cost services

> "We meet the client where they are, provide case management to fill in the gaps of services and each client is assigned a peer coach to help navigate their treatment and the various governmental systems they are involved in."

> "Providing evening availability at outpatient clinics, providing weekend appointments, and school-based services."

> "Co-locating in schools and medical offices and affordable housing. Sliding scale fees or Medicaid. We wouldn't be seeing much of this population otherwise."

CREATIVE APPROACHES TO OVERCOMING CHALLENGES

Service providers were asked to describe some of the creative ways their agencies have overcome challenges such as funding, workforce shortages, and community needs. **Service providers commented most frequently that the creative approaches involve collaborating and partnering effectively with other agencies and organizations.** Other creative approaches including offering training and other professional development opportunities to staff (including web-based training and training with other agencies), seeking additional funding through grants, donations, negotiating better reimbursement rates, or other creative funding sources (including bartering, mill levy increases), working with graduate students and interns and volunteers, and offering community workshops and outreach. A small number of respondents noted that the presence of committed, hard-working staff helped to overcome challenges.

> *"We integrate within the community and schools. We develop teams that include Care Navigators. This role can support more of the services that are not reimbursed."*

> *"Diversified funding streams. Focus on workforce development: we train graduate interns, postgraduate fellows seeking licensure and have different models for engagement thereafter. Partnering with other community agencies to meet clients where they already are, reducing many barriers (affordable housing, senior living, medical offices, family justice center).*

Findings: Provider Perspective
Suggestions for Improvements

COLLABORATION AND COORDINATION

When asked how Colorado can use its resources most effectively to improve the lives of children and youth with serious behavioral health challenges, service providers again commented on the importance of collaboration and coordination to build a more efficient networked system that can better fill gaps in services, provide more services, and breakdown siloes between agencies (including state-level agencies). There was also a strong theme about supporting and funding schools to improve collaboration with schools as a way to raise awareness about issues and services, plus opportunities to detect potential problems earlier.

"Work together more, not as independently as counties. Often times counties do things very differently and clients moving between the two become confused if a program is offered in one county and not another."

Adequate Service and Support Network

Aligning with comments about what is working well, providers commented that effective resource use includes improving the ability to provide the right service at the right time by increasing the following:

- number of trained providers
- number of psychiatric hospital beds
- support for families (including family therapy, parent education, parenting skills, and respite care)
- early detection and intervention and prevention

There were a number of providers who called out specific resources that aligned with several comments from families and caregivers including improving transportation services, nutrition services, childcare, and more affordable housing.

Training and Workforce Development

Although training was noted in other questions, there were several comments about increasing and maintaining provider capacity through additional training, especially in trauma-informed care, and by offering additional incentives to keep providers in rural areas.

"More networking opportunities to allow us to make personal connections with colleagues across systems. Educational opportunities for us to learn about other systems and how we can better collaborate with them."

COMMUNICATION

Ideas or wishes about improving communication were diverse and diffuse with some minor themes around asking for more input from people "on the front lines," improving communication around up-to-date training and professional development, and promoting a culture of proactive sharing and cooperation to make the system easier for everyone.

Provider Suggestions for Improving the Service Array

- More collaboration and sharing and less competition
- Additional school-based services, training, and funding
- More, improved, flexible access to services for families (including in-home and mobile services)
- Simplifying and streamlining the process for finding and accessing help
- Improving family and parent support (including training, advocacy, early detection, family planning)

The need for more collaboration across agencies and providers is a recurrent theme for providers.

CONCLUSIONS & RECOMMENDATIONS

Summary of Strengths

Several key strengths, challenges, and suggestions for improvement were identified by service providers, families and caregivers. Specific services that have worked well include school-based services, support groups, in-home services, crisis lines, speech therapy, vocational rehabilitation, mentoring, and wraparound services/case management. Services that directly or indirectly addressed socioeconomic factors and provided support services to parents/caregivers were also perceived as very helpful (e.g., transportation services, childcare, access to housing and food programs, and respite services). Service providers as well as client and support stakeholders noted the inter-agency/inter-organizational coordination/collaboration and use of integrated care teams with care navigators were very effective in connecting patients and families to the appropriate services.

Additionally, service providers engaged in creative ways to diversify funding streams and sources through additional grants, donations, negotiating for better reimbursement rates, bartering, mill levy increases, and utilizing graduate students, interns, and volunteers to providers. Use of community workshops and outreach programs to engage and educate patients and their support partners were perceived as successful. Several providers employed web-based training and interagency training for professional development and training for staff. Several respondents also noted that the presence of committed, hard-working staff helped to overcome challenges.

Barriers to be Addressed

Despite strengths, multiple barriers still exist for youth and their caregivers/support persons to receive the services they need. Access to timely and appropriate evidenced-based therapies and services still remain considerable and frustrating challenges for families. Long waitlists exist as there are a limited number of local providers and a limited number of providers trained in specialized therapies available, especially in more rural areas. The lack of prescribing pediatric behavioral health providers (e.g., psychiatrists, psychiatric nurse practitioners) remains a significant problem.

Lack of services addressing socioeconomic factors is also a barrier to families accessing treatment. Transportation, housing, food, utilities, and childcare support services are necessary for many families to address in addition to receiving psychotherapeutic services. Unaddressed socioeconomic needs impact families' ability to engage in treatment. Language is also a barrier for patients and families to receive appropriate specific therapeutic services and culturally appropriate services. Some parents feel that there is a lack of skilled respite care and home crises services available. Some parents also perceive that no effective treatment options exist.

Youth "aging out" of the public mental health system is also another issue, as parents note the lack of provision for continued services needed for transition-age youth. Support stakeholders also felt that they needed more help with system navigation to access services. Providers felt that they needed more resources for managing state and professional regulations, increased wages, more office space, and more training and supervision, especially regarding trauma-informed care.

Recommendations

Providers, families and caregivers provided several areas of recommendations and suggestions for improving services provided through the behavioral health system of care.

1. **Increase access to and expansion of existing services.**

   To better serve the needs of families, service providers should provide extended hours, including evening and weekend hours. Organizations providing behavioral health services may consider flexing providers' schedules to provide additional hours of coverage. Providers may also consider negotiating with financial incentives with insurance payers to extend hours. Additionally, provider organizations should strategically establish new locations for services that map geographically to areas of need. Provider organizations should also consider co-location in schools, medical offices, and behavioral heath facilities. There is a perceived lack of access to specific services such as in-home and school-based services, inpatient psychiatric beds, substance abuse treatment, medication management and respite care; these services should be further assessed for actual access/availability in specific geographic areas.

2. **Identify, train, and market specific treatment services / providers with specific expertise.**

   Families and providers need access to information about services and therapies currently available in their geographic regions. This is especially true for children with complex needs such as autism spectrum disorders or substance dependence issues or other specific populations (e.g., Spanish-speaking families, LGBTQI populations). Families also need information on how to access community resources for housing, childcare access, and transportation services as well as peer-to-peer support. Service organizations should develop plans to compile clinical and community resource lists and create marketing plans to disseminate information on behavioral services and providers. If possible, organizations and service providers should leverage technology and utilize websites, online community boards, and smartphone apps to advertise services.

3. **Organize the health care system to be family centered.**

   Where possible, behavioral health services should be organized in such a way as to maximize a family-centered approach to treatment. Services should be focused on including family members and treating the family as whole unit. Care coordination efforts should be focused on addressing needs of all family members. Also organizations should determine coordinated communication strategies, especially when establishing case management and care coordination services so that they are not duplicating efforts. To ensure families are receiving the array of services that they need, efforts should be made to financially bundle services that include specific therapies with supportive (case management and/or care coordination) and peer services.

4. **Leverage technology and improve communications.**

   Family Survey Respondents noted that they use a variety or combination of smart phones, computers, or tablets mostly for searching for information or for communication, especially with providers or therapists, and some added that they used different technology for relaxation or as a learning tool for their child. Organizations should leverage cost-effective ways to train providers and provide education for parents and families, (e.g., online trainings, webinars). State and local funders should be approached to provide financial support for the development of eHealth tools such as smartphone apps to provide education and psychotherapeutic tools for children and parents. Patient and family communication with providers can be enhanced through use of technology such as secured text messaging, use of eHealth (evidenced-based) smartphone apps, and patient portals. The expansion of telebehavioral health services should be assessed and determined for geographic areas that are limited by few providers.

5. **Enhance workforce development and retention.**

   Funding is needed to support workforce development and retention, especially geographical regions experiencing a shortage of specific services and/or therapies. Efforts should be made to train more providers in provider shortage areas, as well as train family peer specialists to provide support services. Use of mobile and telebehavioral health services should be leveraged to increase access to services. This may also improve workforce retention as more providers are embracing technology as a way to provide services to clients and their families.

6. **Create service networks and increase collaboration to provide coordinated services and promote sustainable financial models.**

   Provider stakeholders feel that creating stronger networks of service providers that support the youth and families would be helpful. This entails developing creative solutions for sharing resources across counties, and multiple agencies and community resources for supporting families' needs. If possible, provider organizations should engage insurance carriers to develop value based models of behavioral health care services reimbursement that include bundling multiple modalities of treatment with outcome accountability rather than focusing on fee for service reimbursement approaches. Families and caregivers note that the combination of services and multiple modalities of treatment for children and youth are effective. It is worth examining whether the COACT system of care can be further organized and aligned with payment models that support financial sustainability.

Conclusion

Taken as a whole, the Service Array Assessment offers insight into the behavioral health needs and challenges communities are facing and the extent to which services are helping to address them. It is important to note, that even in the face of great need, families, caregivers, and service providers identified programs and services that are making a difference and improving care for children and youth with serious behavioral health challenges. It bears repeating, however, that socioeconomic challenges facing families are persistent and result in multiple barriers to accessing and maintaining consistent and appropriate behavioral health services. While many of the issues contributing to these barriers are beyond the scope of the behavioral health system of care, services like High Fidelity Wrap Around that provide hands-on assistance with housing, transportation and food security, are critical for many families.

In addition to addressing socioeconomic barriers for families, Colorado will need to increase the number of behavioral health providers and trained specialists throughout the sate in order to meet the current demand for services. In 2015, the American Academy of Child and Adolescent Psychiatry reported that Colorado had a severe shortage of child and adolescent psychiatrists with just 181 statewide to serve 1.2 million-plus children, which means there are about 15 Child and Adolescent Psychiatrists per 100,000 children under the age of 18[2]. As OBH, COACT Colorado and other agencies continue their efforts to improve the system of care, ongoing assessments will be necessary to insure that efforts and investments are improving outcomes for youth and families.

REFERENCES

1	OBH Needs Analysis: Current Status, Strategic Positioning, and Future Planning | Western Interstate Commission for Higher Education. https://www.wiche.edu/content/obh-needs-analysis-current-status-strategic-positioning-and-future-planning. Published 2015. Accessed August 8, 2019.

2	Environmental Scan and Gap analysis of Behavioral Health Promotion and prevention Initiatives in Colorado. July 31, 2017

3	Applied Behavior Analysis | Psychology Today. https://www.psychologytoday.com/us/therapy-types/applied-behavior-analysis. Accessed August 8, 2019.

4	NIMH » Autism Spectrum Disorder. https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml. Accessed August 8, 2019.

5	Chapman AL. Dialectical Behavior Therapy. Psychiatry Edgmont. 2006;3(9):62-68.

6	Delphi Survey – EMDR Definitions and Results from ETG Task Group. https://cdn.ymaws.com/emdria.site-ym.com/resource/resmgr/Definition/EMDRIADefinitionofEMDR.pdf. Published 2010. Accessed August 8, 2019.

7	What is fee-for-service (FFS)? - Definition from WhatIs.com. SearchHealthIT. https://searchhealthit.techtarget.com/definition/fee-for-service-FFS. Accessed August 8, 2019.

8	Coatsworth JD, Duncan LG, Berrena E, et al. The Mindfulness-enhanced Strengthening Families Program: Integrating brief mindfulness activities and parent training within an evidence-based prevention program: MINDFULNESS-ENHANCED STRENGTHENING FAMILIES PROGRAM. New Dir Youth Dev. 2014;2014(142):45-58. doi:10.1002/yd.20096

9	QPR Institute | Practical and Proven Suicide Prevention Training. http://www.qprinstitute.com. Accessed August 8, 2019.

10	Traumatic Brain Injury. https://www.traumaticbraininjury.com/. Accessed August 8, 2019.

11	Target Audience – TND. https://tnd.usc.edu/?page_id=68. Accessed August 8, 2019.

GLOSSARY OF TERMS

ABA = Applied Behavioral Analysis

Applied Behavior Analysis (ABA) is a therapy that focuses on improving specific behaviors and academic skills, such as social skills, communication, reading, and academics as well as adaptive learning skills, such as fine motor dexterity, hygiene, grooming, domestic capabilities, punctuality, and job competence. ABA is effective for children and adults with psychological disorders in a variety of settings, including schools, workplaces, homes, and clinics. ABA is commonly practiced as a therapeutic intervention for individuals with autism. The Behavior Analyst Certification Board (BACB) approves ABA therapists with graduate-level education. [3]

ASD = Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a developmental disorder affecting communication and behavior. Autism is considered a "developmental disorder" because symptoms generally appear in the first two years of life. Per the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), people with ASD have: difficulty with communication and interaction with other people, restricted interests and repetitive behaviors, symptoms that hurt the person's ability to function properly in school, work, and other areas of life. Autism is known as a "spectrum" disorder because there is wide variation in the type and severity of symptoms people experience. Although ASD can be a lifelong disorder, treatments and services can improve a person's symptoms and ability to function. The American Academy of Pediatrics recommends that all children be screened for autism. [4]

DBT = Dialectal Behavioral Therapy

DBT is an evidence-based cognitive behavioral psychotherapy designed to treat adults as well as adolescents suffering from borderline personality disorder. It has also been used to treat mood disorders as well as those who need to change maladaptive patterns of behavior, such as self-harm, suicidal ideation, and substance abuse. [5]

EMDR = Eye Movement Desensitization and Reprocessing (therapy)

EMDR is an evidence-based psychotherapy for Posttraumatic Stress Disorder (PTSD). EMDR is also used to successfully treat other psychiatric disorders, mental health problems, and somatic symptoms. EMDR is based on the model of Adaptive Information Processing (AIP) that posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences.This impairs the client's ability to integrate these experiences in an adaptive manner. EMDR facilitates the resumption of normal information processing and integration. This treatment approach, which targets past experience, current triggers, and future potential challenges, results in the alleviation of presenting symptoms, a decrease or elimination of distress from the disturbing memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers. [6]

FFS = Fee-for-Service

FFS is a payment model in which doctors, hospitals, and medical practices charge separately for each service they perform. In this model, the patient or insurance company is responsible for reimbursing the healthcare provider charges for the service, regardless of impact of the service on the patient's health. FFS is currently the predominant payment method in the United States, but more recently there is a shift away from this model to a value-based care model based on patient outcomes rather than the number and cost of services provided. [7]

FFT = Functional Family Therapy

FFT is an evidenced-based, family-based prevention and intervention program for high-risk youth ages 11 to 18 years old that addresses complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive. The program has a positive effect on youth by reducing risky behavior, increasing strengths, and by improving functioning across key life domains. [8]

QPR = Question, Persuade, Refer Suicide Prevention Program

QPR is an emergency mental health intervention for suicidal persons in which the intent is also to identify and interrupt the crisis and direct that person to the proper care. [9]

TBI = Traumatic Brain Injury

TBI is an acute brain injury that is classified as mild or severe. A TBI is classified as mild if loss of consciousness and/or confusion and disorientation is shorter than 30 minutes. While brain imaging scans such as Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans are often normal, the individual has cognitive problems such as headache, difficulty thinking, memory problems, attention deficits, mood swings and frustration. Severe brain injury is associated with loss of consciousness for more than 30 minutes and memory loss after the injury or penetrating skull injury longer than 24 hours. The deficits range from impairment of higher level cognitive functions to comatose states. The range of injuries and degree of recovery from severe TBI is very variable and varies on an individual basis. For many people with severe TBI, long-term rehabilitation is often necessary to maximize function and independence. Change in brain function can have a dramatic impact on family, job, social and community interaction. [10]

TND = Project Toward No Drug Use

Project TND targets high school youth, ages 14 to 19. The program has proved successful when implemented in regular as well as alternative (continuation) high schools, with students from diverse ethnic and socioeconomic backgrounds. [11]

Trauma-informed Care

Trauma-informed care is both an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both patients and providers, and helps survivors rebuild a sense of control and empowerment.

Appendix

FAMILY FOCUS GROUP AND SURVEY DATA

Survey Instrument

Family Survey Code List

Focus Group Code List

Family Survey Quantitative Data

COACT COLORADO SERVICE ARRAY ASSESSMENT FOR YOUTH, FAMILIES AND CAREGIVERS

1. Introduction

If you are a child, teen or young adult (aged 0-25) who is experiencing a behavioral health issue, or if you are a family member or caregiver, you can help us identify opportunities for improving and expanding behavioral health services in your community.

- Your responses to the survey are confidential and your participation is voluntary - you may choose to stop at any time.
- This survey should take 20-30 minutes to complete. You will receive a $20 Visa gift card if you finish the survey.
- You must provide a current mailing address to receive your gift card.
- If you have questions, concerns or technical difficulties, please email: montelle.tamez@ucdenver.edu.

Thank you in advance for your participation!

Q1.2 Which of the following best describes you?

- o   I am a caregiver of a child aged 0-17 with a serious behavioral health challenge
- o   I am a caregiver of a young adult aged 18-25 with a serious behavioral health challenge
- o   I am a youth aged 11-17 with a serious behavioral health challenge
- o   I am a young adult aged 18-25 with a serious behavioral health challenge
- o   None of the above

Skip To: End of Survey If Q1.2 = None of the Above

Q1.3 Which of the following best describes your child?

- o   Transitionary Youth (ages 16-25)
- o   Intellectual or developmental disability
- o   None of the above

Q1.4 What county do you live in?

o Adams County	o Fremont County	o Morgan County
o Alamosa County	o Garfield County	o Otero County
o Arapahoe County	o Gilpin County	o Ouray County
o Archuleta County	o Grand County	o Park County
o Baca County	o Gunnison County	o Phillips County
o Bent County	o Hinsdale County	o Pitkin County
o Boulder County	o Huerfano County	o Prowers County
o Broomfield	o Jackson County	o Pueblo County
o Chaffee County	o Jefferson County	o Rio Blanco County
o Cheyenne County	o Kiowa County	o Rio Grande County
o Clear Creek County	o Kit Carson County	o Routt County
o Conejos County	o La Plata County	o Saguache County
o Costilla County	o Lake County	o San Juan County
o Crowley County	o Larimer County	o San Miguel County
o Custer County	o Las Animas County	o Sedgwick County
o Delta County	o Lincoln County	o Summit County
o Denver	o Logan County	o Teller County
o Dolores County	o Mesa County	o Washington County
o Douglas County	o Mineral County	o Weld County
o Eagle County	o Moffat County	o Yuma County
o Elbert County	o Montezuma County	
o El Paso County	o Montrose County	

2. Technology

Q2.1 For the next set of questions, please think about your current access to technology and what would be helpful for behavioral health and/or intellectual or developmental disability needs.

Q2.2 Which of the following best describes your access to technology?

o I have access to a computer/tablet/smart phone

o I have limited access to a computer/tablet/smart phone

o Type/brand of computer/tablet/smart phone _____

o I do not have access to a computer/tablet/smart phone

Q2.3 I have access to the Internet

o Regularly

o Sometimes

o Not at all

Q2.4 Please check all that apply:

- o I have email and I regularly check it
- o I can open and/or download attachments from my computer/tablet/smart phone
- o I am comfortable using an automated phone system to access my health care information
- o I am comfortable using a web based system to access my health care information
- o I am comfortable searching the Internet for information.
- o I am comfortable attending meetings by phone (Teleconferencing)
- o I am comfortable attending meetings by Web-conferencing (ex. Skype or Google).
- o None of the above
- o I would like to learn more about the opportunities above

Q2.5 How do you prefer to receive information about child and family issues? Check all that apply.

- o Paper document
- o Newsletter
- o Web page
- o Blog
- o Facebook
- o Conference Call
- o In person meeting
- o Individual Telephone Call
- o Webinar
- o Other - please explain _____

Q2.6 Do you or your family use technology to help manage behavioral health and/or intellectual or developmental disability needs?

- o Regularly
- o Sometimes
- o Not at all

Q2.7 What forms of technology or apps do you or your child find helpful with behavioral health needs and/or intellectual or developmental disability needs?

_____

_____

_____

_____

_____

_____

3. Services

Q3.1 For the next set of questions, please think about the services you or your child have received in the past year for behavioral health needs and/or intellectual or developmental disability.

Q3.2 Please use the following table to tell us about the services you or your child have received in the past year.

If this service was used, how helpful was it?			
	Very Helpful	Helpful	Somewhat Helpful	Not Helpful
Intensive In Home Services	O	O	O	O
Respite Care	O	O	O	O
Day Treatment	O	O	O	O
Outpatient Therapy - Individual	O	O	O	O
Outpatient Therapy - Group	O	O	O	O
Trauma Specific Treatment	O	O	O	O
Medication Management	O	O	O	O
Substance Abuse Treatment	O	O	O	O
Step Down Services	O	O	O	O
Family Peer Support	O	O	O	O
Residential Treatment	O	O	O	O
High Fidelity Wraparound	O	O	O	O
Mentoring	O	O	O	O
Services supported by flex funds	O	O	O	O
Crisis Response Services	O	O	O	O

How easy is it to get appointments for the services your child/you need?

	Very Easy	Easy	Hard	Very Hard
Intensive In Home Services	o	o	o	o
Respite Care	o	o	o	o
Day Treatment	o	o	o	o
Outpatient Therapy - Individual	o	o	o	o
Outpatient Therapy - Group	o	o	o	o
Trauma Specific Treatment	o	o	o	o
Medication Management	o	o	o	o
Substance Abuse Treatment	o	o	o	o
Step Down Services	o	o	o	o
Family Peer Support	o	o	o	o
Residential Treatment	o	o	o	o
High Fidelity Wraparound	o	o	o	o
Mentoring	o	o	o	o
Services supported by flex funds	o	o	o	o
Crisis Response Services	o	o	o	o

About how many days did it take from the phone call to schedule to the date the service was provided?

	Same day	1 day	2-3 days	4 - 7 days	8 - 14 days	15 - 30 days	31 - 60 days	61 - 90 days	91 days +
Intensive In Home Services	O	O	O	O	O	O	O	O	O
Respite Care	O	O	O	O	O	O	O	O	O
Day Treatment	O	O	O	O	O	O	O	O	O
Outpatient Therapy - Individual	O	O	O	O	O	O	O	O	O
Outpatient Therapy - Group	O	O	O	O	O	O	O	O	O
Trauma Specific Treatment	O	O	O	O	O	O	O	O	O

About how many days did it take from the phone call to schedule to the date the service was provided?									
	Same day	1 day	2-3 days	4 - 7 days	8 - 14 days	15 - 30 days	31 - 60 days	61 - 90 days	91 days +
Medication Management	O	O	O	O	O	O	O	O	O
Substance Abuse Treatment	O	O	O	O	O	O	O	O	O
Step Down Services	O	O	O	O	O	O	O	O	O
Family Peer Support	O	O	O	O	O	O	O	O	O
Residential Treatment	O	O	O	O	O	O	O	O	O
High Fidelity Wraparound	O	O	O	O	O	O	O	O	O
Mentoring	O	O	O	O	O	O	O	O	O
Services supported by flex funds	O	O	O	O	O	O	O	O	O
Crisis Response Services	O	O	O	O	O	O	O	O	O

About how far do you travel to get the services (your child/you) needs/need?				
	0-30 mins/ miles	31-60 mins/ miles	61-90 mins/ miles	91 + mins/ miles
Intensive In Home Services	O	O	O	O
Respite Care	O	O	O	O
Day Treatment	O	O	O	O
Outpatient Therapy - Individual	O	O	O	O
Outpatient Therapy - Group	O	O	O	O
Trauma Specific Treatment	O	O	O	O
Medication Management	O	O	O	O
Substance Abuse Treatment	O	O	O	O
Step Down Services	O	O	O	O
Family Peer Support	O	O	O	O
Residential Treatment	O	O	O	O

About how far do you travel to get the services (your child/you) needs/need?				
	0-30 mins/ miles	31-60 mins/ miles	61-90 mins/ miles	91 + mins/ miles
High Fidelity Wraparound	O	O	O	O
Mentoring	O	O	O	O
Services supported by flex funds	O	O	O	O
Crisis Response Services	O	O	O	O

How would you rate the match of the skills of your service provider to (your child's/your) needs?				
	Excellent	**Good**	**Fair**	**Poor**
Intensive In Home Services	O	O	O	O
Respite Care	O	O	O	O
Day Treatment	O	O	O	O
Outpatient Therapy - Individual	O	O	O	O
Outpatient Therapy - Group	O	O	O	O
Trauma Specific Treatment	O	O	O	O
Medication Management	O	O	O	O
Substance Abuse Treatment	O	O	O	O
Step Down Services	O	O	O	O
Family Peer Support	O	O	O	O
Residential Treatment	O	O	O	O
High Fidelity Wraparound	O	O	O	O
Mentoring	O	O	O	O
Services supported by flex funds	O	O	O	O
Crisis Response Services	O	O	O	O

Q3.3 What challenges have you had in accessing services for your child or yourself? (ex. transportation, waitlist, unavailable service)?

_____

_____

_____

Q3.4 Do you feel like the services are meeting your/your child's needs?

o   Definitely meeting needs

o   Somewhat meeting needs

o   Not meeting needs

Q3.5 What services or supports are most helpful and why?

_____

_____

_____

Q3.6 What other services would be helpful to your family?

_____

_____

_____

Q3.7 What skills or training do you think would be helpful for service providers to acquire?

_____

_____

_____

Q3.8 In your experience are there services or supports missing from your community that would be helpful?

_____

_____

Q3.9 In your experience what is your community doing that has worked well for your child or family?

_____

_____

_____

_____

- -

Q3.10 Do you have suggestions about how to improve the services provided to children, youth, and young adults with behavioral health challenges in your community?

_____

_____

_____

- -

Q3.11 How can Colorado best use resources to improve the lives of children, teens and young adults with serious behavioral health challenges?

_____

_____

_____

_____

- -

Q3.12 Is there anything else you would like to share?

_____

_____

_____

4. Contact

Q4.1 Please tell us where to send your gift card.

- o First and last name _____
- o Address _____
- o Address 2 _____
- o City _____
- o State _____
- o Zip l _____

Q4.2 Would you be willing to be contacted for a follow-up interview either in person or over the phone? Additional

compensation will be provided.

- o   No
- o   Yes

Q4.3 Please tell us how to reach you. Your information will be kept confidential.

- o   I prefer to be contacted by email (please provide your email address): _____
- o   I prefer to be contacted by phone (please provide your phone number): _____
- o   I prefer to be contacted by text message (please provide your cell phone number): _____

Q4.4 Are you Hispanic or Latino?

- o   No

- o   Yes

Q4.5 Choose one or more races that you consider yourself to be:

- o   White

- o   Black or African American

- o   American Indian or Alaska Native

- o   Asian

- o   Native Hawaiian or Pacific Islander

- o   Other _____

- o   Prefer not to answer

Q4.6 What is your gender?

- o   Male

- o   Female

- o   Transgender Female

- o   Transgender Male

- o   Gender Variant/Non-Conforming

- o   Other (please specify) _____

- o   Prefer not to answer

FAMILY SURVEY CODE LIST

For open-ended response items only. Bold font indicates more than two responses coded with that specific code (excluding "none," "don't know," and unclear responses).

1. **CHALLENGES: What challenges have you had in accessing services for your child or yourself? (ex. transportation, waitlist, unavailable service)?**
   - Waitlists
   - Finding right/appropriate psychologist/therapist or services
   - Transportation
   - Limited or unavailable services
   - Insurance coverage
   - Limited options due to insurance
   - School support
   - Appointment times later in day
   - Appointments for medication management
   - Complex referral process
   - Coverage services denied
   - Few options available
   - Finding affordable care options
   - Missed sessions
   - Rude or unhelpful staff
   - Same day appointments
   - Therapist turnover

2. **MISSING: In your experience are there services or supports missing from your community that would be helpful?**
   - Not enough good help
   - More therapists, options with special training, specialization
   - Family/caregiver support (childcare, activities, information)
   - Assistance with SDOH: housing, utilities, transportation
   - More prescribers (including psychologists)
   - Respite care
   - Better coverage options
   - Financial support for services
   - In-home therapy options
   - Inpatient treatment
   - Mentoring
   - More beds
   - More places
   - Social activities
   - Stop gentrification
   - Supervision for some kids
   - Training

3. **HELPFUL: What services or supports are most helpful and why?**
   - Multiple, combined therapy, resources
   - Therapy, esp. when matched with "good"/ "right" therapist
   - Respite care
   - Family/peer support services
   - Day programs

- In-home services
- Medication management
- Residential treatment
- Transportation
- Wraparound services
- ABA therapy
- Adequate insurance
- Crisis center
- Intensive therapy
- Know options
- Mentor
- Play therapy
- School (teacher, therapist, other)
- Support groups

4. **TECHNOLOGY: What forms of technology or apps do you or your child find helpful with behavioral health needs and/or intellectual or developmental disability needs?**
   - Computer for information, research, websites
   - Apps for calming, meditation, relaxation
   - Apps for learning
   - Computer for communication with providers (email, patient portal)
   - Apps for communication
   - Apps for recordkeeping
   - Phone for apps (non-specific)
   - Phone for communication
   - Tracking device (GPS, "Catalyst")
   - Apps for counseling
   - Apps for journaling
   - Apps for scheduling
   - Apps for support
   - Computer for scheduling, appointments
   - Computer/Tablet as learning aide
   - Computer/Tablet for games
   - iPod for calming music
   - Phone for information
   - Phone for music
   - Phone for safety
   - Phone for timer function
   - Phone/Tablet for autism-specific apps
   - Phone/Tablet for learning games

5. **SUGGESTIONS: Do you have suggestions about how to improve the services provided to children, youth, and young adults with behavioral health challenges in your community?**
   - More, different program offerings/availability, access

- Better crisis/emergency help (other than police or ER)
- Better training
- More education/awareness in community/schools
- More specific services or therapists (special training, expertise)
- Support for families
- Better child nutrition
- Community building, healthy environment
- Fewer Medicaid denials
- Less judging social services
- More locations
- Support center
- Training in respite care

5. **ANYTHING ELSE: Is there anything else you would like to share?**
   - Delays; long, complex system and process in getting care
   - After hours services
   - Better collaboration between schools and other entities
   - Insurance coverage issues
   - Mental health first aid is not effective
   - More providers, therapists needed
   - SDOH help (transportation, housing)
   - Too few resources that work

FOCUS GROUP CODE LIST

1. **CHALLENGES AND DIFFICULTIES**

   Finding services and information:
   - Hard to get or find information
   - Not clear what to do next
   - Felt helpless
   - Language barriers
   - No one responded to request for information/services

   Getting services and assistance:
   - Bounced around to different services
   - Treatment is expensive
   - Difficult to find best therapy approach
   - Inconsistent availability and lack of continuity
   - Services in clinic are not available for children
   - Long waitlist, so not getting help when needed
   - Stigma associated with getting counseling/therapy
   - Transportation issues
   - Therapeutic program ended too soon
   - Limited support for child with autism
   - Limited support for child who was deaf
   - Needed father's consent, but whereabouts unknown

   Specific program/setting issues:
   - Medicaid issues (especially for those over 21)
   - School-related issues:
   - class size too big to help children in need, appear to be uncaring, lack of information

   Counseling issues:
   - Parental input needed, but told that child is in charge of decisions
   - Seems like professional should be able to do more (so left to parents)

2. **WHAT IS WORKING WELL**

   General approaches that work:
   - Parents helping parents
   - Build own parent support group (at schools)
   - Help from schools
   - School counseling
   - Clinic-based services
   - Respite care
   - Getting to where child with talk with parents

   Counseling and therapy:
   - Having a therapist to rely on
   - Help choosing preferred therapy and options for therapy
   - Building trust (child will then talk)
   - Finding tools to help self to improve
   - Helps with talking about feelings

   Specific named programs:
   - Servicios de la Raza
   - Boys and Girls Club
   - Hippie(?) (pre-K program: home visit, school readiness)
   - Denver Kids (K-12 program: counseling, school help and monitoring)

3. **MISSING SERVICES**
   - Lack of affordable options (like sports)
   - Not enough options, alternatives, capacity (like waitlists for Boys and Girls Club)
   - Services are there, but not visible or accessible

4. **SUGGESTIONS TO IMPROVE**

   Information:
   - Improve communication about what's available out there
   - Parents groups (parents supporting parents, makes us stronger)
   - Social media to inform/share
   - More help/information through schools or clinics
   - Awareness about other therapy options

   Services:
   - More help from schools, school-based groups/options
   - More support for families
   - Tutoring, additional school support for children
   - Bilingual, language services
   - Increase service/program capacity
   - Bring all providers together in one place
   - Continuity with a therapist (relationship is important)
   - Faith-based resources can help
   - Find resources to help keep children in school
   - Healthy food, nutrition (school-based)
   - Just need to get started with something
   - Mental health classes/education for PARENTS
   - Someone to talk to openly, non-judgmentally, regularly about what's going on with a child
   - Parents groups (parents supporting parents, makes us stronger)

   Other:
   - More affordable health insurance
   - More transparency on what taxes fund

FAMILY SURVEY QUANTITATIVE DATA

DEMOGRAPHICS

What is your gender?

Female	51 (89.5%)
Male	4 (7.0%)
Other	1 (1.8%)
Prefer not to answer	1 (1.8%)
Total N	57 (100.0%)

Are you Hispanic or Latino?

No	43 (74.1%)
Yes	15 (25.9%)
Total N	58 (100.0%)

Which of the following do you consider yourself to be?

White	42 (75.0%)
Black or African American	4 (7.1%)
American Indian or Alaska Native	1 (1.8%)
White,American Indian or Alaska Native	1 (1.8%)
White,Black or African American	1 (1.8%)
White,Black or African American,American Indian or Alaska Native,Asian	1 (1.8%)
White,Other	2 (3.6%)
Other	2 (3.6%)
Prefer not to answer	2 (3.6%)
Grand Total	56 (100.0%)

Respondent Count by County
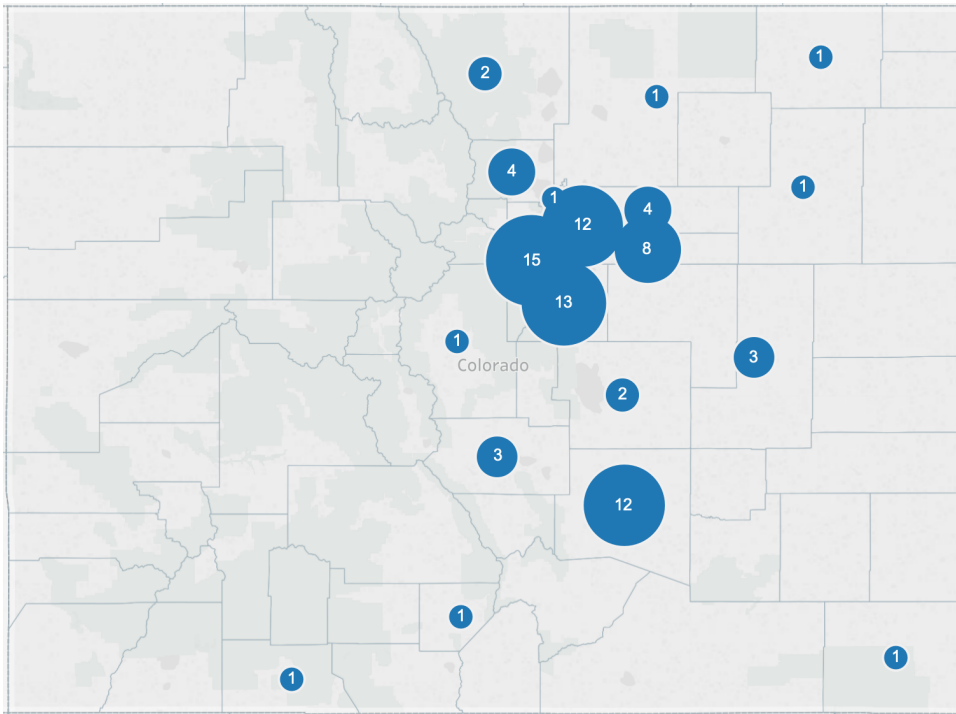
Which county do you live in?

Adams County	4 (4.65%)
Alamosa County	1 (1.16%)
Arapahoe County	8 (9.30%)
Archuleta County	1 (1.16%)
Baca County	1 (1.16%)
Boulder County	4 (4.65%)
Broomfield	1 (1.16%)
Denver	12 (13.95%)
Douglas County	13 (15.12%)
El Paso County	2 (2.33%)
Fremont County	3 (3.49%)
Jefferson County	15 (17.44%)
Larimer County	2 (2.33%)
Lincoln County	3 (3.49%)
Logan County	1 (1.16%)
Park County	1 (1.16%)
Pueblo County	12 (13.95%)
Washington County	1 (1.16%)
Weld County	1 (1.16%)

Which of the following best describes your child?

Transitionary Youth (ages 16-25)	36 (43.37%)
Intellectual or developmental disability	23 (27.71%)
Transitionary Youth (ages 16-25) & Intellectual or developmental disability	5 (6.02%)
None of the above	19 (22.89%)
Total N	83 (100.00%)

Which best describes your access to technology?

I have access to a computer/tablet/smart phone	74 (94.9%)
I have limited access to a computer/tablet/smart phone	3 (3.8%)
I do not have access to a computer/tablet/smart phone	1 (1.3%)
Total N	78 (100.0%)

Which best describes your access to the Internet?

Regularly	74 (92.5%)
Sometimes	4 (5.0%)
Not at all	2 (2.5%)
Total N	80 (100.0%)

Do you or your family use technology to help manage behavioral health and/or intellectual or developmental disability needs?

Sometimes	37 (46.3%)
Not at all	24 (30.0%)
Regularly	19 (23.8%)
Total N	80 (100.0%)

Which of the following best describes you?

I am a caregiver of a child aged 0-17 with a serious behavioral health challenge	38 (32.20%)
I am a caregiver of a young adult aged 18-25 with a serious behavioral health challenge	27 (22.88%)
I am a young adult aged 18-25 with a serious behavioral health challenge	11 (9.32%)
I am a youth aged 11-17 with a serious behavioral health challenge	8 (6.78%)
I am a caregiver of a child aged 0-17 with a serious behavioral health challenge & I am a caregiver of a young adult aged 18-25 with a serious behavioral health challenge	2 (1.69%)
*None of the above	32 (27.12%)
Total N	118 (100.00%)

*These respondents were not eligible to complete the remaining survey items.

Which of the following best describes your child?

Transitionary Youth (ages 16-25)	36 (43.37%)
Intellectual or developmental disability	23 (27.71%)
Transitionary Youth (ages 16-25) & Intellectual or developmental disability	5 (6.02%)
None of the above	19 (22.89%)
Total N	83 (100.00%)

Which best describes your access to technology?

I have access to a computer/tablet/smart phone	74 (94.9%)
I have limited access to a computer/tablet/smart phone	3 (3.8%)
I do not have access to a computer/tablet/smart phone	1 (1.3%)
Total N	78 (100.0%)

Which best describes your access to the Internet?

Regularly	74 (92.5%)
Sometimes	4 (5.0%)
Not at all	2 (2.5%)
Total N	80 (100.0%)

Do you or your family use technology to help manage behavioral health and/or intellectual or developmental disability needs?

Sometimes	37 (46.3%)
Not at all	24 (30.0%)
Regularly	19 (23.8%)
Total N	80 (100.0%)

SERVICES

Overall

Do you feel like the services are meeting your needs?

Definitely meeting needs	15 (25.4%)
Somewhat meeting needs	25 (42.4%)
Not meeting needs	19 (32.2%)
Total N	59 (100.0%)

Individual Services: Helpfulness, Access Ease, Wait, and Travel

Intensive In Home Services

How helpful is the service?	
Very Helpful	6 (37.5%)
Helpful	2 (12.5%)
Somewhat Helpful	4 (25.0%)
Not Helpful	4 (25.0%)
Total N	16 (100.0%)

How easy was access?	
Very Easy	6 (40.0%)
Easy	5 (33.3%)
Hard	3 (20.0%)
Very Hard	1 (6.7%)
Total N	15 (100.0%)

How long was your wait?	
Same day	3 (25.0%)
2 - 3 days	2 (16.7%)
4 - 7 days	3 (25.0%)
31 - 60 days	4 (33.3%)
Total N	12 (100.0%)

How far did you travel?	
0-30 mins/ miles	12 (80.0%)
31-60 mins/ miles	1 (6.7%)
61-90 mins/ miles	2 (13.3%)
Total N	15 (100.0%)

Respite Care

How helpful is the service?	
Very Helpful	7 (58.3%)
Helpful	1 (8.3%)
Somewhat Helpful	1 (8.3%)
Not Helpful	3 (25.0%)
Total N	12 (100.0%)

How easy was access?	
Easy	5 (41.7%)
Hard	4 (33.3%)
Very Hard	3 (25.0%)
Total N	12 (100.0%)

How long was your wait?	
2 - 3 days	1 (12.5%)
4 - 7 days	4 (50.0%)
31 - 60 days	2 (25.0%)
91 days +	1 (12.5%)
Total N	8 (100.0%)

How far did you travel?	
0-30 mins/ miles	9 (75.0%)
31-60 mins/ miles	3 (25.0%)
Total N	12 (100.0%)

Day Treatment

How helpful is the service?	
Very Helpful	5 (31.3%)
Helpful	7 (43.8%)
Somewhat Helpful	3 (18.8%)
Not Helpful	1 (6.3%)
Total N	16 (100.0%)

How easy was access?	
Very Easy	4 (28.6%)
Easy	6 (42.9%)
Hard	4 (28.6%)
Total N	14 (100.0%)

How long was your wait?	
2 - 3 days	1 (11.1%)
4 - 7 days	2 (22.2%)
8 - 14 days	4 (44.4%)
31 - 60 days	1 (11.1%)
91 days +	1 (11.1%)
Total N	9 (100.0%)

How far did you travel?	
0-30 mins/ miles	11 (84.6%)
31-60 mins/ miles	1 (7.7%)
61-90 mins/ miles	1 (7.7%)
Total N	13 (100.0%)

Outpatient Therapy - Individual

How helpful is the service?	
Very Helpful	17 (45.9%)
Helpful	7 (18.9%)
Somewhat Helpful	9 (24.3%)
Not Helpful	4 (10.8%)
Total N	37 (100.0%)

How easy was access?	
Very Easy	4 (13.8%)
Easy	14 (48.3%)
Hard	7 (24.1%)
Very Hard	4 (13.8%)
Total N	29 (100.0%)

How long was your wait?	
Same day	2 (10.0%)
2 - 3 days	4 (20.0%)
4 - 7 days	7 (35.0%)
8 - 14 days	5 (25.0%)
31 - 60 days	1 (5.0%)
91 days +	1 (5.0%)
Total N	20 (100.0%)

How far did you travel?	
0-30 mins/ miles	20 (69.0%)
31-60 mins/ miles	5 (17.2%)
61-90 mins/ miles	3 (10.3%)
91 + mins/ miles	1 (3.4%)
Total N	29 (100.0%)

Outpatient Therapy - Group

How helpful is the service?	
Very Helpful	6 (37.5%)
Helpful	7 (43.8%)
Not Helpful	3 (18.8%)
Total N	16 (100.0%)

How easy was access?	
Very Easy	3 (20.0%)
Easy	7 (46.7%)
Hard	5 (33.3%)
Total N	15 (100.0%)

How long was your wait?	
Same day	1 (11.1%)
2 - 3 days	3 (33.3%)
4 - 7 days	3 (33.3%)
8 - 14 days	1 (11.1%)
91 days +	1 (11.1%)
Total N	9 (100.0%)

How far did you travel?	
0-30 mins/ miles	8 (57.1%)
31-60 mins/ miles	3 (21.4%)
61-90 mins/ miles	2 (14.3%)
91 + mins/ miles	1 (7.1%)
Total N	14 (100.0%)

Trauma Specific Treatment

How helpful is the service?	
Very Helpful	6 (35.3%)
Helpful	4 (23.5%)
Somewhat Helpful	3 (17.6%)
Not Helpful	4 (23.5%)
Total N	17 (100.0%)

How easy was access?	
Very Easy	3 (20.0%)
Easy	6 (40.0%)
Hard	3 (20.0%)
Very Hard	3 (20.0%)
Total N	15 (100.0%)

How long was your wait?	
Same day	1 (12.5%)
2 - 3 days	1 (12.5%)
4 - 7 days	3 (37.5%)
8 - 14 days	1 (12.5%)
31 - 60 days	1 (12.5%)
91 days +	1 (12.5%)
Total N	8 (100.0%)

How far did you travel?	
0-30 mins/ miles	9 (64.3%)
31-60 mins/ miles	1 (7.1%)
61-90 mins/ miles	2 (14.3%)
91 + mins/ miles	2 (14.3%)
Total N	14 (100.0%)

Medication Management

How helpful is the service?

Very Helpful	11 (36.7%)
Helpful	15 (50.0%)
Somewhat Helpful	3 (10.0%)
Not Helpful	1 (3.3%)
Total N	30 (100.0%)

How easy was access?

Very Easy	3 (12.0%)
Easy	9 (36.0%)
Hard	12 (48.0%)
Very Hard	1 (4.0%)
Total N	25 (100.0%)

How long was your wait?

Same day	1 (5.6%)
2 - 3 days	4 (22.2%)
4 - 7 days	2 (11.1%)
8 - 14 days	2 (11.1%)
31 - 60 days	8 (44.4%)
91 days +	1 (5.6%)
Total N	18 (100.0%)

How far did you travel?

0-30 mins/ miles	14 (60.9%)
31-60 mins/ miles	7 (30.4%)
61-90 mins/ miles	1 (4.3%)
91 + mins/ miles	1 (4.3%)
Total N	23 (100.0%)

Substance Abuse Treatment

How helpful is the service?

Very Helpful	11 (61.1%)
Helpful	2 (11.1%)
Somewhat Helpful	1 (5.6%)
Not Helpful	4 (22.2%)
Total N	18 (100.0%)

How easy was access?

Very Easy	3 (18.8%)
Easy	6 (37.5%)
Hard	5 (31.3%)
Very Hard	2 (12.5%)
Total N	16 (100.0%)

How long was your wait?

Same day	1 (11.1%)
2 - 3 days	3 (33.3%)
4 - 7 days	1 (11.1%)
8 - 14 days	1 (11.1%)
91 days +	3 (33.3%)
Total N	9 (100.0%)

How far did you travel?

0-30 mins/ miles	10 (66.7%)
31-60 mins/ miles	1 (6.7%)
61-90 mins/ miles	1 (6.7%)
91 + mins/ miles	3 (20.0%)
Total N	15 (100.0%)

Step Down Services

How helpful is the service?

Very Helpful	3 (30.0%)
Helpful	6 (60.0%)
Not Helpful	1 (10.0%)
Total N	10 (100.0%)

How easy was access?

Very Easy	1 (9.1%)
Easy	6 (54.5%)
Hard	3 (27.3%)
Very Hard	1 (9.1%)
Total N	11 (100.0%)

How long was your wait?

2 - 3 days	2 (28.6%)
4 - 7 days	1 (14.3%)
8 - 14 days	2 (28.6%)
91 days +	2 (28.6%)
Total N	7 (100.0%)

How far did you travel?

0-30 mins/ miles	6 (60.0%)
31-60 mins/ miles	3 (30.0%)
91 + mins/ miles	1 (10.0%)
Total N	10 (100.0%)

Family Peer Support

How helpful is the service?

Very Helpful	4 (30.8%)
Helpful	4 (30.8%)
Somewhat Helpful	4 (30.8%)
Not Helpful	1 (7.7%)
Total N	13 (100.0%)

How easy was access?

Very Easy	6 (60.0%)
Easy	4 (40.0%)
Total N	10 (100.0%)

How long was your wait?

Same day	1 (12.5%)
2 - 3 days	3 (37.5%)
4 - 7 days	1 (12.5%)
8 - 14 days	1 (12.5%)
31 - 60 days	2 (25.0%)
Total N	8 (100.0%)

How far did you travel?

0-30 mins/ miles	10 (90.9%)
61-90 mins/ miles	1 (9.1%)
Total N	11 (100.0%)

Residential Treatment

How helpful is the service?		
Very Helpful	7	(50.0%)
Somewhat Helpful	5	(35.7%)
Not Helpful	2	(14.3%)
Total N	14	(100.0%)

How easy was access?		
Easy	5	(35.7%)
Hard	2	(14.3%)
Very Hard	7	(50.0%)
Total N	14	(100.0%)

How long was your wait?		
Same day	2	(18.2%)
2 - 3 days	2	(18.2%)
4 - 7 days	3	(27.3%)
31 - 60 days	1	(9.1%)
91 days +	3	(27.3%)
Total N	11	(100.0%)

How far did you travel?		
0-30 mins/ miles	7	(53.8%)
31-60 mins/ miles	2	(15.4%)
91 + mins/ miles	4	(30.8%)
Total N	13	(100.0%)

High Fidelity Wraparound

How helpful is the service?		
Very Helpful	3	(25.0%)
Helpful	3	(25.0%)
Somewhat Helpful	2	(16.7%)
Not Helpful	4	(33.3%)
Total N	12	(100.0%)

How easy was access?		
Very Easy	2	(20.0%)
Easy	4	(40.0%)
Hard	4	(40.0%)
Total N	10	(100.0%)

How long was your wait?		
Same day	2	(22.2%)
2 - 3 days	1	(11.1%)
4 - 7 days	3	(33.3%)
8 - 14 days	1	(11.1%)
31 - 60 days	1	(11.1%)
91 days +	1	(11.1%)
Total N	9	(100.0%)

How far did you travel?		
0-30 mins/ miles	7	(77.8%)
61-90 mins/ miles	2	(22.2%)
Total N	9	(100.0%)

Mentoring

How helpful is the service?		
Very Helpful	8	(50.0%)
Helpful	4	(25.0%)
Somewhat Helpful	3	(18.8%)
Not Helpful	1	(6.3%)
Total N	16	(100.0%)

How easy was access?		
Very Easy	1	(10.0%)
Easy	6	(60.0%)
Hard	2	(20.0%)
Very Hard	1	(10.0%)
Total N	10	(100.0%)

How long was your wait?		
Same day	3	(33.3%)
2 - 3 days	1	(11.1%)
4 - 7 days	1	(11.1%)
8 - 14 days	3	(33.3%)
91 days +	1	(11.1%)
Total N	9	(100.0%)

How far did you travel?		
0-30 mins/ miles	10	(90.9%)
91 + mins/ miles	1	(9.1%)
Total N	11	(100.0%)

Services supported by flex funds

How helpful is the service?		
Very Helpful	2	(20.0%)
Helpful	4	(40.0%)
Somewhat Helpful	2	(20.0%)
Not Helpful	2	(20.0%)
Total N	10	(100.0%)

How easy was access?		
Very Easy	1	(11.1%)
Easy	5	(55.6%)
Hard	2	(22.2%)
Very Hard	1	(11.1%)
Total N	9	(100.0%)

How long was your wait?		
Same day	3	(37.5%)
2 - 3 days	2	(25.0%)
8 - 14 days	1	(12.5%)
91 days +	2	(25.0%)
Total N	8	(100.0%)

How far did you travel?		
0-30 mins/ miles	7	(77.8%)
31-60 mins/ miles	1	(11.1%)
61-90 mins/ miles	1	(11.1%)
Total N	9	(100.0%)

Crisis Response Services

How helpful is the service?

Very Helpful	8	(29.6%)
Helpful	4	(14.8%)
Somewhat Helpful	7	(25.9%)
Not Helpful	8	(29.6%)
Total N	27	(100.0%)

How easy was access?

Very Easy	4	(20.0%)
Easy	9	(45.0%)
Hard	3	(15.0%)
Very Hard	4	(20.0%)
Total N	20	(100.0%)

How long was your wait?

Same day	10	(66.7%)
2 - 3 days	2	(13.3%)
4 - 7 days	1	(6.7%)
8 - 14 days	1	(6.7%)
31 - 60 days	1	(6.7%)
Total N	15	(100.0%)

How far did you travel?

0-30 mins/ miles	15	(75.0%)
31-60 mins/ miles	5	(25.0%)
Total N	20	(100.0%)

How would you rate the <u>match of the skills</u> of your service provider to your child's needs or your needs for the following services?

Intensive In Home Services

Excellent	8 (53.3%)
Good	3 (20.0%)
Fair	2 (13.3%)
Poor	2 (13.3%)
Total N	15 (100.0%)

Respite Care

Excellent	4 (33.3%)
Good	5 (41.7%)
Fair	2 (16.7%)
Poor	1 (8.3%)
Total N	12 (100.0%)

Day Treatment

Excellent	4 (30.8%)
Good	5 (38.5%)
Fair	4 (30.8%)
Total N	13 (100.0%)

Outpatient Therapy - Individual

Excellent	13 (46.4%)
Good	11 (39.3%)
Fair	2 (7.1%)
Poor	2 (7.1%)
Total N	28 (100.0%)

Outpatient Therapy - Group

Excellent	7 (50.0%)
Good	3 (21.4%)
Fair	3 (21.4%)
Poor	1 (7.1%)
Total N	14 (100.0%)

Trauma Specific Treatment

Excellent	3 (23.1%)
Good	5 (38.5%)
Fair	3 (23.1%)
Poor	2 (15.4%)
Total N	13 (100.0%)

Medication Management

Excellent	8 (36.4%)
Good	7 (31.8%)
Fair	7 (31.8%)
Total N	22 (100.0%)

Substance Abuse Treatment

Excellent	7 (46.7%)
Good	2 (13.3%)
Fair	4 (26.7%)
Poor	2 (13.3%)
Total N	15 (100.0%)

Step Down Services

Excellent	2 (22.2%)
Good	2 (22.2%)
Fair	4 (44.4%)
Poor	1 (11.1%)
Total N	9 (100.0%)

Family Peer Support

Excellent	3 (25.0%)
Good	3 (25.0%)
Fair	5 (41.7%)
Poor	1 (8.3%)
Total N	12 (100.0%)

Residential Treatment

Excellent	4 (33.3%)
Good	4 (33.3%)
Fair	4 (33.3%)
Total N	12 (100.0%)

High Fidelity Wraparound

Excellent	2 (20.0%)
Good	4 (40.0%)
Fair	2 (20.0%)
Poor	2 (20.0%)
Total N	10 (100.0%)

Mentoring

Excellent	3 (27.3%)
Good	5 (45.5%)
Fair	2 (18.2%)
Poor	1 (9.1%)
Total N	11 (100.0%)

Services supported by flex funds

Excellent	2 (22.2%)
Good	5 (55.6%)
Fair	1 (11.1%)
Poor	1 (11.1%)
Total N	9 (100.0%)

Crisis Response Services

Excellent	2 (11.1%)
Good	5 (27.8%)
Fair	5 (27.8%)
Poor	6 (33.3%)
Total N	18 (100.0%)

Appendix III

PROVIDER SURVEY DATA

Survey Instrument

Provider Survey Code List

Provider Survey Quantitative Data

Q1.1   COACT Colorado aims to better support children, adolescents, and transition age youth who are experiencing a serious behavioral health challenge. We are partnering with the University of Colorado and several Family Agencies to conduct a statewide assessment of the current strengths, barriers, and needs for child, adolescent, and transition age youth services in Colorado. **As a <u>Service Provider, Family Support Partner, or Advocate</u> your input is needed to help us identify opportunities for improving and expanding services for the youth and their families.**

Your participation in this survey is completely voluntary and you may opt out at any time. All of your responses will be kept confidential. They will only be used for statistical purposes and will be reported only in aggregated form. The survey should take 20-30 minutes to complete. We know your time is valuable. To compensate you for your time, eligible respondents will be given a $10 Visa gift card for completing this survey. You must provide a current mailing address to receive your gift card. This information will be kept confidential. If you have questions, concerns or technical difficulties, please contact Montelle Tamez: montelle.tamez@ucdenver.edu or 303-724-5736.

We greatly appreciate your support of the needs of the children, youth and their families in the community. Thank you in advance for your participation!

Q2.1 Which of the following groups does your agency serve? (check all that apply)

☐   Children and adolescents aged 0-17 with a serious behavioral health challenge
☐   Transition age young adults aged 18-25 with a serious behavioral health challenge
☐   Family members of children and youth aged 0-17 with a serious behavioral health challenge
☐   Children, adolescents and/or transition age young adults with an intellectual or developmental disability (including autism)
☐   None of the above

Skip To: End of Survey If Which of the following groups does your agency serve? (check all that apply) = None of the above

Q2.2 What agency or organization do you work for? (optional)

Q2.3 Please select the county (or counties) your agency serves. (press and hold the control key on your computer to select more than one county)

o Adams County	o Fremont County	o Morgan County
o Alamosa County	o Garfield County	o Otero County
o Arapahoe County	o Gilpin County	o Ouray County
o Archuleta County	o Grand County	o Park County
o Baca County	o Gunnison County	o Phillips County
o Bent County	o Hinsdale County	o Pitkin County
o Boulder County	o Huerfano County	o Prowers County
o Broomfield	o Jackson County	o Pueblo County
o Chaffee County	o Jefferson County	o Rio Blanco County
o Cheyenne County	o Kiowa County	o Rio Grande County
o Clear Creek County	o Kit Carson County	o Routt County
o Conejos County	o La Plata County	o Saguache County
o Costilla County	o Lake County	o San Juan County
o Crowley County	o Larimer County	o San Miguel County
o Custer County	o Las Animas County	o Sedgwick County
o Delta County	o Lincoln County	o Summit County
o Denver	o Logan County	o Teller County
o Dolores County	o Mesa County	o Washington County
o Douglas County	o Mineral County	o Weld County
o Eagle County	o Moffat County	o Yuma County
o Elbert County	o Montezuma County	
o El Paso County	o Montrose County	

Q2.4 What role do you play in your agency? (check all that apply)

- ☐ Clinician
- ☐ Administrator
- ☐ Other Provider
- ☐ Family Support Partner/Navigator
- ☐ Advocate

Q2.5 What is the highest level of school you have completed or the highest degree, licensure or certification you have received? (check all that apply)

- ☐ High School Diploma or G.E.D.
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Working towards licensure
- ☐ Licensed Clinician (LSW, LCSW, LPC, LCPC, LMFT, LAC)
- ☐ NCSP
- ☐ EdS/EdD
- ☐ PhD
- ☐ PsyD
- ☐ MD
- ☐ CDE Special Service Provider License (school social worker, school psychologists, school counselor)
- ☐ Other (please specify): _____

Q2.6 Please estimate the percentage of child and youth providers within your agency with each of the following levels of education, licensure or certification. (Include young adult providers ONLY in the case that you offer a specialized young adult program/s)

- _____ High School Diploma or G.E.D. (e.g., peer mentors)
- _____ Bachelor's Degree
- _____ Master's-level Clinician
- _____ Working towards licensure
- _____ Licensed clinician (LSW, LCSW, LPC, LCPC, LMFT, LAC)
- _____ CDE Special Service Provider License (school social worker, school psychologists, school counselor)
- _____ NCSP
- _____ EdS/EdD
- _____ PhD
- _____ PsyD
- _____ MD

Start of Block: Standard Services

Q3.1 Please provide an answer for each item listed below regardless of whether your agency currently offers the service.

	About how many staff provide this service?	What is the demand for this service?				How easy is it for your agency to meet the demand for this service?			On average, how long do clients wait to receive this service?
		High	Medium	Moderate	None	Very Easy	Easy	Very Difficult	
Crisis Response Services		○	○	○	○	○	○	○	⬚
Day Treatment		○	○	○	○	○	○	○	⬚
Early Childhood Services		○	○	○	○	○	○	○	⬚
Family Peer Support		○	○	○	○	○	○	○	⬚
Group Outpatient Therapy		○	○	○	○	○	○	○	⬚
High Fidelity Wraparound		○	○	○	○	○	○	○	⬚
Individual Outpatient Therapy		○	○	○	○	○	○	○	⬚
Integrated Behavioral Health Services (in Primary Care)		○	○	○	○	○	○	○	⬚
Intensive In-home services		○	○	○	○	○	○	○	⬚
		High	Medium	Moderate	None	Very Easy	Easy	Very Difficult	
Mentoring		○	○	○	○	○	○	○	⬚
Psychotropic Medication Management		○	○	○	○	○	○	○	⬚
Residential Treatment		○	○	○	○	○	○	○	⬚
Respite care		○	○	○	○	○	○	○	⬚
School-based Services		○	○	○	○	○	○	○	⬚
Services supported by flex funds		○	○	○	○	○	○	○	⬚
Step Down Services		○	○	○	○	○	○	○	⬚
Substance Abuse Treatment		○	○	○	○	○	○	○	⬚
Trauma-Specific Treatment Services		○	○	○	○	○	○	○	⬚

- -

Display This Question:
If What role do you play in your agency? (check all that apply) != Administrator

Q3.2 Please provide an answer for each item listed below regardless of whether your agency currently offers the service.

	What is the demand for this service?				How easy is it for your agency to meet the demand for this service?			On average, how long do clients wait to receive this service?
	High	Medium	Moderate	None	Very Easy	Easy	Very Difficult	
Crisis Response Services	○	○	○	○	○	○	○	[⬍]
Day Treatment	○	○	○	○	○	○	○	[⬍]
Early Childhood Services	○	○	○	○	○	○	○	[⬍]
Family Peer Support	○	○	○	○	○	○	○	[⬍]
Group Outpatient Therapy	○	○	○	○	○	○	○	[⬍]
High Fidelity Wraparound	○	○	○	○	○	○	○	[⬍]
Individual Outpatient Therapy	○	○	○	○	○	○	○	[⬍]
Integrated Behavioral Health Services (in Primary Care)	○	○	○	○	○	○	○	[⬍]
Intensive In-home services	○	○	○	○	○	○	○	[⬍]
	High	Medium	Moderate	None	Very Easy	Easy	Very Difficult	
Mentoring	○	○	○	○	○	○	○	[⬍]
Psychotropic Medication Management	○	○	○	○	○	○	○	[⬍]
Residential Treatment	○	○	○	○	○	○	○	[⬍]
Respite care	○	○	○	○	○	○	○	[⬍]
School-based Services	○	○	○	○	○	○	○	[⬍]
Services supported by flex funds	○	○	○	○	○	○	○	[⬍]
Step Down Services	○	○	○	○	○	○	○	[⬍]
Substance Abuse Treatment	○	○	○	○	○	○	○	[⬍]
Trauma-Specific Treatment Services	○	○	○	○	○	○	○	[⬍]

Q3.3 List services (if any) that clients are seeking, but that your agency is unable to provide. Please also indicate any contributing factors (e.g., service not part of the agency's mission, none of our providers have the specialized skill set, there is no reimbursement for service, there is a provider shortage, etc.)

Q3.4 Please estimate the average wait time from a client's initial phone call to their intake assessment.

	Number of Days								
	same day	1 day	2 - 3	4 - 7	8 - 14	15 - 30	31 - 60	61 - 90	91+
Children	☐	☐	☐	☐	☐	☐	☐	☐	☐
Adolescents	☐	☐	☐	☐	☐	☐	☐	☐	☐
Transition Age Young Adults	☐	☐	☐	☐	☐	☐	☐	☐	☐
Families/Caregivers	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q3.5 Please indicate how common it is for clients in your area to spend time traveling to your agency for services. (check all that apply)

☐　　　　It is common for clients to travel 30 minutes or less.

☐　　　　It is common for clients to travel 31-60 minutes.

☐　　　　It is common for clients to travel 60-90 minutes.

☐　　　　It is common for clients to drive 90 minutes or more.

Q3.6 Please rank the following (possible) reasons you think some families don't follow through with a referral or drop out of services. **(drag and drop)**

_____ Agency hours of operation/availability

_____ Balancing competing demands or family needs

_____ Fear of agency/govt. intervention

_____ Health Insurance/Deductibles/Out of pocket costs

_____ Lack of childcare

_____ Lack of/Access to transportation

_____ Language/cultural barriers

_____ Readiness for change

_____ Sense of safety

_____ Single parent with other children (limited time)

_____ Stigmatism

_____ Travel distance necessary

_____ Other (Please Specify):

- -

Q3.7 In your experience, what is your community doing that has worked well for children and families?

Start of Block: Specialty Services

Q4.1 Does your agency provide services or programs ***specifically designed for children and young adults (ages 0-25)*** who have a serious behavioral health challenge ***AND*** an intellectual or developmental disability (including autism)?

○　　　　No

○　　　　Yes (please describe these specialty services below): _____

Q4.2 What would your agency need (e.g., resources, training, support) to better serve *children and young adults (ages 0-25)* with multiple diagnoses?

Q4.3 Does your agency provide services or programs *specifically designed to work with* <u>*transitionary age youth (ages 16-25)*</u> who have a serious behavioral health challenge?

○　　　　No

○　　　　Yes (please describe these specialty services below): _____

Q4.4 What would your agency need (e.g., resources, training, support) to better serve transitionary age youth (ages 16-25)?

Start of Block: Evidence Based Practices

Display This Question:

*　　If What role do you play in your agency? (check all that apply) = Clinician*

*　　Or What role do you play in your agency? (check all that apply) = Other Provider*

*　　Or What role do you play in your agency? (check all that apply) = Family Support Partner/Navigator*

Q5.1 Which of the following evidence-based interventions or programs do you utilize? (check all that apply)

_____ Brainwise

_____ Adolescent Community Reinforcement Approach

_____ Behavioral Therapy

_____ Check in Check out

_____ Child-Parent Psychotherapy

_____ Cognitive Behavioral Intervention for Trauma in Schools

_____ Desensitization and Reprocessing

_____ Dialectical Behavioral Therapy

_____ Early Childhood Services

_____ Eye Movement

_____ Family Psycho-Education

_____ Functional Family Therapy

_____ High Fidelity Wraparound

_____ Improving Mood-Promoting Access to Collaborative Treatment

_____ Motivational Interviewing

_____ Multi-systemic Therapy

_____ Neurosequential Model of Therapeutics for Child Trauma

_____ Outcome Management System

_____ Parent-Child Interaction Therapy

_____ Partners for a Change

_____ Perinatal Mental Health Services

_____ School Based Services

_____ Strategies for Self-improvement or Change

_____ Therapeutic Foster Care

_____ Trauma Recovery and Empowerment Model

_____ Trauma Systems Therapy

_____ Trauma-Focused Cognitive Behavioral Therapy

Display This Question:

If What role do you play in your agency? (check all that apply) = Administrator

Q5.2 Estimate the percentage of children/youth who receive the following evidence-based practices or programs in your agency.

_____ Brainwise

_____ Adolescent Community Reinforcement Approach

_____ Behavioral Therapy

_____ Check in Check out

_____ Child-Parent Psychotherapy

_____ Cognitive Behavioral Intervention for Trauma in Schools

_____ Desensitization and Reprocessing

_____ Dialectical Behavioral Therapy

_____ Early Childhood Services

_____ Eye Movement

_____ Family Psycho-Education

_____ Functional Family Therapy

_____ High Fidelity Wraparound

_____ Improving Mood-Promoting Access to Collaborative Treatment

_____ Motivational Interviewing

_____ Multi-systemic Therapy

_____ Neurosequential Model of Therapeutics for Child Trauma

_____ Outcome Management System

_____ Parent-Child Interaction Therapy

_____ Partners for a Change

_____ Perinatal Mental Health Services

_____ School Based Services

_____ Strategies for Self-improvement or Change

_____ Therapeutic Foster Care

_____ Trauma Recovery and Empowerment Model

_____ Trauma Systems Therapy

_____ Trauma-Focused Cognitive Behavioral Therapy

Q5.3 List other Evidence Based Practices your agency provides to children and youth and estimate the percentage who receive it.

_____

_____

Start of Block: Training and Workforce

Q6.1 Have you received training in **trauma informed care?**

○　　　No (1)

○　　　Yes (2)

○　　　Not sure (3)

Q6.2 Please estimate the percentage of staff in your agency who have received training in **trauma informed care**. _____

Q6.3 What are your training needs and professional development priorities/interests?

_____

_____

Q6.4 What are the training needs and professional development priorities/interests within your agency?

Q6.5 Describe some of the creative ways your agency has overcome challenges (e.g., with funding, workforce shortages, community needs, etc.).

Q6.6 What is the retention rate at your agency? _____

Q6.7 What is the likelihood that you will stay at your agency?
○   Very Likely
○   Likely
○   Somewhat Likel
○   Unlikely
○   Very Unlikely

Q6.8 What are the 3 main factors in your decision to stay?

Q6.9 What do you think are the 3 main factors contributing to retention in your agency?

Q6.10 Please list any ideas or wishes you have to improve system-level communication or coordination.

_____
_____
_____
_____
_____

Start of Block: Final Thoughts

Q8.1 Please offer any suggestions you have to improve the services provided to children, youth, and young adults with behavioral health challenges in your county.

Q8.2 How can Colorado most effectively use resources to improve the lives of children and youth with serious behavioral health challenges?

Q8.3 Is there anything else you would like to share?

Q8.4 Please tell us where to send your gift card.
○   Name _____
○   Address _____
○   Address 2 _____
○   City _____
○   State _____
○   Postal code _____
○   Country _____

Q8.5 Would you be willing to be contacted for a follow-up interview either in person or over the phone? Additional compensation will be provided.

○　　　No
○　　　Yes

Display This Question:
　　　If Would you be willing to be contacted for a follow-up interview either in person or over the phone… = Yes

Q8.6

○　　　First Name (1) _____
○　　　Last Name (2) _____
○　　　Email (3) _____
○　　　Phone Number (4) _____

Q8.7 How would you prefer that we contact you to follow up?

○　　　Please contact me via email.
○　　　Please contact me via phone.

Start of Block: Demographics

Q7.1 Are you Hispanic or Latino?

○　　　No
○　　　Yes

Q7.2 Choose one or more races that you consider yourself to be:

☐　　　Whit
☐　　　Black or African American
☐　　　American Indian or Alaska Native
☐　　　Asian
☐　　　Native Hawaiian or Pacific Islander
☐　　　Other _____

Q7.3 What is your sex?

○　　　Male
○　　　Female

PROVIDER SURVEY CODE LIST

For open-ended response items only. Bold font indicates more than five responses coded with that specific code [excluding "none," "don't know," and unclear responses]. Only fully completed surveys (n=148) were included in this initial coding.

1. **WHAT WORKED: What has worked well in your community?**

   - **Community networks: activities, connections, services, agencies, collaborations, & specific providers**
   - **Evening, weekend appointments, open access, flexible hours**
   - **In-home services, home visits, in-place**
   - **Work in/with schools**
   - **Raise awareness, education, advocacy, outreach: [for community/parents]**
   - **Work with whole family, provide services to families/ parents**
   - **Faster, better referrals or service/intakes**
   - **Wraparound services**
   - **Low or no-cost services**
   - **Good environment, good/great services**

   - Trauma informed care
   - Multiple locations
   - Multiple services in one place [one-stop-shop
   - Mentoring, peer-led activities
   - Working in primary care
   - Transportation help
   - Child care
   - Prevention services [before crisis
   - Housing help
   - Work with Judicial, Police, Probation
   - Flexibility in service options
   - Food help
   - Scholarships [for providers]
   - Medication management

2. **CREATIVE APPROACHES: Describe some of the creative ways your agency has overcome challenges [e.g., with funding, workforce shortages, community needs, etc.].**

   - **Collaborating, partnering effectively**
   - **Web-based, other training arrangements, professional development opportunities**
   - **Bartered services, donations, other funding sources**
   - **Grants**
   - **Community workshops, outreach**
   - **Work with grad students, interns**

   - Presence of committed, hard-working staff
   - Incentives, benefits for staff
   - Regular meetings/trainings with other agencies
   - Navigation services
   - PRN pool, coverage
   - Peer services program

   - Offer support/funding to other orgs or agencies or schools
   - Asking veterans, volunteers do more
   - Offer multiple, many services, medical home
   - Low turnover
   - Cut back on programs, services
   - Mill levy
   - Advocacy
   - Adapt
   - Motivated employees
   - New programs, staffing arrangements
   - Services to insured clients
   - Client-centered first
   - Negotiated better reimbursement rate
   - Sliding scale fees
   - Connect clients to other services
   - Triage cases

3. **EFFECTIVE USE: How can Colorado most effectively use resources to improve the lives of children and youth with serious behavioral health challenges?**

   - **Funding to schools and work/collaboration with schools (and raise awareness, early detection in schools)**
   - **Overall better collaboration/networked system to fill gaps, provide more services, remove silos, an inclusive state-wide system**
   - **Right service, at right time; connect to right services based on provider recommendations and patient/family needs, not bureaucracy**
   - **Increase number of trained providers**
   - **Increase number of psych hospital beds, psych providers**
   - **Early intervention, detection, awareness, prevention, flexible funding to prevention**
   - **Family/parent support: Family therapy, family focused services**
   - **Increase parent education, skills**

   - In-home services (to address transportation issues)
   - Increase funding, resources (non-specific)
   - More resources for rural, more rural input
   - Childcare services
   - Increase access, flexible schedules, no waiting lists
   - Create affordable housing options
   - Increase number ABA providers (long wait)
   - Watch for warning signs of MH
   - Work with families to better use resources (vs. providers)
   - Improve diet, nutrition
   - Transportation services

- More affordable services
- More training for providers already in the field
- More trauma informed care (especially if can be enforced by Medicaid)
- Respite care
- Blend funding, share case management, shared resources
- More safe places
- Advocacy
- Cultural considerations for each family/client
- Remove barriers to services
- Develop in-state resources (no out of state placement)
- Funding for pathways to success
- Fund entire continuum of care, not sections
- Acknowledge the value of people delivering services and care
- Need enough resources to serve people where they are
- Mandatory BH therapy for families/children in foster care
- Use evidence-based practices statewide
- Higher reimbursement rates
- Wraparound care
- Regional centers of excellence
- Diversion v prison
- General training to better prepare non-provider staff
- More research
- Sustain COACT

4. **SUGGESTIONS: Please offer any suggestions you have to improve the services provided to children, youth, and young adults with behavioral health challenges in your county.**

- **More, improved, flexible more access to services**
- **More providers [usually with specific training or availability or Medicaid accepting]**
- **Simplify the process for finding/accessing help/getting paid, streamlined**
- **Family/parent support [engagement, training, advocates, early detection, family planning]**
- **Collaboration: less competition, more cooperation fewer silos, more sharing**
- **School-based: training, providers, social workers, services, funding**
- **More training, Training on TIC**
- **Serve people where they are [in home, mobile]**

- Residential treatment options
- Keep providers here, see more patients [incentives, training, esp rural
- Prevention, warning signs, early intervention training/ resources
- Crisis services, mobile team
- Mentoring programs
- In-patient therapy
- Respite care
- Outreach
- Awareness on MH, destigmatize

- Childcare
- ABA or other EBT for ASD training for providers
- Lower cost of care
- Transportation
- Language services, bilingual providers
- Increase staff, reduce caseloads
- DD + MH coordinated help
- Wraparound offerings
- Evidence-based programs too expensive, need support or evaluation of what works
- Training
- Improve family engagement [not just on youth receiving services
- Safe places
- Community support for Autism DD
- Treatment teams
- Enforce parity laws
- Outcome-based pay for providers
- Allow CHTA to be a Medicaid Provider
- Day treatment

5. **SERVICES UNABLE TO PROVIDE: List services [if any that clients are seeking, but that your agency is unable to provide. Please also indicate any contributing factors [in brackets, below, if respondent provided.**

- **Specific therapies: child, couples, anger, SUD mostly adolescents, TIC, equine, DBT, ABA [not trained, out of scope, funding, shortage/capacity, not covered, reimbursement, Medicaid barriers**
- **Respite care [capacity/shortage, billing, out of scope]**
- **Specific services [outside of mission, out of scope, shortage]**
- **Available but limited and long wait [community limited resources, capacity, funding]**
- **Wraparound services for families [out of mission/scope; not trained]**
- **Tutoring, mentoring [funding or reimbursement, capacity/shortage]**
- **Residential facilities [out of scope]**

- After hours crisis, other crisis response [not offered in community, limited capacity, funding]
- Navigation/case management services [no one takes responsibility, funding]
- Full service for parents/families/specific need [primary care, funding]
- Housing, transportation [funding]
- Autism services [not trained, out of scope]
- Outpatient services [out of scope, not yet available but working on it, shortage]
- Detox [funding]
- Intensive adolescent services [out of scope, limited availability in community]
- School-based services [funding]

- Mental health counseling [not available in community]
- In-home behavioral therapy [out of scope]
- Rehabilitation [ ]
- Peer socializing [unclear return on investment]
- In-home services/therapy [funding/reimbursement]
- Medication management [ ]
- In-patient program for kids [funding]
- Parent coaching [out of scope, support]

6. **COMMUNICATION: Ideas or wishes you have to improve system-level communication or coordination.**

   - **Listening to those on front lines, local input, - Being part of conversation, more input**
   - **Culture of proactive sharing and cooperation to make things easier for everyone (cooperative versus competitive)**
   - **More, better training and professional development**

   - Better Leadership, supervision support, stronger supervisors
   - Up-to-date resources, training
   - Fill funding gaps
   - Regular meetings, networking opps
   - Better match of client to service
   - Smaller case loads for more collaboration time
   - Coordination in crisis response
   - Coordinated network to fill gaps
   - Blended budgets
   - EHR enhancements for BH
   - More work on equity
   - Referral training
   - Referral process improvements
   - -Team approach?? (not sure how system-level)
   - Case management key contacts
   - Better system search functions (for specific services)
   - Coalition of supportive practitioners
   - Transparency
   - Better use of tech for work and clients
   - Leadership shares reasons for ideas, asks for feedback
   - Less paperwork
   - Client advocates
   - Better support from State
   - Set high standards
   - Less hierarchy
   - Common forms and tools
   - Interagency communication across State agencies
   - Central referral system
   - Community outreach

7. **AGENCY NEEDS:**

   a. **What would your agency need to better serve children and young adults with multiple diagnoses?**
   b. **What would your agency need to better serve transitionary age youth?**

Combined here due to significant overlap in coding in of agency needs for both populations.

- **Specific clinician and staff training (e.g., DBT, CBT, autism/ASD, TIC, ABA)**
- **Funding (for training, supervision, evaluation, providers, reimbursement)**
- **Resources, information (especially local)**
- **More qualified providers and staff (with specialized training, experience)**
- **Staff (substitute staff)**
- **Improved collaboration, communication, sharing ,relationships with partners/providers/agencies**
- **More services, treatment options, programs (non-specific)**
- **More space**
- **Higher/appropriate pay for experienced/specialized providers**
- **More support (non-specific)**
- **Family support & interventions/services**

- Access to treatment, specific treatment or services (eg., ACT, DBT)
- Funding appropriate for multi-diagnoses (transitionary age needs are different)
- Autism-related resources, billable, referrals
- Referrals, consult
- Less paperwork/regulation, streamlined process, better reimbursement
- School-based resources, services
- Medication management
- Transportation
- Weekend access, after hours
- Mentoring
- Respite care, services
- Advocates
- Housing support
- Peer support
- Easier licensure
- Interpreter
- Crisis response team
- Intensive services
- Data
- Wrap around services
- Universal release form
- Mission change
- Expanded Medicaid coverage (past age 21)

8. **TRAINING NEEDS:**

   a. **What are the training needs and professional development priorities/interests within your agency?**
   b. **What are your training needs and professional development priorities/interests?**

Combined here due to significant overlap in coding of

individual and agency training priorities.

- **Trauma-informed care (esp., specifics, latest evidence, refresher, practically implementing)**
- **Human resources & management (supervision, practice management, documentation, working in the system)**
- **Any/all training (non-specific)**
- **SUDS**
- **EMDR**
- **DBT**
- **Autism, ID**
- **Family support options, parenting skills**
- **Adolescents, children**

- Family therapy, marriage counseling
- CAC certification
- Domestic violence
- Mental health first aid (esp. for non-clinicians/staff)
- Wraparound services
- Suicide signs/prevention
- Housing, financial support, nutrition, food
- Leadership training
- Cultural awareness
- Consistent training for all staff
- Access to services/assistance (e.g., legal, specialists, juvenile justice)
- Adopted youth, adoptive families/parents
- Family engagement
- Rules and regulations
- Equity
- Homicide assessment and prevention
- Disaster training
- Crisis response
- LBGTQ

- Life skills
- Prevention techniques

Plus numerous single, specific therapeutic techniques, skills, or programs (often only abbreviations):

- ABA, FFS, IFS, MSFP, Motivational interviewing, integrated behavioral health, general mental health strategies (for staff), TBI, play therapy, ASD, QPR, TND, hypnotherapy.

9. **WHAT ELSE: Is there anything else you would like to share?**

- **Nothing, none, n/a**
- **Thanks, thanks for asking, for research**

- No gift card needed, give it to someone else
- Happy to talk in person
- Mental health prevention education, efforts needed
- Improve Medicaid's web site
- Increase attention on nutrition
- Need to improve mentoring programs based on evidence
- Learn how can TANF support parents and youth
- Dept of HS needs to change to foster collaboration
- Printed resource lists to hand to clients
- Address CAC credentialed staff shortages
- Need more qualified providers to improve access
- More training needs to be provided
- Need to remove barriers to access for people NOT in the "system"
- More resources for elderly
- Better team effort
- Current director of HS is not trusted, needs to be changed
- I need a vacation

PROVIDER SURVEY QUANTITATIVE DATA

DEMOGRAPHICS

What role do you play in your agency?

Clinician	85	28.2%
Administrator	134	44.5%
Other Provider	80	26.2%
Family Support Partner/Navigator	43	14.3%
Advocate	32	10.6%
Total N	302	

Totals more than 100% because multiple roles could be selected.

What is your sex?

Female	84 (80.77%)
Male	20 (19.23%)
Total N	104 (100.00%)

Are you Hispanic or Latino?

No	87 (82.86%)
Yes	18 (17.14%)
Total N	105 (100.00%)

Which of the following do you consider yourself to be?

White	88 (87.13%)
Other	5 (4.95%)
American Indian or Alaska Native	2 (1.98%)
Black or African American	1 (0.99%)
White,Native Hawaiian or Pacific Islander	2 (1.98%)
White,Other	2 (1.98%)
White,American Indian or Alaska Native	1 (0.99%)
Total N	101 (100.00%)

What is your highest level of school, degree, licensure, or certificate?

High School Diploma or G.E.D.	25	8.3%
Bachelor's Degree	96	31.9%
Master's Degree	125	41.5%
Working towards licensure	17	5.6%
Licensed Clinician (LSW, LCSW, LPC, LCPC, LMFT, LAC)	53	17.6%
NCSP	1	0.3%
EdS/EdD	4	1.3%
PhD	9	3.0%
PsyD	8	2.7%
MD	4	1.3%
CDE Special Service Provider License (school social worker, school psychologists, school counselor)	7	2.3%
Other (please specify) *	38	12.6%

*other items listed included CAC III (6), Associates degrees (6), JD (4), other degrees, certificates and licenses, and some college or working toward a degree. Totals more than 100% because multiple degrees/certificates could be selected.

Overall average percentage estimates of agency providers with the following education:

High School Diploma or G.E.D. (e.g., peer mentors)	47.2%
Bachelor's Degree	47.3%
Master's-level Clinician	29.1%
Licensed clinician (LSW, LCSW, LPC, LCPC, LMFT, LAC)	20.9%
Working towards licensure	14.1%
MD	5.1%
CDE Special Service Provider License (school social worker, school psychologists, school counselor)	3.6%
PhD	2.0%
PsyD	1.6%
NCSP	0.8%
EdS/EdD	0.9%

Which county or counties does your agency serve?

N=292

County	N	%
Adams	51	16.9%
Alamosa	16	5.3%
Arapahoe	44	14.6%
Archuleta	15	5.0%
Baca	11	3.7%
Bent	12	4.0%
Boulder	28	9.3%
Broomfield	18	6.0%
Chaffee	14	4.7%
Cheyenne	11	3.7%
Clear Creek	13	4.3%
Conejos	9	3.0%
Costilla	12	4.0%
Crowley	10	3.3%
Custer	11	3.7%
Delta	11	3.7%
Denver	47	15.6%
Dolores	11	3.7%
Douglas	36	12.0%
Eagle	11	3.7%
El Paso	28	9.3%
Elbert	12	4.0%
Fremont	20	6.6%
Garfield	14	4.7%
Gilpin	13	4.3%
Grand	12	4.0%
Gunnison	9	3.0%
Hinsdale	8	2.7%
Huerfano	11	3.7%
Jackson	10	3.3%
Jefferson	76	25.2%
Kiowa	13	4.3%

County	N	%
Kit Carson	10	3.3%
La Plata	11	3.7%
Lake	16	5.3%
Larimer	25	8.3%
Las Animas	11	3.7%
Lincoln	14	4.7%
Logan	10	3.3%
Mesa	18	6.0%
Mineral	9	3.0%
Moffat	13	4.3%
Montezuma	13	4.3%
Montrose	12	4.0%
Morgan	10	3.3%
Otero	12	4.0%
Ouray	11	3.7%
Park	13	4.3%
Phillips	8	2.7%
Pitkin	9	3.0%
Prowers	13	4.3%
Pueblo	29	9.6%
Rio Blanco	11	3.7%
Rio Grande	12	4.0%
Routt	14	4.7%
Saguache	13	4.3%
San Juan	10	3.3%
San Miguel	9	3.0%
Sedgwick	9	3.0%
Summit	12	4.0%
Teller	12	4.0%
Washington	9	3.0%
Weld	25	8.3%
Yuma	12	4.0%

Totals more than 100% because multiple counties could be selected.

Average ranking of possible reasons some families don't follow through with a referral or drop out of services. (lower score is higher ranked)

Balancing competing demands or family needs	3.43
Readiness for change	4.85
Lack of/Access to transportation	5.11
Fear of agency/govt. intervention	5.91
Lack of childcare	6.02
Single parent with other children (limited time)	6.15
Agency hours of operation/availability	6.68
Health Insurance/Deductibles/Out of pocket costs	7.01
Stigmatism	7.60
Language/cultural barriers	8.14
Travel distance necessary	8.59
Sense of safety	9.20
Other	12.32

How common is travel time for your clients?
(number and percent responding to each category)

30 minutes or less.	111	(73.5%)
31-60 minutes.	58	(38.4%)
60-90 minutes.	14	(9.30%)
90 minutes or more.	8	(5.30%)

Totals more than 100% because multiple times could be selected.

Percent of respondents' estimated wait times from a client's initial phone call to their intake assessment

(by client type)

	Families/ Caregivers	Transition Age / Young Adults	Adolescents	Children
Same day	18.7%	22.1%	21.3%	20.9%
1 day	14.9%	13.1%	16.2%	13.7%
2 - 3 days	23.1%	19.3%	19.9%	19.4%
4 - 7 days	21.6%	20.0%	18.4%	20.9%
8 - 14 days	11.9%	11.7%	9.6%	12.2%
15 - 30 days	6.0%	7.6%	8.1%	6.5%
31 - 60 days	0.0%	1.4%	2.9%	3.6%
61 - 90 days	1.5%	1.4%	1.5%	1.4%
91+ days	2.2%	3.4%	2.2%	1.4%

Staffing of services

Average number of staff for each service (including range of staff numbers)

	Mean	Min	Max	N reporting
Individual Outpatient Therapy	29.9	0	300	45
Crisis Response Services	21.5	0	130	51
Trauma-Specific Treatment Services	15.8	0	200	46
Group Outpatient Therapy	12.7	0	105	44
School-based Services	11.6	0	75	48
Early Childhood Services	10.2	0	118	48
Substance Abuse Treatment	10.2	0	120	43
Residential Treatment	6.6	0	120	36
Integrated Behavioral Health Services (in Primary Care)	4.8	0	40	45
Psychotropic Medication Management	4.7	0	25	43
Day Treatment	4.1	0	45	42
Intensive In-home services	4.1	0	16	44
Family Peer Support	3.3	0	20	46
Mentoring	3.1	0	50	40
Respite care	2.9	0	50	38
Step Down Services	2.8	0	20	37
High Fidelity Wraparound	1.8	0	10	40
Services supported by flex funds	0.7	0	8	32

Retention Rate (counts of reported rates)	
23%	1 (4.76%)
50%	1 (4.76%)
70%	4 (19.05%)
75%	5 (23.81%)
80%	4 (19.05%)
85%	2 (9.52%)
87%	1 (4.76%)
90%	2 (9.52%)
100%	1 (4.76%)
Total N	21 (100.00%)

Overall retention rate
average = 75.5%

What is the likelihood that you will stay at your agency?

Very Likely	77 (53.10%)
Likely	38 (26.21%)
Somewhat Likely	19 (13.10%)
Unlikely	6 (4.14%)
Very Unlikely	5 (3.45%)
Total N	145 (100.00%)

Have you received training in trauma informed care?

Yes	127 (84.7%)
No	18 (12.0%)
Not sure	5 (3.3%)
Total N	150 (100.0%)

ADMINISTRATOR RESPONSES

Overall average estimated percentages of children/youth who receive the following evidence-based practices or programs:

Trauma-Focused Cognitive Behavioral Therapy	34.60%
Behavioral Therapy	34.13%
Motivational Interviewing	33.94%
Family Psycho-Education	27.48%
School Based Services	26.21%
Dialectical Behavioral Therapy	25.90%
Early Childhood Services	22.19%
Child-Parent Psychotherapy	20.66%
Multi-systemic Therapy	13.40%
Desensitization and Reprocessing	11.68%
Cognitive Behavioral Intervention for Trauma in Schools	11.19%
Functional Family Therapy	11.16%
High Fidelity Wraparound	10.08%
Eye Movement	9.95%
Trauma Systems Therapy	9.92%
Parent-Child Interaction Therapy	8.47%
Check in Check out	8.40%
Strategies for Self-improvement or Change	6.87%
Improving Mood-Promoting Access to Collaborative Treatment	6.63%
Brainwise	6.26%
Neurosequential Model of Therapeutics for Child Trauma	5.56%
Trauma Recovery and Empowerment Model	5.02%
Outcome Management System	3.94%
Perinatal Mental Health Services	3.79%
Partners for a Change	3.74%
Adolescent Community Reinforcement Approach	3.44%
Therapeutic Foster Care	2.24%

Demand, Ease, and Wait

What is the demand for the following services?

	High	Medium	Moderate	None	N
Individual Outpatient Therapy	64.3%	23.8%	9.5%	2.4%	42
Psychotropic Medication Management	55.0%	32.5%	10.0%	2.5%	40
Trauma-Specific Treatment Services	50.0%	29.5%	18.2%	2.3%	44
Crisis Response Services	39.6%	28.3%	26.4%	5.7%	53
School-based Services	38.6%	29.5%	22.7%	9.1%	44
Substance Abuse Treatment	37.8%	32.4%	29.7%	0.0%	37
Early Childhood Services	35.9%	43.6%	15.4%	5.1%	39
High Fidelity Wraparound	35.3%	20.6%	32.4%	11.8%	34
Intensive In-home services	35.0%	35.0%	27.5%	2.5%	40
Integrated Behavioral Health Services (in Primary Care)	33.3%	30.6%	33.3%	2.8%	36
Step Down Services	25.0%	21.4%	42.9%	10.7%	28
Family Peer Support	23.7%	23.7%	50.0%	2.6%	38
Group Outpatient Therapy	20.5%	28.2%	41.0%	10.3%	39
Mentoring	20.0%	36.7%	36.7%	6.7%	30
Day Treatment	19.4%	27.8%	41.7%	11.1%	36
Residential Treatment	18.5%	29.6%	33.3%	18.5%	27
Services supported by flex funds	18.2%	22.7%	36.4%	22.7%	22
Respite care	14.3%	35.7%	42.9%	7.1%	28

How easy is it to provide the service?

	Very Easy	Easy	Very Difficult	N
Early Childhood Services	14.3%	68.6%	17.1%	35
Trauma-Specific Treatment Services	19.5%	68.3%	12.2%	41
School-based Services	17.5%	67.5%	15.0%	40
Intensive In-home services	0.0%	60.5%	39.5%	38
Substance Abuse Treatment	14.7%	55.9%	29.4%	34
High Fidelity Wraparound	6.5%	54.8%	38.7%	31
Group Outpatient Therapy	17.1%	54.3%	28.6%	35
Family Peer Support	24.3%	54.1%	21.6%	37
Day Treatment	8.8%	52.9%	38.2%	34
Services supported by flex funds	10.5%	52.6%	36.8%	19
Integrated Behavioral Health Services (in Primary Care)	17.1%	51.4%	31.4%	35
Crisis Response Services	16.0%	50.0%	34.0%	50

Mentoring	21.4%	46.4%	32.1%	28
Individual Outpatient Therapy	30.0%	45.0%	25.0%	40
Psychotropic Medication Management	2.7%	43.2%	54.1%	37
Step Down Services	11.5%	42.3%	46.2%	26
Respite care	7.7%	42.3%	50.0%	26
Residential Treatment	4.3%	26.1%	69.6%	23

Detailed Charts

Crisis Response Services

What is the demand for this service?

High	21 (39.6%)
Medium	15 (28.3%)
Moderate	14 (26.4%)
None	3 (5.7%)
Total N	53 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	8 (16.0%)
Easy	25 (50.0%)
Very Difficult	17 (34.0%)
Total N	50 (100.0%)

On average, how long do clients wait?

Same day	35 (79.5%)
1 day	4 (9.1%)
2 to 3 days	3 (6.8%)
4 to 7 days	2 (4.5%)
Total N	44 (100.0%)

Day Treatment

What is the demand for this service?

High	7 (19.4%)
Medium	10 (27.8%)
Moderate	15 (41.7%)
None	4 (11.1%)
Total N	36 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	3 (8.8%)
Easy	18 (52.9%)
Very Difficult	13 (38.2%)
Total N	34 (100.0%)

On average, how long do clients wait?

Same day	1 (4.3%)
1 day	2 (8.7%)
2 to 3 days	3 (13.0%)
4 to 7 days	6 (26.1%)
8 to 14 days	5 (21.7%)
15 to 30 days	3 (13.0%)
31 to 60 days	1 (4.3%)
90 to 120 days	1 (4.3%)
6 months to 1 year	1 (4.3%)
Total N	23 (100.0%)

Early Childhood Services

What is the demand for this service?

High	14 (35.9%)
Medium	17 (43.6%)
Moderate	6 (15.4%)
None	2 (5.1%)
Total N	39 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	5 (14.3%)
Easy	24 (68.6%)
Very Difficult	6 (17.1%)
Total N	35 (100.0%)

On average, how long do clients wait?

Same day	1 (3.1%)
1 day	2 (6.3%)
2 to 3 days	5 (15.6%)
4 to 7 days	13 (40.6%)
8 to 14 days	4 (12.5%)
15 to 30 days	2 (6.3%)
31 to 60 days	2 (6.3%)
61 to 90 days	2 (6.3%)
120 to 6 months	1 (3.1%)
Total N	32 (100.0%)

Family Peer Support

What is the demand for this service?

High	9 (23.7%)
Medium	9 (23.7%)
Moderate	19 (50.0%)
None	1 (2.6%)
Total N	38 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	9 (24.3%)
Easy	20 (54.1%)
Very Difficult	8 (21.6%)
Total N	37 (100.0%)

On average, how long do clients wait?

Same day	3 (10.0%)
1 day	2 (6.7%)
2 to 3 days	7 (23.3%)
4 to 7 days	11 (36.7%)
8 to 14 days	2 (6.7%)
15 to 30 days	2 (6.7%)
61 to 90 days	1 (3.3%)
90 to 120 days	1 (3.3%)
Year+	1 (3.3%)
Total N	30 (100.0%)

Group Outpatient Therapy

What is the demand for this service?

High	8 (20.5%)
Medium	11 (28.2%)
Moderate	16 (41.0%)
None	4 (10.3%)
Total N	39 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	6 (17.1%)
Easy	19 (54.3%)
Very Difficult	10 (28.6%)
Total N	35 (100.0%)

On average, how long do clients wait?

1 day	2 (7.1%)
2 to 3 days	4 (14.3%)
4 to 7 days	12 (42.9%)
8 to 14 days	4 (14.3%)
15 to 30 days	2 (7.1%)
61 to 90 days	2 (7.1%)
90 to 120 days	1 (3.6%)
120 to 6 months	1 (3.6%)
Total N	28 (100.0%)

High Fidelity Wraparound

What is the demand for this service?

High	12 (35.3%)
Medium	7 (20.6%)
Moderate	11 (32.4%)
None	4 (11.8%)
Total N	34 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	2 (6.5%)
Easy	17 (54.8%)
Very Difficult	12 (38.7%)
Total N	31 (100.0%)

On average, how long do clients wait?

Same day	2 (9.1%)
1 day	2 (9.1%)
2 to 3 days	3 (13.6%)
4 to 7 days	7 (31.8%)
8 to 14 days	6 (27.3%)
61 to 90 days	1 (4.5%)
6 months to 1 year	1 (4.5%)
Total N	22 (100.0%)

Individual Outpatient Therapy

What is the demand for this service?

High	27 (64.3%)
Medium	10 (23.8%)
Moderate	4 (9.5%)
None	1 (2.4%)
Total N	42 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	12 (30.0%)
Easy	18 (45.0%)
Very Difficult	10 (25.0%)
Total N	40 (100.0%)

On average, how long do clients wait?

Same day	4 (12.1%)
2 to 3 days	4 (12.1%)
4 to 7 days	11 (33.3%)
8 to 14 days	8 (24.2%)
15 to 30 days	3 (9.1%)
61 to 90 days	1 (3.0%)
120 to 6 months	1 (3.0%)
6 months to 1 year	1 (3.0%)
Total N	33 (100.0%)

Integrated Behavioral Health Services (in Primary Care)

What is the demand for this service?

High	12 (33.3%)
Medium	11 (30.6%)
Moderate	12 (33.3%)
None	1 (2.8%)
Total N	36 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	6 (17.1%)
Easy	18 (51.4%)
Very Difficult	11 (31.4%)
Total N	35 (100.0%)

On average, how long do clients wait?

Same day	4 (14.8%)
1 day	4 (14.8%)
2 to 3 days	7 (25.9%)
4 to 7 days	5 (18.5%)
8 to 14 days	3 (11.1%)
15 to 30 days	3 (11.1%)
Year+	1 (3.7%)
Total N	27 (100.0%)

Intensive In-home services

What is the demand for this service?

High	14	(35.0%)
Medium	14	(35.0%)
Moderate	11	(27.5%)
None	1	(2.5%)
Total N	40	(100.0%)

How easy is it for your agency to meet the demand?

Easy	23	(60.5%)
Very Difficult	15	(39.5%)
Total N	38	(100.0%)

On average, how long do clients wait?

Same day	2	(6.5%)
2 to 3 days	5	(16.1%)
4 to 7 days	10	(32.3%)
8 to 14 days	6	(19.4%)
15 to 30 days	6	(19.4%)
61 to 90 days	1	(3.2%)
120 to 6 months	1	(3.2%)
Total N	31	(100.0%)

Mentoring

What is the demand for this service?

High	6	(20.0%)
Medium	11	(36.7%)
Moderate	11	(36.7%)
None	2	(6.7%)
Total N	30	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	6	(21.4%)
Easy	13	(46.4%)
Very Difficult	9	(32.1%)
Total N	28	(100.0%)

On average, how long do clients wait?

Same day	2	(11.8%)
1 day	2	(11.8%)
4 to 7 days	5	(29.4%)
8 to 14 days	2	(11.8%)
15 to 30 days	3	(17.6%)
31 to 60 days	1	(5.9%)
61 to 90 days	1	(5.9%)
Year+	1	(5.9%)
Total N	17	(100.0%)

Psychotropic Medication Management

What is the demand for this service?

High	22	(55.0%)
Medium	13	(32.5%)
Moderate	4	(10.0%)
None	1	(2.5%)
Total N	40	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	1	(2.7%)
Easy	16	(43.2%)
Very Difficult	20	(54.1%)
Total N	37	(100.0%)

On average, how long do clients wait?

Same day	1	(3.6%)
2 to 3 days	3	(10.7%)
4 to 7 days	2	(7.1%)
8 to 14 days	8	(28.6%)
15 to 30 days	7	(25.0%)
31 to 60 days	3	(10.7%)
61 to 90 days	2	(7.1%)
Year+	2	(7.1%)
Total N	28	(100.0%)

Residential Treatment

What is the demand for this service?

High	5 (18.5%)
Medium	8 (29.6%)
Moderate	9 (33.3%)
None	5 (18.5%)
Total N	27 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	1 (4.3%)
Easy	6 (26.1%)
Very Difficult	16 (69.6%)
Total N	23 (100.0%)

On average, how long do clients wait?

Same day	1 (7.7%)
2 to 3 days	4 (30.8%)
4 to 7 days	2 (15.4%)
8 to 14 days	2 (15.4%)
15 to 30 days	2 (15.4%)
61 to 90 days	1 (7.7%)
90 to 120 days	1 (7.7%)
Total N	13 (100.0%)

Respite care

What is the demand for this service?

High	4 (14.3%)
Medium	10 (35.7%)
Moderate	12 (42.9%)
None	2 (7.1%)
Total N	28 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	2 (7.7%)
Easy	11 (42.3%)
Very Difficult	13 (50.0%)
Total N	26 (100.0%)

On average, how long do clients wait?

Same day	2 (12.5%)
1 day	2 (12.5%)
2 to 3 days	3 (18.8%)
4 to 7 days	1 (6.3%)
8 to 14 days	5 (31.3%)
15 to 30 days	1 (6.3%)
31 to 60 days	2 (12.5%)
Total N	16 (100.0%)

School-based Services

What is the demand for this service?

High	17 (38.6%)
Medium	13 (29.5%)
Moderate	10 (22.7%)
None	4 (9.1%)
Total N	44 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	7 (17.5%)
Easy	27 (67.5%)
Very Difficult	6 (15.0%)
Total N	40 (100.0%)

On average, how long do clients wait?

Same day	5 (16.1%)
1 day	2 (6.5%)
2 to 3 days	6 (19.4%)
4 to 7 days	11 (35.5%)
8 to 14 days	1 (3.2%)
15 to 30 days	3 (9.7%)
90 to 120 days	1 (3.2%)
6 months to 1 year	2 (6.5%)
Total N	31 (100.0%)

Services supported by flex funds

What is the demand for this service?

High	4 (18.2%)
Medium	5 (22.7%)
Moderate	8 (36.4%)
None	5 (22.7%)
Total N	22 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	2 (10.5%)
Easy	10 (52.6%)
Very Difficult	7 (36.8%)
Total N	19 (100.0%)

On average, how long do clients wait?

2 to 3 days	2 (25.0%)
4 to 7 days	3 (37.5%)
8 to 14 days	2 (25.0%)
6 months to 1 year	1 (12.5%)
Total N	8 (100.0%)

Step Down Services

What is the demand for this service?

High	7 (25.0%)
Medium	6 (21.4%)
Moderate	12 (42.9%)
None	3 (10.7%)
Total N	28 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	3 (11.5%)
Easy	11 (42.3%)
Very Difficult	12 (46.2%)
Total N	26 (100.0%)

On average, how long do clients wait?

Same day	2 (11.8%)
1 day	1 (5.9%)
2 to 3 days	4 (23.5%)
4 to 7 days	5 (29.4%)
8 to 14 days	2 (11.8%)
15 to 30 days	1 (5.9%)
120 to 6 months	1 (5.9%)
6 months to 1 year	1 (5.9%)
Total N	17 (100.0%)

Substance Abuse Treatment

What is the demand for this service?

High	14 (37.8%)
Medium	12 (32.4%)
Moderate	11 (29.7%)
Total N	37 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	5 (14.7%)
Easy	19 (55.9%)
Very Difficult	10 (29.4%)
Total N	34 (100.0%)

On average, how long do clients wait?

Same day	3 (10.7%)
1 day	1 (3.6%)
2 to 3 days	7 (25.0%)
4 to 7 days	9 (32.1%)
8 to 14 days	3 (10.7%)
15 to 30 days	2 (7.1%)
61 to 90 days	1 (3.6%)
6 months to 1 year	2 (7.1%)
Total N	28 (100.0%)

Trauma-Specific Treatment Services

What is the demand for this service?		
High	22	(50.0%)
Medium	13	(29.5%)
Moderate	8	(18.2%)
None	1	(2.3%)
Total N	44	(100.0%)

How easy is it for your agency to meet the demand?		
Very Easy	8	(19.5%)
Easy	28	(68.3%)
Very Difficult	5	(12.2%)
Total N	41	(100.0%)

On average, how long do clients wait?		
Same day	4	(11.8%)
1 day	1	(2.9%)
2 to 3 days	5	(14.7%)
4 to 7 days	10	(29.4%)
8 to 14 days	8	(23.5%)
15 to 30 days	2	(5.9%)
31 to 60 days	2	(5.9%)
61 to 90 days	1	(2.9%)
6 months to 1 year	1	(2.9%)
Total N	34	(100.0%)

Demand, Ease, Wait

Crisis Response Services

What is the demand for this service?		
High	53	(54.6%)
Medium	22	(22.7%)
Moderate	20	(20.6%)
None	2	(2.1%)
Total N	97	(100.0%)

How easy is it for your agency to meet the demand?		
Very Easy	11	(12.1%)
Easy	44	(48.4%)
Very Difficult	36	(39.6%)
Total N	91	(100.0%)

On average, how long do clients wait?		
Same day	38	(56.7%)
1 day	13	(19.4%)
2 to 3 days	7	(10.4%)
4 to 7 days	5	(7.5%)
8 to 14 days	1	(1.5%)
15 to 30 days	2	(3.0%)
31 to 60 days	1	(1.5%)
Total N	67	(100.0%)

Day Treatment

What is the demand for this service?		
High	34	(36.6%)
Medium	29	(31.2%)
Moderate	18	(19.4%)
None	12	(12.9%)
Total N	93	(100.0%)

How easy is it for your agency to meet the demand?		
Very Easy	3	(3.7%)
Easy	28	(34.1%)
Very Difficult	51	(62.2%)
Total N	82	(100.0%)

On average, how long do clients wait?		
Same day	3	(6.7%)
1 day	2	(4.4%)
2 to 3 days	7	(15.6%)
4 to 7 days	9	(20.0%)
8 to 14 days	5	(11.1%)
15 to 30 days	8	(17.8%)
31 to 60 days	5	(11.1%)
61 to 90 days	3	(6.7%)
90 to 120 days	1	(2.2%)
120 to 6 months	2	(4.4%)
Total N	45	(100.0%)

Early Childhood Services

What is the demand for this service?

High	40	(42.6%)
Medium	20	(21.3%)
Moderate	22	(23.4%)
None	12	(12.8%)
Total N	94	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	15	(19.0%)
Easy	44	(55.7%)
Very Difficult	20	(25.3%)
Total N	79	(100.0%)

On average, how long do clients wait?

Same day	4	(7.5%)
1 day	1	(1.9%)
2 to 3 days	11	(20.8%)
4 to 7 days	15	(28.3%)
8 to 14 days	9	(17.0%)
15 to 30 days	6	(11.3%)
61 to 90 days	2	(3.8%)
90 to 120 days	2	(3.8%)
120 to 6 months	2	(3.8%)
6 months to 1 year	1	(1.9%)
Total N	53	(100.0%)

Family Peer Support

What is the demand for this service?

High	40	(43.0%)
Medium	30	(32.3%)
Moderate	18	(19.4%)
None	5	(5.4%)
Total N	93	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	15	(18.1%)
Easy	34	(41.0%)
Very Difficult	34	(41.0%)
Total N	83	(100.0%)

On average, how long do clients wait?

Same day	7	(13.2%)
1 day	4	(7.5%)
2 to 3 days	7	(13.2%)
4 to 7 days	17	(32.1%)
8 to 14 days	11	(20.8%)
15 to 30 days	3	(5.7%)
31 to 60 days	2	(3.8%)
90 to 120 days	1	(1.9%)
6 months to 1 year	1	(1.9%)
Total N	53	(100.0%)

Group Outpatient Therapy

What is the demand for this service?

High	34	(35.8%)
Medium	27	(28.4%)
Moderate	22	(23.2%)
None	12	(12.6%)
Total N	95	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	15	(18.5%)
Easy	29	(35.8%)
Very Difficult	37	(45.7%)
Total N	81	(100.0%)

On average, how long do clients wait?

Same day	2	(4.3%)
1 day	1	(2.2%)
2 to 3 days	5	(10.9%)
4 to 7 days	17	(37.0%)
8 to 14 days	6	(13.0%)
15 to 30 days	7	(15.2%)
31 to 60 days	4	(8.7%)
61 to 90 days	2	(4.3%)
90 to 120 days	1	(2.2%)
6 months to 1 year	1	(2.2%)
Total N	46	(100.0%)

High Fidelity Wraparound

What is the demand for this service?	
High	38 (42.2%)
Medium	21 (23.3%)
Moderate	15 (16.7%)
None	16 (17.8%)
Total N	90 (100.0%)

How easy is it for your agency to meet the demand?	
Very Easy	6 (7.9%)
Easy	31 (40.8%)
Very Difficult	39 (51.3%)
Total N	76 (100.0%)

On average, how long do clients wait?	
Same day	3 (6.7%)
1 day	2 (4.4%)
2 to 3 days	7 (15.6%)
4 to 7 days	9 (20.0%)
8 to 14 days	8 (17.8%)
15 to 30 days	7 (15.6%)
31 to 60 days	5 (11.1%)
61 to 90 days	1 (2.2%)
90 to 120 days	1 (2.2%)
6 months to 1 year	1 (2.2%)
Year+	1 (2.2%)
Total N	45 (100.0%)

Individual Outpatient Therapy

What is the demand for this service?	
High	61 (64.9%)
Medium	18 (19.1%)
Moderate	5 (5.3%)
None	10 (10.6%)
Total N	94 (100.0%)

How easy is it for your agency to meet the demand?	
Very Easy	19 (23.2%)
Easy	32 (39.0%)
Very Difficult	31 (37.8%)
Total N	82 (100.0%)

On average, how long do clients wait?	
Same day	4 (7.0%)
1 day	1 (1.8%)
2 to 3 days	9 (15.8%)
4 to 7 days	18 (31.6%)
8 to 14 days	4 (7.0%)
15 to 30 days	10 (17.5%)
31 to 60 days	4 (7.0%)
61 to 90 days	4 (7.0%)
90 to 120 days	1 (1.8%)
120 to 6 months	1 (1.8%)
Year+	1 (1.8%)
Total N	57 (100.0%)

Integrated Behavioral Health Services (in Primary Care)

What is the demand for this service?	
High	44 (46.8%)
Medium	25 (26.6%)
Moderate	15 (16.0%)
None	10 (10.6%)
Total N	94 (100.0%)

How easy is it for your agency to meet the demand?	
Very Easy	14 (18.7%)
Easy	31 (41.3%)
Very Difficult	30 (40.0%)
Total N	75 (100.0%)

On average, how long do clients wait?	
Same day	9 (20.0%)
1 day	1 (2.2%)
2 to 3 days	4 (8.9%)
4 to 7 days	8 (17.8%)
8 to 14 days	10 (22.2%)
15 to 30 days	4 (8.9%)
31 to 60 days	5 (11.1%)
61 to 90 days	1 (2.2%)
90 to 120 days	2 (4.4%)
120 to 6 months	1 (2.2%)
Total N	45 (100.0%)

Intensive In-home services

What is the demand for this service?

High	40	(43.5%)
Medium	24	(26.1%)
Moderate	13	(14.1%)
None	15	(16.3%)
Total N	92	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	4	(5.6%)
Easy	23	(31.9%)
Very Difficult	45	(62.5%)
Total N	72	(100.0%)

On average, how long do clients wait?

Same day	2	(4.3%)
1 day	1	(2.2%)
2 to 3 days	2	(4.3%)
4 to 7 days	7	(15.2%)
8 to 14 days	13	(28.3%)
15 to 30 days	7	(15.2%)
31 to 60 days	7	(15.2%)
61 to 90 days	3	(6.5%)
90 to 120 days	2	(4.3%)
6 months to 1 year	2	(4.3%)
Total N	46	(100.0%)

Mentoring

What is the demand for this service?

High	47	(51.1%)
Medium	19	(20.7%)
Moderate	17	(18.5%)
None	9	(9.8%)
Total N	92	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	6	(8.0%)
Easy	21	(28.0%)
Very Difficult	48	(64.0%)
Total N	75	(100.0%)

On average, how long do clients wait?

Same day	6	(14.0%)
1 day	1	(2.3%)
2 to 3 days	7	(16.3%)
4 to 7 days	5	(11.6%)
8 to 14 days	4	(9.3%)
15 to 30 days	3	(7.0%)
31 to 60 days	5	(11.6%)
61 to 90 days	3	(7.0%)
90 to 120 days	5	(11.6%)
120 to 6 months	1	(2.3%)
6 months to 1 year	3	(7.0%)
Total N	43	(100.0%)

Psychotropic Medication Management

What is the demand for this service?

High	46	(50.0%)
Medium	25	(27.2%)
Moderate	15	(16.3%)
None	6	(6.5%)
Total N	92	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	6	(7.8%)
Easy	22	(28.6%)
Very Difficult	49	(63.6%)
Total N	77	(100.0%)

On average, how long do clients wait?

Same day	3	(6.3%)
1 day	4	(8.3%)
2 to 3 days	3	(6.3%)
4 to 7 days	1	(2.1%)
8 to 14 days	4	(8.3%)
15 to 30 days	9	(18.8%)
31 to 60 days	9	(18.8%)
61 to 90 days	8	(16.7%)
90 to 120 days	5	(10.4%)
6 months to 1 year	1	(2.1%)
Year+	1	(2.1%)
Total N	48	(100.0%)

Residential Treatment

What is the demand for this service?

High	32	(34.8%)
Medium	28	(30.4%)
Moderate	19	(20.7%)
None	13	(14.1%)
Total N	92	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	1	(1.3%)
Easy	17	(22.7%)
Very Difficult	57	(76.0%)
Total N	75	(100.0%)

On average, how long do clients wait?

Same day	1	(2.9%)
1 day	1	(2.9%)
2 to 3 days	3	(8.8%)
8 to 14 days	3	(8.8%)
15 to 30 days	5	(14.7%)
31 to 60 days	10	(29.4%)
61 to 90 days	3	(8.8%)
90 to 120 days	3	(8.8%)
120 to 6 months	2	(5.9%)
6 months to 1 year	1	(2.9%)
Year+	2	(5.9%)
Total N	34	(100.0%)

Respite care

What is the demand for this service?

High	38	(42.7%)
Medium	22	(24.7%)
Moderate	13	(14.6%)
None	16	(18.0%)
Total N	89	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	1	(1.5%)
Easy	13	(19.4%)
Very Difficult	53	(79.1%)
Total N	67	(100.0%)

On average, how long do clients wait?

1 day	4	(16.0%)
2 to 3 days	4	(16.0%)
4 to 7 days	3	(12.0%)
8 to 14 days	3	(12.0%)
15 to 30 days	1	(4.0%)
31 to 60 days	3	(12.0%)
61 to 90 days	2	(8.0%)
90 to 120 days	2	(8.0%)
120 to 6 months	1	(4.0%)
6 months to 1 year	2	(8.0%)
Total N	25	(100.0%)

School-based Services

What is the demand for this service?

High	49	(52.7%)
Medium	29	(31.2%)
Moderate	10	(10.8%)
None	5	(5.4%)
Total N	93	(100.0%)

How easy is it for your agency to meet the demand?

Very Easy	17	(21.3%)
Easy	37	(46.3%)
Very Difficult	26	(32.5%)
Total N	80	(100.0%)

On average, how long do clients wait?

Same day	2	(4.4%)
1 day	2	(4.4%)
2 to 3 days	3	(6.7%)
4 to 7 days	14	(31.1%)
8 to 14 days	8	(17.8%)
15 to 30 days	10	(22.2%)
31 to 60 days	3	(6.7%)
6 months to 1 year	2	(4.4%)
Year+	1	(2.2%)
Total N	45	(100.0%)

Services supported by flex funds

What is the demand for this service?	
High	24 (29.3%)
Medium	25 (30.5%)
Moderate	11 (13.4%)
None	22 (26.8%)
Total N	82 (100.0%)

How easy is it for your agency to meet the demand?	
Very Easy	10 (15.9%)
Easy	21 (33.3%)
Very Difficult	32 (50.8%)
Total N	63 (100.0%)

On average, how long do clients wait?	
Same day	4 (13.3%)
1 day	2 (6.7%)
2 to 3 days	3 (10.0%)
4 to 7 days	8 (26.7%)
8 to 14 days	3 (10.0%)
15 to 30 days	3 (10.0%)
31 to 60 days	4 (13.3%)
90 to 120 days	1 (3.3%)
120 to 6 months	1 (3.3%)
6 months to 1 year	1 (3.3%)
Total N	30 (100.0%)

Step Down Services

What is the demand for this service?	
High	24 (27.9%)
Medium	28 (32.6%)
Moderate	18 (20.9%)
None	16 (18.6%)
Total N	86 (100.0%)

How easy is it for your agency to meet the demand?	
Very Easy	3 (4.7%)
Easy	29 (45.3%)
Very Difficult	32 (50.0%)
Total N	64 (100.0%)

On average, how long do clients wait?	
Same day	2 (6.1%)
1 day	2 (6.1%)
2 to 3 days	3 (9.1%)
4 to 7 days	7 (21.2%)
8 to 14 days	5 (15.2%)
15 to 30 days	7 (21.2%)
31 to 60 days	2 (6.1%)
61 to 90 days	1 (3.0%)
90 to 120 days	1 (3.0%)
120 to 6 months	1 (3.0%)
6 months to 1 year	2 (6.1%)
Total N	33 (100.0%)

Substance Abuse Treatment

What is the demand for this service?	
High	64 (68.1%)
Medium	18 (19.1%)
Moderate	8 (8.5%)
None	4 (4.3%)
Total N	94 (100.0%)

How easy is it for your agency to meet the demand?	
Very Easy	16 (20.3%)
Easy	30 (38.0%)
Very Difficult	33 (41.8%)
Total N	79 (100.0%)

On average, how long do clients wait?	
Same day	5 (9.1%)
1 day	4 (7.3%)
2 to 3 days	9 (16.4%)
4 to 7 days	9 (16.4%)
8 to 14 days	10 (18.2%)
15 to 30 days	6 (10.9%)
31 to 60 days	8 (14.5%)
90 to 120 days	3 (5.5%)
120 to 6 months	1 (1.8%)
Total N	55 (100.0%)

Trauma-Specific Treatment Services

What is the demand for this service?

High	72 (77.4%)
Medium	10 (10.8%)
Moderate	8 (8.6%)
None	3 (3.2%)
Total N	93 (100.0%)

How easy is it for your agency to meet the demand?

Very Easy	18 (22.5%)
Easy	31 (38.8%)
Very Difficult	31 (38.8%)
Total N	80 (100.0%)

On average, how long do clients wait?

Same day	3 (5.5%)
1 day	3 (5.5%)
2 to 3 days	8 (14.5%)
4 to 7 days	12 (21.8%)
8 to 14 days	6 (10.9%)
15 to 30 days	9 (16.4%)
31 to 60 days	9 (16.4%)
61 to 90 days	1 (1.8%)
90 to 120 days	1 (1.8%)
120 to 6 months	2 (3.6%)
6 months to 1 year	1 (1.8%)
Total N	55 (100.0%)